

## UNICEF HUMANITARIAN ACTION

# Malawi

**DONOR UPDATE      20 October 2005**

- **Maize prices are increasing beyond the reach of many. The high cost of fuel and dwindling Government stocks have accelerated the onset of the hungry season by up to three months.**
- **Admissions of severely malnourished children to Nutrition Rehabilitation Units (NRUs), already 30 percent higher than this time last year, are expected to triple the coming months.**
- **As the number of moderately malnourished children rises sharply, supplementary feeding programmes must be rapidly scaled up to prevent children becoming severely malnourished.**
- **Faced with this rapidly deteriorating situation, UNICEF requires US\$ 13,000,000 to support life saving interventions, in particular in the area of nutrition.**

### 1. ISSUES FOR CHILDREN

Earlier this year, the Malawi Vulnerability Assessment Committee (MVAC) estimated that between 4.2 and 4.6 million people would not be able to meet their minimum food requirements until the next harvest in March 2006. Consequently, on 30 August 2005 the UN launched a Flash Appeal to alert the international community to the gravity of the humanitarian crisis in Malawi, and to mobilize resources in support of the Government of Malawi's (GoM) efforts to address immediate humanitarian needs and minimise the likelihood of another crisis next year.

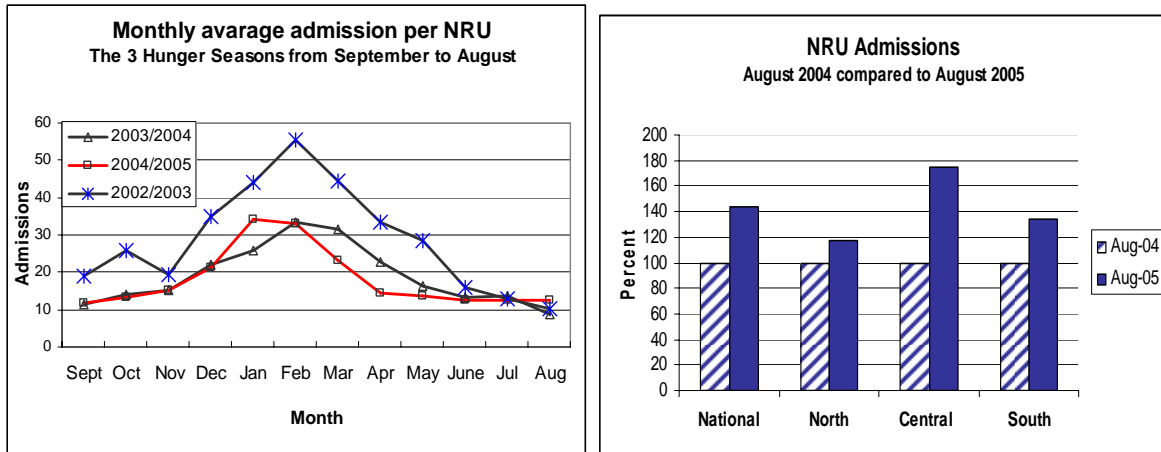
The World Food Programme (WFP) has warned that the number of those in need of food assistance could rise to five million in the coming months. Yet to date, only 32 percent of the UN Appeal has been funded (US\$ 28 million out of US\$ 88 million).

Since the launch of the UN Flash Appeal, the situation has deteriorated rapidly, especially in the southern region, followed by the central and northern regions, as the number of households that have depleted their food reserves grows. Prices of maize in most parts of the country are now higher than even worst case predictions. The rapid deterioration of the humanitarian situation has a particularly serious impact on children and women, who are most vulnerable to food insecurity. Approximately one million children under the age of five and pregnant women are in need of humanitarian assistance.

#### **HIGH MALNUTRITION RATES**

According to the August 2005 National Nutrition Surveillance Report, the south continues to have the worst nutrition situation based on average weight for height. The percentage of children with Global Acute Malnutrition (WHZ <2 – children with moderate and acute malnutrition) has gone up to 7.2 percent nationwide. Zomba and Chiradzulu continue to have the highest rates, with prevalence around 16-17 percent, which is above the emergency threshold of 15 percent. Admissions of severely malnourished

children to 76 Nutrition Rehabilitation Units (NRUs) in August this year showed a 29 percent increase compared to those in August 2004.



This is an extremely worrying situation. The current national capacity to treat severe malnutrition is only approximately 1,000 children per month, and the high rates of severe malnutrition indicate that many more children who need life-saving assistance are not yet receiving it. In view of the deteriorating situation, this capacity will need to be augmented. In addition, at least 92,000 moderately malnourished children require assistance if they are not also to become severely malnourished. Currently, the treatment rate of moderate malnutrition through supplementary feeding in Malawi remains very low. Only 16,000 children under 5 and 9000 pregnant and lactating women are reached through the current programme supported by WFP. To prevent children with moderate malnutrition from deteriorating to a condition of severe malnutrition, increased supplementary feeding is required.

**CHOLERA PREPAREDNESS**

The risk of cholera outbreaks remains a major threat as Malawi moves toward the rainy season in November. Food shortages and malnutrition have a direct effect on individual susceptibility to diseases and thus the level of coming epidemics will be directly related to people’s access to food and safe water. With the alarming increase of severe malnutrition amongst children under 5, pregnant and lactating women, the number of people susceptible to cholera is potentially higher compared to previous years. Potential outbreaks could consequently reach unexpected levels this year, in particular for children and women. The NRUs and school feeding centres will be 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.

**INCREASED VULNERABILITY DUE TO HIV/AIDS**

A major challenge facing Malawi is the lethal “triple threat” combination of the HIV/AIDS pandemic, food insecurity, and weakened capacity for governance. 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 to render them more vulnerable to shocks resulting from droughts, floods and other natural disasters.

**ERRATIC SCHOOL ATTENDANCE**

Since 2002, UNICEF has supported “sentinel site surveillance” in food insecure districts to monitor school attendance. A recent report published in early October indicated high rates of absenteeism in areas affected by the food shortage, especially among orphans. Similarly, children included in the WFP/UNICEF-supported school feeding programme currently targeting 249 schools, show a higher rate of absenteeism. To prevent a further increase in absenteeism, expanded school feeding is necessary.

## 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). An ongoing Government/UNICEF monitoring mission indicates a worsening situation for OVC due to the food crisis, which puts 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; an influx of children on the streets in urban and peri-urban areas; more children in conflict with the law; weakened capacity of community-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.

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

### NUTRITION

UNICEF supports therapeutic feeding to approximately 1,000 severely malnourished children per month by providing therapeutic milk, supplements, drugs and essential life saving items to 62 NRUs. A national nutrition survey is under preparation in cooperation with MoH and WFP, to be conducted in all 28 districts in November. The survey will ensure continuous nutrition surveillance using NRU data and growth monitoring information. The results are expected to be available around third week of December.

#### Planned activities:

- **Treatment of severely malnourished children:** To increase the current capacity to treat severely malnourished children up to a caseload of 3,500 per month, UNICEF will establish an additional 32 NRUs, bringing the total number of UNICEF-supported NRUs to 94.
- **Supplementary Feeding Programme (SFP):** UNICEF will work with WFP to substantially increase the number of moderately malnourished children and pregnant and lactating women reached through supplementary feeding activities.
- **Expansion of Community-based Therapeutic Centres (CTC):** CTCs will be expanded to 10 more districts. This expansion will require additional support in terms of human resources and supplies.
- **Technical support to Ministry of Health (MoH) and Implementing Partners.**
- **Nutrition Information System:** Nutrition Surveillance will be further strengthened to ensure that data and reports are submitted on monthly basis.
- **Micronutrient Support:** A total of 500,000 are targeted to receive multiple micronutrients, including iron and foliate to pregnant and lactating women. De-worming of children < 5 and pregnant women will also be provided to prevent anaemia due to occult blood loss through gastro-intestinal bleeding.
- **Monitoring and Evaluation (M&E):** UNICEF will 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.
- **Sector Coordination, logistics and warehousing:** UNICEF will work with the Ministry of Health to ensure a coordinated response to emergency nutrition activities.

#### Expected impact

By expanding the nutritional activities, UNICEF expects to reduce child mortality to < 10 percent in both NRUs and CTCs and prevent micronutrient deficiencies among children < 5, pregnant and lactating women.

### HEALTH

Surveillance is ongoing in all districts prone to cholera, and the GoM, supported by UNICEF, is pre-positioning emergency cholera supplies ahead of the approaching season. Together with the World Health Organisation (WHO), UNICEF currently has sufficient supplies to treat up to 1,000 cases of cholera. The results of a UNICEF/WHO supported national measles vaccination and vitamin A supplementation campaign targeting 1.8 million children between 9-59 months will be available end of October 2005.

#### Planned activities

- Increase the preparedness of districts for Cholera through preposition of essential medical supplies.
- Strengthen the capacity of districts to conduct rapid assessments within 48 hours of a disease outbreak to measure the magnitude, determine resource needs and develop action plans.
- Support to districts to strengthen case management of cholera, malaria, measles and other diseases.

### Expected impact

With these interventions, UNICEF expects a reduction in morbidity and mortality due to diseases and an enhanced prevention of cholera outbreaks as well as a timely detection of any that occurs.

## WATER AND ENVIRONMENTAL SANITATION

UNICEF's water and sanitation activities support health efforts to prevent and reduce outbreaks of diseases through improved water and sanitation facilities, primarily at NRUs and schools feeding centres. 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.

### Planned activities

UNICEF will contribute to national efforts to prevent and control outbreaks in cholera-prone districts by targeting 100 NRUs and 250 supplementary feeding centres. This will be done through, *inter alia*:

- Pre-position chlorine at all health centres in enough quantities in all districts.
- Provide jerry cans or 20L buckets with taps and enamel cups with user instructions and messages in local languages on safe handling of water and disposal of excreta and solid waste; provide soap and detergents and disseminate key hygiene messages on prevention of Cholera and other diseases.
- Support minor repairs if needed to water facilities at NRUs and supplementary feeding centres.
- 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.
- Training and management support to district health officials and workers, communities and care givers at CBCCCs, NRU and school feeding centres.

### Expected impact

UNICEF expects to reduce WASH (Water and Sanitation, Hygiene) related illnesses among school children,.

## EDUCATION

UNICEF conducts school attendance surveillance to monitor the impact of food insecurity and support school feeding activities in 249 schools in 10 districts. UNICEF will continue to strengthen its efforts to prevent absenteeism among school pupils, especially among orphans and other vulnerable children, which is likely to increase as a result of the increased food insecurity. However, current funds allocated to educational activities remain adequate for UNICEF to respond to the humanitarian situation; thus no additional funds are required for these activities.

### Planned activities

- The school feeding programme will be increased to reach some 419,000 children. In addition to the 249 schools currently supported by WFP, 85 schools in five districts will be included with support from GTZ.
- Surveillance of school absenteeism will be strengthened in 23 districts.
- Educational programmes to primary/secondary school children to prevent HIV and build self-esteem.

### Expected impact

UNICEF expects to reduce absenteeism and improve learning as a result of school feeding, and to increase the awareness and skills among children to prevent HIV infection and confront other challenges.

## CHILD PROTECTION

UNICEF supports the 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 a humanitarian crisis, and the increased risk of children coming into conflict with the law. A joint WFP/UNICEF/UNFAP/UNAIDS programme to prevent sexual and economic exploitation and abuse is currently being implemented. Current funds allocated to educational activities remain adequate for UNICEF to respond to the humanitarian situation; thus no additional funds are required for these activities.

### Planned activities

Continue to protect children and women from sexual and economic exploitation resulting from the desperation of children, parents and guardians during this crisis period.

- Provide legal and other support to children in conflicts with the law given the risk of increased number of children in prison for theft and petty crimes.
- Training of CBO, FBO and NGO and CBCC care providers on psychosocial support nationwide.

### Expected impact

Children and women are protected against sexual and commercial exploitation; children in conflict with the law are protected and supported.

### RESPONSE TO HIV/AIDS

Significant efforts are being made to scale up prevention, care and support programmes in the area of HIV/AIDS. UNICEF is stepping up efforts to increase the visibility of children affected by HIV/AIDS and mobilize resources and commitment at all levels. On 25 October, UNICEF, together with UN agencies, the Government and other key partners will participate in the national launch of the Global Campaign on Children and AIDS. The aim is to draw attention on the impact of AIDS on Malawian children and mobilize commitment and resources for a scaled up response.

#### Expected impact:

Reduction of new infections among children and young people; increase in the number of children and parents accessing AIDS treatment and care; and the increase in the number of orphans and other children affected by HIV/AIDS being cared for in family-like environments and provided emotional support and equal opportunities to access basic social services, such as education and health.

### 3. APPEAL REQUIREMENTS AND RECEIPTS

Table 1: Funding status of the Flash Appeal by sector as of 23 September 2005				
Sector	Target (US\$)	Funded (US\$)	Percentage funded	Total Unmet Funding Requirement (US\$)
Health	1,500,000	634,503.41	42%	865,496.59
Nutrition (revised)	9,000,000	1,000,000	11%	8,000,000
Water & Sanitation	1,700,000	100,000	6%	1,600,000
Education	500,000	285,000	57%	215,000
Child Protection	300,000	205,340	68%	94,660
<b>Total<sup>1</sup></b>	<b>13,000,000</b>	<b>2,224,843.41</b>	<b>17%</b>	<b>10,775,156.59</b>
<b>Donors</b>	USAID, DFID, SIDA, UK NatCom, US NatCom, Swedish NatCom			

#### Details of the Malawi Programme can be obtained from:

Aida Girma  
Representative  
UNICEF Malawi  
Tel: +265-1-770-297  
Fax: +265-1-773 162  
E-mail: [agirma@unicef.org](mailto:agirma@unicef.org)

Olivier Degreef  
UNICEF EMOPS  
Geneva  
Tel: +41-22-9095655  
Fax: +41 22 909 5902  
Email: [odegreef@unicef.org](mailto:odegreef@unicef.org)

Gary Stahl  
UNICEF PFO  
New York  
Tel: + 1 212 326 7009  
Fax: + 1 212 326 7165  
Email: [gstahl@unicef.org](mailto:gstahl@unicef.org)

<sup>1</sup> 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.