

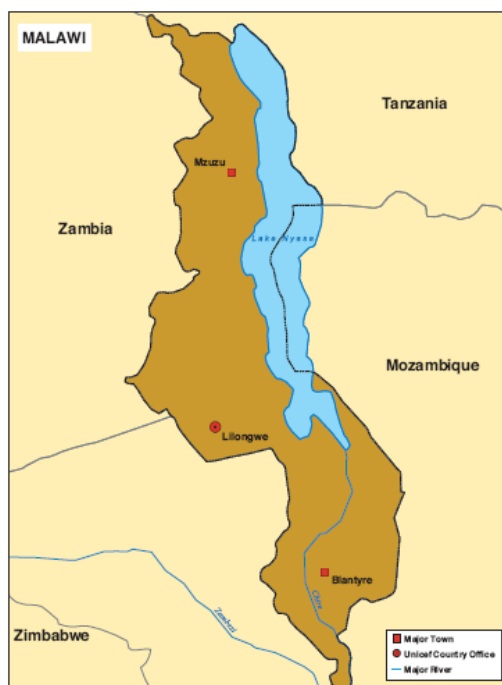
UNICEF HUMANITARIAN ACTION

MALAWI

DONOR UPDATE

18 APRIL 2006

- Humanitarian food assistance will continue for 1.4 million people in 14 districts until end of April due to long periods of dry spell and high malnutrition rates. Maize prices continue to be beyond the purchasing power of many individual households.
- High malnutrition rates persist. The combination of HIV/AIDS, severe shortage of quality health staff and food insecurity has resulted in high mortality rates among children in Nutrition Rehabilitation Units
- The cholera outbreak in 2005/06 has been the worst since 2001/02 with 4,394 cases and 53 deaths reported.
- UNICEF requires an additional US\$ 4.5 million in order to continue to respond to high level of malnutrition among children under five and pregnant women; prevent and control cholera outbreaks; and support the Government of Malawi with the restoration of school activities in flood-affected districts.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

1. ISSUES FOR CHILDREN

In November 2005, the Malawi Vulnerability Assessment Committee (MVAC) revised the initial number of people in need of food assistance until end of March 2006 to include some 4.9 million; an increase of some 700,000 people compared to the original estimates of 4.2 million in June 2005. Consequently, the World Food Programme (WFP) and the Government Voucher Scheme (GVS) revised their food allocation plans accordingly effective from December 2005 and increased the number of districts to 26 providing a full ration of maize, vegetable oil and pulses. As a result of long periods of dry spell during first quarter of 2006 (mostly in the northern and central regions - causing a delay in the planned harvest) and high rates of malnutrition in some areas, WFP has agreed to continue with the humanitarian food assistance until end of April in 14 districts targeting some 1.4 million people equivalent to some 10,500 metric tonnes in missing food entitlements. Five districts in the northern region will receive full ration of maize, vegetable oil and pulses while the remaining nine districts (central and southern regions) will receive half the ration per household. In the three districts in the southern region, distribution will only take place in selected areas.

In the beginning of March, the Ministry of Agriculture released the preliminary first round of crop estimates forecasting a maize production to be around 2.4 million metric tonnes against the national requirement of 2 million metric tonnes. The predicted estimates represent a 96 percent increase over last year's production and a 43 percent increase over last year's first round crop estimates. The second round estimates are expected to be released first week of April and will among other factors, including nutrition indicators be included in the next MVAC food security assessment, which is scheduled to take place in April as well. Preliminary results of the MVAC assessment are expected beginning of May.

The humanitarian crisis has a particularly serious impact on children and women, who are most vulnerable to food insecurity. More than one million children under the age of five, pregnant and lactating women are in need of humanitarian assistance.

High Malnutrition Rates: In December 2005, Ministry of Health with support from UNICEF conducted a nationwide nutrition survey which concluded that four districts (Phalombe, Lilongwe, Machinga, and Salima) had levels of Global Acute Malnutrition (GAM) \geq 10 percent warranting a serious situation. Fourteen districts (Lilongwe, Dedza, Nsanje, Rumphu, Mangochi, Chiradzulu, Nkhosakota, Balaka, Ntcheu, Blantyre, Mulanje, Chikwawa, Mwanza, Neno and Karonga) had levels of GAM in the range of 5-9 percent warranting an alert situation, while ten districts had levels below 5 percent. In average, the prevalence of GAM stood at 6.4 percent on a national level as of December. The GAM rate from 1,300 growth monitoring clinics in Malawi (approximately 9,100 children) was 14.4 percent in February 2006 compared to 8.5 percent in February 2005, according to the Food and Nutrition surveillance report.

Accordingly, the admissions of severely malnourished children to the Nutrition Rehabilitation Units (NRUs) increased over the months from September 2005 to January 2006. In January 2006, new admissions to NRUs increased by 30 percent compared to same time last year. The increase in admissions from December 2005 to January 2006 nationwide was 50 percent. In January and February, the number of new admissions to 86 NRUs were 3,753 and 3,250 children respectively (reports received from 90 percent of the NRUs supported by UNICEF). Capacity problems, HIV/AIDS and other factors currently under investigation are influencing the performance indicators in most of the centres with mortality and cured rates not within international minimum standards (SPHERE). Admissions of children with severe acute malnutrition to Community-based Therapeutic Care (CTC) centres were also high in February with over 5,000 new admissions reported.

Continued support to NRUs and CTCs is required for at least 6-12 months to manage the increased case load and to reduce mortality rates through improved quality of paediatric care. Referral and access to paediatric health services and programmes will be necessary to reduce the duration of recovery from malnutrition for children living with HIV and AIDS.

In February, WFP/UNICEF scaled up the supplementary feeding for children under five, pregnant and lactating women in 14 districts adding another 42,845 moderately malnourished children and women to the group thereby targeting a total of 81,251 moderately malnourished children and women in 19 districts. This include 54,435 moderately children in the age group 6-59 months who are reached out of a total of 70,547 in all 28 districts in Malawi (based on the 2006 Expanded Programme on Immunisation (EPI) projections) corresponding to a coverage of 77 percent of those children in need of supplementary feeding. The scale up of the programme is implemented until end of June 2006.

Outbreaks of Cholera: Since the first outbreaks of cholera were reported on 17 October 2005, the Epidemiological Unit under the Ministry of Health has recorded a total of 4,359 cases of cholera outbreaks and 53 deaths in 19 districts. The outbreaks were triggered by persisting poor conditions of hygiene and limited access to safe water and sanitation facilities, but were exacerbated by the food crisis and the onset of the rainy season. Food shortages and malnutrition have a direct effect on individual susceptibility to diseases and thus the level of outbreaks has been directly related to people's access to food and safe water in the affected districts. With the increase of severe malnutrition amongst children under five, pregnant and lactating women during the humanitarian crisis, the number of people susceptible to cholera was expected to be potentially higher compared to previous years. In comparison, a total of 1017 and 784 cholera cases were reported at the same time in 2004/05 and 2003/04 respectively. The case fatality rate has been decreasing since 2001/02 from 3.3 to 1.2 percent for 2005/06, but is still higher than the recommended fatality rate of less than 1 percent (WHO). The number of reported cases per week has now been decreasing since the third week of February and is expected to decrease further as Malawi is nearing the end of the rainy season, although sporadic outbreaks during dry season may occur.

NRUs and school feeding centres are at great risk, and therefore special attention to maintain a minimum level of hygiene is needed. According to the 2004 UNICEF Household Study, hygienic practices such as hand-washing are decreasing. Chlorination of drinking water along with intensive hygiene promotion is essential at NRUs and school feeding centres, in order to ensure that costly interventions made to save the lives of malnourished children are not wasted. Up to now, no confirmed cholera cases have been reported from schools or NRUs.

Increased vulnerability due to HIV/AIDS: A major challenge facing Malawi is the combination of the HIV/AIDS pandemic and food insecurity. 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. Poor nutrition greatly reduces the effectiveness of HIV/AIDS treatments, exposing many persons living with HIV/AIDS to heightened health risks. There are an estimated one million orphans in Malawi, of which close to half are orphaned due to AIDS. The long-term impact of HIV on households and communities is evident, as they are becoming less and less resilient and more vulnerable to shocks resulting from drought, floods and other natural disasters.

School Attendance: A report published by Ministry of Education in early October 2005 indicated high rates of absenteeism in areas affected by the food shortage, especially among orphans. School feeding was scaled up throughout January to 31 March 2006 from 249 schools under the WFP country programme to include 620 schools of which WFP currently provides food to 482 schools (-and to some 8,000 pre-school children in 128 early childhood care centres) and the German Technical Cooperation (GTZ) provides food to 138 schools in districts most affected by food insecurity. Close to 500,000 primary school children benefit from the school feeding programmes and the impact is clear; those schools that are included in school feeding programmes show a significantly lower rate of absenteeism than those that are not.

Child Abuse and Exploitation: Child abuse and exploitation – including child labour, sexual abuse, physical and psychological abuse – is unfortunately common in Malawi, especially among orphans and other vulnerable children (OVC). Ongoing and regular monitoring indicates a serious situation for OVC due to the food crisis, which has put greater pressure on households that care for orphans. This increased vulnerability has also resulted in a whole host of negative trends, including: more children engaging in child labour and sexual services in exchange for food; an influx of children on the streets in urban and peri-urban areas; more children in conflict with the law; weakened capacity of community- and faith based organisations to care for OVC; an increased number of children flocking to Community-Based Child Care Centres (CBCCCs) that provide food and; communities becoming less willing and able to care for OVCs.

Floods: Heavy and continuous rainfall in the southern part of Malawi since mid-December 2005 culminated over New Year and resulted in rising water levels across Chikwawa and Nsanje districts. The flooding submerged property, left large areas impassable and in some cases cut off access to basic services (e.g. health clinics). Fields were washed away and destroyed recently planted crops in preparation for the upcoming harvest in March 2006. Approximately 120,000 people were affected (approximately 22,000 families) of which approximately 4,000 families had their houses destroyed and were therefore in need of immediate relief items while rebuilding their homes. Throughout January to March, Malawi continued to experience frequent occurrences of flooding, particular in Mangochi and Machinga in the southern region and Ntcheu and Salima in the central region. The floods have caused temporary displacements and affected school children who have their schools and learning materials destroyed. Close to 200,000 people

in nine districts have been directly affected by floods since January. Needs for assistance to secure children's education, access to safe water and sanitation facilities continue to persist as communities are rebuilding their livelihoods.

2. UNICEF'S RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

NUTRITION

UNICEF supports treatment of severely malnourished children under five, pregnant and lactating women through provision of technical and material assistance (therapeutic milk, supplements, drugs and essential life saving items) to Nutrition Rehabilitation Units (NRUs) and through Community-based Therapeutic Care (CTC). In February, UNICEF completed the training of health staff from 35 NRUs on the WHO protocol for management of severe malnutrition thereby increasing the number of UNICEF-supported NRUs from 62 to 97. CTC has been scaled up in 13 districts through NGO partners and Ministry of Health to establish an additional capacity to treat severely malnourished children.

A national nutrition survey was conducted in December 2005 in all 28 districts in Malawi in collaboration with Ministry of Health, WFP and NGO partners. The results were used as a fundamental instrument for the (re-)targeting of most vulnerable areas affected by the food insecurity to be included in both the general food distribution programme (WFP and GVS) and for the scale up of the supplementary feeding programme.

The WFP/UNICEF supplementary feeding programme was scaled up in 14 districts in January adding another 38,406 moderately malnourished children under five and women to the 42,845 that already benefited from the country programme. As part of this effort, UNICEF has further expanded the partnerships with a number of NGOs and the Ministry of Health on community screening and referral of moderately and severely malnourished children. Guidelines have been developed to ensure a common understanding and standardised approach of community screening and supplementary feeding activities, including criteria for participation and admissions to NRUs.

UNICEF also supports treatment of adults and adolescents with moderate and severe malnutrition through provision of technical and material support to 60 ART (Antiretroviral Treatment) clinics, which together serves approximately 10,000 people in Malawi. In January, 120 health staff from all ART clinics were trained on management of severe malnutrition in conjunction with the scale up of nutritional support. Draft nutrition and ART national guidelines have been field tested and are currently being finalised. In partnership with UNICEF, six district hospitals are currently receiving food support for ART patients by WFP on a pilot basis. Plans are underway to intensify the monitoring of the impact of nutrition therapy for people in ART clinics.

Main activities

- UNICEF will continue to provide technical and material support to sustain the expanded capacity to manage severe malnutrition among children under five, pregnant and lactating women at NRUs and through CTC in collaboration with Government and NGO partners.
- The partnership between UNICEF and WFP will continue for supplementary feeding to prevent increase in cases of severe malnutrition among children under five, pregnant and lactating women. The scale up of the programme will continue until end of June 2006.
- Support will continue to be provided for management of adults and adolescents with acute severe malnutrition through treatment in 60 ART (Antiretroviral Treatment) sites.
- UNICEF will continue to further strengthen the Nutrition Surveillance System to ensure that accurate data on the current situation of malnutrition and reports are submitted on a monthly basis.
- UNICEF will also continue to support the monitoring system established for the feeding centres, which allows district and national level nutritional managers to monitor trends in acute malnutrition and the quality of the centres' treatment.
- Some 500,000 children and women are targeted to receive multiple micronutrients in conjunction with Child Health Day in May. These include de-worming tablets for children under five to prevent anaemia due to occult blood loss through gastro-intestinal bleeding and iron/folate to pregnant and lactating women.

HEALTH

Prior to and throughout the cholera season and in collaboration with World Health Organisation (WHO), UNICEF has supported Ministry of Health in the surveillance and case management of cholera outbreaks through pre-positioning of emergency cholera supplies (Re-hydration salt (ORS) and Ringer Lactate adequate to treat 10,000 cases) in all districts. Activities have also included support to district health officials in conducting rapid assessments within 48 hours of a disease outbreak to determine magnitude, resource needs and action plans. Support was also provided for re-treatment of approximately 2.8 million bed nets (80 percent of the total nets distributed), thereby providing increased protection against malaria during the crisis period.

Main activities

In spite of declining trends in outbreaks of cholera and other communicable diseases in conjunction with the end of the rainy season, UNICEF in collaboration with WHO will continue to support the district preparedness on case management and surveillance through pre-position of essential medical supplies and training through the Ministry of Health.

WATER AND ENVIRONMENTAL SANITATION

UNICEF's water and sanitation activities support the health efforts to prevent and reduce outbreaks of diseases through improved water and sanitation facilities, primarily at NRUs and schools feeding centres. Prior to and throughout the cholera season, UNICEF has supported the Ministries of Health and Water Development on prevention and control of cholera outbreaks. Water quality testing and sanitary surveys, social mobilisation campaigns and hygiene education have been conducted in all districts, with emphasis on 15 districts that are particularly prone to cholera. The use of H2S strips for household water quality monitoring by villagers themselves has enabled communities to conduct easy water testing. Extensive chlorination of household and water points has taken place in communities as well as in schools. More than 700,000 people had been assisted with provision of safe water through chlorination. Community volunteers have been trained on preparation of 1 percent stock solution of chlorine. The acquired skills and knowledge on preparation and use of chlorine for water purification are left within the community to be used when ever it is required.

Pre-positioning of material supplies and simple repairs of water facilities are undertaken wherever necessary to ensure sufficient water supply is available to wash dishes and cooking utensils in a more hygienic way. Currently, 237 schools and 128 CBCCCs that are included in the WFP emergency school feeding programme, are benefiting from construction of water and sanitation facilities and simple repair of existing structures. The work is expected to complete by the end of April.

UNICEF has and continues to respond to all areas and districts that have been affected by flooding through mobilisation campaigns, hygiene education, distribution of chlorine for treatment of contaminated water sources and repair of water and sanitation facilities (e.g. hand pumps).

To ensure the basic survival, UNICEF has responded to the immediate needs of approximately 4,000 families who have had their houses destroyed by floods and therefore have been in need of basic relief items while rebuilding their homes. The assistance, which consists of blankets, mosquito nets, cooking and eating utensils, plastic sheets, soap, buckets, jerry cans and water guard is provided through the Government of Malawi who, on an overall level, holds the responsibility for coordinating any emergency response in the country.

Main activities

- While continuing to respond to the immediate needs through pre-positioning of supplies and minor repair, UNICEF will also continue to address the long term demand for access to safe water and improved sanitation at institutional, community and household level to prevent outbreak of water borne diseases, in particular cholera. This will be done parallel to enhancing the awareness for improved hygiene practices as well as support to further strengthening the capacity of the National Cholera Task Force.
- Construction of new boreholes in 60 schools

- Rehabilitate hand pumps, repair hand pump facilities to regain lost access in 30 schools where school feeding programme is going on and establish Community based operation and maintenance systems for the hand pump facilities.
- Improve environmental sanitation and hygiene practices of 1800 households affected by HIV/AIDS with a WASH Basic Need package for every household.
- Scale up SSHP by constructing gender and child friendly sanitation facilities in 90 schools
- Undertake sanitary surveys of water sources and test with H2S strips to test contamination of sources with E-coli. Initiate local solutions for improvement of water sources along with chlorination.
- Provide soap and detergents and disseminate key hygiene messages on the dangers and prevention of Cholera and other water –related diseases.
- Provide support to undertake hygiene education using PHAST tools in communities with high risk.

EDUCATION

Surveillance of school sites to monitor impact of increased food insecurity was scaled up in October 2005 from 42 schools in 14 districts to include 69 schools in 23 districts. In January, WFP/UNICEF scaled up the school feeding programme from 249 to 482 schools reaching a total of 410,000 primary school children in an effort to prevent an increase in absenteeism due to food shortages. The scale up also includes some 8,000 pre-school children in 128 Community Based Child Care Centres (CBCCCs) from January to 31 March 2006 in seven districts. In addition, the German Technical Cooperation (GTZ) initiated school feeding in 138 schools reaching an additional 89,000 children. While WFP and GTZ provide the food, UNICEF supports both programmes with technical (including training of care givers and community mobilisation) and material assistance (e.g. kitchen and eating utensils, learning materials and storage and cooking facilities).

Approximately 468,000 adolescents aged 12-18 in 937 secondary schools in all districts are targeted for life skills education to protect themselves and their peers against HIV/AIDS in the context of the humanitarian crisis. Up to now, the initiative has reached approximately 327,000 children (corresponding to 70 percent of the target group).

A total of 45 schools in 11 districts have since January been affected by heavy storms and flooding causing disruption of schooling and learning activities for approximately 55000 children. In response, UNICEF has replaced and provided learning materials for approximately 23,000 school children and 5 tents have been erected in the affected areas to ensure temporary shelter for the school children. UNICEF is currently undertaking repair and rehabilitation of these schools through a private construction company.

Main activities

- The partnerships with WFP and GTZ (the GTZ programme will come to an end on 30 April) will continue to ensure that school feeding as a strategy for promoting enrolment, retention, achievement and completion of education among vulnerable children is continued.
- In April, WFP and UNICEF plan to conduct an assessment of the school feeding programme to *inter alia* determine the impact of the scale up of the programme from January 2006.
- Supplementary feeding to 128 CBCCCs will discontinue after 31 March. UNICEF and WFP have agreed to continue with the feeding using an in-kind donation of 80 metric tonnes of BP-5 biscuits from the Norwegian Government for an extended period of four months.
- Rehabilitation and reconstruction of 9 schools affected by heavy storm and flooding will be undertaken in three districts
- Surveillance of 69 sentinel sites in 23 districts will continue and its quality service will be further strengthened in collaboration with Centre for Education, Research and Training (CERT).
- Lesson for Life will continue to ensure that all adolescents especially the most vulnerable have access to correct life skills to protect themselves from HIV transmission.

CHILD PROTECTION

UNICEF supports the Government of Malawi (GoM) in sensitising the general public, law enforcement bodies and commercial enterprises and farmers on the increased risk of child labour and sexual exploitation of young girls and women during the humanitarian crisis, and on the increased risk of children coming into conflict with the law. A joint WFP/UNICEF/UNFPA/UNAIDS programme to prevent sexual and economic exploitation and abuse is currently being implemented in seven districts in the southern region that are most affected by food insecurity in collaboration with NGO partners.

In conjunction with the Zero Tolerance Campaign on Child Abuse (launched in November) UNICEF supports broadcasting of TV and Radio programmes and production/distribution of Information, Education and Communications (IEC) materials. In addition, UNICEF supports jingles on Prevention of Sexual Exploitation and Abuse, Child Trafficking and Child Labour. A system of sentinel sites to monitor and collect data on reported cases on child abuse related to the food crisis has been put in place in five districts.

Main activities

- UNICEF will continue to protect children and women from sexual and economic exploitation in partnership with the Government of Malawi and NGOs. UNICEF will also continue to further enhance the partnerships with paralegals to monitor prisons and provide legal aid to children in conflict with the law,
- The first phase of the Zero Tolerance Campaign on Child Abuse will continue until June 2006, where after an evaluation will be conducted. Second phase of the campaign will incorporate lessons learned and recommendations from the evaluation,
- In May 2006, UNICEF, WFP, UNFPA and UNAIDS plan to conduct an evaluation of the training on Prevention of Sexual Exploitation and Abuse and the IEC materials produced in order to determine the effectiveness and impact. In this respect, relevance of extending the programme to the northern and central regions will be explored.

RESPONSE TO HIV/AIDS

In line with the Millennium Development Goals (MDG), World Food Programme (WFP), World Health Organisation (WHO), the Food and Agriculture Organisation (FAO) and UNICEF have agreed on a joint programme on food security and nutrition support for people living with and/or are affected by HIV/AIDS. Activities of this joint programme will revolve around treatment, care and mitigation of HIV/AIDS. Implementation will take place between January 2006 and December 2007.

Main activities

- UNICEF will continue to focus on prevention, care and support programmes in the area of HIV/AIDS and increase the visibility of children affected by HIV/AIDS and mobilize resources and commitment at all levels,
- Providing pediatric care and support for HIV infected children will be a major focus of UNICEF's global campaign on children and AIDS in 2006. Support is required for ensuring that timely testing of children in NRUs for early diagnosis, treatment for opportunistic infections and access to antiretroviral treatment, and follow up is available.

3. FLASH APPEAL REQUIREMENTS AND RECEIPTS

By Donor	Contribution Amount
The Netherlands	4,800,000.00
European Commission Humanitarian Aid Department (ECHO)	1,175,913.00
United Kingdom	545,455.52
	258,175.50
Canada	854,700.00
	17,310.23
Norway	750,000.00
Norway (DIK-BP5)	387,517.00
Sweden	644,330.00
Ireland	592,415.00
Denmark	525,766.67
United States	400,000.00
Luxembourg	121,065.00
UK National Committee for UNICEF	361,010.00
	210,546.60
United States Fund for UNICEF	51,219.14
	485,000.00
Swedish National Committee for UNICEF	101,503.41
Total contribution	12,281,927.07

By Sector	Target	Funded	Percentage funded	Total Unmet Funding Requirement
Health	1,500,000	1,094,886.67	73 %	405,113.33
Nutrition	9,000,000	8,591,775.32	95 %	408,224.68
Water & Sanitation	1,700,000	1,619,224.69	95 %	80,775.31
Education	500,000	576,040.39	115 %	- 76,040.39
Child Protection	300,000	400,000.00	133 %	- 100,000.00
Total	13,000,000	12,281,927.07	94 %	718,072.93

3. ADDITIONAL REQUIREMENTS

Up to now, UNICEF has been able to respond to the emergency needs of women and children affected by the humanitarian crisis through generous contributions from the donors to the extended Appeal. Most of these funds have now been utilized, and there is an urgent need to secure additional funding to continue the support for the management of malnutrition which together with high mortality rates continues to be on unacceptable high levels as a consequence of the humanitarian crisis.

Floods and cholera outbreaks are recurrent problems in Malawi, thus additional funding is also required to assist the Government of Malawi in ensuring proper and adequate preparedness to prevent and control outbreaks of cholera with particular emphasis on school feeding centres, NRUs and Community Based Childcare Centres (CBCCs). Additional funding is also required to rehabilitate and repair schools and facilities that were severely damaged and destroyed during this year's flooding in the southern and central

regions as well as to ensure that continued support is provided for the protection of women and children against sexual and commercial exploitation.

Table 2: Revised Funding Requirements as of 18 April 2006 (in US dollars)			
Sector	Additional Requirements	Total Requirements	Total Unmet Funding Requirement
Health	300,000	1,800,000	705,113.33
Nutrition	2,500,000	11,500,000	2,908,224.68
Water & Sanitation	1,000,000	2,700,000	1,080,775.31
Education	500,000	1,000,000	423,959.61
Child Protection	200,000	500,000	100,000.00
Total	4,500,000	17,500,000	5,218,072.93

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