



A child receiving the cholera vaccine in Chikwawa district during the cholera vaccination campaign in May 2022. UNICEF supported Ministry of Health by delivering 2.9 million doses of OCV.

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for every child

## Humanitarian Action for Children

# Malawi

### HIGHLIGHTS

- Malawi is facing multiple shocks and 9.5 million people, including 4.8 million children, are affected by the impact of a widespread cholera outbreak, increased food and nutrition insecurity, and recurrent floods.
- Cholera has spread to all 29 districts affecting 46,590 people with 1,485 deaths by 21 February 2023,<sup>1</sup> including 11,500 cases and 188 deaths among children. There is a risk of malnutrition due to acute food insecurity,<sup>2</sup> affecting 3.8 million people in 21 districts. In 2023, 213,259 children under five are estimated to experience wasting with 62,000 severely wasted.

UNICEF will support WASH, Education, Nutrition, and Protection cluster coordination at the national and district levels, including the Risk Communication and Community Engagement (RCCE) subcommittee. Through active participation in the Health cluster, UNICEF will maintain regular consultations with the World Health Organization (WHO) and other humanitarian actors.

- The intersectoral approach will focus on the districts most affected by cholera and floods (considering the dynamic change in the humanitarian situation).

UNICEF is requesting US\$52.4 million to provide goods, services, and technical support in

- WASH, health and HIV, education, nutrition, child protection, and social protection, with RCCE integrated across all sectors.

IN NEED

**9.5 million people**<sup>3</sup>

**4.8 million children**<sup>4</sup>

TO BE REACHED

**6.1 million people**<sup>5</sup>

**3.1 million children**<sup>6</sup>

### KEY PLANNED TARGETS



**600,000**

children and women accessing primary healthcare



**2.1 million**

children screened for wasting



**3.1 million**

people accessing a sufficient quantity and quality of water



**6.1 million**

people reached with critical WASH supplies

FUNDING REQUIREMENTS

**US\$ 52.4 million**

## HUMANITARIAN SITUATION AND NEEDS

Since March 2022, Malawi is witnessing the worst cholera outbreak in twenty years. The outbreak began during the dry season, out of the historical seasonality of cholera in the country, on the heels of tropical storm Ana (January 2022) and Cyclone Gombe (March 2022). With the onset of the rainy season, the cases and deaths have escalated along with an increase in admitted cases. As of 21 February, the outbreak has affected 46,590 people (11,500 children), with 1,485 deaths (188 children)<sup>7</sup>. The case fatality rate has been worryingly high at 3.19 per cent. The top-four risk factors are the use of unsafe water sources, low latrine usage and open defecation practice, poor food hygiene and contact with cholera cases. The lack of quality and quantity of health workers in Cholera Treatment Centers and Cholera Treatment Units contributed to inadequate access to case management and treatment. Evidence shows that cholera's impact on children, especially girls, can also lead to trauma, high risks of exposure to violence, and other child protection concerns, all critical elements to be considered in the response.

In 2023, between 20,000 to 40,000 households (100,000-200,000 people) will likely be affected by floods, with 30,000 households requiring relief assistance for up to 3 months and 15,000 households displaced. With the country still recovering from the effects of devastating floods at the beginning of 2022 induced by tropical storms Ana and Gombe, people living in the flood-prone areas risk losing the gains they have made in restoring their lives and livelihoods. There are also concerns that access to services will deteriorate further, as seen with the 2022 floods, which have caused extensive damage to infrastructure, including schools, health facilities, roads, and power transmission infrastructure. In this context, the unequal access of people and children with disabilities to various basic services can be further exacerbated.<sup>8</sup>

An estimated 3.8 million people are experiencing food insecurity and are receiving humanitarian support in 21 out of 28 districts of the country as a result of low levels of production, multiple shocks, including tropical cyclones, and the impact of inflation. Of this population, 3.2 million people live in rural areas, while 623,000 are in the four cities of Blantyre, Zomba, Lilongwe and Mzuzu. A further 6.7 million people are likely to face stressed food security outcomes. Children under five and pregnant/lactating women are the most vulnerable to shock and have an increased risk of malnutrition. Some districts, such as Chikwawa, Machinga, Mulanje, Mwanza, Neno and Phalombe, show high admission rates exceeding the annual targets. It is estimated that between January and December 2023, 213,259 children under the age of 5 will experience wasting, including more than 62,000 who are likely to be severely wasted.

## SECTOR NEEDS



**3.6 million** people in need of nutrition assistance<sup>9</sup>



**3 million** people in need of health and HIV assistance<sup>10</sup>



**6.3 million** children and their communities in need of protection services<sup>11</sup>



**5.4 million** children in need of education support<sup>12</sup>



**9.5 million** in need of WASH assistance<sup>13</sup>

## STORY FROM THE FIELD



Following the cholera outbreak, Tukombo soon became a hotspot, recording a total of 904 cases out of the district's cumulative 1,514 cases. However, since mid-January, no cholera cases were reported from Tukombo. This success is attributed to the collective efforts of health workers, partners, faith, community leaders, and members of the community. District Environmental Health Officer, Matthews Kalaya shared: "Cholera is not easy to solve, but the story of Nkhatabay, particularly Tukombo, is a game changer. We can do our part, but community members have a key role to prevent the outbreak by embracing recommended hygiene and sanitation practices. Knowing how cases came about has been an instrumental determining factor of our approach in mitigating the outbreak, and I think it has helped to prevent and eradicate the spread."

[Read more about this story here](#)

UNICEF and partners put up a collective effort to contain Cholera in Tukomba, including by providing lifesaving health and WASH supplies, and implementing the community-based Case Area Targeted Intervention (CATI) approach.

# HUMANITARIAN STRATEGY

In line with the Core Commitments for Children and its strategic result to protect children and their communities from exposure to and the impacts of public health emergencies, UNICEF will provide immediate lifesaving and sustained assistance to populations affected by floods, cholera, and acute food insecurity and malnutrition while investing in resilience building, prevention of sexual exploitation and abuse (PSEA) and district hazard risk mapping. While UNICEF will support all affected districts, the multi-sectoral response will focus on the 10 districts with the highest number of cases. UNICEF will deliver WASH, health, education, nutrition, child protection and social protection services, supported by social behaviour change and community engagement.

The WASH programme will support the provision of safe water and deliver a harmonized package of interventions through the Case Area Targeted Interventions (CATI) approach.<sup>14</sup> UNICEF will support communities and institutions in implementing infection prevention and control protocols.<sup>15</sup> Given climate change's negative impacts on the sustainability of WASH services and behaviours, UNICEF will promote climate-resilient development through expanded solarization and optimization of water systems and other cost-effective solutions.

To support children's access to formal or non-formal learning, including for children with disabilities, UNICEF will provide temporary safe learning spaces, teaching, and learning materials. UNICEF will train teachers on infection prevention and control and other topics to capacitate them in emergency preparedness and response at the school level.

In areas affected by acute food and nutrition insecurity, UNICEF will provide technical assistance to the Government and enhance national systems. UNICEF will also leverage programme payment delivery systems<sup>16</sup> and the national call centre to deliver messages to raise awareness for prevention.

UNICEF will provide life-saving nutrition interventions, including early identification of children under five for wasting and referral to appropriate services, management of severe wasting, strengthening of maternal, infant, young child, children with disability and adolescent nutrition (MIYCAN) and zinc supplementation. Messages will be adapted and disseminated to promote MIYCAN and health workers will be trained in counselling on child nutrition in the context of cholera.

UNICEF will provide essential supplies to health facilities for cholera treatment and support the government in delivering the Oral Cholera Vaccine campaigns (OCV) and ensuring the continuity of primary healthcare services.

UNICEF will ensure that the affected populations have access to key lifesaving messages, critical information, and platforms/spaces to voice their concerns and needs through community feedback mechanisms, including mental health and psychosocial support in response to any hazard. UNICEF will forge alliances and strengthen the capacities of stakeholders in effective communication with affected populations.

UNICEF will support the strengthening of interagency coordination at national and district levels in WASH, Education, Nutrition, and Protection clusters and will actively be involved in Health Cluster and RCCE subcommittee.

# 2023 PROGRAMME TARGETS



## Health

- **600,000** children and women accessing primary healthcare in UNICEF-supported facilities<sup>17</sup>
- **2,900** healthcare facility staff and community health workers trained in infection prevention and control<sup>18</sup>
- **36,000** children and adults accessing treatment for cholera in cholera treatment units provided with supplies by UNICEF<sup>19</sup>
- **93,000** Children, adolescents and pregnant and breastfeeding women accessing HIV (testing treatment and care) including Sexual Reproductive Health and Rights services



## Nutrition

- **46,500** children 6-59 months with severe wasting admitted for treatment<sup>20</sup>
- **2,122,000** children 6-59 months screened for wasting<sup>21</sup>
- **496,000** primary caregivers of children 0-23 months receiving infant and young child feeding counselling<sup>22</sup>



## Child protection, GBViE and PSEA

- **133,000** children, adolescents and caregivers accessing community-based mental health and psychosocial support<sup>23</sup>
- **2,100,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions<sup>24</sup>
- **2,100,000** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **248** children without parental or family care provided with appropriate alternative care arrangements



## Education

- **400,000** children accessing formal or non-formal education, including early learning<sup>25</sup>
- **400** schools implementing safe school protocols (infection prevention and control)
- **800** trained on cholera prevention and hygiene promotion<sup>26</sup>



## Water, sanitation and hygiene

- **3,100,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs<sup>27</sup>
- **400,000** people accessing appropriate sanitation services<sup>28</sup>
- **6,100,000** people reached with critical WASH supplies<sup>29</sup>



## Social protection

- **1,500,000** ultra-poor people benefitting from new existing or additional social assistance (cash/in kind) measures from governments with UNICEF-technical support<sup>30</sup>
- **750,000** ultra-poor people utilising the grievance and redress mechanisms as part of accountability to affected population<sup>31</sup>
- **1,500,000** ultra-poor people reached with cholera prevention messages at the payment points.<sup>32</sup>



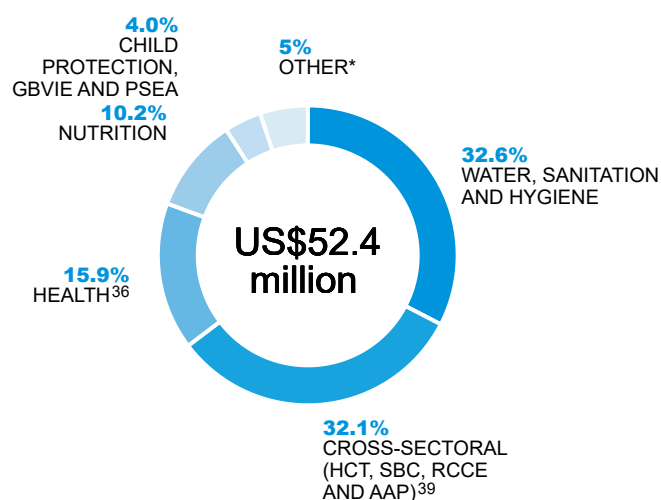
## Cross-sectoral (HCT, SBC, RCCE and AAP)

- **6,100,000** people directly reached with health, nutrition, hygiene or risk communication activities involving a 2-way dialogue<sup>33</sup>
- **1,680,000** people who participate in engagement actions<sup>34</sup>
- **150,000** people sharing their concerns and asking questions through established feedback mechanisms

## FUNDING REQUIREMENTS IN 2023

In 2023, UNICEF requests US\$ 52.4 million to meet the needs of 6.1 million people in Malawi, including 3.1 million children (1.6 million girls and nearly 280,000 children with disabilities). The upsurge of cholera has considerably increased Malawi's humanitarian needs and funding requirements compared to the previous year. Full funding of this appeal is critical to enable UNICEF to provide life-saving goods and services to children and vulnerable populations in the context of an unprecedented cholera outbreak coupled with food insecurity and the risk of flooding. Without sufficient and timely funding, UNICEF will be unable to support life-saving assistance and recovery for the children and families in need.

The current rainy season is increasing the risk of further cholera transmission and impact of floods on most vulnerable households, exacerbating the need for timely and at-scale support. Without sufficient funding, people will not have access to adequate water supply, sanitation, and health services, and children will not receive the essential services and psychosocial support they need.



Sector	2023 requirements (US\$) <sup>35</sup>
Health	8,347,697 <sup>36</sup>
Nutrition	5,352,862
Child protection, GBVIE and PSEA	2,100,855
Education	900,000 <sup>37</sup>
Water, sanitation and hygiene	17,095,000
Social protection	1,800,000 <sup>38</sup>
Cross-sectoral (HCT, SBC, RCCE and AAP)	16,826,066 <sup>39</sup>
<b>Total</b>	<b>52,422,480</b>

\*This includes costs from other sectors/interventions : Social protection (3.4%), Education (1.7%).

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# ENDNOTES

1. Malawi Ministry of Health, Press statement, Cholera update as of 21 February 2023, available at: <https://www.facebook.com/photo/?fbid=510416164603995&set=pcb.510416261270652>
2. Malawi Ministry of Health press statement cholera update as of 31 January 2023.jpg Malawi: IPC Acute Food Insecurity Analysis, June 2022 - March 2023, Published on August 8, 2022, available at: <https://reliefweb.int/report/malawi/malawi-ipc-acute-food-insecurity-analysis-june-2022-march-2023-published-august-8-2022>
3. The total population in need is based on the people in need of WASH services in the context of widespread cholera and other shocks from the Multiple Indicator Cluster Survey (MICS) Report, 2020, which is the highest. It is estimated based on the number of people not accessing WASH services (9.5 million) out of the total population (14 million) in 17 hot spot districts that have registered the highest number of cholera cases. The districts are Karonga, Nkhatabay, Rumphu, Nkhotakota, Dowa, Salima, Lilongwe, Dedza, Mangochi, Machinga, Zomba, Blantyre Thyolo, Mulanje, Balaka, Mzimba North, Chiradzulu. Government of Malawi, National Statistical Office, Multiple Indicator Cluster Survey (MICS) Report, 2020, available at: <https://www.unicef.org/malawi/media/6296/file/Malawi%20Multiple%20Indicator%20Cluster%20Survey%20Report.pdf>. Malawi Economic Monitor, 'Planning Beyond the next harvest,' December 2022, available at: <http://documents1.worldbank.org/curated/en/099945012012289449/pdf/P17952904c6c4603d0b0660c8a8483efa59.pdf>
4. The total number of children in need is calculated as 51 per cent of the people in need.
5. The total people to be reached by UNICEF is based on the number of people to be reached with WASH interventions. This figure includes 51 per cent women/girls and 9 per cent people with disabilities, as per the Malawi National Census 2018, available at: <https://malawi.unfpa.org/sites/default/files/resource-pdf/2018%20Malawi%20Population%20and%20Housing%20Census%20Main%20Report%20%281%29.pdf>.
6. The total children to be reached is calculated as 51 per cent of the total number of people to be reached. This figure includes 51 per cent girls and 9 per cent children with disabilities, based on the Malawi National Census 2018, available at: <https://malawi.unfpa.org/sites/default/files/resource-pdf/2018%20Malawi%20Population%20and%20Housing%20Census%20Main%20Report%20%281%29.pdf>.
7. Malawi Ministry of Health, Press statement, Cholera update as of 21 February 2023, available at: <https://www.facebook.com/photo/?fbid=510416164603995&set=pcb.510416261270652>
8. UNICEF Malawi, 'Malawi 2022/23: Disability budget brief,' available at: <https://www.unicef.org/esa/media/11131/file/UNICEF-Malawi-Disability-Budget-Brief-2022-2023.pdf>
9. This comprises of 2.65 million children aged 6 to 59 months and 990,476 pregnant and lactating women.
10. As per the health cluster projections of people in need of health and HIV/AIDS assistance (2.8 million people for health and 200,000 people for HIV/AIDS). To be added that the health cluster also projects that the number of cholera cases reported since the beginning of the year will double in three weeks at the current growth rate (2.6 per cent – 3.9 per cent), translating into 1,000 cholera cases per day, or more than 20,000 new cholera cases and a potential 700 deaths by mid-February 2023, and additional 64,000 (80 per cent severe) cases until August 2023 that is cumulatively 90,000.
11. This sector need was calculated by considering the 9.5 million people in need of humanitarian assistance and estimating that 66 per cent of Malawi experienced violence in their childhood. Malawi Violence Against Children and Youth Survey (VACS) report 2015 (data collection 2013), available at: <https://www.togetherforgirls.org/en/resources/malawi-vacs-report-2015>
12. This was calculated based on the total enrollment as per Education Management Information System (EMIS) 2022, <https://www.education.gov.mw/index.php/edu-resources/2022-education-statistics>
13. This figure was estimated based on number of people not accessing WASH services (9.5 million) out of the total population (14 million) in 17 hot spot districts that have registered the highest number of cholera cases. The districts are Karonga, Nkhatabay, Rumphu, Nkhotakota, Dowa, Salima, Lilongwe, Dedza, Mangochi, Machinga, Zomba, Blantyre Thyolo, Mulanje, Balaka, Mzimba North, Chiradzulu.
14. Case Area Targeted Interventions (including provision of WASH NFIs, transmission investigation, hygiene promotion) provided to households with cholera cases and surrounding households.
15. Schools, health facilities and markets.
16. Pay points and mobile phones.
17. UNICEF will support Integrated Management of Childhood Illness (IMCI), Antenatal Care (ANC), and vaccination, targeting 450,000 children aged 0 to 59 months (15% of the population in need) and 150,000 pregnant and lactating women (5% of the population in need). The target includes 126,000 children aged 0 to 11 months eligible for vaccination.
18. 100 health workers in each of the 29 districts will be trained in WASH Facility Improvement Tool (FIT), case management and infection prevention and control.
19. Supplies for cholera treatment will be provided to cover at least 40 per cent of the total projected cholera cases (90,000).
20. 75 per cent of the severe acute malnutrition burden (62,000), calculated at a prevalence rate of 0.7 per cent.
21. 80 per cent of children 6-59 months to be reached through massive screening.
22. UNICEF is targeting 50 per cent of the 990,000 caregivers (including pregnant and lactating mothers) requiring infant and young child feeding counselling.
23. UNICEF is targeting 50 per cent of the cluster target of 266,000 children, adolescents and caregivers, and that is based on the Lean Season Response Plan and the Cholera Response Plan. Identified needs take into consideration that 14 per cent of the global population experiences MHPSS. World Health Organization (WHO), 'World mental health report: Transforming mental health for all,' 16 June 2022, available at: <https://www.who.int/publications/i/item/9789240049338>. Other partners are covering the remaining caseload of the needs.
24. Out of 9.5 million people in need of humanitarian assistance, it is estimated that 6,270,000 have experienced violence in their childhood (VAC, 2015) and in need of protection services. Out of these, 2,040,000 women, girls and boys are targeted for GBVIE interventions, taking into account other partners' interventions in that sector. Malawi Violence Against Children and Youth Survey (VACS) report 2015 (data collection 2013), available at: <https://www.togetherforgirls.org/en/resources/malawi-vacs-report-2015>
25. UNICEF is targeting 400 schools each with an average enrollment of 1,000 children per school
26. 2 teachers per targeted school will be supported to mainstream cholera prevention and hygiene promotion messages in all activities of the school with increased provision of appropriate IEC materials for cholera.
27. UNICEF is targeting 33 per cent of the total sector needs.
28. Safe and appropriate sanitation facilities to be provided in affected communities, IDP camps, health facilities and schools.
29. UNICEF is targeting 64.2 per cent of the sector needs.
30. This target corresponds to 300,000 households, with a national average of 5 people per household. The figure was estimated based on the 2022-23 Malawi Vulnerability Assessment Report (Malawi's 4 major cities, i.e. Blantyre, Zomba, Mzuzu and Lilongwe and rural districts).
31. This figure is calculated as 50 per cent of the people benefiting from existing/additional social assistance.
32. UNICEF is targeting 1.5 million people from 300,000 households that are benefiting from the social cash transfer in highly vulnerable districts.
33. Estimated based on radio listenership, mobile and internet coverage
34. Estimated by UNICEF based on capacity of national social mobilisation committee
35. The budget includes US\$550,000 for mental health and psychosocial support, US\$658,350 for GBV risk mitigation and US\$100,000 for alternative care arrangements.
36. The budget includes US\$4.1 million for primary health care, US\$1.3 million for training of health workers, US\$2.5 million for supplies for treatment for cholera and US\$460,910 for HIV.
37. Unit cost per school estimated at US\$1,500 for provision of IEC materials, hygiene education and promotion and strengthening coordination
38. This budget includes US\$700,000 for technical support to the Government shock sensitive protection interventions, \$600,000 for cholera prevention and WASH messages at cash payment points and US\$500,000 for grievance mechanisms.
39. 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.