Highlights

- UNICEF supported the provision of safe water in IDP sites, surrounding communities, schools, health facilities and early childhood care centers reaching 191,977 people in over 40 displacement sites and up to 50 affected communities during the cyclone recovery phase.

- A total of 308,538 people in 79 IDP sites and hard-to-reach villages were reached with lifesaving health services including curative consultation, basic essential maternal and new-born care, family planning, immunization and follow up of chronic illnesses through mobile clinics supported by UNICEF.

- In 2019, severe acute malnutrition cure rate, death rate and default rate have been maintained within the minimum SPHERE standards at 93.1 per cent, 2.3 percent and 2.7% respectively despite the country having a high rate of food insecurity. This was achieved with support from UNICEF to ensure good coverage and quality of services for severe acute malnutrition management.

- In 2020, UNICEF will continue to support the ongoing emergency response interventions carried over from the year 2019 to 2020 including recovery interventions in the areas that were affected by Cyclone Idai and supporting the ongoing food insecurity response during the 2018/19 lean season which ends in 2020.

- With the country still at risk of flooding, health emergencies including cholera and vaccine derived polio as well as possible food insecurity, UNICEF continues to enhance its preparedness status in readiness for possible disaster events.

UNICEF’s Response and Funding Status

**Situation in Numbers**

- **3,128,000** children in need of humanitarian assistance
- **Over 310,000** children reached with humanitarian assistance by UNICEF
- **1.88 million** food insecure people

**UNICEF Appeal 2019**

$15,297,130

Funds received in 2019, $10M

Funding gap, $5M
Funding Overview and Partnerships

Against the 2019 Malawi HAC funding appeal of US$ 15.29 million, UNICEF received US$ 10.3 million representing 68 per cent of the estimated funding requirements. In addition, UNICEF reallocated an amount of US$ 1,097,891 from Regular Resources at the beginning of the response to Cyclone Idai related floods to kickstart the initial lifesaving interventions. UNICEF expresses gratitude for the support received in 2019, which has been critical in scaling up the response to meet the humanitarian needs of the affected people and looks forward to continued support for the emergency preparedness, response and recovery efforts.

Situation Overview & Humanitarian Needs

In March 2019, Malawi experienced severe flooding in the Southern Region because of heavy rains caused by tropical Cyclone Idai. The Government of Malawi (“the Government”) declared a State of Disaster in 15 of the 28 districts and two cities. As per the Post Disaster Needs Assessment, approximately 975,600 people were affected by these floods with 60 deaths and 672 injuries reported. The 15 affected districts are Balaka, Blantyre, Chikwawa, Chiradzulu, Machinga, Mangochi, Mulanje, Mwanza, Neno, Nsanje, Phalombe, Thyolo and Zomba districts in the Southern Region and Dedza and Ntcheu in the Central Region. The two cities were Zomba City and Blantyre City. Because of the disaster, around 90,000 internally displaced people (IDP) were sheltered in 174 IDP sites. The Government and development partners responded swiftly to the disaster, implementing rescue and relief operations that saved many lives and rapidly mobilized resources to meet the immediate needs of the affected people.

In the period of January to March 2019, 3.3 million people in Malawi were food insecure and were provided with food assistance in line with recommendations from the Malawi Vulnerability Assessment Committee (MVAC). A second caseload of 1,062,674 people was projected in the June MVAC report requiring food assistance from November 2019. This increased to 1,879,391 in the November MVAC update report with no change in the number of months for intervention which still ranged from two to five months. The increase in the affected population, was caused by several factors including reduced winter harvest caused by high temperatures, the impact of the fall armyworm and lack of rains in the southern areas. The MVAC recommended that food assistance should be provided to the food insecure 1,879,391 people starting from November 2019 till March 2020. The Government of Malawi through Department of Disaster Management Affairs (DoDMA), district councils and partners have been providing relief assistance through the provision of maize in some districts and cash transfers to those affected. A national food insecurity response plan was developed covering food security, nutrition, protection and education sectors. UNICEF as co-lead for education, nutrition and child protection is supporting the government to coordinate the response as well as contributing to the response interventions in these sectors.

Admissions of children with Severe Acute Malnutrition (SAM) in the period of January to November 2019 have decreased by 14 per cent to 35,759 compared to the same period in 2018 where a total of 41,637 SAM children were admitted into the programme (Fig.1). The reduction in the number of admissions is because of improved food security situation in the 2018/19 consumption period (April 2018 to March 2019) compared to the period of April 2019 to March 2020.

Due to good coverage and quality of services for SAM management and continued availability of ready to use therapeutic food (RUTF) supplies throughout the year with support from UNICEF, all three performance indicators have been maintained within the minimum SPHERE standards (cure rate 93.1 per cent, death rate 2.3 per cent and default rate 2.7 per cent). A nutrition survey conducted in June 2019 using the SMART methodology estimated the prevalence of acute malnutrition at 0.5 per cent down from 1.3 per cent in February 2018 as shown in Figure 2 below. UNICEF is continuing to monitor the situation and provide support to the CMAM programme.
Malawi remains at risk of importing Ebola Virus Disease (EVD) mainly because of large influx of immigrants coming from DRC to Malawi on their way to South Africa. Moreover, a contingent of Malawian Defence Forces (MDF) is stationed in Beni, DRC as part of the UN Peacekeeping forces. These MDF soldiers regularly deploy and return to Malawi and are at some risk of importing the disease.

Furthermore, 26 cases of cholera with one death were recorded in 2019, of which only three came from the targeted flood affected districts. However, none of them were from IDP camps. UNICEF continues to provide support to the cholera response through health promotion and awareness raising activities, and cross-border coordination meetings with Mozambique. For districts with history of recurrent cholera, UNICEF supported training of health workers (clinicians, nurses and health surveillance assistants) in cholera cases management and equipped them with guidelines for clinical management of the disease.

In 2020, UNICEF will continue to support the ongoing emergency response interventions carried over from 2019 to 2020 including:

- recovery interventions in the areas that were affected by Cyclone Idai,
- supporting the ongoing food insecurity response to 1.8 million people during the 2019/20 lean season which ends in 2020 especially in the sectors of nutrition and cash transfers by providing technical assistance in the Vertical Expansion of the Social Cash Transfer Program (SCTP) in response to food needs in Ntcheu and Balaka districts.

With the country being at risk of flooding, health emergencies including cholera and polio as well as possible food insecurity, UNICEF continues to enhance its preparedness status in readiness for possible disaster events.

Summary Analysis of Programme Response

Nutrition

UNICEF continued to support timely and consistent distribution of nutrition therapeutic supplies including RUTF, F75 and F100 ensuring availability and access to these lifesaving commodities to 728 health facilities countrywide. In partnership with the Ministry of Health, a total of 35,759 children (under five) and 4,933 children (five-15 years) with severe acute malnutrition (SAM) were admitted into the Community-based Management of Acute Malnutrition (CMAM) programme during the period January to November 2019, representing 61 per cent of the target. With UNICEF support, a total of 5,011,559 children (2,319,535 boys and 2,692,024 girls) were screened for acute malnutrition in 2019 and this contributed highly to the total CMAM admissions.

UNICEF provided technical support to the Department of Nutrition, HIV and AIDS (DNHA) in coordinating the Malawi nutrition cluster which resulted in timely contingency and response planning, adequate resources mobilization and effective implementation of quality treatment of children with SAM during the 2019 emergency response. UNICEF trained 62 district team members from the 15 emergency prone districts in Nutrition in Emergency to allow the districts respond to the situation. This has improved district level coordination, data collection, reporting as well as implementation of activities to the flood affected areas. The district teams have been instrumental in putting together the contingency and response planning for 2020 to ensure timely response for any eventualities.

Furthermore, UNICEF supported Vitamin A supplementation in the affected districts reaching out to 310,091 children aged 6 to 59 months (78 per cent of the targeted group).
Health
Continuous access to basic HIV services, including access to treatment as well as and retention on antiretroviral treatment (ART) was a seriously threatened during Cyclone Idai. Some of the IDP sites did not have health facilities in their immediate catchment areas; where they did, health facilities were overwhelmed by the high numbers in need. Basic critical services such as immunization, antenatal and postnatal care, screening and treatment of malnutrition, curative care, reproductive health, tuberculosis and HIV were all disrupted. UNICEF supported the operation of mobile clinic teams which were operated by District Health Offices and funded in some districts through partnerships with the Malawi Red Cross and the Paediatric and Child Health Association (PACHA). A standard mobile medical team was made up of seven health workers comprising a clinical officer, nurse, midwife, a laboratory assistant, health surveillance assistant, HIV counsellor and data clerk. Occasionally, individual districts included other specialists, depending on trends in cases. Presence of skilled personnel on-the-ground was crucial in effectively responding to the emergency and reaching the most affected and vulnerable.

Of the consultations provided, 25 per cent were to children under five years of age, with 37 per cent of consultations related to malaria, acute respiratory tract infections and watery diarrhoea. Essential drugs, cholera supplies, vaccines, and other lifesaving commodities, worth US$ 1 million were procured and used by mobile health teams, district hospitals and health units involved during the response and recovery phases. As a result, a total of 308,538 beneficiaries in 79 IDP sites and hard-to-reach villages were reached with lifesaving health interventions through the mobile clinics. Out of the beneficiaries, 647 are women that were retained on HIV treatment for 6 months in the areas reached with the mobile clinic services.

UNICEF also printed and distributed 50,000 health passports in the six affected districts to replace those lost because of the floods.

Overall 46,256 children aged six to 23 months were reached with one dose of measles rubella vaccine through a campaign conducted in the six targeted Cyclone Idai affected districts. In addition, measles immunization was supported in cholera hotspot districts bringing the total number of children reached to a cumulative total of 225,476 children under the age of five.

More than 50,000 insecticide treated mosquito nets were distributed in the IDP sites during the response to floods. This support significantly averted malaria outbreaks, which were anticipated during the response.

As part of preparedness for Ebola, with support from DFID, UNICEF Malawi supported the training of more than 800 health workers in targeted districts and MDF health units, on surveillance, prevention, and case management of EVD. Moreover, surveillance training, and training on screening at border posts were provided to border officials, police forces, and border health post Health Surveillance Assistants and volunteers.

WASH
With UNICEF support, 191,977 people were provided with safe drinking water in over 40 displacement sites during the flooding response phase and in up to 50 affected communities during the recovery phase in Nsanje, Chikwawa, Mulanje, Machinga, Phalombe, Balaka, Mangochi and Zomba. The water was provided through borehole rehabilitation, household water treatment, water trucking and construction of nine solar powered reticulated water schemes in institutions such as schools and health facilities, also serving early childhood care centres and surrounding communities that hosted IDPs.

Furthermore, a total of 56,041 people in the same districts were provided with sanitation facilities in 28 camps for the displaced people during the flooding response phase. Some 51 double stance permanent latrines were constructed in the schools that hosted IDPs, which continue to serve 11,949 school children and host community members. Also, more than 5,000 sanitary pads were distributed for women and girls both in and out of school.

Education
A total of 87,565 disaster affected school-aged children including adolescents (47,379 boys and 50,186 girls) regained access to quality education services with support from UNICEF. UNICEF distributed a total of 54 tents, 813 school in a box kits, 794 recreation kits, 280 ECD kits, 227 extra materials, 130 blackboards, 23 flipcharts, 460 lanterns, 95 pencils and 175 rulers.
Additionally, learners from 94 primary schools in five flood affected districts benefited from services of 111 volunteer teachers (64 male and 47 female) recruited, trained and deployed with support from UNICEF. The services included counselling, psychosocial support and care during the response and recovery phases.

UNICEF also enhanced the capacity and skills of 12 district education officials. They were trained on disaster risk management concepts, coordination mechanisms, protection and inclusiveness, stakeholder mapping and referral systems, code of conduct and work ethics for teachers, prevention of sexual exploitation and abuse in emergencies and preparedness planning and are better equipped to effectively prepare for and respond to disasters. The interventions supported by UNICEF resulted in acknowledgement at community and system levels of the importance of continued education by minimizing disruptions because of the floods and had positive impact on learning and psychosocial wellbeing of the affected children.

**Child Protection**

At least 106,547 children gained access to psychosocial support (PSS), socialization, play and learning through child friendly spaces/Children’s Corners in flood-affected districts. UNICEF supported establishment and strengthening of Children’s Corners in evacuation sites during the acute phase as well as during the early recovery phase. A total of 790 caregivers/facilitators received training in provision of PSS. UNICEF also supported child protection service delivery using the case management approach; raised awareness and sensitization on child protection and GBV prevention and response among communities; and ensured efforts and interventions from various stakeholders were well coordinated in the affected districts through its co-leadership of the Child Protection Sub-Cluster.

UNICEF’s partner Youth Net and Counselling (YONECO) activated Community-Based Complaint Mechanisms (CBCM), including two helplines to receive and refer cases of child protection, sexual abuse and exploitation (SEA), and GBV. Since the activation, 481 cases, including at least 54 GBV cases were reported and referred for action, 98 of which concerned abuse of power. YONECO also undertook wide sensitization and awareness-raising activities on GBV, SEA and child protection. Additionally, YONECO provided helpline services through awareness sessions with youth, community meetings and community radio. The sensitization and awareness-raising activities reached an estimated 67,622 people (36,296 adults and 31,326 children).

**Cash-based Programming**

In 2019, with technical and financial support of UNICEF and partners, the Malawi Social Cash Transfer Program scaled up to meet humanitarian needs resulting from floods and food insecurity during the 2018/19 lean season which ended in March 2019. More than 140,000 people were provided with emergency assistance through a vertical expansion of the SCTP, among them close to 90,000 boys and girls. UNICEF supported the Government of Malawi with evidence generation and technical as well as financial assistance to design and deliver additional cash assistance to shock-affected ultra-poor and labour constraint households on SCTP.

Furthermore, during the 2019/20 lean season that started in November 2019 for some of the districts of Malawi, UNICEF provided technical assistance to cover an additional 35,546 people including approximately 17,988 children with a vertical expansion of the SCTP in response to food needs. These households are anticipated to receive five rounds of monthly top-ups of approximately 23,500 Malawi Kwacha aimed at covering 65 per cent of a household’s food basket.

**Communication for Development (C4D)**

Starting from March to December 2019, UNICEF in close collaboration with partners, including the Ministry of Information, National Social Mobilization Committee, United Purpose, Story Workshop Education Trust and Centre for Development Communication, reached 204,865 people (61,459 males, 143,406 females) with integrated messages through the combined approaches such as radio listening groups, health talks, drama performances, including interpersonal communication sessions at camps, reaching more than 200 people per week.

A rapid C4D assessment in July 2019 conducted among partners and caretakes, adolescents and opinion leaders living in selected camps (n=309) showed that 97 per cent of the respondents have ever engaged in C4D activities, and the majority could recall key messages, including 85 per cent who could recall messages on handwashing. In total, 98 per cent of people living in camps surveyed were reached with at least one C4D intervention that included posters, leaflets, drama, music, counselling, health talks and radio.
Results of monitoring for C4D activities indicated that among all individuals that had access to soap in the camps, 98 per cent used it in critical moments (after visiting the toilet, after changing nappies, before eating and before preparing food), 84 per cent of breastfeeding mothers maintained breastfeeding while 83 per cent of individuals who had bed nets slept under them. The results of the survey helped to design a plan for longer-term resilience building efforts with these disaster-prone communities.

Humanitarian Leadership, Coordination and Strategy
UNICEF continues to co-lead agency for the Education, Nutrition, and Water, Sanitation and Hygiene (WASH) Clusters and the Child Protection Sub-Cluster, while also playing a key role in the Health Cluster. Apart from supporting the Lead Ministries/Departments in achieving the cluster lead responsibilities, UNICEF participates in Humanitarian Country Team and the Inter-Cluster Coordination meetings which provide a platform for cross-sectoral coordination. During the 2019 floods response, UNICEF established an operational hub in Blantyre to ensure close coordination with other actors on the ground. This also enabled UNICEF to engage with sub-national clusters as well as regional inter-cluster group under the leadership of the Department of Disaster Management Affairs.

Human Interest Stories and External Media
UNICEF has used social media and online channels to document the impact of response efforts. In its communications UNICEF has acknowledged the support of partners and will focus on documenting recovery interventions in the next few months. All materials, including press releases, photos, videos and human-interest stories, can be found here:
Website: www.unicef.org/malawi
Blog: unicefmalawi.blog
Twitter: @MalawiUNICEF; Dropbox: bit.ly/2NWs85K
Facebook: UNICEF Malawi

Next SitRep: 8 April 2020

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E-mail: mfrontini@unicef.org
## SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs</th>
<th>Cluster/Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019 target</td>
<td>Total results*</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years old with severe acute malnutrition admitted into therapeutic feeding programme</td>
<td>58,421</td>
<td>35,759</td>
</tr>
<tr>
<td>Children aged 6 to 59 months provided with Vitamin A supplementation</td>
<td>400,075</td>
<td>310,091</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and women in humanitarian situations provided with access to health care services</td>
<td>424,071</td>
<td>308,538</td>
</tr>
<tr>
<td>Children immunized for measles</td>
<td>379,195</td>
<td>225,476</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People affected by drought, floods and cholera provided with safe water per agreed standards</td>
<td>495,960*</td>
<td>190,362</td>
</tr>
<tr>
<td>People affected by drought, floods and cholera provided with sanitation services per agreed standards</td>
<td>40,000</td>
<td>56,041</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children with access to psycho-social support (PSS), socialization, play and learning</td>
<td>150,000</td>
<td>106,547**</td>
</tr>
<tr>
<td>People reached by gender-based violence (GBV) prevention and response services</td>
<td>7,000</td>
<td>5,779***</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster affected school-aged children including adolescents with access to quality education services</td>
<td>95,500</td>
<td>87,565 (47,379 boys, 50,186 girls)</td>
</tr>
<tr>
<td>Disaster affected adolescent children, in and out of school, with access to relevant alternative education services</td>
<td>2,000</td>
<td>0****</td>
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<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women in disaster affected areas retained on HIV treatment for 6 months</td>
<td>10,000</td>
<td>647</td>
</tr>
</tbody>
</table>
### CASH BASED PROGRAMMING

| Vulnerable households receiving cash emergency top ups | 29,277 | 39,486 | ▲ 10,209 |

### COMMUNICATION FOR DEVELOPMENT

| Disaster affected people reached with key messages and call to action on life saving practices | 495,960 | 204,865 | No change |

*2019 HAC was originally including response for both droughts (lean season) and floods. 2019 floods in Malawi have been significantly resource consuming and this has shifted the focus from the lean season response. Collection of data on these performance indicators will continue until the end 2019, although no significant changes are expected considering that there are no additional financial resources available for Q4.

**UNICEF previously relied on the “DataWinners” mobile data platform as the source for this indicator. During 2019, UNICEF migrated and launched a new mobile data platform through “RapidPro”. Data is still being sent through RapidPro. In the interim, figures have been provided from the most comprehensive monitoring report collating data from District Social Welfare Offices and our partner, Save the Children, for the period April-July, in 6 most-affected districts.

*** This data is until end October with additional data expected during January 2020 to achieve the target

****No alternative education centres were set up as earlier planned because the required education services could be provided to the affected children through the formal system by enhancing its capacity with the deployment of volunteer teachers and provision of material support.

### Annex B

### Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funded</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Received Year</td>
<td>Carry-Over</td>
<td>$</td>
</tr>
<tr>
<td>WASH</td>
<td>$2,800,000</td>
<td>$3,051,905</td>
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</tr>
<tr>
<td>Education</td>
<td>$2,050,000</td>
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</tr>
<tr>
<td>Health</td>
<td>$2,563,130</td>
<td>$1,625,276</td>
<td>$0</td>
</tr>
<tr>
<td>Nutrition</td>
<td>$4,450,000</td>
<td>$3,723,531</td>
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</tr>
<tr>
<td>Child protection</td>
<td>$600,000</td>
<td>$959,681</td>
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</tr>
<tr>
<td>HIV/AIDS</td>
<td>$150,000</td>
<td>$5,885</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Based Support</td>
<td>$1,500,000</td>
<td>$100,850</td>
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</tr>
<tr>
<td>Communication for Development</td>
<td>$500,000</td>
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<tr>
<td>Cluster coordination</td>
<td>$684,000</td>
<td>$86,030</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$15,297,130</strong></td>
<td><strong>$10,338,437</strong></td>
<td>$0</td>
</tr>
</tbody>
</table>

* As defined in Humanitarian Appeal of 08/May/2019 for a period of January to December 2019