



Edwin Lapis from UNICEF Malawi is conducting a nutritional assessment of children at Lakeland Private School camp.



Humanitarian Situation Report No. 1

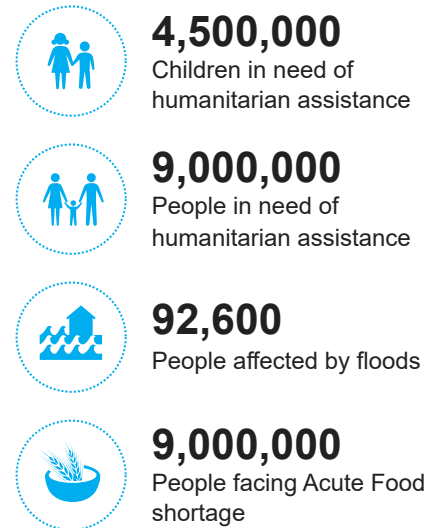
Reporting Period
1 January to 31st
March 2024

Malawi

HIGHLIGHTS

- On 23 March, a state of disaster was declared in 23 of Malawi's 28 districts due to the impacts of El Nino weather conditions.
- Severe Acute Malnutrition (SAM) admissions increased by 13 per cent in January 2024 compared to the same month in 2023.
- Malawi has continued registering new cholera cases: 173 cases with three deaths have been registered with a Case Fatality ratio (CFR) of 1.7 per cent in 2024.
- UNICEF support has enabled 860,492 people to access safe water in areas affected by floods and cholera.
- 9,000 people benefitted from the continuity of essential healthcare services through Interagency Emergency Kits (IEHK) in three districts.
- UNICEF has secured US\$ 8.4 million towards its 2024 humanitarian appeal (HAC) target of US\$ 47.4 million, which makes up 82% of the funding gap.

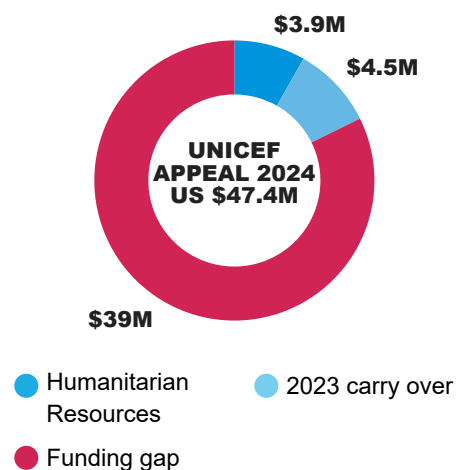
SITUATION IN NUMBERS



UNICEF RESPONSE AND FUNDING STATUS*

	Health	Cholera Treatment	1%
		Funding status	21%
	Nutrition	Severe Wasting Screening	14%
		Funding status	12%
	Child protection	MHPSS Support Access	0%
		Funding status	7%
	Education	Learning Materials	6%
		Funding status	7%
	WASH	Safe Water Access	67%
		Funding status	22%

FUNDING STATUS (IN US\$)**



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

** 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

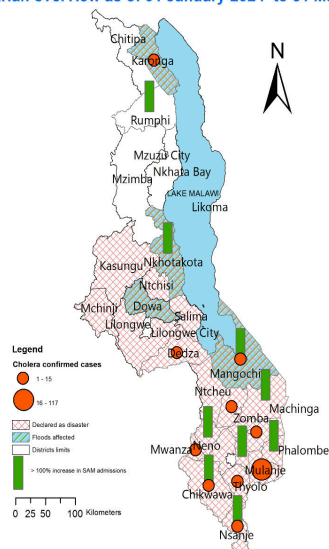


UNICEF, with the support of donors, is able to procure and distribute ready-to-use therapeutic food (RUTF) to increase the nutrition status in Kalender Health Centre, Pholombe district.

To meet the critical humanitarian needs of children, adolescents, women, and men in Malawi in 2024, UNICEF Malawi requires US\$47.4 million. As of March 2024, UNICEF Malawi secured US\$8.4 million (18%) towards the HAC appeal. Without additional funds, UNICEF will not be able to meet the needs of the children and their families who require critical lifesaving and life-sustaining support because of the impacts of the El Nino-induced floods and droughts, as well as those at risk of and affected by cholera.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Malawi humanitarian overview as of 01 January 2024 to 31 March 2024



Map showing districts affected by Floods and droughts.

On Saturday, 23rd of March, President Chakwera declared a State of Disaster in 23 out of 28 districts affected by El Nino conditions, citing inadequate rains, floods, and prolonged dry spells that severely damaged crops and food production because of climate change and the current El Nino season during the current rainy season (October 2023 to March 2024).

As per preliminary assessments, nearly two (2) million families have been affected. Floods have affected 92,600 people in eight (8)

districts, of which 63,932 were displaced from their homes and had to seek temporary shelter in camps as of 31 March. The floods have particularly impacted the district of Nkhosakota, where more than 80,000 people were affected and over 10,500 displaced. Also, in Nkhosakota, more than 18,700 learners (9,280 boys and 9,517 girls), including 109 with disabilities, were affected by the floods in 24 schools (20 primary and two secondary schools). In 12 schools, out of 44 classrooms, 12 were occupied by people displaced by the floods, thus disrupting learning.

Overall, the nation has observed an increasing trend in the number of new SAM admissions, with 3,752 in January 2024, compared to 3,312 in January 2023, and 4,190 in February 2024, compared to 3,633 in February 2023, representing a 13 per cent and 15 per cent increase, respectively. The following districts have registered more than 100 per cent of the expected SAM admissions: Nsanje - 239 per cent, Neno - 176 per cent, Chikwawa -163 per cent, Rumphi -154 per cent, Nkhosakota -147 per cent, Mangochi-149 per cent, Machinga-135 per cent, Thyolo-132 per cent, Zomba-121 per cent, CZ-116 per cent, Phalombe-115 per cent, Dedza-110 per cent, Ntchisi-106 per cent.

Malawi has continued to register new cholera cases despite its declaration that it is no longer a public health emergency, as stated by the Presidential Task Force on Coronavirus and Cholera on 5 August 2023. Since the beginning of the year to 31 March 2024, 173 cases with three deaths have been registered with a Case Fatality ratio (CFR) of 1.7 per cent. Of the total cases registered, 23 were imported from across the borders, including two deaths. The cases have been sporadic and registered in 16 of 29 health districts. The deaths are reported from Karonga, Mwanza, and Mzimba South.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



UNICEF Rep, Shadrack Omol and other delegates inspecting the medical supplies donated by UNICEF for the displaced people in Nkhosakota.

In support of the cholera control efforts, UNICEF provides technical support to the Ministry of Health and affected districts through on-the-ground presence, supportive supervision, and monitoring of cholera treatment units. In collaboration with the World Health Organization (WHO), UNICEF led the development of a joint UNICEF-WHO Cholera Preparedness and Response Plan for January to June 2024. UNICEF, together with the International Federation of Red Cross (IFRC) and the European Centre for

Disease Prevention and Control (EPICENTRE), conducted an Integrated Outbreak Analytics (IOA) training from 22 to 26 January with 29 participants from the Public Health Institute of Malawi (PHIM), WHO, IFRC, Médecins Sans Frontières (MSF), and UNICEF. Training will help enhance PHIM's capacity to drive comprehensive, accountable, and effective public health and clinical strategies by enabling communities and national and subnational health authorities to use data for operational decision-making. UNICEF also provided technical support to the Ministry of Health in undertaking an interagency assessment of flood-affected districts.

To ensure the continuity of essential health care services in the flood-affected districts of Nkhatakota and Karonga, UNICEF has provided 9 Interagency Emergency Kits (IEHK), 3 in each district, to serve the needs of 9,000 people. UNICEF has further provided 2,500 long-lasting insecticide-treated bed nets (LLIN) distributed to affected households to prevent vector-borne diseases among children and women in the two districts.

Water, sanitation and hygiene



This is Emily Dickson, a 3-year-old girl displaced and being sheltered at Senjele Primary school camp.

UNICEF facilitated improved hygiene by providing WASH supplies such as bars of soap and buckets for hand washing, benefiting 860,492 people in 17 districts. While distributing the items, hygiene promotion messages were disseminated in the targeted communities through mobile vans, radio jingles, and community campaigns across 17 districts.

This includes 63,855 people in five districts, who benefited from pot-to-pot chlorination and mass household water treatment conducted in Internally Displaced People (IDP) sites, health facilities, and communities in 16 districts. UNICEF has supported water quality testing of 644 water points followed by treatment of those contaminated in Mulanje, Zomba, Chikwawa, Nkhata Bay and Karonga districts. To ensure the sustainability of a safe water supply, UNICEF revitalized/formed and provided training to 330 water point committee members on the operation and maintenance of handpumps.

UNICEF has also helped 28,234 people access sanitation services at household and camp levels. It employed a Community-Led Total Sanitation (CLTS) approach, which resulted in the construction of 5,449 new domestic latrines. UNICEF further supported the construction of 13 emergency latrines at sites that hosted internally displaced people in Nkhatakota and Karonga, benefitting 9,064 and 365 people, respectively.

As part of cholera control efforts, UNICEF supported capacity building and implemented case area targeted interventions (CATI) to

cut the transmission route and reduce the risk of cholera infection. In Chikwawa, Mulanje, and Phalombe, 450 people (217 female and 233 male) have been trained on CATI. An estimated 649 people have been reached with community CATI sessions in the three districts.

As a co-lead agency supporting the Ministry of Water and Sanitation, UNICEF fulfils its mandate, ensuring effective leadership for WASH inter-agency coordination, with links to other sectors' coordination mechanisms on critical inter-sectoral issues. UNICEF is providing technical support to ensure effective WASH cluster preparedness and response plans for cholera, floods, and El Nino have been formulated with the involvement of all cluster members. The WASH coordination mechanism continues to provide a platform to identify all critical WASH gaps and vulnerabilities and provides information on who is doing what, where, when, and how to ensure that all gaps are addressed without duplication.

Nutrition



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

Between January and February 2024, UNICEF provided support to ensure 386,105 (175,742 males and 210,363 females) children under five were screened for acute malnutrition in 6 districts impacted by flood, cholera, and food insecurity. This has contributed to the early identification and admission for treatment into the Community Management of Acute Malnutrition (CMAM) program of 8,044 children with severe acute malnutrition (SAM).

UNICEF has also ensured constant availability of nutrition therapeutic supplies for the treatment of SAM through the procurement and distribution of 18,153 boxes of ready-to-use therapeutic food (RUTF), 106 cartons of therapeutic milk (F100, 109 cartons of F75) used for treating severely malnourished children in all 28 districts of the country. The CMAM performance indicators have remained within the acceptable sphere standards (92.6 per cent recovery rate, 1.8 per cent death rate, 3.3 per cent default rate, and 2.3 per cent non-response rate).

In addition, 52,603 caregivers of children aged 0-23 months (5,298 males and 47,305 females) were reached with nutrition counselling to promote optimal child feeding practices. These were delivered through care group sessions, growth monitoring and promotion sessions, mass screening in cholera, flood, and food insecure communities, and community engagement activities. UNICEF supported the airing of radio jingles on community radios and message dissemination through mobile vans, promoting the adoption of optimal WASH and nutrition practices.

Education



UNICEF Staff with Children received Individual learning materials for Back-to-school Campaign

UNICEF supported the Ministry of Education's interagency assessment of 24 schools affected by floods in the Nkhotakota district. UNICEF provided support for learners whom the interagency assessment determined to be highly affected and at high risk of not returning to school after the floods. The support included providing six school-in-a-box kits containing assorted learning materials, targeting 400 learners in five schools. UNICEF also supported the distribution of individual learning materials and school bags to 10,385 learners to encourage them to return to school when schools reopen on 15 April after a two-week closure. In addition, UNICEF provided high-performance tents for learning spaces in 9 schools that experienced damage to classrooms. UNICEF will also provide early childhood learning kits targeting 4,937 children aged 2-6 years in the affected Community-Based Childcare Centres (CBCCs) in the Nkhotakota district. Altogether, through UNICEF support, 9,402 learners from primary school and early childhood learners will be aided to return to school and access quality learning opportunities.

UNICEF is also planning to support 12 affected schools in implementing safe school protocols (IPC) by providing buckets and soap for handwashing. This will ensure that preventive measures are taken to make the learning environments healthy and free of disease outbreaks.

Child protection, GBViE and PSEA

Child Protection has been coordinating protection actors through weekly protection cluster meetings. The Cluster participated in the inter-agency assessment in Nkhotakota district following the floods that occurred earlier in the year. Through Cluster meetings, response plans for El Nino and flood response plans for Nkhotakota and Karonga have been developed. Currently, UNICEF is working on transferring resources to Nkhotakota, Karonga, Dowa, and Nsanje to implement these response plans.

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



Community group meeting

Overall, since the beginning of 2024, by the end of March, UNICEF has reached more than 196,309 people with timely and life-saving information to promote positive practices on cholera prevention, nutrition, and hygiene. Of the total reached, 138,144 were children. These people were reached through community engagement meetings, mobile vans and community drama performances to promote hygiene and positive parenting. Among those reached were 7,148 people who received cholera prevention and control messages in the flood-affected Nkhotakota district. UNICEF also supported the Nkhotakota district council with funding for an integrated SBC campaign focusing on cholera, floods, nutrition, and child protection.

UNICEF also conducted a qualitative assessment of cholera to understand preventive knowledge, attitudes, practices, and determinants of health-seeking decisions. Assessment findings were shared with the national Risk Communication and Community Engagement (RCCE) pillar and all relevant stakeholders in Malawi to inform RCCE interventions.

Social protection



Magret Elard, 50 years old, Mpokwa Village T/A Mwambo, Zomba. UNICEF Supported Social cash transfer

UNICEF has supported the Government of Malawi in mobilising resources to reach over 95,000 food-insecure households in 8 districts. The Embassy of Ireland confirmed funding for cash transfers to reach 24,404 Social Cash Transfer Programme (SCTP) households (or over 169,000 people, of which 41% are children) that was delivered on top of regular transfers to households in Balaka and Ntcheu districts in March 2024 using the e-payment

modality. UNICEF supported developing a proposal to the European Union Delegation to reach over 71,000 SCTP households and temporary beneficiaries. These cash transfers will be paid in April. UNICEF contributed financially to targeting activities in Zomba and Blantyre city as part of the Price Shock Urban Emergency Cash Transfer. As a result, 3,326 households (14,967 people) in Zomba city received US\$88; and 43,335 households (209,974 people) in Blantyre city will receive US\$88 in April. UNICEF and the Ministry of Gender, Community Development and Social Welfare will support a one-off cash transfer in May to 945 SCTP households in flood-affected Nkhotakota district to aid their recovery.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY



Ben Tonho, District Commissioner of Nkhotakota district, appreciated UNICEF's support for the flood response during the meeting with Tabinda Syed, Texas Zamasiya, and Bhawna Vajpai.

UNICEF continues to address the needs of children and families in Malawi through its longstanding partnership with the government and other partners through an integrated package of life-saving health, nutrition, WASH, education and child protection services, cash transfers and risk communication activities. UNICEF is applying a holistic disaster risk management approach to support the government, other partners, and local communities in strengthening emergency preparedness, building local and national capacities, and providing technical expertise for child-sensitive, gender-informed, innovative, and disability-inclusive humanitarian action. Key to UNICEF support is ensuring that the government and other partners maintain an agile technical capacity (human resources) to provide timely and effective life-saving emergency support to affected children and their families. UNICEF has developed a response plan to guide its contributions to the national response plan.

UNICEF also supports the government in coordinating the response as the co-lead agency for WASH, Education, Child Protection, and Nutrition Clusters. UNICEF is also a key player in the Health, Risk Communication and Community Engagement, and Food Security Clusters, as well as the Cash Working Group, in ensuring coordinated humanitarian action in these work areas in alignment with government priorities. Following the declaration of disaster because of El Nino impacts, a National El Nino Response Plan was developed with leadership from the Department of Disaster Management Affairs (DoDMA). Discussions are underway through the Humanitarian Country Team, Interagency Cluster Coordination Group (ICCG) and clusters on mobilising the much-needed resources for the response.

Meanwhile, humanitarian actors are undertaking anticipatory actions

to mitigate the impact, reduce the humanitarian and prevent/reduce human suffering. With Anticipatory Action having garnered significant attention in recent years within Malawi, an Anticipatory Action (AA) Technical Working group has been set up to facilitate collaboration among all actors in this work area under the leadership of DoDMA. Also being set up is a Community of Practice (CoP) to act as a forum for non-state humanitarian actors in Malawi to discuss practical matters involving organisations either implementing or interested in implementing AA activities. The CoP will consolidate information and discussion points to present to the government, including forums such as relevant taskforces and technical working groups, to ensure effective collaboration between various humanitarian practitioners and governmental stakeholders at the national level. UNICEF is an active participant in all these coordination mechanisms.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

During the reporting period, UNICEF continued to produce stories to highlight efforts to respond to and recover from the impact of the emergencies. Five human interest stories were published on the UNICEF Malawi website and disseminated further through UNICEF Malawi's social media platforms, reaching more than 30 million people in Malawi and abroad.

Safe water improves sanitation and hygiene in health centres - The fight against cholera

At the southern tip of Malawi, next to the Mozambique border, lies Nsanje district. It's a district prone to climate shocks, from drought to floods. For the past four years, families have been continuously affected by floods. These climate shocks have also had an impact on access to safe water. Nyamithuthu health centre used to be one of them.

Health workers and patients at the health centre had no choice but to walk to boreholes, shallow wells, and river streams that are also used by livestock to collect water for various uses. This included cleaning the health facility, drinking, cooking, and even bathing. The community lacked resources to improve the quality. The result was a lot of diarrhea cases and other waterborne diseases like cholera in the Nyamithuthu community.

"The water sources we had were not reliable. We'd also had situations when patients were admitted with their guardians by their side. Yet, these guardians would spend more time looking for water than caring for their loved ones," says Biton Mpwhiwa, Senior Pharmacy Assistant at Nyamithuthu health centre.

"This also arose because our water connection at the health centre was connected to ESCOM. With persistent blackouts, we could not use safe water at the health centre."

When Cyclone Freddy hit in March 2023, access to safe water was even more constrained as many water points were polluted due to flooding and cholera cases among children and adults continued to rise. With funding from the Japanese government, UNICEF, through the Ministry of Water and Sanitation and Ministry of Health, stepped in to support the health facility in addressing its water woes. A solar-powered water system was constructed, with 6 water points each with two taps installed in the health centre and the surrounding community.

"Support from Japan also enabled us to install segregated cholera treatment units from general outpatient areas at the health centre. This pivotal initiative prevents cross-contamination and bolsters infection control, ensuring safe healthcare delivery," explains WASH Specialist Blessius Tauzie.

Apart from the construction of the solar-powered water system,

support from Japan provided the health centre with various WASH and medical supplies to support the fight against cholera—the supplies comprised of water-guard, chlorine, sodium hydride, buckets and soap. The health centre, which recently had two cases of cholera from neighboring Mozambique, is in a better position to manage cholera cases now than before.

“Now we have a constant water supply and chlorine to sanitize and keep the treatment units clean. Managing cholera cases is now a lot easier, unlike before”, Biton elaborates.

The cholera cases the health centre had were of two brothers, a three-year-old and a 14-year-old. Their mother, Dorica Boniface, believes her sons may have contracted it through unsafe water in their village in Mozambique because they use unsafe sources. She is hopeful that her sons will swiftly recover now that they’re receiving medical assistance.

A recovery for the young boys would be a bonus for Biton, who has worked at the health centre for four years. “It’s always very fulfilling when you see patients get better.” He says with a joyful tone.

- Safe water improves sanitation and hygiene in health centres - The fight against cholera.
<https://www.unicef.org/malawi/stories/safe-water-improves-sanitation-and-hygiene-health-centres>
- Fiona makes progress in the battle against malnutrition.
<https://www.unicef.org/malawi/stories/fiona-makes-progress-battle-against-malnutrition>
- Social policy: Esime’s story on recovering from Cyclone Freddy
<https://www.unicef.org/malawi/stories/social-policy-esimes-story-recovering-cyclone-freddy>
- Realtime data reporting for health workers for accurate vaccination records with RapidPro.
<https://www.unicef.org/malawi/stories/realtime-data-reporting-health-workers-accurate-vaccination-records-rapidpro>
- Salima health workers carry on the fight against COVID-19
<https://www.unicef.org/malawi/stories/salima-health-workers-carry-fight-against-covid-19>

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: 1 APRIL - 30 JUNE 2024

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	-	840,000	11,500	▲ 1%
Healthcare workers trained in case management, infection prevention and control, and water and sanitation for health facility improvement	Total	-	5,000	-	0%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	30,000	200	▲ 1%
Children vaccinated against measles, Supplemental dose	Total	-	840,000	-	0%
Pregnant and lactating women living with HIV receiving antiretroviral therapy	Total	-	3,500	-	0%
Adolescents who have appropriate and lifesaving information on how and where to access interventions on HIV prevention, care and Treatment	Total	-	67,000	-	0%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	62,067	8,044	▲ 13%
Children 6-59 months screened for wasting	Total	-	2.7 million	386,105	▲ 14%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	360,960	52,603	▲ 15%
Child protection, GBViE and PSEA					
Children who have received individual case management	Total	-	7,910	-	0%
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	868,560	-	0%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	2.5 million	-	0%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	1.3 million	-	0%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	30	-	0%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	920,000	9,402	▲ 1%
Children receiving individual learning materials	Total	-	100,000	6,439	▲ 6%
Schools implementing Disaster Risk Reduction (DRR) plans including safe school protocols (infection prevention and control)	Total	-	400	12	▲ 3%

Children accessing MHPSS in their schools/learning programmes	Total	-	15,000	6,092	▲ 41%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	1 million	672,422	▲ 67%
People accessing appropriate sanitation services	Total	-	100,000	28,234	▲ 28%
Learning facilities and safe spaces reached with basic WASH services	Total	-	100	-	0%
People reached with critical WASH supplies	Total	-	4.7 million	860,492	▲ 18%

**Progress in the reporting period 1 January to 31st March 2024*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2024	Resources available from 2023 (carry over)	Funding gap (US\$)	Funding gap (%)
Health and HIV/AIDS	7,923,960	30,000	1,615,437	6,278,523	79%
Nutrition	9,402,062	999,463	127,505	8,275,094	88%
Child protection, GBViE and PSEA	3,282,800 ¹	40,000	185,525	3,057,275	93%
Education	4,048,400	131,302	161,180	3,755,918	93%
Water, sanitation and hygiene	13,166,000	1,642,825	1,318,828	10,204,347	78%
Social protection	1,444,548 ²	-	-	1,444,548	100%
Cross-sectoral (HCT, SBC, RCCE and AAP)	8,114,962 ³	1,052,853	1,088,909	5,973,200	74%
Total	47,382,732	3,896,443	4,497,384	38,988,905	82%

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ENDNOTES

1. 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.
2. 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.
3. This includes among other things, \$1.5 million is for humanitarian cash transfers, \$3.8 million is for social and behavioural change, \$2.3 million is for accountability to affected populations and \$52,200 is for adolescent development.