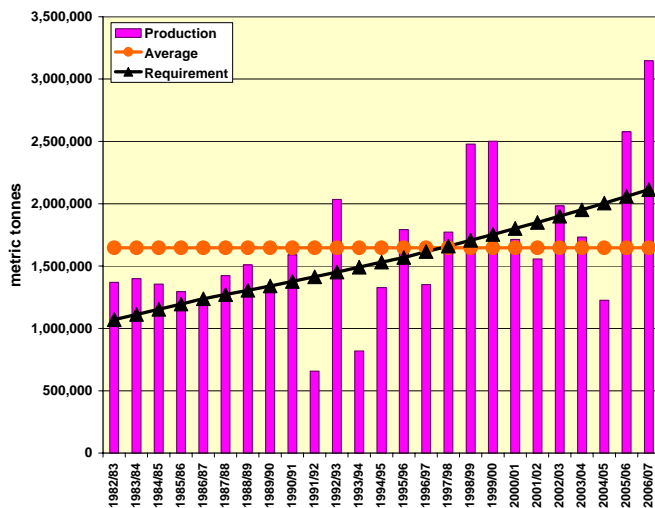


## Food Security

The Ministry of Agriculture and Food Security is yet to come up with final agricultural production estimates figures in order to provide the final picture of this season's agricultural production. However food security situation is better than at the same time last season in all the districts. This situation is mainly attributed to the good harvest the districts realized last season due to the favourable weather and increased fertilizer and improved seed uptake by farmers, mainly due to the government input subsidy programme. The good harvest last season has resulted in all the districts reporting lower figures of households without food from own production in the 2006/07 marketing season than at the same time the previous season.

**Graph1: Comparison of Maize production and consumption requirement trends**

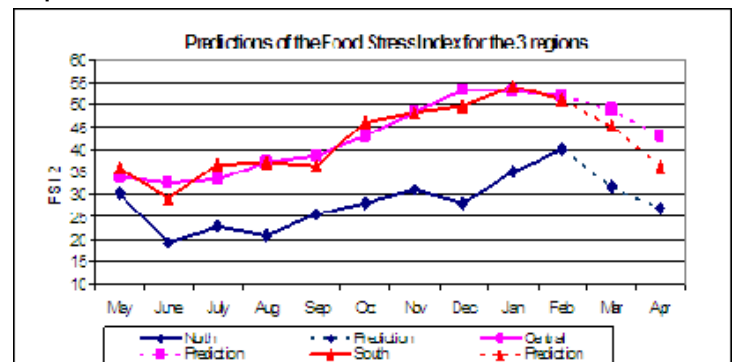


Source: Ministry of Agriculture and Food Security

At district level, farm families without own produced food in April ranged from just under 1% in Ntcheu to 9% in Mzimba district. This is much lower than the range of 8% to 87% experienced at the same time last season. In the north the range is 5 to 9 percent, in the centre it is 1 to 6 percent and in the south it is 1 to 4 percent. Nkhata bay in the north has had low percentages in the last two seasons. As Nkhata bay is a major cassava producing area where it is considered as a staple food alongside maize and rice, the low percentages of farm families without own produced food tend to indicate the importance of cassava in ensuring food security.

The ongoing crop harvests have significantly improved household food security thereby contributing to the low numbers of households without food. This situation is true even in areas that experienced some problems during the growing season such as prolonged dry spells in parts of Karonga, Nsanje, Mulanje and Machinga or excessive rains in Ntchisi and Mzimba districts. The Food Stress Index (FSI) is showing a normal trend, which seems to lower down after having peaked in January. This year the FSI curve is on the same track as in 2004-5, well below last year's trend

**Graph2: Food Stress Index Trends in the 3 Livelihood Zones**



Source: Malawi Integrated Nutrition and Food Security Surveillance System

The FSI indicates a relevant countertendency in the behaviour of the Northern Region, compared to the other regions. It seems that in the north the peak for this season has been delaying from January forecasts. However, comparing the MVAC Livelihood Zones, it seems that North Karonga has been affected the most, in terms of trend and in terms of values

The Malawi vulnerability Assessment Committee (MVAC) carried out its annual assessment from 13 to 27 May 2007. The MVAC report is yet to be circulated. Areas identified as having been affected negatively by the weather conditions during the growing season were included in the assessment.

The bottom line is that with the level of production for various crops, including the staple maize, the country is expected to be food secure both at national and household level except in areas that might be identified by the MVAC assessment as food insecure. It is worthy mentioning that despite this level of food security, there will always be pockets of food insecurity amidst plenty, especially for the very poor who, even in good seasons, lack access to the means of production.

## Nutritional Situation Update

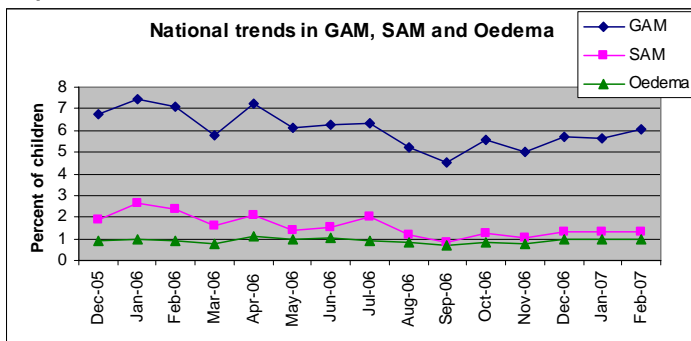
### Nutrition Assessment

The results of the Nutrition assessments carried out in December 2006 to complement MVAC report are indicated below. These assessments were a follow up of the similar assessments carried out in April 2006 in the same three livelihood zones.

In comparison with the April 2006 findings, the general trend observed is that Global acute Malnutrition (GAM) significantly reduced in Western Rumphu & Mzimba and Lake Chilwa & Phalombe Plain zones. Small reduction in GAM was observed in Kasungu which according to MVAC is the district with the highest number of people missing their food entitlements. The results below indicate a general improvement in GAM in the country.

In February 2007, Global Acute Malnutrition was at 6.03% while Severe Acute Malnutrition (SAM) was at 1.32%. This is a slight deterioration of the situation if compare to the figures of January 2007. However, when compared to the rates of the same period last year, both GAM and SAM values of February 2007 represent an amelioration of the situation (in February 2006, GAM was 7.13% and SAM was 2.35%) as shown in Graph3 below. The incidence of oedema (0.99%) is at the same rate as the one measured last year at the same period.

**Graph3: National Trends of GAM, SAM and Oedema**



The first round of nutrition assessments for the Malawi Vulnerability Assessments Committee (MVAC) is planned for June 2007 in four districts namely; Ntchisi, Karonga, Nsanje and Chikwawa. The results of this assessment are expected by the 20<sup>th</sup> of June 2007.

### Treatment of severely malnourished children

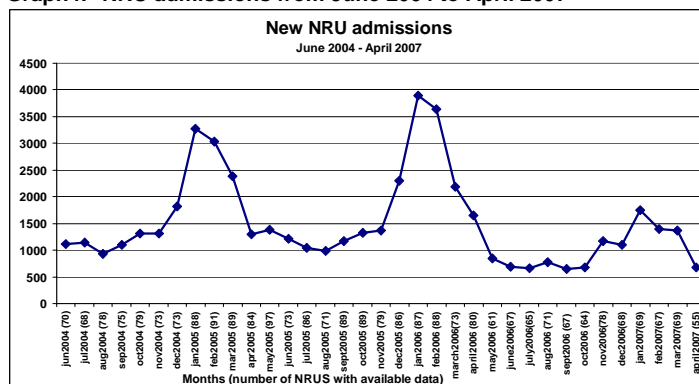
Supplies for a period of two months will be delivered in June 2007 to all 95 Nutrition Rehabilitation Units that are supported by UNICEF to ensure they have adequate quantities of essential supplies (including F-100 and F-75) to cover the needs. The last distribution of supplies was carried out in March 2007. The next

distribution is planned for end July 2007.

A technical workshop on Nutrition and HIV held in Blantyre had some papers suggesting that high case fatality in NRUs maybe a result of underlying HIV infection, suggesting the need to link NRUs with Paediatric treatment for HIV. UNICEF hosted a regional progress review mission on malnutrition and HIV, Infant feeding and HIV rapid assessment in April. The preliminary findings were disseminated at the Joint UNICEF/WHO Regional Nutrition and HIV meeting in Nairobi 2-4 May

A total of 675 new admissions of severely malnourished children were reported in 55 of the 95 Nutrition Rehabilitation Units (NRUs) that are supported by UNICEF (see graph below)

**Graph4: NRU admissions from June 2004 to April 2007**



### Support to Community Therapeutic Care (CTC):

The Clinton Foundation is supporting the Ministry of Health with CTC supplies for one year. The first consignment of Plumpy nut amounting to 30MT was received and distributed to 10 districts.

CTC will be initiated in the following districts Phalombe, Machinga, Karonga, Mwanza and Chitipa through support from Clinton Foundation and UNICEF. UNICEF will provide support for training of health workers while Clinton Foundation is supporting with Plumpy Nut through a bilateral agreement with Ministry of Health.

### Supplementary feeding:

UNICEF and WFP jointly support a Supplementary Feeding Programme (SFP) to children under 6-59 months and pregnant and lactating women in 11 out of 17 MVAC identified districts. So far the program have benefited to 29,666 children under five and pregnant and lactating women. The districts involved in the program are Kasungu, Ntchisi, Blantyre, Mzimba, Chikwawa, Dowa, Nsanje, Phalombe, Mwanza, Lilongwe and Mulanje.

This SFP program will end in June 2007. However WFP and UNICEF will jointly support provision of SFP at all 200 CTC sites in Malawi so that upon discharge severely malnourished children are enrolled to SFP.

**Micronutrient support:**

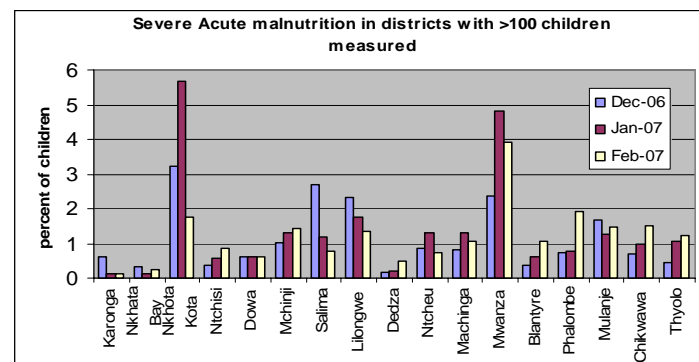
The first round of vitamin A supplementation and de-worming campaign through Child Health days is planned for July 2007. All the supplies have already been received and preparations are underway. A total 1.8 million children (6-59 months old) are targeted for vitamin A and 1.6 million children (12-59 months old) for de-worming tablets. The second round of Child Health days combined with Bednet re-treatment is planned for November 2007. The Vitamin A capsules used were received as an in-kind donation from the Canadian Government (CIDA).

**Nutrition Surveillance:**

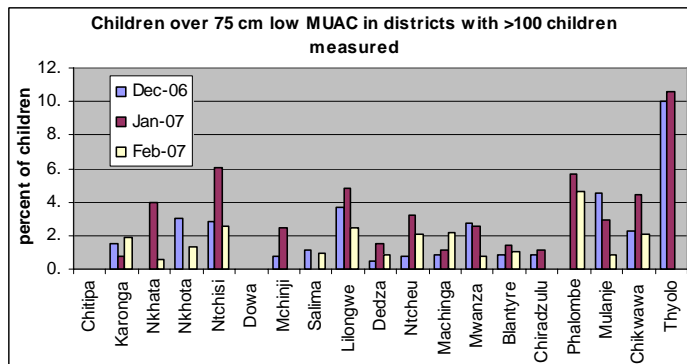
The main objective of the nutrition surveillance is to monitor each month the trends in nutritional status of under-five children. The anthropometric indicator of acute malnutrition that is used by surveillance system is wasting, Global Acute Malnutrition (GAM), Severe Acute Malnutrition (SAM) and Mid-Upper Arm Circumference (MUAC). Nutritional surveillance data for February 2007 was received from 23 districts and a total of 3,750 children were measured.

The south continues to have more malnutrition than north and centre. There was an increase in wasting for the South and North, while Centre decreased from February to January 2007.

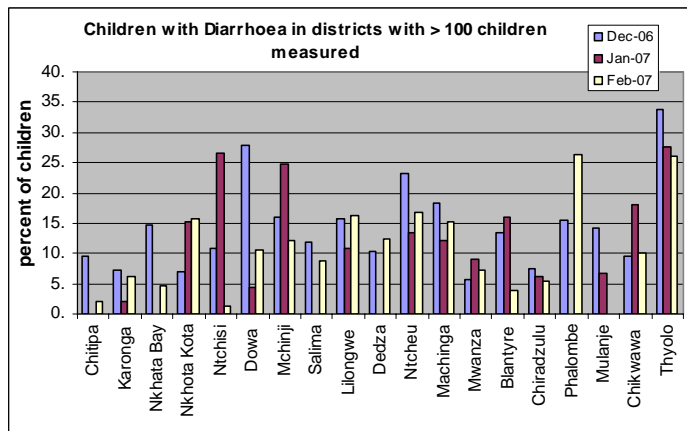
Severe acute malnutrition (SAM=WHZ<-3 plus oedema) in February 2007 was higher in Mwanza with a SAM rate at 3.91% followed by Phalombe at 1,93 %, by Nkhota Khota 1,74 % and by Chikwawa at 1, 53 %



The measurements of Mid-Upper-Arm Circumference (MUAC) do not seem to be subject to the errors of measurement which affect weight for height, but the Malawian convention of considering only children who are 75 cm or taller reduces the sample. Phalombe (4.6%), Ntchisi (2.56%), Lilongwe (2.47%) and Machinga (2.2%) were having high proportions of children with low MUAC in February 2007

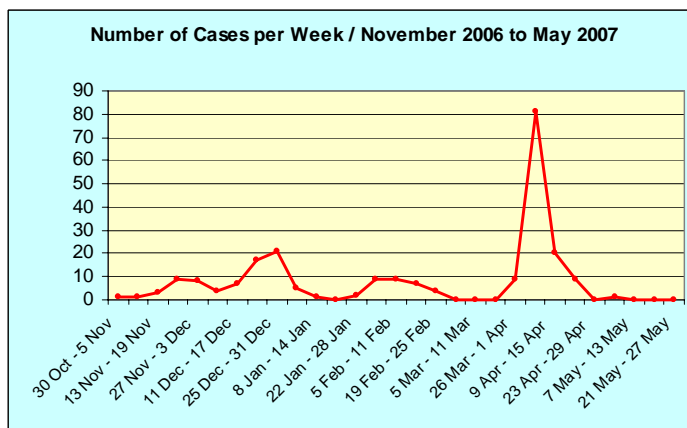


Diarrhoea is defined as loose watery stools occurring on more than 3 days in the last 2 weeks. In February 2007, Phalombe and Thyolo districts had the highest incidence of diarrhoea among children. Other districts with high incidence of diarrhoea are Ntcheu with 16.9%, Lilongwe with 16.22% and Dedza with 12.46%.



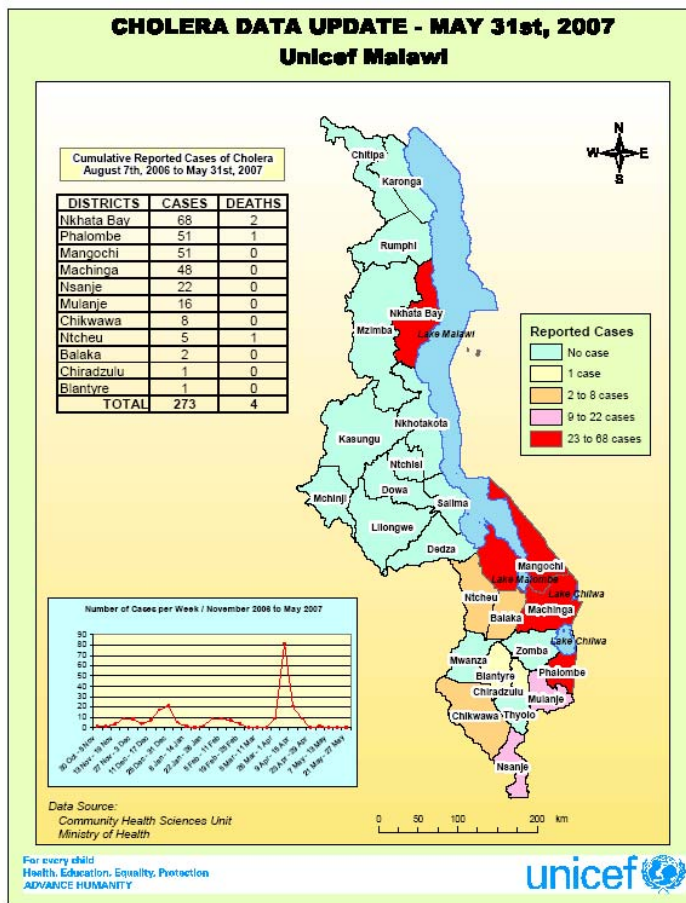
**Cholera Situation Update**

After a relatively calm situation in March 2007, the number of cases of cholera in the country rocketed to 111 cases in April 2007, 40% of the total number of cases as per the 31<sup>st</sup> of May 2007. Nkhata Bay was the worst hit district in April with 68 cases, representing 60% of the number of cases for that month. Water supply in the area is reported to be poor as people are drawing water directly from a local river.



A total of 3 villages were affected. All the 3 affected villages are located along that river, the suspected source of the outbreak. The cholera situation was back under control during the second half of April with only 10 reported cases from the 16<sup>th</sup> to the 30<sup>th</sup> of April 2007. No case was reported for the entire month of May 2007. However the situation is still being monitored.

The crisis is mostly localized in the south of the country, with a high impact on the districts around and near Lake Malawi, Lake Chilwa, and Lake Malombe and along the western border of Mozambique, with the exception of Zomba and Thyolo districts. To date, 273 cases have been reported in 11 Districts (see the map below). The first cases in the north of the country were reported in April in Nkhata Bay. The five (5) most hit districts, totalizing nearly 88% of the total number of case are Nkhata Bay (25%), Phalombe (19%), Mangochi (19%) Machinga (17%) and Nsanje (8%) districts

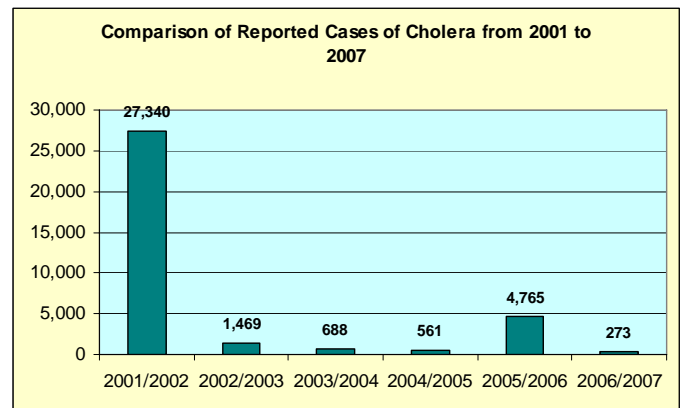


From August 7<sup>th</sup>, 2006 to May 31<sup>st</sup>, 2007 a total of 173 cases of cholera and 4 deaths have been reported countrywide in 11 districts. Those are Nkhata Bay (68), Phalombe (51), Mangochi (51), Machinga (48), Nsanje (22), Mulanje (16), Chikwawa (8), Ntcheu (5), Balaka (2), Blantyre (1) and Chiradzulu (1).

With 162 cases and 4 deaths (less than 1.5%), this season (2006 / 2007) cholera outbreak have been controlled, compared to season 2005/2005 with 4,765 cases or season 2001/2002 with 27,340 cases (see the graph below). The lower number of cases for this season could be attributed to early and proper planning, intensified disease surveillance and response, health education to communities and good harvest which reduces predisposing factors to cholera. Cholera control activities are being carried at districts level.

Activities include the following:

- Health education activities such as health talks, drama and role plays etc
- Chlorination of water at households' level.



### Other Issues

#### Preparedness for the humanitarian impact of an influenza pandemic

An inter-agency team of the Pandemic Influenza Contingency (PIC) visited Malawi from 8-11 May. The purpose of the visit was to understand the concerns, constraints and perspectives of in-country actors to inform ongoing debates in Geneva and New York about how we can help humanitarian actors to prepare to maintain existing humanitarian operations and respond to new humanitarian challenges in the event of an influenza pandemic, with the objective of reducing mortality.

Working in close collaboration with PSI, UNICEF and USAID the Government of Malawi has made stronger progress than many countries in the region in developing strategies for addressing avian influenza and thoughtful communications materials to inform the population of Malawi about the risk. FAO and WHO have worked jointly with the Government to develop a system of rapid response teams who would mobilize to swiftly assess, investigate and respond to suspected avian and/or human influenza incidents.

Apart from USAID, the donor community is not very engaged on the AHI agenda. Other donors expressed an interest in being kept better in the loop on developments, which might be a starting point toward inspiring more resources. The World Bank has very recently finalized approval of a new US\$1 million loan for Malawi for AI preparedness. This provides an opportunity for the UN to work with partners to regain momentum in AI coordination, to strengthen and revive the existing taskforce on AI under current leadership and to move forward with refining and implementing the AI plans.

### **Relocation of Refugees from Luwani camp (Mwanza District) to Dzaleka camp (Dowa District)**

The Government of Malawi decided to close Luwani refugee camp and Karonga transit center by the end of May 2007. The refugees from Luwani camp will be relocated at Dzaleka camp in the district of Dowa.

Luwani refugee camp has served since the 1990s hosting Mozambican refugees during the RENAMO – FRELIMO conflict. Since the departure of Mozambican refugees, Luwani camp hosts some 3,000 refugees mainly from the Great Lakes Region and some from the Horn of Africa. There are about 1,000 children attending school and a good number of women.

UNICEF has offered to support the UNHCR in the operation of the relocation of the refugees from Luwani to Dzaleka. The basic social service facilities (Education, Health, Water and Sanitation) currently in place in Dzaleka camp are not adequate to accommodate an increase of population. At the end of the operation Dzaleka camp will be hosting a total of 9,500 refugees.

UNICEF support provided large tents of 72 square meters each for educational and other social service facilities, rolls of plastic sheeting for shelter and sanitation facilities, water hand pumps, blankets and other basic survival non food items

### **Preparedness for the Rift Valley Fever**

The Epidemiology Unit of the Ministry of Health, UNICEF and WHO held a meeting on the beginning of May 2007 about preparedness activities to face an eventual outbreak of Rift Valley Fever in the country. So far no case has been reported into Malawi. However with 264 cases and 109 deaths in neighboring Tanzania at the time the meeting took place, the subject was at great concern in Malawi. Some of the cases in Tanzania were reported in the district of Kyella which shares the border with Karonga district in Malawi.

Some major outcomes of the meeting were:

- ❖ To acknowledge the very little awareness about the disease among the population in Malawi, including authorities and our own staff
- ❖ To agree on a common case definition of this infectious disease
- ❖ To draft a working group committee similar in some ways to the National Cholera Task Force to maintain surveillance on the disease

Major stakeholders in the preparedness activities will be visiting the neighboring district of Kyella in the course of June 2007 to learn more from the Tanzanian experience.