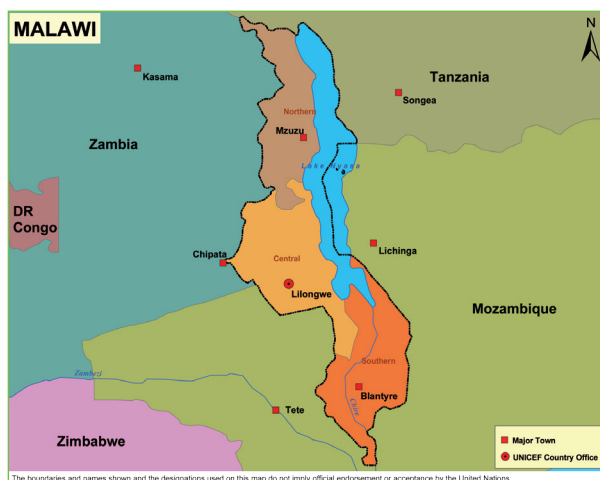


# UNICEF HUMANITARIAN ACTION MALAWI IN 2009



Core Country Data	
Population under 18 (millions)	6.8
U5 mortality rate	122
Infant mortality rate	72
Maternal mortality ratio	79
Primary school enrolment ratio	80
Primary school enrolment ratio for girls	80
% U1 fully immunized (DPT)	95
% population using improved drinking-water sources	75
HIV/AIDS prevalence (15 – 49)	14
% U5 suffering moderate and severe underweight/stunting	20.5/46

Source: Multiple Indicator Cluster Survey, 2006

Malawi's humanitarian situation is characterized by rising rates of malnutrition among children and incidences of HIV/AIDS, with some areas in the southern region recording as high as 30 per cent HIV prevalence. Floods and cholera in the southern region of the country are further compounded by high food prices posing a serious problem to household food security, especially for children and pregnant women. The Malawi Vulnerability Assessment Committee estimates that 1,490,146 people will be at risk during the 2008–2009 lean season, nearly triple the number of people that were at risk same time the previous year. The funds raised by the *Humanitarian Action Report* would benefit about 100,000 people affected by floods, 40,000 severely and 40,000 moderately malnourished children, as well as 24,000 pregnant and lactating women.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	3,000,000
Water, Sanitation and Hygiene	1,300,000
Education	225,000
Child Protection	500,000
<b>Total**</b>	<b>5,025,000</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

The Malawi Vulnerability Assessment Committee (MVAC) estimates that 1,490,146 people or 14 per cent of the total population will be at risk of food insecurity during the November 2008 to February 2009 lean season. This is three times as much people at risk as compared to the same period the previous year. Isolated incidences of dry spells and floods contribute to this increase, as the majority of the vulnerable population is located in the southern region. Compounding this situation are the high food prices and the high HIV prevalence rates. High food prices, with some areas having observed a rise as high as 79 per cent, are posing serious problems to household food security, particularly among children and women. The national HIV and AIDS prevalence rate stands at 12.4 per cent, whereas in some southern districts rates are as high as 30 per cent. The nutrition situation in the southern region (Chikwawa and Nsanje) is worse than in other livelihood zones, and rising rates of moderate and severe acute malnutrition (5.4 per cent in June 2008 compared to 2.7 per cent in June 2007) suggest the need to target these areas as the situation is likely to worsen as the season progresses. Overall 1,039 cholera cases were registered in 2007–2008 in various districts, especially in the southern region, where Chikwawa and Nsanje registered 65 per cent of the total number of cholera cases notified. The case fatality rate was 1.9 per cent – higher than the standard World Health Organization (WHO) case fatality rate of 1 per cent.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with local and national government and development partners, UNICEF responded to Malawi's humanitarian needs by focusing on the areas of health and nutrition, water, sanitation and hygiene (WASH), basic education, and child protection. Limited access of the flood-affected population to therapeutic and supplementary feeding centres and increased transport costs resulted in high default rates in some areas. Through existing partnerships, efforts to build the preparedness capacity of districts and to preposition emergency supplies allowed to rapidly provide lifesaving treatments and safe water and sanitation, to create a protective environment for children and to ensure the continuity of learning.

**Health and nutrition.** UNICEF supported 95 nutrition rehabilitation units (NRUs), 346 community-based therapeutic care (CTCs) centres and 199 supplementary feeding centres, treating approximately 36,000 children with severe acute malnutrition and 24,000 children and pregnant/lactating women with moderate acute malnutrition. With the support of UNICEF, over 2 million children aged 6–59 months (92 per cent) received vitamin A capsules; about 1.7 million children (96 per cent) aged 12–59 months received deworming tablets; 93,451 postpartum women (69 per cent) within eight weeks of delivery received vitamin A supplementation; and approximately 1.5 million caretakers benefited from messages promoting optimal infant and young child feeding practices. A follow-up 'Child Health Day' and measles campaign was conducted on 27 October 2008 reaching the same number of women and children with the same treatments. In order to address the link between malnutrition and malaria, about 10,000 (out of 15,000) long-lasting insecticidal nets were distributed to NRUs. Programme communication strategies were effectively used to reinforce messages on infant and young child feeding practices, using the 'Breastfeeding Week' in August 2008 as a platform. UNICEF supported a micronutrient survey that will provide latest information on vitamin and mineral deficiencies in the Malawian population and help direct future control programmes. A pilot programme on sugar fortification with vitamin A is underway and will be scaled up in 2009, reaching about 45 per cent of the population who uses sugar at household level.

Reaching 14,200 schoolchildren, UNICEF held large-scale hygiene promotion campaigns in schools and prepositioned supplies in cholera- and flood-prone districts in order to improve response time. With the aim to enhance the capacity of district and health officials to effectively respond to cholera outbreaks, UNICEF supported the dissemination of information and engaged in social mobilization to prevent and treat cholera. Through UNICEF's concerted efforts, the number of cholera cases continued to decline from January to April 2008 when the last case was notified. There has been no recurrence of cases since then.

**Water, sanitation and hygiene.** In 2008, 15,750 vulnerable people (100 per cent coverage) gained access to safe water sources in flood-affected areas, schools and camps for internally displaced persons (IDPs). About 7,200 pupils in 12 primary schools now have access to improved sanitary and handwashing facilities. Thirty water point committees were trained in the operation and maintenance of water points and on three key hygiene practices to reduce preventable diseases (proper latrine use; safe handling of drinking water; and handwashing with soap after toilet use, before eating or feeding babies, after changing nappies and before handling food). Schools, IDP camps and villages affected by floods (in Nsanje and Chikwawa Districts) now have increased awareness of these three key hygiene practices. District capacity was enhanced in order to conduct rapid assessments during an emergency through the development and use of appropriate water and sanitation

assessment tools. Centralized treatment of all drinking water in IDP camps resulted in zero deaths reported during a cholera outbreak in Nsanje and Chikwawa Districts in 2008.

**Education.** Out of 7,500 pupils, UNICEF was able to ensure the continuity of learning for a total of 5,000 schoolchildren in flood-affected schools through the construction of schools, the distribution of prepositioned materials, and by alerting district personnel to implement the response plan.

**Child protection.** As part of efforts to protect children against exploitation and abuse, 30 relevant officials (law enforcement officials and humanitarian workers) received training. Various awareness-raising strategies implemented in the emergency districts, such as the airing of radio programmes and the distribution of programme communication materials, were instrumental in decreasing the number of reported cases and, with UNICEF support, led to the management of 59 cases of child abuse, to the repatriation of 89 child labourers and to the identification and registration of 635 children living on the street. In Malawi, 8,000 children are living and/or working on the street.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF cooperates with the Government, UN agencies, NGOs and donors. It participates in national humanitarian coordination fora (Early Recovery Coordination Group), the UN Country Team (UNCT), UN Disaster Management Groups, and various technical working groups. UNICEF participates in all clusters and leads the nutrition, water, sanitation and hygiene (WASH), education and child protection subclusters. Targeted Nutrition Programme (TNP) meetings are held on a monthly basis to coordinate the nutrition response of the Malawi Government, UN agencies and NGOs.

#### Linkages of HAR with the Regular Programme

To support the humanitarian action, the Country Programme provides ongoing support in building capacity of existing structures to enable a rapid response. The existing activities or programmes build on partnerships in the Government, UN agencies and NGOs to monitor any changes in the child protection situation, relying on technical expertise in nutrition, water, sanitation and hygiene, and education.

UNICEF aims to provide assistance to affected families in all flood-prone areas of Malawi, with particular focus on the provision of safe water and emergency sanitation, the continuation of basic education, the procurement and distribution of nutritional treatment and child health supplies, and the protection of children from abuse and exploitation.

#### Health and Nutrition (US\$ 3,000,000)

For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health and nutritional status of children under age five and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation; to reach some 40,000 severely malnourished children under age five and 12,000 pregnant/lactating women in nutritional rehabilitation units (NRUs) and community-based therapeutic care (CTC) centres; and to strengthen district capacity for cholera preparedness and response in order to prevent and treat future outbreaks. Key activities will include:

- Support the 'Child Health and Sanitation Week' reaching about 2 million children aged 6–59 months as well as 94,000 postpartum women within eight weeks of delivery;
- Procure and manage supplies for nutritional care and support 157 public antiretroviral treatment sites to benefit some 15,000 adolescents and adults severely and moderately malnourished;
- Procure hemocues to assess anaemia in prevention of mother-to-child transmission (PMTCT) services;
- Strengthen the link between treatment of severe and moderate malnutrition in NRUs and CTC centres with the use of cotrimoxazole prophylaxis as part of paediatric HIV/AIDS treatment;
- Support nutrition and HIV monitoring and evaluation (M&E) and operational research;
- Provide access to treatment to 40,000 severely malnourished and to 40,000 moderately malnourished children under age five and to 24,000 pregnant/lactating women in NRUs and CTC centres in flood-affected districts as well as nationwide. This will include scaling up from 346 to 400 the number of CTC centres providing ready-to-use therapeutic food;

- Promote, protect and support exclusive breastfeeding and timely introduction of complementary foods with continued breastfeeding in most affected areas;
- Disseminate the accelerated child survival development (ACSD) strategic plan involving all districts at the zonal level;
- Provide cholera information, education and communication (IEC) materials promoting cholera prevention and control;
- Orient district preparedness committees and enhance their capacity to respond rapidly and effectively to cholera outbreaks;
- Procure cholera supplies for proper management and treatment;
- Engage district-level partners and civil society organizations in communication activities at grass-roots level, including the promotion of social dialogue on issues related to nutrition in emergency;
- Monitor and conduct rapid assessment on impact of communication in emergency-prone areas to promote evidence-based programme implementation for cholera;
- Conduct nutrition assessments as part of the Malawi Vulnerability Assessment Committee (MVAC) in affected areas;
- Strengthen food and nutritional surveillance through training and supervision.

### **Water, Sanitation and Hygiene (US\$ 1,300,000)**

For 2009, the overall goal is to meet the needs of emergency-affected people by building capacity and infrastructure to reduce the impact of future floods and to support Government in relocation efforts. Up to 25,000 displaced people, focusing particularly on children and women, will be reached through the following key activities:

- Construct/rehabilitate wells and adequate sanitary facilities in 50 schools, benefiting 3,000 children in most emergency-prone districts;
- Rehabilitate 50 boreholes and construct 50 new boreholes and install handpumps to provide safe drinking water to some 25,000 individuals in permanent and return areas;
- Train 100 local water authority management teams and 15 district- and central-level teams in county/city water and sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, and repair and maintenance of mini water supply systems;
- Promote hygiene education and hygiene awareness programmes in 50 schools (benefiting 30,000) and 30 local communities in order to complement existing water and sanitation services in cholera-prone districts;
- Promote household water treatment in 5,000 households in flood-prone districts.

### **Education (US\$ 225,000)**

For 2009, the overall goal is to reach 18,000 flood-affected and food insecure children through the following key activities:

- Procure and distribute basic teaching and learning materials for 10,000 primary schoolchildren to ensure quality learning in emergencies;
- Procure and distribute recreational kits for 6,000 children studying in displaced schools;
- Procure and distribute 15 tents to be used as temporary learning shelters to accommodate about 2,500 displaced pupils;
- Train 150 teachers on psychosocial support;
- Construct five permanent classroom blocks to accommodate 600 primary schoolchildren as a recovery response;
- Enhance the capacity of 30 schools with 18,000 schoolchildren to improve emergency preparedness.

### **Child Protection (US\$ 500,000)**

For 2009, the overall goal is to protect vulnerable children and women from abuse and sexual exploitation during times of crisis. Key planned interventions will focus on the following key activities, benefiting 5,737 internally displaced persons in all flood-prone areas:

- Establish monitoring mechanisms in flood-prone areas to assess the situation of vulnerable children;
- Provide low literate information materials (e.g., 'Stop Child Abuse' campaigns, radio programmes, including the radio version of 'A Trolley Full of Rights') to increase awareness about abuse and exploitation in flood-prone areas;
- Train 50 NGOs, 100 health surveillance assistants and 34 Malawi Police officers to provide a protective environment and prevent the abuse and exploitation of children.