Highlights

- Malawi is currently experiencing the worst food insecurity in over a decade affecting about 2.8 million people. Furthermore, the Department of Climate Change and Meteorological Services indicates that in the 2015/2016 rainfall seasonal below normal rainfall amounts are expected in some areas particularly in the Shire Valley towards the end of season which will further exacerbate severe levels of vulnerability as a result of the El Niño.

- With 47 per cent of the children already undernourished, there are concerns of possible increased malnutrition rates and increased likelihood of water-borne diseases which may negatively affect the health and survival of children. A nutrition survey will be conducted in order to obtain updated nutrition data as the food insecurity situation persists.

- The country is also still recovering from floods that occurred earlier this year, which displaced 230,000 people.

- UNICEF continues to support strengthening of the quality of community management of acute malnutrition service delivery and effectiveness. In September 2015, UNICEF conducted supportive supervision and supplies end-user monitoring in four food insecure districts that experienced challenges with Ready to Use Therapeutic Food stock outs (restocking has since been completed).

- UNICEF also continues supporting routine immunization services by strengthening supportive supervision and mentorship to Health Surveillance Assistants in provision of static and outreach services. In the September, a total of 6,085 affected children were vaccinated against measles and 5,993 affected children were fully vaccinated in the eight flood affected districts.

**UNICEF’s Response with partners**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>UNICEF Target</th>
<th>Cumulative results (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>Children 6-59 months with SAM enrolled in OTP and NRU programmes</td>
<td>26,400</td>
<td>19,144</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9,251 Males, 9,893 Females</td>
</tr>
<tr>
<td>Health</td>
<td>Number of children and women who access essential health services including immunizations</td>
<td>72,000</td>
<td>72,753</td>
</tr>
<tr>
<td>WASH</td>
<td>Number of disaster-affected people and host community members provided with safe water</td>
<td>235,000</td>
<td>212,064</td>
</tr>
</tbody>
</table>

5 November 2015

- **1.1 million** Affected by floods

- **230,000** IDPS who sought refuge in temporary sites

- **106,000** IDPs hosted by families (UNDAC Assessment Report, 8 Feb. 2015)

- **2.83 million** in need of food assistance (The Malawi Vulnerability Assessment Committee, National Food Security Forecast, April 2015 to March 2016)

**UNICEF Appeal in 2015**

US$ 14,427,441

**Funding gap**

67%
Situation Overview & Humanitarian Needs

Malawi is currently experiencing the worst food insecurity in over a decade affecting about 2.8 million people, as a result of severe floods in early 2015, coupled with other weather-related hazards ranging from late on-set of rains, dry spells, to early cessation of rains – all of which affected crop production during the 2014/15 agricultural season.

El Niño is expected to contribute to erratic rainfall patterns during the 2015/2016 rainfall season. According to Department of Climate Change and Meteorological Services the 2015/2016 rainfall seasonal outlook for Malawi, indicates that the country is likely to experience normal to above normal rainfall amounts during the season. The country is therefore extremely vulnerable to flooding, given the disastrous flood season it is still recovering from. The Department also indicates that below normal rainfall amounts are expected in some areas particularly in the Shire Valley towards the end of season which will further exacerbate severe levels of vulnerability.

With over 47 per cent of the children already undernourished, there are concerns of possible increased malnutrition rates and increased likelihood of water-borne diseases which may negatively affect the health and survival of children. A nutrition survey will be conducted in order to obtain updated nutrition data from young children as the food insecurity situation persists.

A Food Insecurity Response Plan was released in September 2015 and the country has been responding to the needs of the 2.8 million food-insecure people since 01 October 2015. Meanwhile efforts are underway to mobilise funding to meet the gaps that still exist.

Department of Disaster Management Affairs (DoDMA) organized a national training workshop in October 2015 on Preparedness Planning and Emergency Operations Centres (EOCs) to build the capacity of stakeholders in preparedness, planning and management of Emergency Operation Centers during disaster response. The workshop also developed an action plan on preparedness and contingency planning as well as general standard operating procedures for disaster response. Preparation of a multi-sectoral Contingency Plan including floods, dry spells, earthquake and disease outbreak mainly cholera in currently underway.

Humanitarian Leadership and Coordination

UNICEF actively participates in the Humanitarian Country Team and the Inter Cluster meetings, which lead strategic and cross-sectoral coordination of humanitarian programmes. UNICEF also co-leads the WASH, Nutrition, Education and Protection clusters.

The WASH Cluster had a meeting on 29th October, 2015 where an update on the status of the 2015/2016 Contingency Plan was provided. In addition, tools for information management for preparedness, response and early recovery were shared.

The Nutrition Cluster held a meeting on 6th October 2015 and the issues under discussion included cluster response/ implementation plan progress, resource mobilization, NRU assessment and presentation of SMART survey results for validation. A follow up cluster meeting was held on 26th October with selected donors to discuss funding for the response plan. In October 2015, the Nutrition Cluster received funding of USD 450,000 from CERF and additional USD 1.3M is expected from DFID early November. Currently, the National Nutrition Response Plan is 48% funded. However, there is a funding gap for preventive Supplementary Feeding Program (SFP) which could result in up to 60% of the targeted vulnerable women and children not receiving SFP support. Both the Nutrition and Food Security Clusters have initiated consultations to explore possible alternatives.

The Protection Cluster in collaboration with the Food Security Cluster has developed a training package on protection mainstreaming, messages, and a complaints and feedback mechanism guideline. During the final week of October, 45 food distributors and monitors in Nsanje and Zomba districts were trained on protection mainstreaming, including Protection against Sexual Exploitation and Abuse (PSEA).

SUMMARY OF PROGRAMME RESULTS

Nutrition: UNICEF continues to support strengthening of the quality of Community Management of Acute Malnutrition (CMAM) service delivery and effectiveness. In the month of September a total of 1,981 new
admissions with severe acute malnutrition were registered in Outpatient Therapeutic Programme (OTPs) and Nutrition Rehabilitation Units (NRUs) in the 25 food insecure districts. This brings the cumulative total new admissions with severe acute malnutrition in Outpatient Therapeutic Programme (OTPs) and Nutrition Rehabilitation Units (NRUs) in the period of January to September, with support from UNICEF, to 19,144 (9,251 Males, 9,893 Females).

Against a background of high death rates in NRUs in February and March 2015, UNICEF conducted a joint comprehensive assessment with the Ministry of Health/ Department of Nutrition, HIV and AIDS to assess the needs of the 101 Nutrition Rehabilitation Units (NRU’s) in the country. The aim of the assessment was to mitigate high case fatality rates going forward. The findings and recommendations of the assessment have been shared with members of the Nutrition Cluster.

Data for September 2015 shows that 93.3% and 82.2% of children discharged from OTP and NRU were recovered respectively and this is consistent with the SPHERE standard of >75%. In September death rate in NRU was 8.7% which is also within the recommended SPHERE of <10% while the January to September average is 9.9%.

During the reporting period, UNICEF also conducted supportive supervision and supplies end-user monitoring in four district (Rumphi, Balaka, Ntcheu and Nsanje). The field visits were part of efforts to strengthen the quality of CMAM service delivery and effectiveness in supplies utilization at the districts. The four districts had challenges with Ready to Use Therapeutic Food (RUTF) stock outs, however restocking has since been completed.

With CERF funding for Nutrition, procured life-saving supplies of 3,500 Cartons of RUTF, 13 cartons of F-75, 9 cartons of F-100 therapeutic milks, 4,940 packs of MUAC tapes, 260,000 Vitamin A capsules targeting children 6 to 59 months. To ensure active case identification through mass screening of under-five children, UNICEF has entered into partnership with Save the Children and Concern Worldwide for seven districts. In addition, support is being provided to eight district councils for mass screening campaigns.

UNICEF also distributed 2,236 cartons of ready to use therapeutic foods to all the 29 districts of the country.

**Child Protection:** In Nsanje district, 114 girls and 54 boys from TA Mbenje and 96 girls and 62 boys from TA Mlolo benefitted from psychosocial activities in Community Based Child Care Centres. Action Aid with support from UNICEF conducted a leadership and management training for Children’s Corners in TA Mbenje and TA Mlolo with an overall objective of ensuring child protection in resettlement areas. In addition, Child Protection Committees have conducted sessions to combat school drop-out due to child labour.

In Nsanje and Chikwawa districts where insufficient security, protection incidents, and lack of safety have been reported the Malawi Police Service an investigative follow-up has been conducted in 20 displacement sites and camps still open, with support from UNICEF. The final report supported the establishment of referral focal points and referral pathways. These interventions have been included in the protection cluster food insecurity response plan.
In 8 of the 25 food insecure districts, UNICEF is integrating humanitarian elements in development programmes through several partnerships (Save the Children, Centre for Human Rights and Rehabilitation, Ministry of Gender, Children, Disability and Social Welfare, and the Malawi Police Service).

**WASH:** During the reporting period, UNICEF reached 5,000 people with safe water supply in Blantyre district. The cumulative number of people in 2015, in camps, schools, CBCCs and communities provided with safe water through UNICEF and NGO partners is now at 212,064.

UNICEF through NGO partners has also reached 30,180 people with sanitation and hygiene promotion messages in drought affected districts of Nsanje, Chitipa, Mzimba, Mchinji, and Thyolo. This brings the total number of people reached with hygiene promotion messages from January to date to a cumulative total of 991,841.

**Health and HIV:** UNICEF continued supporting routine immunization service by strengthening supportive supervision and mentorship to Health Surveillance Assistants in provision of static and outreach services. A total of 6,085 affected children were vaccinated against measles while 5,993 affected children were fully vaccinated in the month of September in the eight flood affected districts with support from UNICEF to the Expanded Programme for Immunisation program and District Health Management Teams. The development and implementation of health facility micro planning to routine immunization is also being scaled up in affected districts. The improvement and maintenance of quality vaccine supply continued by training of cold chain technicians and installation of Solar Direct Drive as well as provision of solar fridges for health facilities in hard to reach areas. Periodic Intensive Routine Immunization (PIRI) sessions were conducted in low performing districts to improve routine immunization coverage including in affected districts.

A total of 34,655 children under five years of age received treatment for pneumonia, diarrhoea, malaria and eye infections in village clinics in September 2015. Procurement and supply of life saving commodities including amoxicillin, ORS, zinc tablets, antimalarial drugs continued and is being monitored.

Key messages on prevention and treatment of common childhood illness were provided to 34,655 caregivers who brought the sick children in village clinics. The messages focus specifically on diarrhoea prevention and treatment, malaria prevention and early care seeking practice, proper hygiene and sanitation, water treatment, hand washing with soap in critical times, immunization, nutrition and HIV prevention.

In Nsanje district, UNICEF supported the District Health Office to engage in disaster preparedness activities for HIV service delivery. The district is currently undertaking social mobilization to inform community members on access to HIV services before and during emergencies.

**Education:** The education cluster’s efforts in the reporting period focused on integrating drought response with regular programs in the districts of Chikwawa, Dedza, Salima and Mangochi. Consultations were made with various stakeholders with a view of upscaling the drought response. Preparatory work for rolling out training on volunteer teachers to support in data analysis and teaching and learning support has also been completed.

**Communication for Development:** In Blantyre, Chikwawa and Phalombe a district level review of communication materials used during the 2015 flood emergency, with participation from community members, was conducted through the Ministry of Information with support from UNICEF. This was followed by a national consultative meeting which made the following key recommendations:

- Revise/develop and produce communication materials and preposition them in disaster prone districts.
- Establish/integrate a working group for communication for development stakeholders at national and district levels to improve coordination.

**Funding:** Against the revised funding requirement of US$14,427,441, UNICEF has received US$ 4,745,886 to date. UNICEF is grateful for the confirmed support of GBP 813,823 from the Government of the United Kingdom and Northern Ireland to the nutrition component of the food insecurity response plan, which will be reflected in the funding table of the next SitRep.
<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2015 HAC Requirement (US$)</th>
<th>Revised 2015 HAC Requirement (US$)</th>
<th>Funds Received Against 2015 HAC (US$)</th>
<th>Funding Gap (US$ / %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>2,216,553</td>
<td>2,441,553</td>
<td>1,400,000</td>
<td>1,041,553 43%</td>
</tr>
<tr>
<td>Education</td>
<td>1,870,000</td>
<td>2,090,000</td>
<td>529,082</td>
<td>1,560,918 75%</td>
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<tr>
<td>Health*</td>
<td>2,468,750</td>
<td>2,593,750</td>
<td>407,590</td>
<td>2,186,160 84%</td>
</tr>
<tr>
<td>Nutrition*</td>
<td>2,145,138</td>
<td>4,312,638</td>
<td>1,610,946</td>
<td>2,701,692 63%</td>
</tr>
<tr>
<td>Child Protection*</td>
<td>891,000</td>
<td>1,253,500</td>
<td>530,008</td>
<td>723,492 58%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>120,000</td>
<td>577,000</td>
<td>19,440</td>
<td>557,560 97%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>0</td>
<td>360,000</td>
<td>0</td>
<td>360,000 100%</td>
</tr>
<tr>
<td>Communication, Coordination and Logistics</td>
<td>799,000</td>
<td>799,000</td>
<td>248,820</td>
<td>550,180 69%</td>
</tr>
<tr>
<td>Sub-Total</td>
<td>10,510,441</td>
<td>14,427,441</td>
<td>4,745,886</td>
<td>9,681,555 67%</td>
</tr>
<tr>
<td>Carry-forward</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Total funding available</td>
<td>10,510,441</td>
<td>14,427,441</td>
<td>4,745,886</td>
<td>9,681,555 67%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>10,510,441</td>
<td>14,427,441</td>
<td>4,745,886</td>
<td>9,681,555 67%</td>
</tr>
</tbody>
</table>

* Humanitarian Window Funds for Child Protection, Health and Nutrition received in regular ORR Grant (SC130153).

**Next SitRep: 2**nd **December 2015**

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