Highlights

- The nine-month humanitarian response where 6.7 million people, in 24 out of the 28 districts in Malawi received humanitarian assistance in line with the 2016 Food Insecurity Response Plan ended on 31 March 2017.
- Malawi began registering cholera cases on 11 March 2017, with 45 cases reported and one associated death. Most of the cases registered so far have an epidemiological linkage to an ongoing cholera outbreak in Mozambique.
- Karonga district in northern Malawi experienced flooding in April 2017 which displaced more than 5,000 people and led to the deaths of four people, injuring six, while three people remain missing.
- From January 2017 to date, in response to the cholera outbreak and floods, UNICEF has reached more than 75,500 people with safe water and over 105,800 people with hygiene promotion messages.
- In 2017, UNICEF has received funding towards the 2017 HAC from German National Committee and the Japan National Committee. As at end of April, UNICEF has received only 23 per cent of its funding requirements.
Situation Overview & Humanitarian Needs

The nine month humanitarian response, where 6.7 million people in 24 out of the 28 districts in Malawi received humanitarian assistance in line with the 2016 Food Insecurity Response Plan ended on 31 March 2017. An evaluation of the response is being planned with leadership from the Department of the Disaster Management Affairs. The evaluation will seek to identify challenges, best practices and lessons learned from the different approaches by various partners during the humanitarian response.

January to March 2017 also marked the peak of the traditional lean season. During the period, January to March 2017, a total of 18,511 Severely Acute Malnourished (SAM) children were admitted in Outpatient Therapeutic Program (OTP) and Nutrition Rehabilitation Units (NRU). As compared to the same period in 2016, this was an overall decrease in admissions mainly due to scaling down of screening and active case finding in 2017. The data shows a slight drop in the number of admission from 7,115 to 6,586 in Quarter 1. This drop is attributed to several factors including (1) the food insecurity response which improved food security outcomes at the household level as described by various food security actors in the country and (2) reduced morbidity. In the first quarter of 2016, 703,313 cases of children under-five with malnutrition were confirmed, while in the same quarter in 2017, 631,483 were confirmed, which represents an 11 per cent drop.

### Table I. Mass screening district comparison of 2016 and 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>2016 Admissions</th>
<th>2017 Admissions</th>
<th>Number of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>967</td>
<td>1,318</td>
<td>6</td>
</tr>
<tr>
<td>February</td>
<td>2,463</td>
<td>1,996</td>
<td>12</td>
</tr>
<tr>
<td>March</td>
<td>3,685</td>
<td>3,272</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>7,115</td>
<td>6,586</td>
<td></td>
</tr>
</tbody>
</table>

The start of the new harvest in April/May 2017 is expected to improve food security in many parts of the country. However, households in some areas may not fully recover from the impact of two consecutive years of drought. Results from the first round of 2016/2017 agricultural production estimates projected maize production at 3.2 million metric tons. This is a 35.9 percent increase when compared to 2015/2016 estimates. In a typical season, the final round estimates are around five to 10 per cent lower than the first round. However, an outbreak of fall armyworm in some parts of Malawi could hamper the promising crop production outlook. The extent of this damage is expected to be clear in the second round of estimates in the next few weeks.

The country has experienced heavy rains and flooding since the current rainy season began in November 2016. As of 24 April 2017, an estimated 23,120 households have been affected by heavy rain storms; 12,532 households by floods and another 2,636 households by strong winds. Karonga in northern Malawi is the district that has been most hit by floods with an estimated 43,430 people affected of which more than 5,000 were displaced and had to seek refuge within seven displacement sites. The Karonga floods which occurred in April 2017 caused serious damage to houses, household property, livestock and infrastructure and led

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1 In 2017 screening has been scaled down to about half of the 28 districts as compared to all districts in 2016.
2 About 115,600 people.
3 About 61,660 people.
4 About 13,380.
5 Source: Department of Disaster Management Affairs Disaster Profile.
to the deaths of four people, injuring six with three people still missing. Humanitarian actors have been providing support to the affected people with leadership from the Department of Disaster Management Affairs.

On 11 March 2017, a cholera outbreak was detected in Nsanje District which borders Mozambique. To date, a total of 18 people (10 males, 8 females, with 2 under 5 years of age) have been admitted and treated at Ndamera Health Unit. Due to the preparedness and response efforts so far, the outbreak in Nsanje district has not recorded any new case for about three weeks. However, new cases are being registered in Chikwawa district. As of 23 April, a total of 27 cases have been treated in Chikwawa district with one death. Cumulatively, a total of 45 cases with one death have been registered with case fatality rate of 2.2 per cent. Most of the cases have an epidemiological linkage to an ongoing cholera outbreak in Mozambique (Villa Nova, and Doa districts, Tete provinces). In order to contain the outbreak, partners such as UNICEF, Malawi Red Cross, Population Services International (PSI) College of Medicine, World Health Organisation and MSF are involved in a number of interventions such as training of health worker, health and hygiene promotion, and establishment of Cholera Treatment Centres (CTCs).

Humanitarian leadership and coordination

The Government of Malawi is leading the humanitarian response, through Department of Disaster Management Affairs (DoDMA), with support from humanitarian partners, including NGOs, the UN and donors. UNICEF participates actively in the Humanitarian Country Team (HCT) and the Inter Cluster coordination fora, which led strategic and cross-sectoral coordination of humanitarian programmes in the country. UNICEF also continues to play a key role as the sector co-lead agency for the Nutrition, Education, WASH and Child Protection clusters, while also playing a major role in the Health cluster.

Humanitarian Strategy

UNICEF continues to provide for government-led responses which provide life-saving services and support to address the needs of the most-affected populations. UNICEF’s strategy is being delivered through sectoral responses in health, nutrition, child protection, education, HIV/AIDS, social protection and water, sanitation and hygiene (WASH), supported by various communication and community engagement strategies.

Additionally, UNICEF is participating in the evaluation of the 2016/17 Food Insecurity Response which ended in March 2017 while also responding to the impact of rains brought on by the La Niña phenomenon. In order to respond to any rapid onset crisis in a timely manner, UNICEF prepositioned stocks including school in a box and recreation kits, early childhood development kits, water treatment chemicals, buckets, soap, plastic sheeting and cholera beds in six strategically positioned hubs across the country. These supplies are being used to provide immediate assistance to drought and flood affected populations, based on requests from government ministries/departments and other partners in affected areas.

Summary Analysis of Programme Response

NUTRITION

UNICEF Malawi continues to support active case findings and referral of children with SAM and Moderate Acute Malnutrition (MAM). The treatment of children with SAM is directly supported by UNICEF in the Ministry of Health-led community management of acute malnutrition (CMAM) program across 603 OTPs and 104 NRUs. In March 2017, a total of 2,220,862 children in 15 out of the total 28 districts were screened for malnutrition. Throughout the first quarter of 2017, the number of children screened for malnutrition has been above the monthly target of one million. Of the children screened in March, 21,389 (18,946 MAM and 2,443 SAM) were referred to health facilities for further investigations and appropriate services, while in January and February, 24,192 (21,685 MAM and 2,507 SAM) and 18,358 (MAM 16,261 and SAM 2,097) were referred respectively.

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6 Although Malawi is not recognised as a formal cluster, there is a government led coordination system which is led by government and co-led by the UN and/or International NGOs.
UNICEF has also continued to provide critical lifesaving therapeutic supplies to children and no stock-outs have been experienced across all the sites. UNICEF’s support to last mile delivery of the supplies has ensured adequate, and timely supply chain system.

The cure rate for the quarter was 92.4 per cent with a death rate of 2.7 per cent; both within the minimum SPHERE standards (<75 per cent and <10 per cent respectively).

UNICEF has supported the participation of two senior officials from the Ministry of Health to participate in a regional UNICEF training on Nutrition in Emergencies (NiE) which took place in Johannesburg from 28-31 March 2017. This training will support the incorporation of Infant and Young Child Feeding in nutrition emergency interventions and improve the capacity of government officials at national and lower levels of government following cascading NiE trainings across the country. UNICEF continues to provide support to coordination of the nutrition emergency response interventions and will be supporting a SMART survey in May 2017, which will be led by Department of Nutrition, HIV and AIDS.

**WASH**

From January 2017 to date, UNICEF has reached more than 75,500 people with safe water and over 105,800 people with hygiene promotion messages in response to cholera and floods in Nsanje, Chikwawa and Karonga districts. UNICEF WASH activities included:

- Provision of water treatment chemicals, water collection and storage containers.
- Water quality testing and analysis to support safe water handling campaigns in the cholera affected districts.
- Support to sensitization on cholera, as well as hygiene promotion activities.
- Provision of soap and hand washing containers to promote hand washing
- Provision of plastic sheeting to support construction of temporary latrines and bath shelters in
- Engagement of cluster partners to coordinate the response

These interventions have contributed to the containment of the cholera outbreak in Nsanje. Additionally, no cholera cases have been reported in the flood affected districts of Salima and Karonga, as well as other cholera prone districts.

**Education**

UNICEF has provided a total of 67 tents in the last two months which will be used as temporary learning spaces, as well as assorted school materials, recreation kits, mobile chalkboards, assorted WASH items and Education and Communication (IEC) materials including leaflets, comic books and posters for 22 schools. These provisions will reach 48,186 children (24,052 girls and 24,134 boys) in seven districts of Salima, Mangochi, Karonga, Nsanje, Chikwawa, Thyolo and Lilongwe Rural East affected by storms and floods.

UNICEF Education and WASH sections have worked closely to support schools in Chikwawa and Nsanje with hand washing items such as 9,968 buckets with taps (20 litres), 291 buckets with taps (60 litres), 3649 toilet soap, 18,959 copies of hygiene promotion materials and sensitization activities on the prevention of Cholera.

UNICEF also supported 12,346 adolescents/youths in livelihood and life skills activities and 3,024 girls in literacy programmes in Dedza, Salima, Mangochi and Chikwawa.

UNICEF supported 12 emergency volunteer teachers by providing educational support to Luwani Primary school where 630 refugee children are integrated. UNICEF provided assorted school materials to benefit a total of 1,723 learners in the primary school, 1156 (593 girls, 563 boys). In addition, UNICEF provided 1 Early Childhood Development (ECD) kit benefitting 300 (153 girls, 147 boys) children aged 3-5 years in the Community Based Child Care Centres. Complementary
Basic Education and Adult Literacy programmes reaching 404 (208 boys, 196 girls), and 163 (68 male, 95 females) programmes were also supported.

Health and HIV

Health
UNICEF in partnership with Malawi Red Cross, supported training of 1,000 health workers (nurses, clinical officers) on cholera case identification and management, which started in early 2017, in 16 cholera prone districts as part of cholera preparedness interventions. Additionally, trainings for clinicians and nurses, Health Surveillance Assistants (HSAs), and Community Volunteers are being planned, targeting three districts of Mwanza, Neno and Dedza which were identified by the Health Cluster as high risk because they share borders with Tete province of Mozambique where there is an ongoing cholera outbreak. The Ministry of Health requested to target 336 HSAs in these districts. UNICEF partners, Malawi Red Cross Society (MRCS) and Malaria Alert Centre, are currently undertaking preparations to start these trainings.

Furthermore, in fulfilling UNICEF’s Core Commitment to Children (CCC), UNICEF has since the beginning of 2017 enabled 73,944 children (58 per cent female, and 42 per cent male) under the age of 5 who presented with diarrhoea, pneumonia or measles to access quality health care services. To strengthen the capacity of health workers in delivering quality health care services, a total of 1,400 HSAs and 900 community volunteers have been trained in a number of areas including cholera surveillance, Integrated Disease Surveillance and Response (IDSR), and Integrated Management of Childhood Illnesses (IMCI).

UNICEF provided 2,000 mosquito nets to those displaced as a result of floods in Karonga. The Malaria Control Programme provided an additional 1,500 nets bringing the total number of mosquito nets provided by health sector partners to the affected population to 3,500.

HIV
UNICEF, in collaboration with District Health Offices and the NGO partner Mothers to Mothers (M2M), provided support for Integrated HIV and Nutrition Services (IHN) to maximize the early identification and referral of HIV exposed children in the Nutrition Centres. This is being piloted in three districts of Chikwawa, Mangochi and Nsanje. M2M is operating 14 sites in Chikwawa and Mangochi districts while in Nsanje, interventions are being implemented by the District Health Office (DHO) also in 14 facilities covering the whole district.

IHN services were introduced in Chikwawa and Mangochi in November 2016, and Nsanje in January 2017. In Nsanje, HIV Counselling and Testing (HTC) uptake in the Nutrition Rehabilitation Units (NRU) has since increased from 92 per cent at baseline to 96 per cent in April 2017, from 61 per cent to 79 per cent in the OTP, and 25 per cent to 32 per cent in the Supplementary Feeding Programme (SFP). The HIV positivity rate in the NRU is now at 10 per cent with all identified positive children on Antiretroviral Therapy (ART); 11 per cent in the OTP with 73 per cent on ART and, whereas in the SFP, the positivity rate is 7 per cent with 77 per cent of the HIV positive children on ART. In Mangochi and Chikwawa, HTC uptake in the NRU was 80 per cent with a positivity rate of 15 per cent of whom 78 per cent were on ART and 72 per cent uptake with 8 per cent positivity rate and 108 per cent on ART in the OTP. HTC uptake in the SFP was 55 per cent with a positivity rate of 4 per cent. Overall, major progress in HTC uptake has been observed in the NRU and in the OTP. Although there is progress, HTC services need to be strengthened in the SFP.

\[\text{Note that this percentage included those that were on ART already.}\]
Child Protection

Following the nomination of 91 focal persons from the UN, Government Departments, Malawi Police and NGOs, UNICEF organized a training on the Prevention of Sexual Exploitation and Abuse (PSEA) in February targeting 76 of the 91 focal persons. The focal persons have been tasked to champion efforts to curb sexual abuse and exploitation in the country. The Malawi Police Service was also supported to carry out awareness on PSEA in the 10 districts where the cluster is implementing emergency response activities. The activities included strengthening Community Policing Structures\(^8\) and raising community awareness on prevention of sexual exploitation and abuse. In total, 101 Community Policing Forums (CPFs) and 94 Police Formations were oriented.

Community awareness meetings were held before, during and after food distribution to ensure dissemination of information on the sexual exploitation and abuse. During these meetings over 180,000 people were reached in the 10 districts with protection messages. School visits were conducted in order to ensure police presence in schools and enhance learner-police interaction. The objective of the activity was to ensure that learners are able to tell the police about issues affecting them. Briefing sessions were conducted in police formations including lower police formation on the prevention, reporting and response to sexual exploitation and abuse cases. Police officers based in the districts were also deployed either in uniform to ensure visibility and accessibility to prevent sexual exploitation and abuse or in plain clothes to gather intelligence and detect crimes relating to sexual exploitation and abuse.

Social Protection

In support of the 2016/17 Food Insecurity Response, UNICEF, in collaboration with line ministries, the Cash Working Group, implementing NGO partners, WFP and DFID, supported the Ministry of Finance, Economic Planning and Development (MoFEPD) in the review of the policy decision to automatically include Social Cash Transfer Programme (SCTP) beneficiaries in the 2016/17 response in five districts\(^9\). The review is capturing the humanitarian, Social Protection and community perspectives: [a.] Communities allocate assistance according to their perceptions of fairness; they perceive ‘double dipping’ as unfair to other households, who are in their view equally poor; [b.] Humanitarian food insecurity response aims to allocate food assistance to the most in need, yet targeting processes are undermined by community-based informal exclusion criteria; [c.] Additional assistance to SCTP households affected by a shock ensures longer-term Social Protection gains are not lost during the lean season.

The review is still on-going, but preliminary findings show that these three perspectives are at play: communities acknowledge that those on SCTP are among those with the greatest need of additional support during the lean season or following a shock, and that current SCTP transfer are not designed to meet food needs, yet their aversion to double dipping limits the inclusion of SCTP beneficiaries in the humanitarian response.

In addition, key messages developed by UNICEF, in collaboration with the Cash Working Group and the Food Security Cluster to enhance communities’ understanding of the humanitarian and social protection assistance mechanisms and their respective objectives, lifespans, and transfer values were disseminated at district level through District Commissioners and SCTP staff and communicated to SCTP beneficiaries during payment.

Multi cluster/Sector

UNICEF employed drones to survey the flood affected areas in Karonga a day after receiving the request from Department of Disaster Management Affairs (DoDMA). The mapping helped to verify the extent of the damage to crops and infrastructure. Given the importance of immediate assessments, UNICEF will work with DoDMA at national and district level to integrate the use of drones in both disaster planning and response.

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\(^8\) Protection structures at community level include Community Policing Forums (CPFs) at Traditional Authority level, Crime Prevention Panels (CPPs) at Group Village Head level, Crime Prevention Committees (CPCs) and Station Executive Committees (SEC) at Police Station level

\(^9\) Mzimba, Mchinji, Balaka, Phalombe and Chikwawa
Communications for Development (C4D)
UNICEF is supporting interventions to mobilise communities to increase demand for and uptake of health, nutrition, and WASH services, and to take action to improve child and family health, through community engagement, orientation and ownership.

In the cholera-affected Nsanje district, UNICEF supported community roadshows, community dialogues and home visits in over 40 at-risk villages/trading posts, with approximately 30,000 participants, two-thirds of whom were female, and children account for one third overall. In Chikwawa, community roadshows, and home visits were conducted in 20 at-risk villages and trading posts reaching approximately 18,000 participants; equally male and female, including approximately 5,000 children. Additionally, in the high-risk districts of Neno and Mwanza over 30 road shows and community dialogues have been conducted to increase awareness about prevention measures and raise the individual/community risk perception about cholera. Overall, in 16 districts an additional 75,000 community members have been reached (almost two-thirds female, and approximately 22,000 children) with 80 roadshows and community dialogues, with a total estimated 3.7 million listeners reached through the various radios.

Community cinema and dialogue sessions on nutrition and hygiene, were conducted reaching approximately 90,000 participants, of which about 30 per cent were children. These activities were undertaken in support of active case finding, increasing demand for nutrition screening, and referral of acutely malnourished children in 15 districts. Over 150 drama groups have been trained in 72 Traditional Authorities to orient caregivers on nutrition and hygiene, and have conducted over 4,000 community dialogues through participatory theatre, reaching approximately 500,000 community members, with nearly two-thirds female, and children accounting for about 40 per cent of the overall attendance.

Media and External Communication
UNICEF released a press statement on the cholera response on 2 April 2017. The content of the release focused on how UNICEF was responding to the outbreak in collaboration with the Ministry of Health. The press release was published by major local media houses such as the Nation newspaper, Zodiak radio and TV, Nyasatimes and the Malawi Broadcasting Corporation. UNICEF also worked with the World Food programme, the Japanese and the Malawi government to draft a press release to announce supplementary funding by the Japanese Embassy. The press statement was published in the Nation newspaper and broadcast on, MIJ FM, Joy FM, Channel for All Nations, Zodiak radio and TV on 26 April 2017.

Supply and Logistics
UNICEF provided timely emergency supplies for floods and cholera responses by using the six emergency response hubs located throughout Malawi. Supplies were provided to Chikwawa and Nsanje districts including one cholera kit, one 24 square metre tent and cholera beds and IV fluids and assorted WASH supplies including soap for hand washing, water treatment chemicals, plastic sheeting, 20 litre plastic buckets, wheel barrow and IEC materials on cholera prevention. UNICEF also continued last mile distributions of Ready to Use Therapeutic Food (RUTF) for children with SAM and distributed 8,406 cartons of RUTF in the month of March 2017. In response to the floods in Karonga, UNICEF provided tents for temporary learning spaces, assorted WASH supplies and mosquito nets.

Funding
UNICEF’s 2017 HAC requirements for Malawi amount to US$ 22.6 million. Currently the funding gap is over US$17.3 million or 77 per cent unfunded. UNICEF Malawi wishes to thank the German National Committee and the Japan National Committee for their contribution to the 2017 HAC. The table below shows the funding status as of 19 April 2017.

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450 per cent girls.
### Funding Status as at 19 April 2017

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds Available*</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US$</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>2,750,000</td>
<td>1,945,761</td>
<td>804,239</td>
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<tr>
<td>Nutrition and HIV/AIDS</td>
<td>14,816,000</td>
<td>2,471,226</td>
<td>12,344,774</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>2,345,000</td>
<td>248,461</td>
<td>2,096,539</td>
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<tr>
<td>Child protection</td>
<td>400,000</td>
<td>394,005</td>
<td>5,995</td>
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<tr>
<td>Education</td>
<td>2,282,000</td>
<td>212,931</td>
<td>2,069,069</td>
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<tr>
<td><strong>Total</strong></td>
<td>22,593,000</td>
<td>5,272,384</td>
<td>17,320,616</td>
</tr>
</tbody>
</table>

*Funds available include funding received against the current appeal as well as carry-forward funds from the previous year (approximately US$ 4.76 million).*

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**Next SitRep: 30 June 2017**

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**SUMMARY OF PROGRAMME RESULTS 2017**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017 Targets</td>
<td>Total Results</td>
<td>2017 Targets</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>People in humanitarian situations with access to critical hygiene promotion to prevent communicable diseases</td>
<td>350,000</td>
<td>145,607</td>
<td>126,107</td>
</tr>
<tr>
<td>People in humanitarian situations accessing safe and sufficient water for drinking, cooking and personal hygiene</td>
<td>50,000</td>
<td>103,077</td>
<td>98,345</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
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</tr>
<tr>
<td>Children provided with access to quality education services</td>
<td>208,000</td>
<td>613,549</td>
<td>607,429</td>
</tr>
<tr>
<td>Adolescents who are in and out of school accessing relevant alternative education services</td>
<td>41,600</td>
<td>30,183</td>
<td>24,646</td>
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<tr>
<td><strong>HEALTH</strong></td>
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<tr>
<td>Children aged 6 to 59 months immunized against measles</td>
<td>214,200</td>
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<td></td>
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<td>Children and women in humanitarian situations provided with access to health care services</td>
<td>276,500</td>
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<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
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<tr>
<td>Children in humanitarian situations aged 6 to 59 months affected by SAM who are admitted for treatment</td>
<td>64,826</td>
<td>18,511</td>
<td>12,401</td>
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<tr>
<td>Children aged 6 to 59 months provided with Vitamin A supplementation</td>
<td>1,105,000</td>
<td>0*</td>
<td>No change</td>
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<tr>
<td><strong>CHILD PROTECTION</strong></td>
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<tr>
<td>Children in humanitarian situations access psychosocial support through safe spaces</td>
<td>80,000</td>
<td>11,682</td>
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<td>Child protection cases recorded at appropriate services</td>
<td>1,000</td>
<td>3,273</td>
<td>3,193</td>
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<tr>
<td><strong>HIV and AIDS</strong></td>
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</tr>
<tr>
<td>Women retained on HIV treatment at 6 months</td>
<td>10,000</td>
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</tbody>
</table>

*The number of children provided with Vitamin A supplementation will be reported after the next campaign slated for the second quarter of 2017.

**This is retention at 6-months; an update will be provide at mid-year 2017.

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1. January: 6,110; February: 6,188; March: 6,113
2. This is specific to the districts which conducted active case finding through mass screening in both years in the same period.