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A community health center screening a child for malnutrition in Joni Village in Chikwawa district during a UNICEF mass screening campaign in April 2025.

unicef for every child

Humanitarian Situation Report No. 1

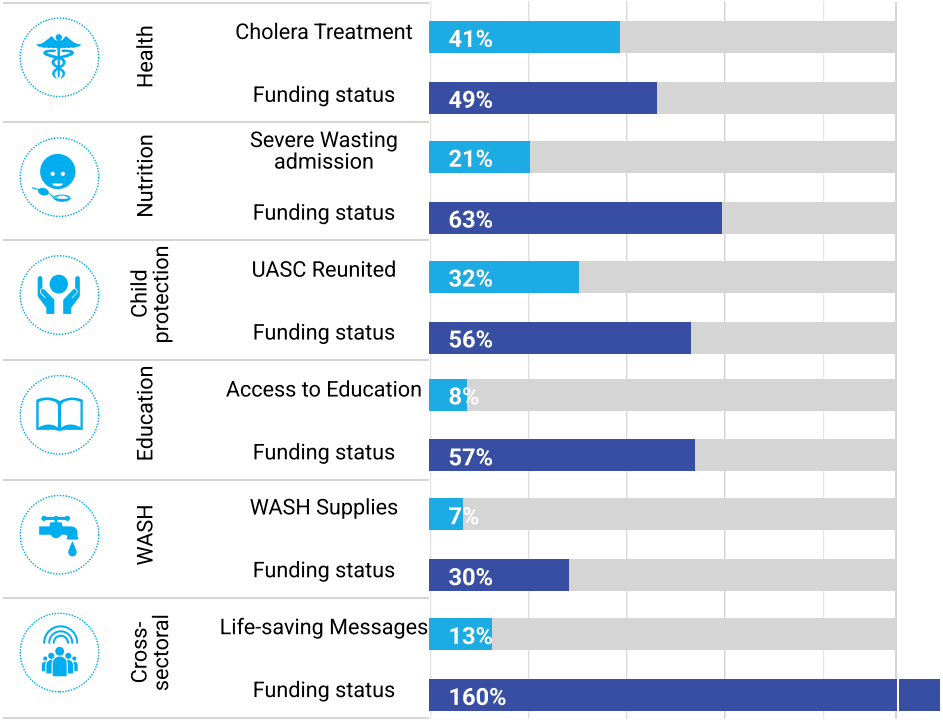
Reporting Period
1 January to 31 March

Malawi

HIGHLIGHTS

- Between October 2024 and March 2025, 5.7 million people faced acute food insecurity.
- The nutrition situation has deteriorated significantly, with severe malnutrition rising by 21 per cent, from 1,649 in February 2024 to 5,076 in February 2025.
- As of 27th March 2025, 41,315 households (approximately 185,900 people) have been affected by the sudden onset of climate-related hazards, including Cyclones Jude and Chido.
- The country is dealing with many public health issues, including a cholera outbreak that started on 8th September 2024, with 306 Cholera cases registered and 932 cases of measles reported by the end of March.
- Through UNICEF's support, 7,740 learners, including 3,824 girls, have gained access to inclusive, quality education and learning in safe and protective environments.
- UNICEF has provided access to safe water for drinking and domestic needs to 21,966 people from Mozambique and host communities in Nsanje district.

UNICEF RESPONSE AND FUNDING STATUS*



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

SITUATION IN NUMBERS

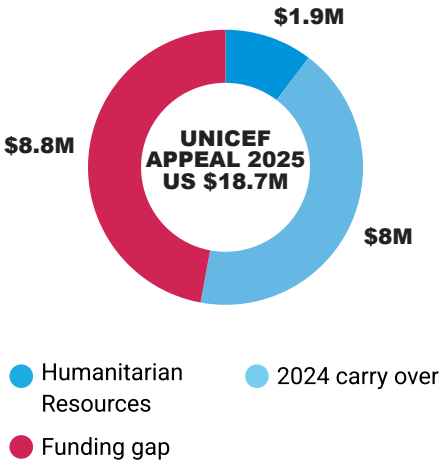
5,700,000
People in need of humanitarian assistance

2,900,000
children in need of humanitarian assistance

306
cholera cases between September 2024 - March 2025

7,904
Forcibly Displaced Persons (FDPs) from Mozambique

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 2025, UNICEF Malawi needs US$18,742,189[1] to maintain life-saving services for those affected by various crises, including climate-related events, disease outbreaks, and displacement due to violence. By the end of March 2025, UNICEF had received US$ 9,917,371. This funding and contributions from UNICEF's Global Humanitarian Thematic Funds and carryover funds from 2024 have helped address immediate needs. However, there are still significant shortfalls in all response programmes, particularly in cash-based responses and protection-related interventions, which have received no funding in 2025. To fully meet the needs of children and families, UNICEF depends on the generous support of our partners to bridge the funding gap.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Malawi is facing a cholera outbreak which started on 8th September 2024. Between September 2024 and 30th March 2025, 306 cholera cases were registered, including 15 deaths, across 12 of the country's 29 health districts. The case fatality rate of 4.9 per cent is significantly higher than the WHO threshold of 1 per cent. This indicates a severe impact on the affected population and underscores the need to continue strengthening response measures. Enhanced efforts in treatment-seeking and effective case management after admission are crucial to reducing fatalities. Only one district reported new cases in the last 28 days of March, suggesting that the outbreak may be coming under control in most areas, though vigilance is still required.

Additionally, sporadic measles cases have been reported in nine districts, with over 40 per cent of cases occurring in children aged five years or older. As of 30 March, 932 cases (50 per cent girls) were recorded. While targeted vaccination efforts are underway in affected areas, concerns persist about potential escalation as over 50 per cent of cases are in children older than five who are not covered by the vaccine. Furthermore, funding issues may leave thousands of children unvaccinated, increasing the risk of large outbreaks.

While recurrent climatic events continue to pose challenges, the current rainy season (October 2024 to April 2025) has seen a reduction in the number of people affected by floods and other weather-related events compared to the previous three years. As of 27th March 2025, 41,315 households (approximately 185,918 people) have been affected by sudden-onset climate-related hazards, including Cyclones Jude and Chido. Cyclone Jude (March 2025) impacted 10 councils[2] [3] , affected 7,265 households (32,692 people), displaced 5,155 people (3,524 in camps, 1,631 with relatives), causing 9 injuries and two deaths, while Cyclone Chido (December 2024) affected 10,159 households (45,162 people) across 18 district councils and 3 city councils. Despite the reduction in flood-related impacts, ongoing disaster management, improved infrastructure, and community preparedness remain crucial to mitigate future weather-related events.

In early 2025, the country's nutrition situation worsened considerably. Severe Acute Malnutrition (SAM) admissions rose by 21 per cent per cent, from 1,649 in February 2024 to 5,076 in February 2025. This is expected given that 5.7 million people faced acute food insecurity between October 2024 and March 2025, according to the IPC (Integrated Food Security Phase Classification) Acute Food Insecurity Analysis (May 2024 - March 2025) published on 5th July 2024.

Malawi began receiving forcibly displaced persons (FDPs) from Mozambique on December 23, 2024, following the post-election violence that erupted in the country. By the end of the registration exercise on 13th February 2025, 3,898 households (7,904 individuals) were registered in the Nsanje, Dedza, Mulanje, and Mwanza districts. Following stabilization of the situation in Mozambique, voluntary repatriation commenced on 1st March and has been completed by mid-March. 229 households that opted not to go back to Mozambique are still at the Nyamithuthu site in Nsanje, and plans are underway to move them to an existing refugee camp in central Malawi. The National Stakeholder Group agreed that the camp should be officially closed by 30th April.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health and HIV/AIDS

UNICEF provided multisectoral support and supplies to the Mozambican forcibly displaced people (FDPs), including tents for delivering outreach health services. UNICEF had prepositioned health supplies, including inter-agency health kits able to cover 13,000 population for three months and Acute watery diarrhea (AWD) kit able to treat 100 cases, including 40 severe cholera cases in the host district Nsanje district. The supplies provided also supported outreach activities and the continuity of access to essential health services, including HIV. UNICEF also provided over 3,000 long-lasting insecticide-treated bed nets (LLIN) to enhance the prevention of vector-borne diseases, including malaria, among children and women in the Nsanje district. In addition, in collaboration with UNHCR, 18,000 LLINs were delivered to the Dzaleka refugee camp to strengthen malaria prevention.

With support from FCDO, UNICEF and partners are responding to the impacts of cyclone Chido in four districts, namely Chiwawa, Rumphi, Kasungu and Nsanje. Key activities include rehabilitation of the damaged infrastructure at targeted health facilities, providing health supplies and equipment, and training staff to strengthen cholera response capacities. UNICEF and WHO are contributing to the measles control efforts by supporting targeted mass vaccination activities. Vaccination activities have been localized to catchment areas where confirmed cases of measles have been reported. UNICEF continues to support the procurement of vaccines for routine programming, complementing government efforts to avert stockouts.

Nutrition



UNICEF, in partnership with UNHCR and the Malawi Government, is providing critical Nutrition support to refugees in Nsanje.



Davido Fanwell, 7 and Loyce Eric, 9 narrate their chronicles of fleeing violence from Mozambique to Malawi through drawings at the newly established CBCC

During the first quarter of 2025, a total of 189,852 (89,585 males and 100,627 females) under five children were screened for child wasting and nutrition oedema in four districts affected by El Nino drought related food insecurity, namely Mangochi, Chikwawa, Nsanje and Salima. This has contributed to the 10,074 (4,835 males and 5,239 females) children suffering from severe malnutrition being treated in the Community Management of Acute Malnutrition (CMAM) programme during the reporting period. Performance indicators have remained within the acceptable sphere standards with a cure rate of 94.6 per cent, a death rate of two per cent, a default rate of 2.6 per cent, and a non-response rate of 0.8 per cent. Contributing to these positive results, UNICEF ensured constant availability of nutrition therapeutic supplies for the treatment of severe acute malnutrition through the procurement and last-mile distribution of 12,743 boxes of ready-to-use therapeutic food (RUTF), 84 cartons of F100 therapeutic milk and 115 cartons of F75 therapeutic milk in all 28 districts of the country.

Infant and young child feeding (IYCF) counselling and messaging reached a total of 376 (75 male and 301 female) caregivers of children aged 0-23 months, promoting optimal maternal, infant and young child nutrition (MIYCN) behaviours and raising awareness on the prevention of malnutrition. The messages were delivered through care group sessions, growth monitoring and promotion sessions, and door-to-door visits in flood and drought-affected communities as well as among the FDPs.

In its role as nutrition cluster co-lead, UNICEF ensured strong leadership and coordination of the nutrition emergency response. UNICEF supported the creation of the 2025 national contingency plan in collaboration with all cluster members and provided technical support to all 28 district councils to align their contingency plans with the national strategy. During Tropical Cyclone Jude, UNICEF and the Department of Nutrition held daily meetings to discuss nutrition issues, check resources, find gaps, share lessons, and plan the next steps.

Education

Through UNICEF's support, 7,740 learners, including 3,824 girls, have gained access to inclusive, quality education and learning in safe and protective environments. This includes:

• 1,817 learners (863 girls) who acquired equitable access to inclusive and quality learning opportunities at Nyamithuthu Primary School, where the Mozambican learners were integrated to continue learning while seeking asylum in Malawi. Both the Mozambican and Malawian learners benefited from assorted items, including five tents for learning space, eight school-in-a-box kits, assorted individual learning materials, two recreation kits and 1,921 mosquito nets. The school was also provided with soap and buckets to aid the implementation of safe school protocols. To support the District Education Office in monitoring education activities at Nyamithuthu Primary School and participating in coordination meetings at the Nyamithuthu settlement for forcibly displaced people, UNICEF provided funds for logistical expenses

• 5,203 learners (2,584 girls) were supported to continue accessing formal education programmes in three schools in the Chikwawa and Mulanje districts, which were worst affected by Tropical Cyclone Jude. This was achieved through the provision of 12 tents, seven school-in-a-box kits, individual learning materials, three recreation kits, 30 buckets and 300 tablets to aid the implementation of safe school protocols.

• 720 learners (377 girls) benefited from 360 double desks provided to three schools as part of recovery efforts from the impact of Tropical Cyclone Freddie, which affected the country in 2023. These schools were completely damaged, and their locations were rendered unsafe. The government decided to relocate these schools to higher grounds to ensure the safety of the learners as part of resilience-building efforts. The construction of the new school blocks has recently been completed, providing a safer and more resilient learning environment for the students. The desks provided by UNICEF will help to provide a more conducive environment and improve learning outcomes.

Water, sanitation and hygiene



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UNICEF Delivers Vital Aid to Refugees in Nsanje, Malawi UNICEF, in partnership with UNHCR and the Malawi Government, is providing critical support to refugees in Nsanje

A total of 21,966 people (11,203 female, 10,763 male) in eight districts[4] gained access to a sufficient quantity and quality of water for drinking and domestic needs. This was made possible through key interventions, including water trucking operations that provided safe drinking water to 7,904 displaced persons from Mozambique (51 per cent female) hosted in Nsanje district, as well as water treatment services that reached 14,062 people across various districts. These efforts significantly reduced the risk of waterborne diseases and improved overall health outcomes among the FDPs and the host communities.

Sanitation interventions also saw considerable progress, providing improved sanitation facilities to 36,569 individuals (18,650 female and 17,919 male) in Chikwawa and Nsanje districts. An estimated 2,285 Mozambican FDPs benefited from the installation of temporary toilets equipped with handwashing stations and the installation of temporary bathing facilities, ensuring safe and dignified sanitation in Nsanje district. Additionally, through the implementation of Community-Led Total Sanitation (CLTS) interventions, over 6,000 households with 34,284 people (17,485 female, 16,799 male) constructed new latrines and handwashing facilities in Nsanje and Chikwawa districts. These improvements have contributed to better hygiene practices, reduced open defecation, and a lower risk of disease outbreaks in the targeted areas.

Hygiene promotion remained a key pillar of the response, with 78,569 people (40,070 female, 38,499 male) receiving critical WASH supplies such as soap, water treatment chemicals, and hygiene kits. This initiative, combined with hygiene promotion sessions led by Health Surveillance Assistants (HSAs), empowered communities to adopt and sustain safe hygiene behaviours, particularly regular handwashing with soap. These efforts have been instrumental in reducing the spread of infections and improving overall public health resilience.

As part of cholera control efforts, UNICEF continues to support the implementation of the Case Area Targeted Intervention (CATI) approach. During the reporting period, a community in Nsanje conducted a CATI session with UNICEF's support that served 724 people. This session included hygiene promotion, infection prevention services, and the provision of essential WASH supplies to curb cholera transmission. To ensure districts are prepared for rapid and coordinated action using the CATI approach, UNICEF conducted Training of Trainers (ToT) sessions across nine districts: Blantyre, Mangochi, Nsanje, Machinga, Neno, Rumphi, Nkhatabay, Lilongwe, and Dedza. These sessions trained 90 key district-level officers (23 female, 76 male), including health, water and development coordinators from the targeted districts. This is expected to enhance district-level preparedness and response mechanisms for cholera.

Child protection, GBViE and PSEA

Out of a population of 7,904 forcibly displaced people (FDP) from Mozambique who were hosted at Nyamithuthu and Tengani in Nsanje District, UNICEF's child protection response reached 1,155 children. These children received mental health and psychosocial support (MHPSS) support through the provision of 10 recreational kits and two tents, which facilitated activities in safe spaces. Additionally, 2,843 people were reached with messages on child protection and gender-based violence. Through Malawi Police interventions, 3,000 people also had access to reporting mechanisms for cases of violence, exploitation, abuse of authority, and PSEA by host communities and humanitarian workers. In addition, UNICEF assisted in the assessment of 8 unaccompanied and separated children among the Mozambiquan FDPs. These were reunified with their parents and caregivers.

MHSSP activities are also being supported in response to the El Niño-induced drought and in districts recovering from Cyclone Freddy, namely Machinga, Phalombe and Chiradzulu districts. In Machinga, UNICEF has provided 200 tarpaulins to facilitate recreational and protection activities, which, when delivered to designated sites, will benefit 14,000 children. Sixty recreational kits were distributed in Chiradzulu and Phalombe districts, supporting psychological first aid (PFA) activities for 4,200 children in children's corners, bringing the total number of children, adolescents and caregivers accessing community-based mental health and psychosocial support to 5,355 people[5] . These efforts highlight the comprehensive approach taken to ensure the safety and well-being of the displaced population and those affected by natural disasters.

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

In drought-affected Karonga, Nkhotakota, Lilongwe, Balaka, Phalombe, and Machinga districts, UNICEF partnered with the Department of Disaster Management Affairs (DoDMA) and the Ministry of Information to assess coping mechanisms within the affected communities. Engaging 300 households and 144 community members, the assessment aimed to uncover actionable insights into how populations are managing drought-induced food insecurity. These insights will inform the creation of localised, people-centred strategies for effective drought response, preparedness, and resilience-building.

Moreover, in collaboration with the Ministry of Health's District Health Promotion Offices, UNICEF conducted Rapid Qualitative Assessments (RQAs) in Mzimba North and Rumphi districts. These assessments sought to identify the drivers of cholera transmission and the obstacles to adopting positive health behaviours. Such efforts are vital for fostering measurable behaviour and social change, ensuring that humanitarian programs remain centred on the people's needs.

To enhance awareness of Mpox, Measles and Cholera, UNICEF supported the Ministry of Health (MoH) in developing context-specific and user-friendly IEC materials, including 64,000 posters and leaflets, which were disseminated to all 29 District Health Offices and their health facilities. Furthermore, a U-Report poll on Mpox was deployed, with 8,000 U-Reporters responding, with a key result indicating the need for improved knowledge, as 50 per cent of participants were not aware of Mpox and its mode of transmission. Additionally, more than 123,000 people, including youth, faith and community leaders and water point committee members, have been reached with Cholera prevention messages in Chikwawa and Balaka District councils.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF is addressing the needs of children and families in Malawi by integrating services across health, nutrition, WASH, education, child protection, cash transfers, and risk communication. To enhance emergency preparedness and build local capacities, UNICEF is implementing a holistic disaster risk management strategy in collaboration with the government, partners, and communities. All interventions are designed to be child-sensitive, gender-responsive, innovative, and disability-inclusive, ensuring equitable support for the most vulnerable populations. Accountability to Affected Populations (AAP) is a key aspect of UNICEF's strategy.

The Department of Disaster Management Affairs coordinates the response across 11 sectors. UNICEF co-leads WASH, Nutrition, Education, and Protection, and contributes significantly to the Health Cluster and Cash Working Group under the Food Security Cluster. UNICEF also plays a key role in the coordination cluster, particularly in the use of drones for rapid needs assessment during flood disasters. Additionally, the National Epidemic Committee, led by the Ministry of Health and Population (MOHP), provides a forum for coordinating disease epidemic management. Recently, through the committee's National Cholera Task Force, UNICEF, in collaboration with WHO, provided technical, material, and financial support for developing a Cholera Response Manual for Health Workers.

Through these coordination mechanisms, UNICEF supports the development of multi-hazard preparedness and response plans, strengthens capacities at national and subnational levels, and aids resource mobilization efforts.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Following the ongoing impact of El Niño on Malawi's food security situation and FDPs from Mozambique at Nyamithuthu Camp, UNICEF continued to produce Social media content and human-interest stories, to highlight efforts to address critical life saving and learning needs of the Children.

- Through crayon, children in south Malawi refugee camp speak out
- Children celebrated the opening of a new UNICEF supported Community-Based Childcare Centre.
- UNICEF, in partnership with UNHCR supporting in providing essential supplies at Nyamithuthu camp.
- protecting displaced children in Nyamithuthu camp with the support of UKAid.

HAC APPEALS AND SITREPS

- Malawi Appeals
  www.unicef.org/appeals/malawi
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: APRIL- JUNE 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	952,000	-	0%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	10,000	4,079	▲ 41%
Children vaccinated against measles, supplemental dose	Total	-	350,000	-	0%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	47,242	10,074	▲ 21%
Children 6-59 months screened for wasting	Total	-	1.8 million	189,852	▲ 11%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	350,000	376	0%
Child protection, GBViE and PSEA					
Children identified as in need of specialized services who are referred to health, social welfare and justice services	Total	-	70,000	5	0%
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	475,000	5,355	▲ 1%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	1.9 million	2,843	0%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	1.2 million	3,000	0%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	25	8	▲ 32%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	100,000	7,740	▲ 8%
Children receiving individual learning materials	Total	-	100,000	7,740	▲ 8%
Schools implementing Disaster Risk Reduction (DRR) plans including safe school protocols (infection prevention and control)	Total	-	100	7	▲ 7%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	885,600	21,966	▲ 2%
People accessing appropriate sanitation services	Total	-	442,800	36,569	▲ 8%
Learning facilities and safe spaces reached with basic WASH services	Total	-	50	-	0%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
People reached with critical WASH supplies	Total	-	1.1 million	78,569	▲ 7%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	70,000	1,000	▲ 1%
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	2,100	-	0%
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	-	920,000	123,000	▲ 13%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	231,000	8,000	▲ 3%
People from the affected population/targeted populations that have been consulted and/or participated in all phases of the programme cycle	Total	-	190,000	30,000	▲ 16%

**Progress in the reporting period 1 January to 31 March*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	3,130,000	297,356	1,221,022	1,611,622	51%
Nutrition	4,736,930	853,063	2,119,500	1,764,367	37%
Child protection, GBViE and PSEA	1,080,000	-	607,014	472,986	44%
Education	1,180,889	255,682	421,651	503,556	43%
Water, sanitation and hygiene	5,757,770	449,418	1,267,352	4,041,000	70%
Social protection	1,356,600	-	32,759	1,323,841	98%
Cross-sectoral (HCT, SBC, RCCE and AAP)	1,500,000	81,700	2,310,854	-	0%
Total	**18,742,189**	**1,937,219**	**7,980,152**	**8,824,818**	**47%**

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 2024 (carry over)*– funding received in the previous appeal year that is available to respond in line with the current HAC appeal*

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ENDNOTES

1. Malawi HAC appeal target for 2025.
2. Malawi has 29 Administrative district and 29 Health districts.
3. Nsanje, Chikwawa, Neno, Blantyre City, Mwanza, Phalombe, Zomba City, Mangochi District, Thyolo District, Mulanje
4. Nsanje, Mulanje, Blantyre, Chikwawa, Mangochi, Phalombe, Zomba and Mzimba
5. 4200 in Chiradzulu and Phalombe and 1,155 in Nsanje