Malawi

HIGHLIGHTS

- Cyclone Freddy-related floods have displaced most people, but 49 camps remain as of June's end. Of these, 25 are relocating to new sites, while 11 will receive longer-term support.
- UNICEF will prioritize support in these remaining sites with an integrated package of response interventions. Cholera cases continue to increase, with 55% from Chikwawa and Nsanje districts.
- UNICEF through Malawi Red Cross Society (MRCS) has rehabilitated 61 boreholes, providing safe water to 270,250 people.
- In June, 11,653 people in flood-affected areas accessed UNICEF supported health services through mobile/outreach clinics, bringing the cumulative number of people to 22,473.
- UNICEF supported Oral Rehydration Points (ORPs) during the reporting period, attended to 2,077 patients in districts Blantyre, Chikwawa, Lilongwe, Mangochi, Nsanje, and Salima, with 484 children under five receiving further treatment.

UNICEF RESPONSE AND FUNDING STATUS*

*SIPUCEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS

- 5,900,000 People in need of humanitarian assistance
- 2,950,000 Children in need of humanitarian assistance
- 3,068,000 Women and girls in need of assistance

FUNDING STATUS (IN US$)**

- $18.1M UNICEF APPEAL 2023
- $68.1M Other Resources
- $1.6M Funding gap

* Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors
FUNDING OVERVIEW AND PARTNERSHIPS

In 2023, UNICEF Malawi requires US$ 87.7 million to meet the critical needs of 5.9 million people, including 2.95 million children affected by multiple shocks. The funds will enable UNICEF, with the Government and partners, to deliver integrated and coordinated response to the ongoing cholera outbreak and flood relief efforts, supporting the Government across a wide range of sectors. These sectors include Health, WASH, Nutrition, Child Protection, Risk Communication and Community Engagement (RCCE), and Supply and Logistics.

As of 30 June 2023, UNICEF received $18 million against the 2023 Humanitarian Action for Children (HAC) appeal. In addition, UNICEF has reprogrammed an amount of 1.6 million to consolidate the available funding resources. UNICEF is thankful for the contributions of donors that have contributed financial resources to support Malawi’s vulnerable children and women. Nonetheless, as of 30 June, a funding gap of $86.1 million remains. Malawi needs urgent flexible, multi-year funding to continue delivering integrated packages of support for children’s survival, protection, and education while building community resilience.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Cholera Situation Update:

While cholera cases have been decreasing overall, Chikwawa and Nsanje districts continue to report new cases every day. In June, Malawi recorded a total of 118 new cases, with 39 confirmed through culture and sensitivity testing and 79 confirmed by Rapid Diagnostic Tests (RDTs). Among the cases confirmed in June, 55 percent were from Ngabu area in Chikwawa district. Additionally, five cases in Nsanje originated from Mozambique. Other districts that reported cases in June include Machinga, Blantyre, Balaka, Ntcheu, and Neno.

As of June 30, the cumulative number of cholera cases since the outbreak began in February 2022 stands at 58,912, with 1,763 deaths. The cumulative case fatality rate (CFR) is 2.99 per cent, while the monthly CFR is 0 per cent.

Floods situation update:

There are still 49 active camps housing a total of 82,181 people, according to the Malawi Shelter and Camp Management Cluster update issued on June 19, 2023. However, 577,097 individuals have already returned to their homes. Out of the remaining 49 camps, 25 have been identified for relocation to new sites, while 11 will receive longer-term support in their current locations. More than 55 per cent of the active camps are in Chikwawa and Nsanje districts. UNICEF will prioritize support to these 36 sites for the emergency response.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Eight Year old Grace Peterson from Mwabvi Primary school, receiving her Typhoid Vaccine in Mwabvi Thoyo

UNICEF continues to support the continuity of health services in flood-affected areas through mobile/outreach services. During the reporting period, a total of 11,653 people accessed these services. This includes 548 individuals, comprising 184 children (94 females and 90 males) under the age of five, and 364 children (328 females and 36 males) over the age of five, who accessed services in six mobile clinics operated by Partners in Health (PHI). Additionally, 11,105 people (3,744 males and 7,361 females) in Nsanje and Chikwawa accessed services provided by Save the Children International (SCI). Among them were 3,906 children (1,826 males and 2,080 females) and 7,199 adults (1,918 males and 5,281 females). Among the adult females, 101 were pregnant women. The beneficiaries received a comprehensive package of primary healthcare services, including HIV testing, antenatal and postnatal care, curative consultations, management of diarrhea diseases, malaria, pneumonia, skin infections, urinary tract infections, nutritional assessment, and developmental milestone ascertainment, among others. This brings the cumulative number of people accessing healthcare services through UNICEF-supported mobile clinics to 22,473.

Supplies and essential drugs for Cholera response and mobile healthcare were distributed to four districts of Nsanje, Chikwawa, Mulanje and Blantyre. The supplies and drugs included 17 Acute Watery Diarrhea Kits (each kit can treat up to 100 cases), 350,000 sachets of oral rehydration salts (ORS), 1,125 bottles of erythromycin suspension compound and 1,700 liters of sodium lactate. The supplies were directly distributed to 18 cholera treatment centres/units in the four districts.

Under the mother2mothers programme implemented by UNICEF, interventions were carried out to ensure continuity HIV care to clients in the areas affected by the Tropical Cyclone Freddy. During the reporting period, mentor mothers reached out to 10,819 women, of which 1,403 had defaulted on treatment. Support was provided to the defaulters to resume the antiretroviral therapy (ART). Nine (9) of them were initiated on care and the remaining were linked to family planning, immunization and nutritional service delivery points.

UNICEF-supported Oral Rehydration Points (ORPs), operated by the Malawian Red Cross Society (MRCS), attended to 2,077 patients in the districts of Blantyre, Chikwawa, Lilongwe, Mangochi, Nsanje, and Salima. Among the patients attended to and referred for further treatment, were 484 children under the age of five.
Nutrition

Maria Malele a community nurse uses a MUAC tape to assess malnutrition on one-year-old Obadia Andrea at Queen Elizabeth Hospital Cholera tent in Blantyre Southern Malawi.

UNICEF continued to provide technical and financial support to the 13 districts affected by Cyclone Freddy, carry out interventions to prevent, early detect, and treat severe wasting and other forms of life-threatening acute malnutrition. These interventions included mass nutrition screening, infant and young child feeding counseling, and refresher training for community management of acute malnutrition (CMAM).

During the reporting period, 771,392 children under five (366,897 males and 404,495 females) were screened for acute malnutrition. Out of the children screened, 1,831 were severely malnourished and 9,873 were moderately malnourished. As a result, 2,872 children (1,379 males and 1,493 females) with severe acute malnutrition were admitted into the CMAM programme.

Since January 2023, cumulatively, 16,819 children (8,075 males and 8,744 females), representing 27 per cent of the target of 62,067 children, have been admitted into the programme. Performance indicators have remained within the acceptable international standards with a cure rate of 93 per cent, a death rate of 2 per cent, a default rate of 3 per cent, and a non-response rate of 1.5 per cent. Overall, over 1.55 million children under five (721,860 males and 825,353 females) have been screened, representing 71 per cent of the target of 2,170,526.

To ensure quality of care for children admitted to the CMAM programme, UNICEF supported the training of health workers in the outpatient management of Severe Acute Malnutrition (SAM), including in the context of cholera. To date, a total of 351 health workers have undergone training, with 251 from Blantyre, 78 from Chikwawa, and 22 from Mwanza. Health workers, including CMAM focal points, pharmacists, data clerks, facility in charges, nurses, and clinicians, now have enhanced skills in SAM management, reporting, and supplies management.

UNICEF continued its efforts to provide Infant and Young Child Feeding (IYCF) counseling to promote uptake of optimal Maternal, Infant and Young Child Feeding Nutrition (MIYCN) behaviour as well as raising awareness on prevention and early seeking care in the floods and cholera affected areas. Through the community platform, a total of 19,883 caregivers (1,001 males and 18,882 females) of children aged 0-23 months were reached with life-saving nutrition messages. These messages aimed to promote optimal child feeding practices through various platforms such as care group sessions, growth monitoring and promotion sessions, mass screenings in cholera and flood-affected communities, and community engagement activities.

During the reporting period, frontline workers and community volunteers took advantage of the intensified mass nutrition screening exercise to provide MIYCN counseling and ensure the early identification and treatment of children at risk or suffering from SAM. Additionally, UNICEF continued to broadcast radio jingles on the 13 community radio stations to promote optimal nutrition and hygiene practices.

Furthermore 5,000 affected children in flood-affected districts stand to benefit from Early Childhood Development (ECD) kits that UNICEF has provided to Community Based Child Care (CBCC) centres in response to floods. A total of 98 ECD kits have been distributed in CBCCs across the affected districts as part of back-to-school strategy, promoting early stimulation and learning among.

Child protection, GBViE and PSEA

UNICEF Malawi Child Protection Specialist Malila Mabona (in the background) and Stephanos Joseph a former District Social Welfare Officer for Blantyre are seen playing with children in Blantyre.

Capacity building of child protection workers, social workers, and other community stakeholders from the 8 districts continued, during the reporting period. Altogether, 420 officers have so far been trained in case management, prevention of sexual abuse and exploitation, and gender-based violence risk mitigation. A total of 37 officers from 11 districts were trained as trainer-of-trainers to replicate capacity building at community level and support the strengthening of community-based child protection mechanisms and the establishment of the child friendly spaces including child sensitive programming.

Through partnership with the Malawi Police Service, a total of 34,641 persons (1,368 males and 33,273 females) received GBViE services, bringing the total reach to 1,077,296 people. Several one stop centres have been established at district levels and efforts are underway to ensure capacity building and mentoring of staff to provide comprehensive survivor-centered services to survivors of abuse and exploitation. An orientation session was organized for the eight- member team at Ndamera Health Centre (NHC) managing cases of sexual and physical abuse.

Children corners continue to operate in schools and camps across all emergencies affected districts providing safe spaces to play and learning, as well as mental health and psychosocial support to enhance the well-being of children. Cumulatively, 259,492 children have benefitted from these initiatives.

11 children have successfully been reunified with their families.
Family tracing and care plans have been developed for 13 children. As a result, 8 of these children have been identified as ready for reunification, while 5 children still require further assessment and tracing.

UNICEF provided technical support in the drafting of key messages to support family-tracing in complex cases and in identification and referral of unaccompanied and separated children. Through partnership with the District Social Welfare Office and Save the Children, families will receive support in the form of cash, non-food items (NFIs) and referrals to other necessary support services. These efforts aim to address socio-economic challenges and ensure the successful reintegration, safeguarding and return to school for the children.

**Education**

Learners received individual learning and teaching materials at Bangula primary school in Chikwawa district.

A total of 199,789 learners, including 102,468 girls, from 115 primary schools, were reached with learning and WASH interventions. These interventions involved the distribution of soap and buckets, as well as the provision of teaching and learning materials such as tents, blackboards, and school-in-a-box kits. The support provided had a significant impact on ensuring the continuity of learning in the schools that were most affected by cyclone Freddy in the districts of Nsanje, Chikwawa, Phalombe, Mulanje, and Blantyre. These notable achievements were made possible through UNICEF successful partnership with the MRCS.

With funding from USAID, UNICEF supported the Ministry of Education (MoE) to train 271 teachers including head teachers, primary education advisors (PEAs), and school health and nutrition (SHN) teachers on cholera infection and management. Hygiene awareness campaigns were conducted in the surrounding communities of the 50 targeted schools. These campaigns have played a vital role in sensitizing community members and equipping them with accurate information on Cholera prevention and hygiene practices. The trained teachers and school governing structures, including members of the mother groups, have supported the establishment of 50 active school clubs, which are being patronized by girls and boys and have helped to create a safer school environment. Furthermore, 600 members of the school governing structures were trained in soap-making using locally available materials. This has helped to enhance accessibility, affordability, environmental sustainability, empowerment, and cultural relevance. It has also contributed to improved hygiene practices and socio-economic development within the target school communities.

**Water, sanitation and hygiene**

Happy children in Nkhulambe, Phalombe after receiving supplies from UNICEF to support with sanitation and hygiene following the destruction caused by cyclone Freddy

Cumulatively, 1,473,534 people have been reached with safe water through various interventions such as rehabilitation and disinfection of boreholes and household-level water treatment in flood and cholera affected districts.\(^3\)

At least 48,703 people (22,372 males and 26,331 females) from 12 flood-affected districts have gained access to safe water following the rehabilitation of 61 boreholes by UNICEF partner, MRCS. This brings the total number of boreholes rehabilitated with UNICEF support to 112, benefiting in total 270,250 people.

UNICEF partners, the Hygiene Village Project (HVP) and United Purpose (UP) conducted water quality testing at both household level and point of source. Out of 488 boreholes that were tested, 60 (12 per cent) were found to be contaminated and were disinfected, giving access to safe water to 129,463 people (59,602 males and 69,861 females), including 72,785 children (34,098 boys and 38,687 girls).

In addition, 10 boreholes have been disinfected by United Purpose in Nsanje and they are providing safe water to 7,679 people. Cumulatively, a total of 3,626 water quality monitoring were conducted at households and water sources using bacteriological test kits.

16,479 people (6,806 males and 9,673 females), including 10,484 children (6,054 girls and 4,489 boys), from Mzimba, Mulanje, and Zomba districts have benefited from mass household water treatment conducted by UNICEF through HVP and UP at sites hosting displaced people and communities.

The HVP also conducted assessment and desludging of 88 pit latrines that were affected by floods in five schools\(^4\) in Traditional Authority (TA) Nkhulambe in Phalombe district, benefiting 7,534 learners (3,684 girls and 3,850 boys).

UNICEF intensified case-area targeted interventions (CATIs) for cholera control, serving 22 villages from Ngabu, Lundu, Ngowe, Chapanananga, Maseya and Ndakwera TAs in Chikwawa district following the reporting of suspected cholera cases. A total of 32 CATI sessions were conducted benefiting 12,138 people (5,948 males; 6,190 females). In addition, UNICEF, through MRCS, trained 925 health workers (502 males and 423 females) on the CATI approach in eight districts. CATI activities included distribution of water, sanitation and hygiene (WASH) supplies such as buckets, soaps and hand washing facilities, household water treatment, and water quality
testing. The CATI sessions were integrated with social behaviour change and community-led total sanitation (CLTS) activities.

Along with other WASH interventions, additional 28,617 people (12,754 males and 15,863 females) were also reached with hygiene promotion messages, bringing the total number of people reached to 1,908,617.

Social Policy - Cash-based Programming

The Government’s Cyclone Freddy Early Recovery proposal has secured donor commitment for the rollout of $144 transfer to 30,000 ultra-poor households. Meetings between key government institutions and District Councils will commence in July, and UNICEF will be actively participate in the planning and implementation phase.

UNICEF provided technical and financial assistance for the regional meetings and the report writing session for the After-Action Review of the 2022/23 Lean Season Response (LSR). The findings from the report will provide valuable lessons for a smoother implementation of the 2023/24 LSR, which will begin after the completion of the Malawi Vulnerability Assessment Committee report on food insecurity (expected in July).

Furthermore, UNICEF has supported an ongoing post-distribution monitoring survey in the 4 urban areas of Malawi. This survey aims to interview 1,200 beneficiaries to assess their satisfaction with the e-payment modality, the utilisation of the LSR cash transfers to curb their food insecurity and their coping mechanism considering the impact of Cyclone Freddy on households in the southern region of Malawi.

Social and Behaviour Change (SBC), Accountability to Affected Populations (AAP) and Localization

Dialogue sessions with women and children as a part of “CATI” in Kutulo 2 Village in Chikwawa district.

UNICEF, together with partners, Development Communication Trust (DCT) and District Health Offices (DHOs), reached over 30,000 community members (men, women, boys, and girls) in the villages bordering Malawi and Mozambique with cholera preventive, hand hygiene, and health-seeking behavioural change messages. Two rounds of focus group discussions and five rapid inquiries were conducted in communities along the Malawi and Mozambique border to understand the level of people’s mobility and capture social data to inform the cholera response. The findings were used to plan social and behavioral change interventions at strategic locations on the Malawi side.

Community dialogue sessions were conducted with religious leaders, community leaders, village health workers, and Red Cross volunteers at Kunyinda Village, which had reported cases of cholera and is located near the Mozambique border in Chikwawa. Two-week action plans were developed to address poor hygiene practices, low latrine coverage, and cross-border sensitization. Two rounds of cross-border meetings were conducted in Simbi and Kunyinda villages in the district. A community engagement meeting specifically targeting male members, including community leaders and religious leaders, was held in Mkumaniza Village, which also borders Mozambique.

To enhance their capacity in providing targeted messages on cholera prevention and promoting behaviours and practices that reduce disease transmission and its impact, health promotion officers and environmental health officers from eight cholera hotspot districts received training on the CATI approach. District health officers, Red Cross district coordinators, and other partners also participated in the training. Through DCT and in collaboration with the District Health Offices and MRCS, UNICEF implemented community meetings, dialogues with key influencers, and various awareness-raising events as part of the CATI rollout in four villages of Chikwawa and Nsanje.

UNICEF continued to support the establishment of processes to ensure that affected and at-risk populations in the ongoing floods and cholera response are informed about their rights and entitlements and that they have their feedback systematically collected and used to inform the programme design and course correction. UNICEF coordinated a multi-sectoral discussion with the affected population in Chikwawa and Machinga to understand their perceptions regarding humanitarian aid and interventions. During the focus group discussions (FGDs), a few sensitive responses relating to gender and PSEA emerged, warranting further investigation to uncover the underlying facts. The findings were analysed and shared with the district councils, education, protection and food security clusters for timely response.

Around 42,358 feedbacks, have been collected through individual interviews, community meetings and focus group discussions. Majority of the feedbacks were related to unavailability of soap and chlorine, lack of funds and skills to construct sustainable latrines, unavailability of land to construct latrines in peri-urban areas, lack of safe water sources, affordability of education materials, health surveillance assistants not consistently visiting the communities with the health promotion messages. Summarized feedbacks were shared with the community leaders and district authorities for the necessary actions.

Cumulatively, the total number of people reached with life-saving messages is 8,302,303. During the reporting period, an additional 526,389 men, women, boys, girls, religious leaders, and community leaders were reached with messages on cholera prevention, hand hygiene, sanitation, nutrition, gender-based violence, and health-seeking behaviors. This was achieved through school awareness sessions, community dialogues/meetings, and door-to-door visits in Salima, Mangochi, Machinga, Blantyre, Nsanje, Chikwawa, Chiradzulu, Neno, Lilongwe, Zomba, Phalombe, and Thyolo districts.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF continues to provide an integrated and coordinated response to the ongoing cholera outbreak and flood relief efforts, supporting the Government across a wide range of sectors. These sectors include Health, WASH, Nutrition, Child Protection, Risk Communication and Community Engagement (RCCE), and Supply and Logistics.
The Comprehensive response strategy is coordinated across 11 sectors. UNICEF plays a central role by co-leading four sectors - WASH, Nutrition, Education, and Protection. The Department of Disaster Management Affairs (DoDMA) facilitates coordination among these sectors via inter-cluster coordination group.

The Presidential Task Force on COVID-19 and Cholera continues to orchestrate the cholera response efforts. This task force regularly issues daily situation reports to inform the public about cholera developments and provides advisories to the Nation.

On a technical level, the Cholera Incident Management Team (CIMT), led by the Ministry of Health and Population (MoHP) through the Public Health Institute of Malawi (PHIM) and backed by various partners across the critical pillars of the cholera response, convenes every Tuesday.

The World Health Organization serves as the co-chair of this team. UNICEF significantly contributes to the health cluster and RCCE pillars for the outbreak response.

**HUMAN INTEREST STORIES AND EXTERNAL MEDIA**

UNICEF continued to produce multimedia content and stories and pitched them to the media to highlight the impact of Tropical Cyclone Freddy, Cholera, and UNICEF’s response, together with partners (see links below). Five news outlets including the Times newspaper carried at least 10 news stories highlighting UNICEF’s support to the emergency response. Mostly, the stories gave visibility to the cholera response and the malnutrition risks to children as highlighted in the UNICEF’s HAC appeal for US$88 million to address malnutrition, and education in emergency content.

During the reporting period, UNICEF Malawi’s social media pages reached more than 30 million people on emergency-related content.

The following stories and videos were published during the reporting period:


- Afikepo steps up in the fight against cholera [https://www.unicef.org/malawi/stories/afikepo-steps-up-the-fight-against-cholera](https://www.unicef.org/malawi/stories/afikepo-steps-up-the-fight-against-cholera)


- Afikepo brings hope for reconstruction [https://www.unicef.org/malawi/stories/afikepo-brings-hope-reconstruction](https://www.unicef.org/malawi/stories/afikepo-brings-hope-reconstruction)


- Women in Mulanje rising from cyclone disaster [https://www.unicef.org/malawi/stories/women-mulanje-rising-cyclone-disaster](https://www.unicef.org/malawi/stories/women-mulanje-rising-cyclone-disaster)


- Oral rehydration points provide frontline shield in the fight against cholera [https://www.unicef.org/malawi/stories/oral-rehydration-points-provide-frontline-shield-fight-against-cholera](https://www.unicef.org/malawi/stories/oral-rehydration-points-provide-frontline-shield-fight-against-cholera)

- Learners bear the brunt of cholera [https://www.unicef.org/malawi/stories/learners-bear-brunt-cholera](https://www.unicef.org/malawi/stories/learners-bear-brunt-cholera)


**HAC APPEALS AND SITREPS**

- Malawi Appeals [www.unicef.org/appeals/malawi](https://www.unicef.org/appeals/malawi)

- All Humanitarian Action for Children Appeals [https://www.unicef.org/appeals](https://www.unicef.org/appeals)

- All Situation Reports [https://www.unicef.org/appeals/situation-reports](https://www.unicef.org/appeals/situation-reports)

**NEXT SITREP: 1 JULY - 31 JULY 2023**
## Annex A Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs response</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Sector</strong></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td><strong>Children and women accessing primary healthcare in UNICEF-supported facilities</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Healthcare facility staff and community health workers trained in infection prevention and control</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Children and adults accessing treatment for cholera in cholera treatment units provided with UNICEF supplies</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Adolescents who have appropriate and life-saving information on how and where to access interventions on HIV prevention, care and treatment</strong></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td><strong>Children and women accessing primary healthcare in UNICEF-supported facilities</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Healthcare facility staff and community health workers trained in infection prevention and control</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Children and adults accessing treatment for cholera in cholera treatment units provided with UNICEF supplies</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Adolescents who have appropriate and life-saving information on how and where to access interventions on HIV prevention, care and treatment</strong></td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td></td>
<td><strong>Children and women accessing primary healthcare in UNICEF-supported facilities</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Healthcare facility staff and community health workers trained in infection prevention and control</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Children and adults accessing treatment for cholera in cholera treatment units provided with UNICEF supplies</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Adolescents who have appropriate and life-saving information on how and where to access interventions on HIV prevention, care and treatment</strong></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td><strong>Children accessing formal or non-formal education, including early learning</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Schools implementing safe school protocols (infection prevention and control)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Children receiving individual learning materials</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Children accessing mental health and psychosocial support in their schools/learning programmes</strong></td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td></td>
<td><strong>People accessing a sufficient quantity and quality of water for drinking and domestic needs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>People accessing appropriate sanitation services</strong></td>
</tr>
<tr>
<td>Sector</td>
<td>Indicator</td>
<td>Disaggregation</td>
</tr>
<tr>
<td>--------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td>Learning facilities and safe spaces reached with basic WASH services</td>
<td>Total</td>
<td>-</td>
</tr>
<tr>
<td>People reached with critical WASH supplies</td>
<td>Total</td>
<td>-</td>
</tr>
<tr>
<td>Social protection</td>
<td>Households benefitting from new or additional social assistance (cash/in kind) measures from governments with UNICEF technical assistance support</td>
<td>Total</td>
</tr>
<tr>
<td>Households reached with UNICEF-funded humanitarian cash transfers across sectors</td>
<td>Total</td>
<td>-</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>People reached through messaging on prevention and access to services</td>
<td>Total</td>
</tr>
<tr>
<td>Women's rights, adolescent girls and youth groups that have been consulted and/or participated in all phases of the programme cycle</td>
<td>Total</td>
<td>-</td>
</tr>
<tr>
<td>People sharing their concerns and asking questions through established feedback mechanisms</td>
<td>Total</td>
<td>-</td>
</tr>
</tbody>
</table>

*Progress in the reporting period
## ANNEX B FUNDING STATUS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2023</th>
<th>Other resources used in 2023</th>
<th>Resources available from 2022 (carry over)</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>12,012,754</td>
<td>2,366,472</td>
<td>704,941</td>
<td>-</td>
<td>8,941,341</td>
<td>74%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>8,181,969</td>
<td>1,307,543</td>
<td>624,016</td>
<td>-</td>
<td>6,250,410</td>
<td>76%</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA</td>
<td>3,242,592</td>
<td>1,032,920</td>
<td>-</td>
<td>-</td>
<td>2,209,672</td>
<td>68%</td>
</tr>
<tr>
<td>Education</td>
<td>2,997,648</td>
<td>1,308,511</td>
<td>223,852</td>
<td>-</td>
<td>1,465,285</td>
<td>49%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>31,842,720</td>
<td>9,003,409</td>
<td>54,688</td>
<td>-</td>
<td>22,784,623</td>
<td>72%</td>
</tr>
<tr>
<td>Social protection</td>
<td>5,435,424</td>
<td>443,686</td>
<td>-</td>
<td>-</td>
<td>4,991,738</td>
<td>92%</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, SBC, RCCE and AAP)⁹</td>
<td>23,999,613</td>
<td>2,588,844</td>
<td>-</td>
<td>-</td>
<td>21,410,769</td>
<td>89%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>87,712,720</td>
<td>18,051,385</td>
<td>1,607,497</td>
<td>0</td>
<td>68,053,838</td>
<td>78%</td>
</tr>
</tbody>
</table>

*repurposed other resources with agreement from donors

---

**Who to contact for further information:**

- **Gerrit Maritz**  
  OIC Representative, UNICEF Malawi  
  T +265-1770770  
  gmaritz@unicef.org

- **Mamadou Ndiaye**  
  OIC Deputy Representative, UNICEF Malawi  
  T +265-1770770  
  mandiaye@unicef.org

- **Sanju Bhattarai**  
  OIC Chief Community Development, UNICEF Malawi  
  T +265-1770770  
  sbhattarai@unicef.org
1. Malawi Cholera and Floods Flash Appeal 2023, Source: https://humanitarianaction.info/plan/1151
2. Malawi has revised the HAC based on the emerging flood and food insecurity needs, which has exacerbated the vulnerability of children and their families.
3. Blantyre (13,855), Balaka (4,395), Dedza (8,478), Lilongwe (6,403), Ntcheu (6,924), Chiradzulu (1,480), Machinga (1,036), Nkhotakota (1,826), Neno (1,347), Thyolo (1,603), Mangochi (691), and Salima (665).
4. Nkhulambe Primary School (20), Makawani Primary School (14), Thura Primary School (26), Chidalale Primary School (17), and Nanyolo Primary School (11)
6. There has been no change in the results for this indicator largely due to the fact that we have not distributed materials for the past two weeks. We are currently waiting for materials that we are procuring from offshore sources. Once received, these materials will be distributed as part of our ongoing Back-to-School (B2S) campaign.
7. The Lean Season Response 2022/23 has ended. The Cyclone Early Recovery Response has not commenced yet. Payments will likely take place in August-September.
8. UNICEF is working with the Partnerships Specialist to mobilise resources for cash transfers.
9. The MCO HAC is gender transformative addressing health, WASH, education gender needs as well as knowledge, attitudes and practices with gender transformative budget contribution. This budget includes US$13.2 million for SBC/RCCE/accountability to affected populations, US$250,000 for communication, US$1 million for coordination, and US$2.4 million for preparedness and resilience building.