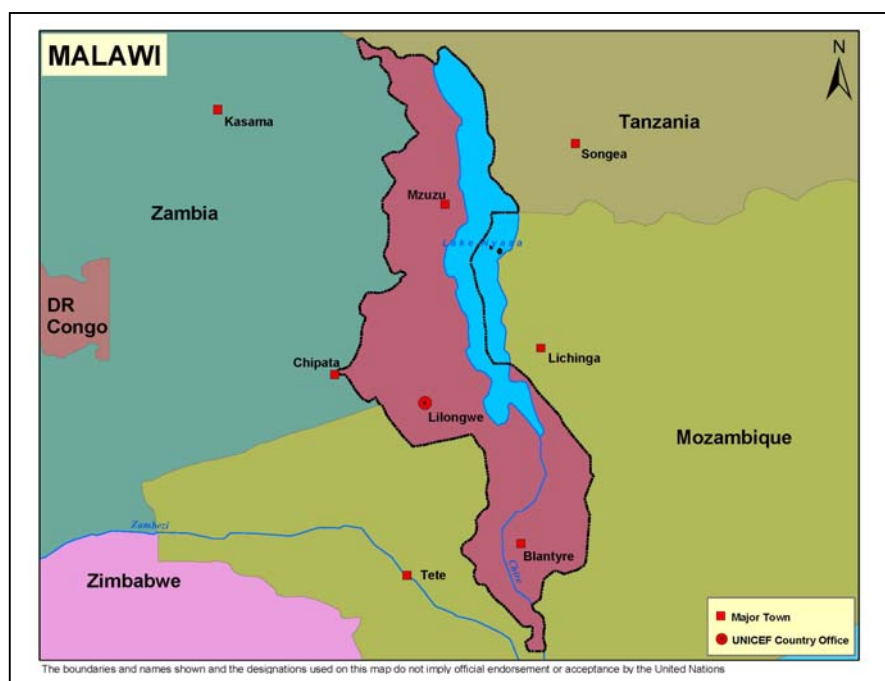


UNICEF HUMANITARIAN ACTION

MALAWI

IN 2007



CORE COUNTRY DATA

Population under 18 (thousands)	6945
U5 mortality rate	125
Infant mortality rate	79
Maternal mortality ratio (1990-2005, reported)	980
Primary school enrolment ratio, 2000-2005, net (male/female)	93/98
% U1 fully immunized (DPT3)	93
% population using improved drinking water sources	73
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	940
% U5 suffering from moderate and severe stunting	48

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	3,500,000
Water and environmental sanitation	3,000,000
Education	300,000
Child protection	200,000
Total*	7,000,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The population of Malawi continues to face unacceptable levels of vulnerability. The country has frequently suffered from prolonged dry spells of different magnitudes, which have contributed significantly to low production of both food and cash crops. In 2005, prolonged dry spells led to the worst food crisis since 1994, with almost 5 million people affected until April 2006.

In 2006, the maize harvest was the largest since 2000 with a total production of some 2.35 million tonnes, exceeding the national food requirements by 8 per cent. However, some parts of the country in early 2006 suffered dry spells and devastating floods which destroyed crops and, as a result, many households have harvested virtually nothing. Consequently, the Malawi Vulnerability Assessment Committee (MVAC) estimated in June 2006 that approximately 833,000 people will not be able to meet their minimum food requirements until the next harvest in April 2007. A further 147,800 people are borderline cases and any adverse economic developments will mean that they too will have inadequate food supplies. The estimated figures do not reflect the 'chronic' vulnerability (which is the large number of households that have entitlements or means of living that fall short of their required needs every year, even when there is no disaster).

Women and children are considered the most vulnerable group to food insecurity. As food insecurity grows, they are more exposed to malnutrition and infections and vice versa leading to a vicious circle. A deterioration of the food situation will put more pressure on households hosting orphans and will increment the number of children expected to drop out of school, in search of work for food. Child abuse and exploitation are common in Malawi, especially among orphans and other vulnerable children (OVC). The rising vulnerability of children will materialize in more children being abused and exploited, in more children engaged in child labour, in an influx of children on the streets and in increasing numbers of children in conflict with the law.

Cholera remains a major threat in Malawi, with recurrent outbreaks during the rainy season between November and April, and is a particularly high risk factor in flood situations because of the possible and immediate breakdown of water and sanitation facilities. Food shortages and malnutrition have a direct effect on individual susceptibility to diseases, and thus the level of a possible epidemic will be closely related to people's access to food and safe water. Underlying a situation of food shortage are two mutually reinforcing causes of insecurity, namely a high prevalence of HIV/AIDS and chronic poverty, which need to be addressed in tandem with food aid. There are an estimated 1 million orphans in Malawi, of which close to half a million are orphaned due to AIDS. The long-term impact on households and communities is evident, as they are becoming less and less resilient and more and more vulnerable to shocks resulting from drought, floods and other natural disasters.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with partners (Government, UN agencies and NGOs), UNICEF has continued to assist the Malawi population affected by the humanitarian crisis. In the area of nutrition, UNICEF has supported the treatment of approximately 4,000 severely malnourished children per month in 95 nutrition rehabilitation units (NRUs) and through community therapeutic care in 199 centres in 14 districts. Training was conducted for 124 health staff from 35 NRUs on the WHO protocol on case management of severe malnutrition. Thus, all 95 units are using the WHO protocol. UNICEF, together with WFP, has scaled up support of the supplementary feeding programme for moderately malnourished women and under-five children from 42,845 beneficiaries under the regular programme to 81,251 in 19 districts between January and July. An additional 140 clinicians were trained on case management of severe malnutrition to ensure support to the 95 NRUs. The case fatality rate in NRUs has dropped from 15 per cent to about 10 per cent and is close to meeting the Sphere standards of less than 10 per cent. Four NGO partners and district

health office staff in 14 districts were trained on screening and referral of moderately and severely malnourished children to supplementary and therapeutic feeding. A nutrition survey was conducted in April as an integral part of the annual vulnerability assessment in four livelihood zones with a high proportion of people missing food entitlements. Approximately 1 million children aged 6-59 months and postnatal women received vitamin A supplementation during Child Health Days in June. De-worming was integrated into the Child Health Days and administered to 832,000 children aged 12-59 months. A second round is planned for November 2006 and will be combined with re-treatment of mosquito nets to control malaria.

In collaboration with partners, UNICEF undertook the rehabilitation and repair of existing water and sanitation facilities at 50 schools, 35 NRUs and 50 health facilities in 18 districts. A total of 600 awareness-campaign sessions in 5,500 communities were carried out. Preparedness for the cholera season took place in all 15 cholera-prone districts through the pre-positioning of chlorine and essential drugs. A total of 4,500 cases were treated. In an effort to reduce the number of malaria outbreaks during the rainy season, a national campaign for the re-treatment of approximately 4 million mosquito nets was conducted in November 2006.

Together with UNAIDS, UNFPA, WFP and NGO partners, a joint programme was implemented to prevent sexual and economic exploitation and abuse of women and children during and after the humanitarian crisis period through advocacy and communication at all levels. Sentinel sites were established in five districts to monitor and collect data on reported cases of child abuse related to the food crisis.

In collaboration with WFP and the German Agency for Technical Cooperation (GTZ), UNICEF provided school feeding for approximately 540,000 children in 670 schools. In addition, some 8,000 pre-school children in 125 community-based child-care centres (CBCCCs) received supplementary feeding from May to September. Surveillance of school absenteeism was conducted in 69 schools in 23 districts on a monthly basis.

UNICEF responded to all areas that had been affected by flooding through mobilization campaigns, hygiene education, distribution of chlorine for treatment of contaminated water sources and repair of water and sanitation facilities. UNICEF also assisted in responding to the immediate needs of approximately 4,000 families in nine districts who had their houses destroyed by floods and therefore were in need of basic relief items while rebuilding their homes. Twenty-two schools affected by heavy storms and floods were rehabilitated in six districts. Four workshops on contingency planning were conducted for district assemblies from all 28 districts in preparation for the upcoming rainy season with particular focus on flood situations.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF cooperates with the Government of Malawi, UN and NGOs partners and donor agencies. It participates in national humanitarian coordination fora, the UN Country Team (UNCT), UN Disaster Management Groups and various technical working groups. UNICEF is the lead in the coordination of the following sectors: nutrition, child protection, education, and water and sanitation.

Regular programme

To support the humanitarian action, existing activities/programmes will be expanded and adjusted as needed and will build on partnerships (Government, UN and NGO partners) developed through the Country Programme of Cooperation as well as on community mobilization and participation. Through a solid network of partnerships, UNICEF monitors changes in the environment in an attempt to ensure early warning and timely response within the limits of its cluster responsibilities (nutrition, child protection, education, and water and sanitation).

Health and nutrition (US\$ 3,500,000)

UNICEF will respond to an increase in cases of severe and moderate malnutrition amongst women and under-five children and to a potential rise in susceptibility to diseases, such as cholera, measles and malaria nationwide. Efforts will be made to ensure visibility of children affected by HIV/AIDS. Key activities will include:

- Provide support to treat up to 4,000 severely malnourished women and under-five children per month in 95 NRUs and 199 community therapeutic care centres nationwide;
- In partnership with WFP, treat some 96,000 moderately malnourished women and under-five children through supplementary feeding activities;
- Continue to support the monitoring system established for NRUs and supplementary feeding centres, which allows district and national level nutrition managers to monitor trends in acute malnutrition and the quality of the centres' treatment;
- Pre-position emergency drugs, including oral rehydration salts and chlorine as well as medical supplies in 15 cholera-prone districts to ensure a total treatment capacity of 5,000 cholera cases;
- Procure and distribute 15,000 mosquito nets and drugs for pregnant women and under-five children admitted to NRUs and intensify regular distribution of nets in all malaria-affected areas;
- Undertake prevention, care and support programmes in the area of HIV/AIDS;
- Support the Ministry of Health in conducting nationwide measles and vitamin A campaigns targeting some 956,000 under-five children.

Water and environmental sanitation (US\$ 3,000,000)

In an effort to prevent and reduce outbreaks of water-borne diseases, in particular cholera, UNICEF will continue to promote cholera prevention and improve water and sanitation facilities, primarily at NRUs and school feeding centres, and in communities. Key activities will include:

- Support the National Cholera Task Force in undertaking national awareness campaigns on the prevention of cholera in all communities prior to and during the rainy season;
- Pre-position chlorine and essential supplies at all health centres in sufficient quantities in all districts at risk of cholera outbreaks;
- Construct/rehabilitate wells and adequate sanitary facilities in 400 schools and 150 community-based child-care centres (CBCCCs) and, if needed, support minor repairs to water facilities at NRUs and supplementary feeding centres in those areas that are considered at high risk of food insecurity;
- Undertake sanitary surveys of water sources and test their contamination by *E. coli* with rapid test kits (H2S strips); initiate local solutions for improvement of water sources along with chlorination;
- Provide hygiene education and management support to 10 district health officials and 100 workers, 1,200 communities and 2,000 caregivers at 500 CBCCCs, 95 NRUs and 400 school feeding centres in order to complement existing water and sanitation services;
- Provide jerrycans/buckets with taps and enamel cups, with user instructions and messages in local languages on safe handling of water and disposal of excreta and solid waste; provide soap and detergents; and disseminate key hygiene messages on prevention of cholera and other diseases;
- Support post-mortem workshops at national and district levels in the aftermath of the 2006/07 cholera season in order to incorporate lessons learned and experiences gained for the preparedness of the following season.

Education (US\$ 300,000)

UNICEF will continue to strengthen its efforts to prevent absenteeism among schoolchildren, especially among OVC, particularly in those areas that are considered at high risk of food insecurity. Key activities will include:

- Support the school feeding programme in 621 schools supported by WFP and 350 schools supported by the German Agency for Technical Cooperation (GTZ) through the improvement of facilities and the provision of instructional and recreational materials, targeting some 800,000 primary schoolchildren;
- Increase the surveillance of school absenteeism to 100 sentinel sites in 28 districts, including the training of 288 schoolteachers in the education management information system;
- Support educational programmes for primary/secondary schoolchildren to prevent HIV and build self-esteem;
- Support extracurricula activities in all districts to help prevent sexual abuse and exploitation, and train 33 district education managers and 99 primary education advisers in the education management information system for effective data prevention of sexual abuse.

Child protection (US\$ 200,000)

Approximately 250,000 people are targeted through interventions that aim to protect women and children from sexual and economic exploitation. Efforts are also made to provide legal and other support to children in conflict with the law and to the large number of children in prison. Key activities will include:

- Zero-tolerance campaigns in collaboration with WFP. Strengthen the coordination structures to better the response on prevention, abuse and exploitation of women and children during a crisis period;
- In collaboration with WFP, undertake a survey in the most affected areas to explore possibilities to upgrade the capacity of approximately 200 CBCCCs through the provision of supplementary food;
- Increase by five the number of sentinel sites in the most affected districts;
- Produce materials (child rights books for schools and information, education and communication materials) on child protection to prevent the exploitation of children in the affected areas.