

Malawi

Consolidated Emergency Report January - December 2016



Smiling at last- Konja after recovering from severe acute malnutrition
©UNICEF/Malawi/2016/Ntaba

**Prepared by:
UNICEF Malawi
March 2017**

Table of Contents

CONTENTS

Table of Contents	ii
Abbreviations and Acronyms	iii
1.0 Executive Summary	1
2.0 Strategic Context of 2016.....	1
3.0 Humanitarian results.....	4
3.1 Results Table	4
3.2 UNICEF and partners Indicator Progress against planned targets	5
3.3 Nutrition	5
3.4 WASH.....	7
3.5 Health.....	7
3.6 Child Protection.....	8
3.6 Education.....	11
3.8 Social Policy	13
3.9 Communication for Development.....	14
4.0 Monitoring and Evaluation	14
5.0 Financial Analysis	15
6.0 Future Work Plan.....	17
7.0 Expression of Thanks	18
<p>UNICEF wishes to express its sincere gratitude to all public and private donors including the Swedish International Development Cooperation Agency (SIDA), the Government of the United Kingdom and Northern Ireland through DFID, the German Committee for UNICEF, the Government of Japan, USAID/Food for Peace and the Republic of Korea. Continued donor support is critical to maintain and scale up the response as the country continues to respond to the El Nino and La Nina induced situations especially in 2017.</p>	
18	
8.0 Annexes.....	19
8.1 Human Interest Stories.....	19
8.1.1 Konja recovers from malnutrition to a bouncy girl	19
By Doreen Matonga, Communication Officer, UNICEF Malawi.....	19
8.1.2 Hunger forces parents to marry off young girls	21
By Joseph Scott, Communication Officer, UNICEF Malawi	21

Abbreviations and Acronyms

C4D	Communication for Development
CFR	Case Fatality Rate
CHD	Child Health Days
CMAM	Community Based Management of Acute Malnutrition
CTC	Cholera Treatment Centre
CVSU	Community Victim Support Unit
DHO	District Health Office
DNHA	Department of Nutrition, HIV and Aids
DNHA	Department of Nutrition, HIV and Aids
DoDMA	Department of Disaster Management Affairs
EPI	Expanded Program on Immunization
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GBV	Gender Based Violence
JPGE	Joint Program on Girls Education
MAM	Moderate Acute Malnutrition
MOH	Ministry of Health (Malawi)
NGO	Non-Governmental Organisation
NRU	Nutrition Rehabilitation Unit
OCV	Oral Cholera Vaccine
ORP	Oral Rehydration Points
OTP	Outpatient Therapeutic Programme
PLHIV	People Living with HIV
RTR	Real Time Review
RUTF	Ready-to-Use-Therapeutic Food
SAM	Severe Acute malnutrition
SCTP	Social Cash Transfer Programme
SIA	Supplementary Immunization Activity
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRCO	United Nations Coordinators Office
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

1.0 Executive Summary

Malawi continues to be impacted by disasters such as cholera, flooding and drought. Late rains and prolonged dry spells (El Nino) exacerbated the low crop production of 2015/2016, resulting in a 0.716 million metric ton maize deficit. In 2016, the Malawi Vulnerability Assessment Committee (MVAC) estimated 6.7 million people at risk of food insecurity in 24 of the 28 districts, representing 39 per cent of the national population. This figure was an increase from the 2.86 million affected in the previous year.

In view of the heightened concerns of malnutrition and mortality rates as a result of the high levels of food insecurity, UNICEF scaled up nutrition community mobilization, mass screening and active case finding for children under the age of 5 as well as timely referral and treatment of acutely malnourished children. As a result, 90 percent cure rate was achieved out of the 53,054 children with Severe Acute Malnutrition (SAM) that were admitted in Nutrition Rehabilitation Units (NRUs) and Outpatient Therapeutic Units (OTPs), meeting the target of greater than 75 percent. Death rates significantly decreased from 4 percent in 2015 to 2 percent in 2016 meeting the target of less than 10 percent. UNICEF was also engaged in the integrated response to the food insecurity crisis in other sectors such as Child Protection, Social Policy, Education, Health, and Water, sanitation and hygiene (WASH).

UNICEF Malawi supported the response to the 2016 cholera outbreak which affected 14 districts, with 1,763 cases and 48 deaths and localized flooding which affected some districts in the northern part of the country.

Over and above the food insecurity, cholera, and localized flooding, UNICEF supported the response to an influx of refugees from Mozambique who were initially hosted at Kapise village in Mwanza district and later moved to Luwani refugee camp in Neno district.

Against its appeal for an amount of USD 22,706,669, UNICEF Malawi received a total of USD 7,469,189. In view of substantial underfunding against its appeal, UNICEF re-programmed funds (with donor approval) to assist with the response. After the re-programming of funds, the funding gap reduced from 68 percent to 14 percent. With this funding, UNICEF through its implementing partners contributed significantly to the humanitarian response efforts in 2016. UNICEF in conjunction with other UN agencies and development partners are developing strategies to address the challenge of 'breaking the cycle' of recurrent food insecurity in Malawi. These strategies respond now to the immediate needs of food insecure Malawian's and simultaneously, work towards longer term resilience building.

2.0 Strategic Context of 2016

The intensity and frequency of the hydro-meteorological hazards in Malawi are increasing in recent years, due to climate change and variability, as well as other factors, including population growth, urbanization and environmental degradation. The 2015/2016 drought left an estimated 6.7 million people (about 39 percent of the population) in need of food aid. This was a big increase in the number of food insecure people compared to the previous year in which floods and a subsequent dry spell left 2.86 million people in need of food aid. Figure 1 below shows the trend in the number of food insecure people registered over the past five years.

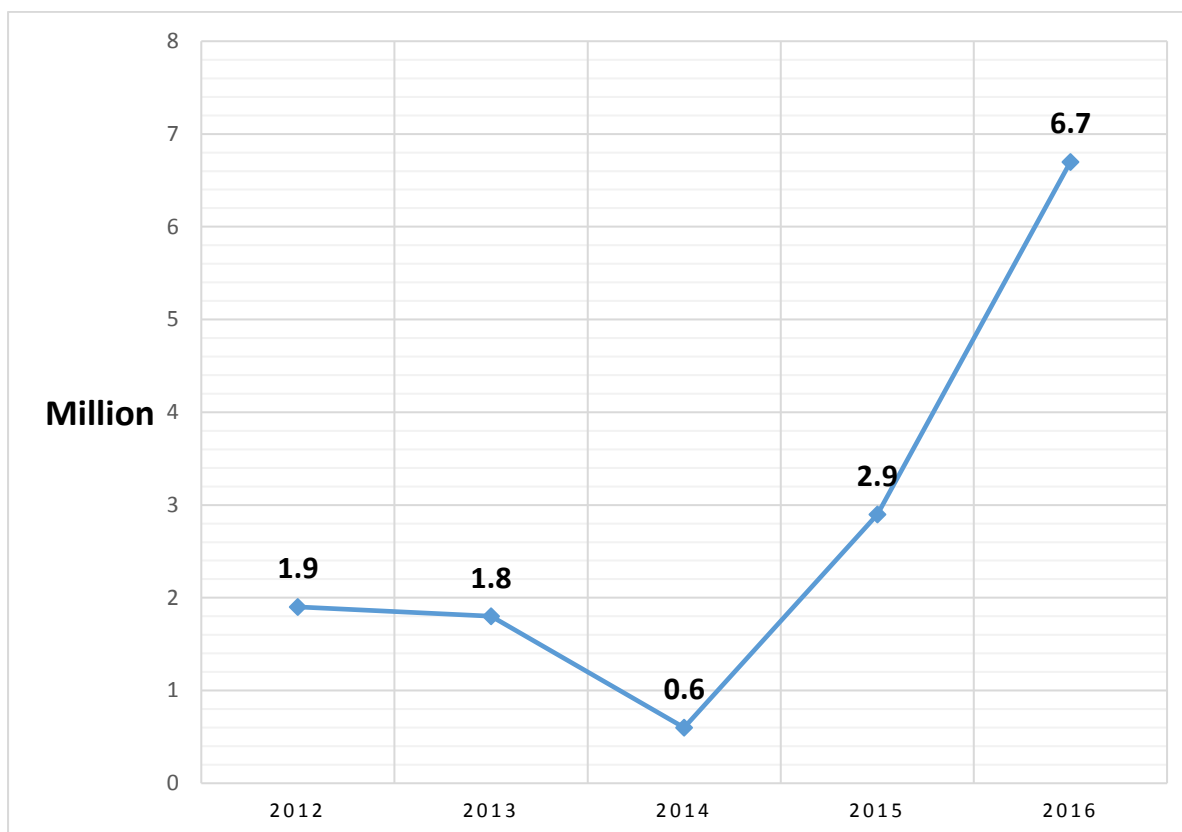


Figure 1: Trend in number of food insecure people in need of Food Aid (2012-2016)

Consequently, malnutrition and increased mortality rates were of particular concern particularly in the food insecure districts. In December 2016, the overall national Global Acute Malnutrition (GAM) rate increased significantly to 4.1per cent from 2.5per cent recorded in May 2016¹ while a Severe Acute malnutrition (SAM) rate of 0.8per cent was recorded compared to 0.5per cent in May 2016. There has also been an apparent increase in protection and vulnerability concerns- violence and abuse, trafficking, sexual exploitation, Gender Based Violence (GBV), and limited access to services by vulnerable groups including children, women the disabled and elderly among others.

Additionally, cholera affected 14 districts, with 1,805 cases increasing by about 169 per cent from 639 cases registered in the 2014/15 cholera season. The first case of Cholera was found on 19 December 2015 and diagnosis was confirmed in Machinga district. The outbreak then quickly spread to cover 14 districts in total by the end of the first quarter of 2016. The health cluster estimated a caseload for this season to be approximately 1099 and activated the necessary response plans to address this. By the end of August 2016, when the outbreak abated, a total of 1,805 cases were treated and 48 deaths were recorded, giving a Case Fatality Rate (CFR) of 2.6 per cent which is above the WHO threshold of 1 per cent. In a national review, reasons for higher CFR were identified as poor case management, late reporting of cases, and some traditional beliefs that hamper seeking medical care, which were noted in some southern districts.

¹ SMART Nutrition survey , December 2016

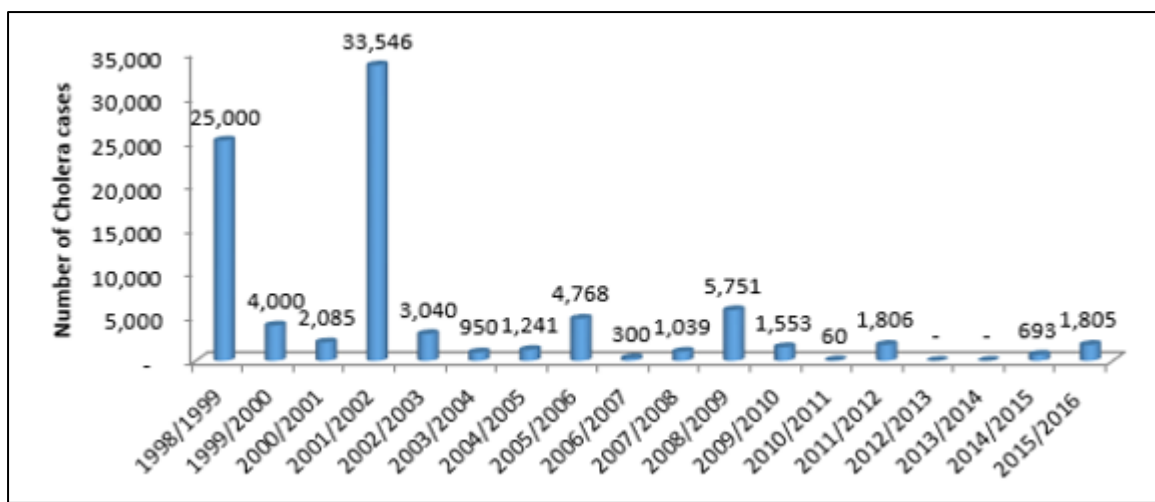


Figure 2: Trends in of cholera 1998 to 2016

The country was also affected by localized flooding, especially in the northern region. Karonga district experienced flooding in the month of February with a total of 700 households displaced, out of which 257 sought refuge in camps. In April, more districts in the northern region were affected by floods including flash floods in Karonga, and Rumphi districts, resulting in further displacement.

Furthermore, there was an influx of asylum seekers into Malawi from Mozambique due to security related incidences in Mozambique. As of early May 2016, UNHCR had officially registered a total population of about 10,067 people (Female 5,387, Male 4,680). According to UNHCR, while some of the people returned to Mozambique there were still new arrivals being registered. As of December 2016, a total of 3,268 (1626 female, 1642 male) refugees remained at Luwani camp.

UNICEF is an active participant in the Humanitarian Country Team and the Inter Cluster coordination fora, which lead strategic and cross-sectoral coordination of humanitarian programmes in the country. UNICEF also plays a key role as the sector co-lead agency for the Nutrition, Education, WASH and Child Protection clusters, while also playing a major role in the Health cluster. The experience gained through recurrent emergencies, and the resultant strengthening of the emergency coordination mechanisms that are in place, have ensured partners are better equipped to respond to disasters that could occur in future.

3.0 Humanitarian results

3.1 Results Table

Table 1: 2016 Results

Indicators	Cluster Targets	Cluster Total Results	UNICEF Targets	UNICEF Total Results
WASH				
Internally displaced persons and host community members provided with safe water as per agreed standards	155,000	74,860	70,000	65,260
People provided with access to sanitation/temporary latrines	155,000	39,110	38,750	36,460
People benefitted from hygiene promotion campaigns	775,000	418,309	400,000	403,029
EDUCATION				
Children provided with access to quality education services	208,000	142,847	125,000	101,764
Adolescents who are in and out of school accessing relevant alternative education services	41,600	18,244	25,000	18,244
HEALTH				
Children aged 6 to 59 months immunized against measles			453,500	307,450
Children provided with access to life-saving curative interventions			276,250	339,972
NUTRITION				
Children 6-59 months with SAM enrolled in OTP and NRU programs	65,931	53,054	65,931	53,054
Children aged 6 to 59 months provided with micronutrient supplementation	453,500	440,248	453,500	440,248
CHILD PROTECTION				
Child protection cases recorded and referred to appropriate services	3,000	2,276	3,000	2,276
People reached with child protection messages to expand knowledge on protection services and service points	2,000,000	300,000	500,000	300,000
HIVAIDS				
Women retained on HIV treatment			10,000	5,796
Adolescents provided with HIV-related information and access to services			100,000	17,000

3.2 UNICEF and partners Indicator Progress against planned targets

Table 2: Indicator progress against targets

Sector	2016 Target	Total Results	Indicator progress
WASH			
Internally displaced persons and host community members provided with safe water as per agreed standards	70,000	65,260	93per cent
People provided with access to sanitation/temporary latrines	38,750	36,460	94per cent
People benefitted from hygiene promotion campaigns	400,000	403,029	101per cent
EDUCATION			
Children received school supplies, psychosocial support, care and stand-by teaching from 200 volunteer teachers	125,000	101,764	81per cent
Girls and boys that are in and out of school accessed livelihood skills, literacy and social services	25,000	18,244	73per cent
HEALTH			
Children aged 6 to 59 months immunized against measles	453,500	307,450	68per cent
Children provided with access to life-saving curative interventions	276,250	339,972	123per cent
NUTRITION			
Children 6-59 months with SAM enrolled in OTP and NRU programmes	65,931	53,054	81per cent
Children aged 6 to 59 months provided with micronutrient supplementation	453,500	440,248	97per cent
CHILD PROTECTION			
Child protection cases recorded and referred to appropriate services	3,000	2,276	76per cent
Vulnerable women and children reached with protection messages to expand knowledge on protection services and service points	500,000	300,000	60per cent
HIV and AIDS			
Emergency-affected women retained on HIV treatment	10,000	5,796	58per cent
emergency-affected adolescents provided with HIV-related information and access to services	100,000	17,000	17per cent

3.3 Nutrition

UNICEF co-leads the national level Nutrition Cluster which was activated with the objective of preventing mortality and morbidity due to malnutrition in vulnerable households, especially among children, women, people living with HIV (PLHIV) and other chronically ill. As the cluster UN co-lead agency, UNICEF managed to secure USD 5.5 million to contribute to the nutrition interventions against a target of USD 29 million for the nutrition component of the 2016/2017 Food Insecurity Response

Plan. The funding was vital in that it enabled UNICEF to provide lifesaving treatment, support the supervision of health workers and support coordination. It also assisted with the acceleration of the expansion plans for nutrition interventions which consequently led to effective program implementation. UNICEF deployed field monitors to affected districts to support mentorship, supervision and distribution of lifesaving supplies.

In collaboration with the Department of Nutrition, HIV and AIDS (DNHA), Ministry of Health Nutrition Unit, and six NGO partners, UNICEF scaled up nutrition community mobilization and mass screening and active case finding to ensure that every child under five years in the targeted districts was reached. The mass screening was implemented in two phases; January – May 2016 and October to December 2016. During the first phase, the highest number of children reached in a month was 1,701,225 (94 per cent) of which 0.9 per cent had SAM and 3.3 per cent had Moderate Acute Malnutrition (MAM) and were managed in the community management of acute malnutrition (CMAM) program while in phase two, over a million children under five were reached every month.

The lives of 40,225 children under five years of age who recovered from SAM have been saved due to the scaling up of CMAM service provision in 2016 (National CMAM Database, 2016). Access to the CMAM program was maintained in all the 28 districts of Malawi. There were 603 health facilities providing Out Patient Program (OTP) services and 104 Nutrition Rehabilitation Units (NRU) totaling 707 facilities representing 97 percent geographical coverage against the set target of 731 for 2016.

Overall there was a 54 per cent increase in SAM admissions from 34,521 children in 2015 to 53,054 (Male 25,326; Female 27,728) children in 2016 (National CMAM Database, 2016). UNICEF provided technical support at all levels of service delivery and ensured the provision of critical lifesaving nutrition supplies (Vitamin A, Ready-to-Use-Therapeutic Food (RUTF), F75, F100, ReSoMal, and amoxicillin) to 100 per cent of facilities providing CMAM services across the country which resulted in a significant decrease in death rates within (NRUs and OTPs. Of the 53,054 a 90 percent cure rate was achieved meeting the greater than 75 percent target and death rates significantly decreased from 4 percent in 2015 to 2 percent in 2016 meeting the target of less than 10 percent. Additional to the national progress in improved CMAM outcomes, noteworthy is that 85 percent of CMAM facilities achieved World Health Organisation (WHO) Sphere standards against an annual target of 80 percent.

A key demand related bottleneck in Malawi is that only 50 percent of children identified with SAM during mass screening will actually turn up at health facilities. To address this bottleneck, UNICEF nutrition and Communication of Development (C4D) sections established partnerships with an NGO called Story Workshop to increase uptake of SAM treatment services at health facilities. The integration with C4D significantly mobilized community members through community dialogues, social marketing campaigns as well as community and faith based radio and contributed to participation of mothers and caregivers in the monthly mass screening drives ensuring that children under five years were screened. Partnerships with NGOs including World Vision, JPHEIGO, Concern Universal, Concern Worldwide, Plan and Save the Children were also established as part of strengthening nutrition emergency monitoring and coordination. A total of 66,625 people (men, women and children) were mobilized using experiential social marketing techniques in 14 districts spread throughout the country. An estimated audience of over 7 million listeners were reached with key messages through interactive programs on 11 radio stations including national, faith based and community radios. Integration with C4D and strengthening of community referral systems contributed to an overall 54 percent increase in CMAM

admissions in 2016 as compared to 2015. Between 2011 and 2015 CMAM admissions had stagnated ranging from 29,000 to 35,000 cases.

To address micronutrient deficiency disorders, micronutrient interventions for children 6-59 months were successfully delivered through the bi-annual Child Health Days (CHDs) conducted in March (Round 1) and November (Round2) 2016. During the first round of CHDs, 1,224,006 boys and 1,391,631 girls were reached with vitamin A supplementation which was 97 percent coverage against a target of 90 percent. The target for de-worming in children 12-59 months was also achieved in Round 1 CHDs at 100 percent (1,154,084 boys and 1,273,989 girls) as compared to a target of 80 percent (Child Health Days Round 1 Report, MoH).

3.4 WASH

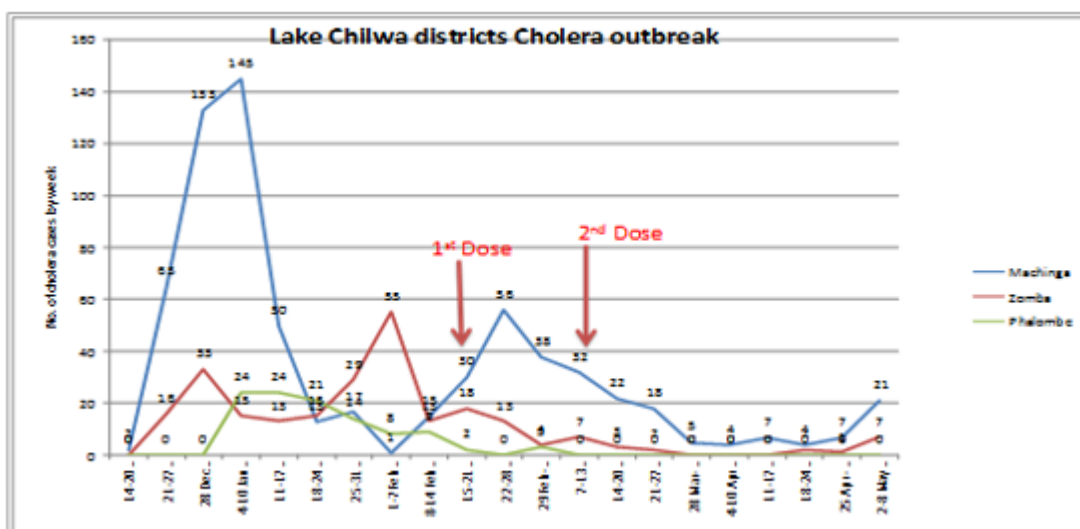
UNICEF supported 57,260 people with safe water supply through the construction and rehabilitation of water supply facilities, while 29,260 people were supported to gain access to sanitation facilities, and 403,029 people were reached with hygiene promotion messages through using C4D approaches. UNICEF, as a co-lead for WASH cluster coordination, worked with cluster partners to re-align WASH support to the worst affected areas. This included additional support to Nutritional Rehabilitation Units and health centers to strengthen their WASH capacity should they experience increased admissions of affected people as a result of the drought and potential disease outbreak.

3.5 Health

UNICEF and partners anticipated floods and its aftermath in Malawi due as effects of the La Nina phenomenon. In that regard adequate preparedness actions were undertaken including procuring drugs and supplies, prepositioning of supplies in cholera prone districts, and strengthening coordination mechanisms. To that effect UNICEF and partners were able to respond to emergencies adequately and deliver planned services.

UNICEF in collaboration with WHO, the Ministry of Health (MoH) and other partners supported reactive Oral Cholera Vaccination (OCV) campaigns in four districts² worst affected by cholera. All the districts showed a significant drop in new cases two weeks after the second dose of OCV, but a resurgence of cholera was noted early in May 2016 in the districts of Zomba and Machinga. Following an investigation conducted jointly by UNICEF and MoH, which quickly established the reasons for resurgence, health promotions and appropriate messages focusing on the identified causes were disseminated using community volunteers, local media, and beach health committees. These, along with coordinated measures of health and WASH, brought an end to the outbreak in August 2016. More than 174,028 vulnerable groups (fishermen, communities living within 5km radius of Lake Chilwa, and inhabitants of the islands and floating houses of the lake), were reached with the two doses of OCV in the months February to April 2016. The plan to immunize was fully realized with an achievement of 100.1 per cent. Notably, the number of new cases started to drop two weeks after the second round of OCV immunizations and the outbreak was fully controlled few weeks later.

² These were Zomba, Machinga, Phalombe, and Nsanje.



the severity of protection concerns in those districts. UNICEF focused its interventions to the 13 most affected districts⁴ in the following areas:

Capacity of humanitarian actors to protect beneficiaries of humanitarian assistance enhanced

Mainstreaming was achieved through training of NGO partners in protection so that as they distribute food and cash, protection issues should be taken into account. In total, 51 protection focal persons were trained. The food and cash distributors from NGOs were tasked to disseminate protection messages during food and cash distribution exercises across the country. Ten messages were developed by the protection cluster for the response to food insecurity.

Guidelines on a complaints and feedback mechanism during relief items distribution developed and implemented

As a central part of the food insecurity response, a complaints and feedback mechanism was set up at each food distribution in order to strengthen accountability towards the affected population, and ensure their participation. The complaints and feedback mechanism had three elements: an information or help desk, including a suggestion box; community awareness raising about the suggestion box and a mechanism for opening the suggestion box; and attending to complaints, feedback and concerns.

A national process was also initiated to consolidate the various complaints and feedback mechanisms. Under the guidance of the UN Resident Coordinator a study was initiated to assess levels of accountability at national and district levels with a view to establishing community based complaints and feedback mechanisms that will also deal with sexual exploitation and abuse.

Capacity of police and district social welfare officers on gender based violence, child protection and human rights violations relevant for food insecurity and drought and on the referral system, including health enhanced

District Social Welfare Officers from 12 highly affected districts and 36 protection stakeholders from 3 districts were trained on management of cases of violence, abuse, exploitation and neglect that may occur as a result of the food insecurity using the protection mechanisms already existent in the districts. Action plans were developed to implement the training beyond project closure and ensure sustainability of results. Funding was provided to the districts to facilitate implementation of the districts plans. These included sensitization meetings at the local level on Gender Based Violence (GBV), sexual exploitation and abuse, coordination of various stakeholders working in the area of protection, strengthening protection mechanisms at the district level and facilitating referrals to protection service points and awareness raising.

The Malawi Police Service also expanded case management to lower police formations, revamping community policing structures and community victim support units in 13 districts. A total of 85 lower level police formations were oriented on comprehensive management of gender based violence cases. In addition 113 community policing forums were strengthened with skills on community safety and violence prevention. During these sessions, proper linkages were established between community

⁴ Balaka, Chikwawa, Nsanje, Neno, Phalombe, Zomba, Chitipa, Thyolo, Mwanza, Mangochi, Karonga, Blantyre Rural and Mzimba.

policing forums, community victims support units, schools and police formations for proper referrals of gender based violence cases. Awareness was also provided on preventing and responding to violence.

Community psychosocial support providers were also identified and trained by the Ministry of Gender, Children, Disability and Social Welfare to provide community psychosocial support in 13 highly affected districts. In each district 30 volunteers were providing psychosocial support to victims of food insecurity. Over 400 volunteers were providing this support in 13 districts.

Referral mechanisms strengthened to deal with violence, abuse and exploitation

The protection cluster response to food insecurity had been utilizing the already existing response and referral mechanisms under the Ministry of Gender, Children, Disability and Social Welfare. These included police victim support units, community victim support units, child protection workers, food and cash distributors, district social welfare offices and the NGO partners working in the affected districts. These were the focus of capacity building initiatives since the onset of the food insecurity. 105 community victims support units (CVSU) had been revamped in Mzuzu, Mzimba, Nkhatabay, Lilongwe, Mchinji, Mangochi, Zomba, Machinga, Dedza and Blantyre with rehabilitation works of the CVSU structures and reconstitution and orientation of CVSU committees. In total 520 CVSU committee members were oriented in management of GBV cases. 65 child protection workers in 13 districts were designated as focal persons for reporting and management of cases of violence at community level. The Malawi Police revamped 113 community policing forums whose chairpersons were designated as focal persons for referrals of violence cases to Police Victim Support Units (PVSU).

The protection cluster also worked with the World Food Programme (WFP) to empower 387 food monitors on protection issues and reporting mechanisms during relief food distribution exercises. Food distribution partners were making available reporting boxes for community members to report cases of violence and abuse during the food distribution exercises. These were being opened within 24 hours after food distribution and feedback provided to communities on issues within 7 days.

Protection monitoring by the Malawi Police Service was strengthened in affected districts. This had been prominent in food distribution and selling points across the country and displacement sites for the refugees in Mwanza and Neno and flooding sites in Karonga. Reports on violence from these centres were channeled through the normal protection mechanisms.

National and district level protection coordination mechanisms strengthened

District Social Welfare Officers in 12 districts were supported to coordinate protection interventions at the district level bringing together all stakeholders and developing and implementing response plans. At the national level the protection cluster was also meeting bi monthly and weekly after a state of disaster was declared by the State President Prof. Arthur Peter Mutharika on 12th April 2016. The protection cluster joint monitoring visits were also undertaken to support to the implementation of the programs at district level.

Enhanced awareness on GBV prevention and referrals

Awareness messages were disseminated during food distribution exercises by social welfare officers, community victim support units and the Malawi Police Service. The Malawi Police were targeting markets, schools and villages in the 12 most affected districts. Over 300,000 people in 15 districts had been reached with these protection messages on protection from sexual exploitation and sexual abuse, referral protocol, referral pathways and community based support.

3.6 Education

In 2016, UNICEF Education in Emergencies work plan was operationalized effectively leading to resumption of uninterrupted learning of 60 per cent of learners in the following key contexts: drought, floods preparedness, refugees from Mozambique, and cluster support.

UNICEF strengthened the education sector capacity to respond effectively to emergency situations by establishing a coordination mechanism at the cluster level through the provision of a standby partner cluster coordinator, and setting up a functional full time situation assessment team at the Ministry of Education, Science and Technology (MoEST) headquarters. Through this support the Ministry continuously provided leadership and coordination to the other partners. A cluster implementation plan was effectively implemented and coordination at the district level was activated for the most affected districts. At the national level, Cluster meetings are held, co-chaired by Government, UNICEF and Save the Children, and key partners come together periodically to discuss progress of the emergency response, to assess and identify gaps and to develop documents such as response plans for various emergencies. In Mwanza and Neno, coordination meetings of the Education Sector Group were held fortnightly to discuss issues affecting refugee education and resulted in joint implementation of activities including back to school campaigns, hygiene promotion, and trainings in child protection and psychosocial support.

In addition, UNICEF prepositioned supplies in strategic locations in the country and coordinated the distribution and utilization of supplies to affected schools in collaboration with the education cluster.

Overall, 101,764 (out of a target of 125,000 learners) learners from the drought affected areas and 1,819 learners from the two refugee camp schools including 671 (343 boys and 328 girls) from Luwani Primary school benefitted from the distribution of supplies.

Four districts of Dedza, Salima, Mangochi and Chikwawa were provided drought mitigation support through school feeding, provision of learning materials, teaching support and out of school livelihood programs. As a result 101,764 learners accessed quality basic education, and psychosocial support/care was provided in 100 schools within the Joint Program on Girls Education (JPGE) implemented in collaboration with WFP, UNFPA and the Government of Malawi.

In building resilience of out of school adolescent girls and boys 18,244 out of school adolescents/youths were equipped with livelihood and life skills and had access to livelihood activities, literacy programmes, and social services including goat rearing, vegetable growing and sports for development in the same four districts. This program was integrated into the on-going Action 4 Adolescents (A4A) Program implemented in collaboration with the Ministry of Labour, Youth, Sports, and Manpower Development. The program utilizes youth groups around schools and functional literacy centers

targeting school drop-outs and out of school adolescents. Psychosocial support to in and out school children was provided through zonal sports festivals that were coordinated by the District Sports Offices in the 4 districts in collaboration with the JPGE schools.

In the emerging refugee emergency, UNICEF supported a situation assessment and mobilised partners, including UNHCR, to respond to the emergency. As a result in the refugee schools in Mwanza and Neno districts, 1,203 learners (623 boys and 580 girls) accessed basic education through the setting up of a temporary school (10 school tents of which 5 are furnished with 300 sets of school furniture) and psychosocial support.

UNICEF supported the effective monitoring and evaluation of the Education in Emergency (EIE) through a real-time monitoring system that utilized mobile phones to collect data and which informed the response. This has led to the development and live deployment of a fully functioning real-time monitoring and management information system. A custom web dashboard was built which consists of a national-level map, with all 178 volunteer schools mapped. Schools can be located on the map by zooming to the district level and clicking on the location pins, or through a search bar via school name or numeric ID. This way, data submitted by a teacher over SMS is instantly visualized for analysis on the dashboard, and data received from the Focal Points either by SMS. Surveys sent to the 178 volunteer teachers, have gotten a 58 per cent response rate, thus completing the initial deployment of the fully-functioning emergency real-time monitoring system. The education cluster is now able to track weekly attendance rates in the intervention schools as shown in the weekly report below.

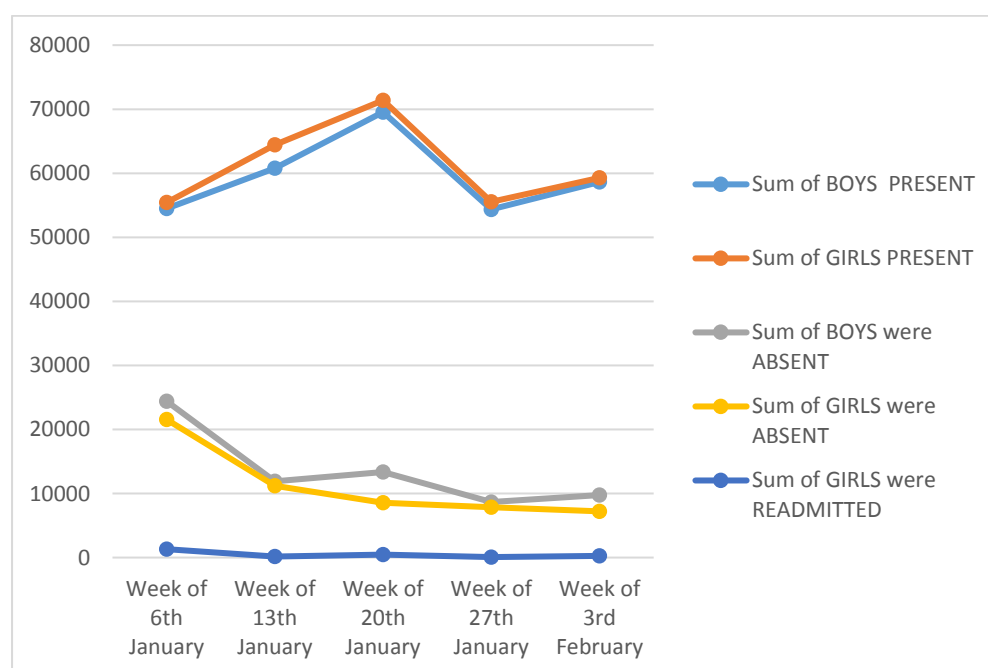


Figure 4: Sample weekly tracking of attendance rates

Based on key lessons drawn from 2015, the education cluster has commissioned an assessment and documentation of its program in 2016 to ensure lessons are built into the response 2017.

3.8 Social Policy

According to the Malawi Vulnerability Assessment Committee (MVAC), 6.7 million people were identified as food insecure and in urgent need of humanitarian assistance by November 2016. In 15 of the affected districts, approximately 130,000 households receive a basic cash grant under the government-led Social Cash Transfer Programme (SCTP). SCTP recipients have been identified by the community as ultra-poor and labour constrained, thus in need of longer-term Social Protection support. Their level of poverty makes them among the groups most exposed to and suffering the most from shocks, including drought. They are least likely to be able to withstand shocks without resorting to negative coping mechanisms.

UNICEF Malawi plays a key role in supporting the Government of Malawi in the design and implementation of Social Protection activities, among others the SCTP, and has been advocating for, and supporting the creation of linkages between social protection and humanitarian action. As such, and based on solid findings of high levels of exclusion errors in the targeting of humanitarian assistance among SCTP beneficiaries, UNICEF Malawi in 2016 successfully advocated for a policy decision to automatically include all SCTP recipients in the humanitarian food response caseload for 2016-2017. The decision allowed for longer-term Social Protection objectives to be secured while at the same time contributing to needs-based humanitarian targeting.

After the implementation of this policy decision throughout the 2016 / 2017 response cycle, UNICEF Malawi currently engages in a multi-partner effort to review the policy decision of automatic inclusion in order to learn and build on best practices when informing further linkages between humanitarian and development systems.

Mandated by the Ministry of Finance, Economic Planning and Development division, UNICEF Malawi acts as a secretariat for the review process, providing technical, logistical and financial support to this exercise. In this role, UNICEF Malawi ensures knowledge, expertise, and experiences from the members of a multi-agency, and mandate Technical Review Committee are reflected in the scope, procedures, and tools to be applied in the review.

UNICEF Malawi, with support from Irish Aid's Rapid Response Corps and RedR Australia Standby Humanitarian Roster, has dedicated skilled and experienced human resources to both, the implementation and review process. Under the United Nations' Standby Partnership Programme, Irish Aid and RedR Australia have contributed an Emergency Social Protection specialist to UNICEF Malawi's Social Policy team. Acting as a technical focal point for the Review Committee and representing the UNICEF secretariat in the process of reviewing the above policy decision, the deployment of Standby Partners has effectively added expertise in Information Management and humanitarian Cash Transfer Programming to the Social Protection perspective.

The Standby Partners' technical expertise complemented UNICEF Malawi's efforts to facilitate joint learning, allowing for evidence-based advocacy and technical support to linkages between Social Protection and humanitarian action, thus contributing to the efficiency, effectiveness and sustainability of different assistance mechanisms.

Mainstreaming was achieved through training of NGO partners in protection so that as they distribute food and cash, protection issues should be taken into account. In total, 51 protection focal persons were

trained. The food and cash distributors from NGOs were tasked to disseminate protection messages during food and cash distribution exercises across the country. Ten messages were developed by the protection cluster for the food insecurity response. Guidelines on a complaints and feedback mechanism during relief items distribution were also developed and implemented.

3.9 Communication for Development

In 2016, evidence based strategic C4D program for emergency response and recovery contributed to the mobilization of community members, particularly mothers and caregivers of under-five children, to have their children screened for malnutrition in partnership with 11 community radios reaching 7 million listeners with key messages. 2 NGOs and 2 social marketing agencies reached 598,034 community members out of which 141,308 were parents and caregivers in 1,483 community dialogues and mobilization of 51 village health committees to conduct follow up actions in 16 drought affected districts.

Cholera prevention activities were undertaken in partnership with Population Service International and reached over 40,766 people through 14 community video shows, 38 road shows in Phalombe, Zomba and Machinga districts.

Mobilization of flood affected people, including women, was undertaken to demand quality basic services, and provide adequate and relevant information on recovery through 25 community dialogues with participation and engagement of 215 local leaders, including village chiefs and traditional authorities, local governance structures (village health committees and councilors) and 28 radio listening clubs (10 – 12 community member in each) in 8 traditional authority (T/A) areas in Nsanje, Phalombe and Chikwawa districts.

4.0 Monitoring and Evaluation

UNICEF conducted field visits to monitor the situation on the ground as well as progress of the response efforts. UNICEF also participated in joint sector/cluster level assessment missions. Additionally UNICEF participated in a Real Time Review (RTR) exercise which was undertaken with leadership from the United Nations Resident Coordinator's Office (UNRCO) with the objective of providing a snapshot of the ongoing response highlighting strengths and weaknesses through a light touch interagency field review. Furthermore, the RTR provided an opportunity to understand the community dynamics in relation to the humanitarian response taking into account humanitarian response team accountabilities to the affected population while also providing an opportunity for them to give their feedback. It served both as an accountability function and a learning function. The main intended users of the outcomes of the review were all the humanitarian actors including, the Government of Malawi, UN agencies, national and international NGOs and donors.

The UNICEF Malawi Emergency Management Team (EMT) was active throughout 2016 and provided oversight during the response. A Situation Centre was operationalized and staffed with cluster coordinators, Emergency Specialists and emergency surge staff to respond to the drought.

5.0 Financial Analysis

In 2016, UNICEF appealed for an amount of USD 22,706,669 against which a total of USD 7,469,189 was received leaving a funding gap of 68 per cent. The humanitarian funding overview detailed in the table below includes USD 373,755 carry-forward from 2015, due to multi-year funding planned for 2016/2017 implementation.

In view of substantial underfunding against the appeal, UNICEF re-programmed funds (with donor approval) to assist with the response so as to achieve significant progress against planned results. After this re-programming of funds, the funding gap reduced to 14 per cent enabling UNICEF to achieve more than 75 per cent of its planned targets for ten out of the 13 indicators (Table 3.2).

Table 3: Funding Status against Appeal by Sector (in USD)

Sector	Requirements	Funds received against appeals as of 31 December 2016*	% Funded
Nutrition	13,971,681	5,465,790	39
Health	1,493,751	691,300	46
WASH	3,479,520	364,500	10
Child Protection	360,000	35,640	10
Education	2,451,717	0	0
HIV and AIDS	150,000	0	0
Cluster/Sector Coordination	800,000	911,959	100
Total	22,706,669	7,469,189	32**

* Funds available includes funding received against the current appeal as well as carry-forward (\$373,755) from the previous year.

** The funding gap reduced to 14 per cent after re-programming of funds.

Table 4: Funding received and available by 31 December 2016 by donor and funding type (in USD)

Donor Name/Type of Funding	Programmable Budget allotment reference	Programmable Amount*
I. Humanitarian Funds Received in 2016		
a) Thematic funds received in 2016*		
German Committee for UNICEF	359,600	342,477
United Kingdom Committee for UNICEF	226,940	216,133
Total Thematic funds	586,540	558,610

b) Non thematic Humanitarian Funds		
German Committee for UNICEF	275,938	255,548
Japan	2,300,000	2,129,630
SIDA - Sweden	661,959	612,925
USAID/Food for Peace	1,072,834	993,365
Republic of Korea	100,000	92,593
UNOCHA	-409	-
	167,047	156,119
UNDP - MDTF	1,931,525	1,805,164
Total non-thematic funds	6,508,894	6,045,344
c) Pooled Funding		
Total pooled funds		
d) Other types of humanitarian funds		
Total humanitarian funds received (a+b+c+d)	7,095,434	6,603,954
II. Carry over of thematic funds humanitarian funds available in 2015		
e) Carry over thematic funds		
		375,755
Total Carry over Thematic Funds		375,755
f) Carry over Non-Thematic Funds		
Total Carry over Non-Thematic Funds	NA	375,755
Total carry over humanitarian Funds (e+f)		375,755
iii. Other sources (Regular resources set-aside , diversion of RR)	NA	NA
Total other resources	NA	NA

*Excludes German Committee grant number SM1499101284 (USD426,042) and Japan Committee Grant number SM1499101271 (616,808) which are not reflected in the HAC appeal funding details but are reported in the Income Analysis Cube .

Table 3: Thematic Humanitarian contributions Received in 2016

Donor	Programmable amount	Total contribution amount
German Committee for UNICEF	342,477	359,600
United Kingdom Committee for UNICEF	216,133	226,940
Total Thematic funds	558,610	586,540

6.0 Future Work Plan

In 2017, UNICEF will continue to ensure that minimum preparedness measures and response capacities are in place to meet the immediate needs of populations affected by emergencies. Multi-sectoral interventions in health, water, sanitation and hygiene (WASH), nutrition, education and child protection will employ integrated approaches and will address cross-cutting themes, including HIV and AIDS and Communication for Development.

UNICEF in conjunction with other UN agencies and development partners will continue with developing strategies to address the challenge of ‘breaking the cycle’ of recurrent food insecurity in Malawi. These strategies respond now to the immediate needs of food insecure Malawian’s and simultaneously, work towards longer term resilience building.

In contribution to the humanitarian response efforts, the following Programme targets have been set out for 2017:

WASH

- 200,000 people in humanitarian situations with access to critical hygiene promotion to prevent communicable diseases
- 25,000 people in humanitarian situations accessing safe and sufficient water for drinking, cooking and personal hygiene

EDUCATION

- 125,000 children provided with access to quality education services
- 25,000 adolescents who are in and out of school accessing relevant alternative education services

HEALTH

- 214,200 children aged 6 to 59 months immunized against measles
- 276,500 children and women in humanitarian situations provided with access to health care services

NUTRITION

- 64,826 Children in humanitarian situations aged 6 to 59 months affected by SAM who are admitted for treatment
- 1,105,000 Children aged 6 to 59 months provided with Vitamin A supplementation

CHILD PROTECTION

- 80,000 children in humanitarian situations access psychosocial support through safe spaces
- 1,000 Child protection cases recorded at appropriate services

HIV and AIDS

- 10,000 Women retained on HIV treatment at 6 months

7.0 Expression of Thanks

UNICEF wishes to express its sincere gratitude to all public and private donors including the Swedish International Development Cooperation Agency (SIDA), the Government of the United Kingdom and Northern Ireland through DFID, the German Committee for UNICEF, the Government of Japan, USAID/Food for Peace and the Republic of Korea. Continued donor support is critical to maintain and scale up the response as the country continues to respond to the El Nino and La Nina induced situations especially in 2017.

UNICEF also appreciates and acknowledges the role of the Government of Malawi, NGO partners, collaborating international organizations and sister UN agencies, whose partnerships have been critical in achieving key results for children and women in Malawi humanitarian situations.

8.0 Annexes

8.1 Human Interest Stories

8.1.1 Konja recovers from malnutrition to a bouncy girl

By Doreen Matonga, Communication Officer, UNICEF Malawi

In June 2016, at the peak of the hunger crisis, I visited Chikwawa district as part of a team that was documenting the effects of the crisis on children. The journey took us to Dolo Health Centre where a nutrition clinic was in session. Attending the clinic were tens of mothers who had brought their children for malnutrition check-up and treatment.

What I saw that day shocked me.

There were many children who had signs of malnutrition, but one little girl stood out from the rest. Dressed in a tattered light blue dress, she lay on a cloth wrapper under the shade, looking very frail. I could see the pain on her face as she writhed around. She had sores all over her body. She couldn't sit by herself due to a bout of diarrhea that had lasted months. Her very life was in the balance.

This was Konja at 12 months. Konja came to Dolo Health center with her grandmother Jolita Dezmata, a peasant farmer grappling with the current hunger crisis. Jolita had walked almost 9km

to the health center to seek for treatment for her grandchild. The love of the grandmother, showed me how much she wanted Konja to live. I talked to Jolita about the little girl. She told me that Konja's mum was young and expecting her fourth child at the time.



close medical attention as they are recovering. Konja stayed in the Rehabilitation Unit for over a week receiving medication and therapeutic foods to cure her severe acute malnutrition. Since the

day I met her, Konja has been on my mind and we have been following up with her grandmother. I revisited her in October. What I saw was a different girl to the one we saw in June. Konja was smiling, playing and able to sit on her own. She was bubbly and happy, a real story of turning a life around. I could hardly believe she was the same child. As I look back on how we met Konja in early June, I can't stop thinking of what could have happened to her. If it weren't for UNICEF's support to the district health office nutrition, funding the therapeutic milks and ready to use therapeutic food that saved her life, Konja's story would not have had this happy ending.

8.1.2 Hunger forces parents to marry off young girls

By Joseph Scott, Communication Officer, UNICEF Malawi

Mangochi a lakeshore district, situated in the eastern part of Malawi, is one of the country's top tourist hot spots. The vast expanse of mountain ranges, interjected by flat grasslands and the imposing Lake Malawi, makes for a breathtaking view. However, beneath this seemingly beauty lies a tradition that has, for years, deprived girls a chance to pursue their dreams as they are married off at a tender age to men with a little more money than their parents.

“In the past two years, we have seen an increase in cases where parents are offering their young girls for marriage,” says Malla Mabona, Child Protection Specialist for UNICEF Malawi. “Mostly, the decision is driven by hunger. Families are struggling to get food due to the drought that hit the country for the past two farming seasons.

“The only way out they see from this predicament is to offer their girls to richer men in their communities for marriage. This is a gross abuse of the girl's right to education,” she says

Eliza (16) from the district was caught in this early marriage snare some two years ago.

“It all started when my father approached his friend offering to marry me to his son who was working in South Africa,” recalls Eliza who is the second oldest child in a family of seven. “The friend agreed and my father was given MK20,000 (\$28 USD) and two mobile phones.”



Eliza was offered for marriage at the age of 14. © UNICEF Malawi/2017/Eldson Chapara

She adds: “I was so angry when my father told me to stop school and prepare for marriage. I had never thought of getting married before. My dream was to continue with my education and become self-reliant,” she says.

Like many farming families in the area, Eliza parents had a poor harvest because of drought and erratic rains, caused by El Nino. They managed to harvest only three bags of the staple maize. Being such a big family, this only lasted for three months.

As the hunger started to bite, Eliza's father saw a way out of the crisis by offering his daughter for marriage. However, her mother was opposed to the idea – she wanted Eliza to continue with her education.

Forced out of school by poverty

The ensuing marital conflict between Eliza's parents affected the children's education.

"My father saw my mother's refusal to have me married as defiance," Eliza says. "To punish her, he decided not to support us in any way. Life became tougher because, in addition to the food shortages we were experiencing, we also didn't have soap to wash clothes or to bath.

Eliza started going without things such as notebooks and pens. "It became so difficult for me to attend classes. I pulled out of school in



Standard 6 to look for odd jobs around the village to help the family with some income," she says. Every day in the morning, she would join her mother to look for work in the surrounding villages. But it was not easy getting a job as almost all the people in the village had been affected by the drought.

When the differences between Eliza's parents deepened, her father decided to leave the family. Since he had no money to refund his friend's family, Eliza's father decided to relocate to neighbouring Mozambique. The family have not heard from him since.

"It pains me though that I have not seen my father for the past three years," says Eliza. "I don't know whether he is alive or dead. Despite what he wanted to do to me, I still love him and want him back," she says.

UNICEF's support

Eliza's chance to go back to school came when UNICEF in collaboration with PLAN International and Ujamaa Pamodzi introduced some reflect action circles in her village targeting girls who had dropped out of school for various reasons.

Reflect action circles is an approach where community members and learners meet to discuss issues of violence and abuse affecting children. Through the discussions, they reflect on the causes of the problem and likely results and come up with a plan on how to overcome and deal with such issues. "Following the introduction of reflection action circles, community members have taken keen interest in the welfare of children especially girls," says Cassim Saiti, a government social welfare officer working with PLAN and Ujamaa in the project.

In Katuli where Eliza lives, community groups have been formed that conduct door to door visits to households to alert them on child rights.

“When they come across a family where girls are not going to school or there are plans to offer them for marriage, they first advise the parents that it is a violation of their rights before they bring the issue to us for further action,” he says.

According to Cassim, the project has been a success as 28 girls have been re-admitted back to school through the reflection action circles.

Back in school

And Eliza is one of them: “I was excited when I was chosen to attend the reflect circles with other girls in our village who had also dropped out of school,” she says. “This opportunity made me to reflect on my future and I made the decision to go back to school.

“I want to become a doctor,” she continues. “I feel this job will not only help me support my mother and siblings financially, but also help the sick,” says Eliza who is now back in school and in Standard 7.

“I have so many friends who come to me saying that I should get married. They tell me that they will go and live in South Africa since their husbands are there. But I am not taken by such things,” says Eliza and adds, “If I continue with my education and realize my dream of becoming a doctor, I can travel there on my own accord.”

Eliza says that during the time she was staying home from school, three men came to her home asking for her hand in marriage.

“Most of these man just impregnate the girls and lie that they will give them all the nice things in life. But the girls end up caring for children whose fathers never come back home. I don’t want to be that girl,” Eliza declares emphatically.

