



# MALAWI

## Humanitarian Situation Report

unicef 

MALAWI SITUATION REPORT 1- 31 DECEMBER 2015

SITUATION IN NUMBERS

### Highlights

- Following reports that maize prices in some districts have now increased above the Malawi Vulnerability Assessment Committee projected maximum price, a rapid monitoring exercise was undertaken from 27<sup>th</sup> to 31<sup>st</sup> December, 2015. Results of the assessment are yet to be released, however it is expected that the number of people that will not be able to meet their basic food requirements as the lean seasons progresses will increase.
- Since mid-December 2015, a total of 243 cholera cases with 9 deaths had been registered (4 from treatment centres and 5 from communities).
- In addition to providing supplies, UNICEF is working with partners in disseminating hygiene promotion messages to cholera affected and at risk communities, and is supporting the construction of temporary latrines and bathing shelters in Cholera Treatment Centres.
- In December 2015, 103,880 children under 5 years were screened for Acute Malnutrition out of which 886 children with Severe Acute Malnutrition and 4,553 with Moderate acute Malnutrition were identified and referred for appropriate treatment.
- In December 2015, UNICEF completed the implementation of its 2015 recovery interventions in areas that were affected by floods in early 2015 in which 230,000 people sought refuge in temporary sites and 106,000 displaced people were hosted within the affected communities.
- Since July 2015, over 1,500 people fleeing disturbances in Mozambique have arrived and are seeking asylum in Kapise Village in Mwanza district.

**2.83 million**

**In need of Food Assistance**

*(The Malawi Vulnerability Assessment Committee, National Food Security Forecast, October 2015 to March 2016)*

**243**

**Cholera Cases**

*(Weekly Cholera Report, 28th December 2015 - 3rd January 2016, Ministry of Health)*

**>1, 500**

**People from Mozambique seeking asylum in Mwanza**

*(Minutes from joint coordinating committee meeting, 22nd December, Mwanza District Council)*

### UNICEF's Response with partners

Sector	Indicator	UNICEF	
		UNICEF Target	Cumulative results (#)
Nutrition	Children 6-59 months with SAM enrolled in OTP and NRU programmes	26,400	22,950
Nutrition	Exits from therapeutic feeding programme of children 6-59 months who have recovered	>75%	92% for OTP; 83% for NRU
WASH	Number of disaster-affected people and host community members provided with safe water	235,000	219,814

## Situation Overview & Humanitarian Needs

The Malawi Vulnerability Assessment Committee's (MVAC) October 2015 update listed a projected population of 2.8 million people to be at risk of food insecurity in 25 out of the 28 districts in the country. Following reports that maize prices in some districts have now increased above the projected maximum price of MWK200/kg, the MVAC undertook a rapid monitoring exercise from 27<sup>th</sup> to 31<sup>st</sup> December, 2015. Results of the assessment are yet to be released but there is a likelihood that the number of people who will not be able to meet their basic food requirements as the lean season progresses will increase. Currently, the food insecure population is receiving humanitarian assistance, either in-kind or cash, however due to a pipeline break, a reduced ration of pulses has been experienced.

The country began registering cholera cases in mid-December 2015. Cumulatively, as of 3<sup>rd</sup> January 2016, a total of 243 cases with nine deaths had been registered (four from treatment centres and five from communities). Accounting for 75% of all reported cases, Machinga had registered 183 cases and 9 deaths while Zomba had registered 48 cases with no death and Nkhata Bay had registered 12 cases with no deaths. In Machinga and Zomba, the majority of cases have an epidemiological linkage to a cholera outbreak at Niassa province in Mozambique.

Additionally, people fleeing disturbances in Mozambique have been arriving in Malawi since in early July 2015 and are seeking asylum in Kapise Village in Mwanza district. UNICEF participated in two Joint Sector Coordination Committee meetings that were chaired by the District Commissioner on 29 and 30 December 2015 on the situation of asylum seekers. More than 1,500 people seeking asylum have arrived as of 22 December in Kapise Village in Mwanza district, however, concerns grow as the numbers of asylum seekers continue to increase.

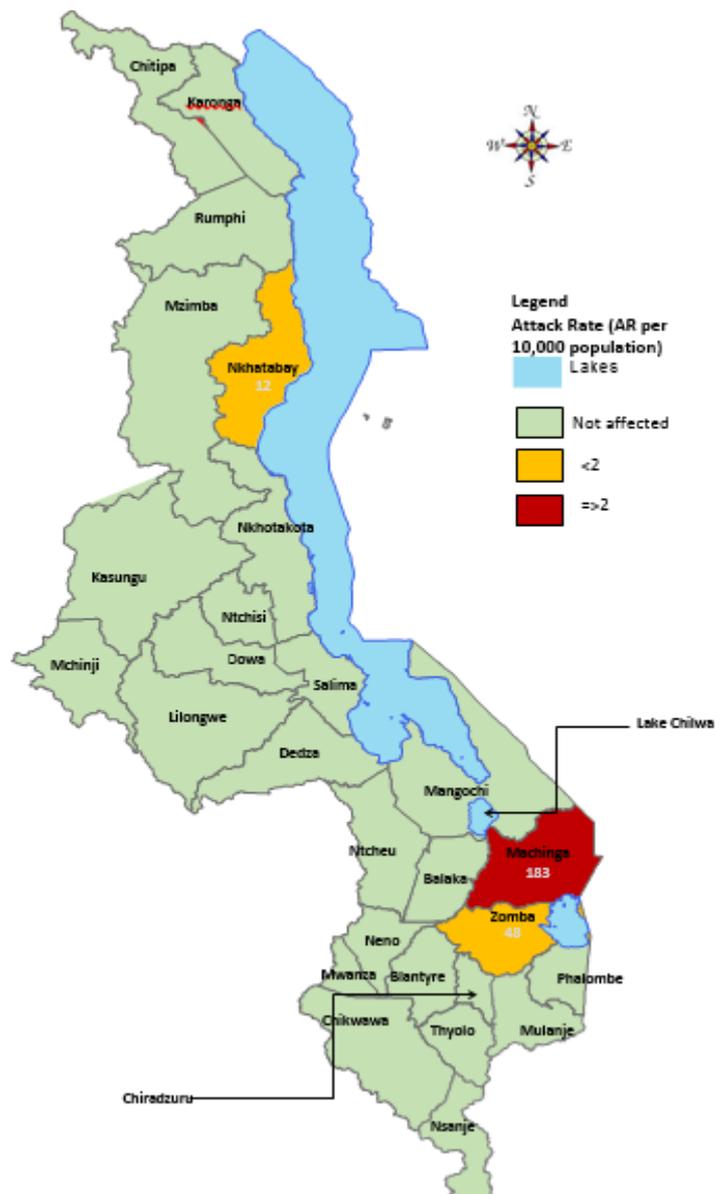
El Nino Preparedness planning at both the national and district levels is underway. The country has been receiving reports of damage resulting from strong winds associated with the initial rains. As of 15 December 2015, the Department of Disaster Management Affairs (DoDMA) had received reports indicating that 7,209 households had been affected. The DoDMA is still in the process of assisting the affected families.

## Humanitarian Leadership and Coordination

UNICEF continues to actively participate in the Humanitarian Country Team and the Inter Cluster Coordination system, which lead strategic and cross-sectoral coordination of humanitarian programmes in the country. UNICEF also co-leads the WASH, Nutrition, Education and Protection Clusters.

## SUMMARY OF PROGRAMME RESULTS

**Map 1: Cholera cases and attack rates in affected districts as of 3<sup>rd</sup> January 2015**



**Nutrition:** At the end of November 2015, a cumulative 22,950 (11,116 Males, 11,834 Females) new SAM cases had been admitted in Outpatient Therapeutic Programme (OTPs) and Nutrition Rehabilitation Units (NRUs) supported by UNICEF.

Overall, all the outcome indicators in CMAM are consistent with SPHERE standards with over 92% and 83% of children discharged from OTP and NRU. Although the average monthly NRU death rate between January – November was 11.2%, the November 2015 death rate was 9.4% which is within the recommended sphere of <10%, even though this number is up from the 7.3% recorded in October.

UNICEF distributed, to the most affected districts, 3,283 cartons of RUTF, 100 cartons of ReSoMal and 2,520 packs (126,000 pieces) of MUAC tape in December 2015. Additionally, 103,880 children under 5 years were screened for Acute Malnutrition in Chitipa, Neno, Zomba, Mangochi, Phalombe, Chikwawa, Mulanje and Thyolo districts out of which 886 were identified with SAM and 4,553 were found to be MAM, representing about 0.9% and 4.4% respectively. These cases were referred to CMAM programs for appropriate treatment/management. Furthermore 5 additional districts conducted district wide mass nutritional screening and report compilation is currently in progress.

From 14 to 18 December, 2015, UNICEF supported the Ministry of Health (MoH) in strengthening the capacity of 66 clinicians and nurses from Nutrition Rehabilitation Units across the country, through mentoring and training in management and treatment of complicated cases of severe acute malnutrition. With funding from UNICEF, a CMAM guideline review workshop was held from 14 to 18 December, which included participation from Nutrition Cluster partners and was facilitated by global CMAM consultants.

A UNICEF Nutrition team conducted field visits to Mzimba North, Mzimba South, Chitipa, Thyolo, Mwanza, Blantyre, Phalombe and Balaka in December 2015. The team offered technical support, conducted district dialogue on Nutrition screening and distributed job aids including screening forms, referral forms and reporting forms.

**Child Protection:** UNICEF's Child Protection team participated in a joint assessment in Kapise Village in Mwanza district, and engaged the District Social Welfare Office to initiate Case Management and Children Corners. During this assessment, 29 unaccompanied and separated children (21 girls and 8 boys) were identified, and registration, verification and family reunification is currently ongoing to support these children. UNICEF supported the establishment of a Children's Corner (which is open to all children including from neighboring communities) and provided learning and play materials. An orientation for caregivers and communities will take place from 7 January with the establishment of an additional 10 Children's Corners.

During the reporting period, in drought affected districts, an additional 33 food/cash distributors and monitors were trained on protection mainstreaming, which included coverage of the Secretary General's Bulletin (SGB) on protection from Sexual Exploitation and Sexual abuse (PSEA). Since the start of the emergency approximately 243 out of 387 food/cash distributors and monitors have been trained in 15 districts through collaboration between the Ministry of Gender, Children, Disability and Social Welfare, UNICEF, UNFPA, UN Women and WFP. In addition, with support from UNFPA, the Ministry of Children, Disability and Social Welfare has trained District Social Welfare Officers and Community Development Officers in Dowa, Karonga, Kasungu, Mzimba and Chitipa (high food insecure districts) on PSEA and coordination in gender based violence.

**WASH:** During the reporting period, UNICEF provided 3,500 people with access to safe water through the construction of 14 new boreholes in drought affected Mzimba district. The cumulative number of people in camps, schools, CBCCs and communities provided with access to safe water by UNICEF and implementing partners (NGOs and District Councils) in 2015 is 219,814.

In December 2015, UNICEF, in collaboration with Chitipa District Council and EXP Momentum, reached 42,335 affected people in drought affected Chitipa, Nsanje and Chikwawa districts with sanitation and hygiene promotion messages. Cumulatively, in 2015, over 1 million disaster affected people have been reached with sanitation and hygiene promotion messages, while 280,243 people have gained access to safe sanitation facilities.

UNICEF has delivered WASH supplies to the District Health Offices in Machinga, Zomba and Phalombe in time for the cholera response. The supplies included water guards, soap, tarpaulins and plastic buckets. In addition, 15 drums of chlorine were prepositioned earlier in the year and are currently being used in the cholera response. Arrangements are also being made to send to Machinga, Zomba, Phalombe and Nkhatabay 100 plastic latrine slabs that were recovered by UNICEF's partner GOAL from the flood response earlier in 2015 in Nsanje district.

Furthermore, UNICEF, in partnership with the District Councils, NGOs (MRCS, PSI) and communication agencies (EXP, F2F and radio stations) is disseminating cholera and hygiene messages, promoting latrine construction and use, distributing water guards and promoting household chlorination to cholera affected and at risk communities. UNICEF is also supporting the construction of temporary latrines and bathing shelters in Cholera Treatment Centres.

**Communication for Development (C4D):** Cholera prevention C4D activities are ongoing in Machinga, Zomba and Phalombe, mainly conducted by the MoH with support from partners. Activities include:

- Community awareness cinema, which is being done in conjunction with the Ministry of Agriculture Extension Section (using the latter's audiovisual van)
- Distribution of cholera leaflets produced by Support for Service Delivery Integration (SSDI) - Communication
- Community dialogue meetings with traditional leaders in villages around Lake Chilwa
- Community mobilization educational music performances
- Cholera outbreak notification letter distributed to the affected communities through prayer houses

Opportunities for maximizing C4D reach and mobilization are within Beach Village Committees (who have already been trained), village health committees, village and area development committees and community drama groups (who have already been trained). Key C4D messages that have been prioritized in the response so far have focused on early presentation of cases, accelerating access to ORS points along the beach before transport to CTCs, as well as reinforcing safe hygiene and sanitation practices. Cholera C4D response at the district level will be coordinated through the mapping of areas between DHOs and partners.

C4D partners have been mobilized to coordinate and implement social mobilization for nutrition mass screening as part of the drought response. An orientation exercise was conducted for all partners on 29 December 2015. The nutrition C4D response has focused on directing caregivers to attend mass screening for under-fives in each of the targeted districts. Channels used to communicate to the population include national and communication radios, community drama and mobilization sessions.

Additionally, UNICEF's partners (Malawi Broadcasting Corporation Development Broadcasting Unit – MBC-DBU, and Development Communications Trust – DCT) commenced mobilizing communities in Phalombe and Nsanje districts to build resilient and flood recovery/preparedness strategies. Community dialogue sessions have been conducted and radio listening clubs mobilized to facilitate raising community voices on emergency and recovery response.

The main gap in the current C4D response is accessibility to the population living on floating villages and islands in the middle of the Lake Chilwa, as gaining access is expensive and time consuming. Most people on the islands and floating villages are not permanent inhabitants.

**Health and HIV:** In response to the cholera outbreak reported since the third week of December, UNICEF quickly availed its support by joining the initial assessment teams that visited the affected areas and came up with field reports to inform response. UNICEF also immediately deployed supplies ( 4 tents to establish treatment centres, a cholera kit that is suffice to treat 100 severe cases and 400 mild cases of cholera, 90 cholera beds, 145 gum boots and 30 boxes of Ringer Lactate) to three southern districts. This was in addition to supplies prepositioned earlier in 12 districts (as part of the preparedness plan) which are being utilized as first response resources. UNICEF is moving another cholera kit to two northern districts and procuring addition kits for further distribution. In addition to supply provision, UNICEF deployed teams on the ground that are providing technical support for the control of the cholera outbreak and is supporting two of its partners (Malawi Red Cross Society and Population Services International) to undertake community mobilization and health education activities.

Meanwhile, UNICEF continued supporting the recovery activities in areas affected by humanitarian situations through the provision of routine immunization services for the control and management of common child hood killers: diarrhea, pneumonia and malaria. In addition, UNICEF supported the strengthening of supportive supervision and mentorship to Health Surveillance Assistants and enabled the District Health Management Team to prepare for targeted interventions and monitoring implementations. The Health Surveillance Assistants (HSAs) were also supported to provide messages focusing on prevention and treatment of diarrhea and malaria as well as early care seeking practices, proper hygiene and sanitation, water treatment, hand washing with soap in critical times, immunization, nutrition and HIV prevention. During the reporting month, with UNICEF support, a total of 5,100 affected children were vaccinated against measles while 4,800 affected children were fully vaccinated in the eight flood affected districts. In addition 28,115 children under five years of age received treatment for pneumonia, diarrhea, malaria and eye infections.

In Nsanje, Chikwawa, Phalombe and Zomba, districts that were affected by floods in early 2015, UNICEF's partner Pakachere conducted a qualitative assessment of adolescent's experiences during the January 2015 floods, during the response, and throughout the post-recovery period. Approximately 160 adolescents, aged 10-19 years, participated in focus group discussions. Boys and girls in both districts reported that camp leaders misused aid, including registering non-affected households. Of primary concern were high incidences of transactional sex directly related to humanitarian aid. Girls and women had sexual relationships with camp officials in return for food, soap and other items. Boys and girls reported that parents pushed girls into early marriage in order to alleviate the family's financial burden. Although HIV and sexual and reproductive health services were available, boys and girls faced challenges in accessing services, especially in accessing contraception and condoms. Girls also reported difficulties with managing menstrual hygiene. Adolescents indicated that their situation is still dire, as families are struggling to meet basic needs. Data from Quarter 1, 2015 indicate that a high number of people living with HIV stopped taking antiretroviral treatment during and immediately after the flooding began. UNICEF supported the Nsanje DHO to conduct social mobilization to emphasize the importance of adherence to treatment of HIV, and to conduct a defaulter tracing exercise in 14 health facilities. As a result, 111 people, out of 206 clients, were brought back to treatment. Of those not traced, approximately half were Mozambicans who had crossed the border for treatment.

**Education:** The Education Cluster, through the Ministry of Education, Science and Technology from 11 to 12 December 2015 in Lilongwe organised a Teacher Training on drought response for 176 volunteer teachers who were primarily to be deployed to four districts (Chikwawa, Dedza, Salima and Mangochi). The training included among other things the following aspects: the role of the volunteer teachers in the drought response in schools, effective communication, Real Time Monitoring; Girl Child issues; school meals programmes; nutrition and agricultural activities; work ethics, Code of Conduct and professional issues; sexual reproductive and health related topics.

UNICEF supported the establishment of an Early Childhood Development (ECD) centre at Kapise Village targeting 125 children aged 3 to 5 years. The centre will accommodate asylum seekers as well as children from the host community as there is no Community Based Child Care Centre (CBCCs) in the area. UNICEF mounted a tent for this service and provided resources to the council to orient caregivers, provide food and other basic requirements at the centre. An orientation of caregivers will run from 4 to 6 January, 2016, who will run programmes for additional children in their communities.

#### Annex 1: SUMMARY OF PROGRAMME RESULTS JANUARY TO DECEMBER 2015

	Overall needs	Cluster Response			UNICEF and IPs		
		2015 Target	Total Results	Change since last report ▲ ▼	2015 Target	Total Results	Change since last report ▲ ▼
<b>WATER, SANITATION &amp; HYGIENE</b>							
Number of disaster-affected people and host community members provided with safe water		600,000	453,115	▲3,500	235,000	219,814	▲3,500

Number of emergency-affected people provided with access to sanitation/temporary latrines as per agreed standards		600,000	395,369	▲0	235,000	280,243	No change
<b>HEALTH</b>							
Number of children and women who access essential health services including immunizations					72,000	83,695	▲5,100
Number of disaster-affected households which receive survival kits					8,000	2,216	No change
Number of disaster-affected women of child-bearing age who receive key health education					320,000	287,550	No change
<b>NUTRITION</b>							
Children 6-59 months with SAM enrolled in OTP and NRU programmes			22,950	▲1,892		22,950	▲1,892
Exits from therapeutic feeding programme of children 6-59 months who have recovered		>75%	92 % for OTP; 83% for NRU		>75%	92% for OTP; 83% for NRU	
<b>CHILD PROTECTION</b>							
Number of women and children and caregivers benefiting from psychosocial support*	50,000	50,000	56,490	▲29,480	50,000	56,490	▲29,480
Number of prevention and response plans to address major child protection risks established in districts	15	15	10	No change	15	10	No change
<b>EDUCATION</b>							
Number of disaster-affected school children benefitting from school temporary structures and supplies (school-in-a-box and recreation kits)	350,000	262,000	183,000	No change	105,000	193,923	No change
<b>HIV</b>							
Number and percentage of HIV positive pregnant women continuing to receive ARVs for PMTCT					1,500 90%	861 77%	No change
Number of emergency-affected people provided with HIV prevention information					100,000	210,847	No change
<b>SOCIAL PROTECTION</b>							

Number of children in ultra-poor and labour constrained households who are able to meet their daily basic needs in most drought affected districts					250,000	0	0
Number of ultra-poor and labour constrained households who are aware of effective emergency preparedness and response measures in most drought affected districts.					120,000	0	0

\* 'Delivered' defined as left the UNICEF warehouse. Does not include items delivered directly to partners.

**Funding:** Against the revised funding requirement of US\$14,427,441, UNICEF has received US\$ 5,978,948 to date leaving a 58% funding gap.

Appeal Sector	Original 2015 HAC Requirement (US\$)	Revised 2015 HAC Requirement (US\$)	Funds Received Against 2015 HAC (US\$)	Funding Gap (US\$ / %)	
WASH	2,216,553	2,441,553	1,400,000	1,041,553	43%
Education	1,870,000	2,090,000	529,082	1,560,918	75%
Health*	2,468,750	2,593,750	407,590	2,186,160	84%
Nutrition*	2,145,138	4,312,638	2,844,008	1,468,630	34%
Child Protection*	891,000	1,253,500	530,008	723,492	58%
HIV/AIDS	120,000	577,000	19,440	557,560	97%
Social Protection	0	360,000	0	360,000	100%
Communication, Coordination and Logistics	799,000	799,000	248,820	550,180	69%
<b>Sub-Total</b>	<b>10,510,441</b>	<b>14,247,441</b>	<b>5,978,948</b>	<b>8,268,493</b>	<b>58%</b>
Carry-forward			0		
<b>Total funding available</b>			<b>5,978,948</b>		
<b>Grand Total</b>	<b>10,510,441</b>	<b>14,247,441</b>	<b>5,978,948</b>	<b>8,268,493</b>	<b>58%</b>

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

Next SitRep: 3<sup>rd</sup> February 2016

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