



MALAWI Humanitarian Situation Report 02

Updates from 16 to 31 March 2023

HIGHLIGHTS

- UNICEF supports a multisectoral back-to-school campaign to ensure schools are ready to receive learners in a safe learning environment when learning resumes on 17 April. The campaign targets 150 schools in seven districts, with 200,000 learners expected to benefit from a multisectoral set of interventions.
- In the past two weeks, UNICEF has reached over 349,261 people with WASH lifesaving supplies bringing the total reached since the beginning of the year to 1,280,000.
- Over 57,243 people have acquired access to sanitation by installing temporary latrines in camps for internally displaced persons (IDP).
- UNICEF has distributed 4,904 cartons of ready-to-use therapeutic food, 209 cartons of therapeutic milk, and seven cartons of ReSoMaL to all flood-affected districts, expected to treat approximately 4.904 children with severe acute malnutrition.
- Three children have been reunited with their families out of 44 unaccompanied and separated children registered in Blantyre, Nsanje, and Mulanje districts. The remaining 41 have been placed under temporary care as family tracing is still underway.

Situation in Malawi

Cholera

- 56,444 cholera cases and 1,717
- 3.04% Case Fatality Rate (CFR).

Floods

- 659,278 people displaced by floods
- 1.35 million flood-affected people, of whom 50 per cent are children, need food relief assistance.
- 676 lives lost due to floods.
- 747 camps established.
- 950,000 people urgently need support to access WASH services.

FUNDING OVERVIEW AND PARTNERSHIPS

Figure 1: UNICEF funding Appeal 2023

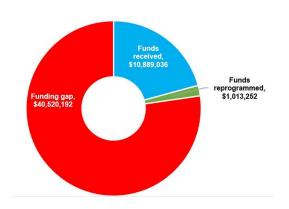
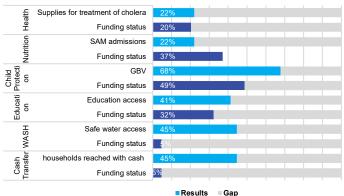


Figure 2: UNICEF's Response and Funding Status



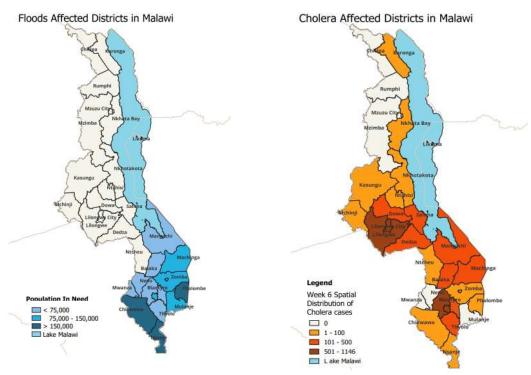
UNICEF is appealing for **US\$ 52,422,480** to sustain lifesaving services for people affected by Cholera, floods, and food insecurity as per the 2023 Malawi Humanitarian Appeal for Children (HAC). To date, UNICEF has **US\$ 11,902,288** available, representing a 77 per cent **(\$40,520,192)** gap in the funding requirement. Malawi is revising the HAC based on the emerging flood and food insecurity needs, which has exacerbated the vulnerability of children and their families and increased the possible spread of Cholera. The next sitrep will contain the updated HAC figures for 2023.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Malawi is currently experiencing multiple shocks, including a widespread and unprecedented cholera outbreak, floods and displacement of children and families caused by Cyclone Freddy, and increased food and nutrition insecurity.

As of 31 March, 56,444 cholera cases and 1,717 deaths have been registered since the beginning of the prolonged cholera outbreak, with a cumulative CFR of 3.04 per cent. The cases and deaths have decreased by more than 50 per cent in March compared to February (12,219 cases and 363 deaths in February, compared to 6,757 cases and 136 deaths in March). CFR for the past two weeks of March was recorded to be less than 2 per cent, which is a significant drop. However, the standard threshold of less than 1 per cent is yet to be achieved. While the cases and deaths are reducing overall, some of the districts (Mulanje, Thyolo, Neno, Chiradzulu) affected by the recent floods have reported increased cholera cases over the reporting period¹.





Severe floods and landslides across southern districts of Malawi triggered by Cyclone Freddy have left 1.35 million people, including 50 per cent of children, in need of relief assistance2. According to preliminary figures from the inter-agency assessment report overseen by DoDMA, 659,278 people are displaced and sheltered in 747 camps, including 336,252 women and 323,026 men3. The number of deaths registered is 676, with 537 missing. There is severe psychological trauma among families, communities, and children,

Figure 3: Maps of Flood and Cholera affected districts

¹ Source: Ministry of Health's press statement on Cholera updates as of 31 March 2023).

² Source: https://reliefweb.int/report/malawi/malawi-cholera-and-floods-flash-appeal-2023-glance

³ OCHA, Malawi: Tropical Cyclone Freddy Flash Update No. 11, 31 March 2023

including frontline workers. Furthermore, because of the crowded living conditions in IDP camps, women and children are at an increased risk of sexual exploitation and abuse.

The Cyclone has disrupted access to clean water and sanitation facilities, exacerbating the risk of cholera outbreaks. Approximately 2,695 boreholes were put at a high risk of contamination by the flood waters, and 90,809 latrines collapsed. Out of the total number of collapsed latrines, 89,476 were household latrines; 693 latrines were at schools and health facilities; and 460 were in other public spaces. People in the affected areas are left without access to sanitation, resorting to open defecation with a very high potential of aggravating the already worrisome cholera situation in all affected districts.

The health sector has not been spared from the overwhelming aftermaths of the Cyclone, with 79 facilities affected, of which 74 are functional but not accessible, while services in 5 health centres have been completely suspended. As of 12 March, the Ministry of Education has announced the temporary suspension of schools, which has disrupted learning for children in affected southern Malawi. Apart from the damage to school infrastructure, 762 classrooms are occupied by IDPs, making the environment in the affected schools not conducive to learning.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

WATER, SANITATION, AND HYGIENE (WASH)

UNICEF, through partners, has rehabilitated four water points in two districts and is scaling up the disinfection of water points in 20 cholera and flood-affected districts. Over the last two weeks, 31,831 people (15,597 M; 16,233 F) have been reached with safe water through the provision of chlorine for point-of-use water treatment in camps and affected communities in four districts (Blantyre, Chikwawa, Phalombe, and Thyolo). In addition, 10,000 water guard bottles were delivered to affected people in Blantyre for household water treatment, reaching up to 50,000 people in recipient households.

The residual chlorine test is being intensified to monitor household use of chlorine. Five thousand nine hundred forty-two (5,942) tests were done (308 at water sources and 5,634 at households). Six per cent of the samples, mostly from the Rumphi district, did not have chlorine. Such analysis will help to inform targeted behaviour change messaging in the concerned district. UNICEF is also scaling up water quality testing in Lilongwe, Blantyre, and Balaka in the first phase and 14 flood- and cholera-affected districts in subsequent phases in collaboration with WHO and has provided 75 pool testers to WHO for this purpose.

UNICEF has reached over 349,261 people with WASH lifesaving supplies, bringing the total reached since the beginning of 2023 to 1,629,261. Over 57,243 people have acquired access to sanitation by installing temporary latrines in camps for IDPs. During this reporting period, 99,003 bars of soap were delivered to six affected districts (Mulanje, Phalombe, Nsanje, Chikwawa, Mangochi, and Machinga).

SOCIAL AND BEHAVIOUR CHANGE (SBC), ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP), LOCALIZATION

Eight million people across the country were contacted with cholera information through radio and interpersonal communication channels. Of 8 million, 173,603 (44 percent female) were reached through engaging two-way dialogues like community cinema/drama, community meetings, focus group counselling, and individual sessions. Another 27,000 people have received preventive cholera messages through mobile van announcements and community dialogues using interactive cinemas piggybacking on lean season food insecurity response cash distribution platforms.

UNICEF led and completed the social and behavioural change (SBC) assessment in 11 flood-affected districts to assess the status and existing bottlenecks for communities to adopt healthy practices and get community feedback. Based on the findings, priorities, and interventions will be addressed to address the bottlenecks observed during the assessment.



Also, a rapid qualitative assessment was Figure 4 Community dialogue using cinemas at community level conducted in the Salima district to

understand the determinants of delay in seeking treatment at Cholera Treatment Centres (CTCs). The findings were analysed and shared with the relevant partners and stakeholders to adjust the response.

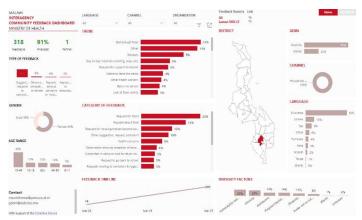


Figure 5: community feedback dashboard screenshot

In collaboration with the Collective Service, a community feedback dashboard has been developed. So far, through the dashboard, feedback has been collected from 318 people (35 percent male and 64 percent female) from Naotcha IDP Camp in Blantyre.

Flood safety messages have been disseminated to 300,000 U-reporters across ten districts; those are expected further to disseminate the messages in their respective catchment areas.

HEALTH

During the reporting period, UNICEF dispatched two consignments of supplies to districts affected by Cholera and floods. The first consignment with lifesaving supplies sent to all 29 districts includes four acute watery diarrhea kits; each can treat 100 cases; 5.600 500mls-bottles of compound sodium lactate; 59 boxes of cannulas of different sizes (each box includes 50 cannulas); 90 boxes of cholera test kits, each containing 20 test kits; 40 cholera beds; seven high-performance tents (72m²); and infection prevention and control supplies.

The second consignment targeted 14 flood-affected districts, and included five solar lamps, infection, prevention, and control (IPC) supplies, 13 interagency emergency health kits (IEHK), one malaria kit which can support 1,000 people with each kit, 15 boxes of cannulas of different sizes each box containing 50 cannulas, and 27 sprayers. In addition, two high-performance tents (72m²) were delivered in Nsanje.

NUTRITION

UNICEF supported the counseling of 107,956 (6,279 M; 101,677 F) caregivers of children aged 0-23 months on Infant and Young Child Feeding (IYCF) among communities affected by food insecurity, floods, and Cholera.

A total of 26,954 children under five (12,093 M; 14,861 F) were screened for acute malnutrition, and 6,945 (26%) children were found with severe acute malnutrition (SAM). These 6,945 children (3,334 M; 3,611 F) were admitted for treatment of severe acute malnutrition, of whom 4.768 successfully recovered, 127 died. 148 defaulted, and 74 were referred for further medical care as they did not recover with the SAM treatment, representing a 93.2 per cent recovery rate, 2.5 per cent death rate, 2.9 per cent default rate and 1.4 per cent non-recovery rate. These results were within the internationally acceptable minimum SPHERE standards (recovery rates greater than 75 per cent, defaulter rate less than 15 per cent, and death rate below 10 per cent).

To ensure that children with SAM have access to therapeutic food for the treatment of severe acute malnutrition, UNICEF has distributed 4,904 cartons of ready to use therapeutic food (RUTF), therapeutic milk (183 cartons of F75 and 26 cartons of F100) and seven cartons of ReSOMAL to flood-affected districts. To promote optimal IYCF practices in camps and surrounding communities, UNICEF, through its partners, continued disseminating cholera and nutrition messages through community engagement, radio jingles, counseling cards, and posters.

EDUCATION

In partnership with Malawi Red Cross Society, UNICEF provided 125 tapped buckets of 20 litres each for storing and dispensing drinking water, 120 untapped buckets of 20 litres each for water collection, 180 buckets of 50 litres each, and 730 tablets of soap for hand washing and menstrual health promotions. These supplies have been distributed to 12 schools in Mangochi, Nsanje, and Chikwawa for cholera prevention in Cyclone Freddy-affected areas. A total of 22,549 learners (11,145 F and 11,404 M) will benefit from the supplies.

During the reporting period, schools have been closed due to floods in 15 education districts. As a result of UNICEF advocacy, some schools had already re-opened before the term break, which started on 31 March 2023, and the remaining schools are expected to re-open on 17 April 2023. UNICEF has commenced a multisectoral back to school campaign to ensure schools are ready to receive learners in a safe learning environment when learning resumes on 17 April 2023, targeting 150 schools in seven districts (Chikwawa, Nsanje, Phalombe, Mulanje, Zomba, Blantyre, and Machinga) with 200,000 learners expected to benefit from several interventions. The interventions include the provision of tents for learning space, distribution of teaching and learning materials, support for physical and mental health well-being, school nutrition for learners, and access to child-friendly latrines separated for boys and girls. As part of this exercise, UNICEF will deliver 18 tents (72 sqm), 248 school-in-a-box kits, 90 early childhood development kits, and 90 recreation kits, targeting 91,000 learners in schools hosting IDPs in 15 affected education districts.

CHILD PROTECTION

Over the period of 21-31 March 2023, UNICEF reached 379,581 people with awareness-raising messages on safe and accessible channels to report sexual exploitation and abuse, and gender-based violence against women and children in 226 IDP camps in 8 districts of Zomba, Nsanje, Chikwawa, Blantyre, Mulanje, Phalombe, Chiradzulu and Machinga and 54 flood-affected communities.

Over the last two weeks, 169,578 children and adults were reached with Mental Health and Psychosocial Support (MHPSS) services. Out of these, 54,325 children (33,660 F and 20,655 M) were reached with Psychosocial Support (PSS), life skills, and recreation activities at the camps through children's corners and Community Based Childcare Centres (CBCCs), while 50,475 children (27,588 F and 22,887 M) were reached with Psychical First Aid (PFA), and a total of 43,581 people (29,750 children and 13,831 adults) received Psychosocial Support and Psychosocial First Aid (PFA) services. Through the Community-Based Childcare Centres (CBCCs), 21,197 children (12,484 girls and 8,713 boys) have accessed services.



Figure 6: Children corner activities in Migowi camp in Phalombe

UNICEF has provided financial and technical support to deploy 48 staff (36 CPWs, 6 MHPSS specialists, and six drivers) in six districts of Blantyre, Nsanje, Chikwawa, Mulanje, Phalombe, and Chiradzulu as part of a scale-up plan to reach more camps.

Children's corners have been established in 105 camps, while 54 new ones have been set up in affected communities. Through its partners, UNICEF has engaged and trained 288 faith leaders in PFA to support

IDPs in camps in Zomba, Machinga, and Blantyre districts, complementing efforts by the district social welfare offices.

Three children were reunited with their families out of 44 (1F, 2M) unaccompanied and separated children registered in Blantyre, Nsanje, and Mulanje. The remaining 41 have been placed under temporary care as family tracing is still underway. Most of the children were registered in Blantyre (29), followed by Nsanje (14) and Mulanje (1).

UNICEF support has also enabled the identification of 102 (67F and 35M) cases of violence against children (VAC) registered and referred for appropriate services.

Furthermore, reporting and feedback mechanisms have been enhanced in the six districts of Blantyre, Chikwawa, Nsanje, Mulanje, Phalombe, and Chiradzulu through complaint and feedback boxes have been placed in 22 IDP camps by the Malawi Police Service.

SOCIAL POLICY

During the reporting period, UNICEF, through the Ministry of Gender (which hosts the Secretariat for the Social Cash Transfer Program [SCTP]), disseminated cholera awareness and prevention messages via SMS (Airtel & TNM mobile operators) to over 691,259 people benefiting under the lean season response. UNICEF also partnered with the Malawi Red Cross Society and the Centre for Development Communication to disseminate social behaviour change messages on Cholera. Cholera messaging has reached an additional 27,000 people in 3 districts during community meetings or at manual Pay Points during cash transfers. This exercise will further be rolled out to additional districts.

UNICEF supported the Government of Malawi in developing a Floods Response Plan for the Social Support Sector, a subset of the Protection Cluster. Currently, UNICEF is providing technical support to the Ministry of Gender to draft a proposal for funding from social protection donors to support the response plan, focusing on the continuity of services and recovery activities. Further, UNICEF is working with the Ministry of Gender to develop a sector-specific social protection floods assessment tool.

UNICEF continues to support the Government of Malawi in implementing the rural and urban lean season response by promoting innovative ways to target and enroll households in the emergency management information system. In March 2023, UNICEF supported over 8,000 households to receive their lean season response cash transfer top-ups in Balaka District through mobile money Mpamba wallets. In preparation for future payments, sessions were conducted to present payment lists to the communities in Zomba, Mzuzu, and Blantyre districts to ensure increased transparency and accountability on the remaining 37,000 selected households receiving their transfers. These will be added to the 663,422 households that benefited from November 2022.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

UNICEF continues to implement an integrated and coordinated response to the cholera outbreak and cyclone emergency to support government efforts in various sectors, including Health, WASH, Nutrition, Risk Communication and Community Engagement (RCCE), and supply and logistics interventions. An Emergency Operation Centre (EOC) has for the flood response been functional since 11 March under the leadership of the Department of Disaster Management Affairs for the flood response, acting as the coordination hub where leaders of different clusters operate to coordinate and share updates. Of the eleven clusters activated for the flood response, UNICEF is co-leading four (WASH, nutrition, education, and protection) and is playing a key role in the health cluster. District Emergency Operation Centres also facilitate coordination in the affected districts.

Inter-Agency Assessment teams have recently finalized the rapid assessments, and consolidating the reports is underway. These reports have formed a basis for formulating a national response plan, a process underway. A post-disaster needs assessment exercise is ongoing to fully understand the impact of the current disaster and develop long-term solutions and resilience to similar disasters. The Government of Malawi is leading the assessment through the Department of Disaster Management Affairs and the Ministry of Finance and Economic Affairs, with technical and financial support from the World Bank, the UN, and the EU. Furthermore, UNICEF initiated the deployment of two drone operators (i.e., the Rapid Drone Response Unit) at the African Drone and Data Academy (ADDA) and a private sector drone operator to support search and

rescue and post-flood damage assessment. Together with the broader drone response team at the EOC, which has been reporting to DoDMA daily, aerial imagery and damage data were collected in the following eight districts: Blantyre, Thyolo, Chikwawa, Phalombe, Zomba, Mulanje, Chiradzulu and Nsanje. The aerial imagery and damage data helped the assessment teams by providing data on the extent of damage in areas that road transport could not access due to the flooding waters.

The Department of Disaster Management Affairs (DoDMA) is also leading the response to food insecurity. Four clusters, namely: Food Security, Nutrition, Protection, and Transport and Logistics, have been activated to ensure proper cross-sector coordination. Besides developing the response plans, these clusters oversee the response implementation under the leadership of the cluster leads and co-leads. An Inter-Cluster Coordination group also exists to ensure the clusters' engagement on sectoral themes.

For Cholera, the Presidential Task Force on COVID-19 and Cholera continue to coordinate the response at a high level. The task force releases daily situation reports to update the public on Cholera and issue advisories to the nation. At the technical level, the Emergency Operation Centre (EOC), under the leadership of the Ministry of Health, through the Public Health Institute of Malawi, supported by various partners across the critical pillars of cholera response, with WHO as the co-chair, meets every Tuesday and Friday. UNICEF's health, SBC, and WASH sections attend the weekly EOC meetings.

SUPPLIES

During the reporting period, UNICEF provided health, WASH, and education supplies equivalent to US\$ 1.1 million to Cyclone Freddy-affected areas. Some of the main supplies dispatched to the districts include masks (surgical type), female sanitary pads, soap, high-performance tents (each 72m²), buckets with lids and tap (50 litres each), School-in-a-box, tarpaulins (each four by 5 meter).

Cumulatively, as of 31 March 2023, UNICEF has distributed health, WASH, and education supplies equivalent to US\$ 2.55 million to all districts of the country in response to the cholera outbreak and floods. Some of the main supplies dispatched to the districts include chlorine bleaching powder drums (25 kg and 45 kg each), buckets with lid and tap (60 litres each), tarpaulins (each four by 5 meters), soap, latrine superstructures with squatting plates and pans, female sanitary pads, buckets with lid and tap (50 litres each), 67-milligram water purification tablets boxes (each box contains 16,000 tablets), Acute Watery Diarrheal Kits (one kit can treat 100 cases)m ask (surgical, typeIIR), female sanitary pads, soap, high-performance tent (each 72m²), buckets with lid and tap (50 litres each), School-in-a-box, tarpaulins (each 4*5 meter).

EXTERNAL RELATIONS AND PUBLIC ADVOCACY

During the reporting period, UNICEF issued a global press release, <u>"Children at risk of cholera in the aftermath of Cyclone Freddy"</u> (19 March), to highlight the impact of Cyclone Freddy on Malawi and Mozambique and the risk of escalation of the cholera situation in the country. UNICEF also did an <u>exclusive media interview with ZDF TV</u>, a leading media outlet in Germany, which got about 5 million views. Furthermore, there was other media coverage by the Swiss National Radio, AFP, Al Jazeera, UN News, Forbes, Capital FM Malawi, Daily Times, the Nation, etc., on Cholera, floods, and UNICEF's response during the reporting period.

UNICEF also continued to collect <u>multimedia content</u>, including <u>videos</u>, to support awareness and resource mobilization efforts for the emergency response, and pitched it to the media, PFP Office, and National Committees. The photos and videos have been used widely, including Antonio Guterres through <u>his tweet</u>, which gave a lot of coverage on the emergency and its impact in Malawi. We continued to update the dedicated page on the <u>UNICEF Malawi website</u> with the latest reports and information on Cholera with weekly cholera flash updates and stories.

During the reporting period, UNICEF published the following stories:

- UNICEF deploys child protection services among cyclone survivors
- We lost all our books
- Classrooms turn into spaces for displaced families, but school goes on at Chumani Primary School
- Cyclone stricken children just being children
- Cyclone Freddy disrupts education
- Children risk malnutrition in undersupplied camps

• Cyclone Freddy raises fears in worst hit city

During the same reporting period, UNICEF consistently posted multiple Cholera and floods-related content on all its social media channels. In total, the content reached more than **42 million online audiences** and generated **37,651 engagements**

For the previous update of 2023, please follow the links here:

Issue 1, Malawi Humanitarian Situation Report 1 15.03.2023.docx

NEXT SITUATION REPORTING PERIOD

The reporting period would be 1-15th April 2023, and the due date for the submission is 20th April 2023

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Annex A Funding Status (in US\$)

Funding Requirements as Per the UNICEF Country HAC 2023									
Appeal Sector	Requirements	Funds available (with EPF)			Funding gap				
		Humanitarian resources received	Other resources used	Total	US\$	%			
Health	8,347,697	2,108,778	279,252	2,388,030	5,959,667	71%			
WASH	17,095,000	5,531,926	0	5,531,926	11,563,074	68%			
Nutrition	5,352,862	550,000	538,000	1,088,000	4,264,862	80%			
Education	900,000	338,896	100,000	438,896	461,104	51%			
SBC	13,180,000	546,791	96,000	642,791	12,537,209	95%			
Child Protection, GBViE & PSEA	2,100,855	780,000	0	780,000	1,320,855	63%			
Social Policy	1,800,000	85,000	0	85,000	1,715,000	95%			
Coordination	1,000,000	890,378	0	890,378	109,622	11%			
Preparedness and Resilience Building	2,396,066	0	0	0	2,396,066	100%			
Communication	250,000	57,267	0	57,267	192,733	77%			
Total	52,422,480	10,889,036	1,013,252	11,902,288	40,520,192	77%			

Annex B

Summary of Programme Results*

	UNICEF and Implementing Partners			
Sector	2023 target	Results		Change since the last report
		#	%	▲ ▼
Health				

# Children and women accessing primary healthcare in UNICEF-supported facilities	600,000	543,246	91%	0
# Healthcare facility staff and community health workers trained in infection prevention and control	2,900	600	21%	0
# Children and adults accessing treatment for Cholera in Cholera Treatment Units provided with supplies by UNICEF	36,000	18,331	60%	△4278
# Children, adolescents, and pregnant and breastfeeding women accessing HIV (testing treatment and care), including Sexual Reproductive Health and Rights services	93,000	0	0%	0
WASH				
# People accessing a sufficient quantity and quality of water for drinking and domestic needs	3,100,000	1,281,831	40%	△81,831
# People accessing appropriate sanitation services	400,000	40,000	10%	0
# People reached with critical WASH supplies	6,100,000	1,629,261	27%	△349,261
Nutrition				
# Children (6-59 months) with severe wasting admitted for treatment	46,500	10,257	22%	△ 6,945
# Children (6-59 months) screened for wasting	2,122,000	171,409	8%	△ 26,954
# Primary caregivers of children (0-23 months) receiving infant and young child feeding counselling	496,000	196,055	40%	△ 107,956
Child Protection/GBViE/PSEA				
# children, adolescents, and caregivers accessing community-based mental health and psychosocial support 2512	133,000	174,926	132%	△ 169,574
# Women, girls, and boys accessing gender-based violence risk mitigation, prevention, and response interventions	2,100,000	382,093	18%	△379,581
# people with safe and accessible channels to report sexual exploitation and abuse by personnel who assist affected populations	2,100,000	417,733	20%	△ 379,581
# Children without parental or family care provided with appropriate alternative care arrangements	248	53	21%	△44
Education				
# Children accessing formal or non-formal Education, including early learning	400,000	400,000	100%	0
# Schools implementing safe school protocols (infection prevention and control)	400	271	68%	0
# Teachers trained in cholera prevention and hygiene promotion	800	0	0%	0
SBC/AAP/RCCE				
# people directly reached with health, nutrition, hygiene, or risk communication activities involving a 2-way dialogue	6,100,000	348,833	5.7%	△200,603
# people who participate in engagement actions	1,680,000	128,233	7.6%	△ 126,633
# People sharing their concerns and asking questions through established feedback mechanisms	150,000	17,093	11.6%	△318
Social Policy				
# Ultra-poor people benefitting from new existing or additional social assistance (cash/in-kind) measures from governments with UNICEF-technical support	1,500,000	670,000	45%	△ 6,558
# Ultra-poor people utilising the grievance and redress mechanisms as part of accountability to the affected population	750,000	1,000	0%	△ 1,000
# Ultra-poor people reached with cholera prevention messages at the payment points.	1,500,000	691,259	46%	△ 665,259
*MCO is in the process of HAC revision, hence some of	ahove indicator	and targets me	av change ir	nevt sitren

^{*}MCO is in the process of HAC revision, hence some of above indicator and targets may change in next sitrep.