Highlights

The first round of crop estimates released by Ministry of Agriculture and Food Security indicate maize production to be lower by 2.0 percent having been estimated at 2,719,425 metric tons in the current growing season as compared to 2,776,277 metric tons in final round estimate of the 2014/15 season. While the full extent of impact of the prolonged dry spells that the country has been experiencing remains uncertain until when final round crop estimates are completed and vulnerability analysis is undertaken, the severity of food insecurity in the 2016-17 consumption season is likely to increase given that the population will not have recovered from the 2015/16 food insecurity.

Due to a delayed start of the current growing season, the MVAC has recommended a one month extension of the ongoing humanitarian assistance programme which was initially planned to end in March 2016.

UNICEF through its implementing partners have scaled up nutrition community mobilization and mass screening in 23 food insecure districts. In January, a total of 230,100 under-five children were screened out of which 3,241 were found to have severe acute malnutrition while 10,172 were moderately acutely malnourished, and were referred to facilities for appropriate care.

During the reporting period, UNICEF responded to floods that occurred in Karonga District in early February 2016 in addition to continuing with the response to the cholera outbreak and supporting UNHCR with the response to the Mozambican refugee new arrivals at Kapise Transit camp.

UNICEF Response with Partners

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>UNICEF</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>UNICEF Target</td>
<td>Cluster Target</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Children 6-59 months with SAM enrolled in OTP and NRU programmes</td>
<td>34,000</td>
<td>34,000</td>
</tr>
<tr>
<td>WASH</td>
<td>Internally displaced persons and host community members provided with safe water as per agreed standards</td>
<td>50,000</td>
<td>65,000</td>
</tr>
<tr>
<td>Education</td>
<td>Children received school supplies, psychosocial support, care and stand-by teaching from 200 volunteer teachers</td>
<td>50,000</td>
<td>110,800</td>
</tr>
<tr>
<td>Health</td>
<td>Children aged 6 to 59 months immunized against measles</td>
<td>453,500</td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td>Child protection cases recorded and referred to appropriate services</td>
<td>250</td>
<td>250</td>
</tr>
</tbody>
</table>

Date: 2nd March 2016

1.5 million Children affected out of 2.87 million Food insecure people
(UNICEF Response with Partners, UNICEF Appeal 2016 US$13,035,000 Funding gap 86%)

(Weekly Cholera Update, 22nd to 28th February 2016, Ministry of Health, Epidemiology Unit)

907 Cholera Cases

7,135 Mozambican new arrivals at Kapise Refugee Transit Camp in Mwanza

(UNHCR, Inter-Agency operational update, 29 February 2016)
Situation Overview & Humanitarian Needs

The first round of the 2015/16 agriculture production estimates by the Ministry of Agriculture, Irrigation and Water Development (MoAIWD) have projected the current maize growing season production to be lower by 2.0 percent having been estimated at 2,719,425 metric tons in the current season as compared to 2,776,277 metric tons in final round estimate of the 2014/15 season. The reduction has been attributed to negative impact of prolonged dry spells. While the full extent of impact of the prolonged dry spells that the country has been experiencing remains uncertain until when final crop estimates are completed and vulnerability analysis is undertaken, the severity of food insecurity in Malawi the 2016-17 consumption season is likely to increase given that the population will not have recovered from the 2015/16 food insecurity.

Currently, humanitarian agencies are responding to the needs of an estimated population which was revised from 2,833,212 to 2,865,602 in 25 out of 28 districts across the country following an assessment by the Malawi Vulnerability Assessment Committee (MVAC) in December 2015. The humanitarian assistance program in form of cash and in-kind food transfers was initially planned for up to end of March but due to a delayed start of current season which will likely extend the lean period to the end of April, the MVAC has recommended a one month extension of the programme. There are also concerns that due to abnormal increase in the price of maize more households than the MVAC projected, are at risk of becoming food insecure. The national average price for maize has been reported to have increased considerably. According to WFP February 2016 mobile Vulnerability Analysis and Mapping (mVAM), in 17 monitored hotspot districts the price of maize rose by 37% between January and February with prices in some districts in southern Malawi observed to be approaching Mk300/kg. Almost all prices observed were 2-3 times higher than the prices in February last year. Several factors have combined to cause these hikes including prolonged unavailability of maize in most districts and poor harvest due to erratic rains.

In addition, Malawi has over the past months been receiving refugees from Mozambique, mainly from Tete Province. As of 29th February 2016, information from the chiefs indicated that villages around Kapise were hosting a total of 9,375 new arrivals from Mozambique, with the Government and UNHCR officially registering 7,135 to whom ration cards have been issued for humanitarian assistance. Registration of new arrivals is ongoing. The refugees registered are mainly from Madzibawe, Monjo, Chinyanja, Jossimane, Magalawanda, Makolongwe, Mtambe, and Ndande.

Malawi also continued to register cholera cases with 71 cases recorded during the week ending 28th February 2016, which is higher than the number of cases registered per week in the previous 5 weeks (Figure 2). This
MALAWI SITUATION REPORT

brings the cumulative total number of cases since the beginning of the outbreak in mid-December 2015 to 907 of which 92% have been registered in the three districts surrounding Lake Chilwa (Machinga, Zomba and Phalombe). The new cases have been registered in Machinga (56), Zomba (13) and Mchinji (2) districts (Map 1). A total of 4 deaths were recorded during the same week bringing the cumulative number of deaths to 14 representing a Case Fatality Rate (CFR) of 1.54%.

Figure 1: Cholera cases and deaths per week. Week ending 28th February 2016

Furthermore, Karonga district in northern Malawi experienced flooding on the 8th of February. An interagency assessment that took place on the 10th February, 2016 found a total of 700 households that were displaced out of which 257 sought refuge in camps. A total of 37 houses had collapsed and 2 schools (Rukuru enrolling 1,070 learners and Kisindile enrolling 1,063 leaners) were affected by the floods.

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 in the country. UNICEF co-leads the WASH, Nutrition, Education and Protection clusters.

Summary Analysis of Programme Response

NUTRITION

At the end of January 2016, 4,708 (2,235 Males, 2,473 Females) new Severe Acute Malnutrition (SAM) cases had been admitted in UNICEF supported 563 Outpatient Therapeutic Programme (OTPs) and 101 Nutrition Rehabilitation Units (NRUs) in 25 drought affected districts of Malawi. Overall, 89% and 82% children discharged from OTP and NRU respectively were cured consistent with SPHERE standards of >75% recovery rate. January 2016 NRU deaths were at 11%, which is more than the recommended SPHERE of <10% mortality rate.

UNICEF supported the distribution of nutrition supplies to the final destinations (595 OTP sites in 28 districts) in an effort to sustain availability of the critical supplies for treatment of severely acute malnourished children and distributed 7,386 cartons of RUTF to the 595 OTP sites and therapeutic milks (461 cartons of F100 and 220 cartons of F75) to the 101 NRUs.
UNICEF through its implementing partners and districts have scaled up nutrition community mobilization and mass screening to 23 districts. UNICEF has recruited and oriented 14 Nutrition Field Monitors on their role in supporting the community mass screening and CMAM nutrition activities in the districts. Each monitor is supporting two districts.

In February 2016, a UNICEF nutrition team conducted field visits to Mzimba North, Chikhwawa, Nsanje, Phalombe, Mulanje, Thyolo, Mangochi, Mwanza, Neno, Zomba districts where they provided technical support on the emergency nutrition response, conducted district dialogue on nutrition screening with new partnership, distributed Job Aids (screening forms, referral forms and reporting forms) and undertook nutrition supplies replenishment and monitoring.

UNICEF also continues to support cluster coordination as the UN co-lead agency for the nutrition cluster. The cluster had a meeting on 18th February 2016 with the main items discussed being the high percentage of deaths in NRUs and ways to improve the situation. Several issues were identified including unavailability of NRU essential drugs and micronutrients for treatment of children of SAM and limited skills and knowledge of clinical staff. The cluster has since raised these with the Ministry of Health for a concrete action plan. The cluster also participated in rapid nutrition assessment in flood affected Karonga district. Furthermore, the Cluster produced first ever bulletin on the nutrition situation.

Child Health Days are scheduled from 7th to 11th March 2016 in all the districts of the country. The campaign will target 2,693,266 children aged 6 to 59 months and 168,329 postpartum women over eight weeks with vitamin A supplementation and 2,289,276 children aged 12 to 59 months with deworming medication.

**WASH**

During the reporting period, UNICEF WASH responded to floods that occurred in Karonga District in early February 2016 in addition to continuing with the response to the cholera outbreak (mainly in Phalombe, Zomba and Machinga districts) and providing services to the Mozambican refugees at Kapise transit camp.

With support from UNICEF, 160,410 people benefited from various types of intensive hygiene promotion campaigns and activities during February, bringing the cumulative number of people reached in 2016 to 255,984; while 4,756 people were provided with access to safe water through new or rehabilitated boreholes, bringing the cumulative number of people reached in 2016 to 13,934 people. Additionally, 6,684 people received water treatment products in cholera affected districts. UNICEF has drilled 4 boreholes for the Mozambican new refugee arrivals at Kapise transit camp and is finalizing the installation of pumps. In addition, 3,550 people gained access to adequate sanitation facilities during February in different emergencies affected districts. UNICEF entered in partnership with the Red Cross, Participatory Rural Development Organization and World Vision to respond to the urgent cholera outbreak, refugee crisis and Karonga Floods respectively. Other partners including MSF France have also supported in the provision of WASH facilities in Cholera Treatment Centres (CTCs) and MSF Belgium has supported with WASH activities in at the transit camps, while Water Aid has conducted hygiene promotion campaigns in the cholera affected district of Machinga.

Preparedness is still critical, especially in areas where there has been repeated cases of flooding and cholera outbreaks in the past years. UNICEF continues to use ongoing partnerships with the District Council and NGOs in coordinating and preparing for a rapid response, which includes stockpiling critical items and restoring prepositioning supplies to districts when they have been used.

**Education**

In Mangochi district which was affected by heavy rainstorms, UNICEF provided teaching and learning materials consisting of 7 school tents, 14 school in a box kits and 7 recreation kits to four flood affected and
In addition, UNICEF provided 24 school in a box kits and six recreation kits for 3,854 flood affected learners in three primary schools in Karonga districts.

With support from UNICEF, 176 volunteer teachers have been deployed to the four drought affected districts to support in livelihood activities (agri-business) as well as teaching and learning, psychosocial support and child protection measures and hygiene promotion to prevent the spread of water borne diseases including cholera.

UNICEF and the Ministry of Education Science and Technology conducted an education needs assessment for the Mozambican new arrivals at Kapise transit camp in Mwanza district. Key findings of the assessment are as follows: 2,940 children aged 5 to 17 (45% of the total population of 6,564) including 23% female were identified as school aged children. Out of this, 2,236 children (34% of the total population) including 17% girls are primary school children aged 6 to 14 years with 439 (7% of total population) aged 15 to 17 years, grouped as adolescents and youths. Thirteen per cent of the population (868) is between 3 to 5 years (7% girls of which are girls) and are targeted for early childhood education or community based child care. Four Mozambican male teachers were identified among the refugee community.

UNICEF dispatched five school tents, nine school in a box kits and two recreation kits to Kapise to initially support the learners. Currently, 987 learners (577 girls and 410 boys) have been registered and enrolled in school while 655 of these have received teaching and learning materials and the volunteer teachers have started teaching in the open ground as well as in the CBCC tent since land for erecting school tents has not yet been provided. UNICEF has mobilized the displaced community to establish school management committees in order to support learners and teachers.

**Health and HIV**

UNICEF continued supporting the cholera outbreak response with partners, in addition to supply provision of Oral Rehydration Salts (ORS) for Machinga district. UNICEF also continued deploying teams on the ground to provide technical support for the containment of the outbreak and intensify community mobilization and sensitization on sanitation and hygiene in partnership with the Malawi Red Cross Society (MRCS) and Population Services International (PSI).

An assessment was conducted by UNICEF and the District Health Office (DHO) from 27 to 29 January 2016 on the health and nutrition status of the displaced Mozambican population at Kapise (focusing on children and women) to plan and implement emergency response with the relevant stakeholders. With UNICEF support on the operational cost an integrated immunization campaign was conducted for three days from 10<sup>th</sup> to 12<sup>th</sup> February 2016, which was preceded with one day publicity at the Kapise site and the three surrounding villages. A total of 1,886 (94%) children aged 9 months to 15 years old were vaccinated against measles, 688 (92%) children aged between 6 to 59 months received Vitamin A supplementation and 388 (92%) children aged 12 to 59 months received Albendazole for deworming. Good coverage (>90%) has been achieved in all the three interventions as a control measure of measles outbreaks and boosting child survival among the displaced population. In addition, 1,200 (67%) children under-five were assessed for Integrated Management of Childhood Illness (IMCI) condition including for general danger signs of diarrhoea, pneumonia, malaria and malnutrition. The assessment was conducted by trained Health Surveillance Assistants and supported by officers from the DHO through close supervision.

About 209 (17%) sick children were identified and referred to MSF mobile clinic for appropriate treatment. The common causes of morbidity identified in children under five years were malaria (54.5%) followed by ARI (22.5%) and diarrhoea (7.2%). Out of the total children 6 -59 months screened for nutritional status, three (0.3%) were found to be SAM and eight (0.7%) to be MAM and referred to the hospital to enrol under OTP.

In addition, Key messages on water treatment, proper sanitation and hygiene as well as diarrheal disease prevention and mosquito net use delivered by the district health education officer. Program specific messages on nutrition, Family planning, malaria prevention and control, HIV prevention and control and child health and
immunization were also delivered by officers from the DHO. Furthermore, the campaign received adequate media coverage by the national television (MBC) which provided information to the general public.

Moreover, about 90 volunteers were identified among the displaced population to support health promotion activities which will focus on priority health problems and monitoring the use of mosquito nets, water storage and hygiene at the household level. Each health promoter will monitor ten households through regular supervision by camp leaders and the DHO.

**Child Protection**

Following unconfirmed reports on transactional sex from the floods recovery period and food insecurity affected districts, two validation exercises have been initiated in seven districts supported by UNICEF and UNFPA. With support from UNICEF, a workshop was held with protection focal points and project managers from WFP cooperative partners to strengthen protection mainstreaming in the food insecurity response, resulting in an action plan with immediate effect ensuring commitment from local government and volunteers.

With support from UNICEF, the Malawi Police Service is strengthening identification and referrals of cases of violence and exploitation against women and children at the village level, raising awareness among local leaders on transactional sex, and strengthening the reporting and referrals through community policing structures in 10 food insecurity affected districts. In January, 454 child protection cases were recorded and referred to appropriate services.

In the flood affected villages in Karonga district, three existing Community Child Care Centres have been supported with Community Based Child Care kits.

At Kapise site in Mwanza district, 29 unaccompanied and separated children, 21 girls and 8 boys, have been reunified with their caregivers through passive tracing. Two boys and one girl are living with their relatives at the site. In addition, 100 girls and 200 boys are enrolled in psychosocial activities in Children’s Corners.

Through UNICEF Support, a manual on psychosocial support in emergencies has been developed by the national protection committee. The manual will be used by approximately 356 service providers at community level in 12 emergency affected districts, including Karonga and Mwanza districts.

**Communications for Development (C4D)**

UNICEF has mobilised partners who are responding to the cholera outbreak in the South Eastern Region (Machinga, Phalombe and Zomba) through social and behaviour change interventions since the beginning of January 2016.

- In Phalombe, Zomba and Machinga, UNICEF’s partner PSI Malawi conducted mass hygiene promotion campaigns through 18 community video shows and 45 road shows and night community cinemas, reaching out to over 108,000 people in highly populated areas and markets. Also in partnership with district health offices, UNICEF partners EXP Momentum and Face to Face Marketing have conducted 48 cholera awareness and prevention campaigns in schools and other highly populated areas such as markets and trading centres reaching out to an estimated total of 39,067 people through road shows.

- UNICEF’s partner Development Communications Trust (DCT) has conducted 15 community dialogue sessions led by a total of 215 leaders (a mix of village chiefs, village health committees, health advisory committees and councilors), followed by outreach meetings with communities in TA Jenala and in Phalombe through radio listening club members, reaching an estimated population of 2,150.

- UNICEF partner Malawi Broadcasting Corporation’s Development Broadcasting Unit (DBU) produced three radio jingles creating awareness about the cholera outbreak to the general population. MBC has broadcast 84 slots of the jingles on MBC Radio 1.
UNICEF is also working with a number of partners in undertaking Nutrition Mass Screening Social Mobilisation. The following activities have been undertaken during this reporting period:

- A total of 32 road shows (including 61 stop overs), reaching out to a total of 6,234 people in urban areas of Blantyre district mobilizing mothers to take their children for nutrition mass screening since February 2016 have been conducted by EXP Momentum.
- UNICEF has contracted 11 radio stations that have produced and broadcast programmes mobilizing mothers to take their children in for nutrition mass screening, achieving nationwide reach.
- In February 2016, 44 interactive radio programme over two weeks, 231 Public Service Announcements (PSAs) over 1 week and 462 jingles over 2 weeks were broadcasted in February 2016.

### Funding

UNICEF Malawi humanitarian funding requirement as reflected in the 2016 Humanitarian Action for Children (HAC) stands at US$ 13,035,000. Against the HAC requirement, UNICEF has received US$ 1.771 million (14 per cent funded).

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>2016 requirements (US$)</th>
<th>Funds received against 2016 HAC</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>7,130,000</td>
<td>1,771,585</td>
<td>5,358,415</td>
</tr>
<tr>
<td>Health</td>
<td>1,500,000</td>
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<td>1,500,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,200,000</td>
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<td>1,200,000</td>
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<tr>
<td>Child Protection</td>
<td>600,000</td>
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<td>600,000</td>
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<tr>
<td>Education</td>
<td>1,875,000</td>
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<td>1,875,000</td>
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<tr>
<td>HIV and AIDS</td>
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<tr>
<td>Cluster/Sector Coordination</td>
<td>530,000</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>13,035,000</strong></td>
<td><strong>1,771,585</strong></td>
<td><strong>11,263,415</strong></td>
</tr>
</tbody>
</table>

*Additional funds for Humanitarian Response (USD 2,998,898) received in regular OR Grants.

Next SitRep: 06th April 2016

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