

Drought in Malawi

UNICEF video B-Roll

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1) DROUGHT, MALNUTRITION AND POVERTY

Introduction:

Due to drought, Malawi is suffering its worst food shortage in nearly half a century. The UN has launched an appeal for USD 144 million in response to the country's humanitarian crisis and in a bid to avert a famine in the coming months. But already UNICEF's nutrition programmes are reducing the number of malnourished children in many feeding centres. The number has declined by half since April. But more support is required to reach and support all the vulnerable children in Malawi and the other affected countries in southern Africa.

Script:

According to the UN, the rainy season of 2001/2 was marked by huge downpours of rain which caused water-logging and flooding affecting more than half a million people and 40,000 hectares of crops. It was a primary cause of the present food shortage and many experts blame environmental factors. Around the Lithipe River near Salima in Central Malawi, some of those factors are obvious. The countryside now is very dry, disguising the fact that these areas are very flood-prone. Trees have been cut down on the banks, reducing tree and vegetation cover significantly. This, according to experts, increases flooding and waterlogging. People are gathering more firewood than ever because they can sell it to buy food. For some it is their only source of income because their crops have failed.

A visit with Lofela Getinala to her village Mewazi One illustrates the crisis. She has four children at home. One of them, with distended abdomen, shows clear signs of serious malnutrition. Lofela shows her storeroom. It should be full of maize but its containers are empty. In her field, some 10 kilometres walk from the village, Lofela surveys her failed crop of maize. Floods earlier this year destroyed the harvest. She says they are always getting flooded here. *'I got nothing from this field because it was waterlogged. I'm just depending on vegetable leaves to feed the children. My husband died seven months ago and I have nothing to feed them. It's difficult to support them because there is no source of income. I have been feeding them maize husks but even they have run out now'*

These women and children at the Nutrition Rehabilitation Centre at Mua Hospital, near Dedza in Central Malawi, are on the verge of starvation. They have come here in desperation to this to receive life-saving food bought by UNICEF. Some of these children would have died without the high-energy milk they were given at the height of the crisis a few months ago. But they and their mothers still have to attend to avoid hunger. Today they are receiving fortified maize with some beans and vegetables. This is one of 89 UNICEF-supported centres in Malawi providing supplementary feeding. Lofela is here with two of her children. Her youngest child's feet still show the scars of skin disease from malnutrition. 50 year old Lofela says she has given birth to fifteen children, but eight have died of starvation over the years. *'When I am here I hope my children will survive, but I am not hopeful when I return home. When I go back we'll starve because we have no other assistance'*

Mua Hospital's Matron FEBIE MATIPWILI, has seen hundreds of women and children over the past few months and says that many are eating leaves and grass: *'Yes it's malnutrition by now because all the people say they don't have food right now in the villages. Yes they are surviving because they are using some other food. But they are not real food because they cause them more problems like diarrhoea and constipation. But still they take them just to feed themselves.'*

UNICEF's ELIZABETH HUGHES lays out her organisation's priorities. *'For us here in UNICEF Malawi we are trying to support emergency nutrition. That includes providing assistance both medical and in terms of specialised foods for children who are severely malnourished. We have located 89 centres throughout the country so we do need resources to buy the supplies, the therapeutic food, to train people, to continue to monitor and support that programme'*

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TIMECODE	SHOT LIST
01.01.25	various shots near MEZAWI ONE village
01.01.28	empty maize container
01.01.44	women pick leaves off bushes to eat
01.01.58	tilt up maize container to reveal old leaves
01.02.10	various shots of LITHIPE RIVER near SALIMA showing cut down trees on banks
01.02.35	soil erosion in same area
01.02.48	LOFELA GETINALA returns to her village of MEWAZI ONE
01.03.00	one of Lofela son's showing signs of malnutrition
01.03.12	another of her sons
01.03.20	LOFELA shows empty food containers
01.03.33	LOFELA in her field
01.03.40	old maize on stalk
01.03.45	interview with LOFELA <i>'I got nothing from this field because it was waterlogged. I'm just depending on vegetable leaves to feed the children. My husband died seven months ago and I have nothing to feed them. It's difficult to support them because there is no source of income. I have been feeding them maize husks but even they have run out now'</i>
01.04.13	Mua Hospital near Deeds, Central Malawi, supplementary feeding, various shots of children and women awaiting next meal
01.04.19	child's foot swollen from lack of food
01.04.26	pan to LOFELA GETINALA
01.04.37	CU her child
01.04.41	various shots of fortified maize being prepared
01.05.16	women collect their dishes of maize porridge and take them indoors
01.05.38	exterior hospital ward
01.06.10	interiors of ward, women eating meals
01.06.22	LOFELA eats with two of her children
01.06.37	single shot LOOPHOLE's other child
01.07.04	child feed herself
01.07.19	interview with LOFELA <i>'When I'm here I have hope my child will survive, but not when I go back home. We'll starve there because there is no assistance'</i>
01.07.34	interview with FEBIE MATIPWILI, Matron, Mua Hospital <i>'Yes it's malnutrition by now because all the people say they don't have food right now in the villages. Yes they are surviving because they are using some other food. But they are not real food because they cause them more problems like diarrhoea and constipation. But still they take them just to feed themselves.'</i>
01.07.40	cutaway children
01.07.46	interview with FEBIE continued
01.08.06	interview with ELIZABETH HUGHES, UNICEF, MALAWI <i>'For us here in UNICEF Malawi we are trying to support emergency nutrition. That includes providing</i>

	<i>assistance both medical and in terms of specialised foods for children who are severely malnourished. We have located 89 centres throughout the country so we do need resources to buy the supplies, the therapeutic food, to train people, to continue to monitor and support that programme'</i>
01.08.39	sunset northern Malawi

2) WATER, POLLUTION AND HEALTH

Introduction:

Malawi's food shortages, together with the critical water conditions, are characterised by an upsurge in other illnesses including cholera, measles and HIV/AIDS. Hungry people have lower resistance to disease. One of the most critical factor is unsafe water and poor sanitation and hygiene, which UNICEF is addressing, in order to reduce disease levels long-term. Malawi continues to suffer a sporadic cholera epidemic in central and southern areas.

Script:

At the hospital in Nkhotakota there is a steady influx of cholera patients suffering the tell-tale signs of vomiting, diarrhoea and extreme weakness. One man lies collapsed on the floor unable to move. Patients do not even have beds to lie on. At this hospital there have been 483 cases since February and 16 deaths and there are still 10 cases every week. There were 3 deaths in August. At the hospital staff are having to work with serious shortages of drugs and other materials. According to SISTER MARGARET SIBALE *'We don't have drugs like Doxycycline which we give 300 mgs to the patients. It has been out of stock and we have been using Doxycycline from the STI clinic. So I can say we don't have enough. Everything is not enough.* UNICEF has responded with the provision of Lingas fluids and water chlorination chemicals to make water supplies safe. In other districts, UNICEF has provided tents as special makeshift shelters for cholera patients.

Experts blame contaminated drinking water or food contamination due to bad hygiene and sanitation for the cholera outbreak, made worse by the food shortages. People may be taking more risks with hygiene as they grow desperate in their search for water and food, and if people are not getting enough food they are more vulnerable to diseases like cholera.

Dalitso Bwanali has just arrived at the hospital with acute diarrhoea and vomiting. It is probably cholera. She thinks she got it by using unsafe water from Lake Malawi, an unsafe practice which she now regrets: *'I live close to the lake. I know the water there isn't safe but sometimes when water is scarce I'm forced to there and get water to cook with or wash with'*

A visit to Dalitso's village, one kilometre from Nkhotakota on Lake Malawi, shows some of the forces driving the outbreak. Lake Malawi is being used today, as it is every day, as bath and toilet by local villagers. This is where Dalitso got her water from to cook. There is a high risk of catching deadly germs here but women like Dalitso say they are forced to use the water because there are few water sources in the village. There is an old cistern which provided spring water, but it is not working anymore. Pit latrines are few and far between, yet they are a good way of keeping germs away from drinking water. Part of the problem in this area is that pit latrines do not last long in the sandy soil. They collapse and villagers cannot afford to replace them. UNICEF wants to provide low-technology latrines which last longer. There is also a need to educate local people about how to maintain latrines and practice good hygiene. UNICEF is discussing further measures to

improve water quality and sanitation in the affected areas. UNICEF is also working with the Malawi Government and NGO partners to improve cholera prevention:
 ELIZABETH HUGHES, UNICEF *'Sanitation: we need to encourage people again at the community level to take basic precautions to avoid contamination of their food stuffs and use latrines. We're putting latrines in where we can, so these are the preventive measures. Should there be an outbreak, we already have the stocks in place to respond quickly. You need a lot of intravenous fluids and medication. And we need to train a lot of health workers to respond quickly'*

Measles and malaria are ever-present dangers in Malawi and they can become more dangerous during famine conditions when people's nutritional status is reduced. At a monthly outreach clinic at Tandwe One village in central Malawi, UNICEF is supporting the immunisation of children against measles. The children are also receiving doses of Vitamin A. In 1997 there was a measles outbreak here involving 762 cases and 6 deaths. In 1998 there were 506 cases and one death. But since then, as a major measles immunisation campaign has swung into action, there have been no deaths. And a further government campaign, with UNICEF support, is now underway to reach children in remote areas. In this way, it is hoped coverage can be boosted until all children have been immunised. Pregnant women are also getting immunised at this clinic against tetanus.

TIMECODE	SHOTLIST
	NKHOTA-KOTA HOSPITAL, CENTRAL MALAWI
01.08.54	fresh cholera case lies on floor
01.09.11	tilt down i/v fluid drip and various shots of patients in cholera ward
01.09.49	interview with SISTER MARGARET SIBALE <i>'We don't have drugs like Doxycycline which we give 300 mgs to the patients. It has been out of stock and we have been using Doxycycline from the STI clinic. So I can say we don't have enough. Everything is not enough.'</i>
01.10.09	var shots DALITSO BWANALI and her guardian in ward
01.10.38	interview with DALITSO <i>'I live close to the lake. I know the water there isn't safe but sometimes when water is scarce I'm forced to there and get water to cook with or wash with'</i>
01.10.49	LAKE MALAWI, Boys wash in lake
01.11.16	GVs village of CHIBALA
01.11.30	disused water cistern
01.11.45	pull out to old pit latrine-disused because built in sandy soil
01.12.02	interview with ELIZABETH HUGHES, UNICEF <i>'Sanitation: we need to encourage people again at the community level to take basic precautions to avoid contamination of their food stuffs and use latrines. We're putting latrines in where we can, so these are the preventive measures. Should there be an outbreak, we already have the stocks in place to respond quickly. You need a lot of intravenous fluids and medication. And we need to train a lot of health workers to respond quickly'</i>
01.12.38	Outreach clinic at TANDWE 1 village, Central Malawi GVs mothers and children awaiting immunisation
01.12.52	baby receives vitamin A drop
01.12.58	health workers fill out records
01.13.04	CU bottle of measles vaccination
01.13.15	GVs babies receiving measles injections
01.13.42	Mother receiving tetanus injection

3) HIV/AIDS AND HUNGER

Introduction:

Food shortages are having a devastating impact on Malawi where the population is increasingly vulnerable due to the HIV/AIDS epidemic. Around one in ten of the population has HIV, the virus that leads to AIDS. It is a vicious circle. Hunger makes people with HIV weaker and more vulnerable to infection, which in turn reduces their ability to work and feed themselves. HIV/AIDS has decimated the young male population-traditionally those who produce much of the food.

Script:

Martha lost her husband to AIDS. She and her two-year-old son Jamesi now have the HIV virus. He clearly shows the signs of severe malnutrition. Whereas her husband produced most of the food when he was alive, she now has to do that and look after herself and her two children. She says, *‘When I was healthy I could do all the work, look after myself. Now I feel too weak to work and I feel overburdened to look after my children. This workload makes me feel weak’* Already this year she has spent two months in hospital getting treatment for her or her son. During that time she was not able to tend her fields.

According to the UN, there were 850,000 adults and children living with HIV/AIDS in Malawi at the end of 2001. 440,000 of them were women and 65,000 were children. The adult HIV/AIDS rate is fifteen per cent, a very high figure. It is estimated that 80,000 people died from AIDS last year.

But there is help at hand. The Tovwirane Centre in Mzimba is a UNICEF-supported centre providing counselling and home-based care and other services for people affected by HIV/AIDS. The people seen dancing in front of the centre all say that joining together at the centre has prolonged their life, giving them strength to survive and educate others about the epidemic and how to respond to it.

But the hunger is affecting people with HIV/AIDS more than most. Inside the centre, executive Director Helen Munthai looks at her book of members. She reads aloud the names of those who have died this year. She thinks lack of food is killing them: *‘These people have been here for many years and they were not dying as fast as they are this year. It’s very sad. We are losing a lot of our clients.’*

Chisomo’s mother died from an AIDS-related illness the night before these pictures were taken. There are already 470,000 AIDS orphans in Malawi. Chisomo is the latest. The only people left to look after him are his great grand parents, both well into their seventies. He will need care. The seven year old is recovering from TB. His new guardians are unsure how they will get the money to care for him. The village is left wondering how another AIDS orphan can be cared for when people are already hard-pressed finding enough food for themselves. UNICEF, however, does see hope in the situation. There is evidence that young people are modifying their sexual practices, the first step towards reducing the spread of the virus. Elizabeth Hughes: *‘The challenge is still enormous. I think we can have success stories, because already we’re seeing that young people are starting to take notice and change their behaviour and lifestyle. So in that sense there are positive things happening.’*

TIMECODE	SHOTLIST
	MZIMBA, NORTHERN MALAWI
01.14.04	Tilt up to JAMESI MUMBA
01.14.12	Close ups his step sister JANE and mother MARTHA
01.14.23	tilt down to reveal Jamesi swollen abdomen
01.14.32	MARTHA in her garden

01.14.47	Neighbour's house
01.14.51	Interview with MARTHA <i>'When I was healthy I could do all the work, look after myself. Now I feel too weak to work and I feel overburdened to look after my children. This workload makes me feel weak'</i>
01.15.18	HELEN MUNTHAI, EXEC DIRECTOR, TOVWIRANE CENTRE, MZIMBA reads aloud names of dead
01.15.51	Interview with HELEN MUNTHAI <i>'These people have been here for many years and they were not dying as fast as they are this year. It's very sad. We are losing a lot of our clients.'</i>
01.16.03	Women prepare funeral feast
01.16.45	Pan from women to family of CHISOMO NTHALA
01.16.58	Close ups of CHISOMO and his great grandparents
01.17.33	Neighbour comforts great grandfather
01.17.39	People affected by HIV/AIDS dancing outside TOVWIRANE CENTRE
01.18.05	Interview with ELIZABETH HUGHES UNICEF <i>'The challenge is still enormous. I think we can have success stories, because already we're seeing that young people are starting to take notice and change their behaviour and lifestyle. So in that sense there are positive things happening.'</i>

4) WATER AND SANITATION: KEEPING GIRLS AT SCHOOL

Introduction:

As the World Summit on Sustainable Development gets underway in Johannesburg, a major question for delegates is how to improve the standards of living for the world's poorest people and to do so in an environmentally sustainable way. There is a growing need to focus on children, who are already caught up on environmental challenge, both as involuntary victims and as voluntary agents of change, as stakeholders in the emergency response. The best start would be to provide safe water and better sanitation in schools, lifting a big obstacle for children who have a right to an education. Malawi has 5,000 primary schools. It's estimated that around 80 per cent, or 4,000, have no safe water supply.

Script:

15 year old Chricy Samuson wants to be a doctor when she grows up. Her favourites subjects are Maths and English. But coming to school and staying there is a struggle. If she wants to go to the toilet, she has to leave lessons for more than half an hour a day to walk several kilometres into the bush to find somewhere to go. On the way she has to brave poisonous snakes and strangers. All this when she should be sitting in class. It is a major obstacle to an education. She and her friends desperately want a safe water supply and proper toilets at her school near Kasungu, Central Malawi. They want somewhere to wash their hands and safe drinking water: *'I get worried very much because when I go out lessons are still in progress. So I spend 15 minutes out. That means teacher won't stop for me. Lessons go on so I miss them. If these facilities were around me then it would be easier. Without them I doubt I can pursue my career.'*, says Chricy.

But things are changing at the school. UNICEF is paying the USD 2,500 it costs to rehabilitate the borehole at the school so fresh safe drinking water will be available again. Local people are being asked to do some of the construction work, giving them a stake in its operation. UNICEF is also supporting the training of local people to maintain the

facility. For the provision of new water points to 4000 schools, USD 20,000,000 is needed.

There are also plans to install handwashing facilities and new pit latrines on the site. They will rely on technology that is easy to maintain and again local people will be trained on how to repair them. It is an example of sustainable development which, UNICEF hopes, will encourage children to get an education. ELIZABETH HUGHES *' We have been looking very closely and one of our big programme strategies is how to keep girls in schools. In doing that we've been out and had focused discussions with girls and one of the key issues is sanitation especially when girls are going through puberty. If we can provide separate latrine facilities they will feel more confident and secure to go to school'*

Girls like Chricy face huge obstacles to getting an education. In the morning before she goes to school she has to walk more than a kilometre just to get water for the family. It is tiring and time-consuming. There is pressure on girls to do these kinds of chores rather than attend classes. Parents also face a temptation to put their children into paid employment, rather than school, especially when money is short. Some young people work at the tobacco factory in Chricy's village of Malemya. But Chricy's father, himself a tobacco worker, says he is determined that his daughter gets an education instead. Her mother agrees. But girls like Chricy also need to know that their school is a safe place.

TIMECODE	SHOTLIST
	MALEMYA SCHOOL, NEAR KASUNGU
01.19.33	exterior school
01.19.37	interior class room, with holes in floor
01.19.50	GVs CHRICY SAMUSON answering teachers questions
01.20.18	wide shot teacher at blackboard
01.20.32	CHRICY asks teacher if she can leave
01.20.50	CHRICY walks off into bush
01.21.35	CHRICY returns to school and sits down
01.21.56	interview with CHRICY <i>' I get worried very much because when I go out lessons are still in progress. So spend 15 minutes out. That means teacher won't stop for me. Lessons go on so I miss them. If these facilities were around me then it would be easier. Without them I doubt I can pursue my career.'</i>
01.22.12	exterior school
01.22.18	workmen mix concrete and renovate old borehole outside school
01.23.16	GVs type of school pit latrines favoured by UNICEF
01.23.54	handwashing facilities for school children
01.24.21	interview with ELIZABETH HUGHES <i>' We have been looking very closely and one of our big programme strategies is how to keep girls in schools. In doing that we've been out and had focused discussions with girls and one of the key issues is sanitation especially when girls are going through puberty. If we can provide separate latrine facilities they will feel more confident and secure to go to school'</i>
01.24.50	CHRICY gets water from spring near her village, return to village with water
01.26.08	CHRICY arrives at her home in village of MALEMYA.
01.26.22	tobacco factory
01.26.27	pull out from CHRICY's sister to rest of family
01.26.50	mid shot CHRICY's father.
01.27.01	two shot CHRICY and her mother
01.27.07	single shot CHRICY smiling

ends

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