© UNICEF/UN5812041/Mmina/Elephant Media

Maureen Chirwa (standing) paddles a homemade boat with her fellow students as they navigate through floodwaters to reach school on an island in Nkhotakota district.

unicef for every child

Humanitarian Situation Report No. 5

Reporting Period
1 January to 31 December 2024

Malawi

HIGHLIGHTS

- In 2024, UNICEF's emergency response in Malawi reached 5.7 million people with integrated life-saving services in all 28 districts. The beneficiaries include 2.8 million children under the age of 5, 66,054 primary-school-aged children, 55,610 adolescents, and over 331,000 care givers of children 0-23 months.
- UNICEF Malawi secured US$19.6 million, meeting 41% of its US$47.4 million appeal, to address the urgent needs of children and women affected by cholera and El Niño-induced floods and droughts.
- 2.85 million children under five were screened for child wasting and nutrition oedema across all 19 El Niño-affected districts. Of these, 2 per cent were identified with acute malnutrition and referred to the nearest health facilities for appropriate care, leading to the admission of 40,811 children for treatment.
- 3.67 million people received essential WASH supplies.
- 1.2 million people benefitted from UNICEF-supported protection services.

SITUATION IN NUMBERS

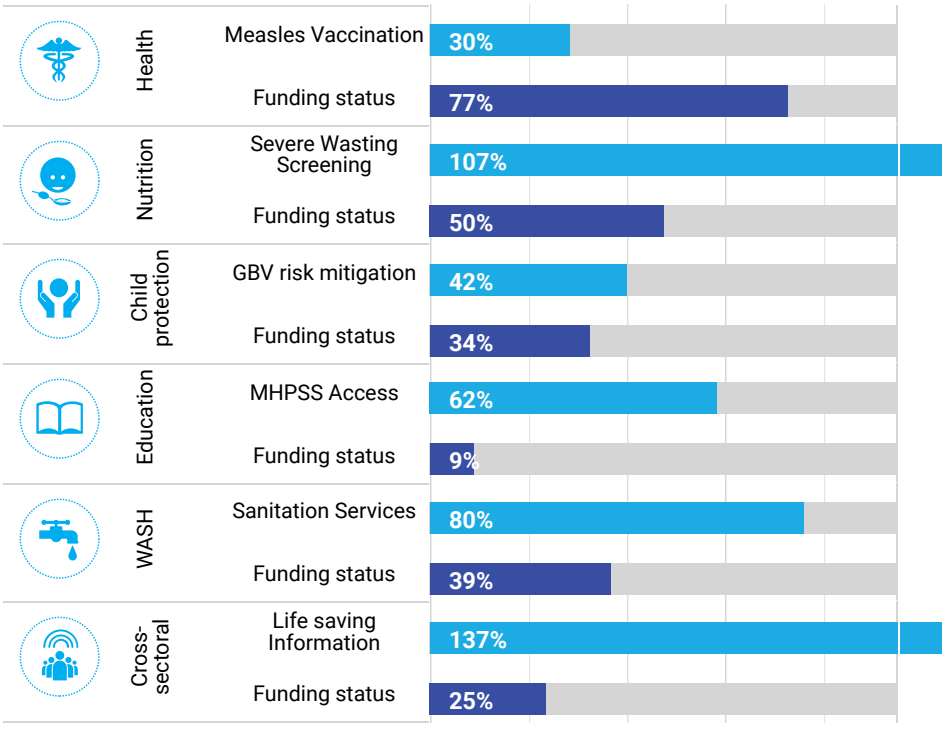
4,500,000
Children in need of humanitarian assistance

9,000,000
People in need of humanitarian assistance

5,000,000
People reached with UNICEF humanitarian assistance[1]

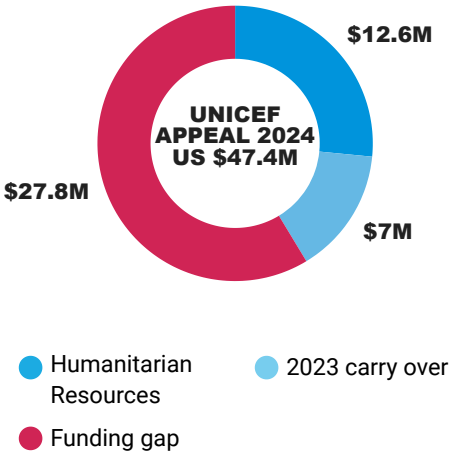
2,850,000
Children reached with humanitarian assistance[2]

UNICEF RESPONSE AND FUNDING STATUS*



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

FUNDING STATUS (IN US$)**



** 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 2024, UNICEF appealed for ***US$ 47,382,732*** to deliver life-saving services for women and children in Malawi. By the end of December 2024, UNICEF Malawi had received ***US$ 19,589,288*** , including carry-over funds from 2023. This amounts to 41% of the total funding target for 2024, underscoring a significant funding gap of 59% that left many critical needs of children unmet.

The Malawi Office sincerely thanks donor partners who provided critical support to UNICEF's 2024 HAC appeal for Malawi. UNICEF expresses its gratitude to the Government of Japan, the US Government's Bureau for Humanitarian Assistance, the Australian Committee for UNICEF, and the UK's Foreign, Commonwealth and Development Office.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Situation Overview and Humanitarian Needs

In 2024, climate-related hazards continued to disrupt lives and livelihoods across Malawi. The country faced a severe decline in food security due to El Niño-related climatic shocks, including floods in the northern regions, delayed rains, and prolonged dry spells in many areas. These challenges led to a sharp drop in agricultural production.

On 23 March 2024, the President of the Republic of Malawi, His Excellency President Dr. Lazarus Chakwera declared a state of disaster across 23 of the country's 28 districts. These vulnerabilities were further exacerbated by economic instability, high commodity prices, and inflation, leaving households struggling to afford sufficient food to meet their needs. As a result, 5.7 million people (28 per cent of the population analysed) were pushed into acute food insecurity between October 2024 and March 2025.

This crisis resulted in a significant increase in child malnutrition:

● Severe Acute Malnutrition (SAM) admissions rose by 18 per cent, from 37,839 in 2023 to 44,573 in 2024.

● Moderate wasting admissions increased by 76 per cent, from 22,158 in 2023 to 38,963 in 2024.

● Nine districts (Chikwawa, Machinga, Mangochi, Mulanje, Neno, Nsanje, Phalombe, Rumphi, and Zomba) admitted more than 100 per cent of their expected SAM caseloads by December 2024.

Floods and Displacement:

Between January and March 2024, floods affected 92,600 people across eight districts, displacing 63,932 individuals who sought temporary shelter in camps. Nkhotakota district was the worst affected, with over 10,500 households displaced across 12 camps. The flooding also disrupted education for 18,700 learners (9,280 boys, 9,517 girls), including 109 children with disabilities, in 22 schools (20 primary and two secondary). In 12 schools, 44 classrooms were occupied by displaced persons, further disrupting learning.

Cyclone Chido

In mid-December 2024, Tropical Cyclone Chido struck Malawi, bringing high-speed winds and torrential rainfall, severely impacting 14 district councils and 3 city councils. The cyclone caused widespread destruction to homes, schools, health facilities, and essential infrastructure, leaving thousands in urgent need of assistance.

The disaster affected over 7,700 households, comprising 34,740 people, with many displaced due to flooding and structural damage. Initial assessments indicate significant disruptions in access to clean water, sanitation, healthcare, and education services, further increasing risks of waterborne diseases, malnutrition, and protection concerns, particularly for children and women

Cholera Outbreaks:

Cholera remains endemic in Malawi. The outbreak which commenced in 2023, was declared over in Malawi on 10 July 2024. However, cases persisted throughout the year, with 498 cases of cholera reported in 2024, including 16 deaths (a Case Fatality Rate of 3.2 per cent per cent) across 15 districts. The highest cases were reported in Mulanje (41per cent), Nsanje (14 per cent), and Mangochi (11 per cent).

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

© UNICEF/UNI572696/

UNICEF Mobile Clinic mounted at IDP camp in Nkhotakota

In 2024, UNICEF ensured the continuity of access to essential health services by providing Interagency Emergency Health Kits (IEHK) to 40 health facilities and five cholera treatment units (CTU). These kits enabled approximately 9,500 individuals to receive treatment for cholera and acute watery diarrhoea through fixed and mobile clinics ensuring broader outreach and accessibility. To strengthen capacity in response to disease outbreaks, 1,868 health workers from district rapid response teams (DRRT), community rapid response teams (CoRRT), and the Public Health Institute of Malawi were trained in surveillance, chlorine preparation, disinfection, monitoring, and cholera case management.

On the preventative front, UNICEF provided logistical support for **Oral Cholera Vaccination (OCV)** campaigns in flood-affected Nkhotakota, facilitating the administration of over 50,000 OCV doses. Additionally, UNICEF is set to support similar campaigns in Balaka, Chitipa, Karonga, and Machinga, following the receipt of 720,000 doses at the end of December 2024.

Nine districts reported **measles outbreaks** in 2024, with 734 cases documented, including 184 laboratory-confirmed cases from 23 health facilities. Nearly 50 per cent of the cases occurred in children over five years old, raising concerns about an expanding cohort of susceptible individuals not targeted under the current vaccination

strategy, which focuses on children under five years. With UNICEF's support, over 250,000 children received measles vaccinations. However, limited resources for robust outbreak control measures raised concerns about the potential further spread of the disease to other districts.

In Karonga and Nkhotakota districts, flood victims received 2,500 long-lasting insecticide-treated bed nets (LLINs).

UNICEF also supported selected districts to enhance prevention efforts and improve access and uptake of antiretroviral treatment (ART) for pregnant and lactating women living with HIV. A total of 8,432 mothers aged 15 to 49 years received ART in 2024. UNICEF supported various activities, including awareness campaigns, demand creation, and ongoing capacity building for healthcare workers in Nkhata Bay, Nsanje, Chikwawa, and Mangochi. Additionally, 8,400 health workers, including 166 community health workers (63 per cent female, 47 per cent male) and 82 volunteers, were trained to create demand and increase community awareness. These workers engaged communities through peer-to-peer sessions, community radio programmes broadcast in local languages, football events, drama performances, and roadshows, reaching 55,610 adolescents (20,010 males, 36 per cent; 35,600 females, 64 per cent).

Nutrition

© UNICEF/UNI535479/

Edwin Lapis from Unicef Malawi doing nutritional assessment on children at Lakeland Private School camp.

In 2024, over 2.85 million children under the age of five were screened for child wasting and nutrition oedema across all 19 El Niño-affected districts. Of these, 2 per cent were identified with having acute malnutrition and were referred to the nearest health facilities for appropriate care. This effort contributed to the admission of 44,573 children (21,840 boys and 22,733 girls) for the treatment of severe wasting and nutrition oedema. To support this, UNICEF provided technical and financial assistance for mass nutrition screenings, maternal, infant, and young child feeding (MIYCF), counselling, and the management of severe wasting and nutrition edema (SAM) in all affected districts.

To build capacity for early identification of malnutrition, UNICEF trained 399 health workers in family Mid Upper Arm Circumference (MUAC) measurement in Lilongwe. This training empowered caregivers to screen their children for malnutrition and ensure early referral for treatment.

In addition to supporting child nutrition, UNICEF facilitated nutrition screening for 450,645 pregnant and breastfeeding women in nine El Niño-affected districts: Chikwawa, Machinga, Lilongwe, Balaka, Dedza, Salima, Nsanje, Mangochi, and Blantyre. Among those screened, 2.8 per cent were identified with acute malnutrition and were counselled on having a nutrient-dense diets and linked to community nutrition interventions.

To ensure uninterrupted treatment of child wasting and nutrition oedema, UNICEF procured and delivered:

• 60,522 boxes of ready-to-use therapeutic food (RUTF)

• 483 cartons of F100 therapeutic milk

• 750 cartons of F75 therapeutic milk

These supplies were distributed to all 28 districts in Malawi. This support helped maintain performance indicators for the management of children with severe wasting and nutrition oedema within the minimum Sphere standards, with a 94 per cent recovery rate, 2 per cent death rate, 2.3 per cent default rate, and 1.7 per cent non-response rate.

To prevent malnutrition, UNICEF supported nutrition counselling and messaging focused on promoting optimal complementary feeding practices. These sessions reached 331,782 caregivers of children aged 0–23 months (65,725 men and 266,057 women). Counselling was delivered through care groups, growth monitoring and promotion sessions, mass screenings in El Niño-affected communities, and community engagement activities.

As the co-lead of the Nutrition Cluster, UNICEF ensured effective leadership and coordination of the nutrition emergency response. Key contributions included;

• Supporting the development of a national El Niño response plan in collaboration with cluster members.

• Providing technical assistance to all 19 El Niño-affected districts to align their district response plans with the national response strategy.

• Facilitating bi-weekly Nutrition Cluster coordination meetings to discuss critical issues, resource gaps, lessons learned, and next steps.

• Conducting partner mapping at the district level to ensure a well-coordinated emergency response.

• Develop and disseminate a Nutrition Cluster Bulletin to stakeholders for effective information sharing.

These efforts ensured a well-coordinated, timely, and efficient response to address the nutritional needs of vulnerable populations in 2024.

Water, sanitation and hygiene

© UNICEF/UNI536086/

WASH Supplies for Cyclone Chido Emergency Response

In 2024, nearly 1.4 million individuals gained access to sufficient and safe water for drinking and domestic use through UNICEF-supported interventions. These efforts included the construction of 28 new boreholes with hand pumps, the establishment of 30 solar-powered water supply systems and rehabilitation and disinfection of 40 boreholes. Additionally, mass household water treatment initiatives were implemented to enhance water safety and prevent waterborne diseases. UNICEF also facilitated water quality testing at 1,632 water points, ensuring contaminated sources were flushed and treated with shock chlorination to restore safe drinking water. . To promote sustainability, 986 water point committee members were trained in how to maintain hand pumps and water solar reticulated schemes. These initiatives not only supported emergency response efforts but also fostered recovery and resilience by providing communities with reliable and safe drinking water. While household water treatment is critical in emergencies, ensuring the availability of climate-resilient water supply facilities remains a key priority for future preparedness and response to shocks.

UNICEF also enhanced hygiene practices, reaching an estimated 3.67 million people with essential WASH supplies, including hygiene kits, water treatment chemicals, and other critical items. These supplies were distributed in response to floods, droughts, and cholera outbreaks and were crucial in preventing the spread of waterborne diseases and promoting hygiene. The distribution was complemented by hygiene promotion activities, such as mobile van campaigns, radio jingles, and awareness programmes.

To improve sanitation, UNICEF supported 80,263 people, including 5,775 learners in 130 learning facilities, by providing sanitation services at both household and institutional levels. Using a community-led total sanitation (CLTS) approach, UNICEF facilitated the construction of 12,358 domestic latrines and 10,462 household handwashing stations. Additionally, 13 emergency latrines were constructed at sites hosting internally displaced persons, and six climate-resilient latrines were built in schools identified as vulnerable to climate impacts.

As part of cholera control efforts, UNICEF provided capacity building and implemented Case Area Targeted Interventions (CATI) to interrupt transmission routes and reduce cholera infection risks. In collaboration with the Ministry of Health, Ministry of Water and Sanitation, and WHO, UNICEF supported the development of a guiding document for the CATI strategy. Approximately 10 CATI community sessions were conducted, targeting cholera-affected households and nearby communities, reaching 1,486 people. Furthermore, 812 health workers were trained in CATI, and WASH clubs were established in 40 schools, involving 600 members (300 female, 300 male).

As the co-lead WASH Cluster agency supporting the Ministry of Water and Sanitation, UNICEF fulfilled its mandate by ensuring effective leadership for WASH inter-agency coordination. This included integrating links with other sectors' coordination mechanisms to address critical inter-sectoral issues. UNICEF ensured the formulation and dissemination of cluster preparedness plans, response strategies, after-action reviews, and capacity mapping documents. The WASH coordination mechanism served as a platform to identify critical gaps and vulnerabilities, providing comprehensive data on who is doing what, where, when, and how, ensuring all gaps were addressed without duplication.

Education

© UNICEF/UN981207/Mmina/Elephant Media

Learners on Chauma Island rush to board a boat after knocking off from classes

With support from UNICEF in 2024, a total of 66,054 learners (33,688 girls) in flood-affected districts, including Nkhata Bay, Karonga, Rumphi, and Nsanje, were enabled to continue their education. This was achieved through the provision of WASH facilities in schools, temporary learning spaces with tents, school-in-a-box kits, individual learning materials, recreation kits, early childhood development kits, and school bags. These interventions ensured that children in crisis-affected areas had access to safe and conducive learning environments.

In Chikwawa, Mulanje, Nsanje, Nkhotakota, and Phalombe districts, 566 schools were supported to implement safe school protocols aimed at creating healthy and disease-free learning environments. These schools received essential WASH supplies, including buckets, chlorine, and soap, enabling them to adhere to standard operating procedures for cholera prevention. Teachers in these schools were oriented on cholera infection control measures to strengthen their capacity to maintain safe learning environments. As a result, over 566,000 learners benefited from these interventions.

UNICEF also invested in strengthening education systems to build resilience and enhance the capacity of district teams and schools in targeted districts to deliver inclusive, quality education and maintain safe, protective learning spaces. A total of 2,406 teachers and 53 district team members were trained on a range of critical topics, including disability-inclusive disaster risk management (DRM), child protection, gender-based violence (GBV) prevention, prevention of sexual exploitation and abuse (PSEA), data management, and mental health and psychosocial support (MHPSS). By the end of 2024, 421 out of the 566 schools developed and implemented school-based response and preparedness plans, demonstrating improved resilience to humanitarian crises.

In 2024, UNICEF's focus on MHPSS resulted in 9,241 learners receiving mental health and psychosocial support in Chikwawa, Mulanje, Nkhotakota, Nsanje, and Phalombe districts. This was achieved following the training of teachers on MHPSS, child protection, DRM, GBV, and PSEA, equipping them to support affected learners and create a nurturing educational environment.

Child protection, GBViE and PSEA

In 2024, UNICEF-supported protection services reached more than 1.2 million people, addressing key areas such as:

• Case management: 72,758 individuals served (37,107 boys, 35,651 girls)

• Mental health and psychosocial support (MHPSS): 47,972 individuals reached

• Gender-based violence (GBV) risk mitigation and response: 1,007,050 individuals supported

• Channels for reporting Protection from Sexual Exploitation and Abuse (PSEA): 1,149,540 individuals engaged

To achieve these results, UNICEF implemented several interventions, including training and orientation for 6,068 service providers (3,386 men and 2,628 women). Trainees included case managers and workers, children's corner facilitators, MHPSS providers, community policing members, teachers, and community-based organization members.

Case Management: UNICEF provided financial support to the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), enabling child protection workers to conduct household visits and facilitate activities at children's corners (CCs) and community-based childcare centers (CBCCs). These platforms were essential for identifying children in need of care and protection, developing case plans, and providing necessary services, such as guidance and counseling for parents and caregivers and referrals to protection services.

In the realm of Mental Health and Psychosocial Support (MHPSS), 292 providers received training in psychological first aid and group interpersonal therapy. They subsequently conducted individual and group sessions for affected populations.

Under community Policing and PSEA Reporting Channels, UNICEF supported the establishment of 197 community policing forums with 2,257 members. These forums increased community visibility, strengthened connections between communities and affected populations, and provided accessible channels for reporting sexual exploitation and abuse, especially in humanitarian settings.

The Malawi Police Service collaborated with UNICEF to train 2,063 teachers in 141 schools, equipping them to orient school children on PSEA and establish reporting mechanisms, including complaints boxes. Additionally, awareness sessions on GBV and PSEA were conducted at schools and community levels.

These collective efforts reinforced protection systems, enhanced community engagement, and ensured access to critical services for the most vulnerable populations.

Social protection

© UNICEF/UN559815/Chikondi

46-year-old Prisca Jeremiah is photographed in her maize garden at Mtonda Village in in Mangochi southern Malawi on Friday 11 April 2024

In 2024, UNICEF supported the Ministry of Gender, Community Development, and Social Welfare (MoGCDSW) in providing technical assistance that facilitated cash transfers to 293,631 households (1,321,340 people) to mitigate the impacts of climatic and economic shocks. These cash transfers, funded by the European Union, World Bank, and Irish Aid, supported both the Social Cash Transfer Programme (SCTP) beneficiaries and temporary recipients across 14 districts.

UNICEF's assistance also focused on fundraising and system strengthening, particularly enhancing the grievance and redress mechanism (GRM) and the Emergency Management Information System (EMIS). These systems improved the transparency and accountability of cash transfer disbursements, ensuring households could access their funds efficiently.

For the 2024/25 Lean Season preparations, UNICEF supported MoGCDSW in integrating a nutrition-sensitive component into the Lean Season Response, aligning with the Nutrition-Sensitive Social Protection Operational Framework (2023).

In August 2024, with UNICEF funding, the MoGCDSW disbursed a one-off cash transfer of MWK 148,000 (USD 85) to 945 SCTP beneficiary households in Nkhotakota district, who were affected by the March 2024 floods. A post-distribution survey revealed a 31-percentage point reduction in food insecurity among these households following the cash transfers.

UNICEF also provided coordination support through the Cash Working Group, collaborating with DODMA to determine the cash transfer value of the food security minimum basket for the El Niño and lean season responses.

Cross-sectoral (HCT, C4D, RCCE and AAP)

In 2024, UNICEF used diverse approaches to ensure affected populations had access to culturally appropriate, gender- and age-sensitive information, services, and interventions. These efforts focused on promoting safe hygiene practices, preventing sexual exploitation and abuse, fostering positive parenting, and encouraging other critical family practices.

Through mass media campaigns, nine million people were reached via messages aired on radio and TV. Additionally, community engagement and mobilization activities—including mobile vans, roadshows, and community drama performances—helped deliver messages to approximately 2.87 million people, including children, caregivers, and community members. UNICEF also provided technical support to develop and produce integrated communication materials, which were used by the Government of Malawi and other

key partners in the response.

UNICEF worked through community structures to ensure 12,508 affected individuals were consulted and actively participated in all phases of the programme cycle. Community leaders, including faith, traditional, and market leaders, played a vital role in interventions, ensuring their voices informed programming and remained central to decision-making.

Community engagement activities supported by UNICEF empowered communities to advocate for better services and hold duty-bearers accountable for delivering quality services. Approximately 83,793 people were consulted through various platforms, such as U-Report and focus group discussions. These consultations enabled affected populations to raise concerns and ask questions about critical services, including chlorine availability, sanitation facilities in camps, relief and response support for displaced populations, malaria treatment supplies, access to health personnel, and mobilization for children's nutrition screening.

To guide people-centered programming, UNICEF invested in evidence generation. For example, a district-level qualitative assessment on cholera prevention highlighted key knowledge, attitudes, practices, and barriers influencing health-seeking behaviors. The findings revealed that while communities had high awareness about cholera prevention, there were delays in seeking care due to challenges with access and affordability. As a result, UNICEF shifted its risk communication efforts to focus on promoting easy access to and use of oral rehydration salts (ORS).

In collaboration with the Ministry of Health, UNICEF co-led the development of Risk Communication and Community Engagement (RCCE)/SBC strategies and interventions for cholera control and supported the creation of key messages for El Niño preparedness and response. As part of capacity-building efforts, UNICEF facilitated training for 48 Health Promotion Officers across the country, equipping them to implement evidence-based interventions in both development and humanitarian settings.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2024, UNICEF Malawi worked closely with UN agencies including UNHCR, IOM, WHO, WFP, FAO, UNFPA, OCHA, UNDP etc as well as international and national NGOs, the Malawi Red Cross, and key government ministries and departments at national and district levels. This collaboration supported the development and coordination of the Government's El Niño Flash Appeal, Cholera response providing valuable insights into the effectiveness of multi-sectoral interventions. It also strengthened advocacy and fundraising efforts while identifying areas for improvement to better address the needs of vulnerable children.

UNICEF took a comprehensive approach to addressing the needs of children and families in Malawi, integrating life-saving services across health, nutrition, WASH, education, child protection, cash transfers, and risk communication. To enhance emergency preparedness and build local and national capacities, UNICEF implemented a holistic disaster risk management strategy, working closely with the government, partners, and communities while providing technical expertise and support. All interventions were designed to be child-sensitive, gender-responsive, innovative, and disability-inclusive to ensure equitable support for the most vulnerable populations. A central focus of UNICEF's efforts was to ensure that the government and its partners maintained agile technical capacities to deliver timely and effective life-saving emergency assistance to affected children and their families.

In response to the severe floods in Nkhotakota district, the worst affected in 2024, UNICEF prioritized providing services to displaced people in IDP camps and host communities. These services included access to safe water, sanitation, and essential health care. To encourage learners to return to education, UNICEF implemented a back-to-school campaign that encompassed an integrated package of interventions, including the distribution of teaching and learning materials, the provision of tents for safe learning spaces, improvements to school WASH facilities, and the delivery of protection services to safeguard vulnerable children.

The cholera response in 2024 was structured around UNICEF's Core Commitments for Children (CCCs), specifically tailored to public health emergencies in Malawi. The response emphasized prevention, care, and treatment for at-risk and affected populations while ensuring the continuity of essential health and social services.

Building on lessons learned from the October 2023 cholera outbreak after-action review conducted by the Public Health Institute of Malawi and the Ministry of Health, UNICEF's strategy focused on coordination and advocacy, WASH and Infection Prevention and Control, health and nutrition services, social behavior change initiatives, and supply and resource mobilization. UNICEF leveraged its existing partnerships with the government, UN agencies, NGOs, and local communities to deliver an integrated package of life-saving services and ensure timely, effective support in hotspot areas.

UNICEF's emergency response in 2024 also placed significant emphasis on addressing the needs of vulnerable groups, including children with disabilities, adolescents, and women and girls. Through collaboration with faith leaders and community leaders, UNICEF disseminated life-saving messages that highlighted gender-based violence, accountability to affected populations, and the prevention of sexual exploitation and abuse. These messages were instrumental in fostering community awareness and strengthening protective measures in the affected areas.

As a co-lead agency for the WASH, Education, Child Protection, and Nutrition clusters, UNICEF played a pivotal role in coordinating the humanitarian response in Malawi. The organization also contributed as a key player in the Health Cluster, the Risk Communication and Community Engagement Cluster, the Food Security Cluster, and the Cash Working Group. UNICEF's played a key role in ensuring that emergency responses were well-aligned with government priorities, effectively addressed critical gaps, and optimized resource allocation for maximum impact.

Furthermore, UNICEF supported the development of Government multi-hazard contingency plans, cluster strategies, and after-action reviews to strengthen preparedness and response capacities at both national and subnational levels.

UNICEF's approach in 2024 prioritized cross-sectoral collaboration to address immediate and long-term needs comprehensively. By integrating health, WASH, nutrition, and education services with protection and risk communication efforts, UNICEF provided a unified response that not only met life-saving needs but also strengthened resilience and recovery in the most affected communities.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Navigating and surviving floods | UNICEF Malawi
- Ending cholera in Blantyre's worst-hit school

HAC APPEALS AND SITREPS

- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals

- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: JANUARY-MARCH 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
Health					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	1.5 million	840,000	1.5 million	179% [3]
Healthcare workers trained in case management, infection prevention and control, and water and sanitation for health facility improvement	Total	5,000	5,000	1,868	37%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	30,000	30,000	9,457	27%
Children vaccinated against measles, Supplemental dose	Total	840,000	840,000	250,000	30%
Pregnant and lactating women living with HIV receiving antiretroviral therapy	Total	184,000	3,500	8,266	94%
Adolescents who have appropriate and lifesaving information on how and where to access interventions on HIV prevention, care and Treatment	Total	253,000	67,000	55,610	0%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	62,067	44,573	72%
Children 6-59 months screened for wasting	Total	-	2.7 million	2.9 million	107%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	360,960	331,782	92%
Child protection, GBViE and PSEA					
Children who have received individual case management	Total	-	7,910	72,758	920% [4,5]
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	868,560	47,972	6%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	2.5 million	1 million	42%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	1.3 million	1.1 million	88%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	30	-	0% [6]
Education					
Children accessing formal or non-formal education, including early learning	Total	-	920,000	66,054	0%
Children receiving individual learning materials	Total	-	100,000	10,385	0%
Schools implementing Disaster Risk Reduction (DRR) plans including safe school protocols (infection prevention and control)	Total	-	400	566	142%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
Children accessing MHPSS in their schools/learning programmes	Total	-	15,000	9,241	▲ 62%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	1 million	1.4 million	▲ 141%
People accessing appropriate sanitation services	Total	-	100,000	80,263	▲ 80%
Learning facilities and safe spaces reached with basic WASH services	Total	-	100	130	▲ 130%
People reached with critical WASH supplies	Total	-	4.7 million	3.7 million	▲ 78%
Social protection					
Households benefitting from new or additional social assistance (cash/in kind) measures from governments with UNICEF-technical assistance support	Total	-	260,000	293,631	▲ 113%
Households reached with UNICEF-funded humanitarian cash transfers	Total	-	8,444	945	▲ 11%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services	Total	-	6.6 million	9 million	▲ 137%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	376,000	83,793	▲ 22%
People from the affected population/targeted populations that have been consulted and/or participated in all phases of the programme cycle	Total	-	25,000	12,508	0%

**Progress in the reporting period 1 January to 31 December 2024*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2024	Resources available from 2023 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	7,923,960	4,481,498	1,615,437	1,827,025	23%
Nutrition	9,402,062	3,865,890	814,717	4,721,455	50%
Child protection, GBViE and PSEA	3,282,800[7]	1,033,522	69,726	2,179,552	66%
Education	4,048,400	-	346,688	3,701,712	91%
Water, sanitation and hygiene	13,166,000	2,612,742	2,560,852	7,992,406	61%
Social protection	1,444,548[8]	7,475	134,339	1,302,734	90%
Cross-sectoral (HCT, SBC, RCCE and AAP)	8,114,962[9]	574,683	1,471,718	6,068,561	75%
Total	**47,382,732**	**12,575,810**	**7,013,477**	**27,793,445**	**59%**

Funding available *- funding available in the current appeal year to respond in line with the current HAC appeal.*
Humanitarian resources*– humanitarian funding commitments received from donors in the current appeal year.*
Resources available from 2023 (carry over)*– funding received in the previous appeal year that is available to respond in line with the current HAC appeal*

Who to contact for further information:

Shadrack Omol
Country Representative
T +2651770770
somol@unicef.org

Eulette Ewart
Chief of Communication
T +265987017625
eewart@unicef.org

Bhawna M Vajpai
Chief Humanitarian Action and Resilience (HAR)
T +265986531144
bmvajpai@unicef.org

ENDNOTES

1. Humanitarian Performance reports, UNICEF as on 31st December 2024.

2. These results are as of 31st December 2024, Humanitarian Performance reports

3. The achievement is higher due to an initially lower target based on the assumptions at the time of indicator adaptation.

4. The target was understimated initially. Protection cluster target for the same indicactor was 80,000 and UNICEF as a co-lead contributed significantly.

5. Reach lower than last report due to adjustment in double counting between people reached by NGO partner and the district council

6. No unaccompanied children were reported in the floods situations that occurred.

7. Of the total requirement of $3.3 million, $986,000 will be allocated to interventions for protection from sexual exploitation and abuse and $465,000 will be allocated to the response to gender-based violence.

8. Cash transfers are rolled out by the government Social Cash Transfer Programme, the flagship social assistance programme in Malawi. Recipients include beneficiary households enrolled in the programme who receive a top-up, and non-beneficiary households in affected communities who will temporarily receive cash transfers.

9. This includes among other things, $1.5 million for humanitarian cash transfers, $3.8 million for social and behavioural change, $2.3 million for accountability to affected populations and $52,200 is for adolescent development.