

UNICEF HUMANITARIAN ACTION

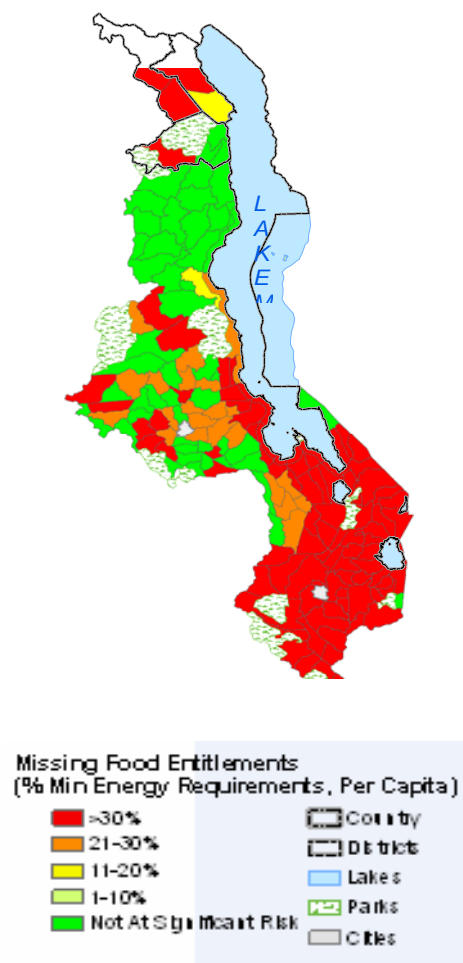
Malawi

DONOR UPDATE 24 June 2005

- **No funding received for UNICEF's humanitarian programme in Malawi so far**
- **4.2 million people (about 1/3 of the population) are at risk of missing food entitlements between June 2005 and March 2006, totalling close to 272,000 MT. More than one million of those in need of humanitarian assistance or 25% are children under the age of five and pregnant women.**
- **Appeal for nutrition-related activities has increased from US\$ 423,360 to US\$ 1,733,000 in view of the looming food crisis.**

1. CRITICAL ISSUES FOR CHILDREN

On 18 May, the Malawi Vulnerability Assessment Committee (MVAC), led by the Ministry of Agriculture and supported by a number of development partners, including UNICEF, released preliminary results of its post harvest assessment. The results indicate that approximately 4.2 million people (about 1/3 of the population) are at risk of missing food entitlements between June 2005 and March 2006, totalling close to 272,000 MT. 25% of those in need of assistance are children under the age of five and pregnant women. The worst affected livelihood zones include: Central Karonga; Lake Chilwa and Phalombe Plain; Lower Shire; Middle Shire; and Shire Highlands. The above figures are based on Scenario 1, which assumes that staple (especially maize) prices will continue to rise at present inflation rates. This implies that the national food deficit will be met with imports and that there will not be shortfalls that drive up prices. The scenario is also based on the assumption that exchange rates remain stable. This scenario estimates the price to the consumer at around 19-23 Malawi Kwachas (local currency) per kg for maize. If prices exceed 23 Malawi Kwachas per kg, more people would be at risk of missing food entitlements. Throughout the hunger season, prices will be monitored periodically and the MVAC figures adjusted accordingly. The full MVAC report, which will include additional discussion, details and data is scheduled to be released at the end of June.



Triple threat: A key challenge facing Malawi is the lethal combination of the HIV/AIDS pandemic, food insecurity, and extreme poverty (two thirds of the population live in poverty). HIV/AIDS and food and nutrition insecurity in Malawi are becoming increasingly entwined in a vicious cycle, with food insecurity increasing the risk of exposure to HIV, and HIV/AIDS in turn increasing vulnerability to food insecurity. There are an estimated one million orphans in Malawi, of which close to half a million are orphaned due to AIDS. The long-term impact on households and communities is evident, as they are becoming less and less resilient and more vulnerable to shocks resulting from droughts, floods and other natural disasters.

High malnutrition rates: Malnutrition in Malawi is an ongoing concern – with an average Global Acute Malnutrition rate fluctuating around 6% (144,000 children under the age of five) and Severe Acute Malnutrition around 2 . More than 45 % of children under five years are stunted due to chronic malnutrition and close to 22 per cent are underweight. The malnutrition rate is expected to rise again from September onwards as households deplete their meagre harvest. This makes the need to expand/strengthen the efforts of the targeted nutrition programme activities crucial during this looming crisis. Already over the first quarter of the 2005-6 consumption period, i.e. April-June 2005, about 500,000 people are not able to meet their food entitlements. This being during the harvest period makes the situation even more alarming.

Erratic school attendance: UNICEF has been supporting since 2002, school sentinel site surveillance in food insecure districts to monitor school attendance. A recent surveillance report indicates high rates of absenteeism in areas affected by the food shortage, especially among orphans. On average, the rate of absenteeism in these districts in Term 1 was 15.7% ranging from 7.2% to 31.9%. Generally, the average rate of absenteeism among orphans was much higher, and more unstable. The average rate in Term 1 among orphans was 28.4% which ranged from 3.0% to 53.9%. Although the correlation between food shortage and absenteeism is still being analyzed, most of the districts reported food shortage as one of the main reasons to affect the children's coming to school. Absenteeism among pupils could increase in the areas most affected by food shortage during the lean period, especially in schools not targeted by the WFP school feeding programme.

Child abuse and exploitation: Child abuse and exploitation, including child labour, sexual abuse, physical and psychological is common in Malawi, especially among orphans and other vulnerable children. The food crisis creates a situation whereby parents and guardians desperate for survival use their children to contribute towards household support through child labour and sexual exploitation of the young girls. These children are sent to urban areas where they work as domestic servants and sex workers as revealed recently by the press.

Flare-up of cholera in some districts: There has been a flare up of cholera cases in some of the southern districts including Mulanje, Balaka, Chiradzulu, Chikwawa and Machinga. During May, two deaths were reported in Balaka, pushing the case fatality rate (CFR) to 1.1%, which is just above the accepted threshold of 1%. This is particularly worrisome, since the cholera season generally coincides with the rainy season; thus, the emergence of cases at this time is unexpected. Moreover, due to the weakened resilience and high vulnerability of the population due to the food shortage, this is a major concern.

2. UNICEF'S RESPONSE: ACTION AND IMPACT

Since 2002, UNICEF has responded to the crisis in the following areas, in collaboration with other UN agencies: Emergency nutrition – supplementary feeding of moderately malnourished children and women and therapeutic feeding for severely malnourished children; disease surveillance and response, especially cholera epidemic response; improving response to disease outbreaks; support to reproductive health of vulnerable communities in emergency situations, including strengthening the provision of HIV/AIDS services and VCT (Voluntary Counselling and Testing); emergency water supply and environmental sanitation, and right to education in emergency situations, including service provision rehabilitation of schools. Specifically, in *emergency nutrition*, UNICEF supported the following:

- 62,000 children have been treated for severe and acute malnutrition with UNICEF's support through 60 of the 94 Nutrition Rehabilitation Units (NRUs) in the country. Through the development and implementation of new national guidelines, establishment of an output monitoring system and timely provision of nutrition supplies, mortality rates in NRUs have been reduced from 30-40% to about 15-20% across the country with some achieving a consistent rate of below 10%, which is international standard.

- Supplementary feeding was provided through approximately 200 centres in partnership with NGOs and MOH and in collaboration with WFP. Since July 2002, 394,000 moderately malnourished under-five children and 235,000 malnourished pregnant and lactating women have been supported.
- A new approach – Community Therapeutic Care (CTC) (further explained below) – is being piloted in two districts and in several centres in the Southern region. In a number of countries, CTC has remained an emergency intervention, while Malawi intends to use the approach as a development tool.
- UNICEF and WFP have supported the development of an integrated nutrition surveillance system and are developing its linkages to food security and agricultural surveillance systems in partnership with the Ministry of Health (MoH), the Ministry of Agriculture (MoA), and FAO. Initiatives aimed at developing a policy and guidelines for addressing HIV/AIDS and nutrition were supported in partnership with UN agencies, GoM and NGOs.

3. PLANNED ACTIVITIES

Nutrition (US\$ 1,733,000, increased from the HAR appeal of US\$ 423,360 because of the looming food crisis)

Approximately 250,000 people, particularly children and women in 20 districts affected by food insecurity and recurrent cholera outbreaks will benefit from the following interventions:

- **Procurement, Storage and Delivery of Nutrition Supplies to Feeding Centres:** UNICEF will need to procure supply of basic items to continue its support to the 60 Nutrition Rehabilitation Units and provide support to meet additional anticipated requirements due to the consequences of the current food shortage.
- **Support to community-based therapeutic centres (CTCs):** Plans are also underway to expand the piloting of community based therapeutic care centres to the affected districts. With this programme in place, children in phase II of the treatment with no medical problems are discharged to complete their treatment at home with weekly review. This would reduce the number of inpatients to a level where Ministry of Health has the capacity to run the entire programme.
- **Technical Support to MoH and Implementing Partners:** The capacity building activities in the emergency nutrition project is an important contribution to strengthening the Ministry of Health system. Technical support to NGOs is also crucial to the effective running of the interventions. At this juncture the day-to-day management of this programme is being transferred to the Ministry of Health. This is a gradual process and requires strong commitment at national and district level.
- **Nutrition Surveillance:** In collaboration with the Ministry of Health, WFP and NGO partners in the Targeted Nutrition Programme, UNICEF will support nutritional screening and surveys in the highly affected areas identified by the Malawi Vulnerability Assessment Committee in mid-August 2005 followed by nutritional surveys during the 2005/2006 lean season. UNICEF will investigate the current human and physical capacity of the implementing NGOs to conduct these surveillance exercises, as well as secure consistency in the methodology to be able to consolidate and compare results.
- **Monitoring and Evaluation:** UNICEF will continue to support the monitoring system established for the feeding centres. The system allows district and national level nutritional managers to monitor trends in acute malnutrition and the quality of the centres' treatment as well as facilitating ordering of supplies of essential food items including clinical nutrition products. Through this system, severely malnourished children identified by nutritional screening are referred to NRUs while the children who are discharged from NRUs are referred to the Supplementary Feeding Programme (SFP) for follow-up support, including rations and micronutrient supplementation. UNICEF will also conduct periodic field monitoring visits to ensure effective management of malnutrition through NRUs and CTCs, and adherence to the new national protocols for management of acute malnutrition.

Expected results from the nutrition interventions:

- Over 2,500 under five children get access to life saving treatment through 60 Nutrition Rehabilitation Units on a monthly basis.
- About 40,000 children and 40,000 pregnant and lactating women are supported through the Supplementary Feeding Programme (in collaboration with WFP).
- Households with chronically ill and HIV/AIDS affected members get access to relevant nutrition education, counselling, and supplies in the critically affected areas.
- Through an effective monitoring system, implementing partners and decision makers have access to information on trends in malnutrition rates on a timely manner to take appropriate action.

- Child mortality is reduced from the current average of 16% to less than 10% in nutrition rehabilitation units.
- MoH's capacity to coordinate the Targeted Nutrition Programme is adequately developed.

Health (US\$ 1,593,480)

The major emphasis of the health intervention in a humanitarian crisis is to minimize or avoid the impact of malnutrition, cholera, vaccine preventable diseases, malaria and HIV/AIDS. Activities will include:

- In case of a serious cholera, malaria or measles outbreak, conduct rapid assessment within 48 hours to measure the magnitude and resource needs and develop action plan;
- Procurement and distribution of supplies for 15 cholera-prone districts;
- Support districts in strengthening case management;
- Support the national, district and community level coordination mechanism;
- Strengthening the communication system in the National Epidemics Unit;
- Procure supplies, such as vaccines, auto-destructible syringes, and cold-chain equipment;
- Procure 5,065,000 doses of Vitamin A;
- Support orientation of health workers, on measles-related treatment and care;
- Support social mobilization activities;
- Procure and distribute 20,000 bed nets and drugs for under-five children and pregnant women who will be admitted to NRUs over a six-months period and for children and women affected by floods;
- Logistical support for in-country delivery of supplies;
- Monitor implementation of activities.

Water and environmental sanitation (US\$ 540,096)

Approximately 250,000 people, particularly children and women in the 15 cholera-prone districts will benefit from the following interventions:

- Supporting efforts of the National Cholera Task Force to undertake national campaigns prior to the cholera season;
- Supporting minor repairs of at least 500 handpumps, with priority to schools and health centres, and on-site training of maintenance committees in cholera-prone districts;
- Provision of 50 new water supply facilities and 600 toilets and hand-washing facilities in 150 schools (those included for school feeding) and health centres;
- Supporting water quality surveillance and bacteriological testing of at least 2,000 facilities in cholera-prone districts with rapid field testing methods;
- Pre-positioning of chlorine and supplies in 15 cholera-prone districts.

Education (US\$ 305,760)

A total of 10,000 children and 400 teachers in districts affected by the ongoing food shortage will benefit through the following key activities:

- Support and increase school feeding activities through advocacy and improvement of facilities and collaboration with the World Food Programme;
- Sensitize teachers and communities in 50 schools on child rights (CRC and CEDAW).
- Conduct sentinel surveillance of Impact of food crisis on school attendance in 42 schools

Protection (US\$ 429,240)

Some 500,000 people are targeted through the following key activities:

- Sensitizing the general public and law enforcement bodies on the increased risk of sexual exploitation of young girls and women during humanitarian crises;
- Sensitizing and empowering young girls and boys on how to avoid the risk of HIV/AIDS and sexual exploitation in the context of humanitarian crises;
- Establishing Rights of the Child Committees and orientating community-level duty-bearers;
- Care and rehabilitation of victims of rape and sexual exploitation;
- Increased support to safe environments for street children.

4. APPEAL REQUIREMENTS AND RECEIPTS

**Table 1: Funding status of the 2005 HAR by sector
as of June 2005**

Sector	Target (US\$)	Funded (US\$)	Per centage funded	Total Outstanding Funding Requirement (US\$)
Health	1,593,480	0	0%	1,593,480
Nutrition (revised)	1,733,000	0	0%	1,733,000
Water & Sanitation	540,096	0	0%	540,096
Education	305,760	0	0%	305,760
Child Protection	429,240	0	0%	429,240
Total¹	4,601,576	0	0%	4,601,576

Table 2: IMMEDIATE REQUIREMENTS AS AT JUNE 2005

Project	Purpose	Amount (US\$)
Nutrition	Procurement of nutritional supplies, nutrition survey, surveillance and technical assistance	1,733,000
Basic Education	To conduct surveillance of impact of food crisis on school attendance in 42 schools	100,000
Total		1,833,000

5. IMPACT OF UNDER-FUNDING AND CURRENT PRIORITIES

So far, UNICEF has been able to respond to the emergency needs through left-over emergency funds, contingency stock and funds obtained for the regular Country Programme. These funds have now been all utilized and therefore there is an urgent need to secure additional funding to continue the support for the management of the malnutrition situation (which is likely to deteriorate much earlier than normal and encompass an increased case load). Due to the long lead time required for the procurement of the specialized nutritional supplies, it is critical to secure funding on time.

The UNICEF pipeline for TFP will last until December 2005 for therapeutic milk, based on last year's number of beneficiaries. However, there may be increased admissions in NRUs given the food shortage. Therefore **urgent funding is required before August in order to ensure adequate supplies at the peak of the hunger season**. Urgent funding is also required to continue with the surveillance of school attendance in food insecure areas.

Details of the Malawi Programme can be obtained from:

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¹ The total includes a maximum recovery rate of 12%. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board decision 2003/9 of June 5, 2003.