

**A: Cover Page**

**Malawi**

**Consolidated Emergency Report 2021**



A health worker administers AstraZeneca COVID-19 vaccine at Chiwinga Village in Kasungu District, Central Malawi on Tuesday, 14 December 2021.

Prepared by:  
UNICEF Malawi  
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## B. Expression of Thanks

UNICEF Malawi expresses its sincere gratitude for the generous and valuable contributions made by donors, governments, National Committees, Non-Government Organizations (NGOs) and other UN agencies, which have enabled UNICEF to reach children in need of critical life-saving and life-sustaining assistance and support. We thank the German NatCom, the Swedish NatCom, the USA NatCom, the Danish NatCom, The Australian NatCom and the UK NatCom for their support. The voluntary contributions received enabled UNICEF Malawi to deliver on its mandate of protecting children's rights, helping them to meet their basic needs, and to expand their opportunities to reach their full potential.

UNICEF takes this opportunity to thank all our partners for their commitment and trust in UNICEF Malawi. The financial support helped with the humanitarian response and allowed UNICEF development programmes to remain on track, and UNICEF is thankful for this.

The importance of flexible funding provided through thematic funding cannot be overstated. Thematic funding enabled UNICEF Malawi to meet the needs of children in humanitarian situations rapidly and effectively. Without the kind and generous support, the results achieved for children in 2021 would not have been possible.

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## D. Abbreviations and Acronyms

IPC	Infection Prevention and Control
ETU	Emergency Treatment Unit
WASH	Water, Sanitation, and hygiene
VIAMO	Via Mobile Technologies,
PSA	Public Service Announcements
MoE	Ministry of Education
MoH	Ministry of Health
CMST	Central Medical Stores Trust
CMAM	Community Management of Acute Malnutrition
SAM	Severe Acute malnutrition
SWET	The Story Workshop Education Trust
CRECCOM	Creative Centre for Community Mobilization
CHDs	Child Health Days
KAP	Knowledge, Attitudes and Practices
ACT	Access to COVID-19 Tools
MRCS	Malawi Red Cross Society
PoE	Point of Entry
FCDO	Foreign, Commonwealth & Development Office
NAPHS	National Plan of action on Health Security
JEE	Joint External Evaluation
IHR	International Health Regulations
HSJF	Health Sector Joint Fund
ACT-A	Access to COVID-19 Tools (ACT) Accelerator
MRCS	Malawi Red Cross Society
NHRL	National Health Reference Laboratory
FCDO	Foreign, Commonwealth & Development Office
NAPHS	National plan of action on health security
IHR	International Health Regulations
WHO	World Health organisation
JEE	Joint External Evaluation
IHR	International Health Regulations
OCV	Oral cholera vaccine

## E. Executive Summary

The year 2021 was characterised by multiple diseases and conditions of public health emergency affecting Malawi, including COVID-19, cholera, typhoid. This had significant effects on routine health services, owing to overstretched capacities and resources.

The COVID-19 pandemic that continued throughout 2021 was first declared in Malawi on the 2<sup>nd</sup> of April 2020. In 2020 only 6,684 cases were registered and 189 deaths. However, in 2021, 68,391 new cases and 2,175 new deaths were recorded. Other disease outbreaks reported in Malawi in 2021 include cholera and typhoid fever. Two cholera cases were registered in the Blantyre district in January 2021, but they were successfully controlled at the source with zero fatality. Typhoid fever (*Salmonella Typhi*) cases were reported in the Neno district in South Western Malawi. Laboratory investigations by culture and sensitivity tests confirmed up to 80 cases. Because of good surveillance and timely case management, no fatality was reported, the outbreak was controlled at source and declared over after 21 days.

In 2021, UNICEF Malawi was one of the nine countries included in the Eastern and Southern Africa regional Humanitarian Action for Children. UNICEF Malawi required US\$23.3 million to meet the urgent humanitarian needs of children and families. By the end of the year, UNICEF secured 57 per cent of the required amount (US\$ 13,304,245), which was available to meet the humanitarian needs.

UNICEF was on the ground throughout the year delivering life-saving services for children, women and families affected by the COVID-19 pandemic and other disease outbreaks and weather-related shocks (food insecurity plus floods). UNICEF's areas of support included the delivery of life-saving supplies and cash-based support, facilitating interagency supply chain and logistics management, lifesaving service delivery, strengthening coordination, risk communication community and engagement, capacity-building and dissemination of early warning messages. UNICEF maintained critical preparedness and response operations in health, education, WASH, child protection nutrition, shock-responsive social protection, and communication for development. UNICEF worked in close cooperation with the government and bilateral and multilateral partners to leverage investments in meeting the critical needs of those affected. UNICEF delivered the services through multi-sectoral responses to ensure that the needs of the affected population were addressed holistically.

The emphasis of UNICEF Humanitarian interventions was on supporting the rollout of the COVID-19 vaccine while at the same time mitigating disruptions resulting from the COVID-19 pandemic, ensuring continuity of essential services for health, nutrition, water, sanitation and hygiene (WASH), child protection, gender-based violence, education and social protection.

In collaboration with partners, UNICEF support significantly contributed to the country's achievements made in the COVID-19 vaccination campaign. Despite the vaccine hesitancy, which was a significant setback to the campaign, by the end of 2021, over 1 million people received the first dose, and 705,769 people were fully vaccinated (397,536 with AstraZeneca and 308,233 Johnson and Johnson).

Among other interventions, UNICEF supported the generation of evidence for result based Social and behavioural change programming dissemination of messages to address challenges that arose due to inadequate information on COVID-19 that led to rumours, myths, and fears.

UNICEF contributes significantly to the Malawi government COVID-19 response, working on coordination, case investigation, contact tracing, infection prevention and control, case management, and ensuring continuity of essential health services.

Overall, UNICEF humanitarian interventions reached more than 7 million people affected by COVID-19 and other disease outbreaks and the weather-related food insecurity and floods.

Over a million-primary school-going children, over 830,000 children aged 6 to 59 months and more than 620,000 children aged 0 to 23 months benefited from UNICEF humanitarian support.

In 2022, UNICEF Malawi is committed to delivering assistance to children that require urgent assistance in preventing and controlling COVID-19 and secondary effects of the pandemic and non-COVID related shocks, including food insecurity, floods, cholera, and polio.

While addressing the immediate humanitarian needs of children and women because of these shocks, UNICEF will integrate new approaches and new ways of doing things required to facilitate recovery and resilience building. This will include expanding emergency preparedness efforts and increasing focus on medium- and long-term solutions. UNICEF will continue to deliver the services through multi-sectoral responses to save lives, alleviate suffering, maintain human dignity and protect the rights of populations affected by disasters.

## **F.Humanitarian Context**

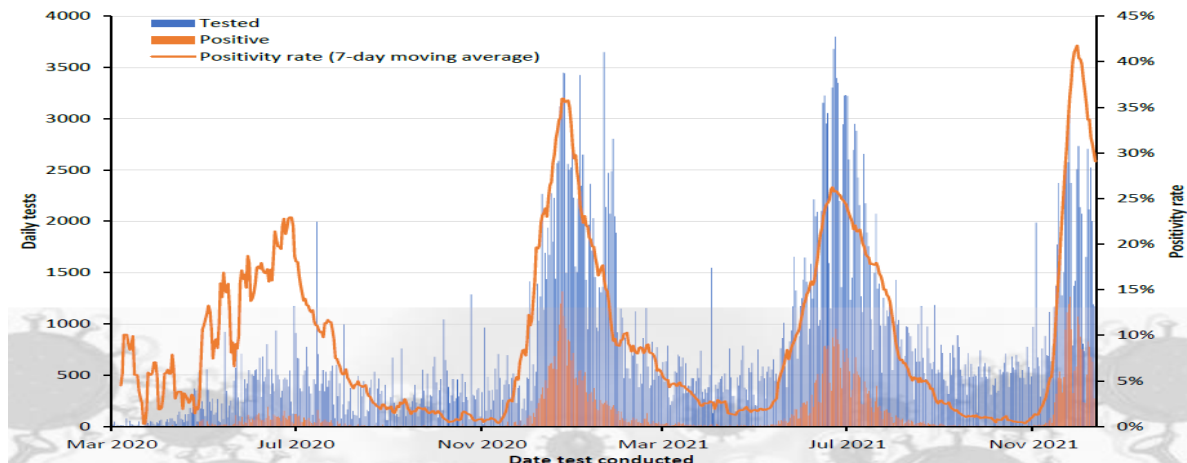
In 2021, Malawi continued its response to the COVID-19 pandemic. First declared in Malawi on the 2nd of April 2020, the outbreak registered only 6,684 cases and 189 deaths. However, in 2021, 68,391 new cases and 2,175 new deaths were recorded, accounting for 91 per cent of the total number of cases since the beginning of the pandemic.

The health system in Malawi was overstretched, despite all the efforts to maintain and strengthen it, leaving some of the most vulnerable children and families unable to access essential health services such as immunisation services.

Through the Access to COVID-19 Tools Accelerator (ACT-A), Malawi received COVID-19 vaccines and officially launched the COVID-19 vaccination campaign on the 11<sup>th</sup> of March 2021, targeting 10.97 million people.

As of December 2021, about 1,095,139 people received the first dose, and 705,769 were fully vaccinated. Vaccine hesitancy coupled with short vaccine shelf life and difficulties in accessing hard-to-reach areas resulted in the slow uptake of the vaccines across the country.

[Malawi COVID-19 Tested Vs Positives using 7-day moving average.](#)



**Source:** Malawi MOH weekly epidemiological report on COVID-19

Despite efforts to maintain and strengthen service delivery, the pandemic left some of the most vulnerable children and families unable to access essential health services such as immunisation services. There have been unprecedented efforts by UNICEF and its partners and communities to halt the spread and minimise the impacts of the COVID-19 pandemic.

Malawi recorded two cholera cases in Blantyre district in January 2021. The outbreak was successfully controlled at the source with zero fatality. There have been no new incidences of cholera outbreaks in the country since then.

In March 2021, Malawi reported Typhoid fever (*Salmonella Typhi*) cases in the Neno district in South Western Malawi. The index case was a 42-year-old male from the neighbourhood of Neno District Hospital without a history of travel. Laboratory investigation by culture and sensitivity tests confirmed the outbreak, and up to 80 people were infected. Water samples were collected for testing, and traces of *Salmonella* were found. Because of good surveillance and timely case management, reported no fatality, and the outbreak was controlled at source and declared over after 21 days.

Malawi is highly vulnerable to the impacts of extreme weather events. These results in extensive flooding and prolonged dry spells with subsequent effects on local communities and the economy. In 2021, the country was not spared from these events as the year started with a caseload of 2,6 million people who were food insecure and required humanitarian assistance to protect their lives.

Among those at risk of food insecurity and malnutrition were 379,608 children under five and 235,619 pregnant and lactating women. Through the Department of Disaster Management Affairs and humanitarian partners, the Government of Malawi developed a National Food Insecurity Response Plan that identified the food security, nutrition, protection and transport and logistics clusters as the key priority sectors to address immediate needs. Response interventions were undertaken from October 2020 to March 2021.

Later in the year, humanitarian actors had to provide support to another caseload. Despite a record high maize production of 46 per cent above the five-year average in the March-April 2021 harvest, some districts in southern Malawi (Nsanje, Mulanje and Chikwawa districts and parts of Thyolo, Phalombe, Balaka, Mwanza, Neno, Zomba, and Chiradzulu) experienced localised dry spells and early cessation of rainfall, which resulted in low production. This, coupled with the impact of COVID-19 on remittances, petty trade, and self-employment activities, resulted in food shortages.

In addition, heavy rains in some parts of the country resulted in flash floods affecting more than 20,000 people (4,720 households) in 8 of the 28 districts in varying degrees, with Machinga (2,182 households), Nkhotalakota (1,047 households) and Karonga (669 households) being the worst affected. Per the Department of Disaster Management Affairs disaster profile, about 600 of those affected were displaced and sought temporary shelter at displacement sites.

## G. Humanitarian Results

### HEALTH

Malawi launched its COVID-19 vaccination campaign on the 11<sup>th</sup> of March 2021 to reach 10.97 million people. Through the Access to COVID-19 Tools (ACT) Accelerator initiative, Malawi received COVID-19 vaccines. UNICEF provided financial and technical support to the Ministry of Health (MoH) to roll out an innovative vaccine outreach strategy named “COVID-19 Vaccination Express” and the “Finish a Viral campaign” implemented across the country. As of 31<sup>st</sup> December 2021, about 1,095,139 people had received the first dose, and 705,769 were fully vaccinated (397,536 with AstraZeneca and 308,233 Johnson and Johnson. Vaccine hesitancy coupled with short shelf life and access in hard-to-reach areas resulted in the slow uptake of the vaccines across the country.

In addition to supporting the COVID 19 vaccine rollout, UNICEF supported infection and prevention control (IPC), provision of critical medical supplies, continuity of health services, surveillance, epidemiologic investigation, rapid-response, and case investigation for the COVID-19 pandemic and other related public health emergencies. Through Malawi Red Cross Society (MRCS), UNICEF supported screening surveillance at major Points of Entry (PoE) into the country. Cumulatively, 44,805 (17,922 males and 26,883 females) passengers were screened between January and December 2021 at Chileka and Kamuzu International airport, Mwanza border, Nkhatabay Jetty, Mzimba South and Nsanje at Marka Border POEs, with a positivity rate of about 14 per cent among travellers.

Underpinning the importance of surveillance for COVID-19 variants and mutations, UNICEF supported the Ministry of Health (MoH) to develop a National Strategic Plan and Terms of Reference for Genomic Sequencing in Malawi. UNICEF further invested in the country’s capacity in genomic sequencing by sending six National Health Reference Laboratory (NHRL) scientists to training at the University of KwaZulu in the Republic of South Africa.

The country now can conduct genomic sequencing at the National Health Reference Laboratory in Lilongwe and Malawi Liverpool Trust laboratories in Blantyre. Because of low volume sequencers, the two laboratories can perform in-country genomic sequencing of only 150 samples per week. As of 31<sup>st</sup> December 2021, 1931 samples were sequenced, out of which 512 (26.5 per cent) had delta variant, 984 (51 per cent) Omicron; Alpha 66 (3.4 per cent); 34(1.8 per cent) Beta variant while 335 samples were contaminated during the shipping process.

Continuing from the previous year, in 2021, 1,147 healthcare facility staff and community health workers were trained on Infection Prevention and Control (IPC), while 239 healthcare providers were trained on detecting, referral, and appropriate management COVID-19 cases.

This includes 154 nurses, clinical officers, environmental health officers, and reproductive focal persons who were trained on case detection and management, 480 (male-250, female-230) volunteers trained in case detection, scale-up tracing, testing and treatment (3Ts) and referral of suspected cases to health facilities including supporting continuity of essential health services at the community and health facility levels, 943 (male-414, female-529) health



workers and hospital support staff trained on infection prevention and control to avert hospital-related infections among health workers and support staff.

UNICEF, with funding from the Foreign, Commonwealth & Development Office (FCDO) through the Malawi Red Cross Society (MRCS), also supported the development of a national plan of action on health security (NAPHS). This was critical to ensure that COVID-19 “hot Wash” recommendations are captured in the NAPHS to guide response in line with Joint External Evaluation (JEE) recommendations under the International Health Regulations (IHR).

Through MRCS, UNICEF also supported the MoH to review clinical care guidelines for COVID-19 in line with WHO revised guidelines on managing COVID-19 patients. All 29 districts and the four central hospitals received the guidelines. This helped case management teams to provide quality care to COVID-19 patients.

UNICEF supported the procurement and delivery of critical supplies to prevent and treat COVID-19. During the reporting period, UNICEF procured and received US\$6.1 million worth of medical supplies, medicines, and personal protective equipment (PPEs), which included safety boots, goggles, gloves, respirators, and masks.

UNICEF procured test kits and supported capacity building of MoH staff which enabled the expansion of PCR (polymerase chain reaction) testing from the initial five to 16 sites. In addition, mobile plastic portable toilets, chlorine bleaching powder, tarpaulins, buckets, and soap were sourced for health facilities country-wide. UNICEF procured 176 oxygen concentrators, ten ventilators, patient monitors, pulse oximeters, oxygen cylinders and supported in the installation of an oxygen plant at Kamuzu Central Hospital that can produce over one million litres of oxygen per day.

UNICEF also supported the distribution of COVID-19 supplies to all districts country-wide. This was done with funding from FCDO, World Bank, Health Sector Joint Fund (HSJF), Irish Embassy and other agencies. The global supply portal, managed by UNICEF, continued to facilitate requests by national authorities and humanitarian partners for strategic and critical supplies for COVID-19 response. By June 2021, about US\$2.732 million worth of COVID-19 supplies had been submitted through the supply portal for procurement.

Beyond the COVID-19 response, UNICEF supported Chikwawa and Nsanje districts with inter-agency health kits to help treat flood victims. In addition, UNICEF provided four 72 square meter tents, two per district, to support the establishment of temporary outpatients’ departments to ensure continuity of health services in flood-affected Majete health centre (Chikwawa) and Nsanje. As a result of these interventions, health service delivery for women and children was restored in both districts.

UNICEF supported the rollout of the oral cholera vaccine (OCV) in April and May 2021. This made it possible for 503,741 and 501,599 people to receive OCV in four cholera hotspot districts of Machinga, Nsanje, Phalombe and Zomba, achieving administrative coverage of 86.3 per cent and 85.9 per cent for the first and second round, respectively.

## Results Table

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
# healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)			200	1,147
# healthcare providers trained in detecting, referral, and appropriate management of COVID-19 cases			200	239
# of children under 6 to 59 months vaccinated against measles			247,800	236,369
Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, critical new-born care, immunisation, treatment of childhood illnesses and HIV care			277,500	276,603

## WASH

In communities where COVID-19 and cholera hit, UNICEF reached up to 19,550 people with safe water by constructing climate-resilient solar-powered systems and rehabilitation of existing non-functional water systems in health facilities. UNICEF also reached an estimated population of 20,000 people with WASH supplies as part of the COVID-19 response. These supplies included items for infection prevention such as soap for handwashing, plastic buckets for use at both household level and institutions such as schools and health care facilities and chlorine bleaching powder (HTH) for disinfection and water treatment.



Girl learners carry water buckets as they walk past the newly installed solar water reticulated system, © UNICEF/UN0516077/Chagara

Among the institutions that benefited, five Emergency Treatment Units (ETUs) in Blantyre, Lilongwe, Mzuzu, Karonga, and Zomba; and seven selected COVID-19 hotspot districts Mwanza, Mangochi, Nkhata-bay, Machinga, Nsanje, Chikwawa and Thyolo.

In addition, UNICEF provided WASH supplies to 105 households (525 people) displaced by localised flooding in the northern region, preventing water-related diseases such as cholera. Preparedness and prepositioning of essential WASH supplies helped UNICEF quickly respond to the COVID-19 outbreak within the COVID-19 restriction.

UNICEF supported the construction of latrines installed with handwashing facilities in three schools that hosted people displaced by floods, thus ensuring access to good sanitation in flood-affected schools. With support, UNICEF reached 4,767 learners (2,469 girls and 2,298 boys) and 28 teachers in 3 districts. In all the schools, one latrine was equipped for girls' menstrual hygiene, thus easing one of the often neglected health and hygiene issues surrounding the rights of vulnerable internally displaced girls and women in these settings.



Latrines and handwashing buckets at the emergency treatment unit in Mchinji. They were installed with funding from UK Aid © United Purpose/2020/Chifundo Mandala

To complement the provision of safe water facilities construction of sanitation and handwashing facilities, UNICEF reached 44,490

(22,690 Females and 21,800 Males) people with WASH hygiene messages which focused on different WASH messages.

The COVID-19 pandemic resulted in a slow-down in the implementation of activities. However, using the local structures like the village health committees and mother groups helped immensely.

### Results Table

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
# of people accessing the agreed quantity of safe water for drinking, cooking, and personal hygiene	345,000	22,750	90,000	19,550
# people accessing safe and appropriate sanitation facilities	36,000	-	35,000	4767
# of people reached with key messages on hygiene practices	3,000,000	200,000	2,000,000	44,490

### CHILD PROTECTION

COVID 19 in Malawi exposed a significant gap in providing mental health and psychosocial services (MHPSS), including psychological first aid (PFA). The pandemic triggered a wave of returnees from South Africa caused by job losses that left most migrant workers destitute. Most of these returnees faced difficulty settling back into their communities since they were unprepared for it. Through UNICEF support, 576 (317M, 259F) frontline workers were trained in MHPSS/PFA service provision. These reached 54,488 people with MPHSS, including PFA.

COVID-19 control measures increased the risk of violence, especially for women and girls, and limited access to protection services. To address this, through the Malawi Police Service, mobile reporting of cases through phone service and community policing was promoted.

A Police direct line was established to allow victims of violence who may not be able to travel to protection services or where such services were not functional to call the police. Service may be provided through a phone call, referral, or direct outreach to the victim. Community Policing Forums (CPF) were also established across the country and oriented on violence prevention and response and referral mechanisms.

A total of 1,124 people (238M, 566F, 202B and 118G) were assisted through the 932 police direct line and 2,254 cases of GBV were registered through mainstream police.

UNICEF supported the procurement and distribution of 300 children’s corner kits to provide psycho-social support (PSS), socialisation, play, and learning through safe spaces. These enabled 21,000 children (55 per cent girls and 45 per cent boys) to access such services.

In addition, through social welfare offices, support was provided for case management, including reintegrating children in childcare institutions and children living on the street. 834 children (389 boys and 429 girls) were provided with alternative care arrangements.

UNICEF supported the coordination of protection actors as a cluster co-lead agency. A consultant was engaged to ensure various actors respond to the COVID-19 pandemic, food insecurity and flood emergencies in a coordinated way.

Over 25 actors actively participated in the protection cluster meetings and response to COVID 19, food insecurity and flood/strong winds emergencies. Support was also provided to the rollout protection cluster approach in 5 districts - Blantyre, Lilongwe, Mzimba, Mwanza, and Nkhata Bay.

### Results Table

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	100,000	22,000	21,000	54,488
Several children without parental or family care are provided with appropriate alternative care arrangements.	2,000	1669	350	834
People reached by gender-based violence (GBV) prevention and response services	4,000	22,549	4,000	3,378
Number of Children with access to psycho-social support (PSS), socialisation, play and learning through safe spaces	21,000	52,909	21,000	21,000

## EDUCATION

UNICEF support to the education emergency response was centred around mitigating the impact of the COVID-19 on education. Approximately 1.13 million learners (556,600 females and 577,000 males) gained access to decongested safe classrooms, improved learning environments, remedial classes, psychosocial support, and cases management. To achieve classroom decongestion, 3,270 auxiliary teachers (1,264 female) were recruited by the Ministry of Education with funding from the Global Partnership for Education (managed by UNICEF).

These were posted to schools with high enrolment regarding COVID-19 preventive measures regarding decongestion of classrooms and improving social distancing in schools. Additionally, 40 classroom size tents were distributed to selected secondary schools, benefiting 19 908 learners (12, 660 males and 7 748 females) enrolled in these secondary schools. A further 226,617 learners (112,190 males and 114,427 females) benefited from the supply of 650 movable chalkboards as part of decongesting classrooms in 302 schools.

To enhance the psychosocial and mental health of learners, the capacity of 120 (44 females) headteachers and Primary Education Advisors (PEAs) in selected districts, as trainers Psychological First Aid, was strengthened by the Ministry of Education (MoE) with the support from UNICEF.

These, in turn, trained 1 515 teachers (907 females and 698 males) from selected primary schools in five targeted districts, namely Lilongwe, Mzimba, Mwanza, Nkhatabay, and Blantyre Districts. It is expected that the teachers will train selected learners and facilitate the formation of peer support groups in the schools. Furthermore, 648 primary and secondary school headteachers (31 per cent females) and 597 PEAs (42 per cent females) were equipped with knowledge and skills on disaster risk management to prepare for future emergencies.

With UNICEF support, more than 1,1 million (500,000 males and 600,000 females) community members and leaders were reached with messages to keep girls in school, end child marriages, prevent teen pregnancies and promote adolescent nutrition. The messages were amplified through public service announcements and aired on three national and community radio stations in the targeted districts.

UNICEF also contributed to improved cluster coordination as co-chair of the Education cluster and Grant Agent for the Global partnership for education.

### Results Table

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
# of children accessing quality formal or non-formal early learning, pre-primary, primary or secondary education	4 million	2.6 million	1,112,311	1,133,608
# of teachers, members of parent teacher-association and school	20,000	6,644	10,000	6, 644

management committee trained				
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## NUTRITION

The COVID-19 pandemic resulted in a slow-down to the availability and utilisation of nutrition services. UNICEF supported the MoH to strengthen the operationalisation of the standard operating procedures (SOPs) to ensure safe continuity of the implementation of life-saving nutrition interventions.



Caregiver assessing the nutrition status of a child at Mbwana Village Phalombe, @UNICEF Malawi, 2021

UNICEF also ensured timely procurement and distribution of lifesaving nutrition supplies to the 735 health facilities in all the 29 districts in the country. This was made possible by integrating the supplies into the national health supply chain management system managed by the Central Medical Stores Trust (CMST). UNICEF deployed eight zonal field monitors covering all the districts to strengthen oversight and end-user monitoring of the life-saving supplies. This ensured that the intended beneficiaries correctly used the supplies; hence no stock-outs were reported in all the Community Management of Acute Malnutrition (CMAM) facilities in the targeted districts. These efforts ensured improved access to life-saving supplies, which resulted in saving lives of 92 per cent of the children with Severe Acute malnutrition (SAM) in the CMAM program.

In total, 12,041 (5,840 boys, 6,201 girls) children in humanitarian situations were admitted to treating severe acute malnutrition (SAM). Although 398 (3.7 per cent) children defaulted from treatment and 283 (2.7 per cent) children died. In comparison, 198 (1.9 per cent) children did not respond to the SAM treatment and were referred for further medical attention; overall, the performance indicators were within the internationally agreed minimum SPHERE standards (recovery rates greater than 75 per cent, defaulter rate less than 15 per cent and death rate below 10 per cent).

With UNICEF support, 1,042,082 (505,410 boys; 536,672 girls) children 6-59 months were screened for acute malnutrition despite the disruptions of nutrition services due to COVID-19, which significantly contributed to the identification of the 12,041 children with SAM.

UNICEF ensured improved and sustained efforts in the care and treatment of children under five years with SAM. Through a partnership with Kamuzu University of Health Sciences (KUHeS), UNICEF strengthened the capacities of 170 (100 Males, 70 Females) health workers (16 district medical officers, 16 nutritionists, 50 clinicians, 50 nurses and 38 home craft workers) in in-patient care of children with SAM through formal training and orientation sessions. This represented 43 per cent of the 396 health workers in 11 districts<sup>1</sup>. In addition, more than 200 health workers were capacitated through mentorship and supportive

<sup>1</sup> Blantyre, Mzimba, Lilongwe, Kasungu, Chikwawa, Machinga, Mulanje, Mangochi, Dowa, Phalombe and Zomba

supervision by field monitors. This contributed to improved CMAM quality of care and contributed hugely to saving the lives of children who recovered from SAM during the year.

A total of 73,150 caregivers, 625 health surveillance assistants (HSAs) and 540 care group promoters improved their knowledge and skills in early identification and referral of children with acute malnutrition using the family MUAC approach in Phalombe and Nsanje districts. This approach empowers caregivers to monitor children's nutrition status allowing for early identification and referral for treatment, reducing the workload on frontline workers.

As a result, close to 90,000 children under-five were screened for acute malnutrition using this approach, of which 458 were referred to the nearest health facilities for appropriate care. This significantly contributed to high CMAM program admissions with a case coverage of up to 80 per cent. The early identification and treatment contributed to the improvement of CMAM program performance.

As part of the efforts to protect children's diets and feeding practices in COVID-19, 621,723 (559,554 female 62,169 male) primary caregivers of children aged 0-23 months received Infant Young Child Feeding (IYCF) counselling through care groups.

This increased their capacity to practice optimal IYCF practices leading to improved quality of diets and care practices. UNICEF, in partnership with SWET (The Story Workshop Education Trust) and Creative Centre for Community Mobilization (CRECCOM), worked to strengthen risk communication activities, including the broadcast of radio jingles and radio drama series across national and community radio stations focusing on health-seeking behaviour and improved nutrition practices in the context of COVID-19.

UNICEF also supported Vitamin A supplementation child health days (CHDs) campaigns and routinely through health facilities which resulted in 763,900 (370,500 male, 393,400 female) children 6-59 months improving their immunity.

### Results Table

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
# of children aged 6 to 59 months with SAM admitted to therapeutic care	12000	12,041	12,000	12,041
# of children aged 6 to 59 months receiving vitamin A supplementation	877,500	763,905	877,500	763,905
# of primary caregivers of children aged 0-23 months who received counselling on IYCF	500,000	621, 723	500,000	621, 723

## SOCIAL PROTECTION

In 2021, UNICEF ensured that families affected by different shocks, including COVID-19, benefited from new or additional social assistance measures through national systems. UNICEF undertook interventions to address emerging needs related to the COVID-19 Cash Response, which was implemented across the 28 districts of Malawi to address the pressing needs in rural and urban areas.

In rural areas, UNICEF provided technical assistance for coordination and advocacy with donors to ensure that 293,393 vulnerable households enrolled on the national Social Cash Transfers Programme across Malawi's 28 districts received four months of cash top-ups in response to the socio-economic consequences of COVID-19, for a total value of USD 25 or MWK20,000 (MWK4,000/month). In addition to the coordination support, UNICEF provided direct implementation support to 22,229 households in Balaka and Ntcheu districts in close collaboration with the Government of Malawi with funding from Scotland and the Embassy of Ireland.

For urban areas, UNICEF supported the Government of Malawi to design and implement the COVID-19 Urban Cash Intervention (CUCI) programme. The CUCI targeted poor working households from vulnerable hotspots of the four main cities of Malawi: Blantyre, Lilongwe, Mzuzu and Zomba. Although the initial estimated target for this intervention was 199,640 households, following all registration and verification processes, the final number of beneficiary households meeting the targeting criteria was 138,360 households.

CUCI beneficiary families received three months of cash support via mobile money payments. Transfers had a total value of USD 131 or MWK105,000 (MWK35,000/month; equivalent to the Malawian minimum wage) and were implemented via Government systems with financial support from several partners (European Union, Germany, World Bank) as well as technical and coordination support from UNICEF thanks to this Grant from Scotland.

### Results Table

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
# households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support			199,413	138,360
# households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support			22,229	22,229



## **SOCIAL BEHAVIOR CHANGE AND COMMUNITY ENGAGEMENT**

To ensure that communities practice positive social behaviours in the best interest of the child and to demand the delivery of quality and resilient, child-friendly services, UNICEF Social and Behaviour Change (SBC) interventions in 2021 focused on the following:

- generating evidence for result based informed SBC programming
- improving awareness on access to crucial lifesaving messages
- addressing challenges that arose due to inadequate information on COVID-19 leading to rumours, myths, and fears
- enhancing spaces for participation and accountability to the affected population
- improving coordination of government and SBC partners while integrating messages on access to services including Nutrition, Maternal and Child Health

As part of the efforts to improve evidence generation, UNICEF, in collaboration with an academic institution, the Centre for Social Research, conducted a national study on Knowledge, Attitudes and Practices (KAP) on uptake of COVID-19 vaccine in six districts low and high performing.

The study revealed that health workers and community leaders are the most trusted sources of communication and that radio and community platforms are the preferred channels of communication. The study further revealed that while knowledge on COVID-19 signs and symptoms and the vaccination programme was high, there was a lot of hesitancy due to lack of trust in the vaccines, fear of side effects and related costs such as transport to get a vaccine. Informed by findings from the survey, a vaccine express campaign was initiated, thus taking the vaccines closer to communities while mobilisers engaged and responded to perceived fears of the vaccine.

UNICEF also partnered with Via Mobile Technologies (VIAMO) to undertake surveys on mobile phone behaviour and social drivers to understand health workers' perceptions of the vaccine. These two surveys helped identify Health Surveillance Assistants (HSAs) as vaccine champions and design targeted knowledge and capacity building interventions, including interpersonal communication, to help build trust among communities and contribute to vaccine demand enhancement.

To address the challenge of myths, misconceptions and rumours around the COVID-19 vaccine, UNICEF promoted mobile technologies for training, awareness, and feedback mechanisms. Through 321 mobile platforms, contextualised messages, and content, co-created and approved by government and partners on COVID-19, nutrition, education, and ending child marriages reached over 345,000 listeners.

Furthermore, UNICEF supported the Health Education Services (HES) to develop, pre-test, and disseminate content via print and radio, the most preferred and easily accessed communication channel.

Using various formats and critical influencers, including faith actors, politicians and celebrities through radio, jingles, WhatsApp, and TV, over 10 million people received messages, with 17,000 sharing their concerns over social media platforms.

Mass communication interventions were further supported by community engagement and social mobilisation interventions in 15 districts leading to 650,000 people participating and engaged in risk communication and community engagement (RCCE) actions. 6,500,000 people could access integrated messages on access to services, and 1,350,000 people accessed information on specific messages, including Cholera prevention. Community

mobilisation enabled different groups, including women, youth, faith, and traditional leaders, to receive contextualised messages using their preferred communication channels.

UNICEF invested in hybrid training and capacity building approaches to improve the skills of front-line and extension workers while overcoming challenges of COVID-19 restrictions. This was a mobile remote training where 1,551 faith and traditional leaders were provided with knowledge on COVID-19 and how to address its social impacts.

Noting that access to a mobile phone is still low, UNICEF worked with local Civil Society Organisations (CSOs), local governance structures, youth-led and faith-based organisations to support training and social mobilisation activities with 410,000 participating in community engagement actions.

UNICEF provided technical and financial assistance to the Ministry of Information and the various RCCE coordination platforms to enhance coordination at the national level. This contributed to developing strategic documents, including reviewing terms of reference for the Public Communication Cluster, development of the National Health Communication Strategy, COVID-19 social mobilisation and communication plan, and ongoing support for message development and content creation.

In collaboration with other UN agencies, UNICEF engaged the private sector (banks and mobile companies) for support towards awareness creation and supported towards the printing of COVID-19 related communication materials.

UNICEF supported Accountability to Affected Populations (AAP) scale-up with implementing partners and government-led clusters. Fourteen partners were trained on AAP and supported with training resources.

To facilitate AAP integration across partners, a guide on AAP has been developed to support partners in understanding UNICEF's commitments to AAP and facilitate AAP integration in their programmes, projects, and activities. An action plan has been developed to guide further integration of AAP across partners. Critical areas have been identified that require strengthening for AAP integration to be effective, covering elements such as AAP in humanitarian action and complaints and feedback mechanisms.

## Results Table

Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
# people participating in engagement actions (for a social and behavioural change)			450,000	410,000
Number of people engaged on COVID-19 through RCCE actions			600,000	650,000
# people reached through messaging on access to services			6,000,000	6,500,000
Number of people reached with COVID-19 messages on prevention and access to services			11,000,000	10,000,000

# people reached with information on access to specific services			1,500,000	1,350,000
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms			15,000	17,000

## H. Results Achieved from Humanitarian Thematic Funding

### SOCIAL PROTECTION

Without the thematic Funds, the Social protection component of UNICEF Malawi's humanitarian response was going to remain without any funding in 2021. Thematic funds received from the Scottish government were critical in ensuring a coordinated approach to implementing the COVID-19 Cash Response and technical support for the implementation and quality assurance of COVID-19 cash interventions in urban and rural areas.

This includes supporting data verification processes, testing categorical approaches, and continuing activities under the COVID-19 Urban Cash Intervention (CUCI) Call Centre. In collaboration with the private sector and both central and local government entities, support was provided to fast-track the completion of data verification processes on the ground.

This support was used to ensure that *Know-Your-Customer* (KYC) verifications could be conducted, validating beneficiary phone numbers and National Identification Cards so that CUCI beneficiaries could access their transfers. Thanks to this critical support, over 40,000 beneficiary households could access their mobile money, avoiding the return of unspent balances to donors.

The thematic funds were also utilised to target an extra caseload of 8,000 households on behalf of Give Directly. This exercise allowed the Government of Malawi to timely use donor resources available for COVID-19 related urban transfers while also exploring categorical approaches.

UNICEF's technical support using the thematic funds was critical in ensuring equitable response. The most vulnerable children, including children living on the street and child-headed households, benefited from the COVID-19 cash transfers.

Part of the resources under the humanitarian thematic funds were directed to support CUCI Call Centre operations. The national call centre initially created for the COVID-19 response with financial support from UNICEF has been used to collect queries and claims, ensuring the rights of CUCI beneficiaries are upheld.

The call centre has also been used to automatically send over 3 million SMSs to beneficiaries, informing them of their selection status and the amount of cash they are supposed to receive, thus reducing fraud risks. The Call Centre for the CUCI received more than 6,000 calls, with over 150 claims presented, thus contributing to the transparency and accountability of the programme. Thematic funds were used to meet part of the call centre operating costs,

including those related to the expected increase in calls following the roll-out of the response and communication messages and remote data collection exercises and surveys.

For instance, a small survey was conducted by the CUCI Call Centre, with 350 questionnaires filled through telephone interviews. The survey results have been used to inform the testing of mobile money payments in another emergency response in rural areas of Ntcheu district and have also contributed to the design of a second phase of the COVID-19 Urban Cash Intervention (CUCI Phase 2).

## **SOCIAL BEHAVIOUR CHANGE AND COMMUNITY ENGAGEMENT**

Humanitarian thematic funding was instrumental to UNICEF Malawi's ability to rapidly respond to the COVID-19 context and adapt its social behaviour change interventions to ensure that communities can better practice positive social behaviours in the child's best interest and demand the delivery of quality and resilient, child-friendly services.

For instance, as myths, misconceptions and rumours around the COVID-19 vaccine were hampering vaccine uptake, UNICEF was able to undertake a KAP study quickly. The findings of this survey informed the development of the vaccine express campaign.

The vaccine express took the vaccines closer to communities while mobilisers engaged and responded to perceived fears of the vaccine. UNICEF Malawi generated evidence and identified barriers and opportunities to increasing vaccine uptake using thematic funds.

This led to the scale-up of interventions through the engagement of government and civil society partners, increasing community mobilisation and awareness in 15 districts, reaching 10 million people.

## **HEALTH**

Humanitarian thematic funding added value to UNICEF Malawi's response to the COVID-19 pandemic. In March 2021, the German Fund for UNICEF contributed \$119,474.31 to UNICEF Malawi Country Office to support the COVID-19 response. These funds were used to implement an innovative COVID-19 vaccination Express program to increase vaccination uptake and avert the risk of vaccine expiry.

The Express involved one branded vehicle deployed in 29 districts with sufficient space to accommodate drama/street play, vaccinator, and a support team of seven persons. Using a route map, the team conducts sessions at two to three sites of the prescheduled areas identified by the district in discussion with communities. In the communities close to the designated site, the teams performed community awareness activities to mobilise people to the vaccination site.

This approach has helped increase the number of people receiving AstraZeneca Johnson & Johnson's (J&J) vaccines. Daily utilisation and consumption increased from about 3 000 to 15,000 (three times more consumption and utilisation).

## **WASH**

One of the critical needs that the WASH sector grappled with in response to COVID-19 is infection prevention and control (IPC) in Emergency Treatment Units where COVID patients were admitted and in reception centres for returnees arriving from outside the country, especially from South Africa. Other institutions that required IPC were schools, public spaces such as large urban markets centres, etc.

The Malawi WASH cluster for which UNICEF jointly identified various WASH supplies needed in infection prevention efforts in collaboration with public health, but the cluster has a huge financing gap in 2021 compared to 2020.

Using the thematic funds available in 2021, UNICEF was able to procure, pre-position, and distribute emergency WASH supplies (buckets, soaps, hand sanitisers, chemicals for water treatment, emergency latrines, sanitary pads); undertake hygiene promotion (mostly handwashing) messaging that accompanied the supplies provided and contribute to effective coordination of the WASH Cluster in performing the UNICEF role as a co-lead to the government ministry that leads the WASH Cluster.

Once the materials were procured, some were pre-positioned by UNICEF, ready for immediate deployment within 24 hours to any emergency affected areas and populations based on stipulated organisations' minimum stock levels and standards of operation. The other portions were immediately be distributed to needy sites and people in the ongoing COVID-19 emergency response operations based on the needs identified through the WASH Cluster response plan and UNICEF's response plan.

Thanks to the flexibility of humanitarian thematic funds, UNICEF Malawi was able to take life-saving preparedness actions, particularly pre-positioning WASH supplies, while at the same time responding to the ongoing COVID-19 situation.

## **CHILD PROTECTION**

Thematic funds are instrumental in facilitating child protection response to emergencies. The section is usually underfunded, and without thematic funds, it would have been challenging to strengthen child protection systems in the country that become important for response to emergencies.

The Scottish Government's thematic funds strengthened the child helpline and RapidPro data reporting system. Child Helpline 116 line and GBV line 5600 are accessible throughout the country to report violence, including from emergencies.

The organisation that runs the helpline, YouthNet and Counselling, raises awareness of violence and publicity of the 116 and 5600 lines. Cases reported through these toll-free numbers are referred to relevant social welfare and police offices for further follow-ups. Reporting through RapidPro has been rolled out to all emergency affected districts.

This facilitates data consolidation from child protection service points such as community child protection workers, police victim support units and child justice courts. In 2021, over 40,000 cases of violence against women and children were registered through this platform.

Thematic funding also enabled the child protection section to recruit a Protection Cluster Coordinator that allowed the bringing together of over 25 partners to respond to emergencies in the country.

The 2021 emergency response was a success mainly because of the cluster coordinator's availability, which allowed the pooling of resources and actions from various partners. Monitoring of childcare institutions and reintegrating children into their communities was also facilitated through thematic funding.

Because of thematic funding, over 800 children were reintegrated into communities from childcare institutions. The establishment of the police direct line was also made possible because of thematic funding. Currently, victims of violence can call the police direct line 932 for assistance.

### **a. Thematic Funding Case Studies**

#### **Top-level result:**

**Faith-based leaders actively engage their communities to prevent the spread of COVID-19 prevention through community mobilisation and digital engagement.**

#### **Issue/Background**

The continued spread of coronavirus around the country in 2021 is disrupting lives and forcing UNICEF to reimagine and change the way of doing business. Study results under an agile project in the flood-affected districts of southern Malawi revealed that communication through the proper channels in emergency times plays a crucial role in equipping the communities with coping mechanisms and recovery strategies against various vulnerabilities.

In a country where faith leaders are one of the most trusted sources of communication, it was envisaged that faith leaders could play a crucial role in providing hope, removing stigma and discrimination resulting from misinformation, supporting surveillance activities, and mobilising communities to prevent further spread of COVID-19.

For this critical and urgent role to be effectively carried out by faith leaders, there was a need to strengthen their skills, equip and re-energize them with a better understanding of some of the contributing factors and adverse effects of misinformation, rumours, fear, hopelessness, stigma and discrimination through community mobilisation and digital engagement.

#### **Resources Required/Allocated**

With support from UNICEF, a platform comprised of the Public Affairs Committee (PAC), Malawi Interfaith Aids Association (MIAA) and Youth Wave, a youth-led local NGO, was created to enhance the collaboration of faith leaders who came together for a Joint Faith Community Engagement on COVID-19 Prevention in five districts namely, Blantyre, Lilongwe, Mchinji, Mulanje and Mwanza.

Youth Wave trained faith leaders in digital media on how to combat misinformation on COVID-19 and vaccines and how they can use digital media to reassure the public by raising awareness on the safety and efficacy of vaccines. From the faith perspective, ten youth leaders were mobilised from each targeted district to shape youth-friendly messages and content on COVID-19 and vaccines.

The session's outcome was a digital toolkit used as a reference guide for youth in faith in combating misinformation about COVID-19 vaccines, reassuring the public by raising awareness on the safety and efficacy of vaccines through digital and media engagements.

## Progress and Results

Capacity building for faith leaders has been ongoing through material development and message harmonisation workshops and digital engagement using digital platforms. The capacity of over 6,000 faith leaders was built by a group of faith leaders who attended the initial workshops and meetings through digital platforms. The trained faith leaders used digital media to popularise and amplify credible messages on digital platforms and reached 9,899 people in 2021.

In addition, over 191 faith youth leaders from a grouping called youth in faith ambassadors, local governance structures, vulnerable groups including those with disabilities, and 40 youth networks were involved in a changemakers program that combined faith and entertainment. The youth faith leaders brainstormed on some of the burning issues faced in their different communities, further highlighting the myths and misconceptions circulating from the faith community.

Together with the young people in their communities, the youth faith leaders were able to discuss the strategies to bring in as many youth faith leaders as possible in the fight against myths and misconceptions. This aimed to support positive social and behaviour change and adopt positive practices while enhancing engagement, dialogue, exchange, feedback, mobilisation, and call to action.

## Lessons Learnt/Challenges

Even though the intervention had a remarkable impact, adoption of the digital tools for social behaviour change advocacy and good practices in fighting against the pandemic was slow, especially in rural settings. Furthermore, digital media reach is limited in rural areas.

## Moving forward

In moving forward, there is a need to expand community investment to strengthen the capacity of faith actors and community structures and systems, including indigenous faith actors. This can be achieved through aligning and harmonising faith leaders' approaches with local governance structures at the community level to leverage available resources. Furthermore, it facilitates and strengthens the linkage of faith-based radio stations to disseminate positive messages and integrate digital media with community-led media platforms, such as community-based Radios.

## Pictures



A faith-tainment session poster



Trained changemakers and faith leaders

## I. Assessment, Monitoring and Evaluation

In Malawi, a multisector rapid tool is in place used for interagency assessment under the Department of Disaster Management Affairs leadership. As co-lead agency for four clusters, namely Nutrition, Education and WASH and protection, UNICEF plays a vital role as facilitator and participant in inter-agency needs assessments and sector-wide analysis. UNICEF also plays a crucial role in these clusters on reporting results, gaps in the humanitarian response and partner's presence, advocating for humanitarian principles and strengthening coordination and resource mobilisation.

Malawi does not currently have a multi-year Humanitarian Response Plan. As such, planning is now done on an annual basis. An interagency contingency plan is developed every year to update the scenarios and adjust the preparedness and response plans. UNICEF takes part in the interagency contingency planning process. National Response plans are prepared when there is a shock of a magnitude that triggers activation of the clusters for a joint response, and in such cases, UNICEF also prepares a response plan.

UNICEF Malawi has identified humanitarian performance indicators monitored monthly at a minimum and more frequently when faced with a fast-moving disaster situation. Each section collects results for the humanitarian performance indicators that the Community Development and Resilience Section then collates. UNICEF staff's field monitoring visits are undertaken to ascertain the results achieved in the field and collect and collate feedback on implementation modalities and humanitarian programme priorities.

However, travel and other restrictions as part of COVID-19 preventive measures in 2021 limited staff field monitoring visits and supervisions. Drawing from lessons in 2020, UNICEF conducted monitoring and supervision virtually through other approaches, including skype video calls or voice calls with implementing partners and third-party monitoring, which helped maintain oversight and quality of the interventions amidst the COVID -19 preventive measures.

Social Protection, Monitoring and evaluation for results has been undertaken via the Management Information System (MIS) for the COVID-19 Urban Cash Intervention (CUCI MIS) for urban areas and the Management Information System for the Social Cash Transfers Programme (SCTP MIS) for rural areas. These information technology systems allow for the enrolment of beneficiaries with a unique identifier, biometric information and National IDs; the calculation of payrolls; and the monitoring of payments. In addition, the call centre was utilised to conduct remote verifications of CUCI beneficiary households and was also leveraged for collecting data from urban households via phones for the CUCI post-distribution monitoring survey.



## J. Financial Analysis

In 2021, UNICEF Malawi required US\$23.3 million to meet the urgent humanitarian needs of children and families. By the end of the year, UNICEF secured 57 per cent of the required amount (US\$13,304,245), which was available to meet the humanitarian needs.

Funding secured includes resources received in 2021 specifically for humanitarian assistance amounting to US\$ 6,961,140, resources reprogrammed for humanitarian response interventions amounting to US\$ 307,611 and carry over resources totalling US\$ 6,035,494.

**TABLE 1: FUNDING STATUS AGAINST THE APPEAL BY SECTOR**

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2021	Other Resources reprogrammed for humanitarian response in 2021	Humanitarian Resources available from 2021 (Carry-over)	US\$	%
Health	\$ 7,217,050	\$ 3,747,090	\$ -	\$ 1,593,042	\$ 1,876,918	26%
Nutrition	\$ 2,550,000	\$ 1,664,526	\$ -	\$ 789,693	\$ 95,781	4%
WASH	\$ 4,675,000	\$ 144,503	\$ -	\$ 499,891	\$ 4,030,606	86%
Education	\$ 3,100,000	\$ 54,828	\$ -	\$ 2,856,579	\$ 188,593	6%
Child Protection	\$ 1,300,000	\$ 277,000	\$ -	\$ 235,171	\$ 787,829	61%
Social Protection	\$ 1,305,091	\$ 74,836	\$ -	\$ 23,237	\$ 1,207,018	92%
Coordination	\$ 1,717,555	\$ 743,806	\$ -	\$ -	\$ 973,749	57%
C4D	\$ 1,470,196	\$ 254,550	\$ 307,611	\$ 37,881	\$ 870,154	59%
<b>Total</b>	<b>\$ 23,334,892</b>	<b>\$ 6,961,140</b>	<b>\$ 307,611</b>	<b>\$ 6,035,494</b>	<b>\$ 10,030,648</b>	<b>43%</b>

Of the \$ \$13,304,245 that UNICEF Malawi had available for humanitarian response, \$2,103,059 (6 per cent) was thematic funds, of which (\$812,641; 39 per cent) was carried over from previous years. The flexibility of humanitarian funds allowed the country office to utilise funds received in the last years, indicating the criticality of flexible funding for humanitarian response.

**TABLE 2 - FUNDING RECEIVED AND AVAILABLE BY 31 DECEMBER 2021 DONOR AND FUNDING TYPE (IN USD)**

Donor Name/Type of funding	Programme Allotment reference	Budget	Overall Amount*
<b>I. Humanitarian funds received in 2021</b>			
<b>a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)</b>			
Thematic-ACT-A-HAC	SM219910		\$475,000
United Kingdom Committee for UNICEF	SM2099100163		\$924,609
<b>b) Non-Thematic Humanitarian Funds (List individually all non-Thematic emergency funding received in 2020 per donor in descending order)</b>			
Japan Committee for UNICEF	KM210012		\$138,915
Japan Committee for UNICEF	KM210037		\$1,881
German Committee for UNICEF	SM189910		\$54,239
USAID/Food for Peace	SM190126		\$129,563
Ireland	SM200814		\$349,099
USAID/Food for Peace	SM210015		\$1,526,800
Japan	SM210069		\$1,000,000
United Nations Multi-Partner Trust Fund	SM210227		\$555,000
Japan	SM210240		\$555,000
German Committee for UNICEF	SM210277		\$119,474
GAVI the Vaccine alliance	SM210843		\$589,325
GAVI the Vaccine alliance	SM210985		\$542,235
<b>Total Non-Thematic Humanitarian Funds</b>			<b>\$5,561,531</b>
<b>c) Pooled Funding</b>			
			\$0
<b>Total poled funding</b>			<b>\$0</b>
<b>(i) CERF Grants (Put one figure representing total CERF contributions received in 2021 through OCHA and list the grants below)</b>			
<b>(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc. (Put the figure representing total contributions received in 2019 through these various pooled funding mechanisms.)</b>			
			\$0
<b>d) Other types of humanitarian funds</b>			
			\$0
			\$0
<b>Total humanitarian funds received in 2021 (a+b+c+d)</b>			<b>\$6,961,140</b>
<b>II. Carry-over of humanitarian funds available in 2021</b>			
<b>e) Carryover Thematic Humanitarian Funds</b>			
Thematic Humanitarian Funds	SM189910		\$812,641
<b>TOTAL Thematic Carryover</b>			<b>\$812,641</b>

<b>f) Carry-over of non-thematic Humanitarian Funds (List by donor, grant and the programmable amount being carried forward from the prior year(s) if applicable)</b>		
USAID/Food for Peace	SM190126	\$936
ILO - Geneva	SM190255	\$22,151
China	SM190487	\$12,969
British Government (DFID) Dept. for Int. Development	SM200086	\$161,616
Ireland	SM200222	\$157,990
France	SM200642	\$222,246
Ireland	SM200814	\$1,645,395
Global Partnership for Education	SC200189	\$18,889
Global Partnership for Education	SC200285	\$2,980,661
<b>Total carry-over non-Thematic Humanitarian Funds</b>		<b>\$5,222,853</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>\$6,035,494</b>
<b>III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)</b>		
<b>Regular resources diverted to emergency</b>		<b>307,611</b>
<b>Total other resources</b>		<b>307,611</b>

**TABLE 3: THEMATIC HUMANITARIAN CONTRIBUTIONS RECEIVED IN 2021**

Thematic Humanitarian Contributions Received in 2021 (in USD): Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
ACT-A-HAC	SM219910	365,809	365,809
United Kingdom Committee for UNICEF	SM2099100163	\$924,609	\$924,609
		<b>\$1,290,418</b>	<b>\$1,290,418</b>

## K. Future Work Plan

### Humanitarian Strategy

UNICEF Malawi is committed to delivering assistance to children that require urgent assistance in the prevention and control of COVID-19 and secondary effects of the pandemic and non-COVID-19 related shocks, including food insecurity, floods, cholera, and polio. UNICEF will continue to work with the government, the UN system, Civil Society Organizations (CSOs) and development partners to deliver critical humanitarian assistance. UNICEF will align its efforts with inter-agency national plans, including the COVID-19 response plan, lean season response plan and polio response plan.

While addressing the immediate humanitarian needs of children and women because of these shocks, UNICEF will integrate new approaches and new ways of doing things required to facilitate recovery and resilience building. This will include expanding emergency

preparedness efforts and increasing focus on medium- and long-term solutions. UNICEF will deliver the services through multi-sectoral responses to ensure that the needs of the affected population are addressed holistically.

In its capacity as the cluster co-lead for level WASH, education, nutrition and protection and social support national level clusters, UNICEF will support national and district level coordination in these clusters and will facilitate inter-cluster collaboration to ensure an all-inclusive, multi-sectoral approach in addressing address the needs of affected and at-risk populations.

UNICEF will intensify mechanisms for accountability to affected populations throughout the entire humanitarian project cycle to facilitate the participation of communities in the and will strengthen feedback and complaint mechanisms. Integrating gender-based violence risk mitigation in all sectors and scaling up gender-based violence prevention and response programming will also be a key aspect in UNICEF Malawi's humanitarian response efforts.

### **Planned Humanitarian results**

#### **WASH**

- 250,000 people in camps and affected communities accessing safe water supply of acceptable quality and quantity
- 135,000 people in camps and affected communities that have access to safe sanitation facilities and materials
- 350,000 people reached with hygiene promotion messages

#### **Health**

- 153,000 children 0-59 months are reached during vaccination campaigns to reduce the risk of epidemic-prone outbreaks.
- 57,000 Women, adolescent girls and newborns safely and equitably access quality life-saving and high-impact maternal and neonatal health services, including:
  - 25,000 pregnant women and adolescent girls receive scheduled antenatal care (ANC) in line with the coverage of 4+ ANC visits.
  - 6,500 small and sick new-born have access to inpatient level 2 special newborn care within two hours of travel time.
  - 25,000 adolescents have access to information on health, including sexual, reproductive, and mental health
- 9,500 children, their caregivers, and communities are engaged through participatory behaviour change interventions on HIV prevention, care, and treatment
- 33 facilities supported to apply quality of care or clinical audit standards for reproductive, maternal, newborn, child and adolescent health and nutrition care.
- 

#### **Nutrition**

- Existence of functional sector or cluster coordination for nutrition
- 105,000 children 6-59 months screened for acute malnutrition
- 3,500 children 6-59 months with SAM admitted for treatment
- 41,000 primary caregivers of children aged 0 to 23 months receiving IYCF counselling

#### **Education**

- 199,000 children receiving individual learning materials
- 210 teachers, members of parent teacher-association and school management committee trained on emergencies in education

### **Child Protection**

- 300,000 people reached through GBV community awareness activities to promote access to services to respond to incidents of GBV
- 20,000 women, girls and boys accessing GBV risk mitigation, prevention, or response interventions
- 20,000 UNICEF-targeted (i) girls and boys; and (ii) parents and primary caregivers in humanitarian situations provided with community-based mental health and psychosocial support, including access to child-friendly spaces with intersectoral programming interventions

### **Social behaviours change and community engagement**

- 730,000 people reached with behaviour change or health saving messages
- 500,000 people participating in engagement actions for social and behavioural change
- 300,000 vulnerable people actively providing suggestions, complaints, and feedback

### **Social Protection**

- 598,000 people benefit from continuity of essential services and humanitarian assistance
- 310,000 households benefitting from new or additional social assistance measures to respond to the floods with UNICEF support
- 220,000 households benefitting from new or additional social assistance measures to respond to the floods have access to Grievance & Redress Mechanisms with UNICEF support
- 220,000 households benefitting from new or additional social assistance measures to respond to the floods have access to Grievance & Redress Mechanisms with UNICEF support

## **Annexes to the CER**

- a. Two-pagers – non-thematic funding contributions**
- b. Donor Statement (As of 31 December 2021)**
- c. Human Interest Stories and Communication**
- d. Donor Feedback Forms**  
[English version](#)