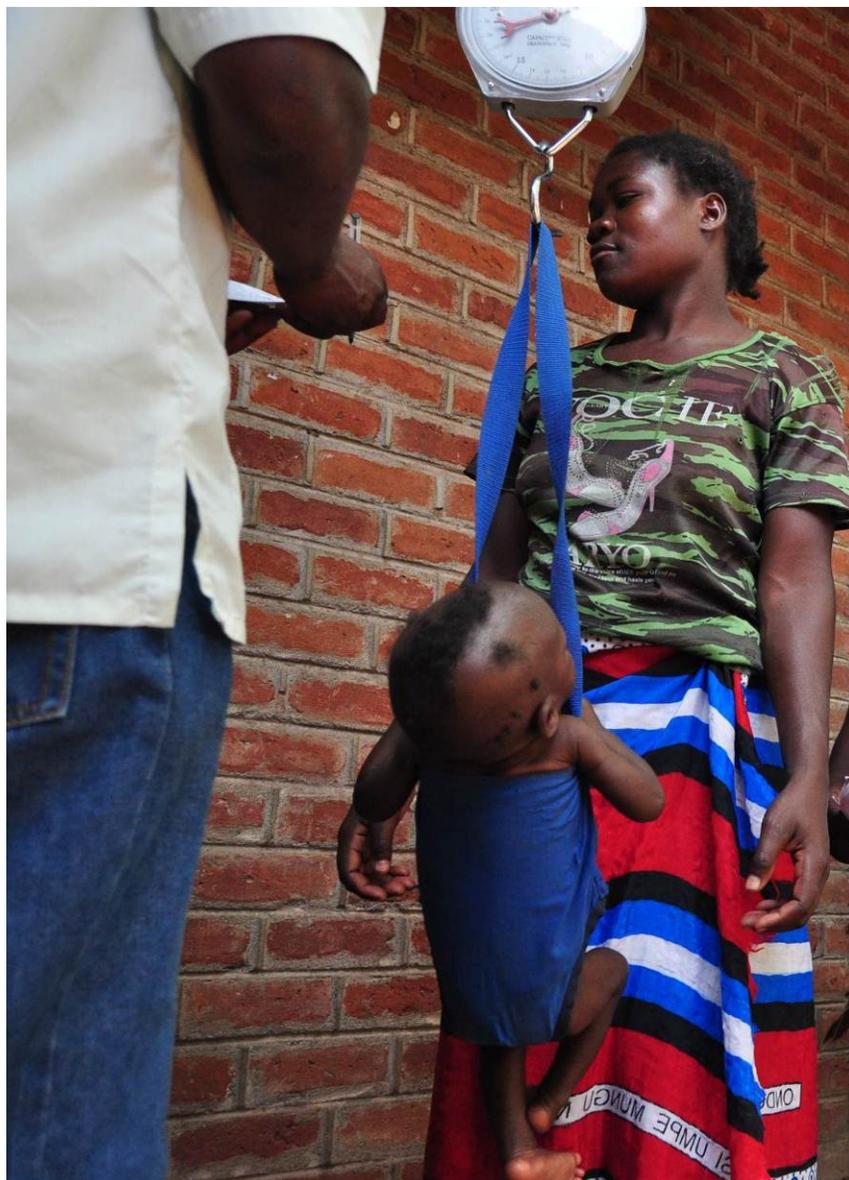


# MALAWI FOOD INSECURITY



## Immediate Needs for Children and Women Affected by Food Shortage

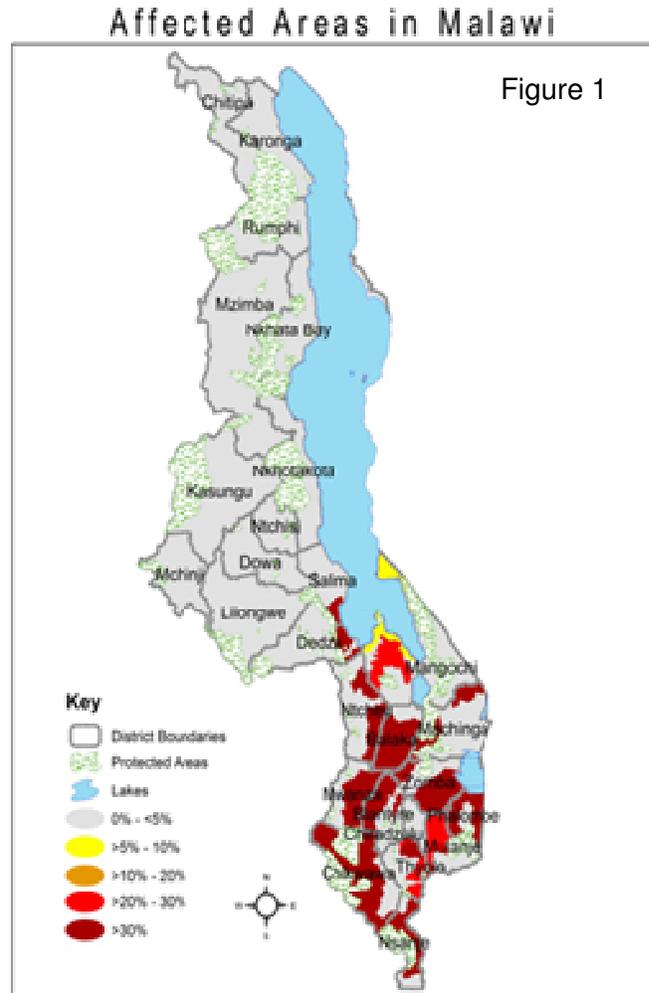
October 2012-March 2013

# UNICEF is seeking USD \$ 6,735,316 to address immediate, life-saving needs for children and women in Malawi between October 2012 and March 2013

## 1. CRITICAL ISSUES FOR CHILDREN

Malawi is facing a critical food deficit affecting about 11 per cent of the population as a result of below normal food production in some districts and the increasing economic crisis that is raising the cost of the food basket. It is estimated that **1.6 million people including 277,000 children under-5 in 15 districts in the southern and central regions will need food assistance through March 2013** (see Figure 1). A recent report by FEWSNET indicates that the number of people with food deficits will increase from the current 1.6 million people (11 per cent of the population) to 1.76 million due to unexpected increase in food prices.

In normal years Malawi's severe acute malnutrition (SAM) rates among children do not exceed 1.4 per cent with an expected turnover of 2 bringing the total expected caseload for the period of April to March 2013 to 69, 533 out of a total population of 2.5 million under-5 children. However as a result of this food deficit the total case load for severe and moderately malnourished children in the 2012/13 consumption year is likely to increase significantly. Normally the programme reaches about 42,000 children (60 per cent of the caseload). This means that even under normal circumstances the programme does not reach all children. As a result of the food deficit the total case load is expected to increase considerably. **For the period of October 2012 to March 2013, over 36,000 children under-5 are expected to have severe acute malnutrition.**



As of August 2012, new admissions to Nutrition Rehabilitation Units (NRU), Supplementary Feeding Programme (SFP) and Out Patient Therapeutic Programme Program (OTP) in some districts were already beginning to increase, signalling the beginning of a malnutrition crisis. Currently only 45 per cent of children are being screened for malnutrition through the Community Management of Acute Malnutrition (CMAM) Programme. There is an urgent need to enhance nutrition screening at community level and secure the supply pipeline and pre-positioning of nutrition stocks. A nutrition survey is also critically needed to establish the magnitude of the problem and streamline actions.

During the rainy season, malnutrition may contribute to increased vulnerability to cholera, measles and acute respiratory infections (ARIs), especially among children under-5. Malawi is currently fighting an on-going cholera outbreak in its southern districts. UNICEF is working to intensify the prevention of cholera and other diarrhoeal diseases through water sanitation and hygiene interventions in the 15 affected districts before the next rainy season, including prepositioning of cholera treatment supplies as well as measures to curb the current cholera outbreak in southern Malawi.

Food shortage contributes to disruptions in children's education, including non-enrolment, low attendance and increased drop-out rates, especially among girls, orphans and other vulnerable children. To minimize the impact of the food insecurity on school enrolment and attendance, UNICEF is proposing interventions in the education sector that will complement the school feeding programme by WFP and other partners. The food deficit may also increase the vulnerability of people in the affected districts to HIV/AIDS, sexual exploitation, abuse and neglect. During a food crisis, women and children are particularly vulnerable, and can be forced to engage in high risk behaviour in exchange for food.

UNICEF is working with partners under the humanitarian clusters with leadership from the Department of Disaster Management Affairs (DoDMA) in developing and implementing a Joint Response Plan. This has been shared with in-country donor partners through the Humanitarian Country Team led by the UN Resident Coordinator and is planned to be officially launched by the Government in November. Currently, some components of the Joint Response Plan have secured some funding. The nutrition component has only secured funding for the nutrition survey. The needs reflected in this Immediate Needs Document (IND) are a part of the needs in the Country's Joint Response Plan.

## 2. UNICEF'S EMERGENCY RESPONSE: ISSUES & ACTIONS

### NUTRITION

Malawi has in the recent past suffered from dry spells of different magnitudes, which contribute significantly to the low production of both food and cash crops. This is the third consecutive year of poor harvest for some of the districts currently affected. The national average maize price for August 2012 increased by almost 100 per cent at 55.55MK/kg compared to 27.88MK/kg during the same time last year and is predicted to rise beyond 80MK/kg during the lean season January to March. This will result in an additional 160,000 people with food deficits in the consumption year according to a recent report by FEWSNET. **Over 36,000 children under-5 are expected to face malnutrition between now and March 2013.**<sup>1</sup> There is an urgent need to scale up nutrition interventions to meet this increased caseload. An updated MVAC report which is expected by end of October will provide a basis for adjusting the response plans if necessary however it is important that fund raising to enable procurement of commodities precedes or take place in tandem with the survey. The Humanitarian Country Team in Malawi has emphasized that the MVAC report will need to be supported with nutrition data especially for under-5 population to complement the services data and enable appropriate response planning.

In addition, the Supplementary Feeding Programme (SFP) for treating Moderate Acute Malnutrition (MAM) is currently not operating at full scale which has affected the number of admissions into the SFP component of the CMAM. The total expected case load for MAM for the period of April 2012 to March 2013 was estimated at 68,367 cases (including children and lactating

2012- March 2013 SAM Caseload calculations			
Description	2012 forecast	Number of expected severely malnourished children to be reached (May-December)	
SAM prevalence	1.6%	27,426	
Incidence	1.5		
Expected coverage of 80% of the caseload	47,715		
Expected admission (Jan to April 2012)	27,511		
Actual admission (Jan to April 2012)	20,289		
Affected Population August 2012- March 2013	1,630,007		8,868
Under-five population affected (17%)	277,101		
2010 MVAC Nutrition Survey SAM rate in 15 affected districts	3%		
Assumed 2012 SAM rate	4%		
Incidence	1.5		
Caseload with 100% coverage	16,626		
2012 Caseload for 15 districts from August to December 2012 (already covered in 2012 estimate)	12,470		
2013 Total Forecast (Jan to March) projected for all districts	16,304		
2013 Total Forecast (Jan to March) projected for 15 districts based on 2012 and 2011 admission trends	7,436		
Total 2013 projected caseload (Jan-March)		8,868	
<b>Total 2012 and 2013 caseload</b>		<b>36,294</b>	

<sup>1</sup> This includes the remaining case load to be covered by the end of the year 2012 (27,246) and the total projected case load for January to March 2013 (8,868).

women). Capacity for management of MAM and SAM is available and can be further enhanced to effectively manage the estimated caseload but there are some challenges in terms of supplies. If WFP does not secure enough resources to cover all the 15 affected districts, there could be an increased burden in the SAM component.

UNICEF and other development partners are supporting the Government in implementing the Community Management of Acute Malnutrition (CMAM) programme which is currently covering 494 hospitals and health centres across the country. The CMAM program is solely implemented by government of Malawi through Ministry of Health as a national program without involvement of NGOs. The District Health Offices are responsible for operationalization of the program with the front line health workers, Health Surveillance Assistants being the key conduits. There has been considerable investment in capacity building of the CMAM programme at national and district levels by UNICEF and other partners and there is need to build on the gains already made to ensure long term sustainability of the programme.

For the 2012/13 consumption year (April 2012-March 2013), the analysis on the availability of RUTF shows that there are stocks to last up to August 2013 within the regular programme (this does not take into account the expected increase in case load). However, stocks of therapeutic milks (F-75 and F-100) to treat severely malnourished children with medical complications will only last up to December 2012. Immediate action is required to ensure that there will be no pipeline breakdown and that adequate supplies are prepositioned to cover the additional case load.

As of August 2012, new admissions to nutrition and supplementary feeding programmes in seven out of the 15 affected districts were already showing worrisome increase. In Chikhwawa for instance, new admissions to OTP in August 2012 increased to 93 from 40 compared to the same month in 2011 while in Zomba OTP admissions increased to 140 from 96 in August 2012 as compared to August 2011. In Mwanza district, NRU admissions more than doubled in August 2012 and compared to August 2011. These trends are worrisome considering that on average only 45 per cent of children with severe acute malnutrition are reached through the CMAM programme. Moreover, the peak hunger season which normally coincides with the peak of malnutrition cases is still some months away. This indicates the need to urgently enhance active case identification through nutrition screening at community level for early identification of both moderately and severely acute malnourished under-5 and pregnant and lactating women who would be enrolled in supplementary feeding and therapeutic care programmes. Currently some malnourished children are not being captured through the CMAM programme because of limited case identification and screening at the community level.

The Government of Malawi through the Malawi Vulnerability Assessment Committee (MVAC) carries out biannual vulnerability assessments. From these, MVAC estimates the level of national food insecurity based on secondary data – mainly crop production, commodity prices, staple purchase prices, other local options available to households and humanitarian interventions. In the past, these assessments were accompanied by a nutrition survey mainly funded by UNICEF. However, due to unavailability of funds, the last four MVAC surveys did not include nutrition indicators, which are vital to determine the estimated caseload of children and pregnant women. The last MVAC nutrition survey was conducted in June/July 2010 without any follow-up thereafter due to limited funding. A nutrition survey to complement food security indicators has been identified by the Humanitarian Coordinating Team as critical at this moment to establish the magnitude of the problem, streamline actions and define an effective response.

### **Urgent Actions**

- Procurement of therapeutic milks i.e. 1,258 cartons F-75 and 582 cartons of F-100 and 159 cartons of ReSoMal for treatment of severely malnourished children with complications in NRUs.
- Procurement of 136 metric tonnes of RUTF for treatment of severely malnourished children in outpatient therapeutic program.
- Undertake a nutrition survey in all the affected districts to establish the magnitude of the problem and streamline actions.
- Procurement of anthropometric equipment and enhance active case identification through quality nutrition screening at community level for early identification of moderately and severely acute malnourished children under-5 and pregnant and lactating women for enrolment in supplementary feeding and therapeutic care program (in-patient and out-patient).

- Provide high-dose Vitamin A supplementation with routine vaccination for all children 6-59 months old, and deworm all children (12-59 months old).
- In collaboration with WFP, enhance the skills of nutrition and health workers in appropriate management of moderate acute malnutrition for children and for supplementary feeding for vulnerable groups, including pregnant and lactating women, pregnant and lactating women living with HIV according to identified needs. WFP provides supplementary food such as corn soya blend, and vegetable oil while UNICEF supports capacity building of health workers and provision of the monitoring tools for the programme.
- Support capacity building for management of SAM for children at the community and facility levels, and initiate and support additional therapeutic feeding as required to reach the estimated population in need.
- Support monitoring of unsolicited donations, distribution and use of breast milk substitutes or milk powder, and take corrective action.
- Capacity building of health workers on Infant and Young Child Feeding (IYCF) counselling including maternal nutrition and establishment of IYCF support groups in the affected areas and include HIV screening for the severely malnourished.
- Ensure provision of multiple micronutrient powders for children aged 6-59 months as part of home fortification to ensure adequate micronutrient intake.
- Conduct a communication campaign for prevention and early treatment of childhood illnesses including referral, avoiding delays and other care seeking practices and promotion of key nutritional messages including information about nutritional care and support of people living with HIV/AIDS.
- Support the rolling-out of RapidSMS for nutrition to ensure real-time data reporting and action in the affected districts.
- Strengthen coordination among nutrition partners at national, district and community and provide guidance to all partners regarding common standards, strategies and approaches, ensuring that all critical nutrition gaps and vulnerabilities are identified and addressed without duplication.

## HEALTH

Under-nutrition increases susceptibility to diseases such as cholera, measles, and acute respiratory infections (ARIs), especially among children under-5. During the food crisis in 2002, a cholera outbreak caused unprecedented morbidity and mortality; 33,500 cases and 958 deaths. Similar patterns can be noted from Figure 2 which shows the positive correlation of food insecurity and cholera incidence. The 2011/12 cholera season has already resulted in 1,776 cases with 38 deaths as of 23 September. Efforts are underway to contain the current outbreak.

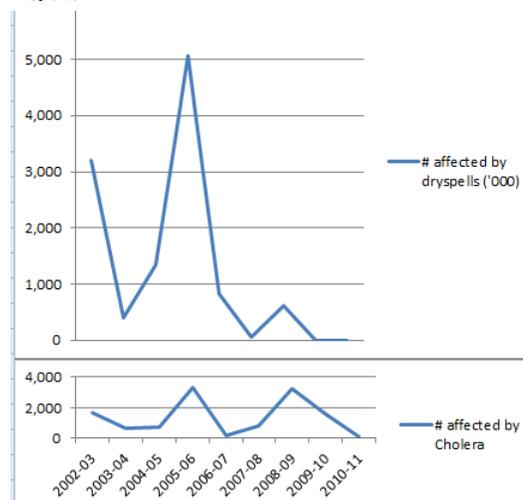
UNICEF seeks to avert an epidemic similar to the 2002 scenario during the upcoming rainy season. In previous years, UNICEF supported the Ministry of Health review and planning meetings for cholera-prone districts as part of preparedness measures ahead of each cholera season but due to funding limitations, there are concerns that preparedness measures may be curtailed this season. Securing funding for this and other cholera prepared interventions is of a key priority.

HIV prevalence stands at 11 per cent of adults in Malawi. The country has a well-managed HIV treatment programme and has high levels of testing and counselling. Additional funding is needed to maintain these interventions and heighten preventive services during the food insecure months.

### Urgent Actions

- Procure cholera treatment supplies to reach 12 of the 15 food insecure districts which are categorized moderately or high cholera risk districts.
- Support national and district level cholera preparedness activities in the 12 districts including preparedness planning meetings.
- In collaboration with C4D, disseminate health promotional messages at district and community levels.

**Fig 2: Number of people affected by Cholera and Dry spells**



- Support monitoring of HIV related services that are available at the district and sub district levels (such as condoms, HTC, ART).
- Support coordination among health stakeholders and partners at national, district and community.
- Strengthen data generation and reporting mechanisms for epidemic prone diseases in the affected districts.

## WASH

In view of the above, there is need to intensify water and sanitation interventions in order to prevent outbreaks of cholera and other diarrheal diseases in the affected districts. UNICEF provides support to water and sanitation interventions in six of these districts, targeting 730,044 people through regular programming. However, the nine other affected districts will require extra funds to support a population of 899,963. The WASH interventions will focus also on service point for management of SAM (Outpatient Rehabilitation Programme and Nutrition Rehabilitation Units). This is critical to ensure effective management of the malnourished children.

### Urgent Actions

- Pre-position supplies for water treatment at community level to 320,000 households for prevention of outbreaks related to water borne diseases including cholera.
- Support social mobilization activities and production of 50,000 assorted communication materials to promote good food and personal hygiene practices as well as safe drinking water practices among the affected populations.
- Repair and/or rehabilitate non-functional water supply facilities especially in the affected schools, NRUs and cholera treatment centres as appropriate.
- Collaborate with education, health and nutrition clusters to improve sanitation and hygiene in the affected schools, NRUs and cholera treatment centres as appropriate.
- Strengthen coordination at the national level and in affected districts.
- Strengthen reporting on breakdowns of water systems.

## EDUCATION

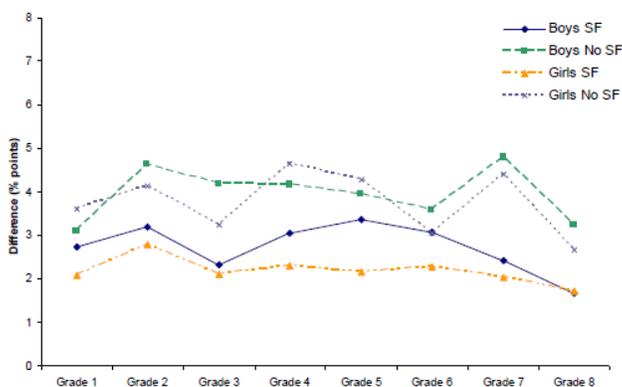
Poverty and recurrent food insecurity contributes to low education outcomes in Malawi. Research shows a very strong correlation between primary school attendance and household poverty levels. As the level of household food shortages increases during the lean season (from October to March), school attendance is directly affected. The school health and nutrition (SHN) baseline survey found that 70 per cent of school-going children aged eight to 10 years in Malawi do not regularly eat breakfast before going to school. Hungry and malnourished children are likely to drop-out of school, demonstrate poor concentration in class, skip homework, perform poorly, be more absent from school and experience difficulties in learning, which perpetuates the intergenerational cycle of malnutrition and vulnerability.

Under nutrition is one of the factors that contribute to stunting among young children. The fact that inadequate diets, lack of knowledge about child-care practices and poor nutritional conditions of most mothers are some of the contributing factors brings to sharp focus the need for integrated early childhood programmes with a strong parental education component.

Poverty also contributes to gender-related inequities. Girls from the poorest households, including female-headed households, are least likely to be in school and more likely to drop out. For poor households, there are considerable

“hidden costs” to parents of educating girls, given the considerably greater inputs of domestic labour to the

**Average seasonal differences in monthly school level attendance by gender and by school grade between schools with and without school feeding in Malawi**



(Source: Data from WFP Malawi school feeding survey, 2007.)

households contributed by girls than boys. When household economy dwindles, parents prefer educating boys than girls. Seasonality and access to school are particularly interlinked in the education of vulnerable children. School feeding programmes and other social protection programmes targeted at school children offer protection from short-term hunger and reducing micronutrient deficiencies while increasing school participation and supporting learning in the classroom. For example, data from a WFP School Feeding Survey conducted in Malawi in 2007 identified improved attendance rates differences in schools with school feeding during the lean months. To minimize the impact of the food insecurity on school enrolment and attendance, UNICEF is proposing interventions in the education sector that will complement the school feeding programme by WFP and other partners.

### **Urgent Actions**

- Strengthen enrolment and attendance data in order to inform interventions aimed at reducing absenteeism.
- Community mobilization and advocacy focusing on eliminating child labour, promoting girls' education and ensuring that orphans and vulnerable children stay in school.
- Strengthening coordination mechanisms to ensure, efficiency, adequate stakeholders participation and sustainability of interventions.
- Collaborate with the WASH cluster in strengthening sanitation and hygiene in the affected schools.
- Invest in integrated ECD working with Community Child Care Centres as an equity measure and enhance parenting education.
- Intensify life skills education for pupils as a HIV prevention strategy as well as for building their self-esteem and for appropriate decision making.

### **PROTECTION OF WOMEN AND CHILDREN**

During a crisis the effects of poverty, powerlessness, and social instability are intensified, increasing people's vulnerability to violence, abuse, exploitation, neglect, family separation and exposure to HIV/AIDS. Women and children are particularly vulnerable, and can be forced to engage in high risk behaviour in exchange for food and some children may be separated from families in search for work to supplement family income. Malawi has high levels of gender based violence and violence against children. It is therefore important to prioritize actions that will reduce violence and increase the protection of children and women during times of stress.

### **Urgent Actions**

UNICEF together with other members of the protection cluster have developed an immediate response plan to ensure that women and children in the 15 affected districts are protected from violence, abuse, exploitation and neglect. The following activities will be implemented with the leadership of the Ministry of Gender, Children and Social Welfare:

- Train humanitarian workers on human rights based approach to service delivery and humanitarian standards and codes of conduct, including the zero tolerance clauses on sexual exploitation, abuse and HIV related discrimination.
- Sensitize local leaders, Civil Protection Committee members, communities, extension workers (including teachers) on Child Protection in Emergencies including prevention of violence, abuse and exploitation as well as right to equal access to services.
- Put in place a system for monitoring violations of women and children's right to protection as well as breaches of humanitarian codes of conduct.
- Evaluate response plans by all sectors to ensure that they are using a protection lens, making recommendations as necessary.
- Revive and strengthen the civil protection systems at district and community level.
- Provision of psychosocial support for children affected by food insecurity through support to Community Based Child Care Centres.

### **MONITORING**

For UNICEF to provide an effective support in a timely manner, it is critical to monitor the situation of the most vulnerable women and children under the current economic and food crisis. UNICEF has established sentinel sites to capture data from public institutions (health facilities, schools, police and community leaders) in order to monitor the impact of the crisis on children and women on real-time. However, under the current budget

constraints, the monitoring through sentinel sites is in jeopardy of being discontinued. UNICEF is appealing for additional funding to continue with the sentinel sites survey, especially in the food insecure districts for another five months when the lean period finishes, and to expand the coverage to all the 15 food insecure districts. The findings of the sentinel sites survey will inform the rapid response in Health, Nutrition, Education, Child protection and Social protection.

### **Urgent Actions**

- Expansion of the sentinel survey to monitor the impact of the food and economic crisis on the most vulnerable children and women in 15 districts.
- Develop advocacy documents based on sentinel survey results, targeting both the Government and Development Partners for leveraging resources for the most vulnerable children and women.

### **3. ESTIMATED FUNDING REQUIREMENTS FOR ALL PLANNED ACTION FROM OCTOBER 2012 TO MARCH 2013**

UNICEF is requesting an initial US \$ 6,735,316 to meet the immediate and medium-term needs of children and women throughout the affected areas for the coming six months (October 2012 to March 2013). The needs reflected in this Immediate Needs Document (IND) will contribute to the Country Joint Response Plan that is planned for an official launch by the Government in November 2012.

<b>Appeal Sector</b>	<b>Funding requirements (USD)</b>	<b>Funding secured</b>	<b>Funding gap</b>
<b>Nutrition</b>	3,437,209	95,696	3,341,513
<b>Education</b>	56,463	0	56,463
<b>WASH</b>	2,388,892	0	2,388,892
<b>Health</b>	139,100	0	139,100
<b>Protection</b>	595,348	0	595,348
<b>Monitoring</b>	214,000	0	214,000
<b>Total</b>	<b>6,831,012</b>	<b>95,696</b>	<b>6,735,316</b>

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

\*\*Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

Further information on the UNICEF emergency programme in Malawi can be obtained from:

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