REPUBLIC OF MALAWI

2016/2017 FOOD INSECURITY

RESPONSE PLAN



The Republic of Malawi
Office of the Vice Preasident
Department of Disaster Management Affairs

2016/2017 FOOD INSECURITY RESPONSE PLAN

June 2016 | THE REPUBLIC OF MALAWI

PERIOD

July 2016 – March 2017

6.5 million

People in need of humanitarian aid

6.5 million

People targeted for humanitarian aid in this plan

2.4 million

Farmers completely lost their production

975,000

children and Women in need of nutrition assistance

24 districts

affected and in need of assistance

REQUIREMENTS (US$) 395.13 million.

Confirmed pledges– US $ 91.32 million

Resource Gap –

US $ 303.81 million

Summary

For the period from July 2016 to March 2017, Malawi faces a hazard-related food security and nutrition emergency coming on top of the devastating floods in 2015. Responding to the situation, the President of Malawi declared a State of National Disaster on 12 April 2016 and appealed for humanitarian relief assistance from the international community and the private sector.

This Food Insecurity Response Plan (FIRP), developed by the Government of Malawi in collaboration with the UN and NGOs through the humanitarian clusters, identifies food security, nutrition, agriculture, health, education and water and sanitiation (WASH) as the key priorities for immediate assistance. As of now, the ongoing dry spell related to the El Nino phenomenon is affecting about 1.8 million people in need of agricultural inputs to restore their livelihoods. An estimated 500,000 people have no access to safe drinking water. About 31 per cent of the cultivated land was affected by the drought, of which 13 per cent was severely affected. Nutrition and increased mortality rates are of particular concern in 24 out of a total of 28[1] districts. About 975,000 children aged 6-23 months, pregnant and lactating women are particularly at risk of food insecurity and malnutrition and nutritional treatment and a total of 6.5 million people including vulnerable groups such as people living with HIV are in urgent need of humanitarian food assistance until the next harvest in March 2017.

Rationale

The plan will address the needs of the affected communities and meet gaps in food security, agriculture, WASH, health, educationand nutrition. The plan outlines a mechanism for coordination and regular monitoring to ensure the needs of affected people are adequately addressed and possible critical gaps or hotspots are acted upon in a timely manner. While providing relief from food insecurity, the response will closely link and coordinate with resilience building efforts to ensure that the cycle of food and nutrition insecurity is broken in the long run.

Strategic objectives:

- Provision of immediate life-saving and life-sustaining assistance to drought-affected people through the provision of essential foods, commodities and health focused interventions;
- Ensure the mainstreaming of cross cutting issues (protection, gender and HIV and AIDS) through inter cluster coordination and monitoring of the overall response;
- Support the restoration of livelihoods of drought-affected people through linkage with on going resilience-building activities.

Priority activities:

- Reducing the number of people in food insecurity;
- Reducing acute malnutriton;
- Preventing excess mortality and morbidity associated with acute malnutrition and poor feeding practices amongst children under five;
- Improving affected farmers' access to agriculture inputs;
- Increasing the percentage of affected people with access to safe drinking water, sanitation and hygiene services;
- Strengthening surveillance and prevention of disease outbreak;
- Improving coordination, monitoring and evaluation mechanisms.

[1] The number includes the fourteen of the fifteen flood affected districts - Thyolo, Salima, Balaka, Zomba, Ntcheu, Nsanje, Mulanje, Chikhwawa, Rumphi, Phalombe, Mangochi ,Blantyre Machinga and Chiradzulu. In addition other 10 districts experienced dry spells - Dedza, Dowa, Kasungu, Lilongwe, Mchinji, Mwanza, Mzimba, Neno, Nkhotakota and Ntchisi which are all food insecure.

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS

ADMARC	Agricultural Development and Marketing Cooperation
APES	Agricultural Production Estimates Survey
ARI	Acute Respiratory Infection
ASWAP	Agriculture Sector Wide Approach
CBCC	Child Based Care Centres
CBT	Cash Based Transfers
CHD	Child Health Days
CMAM	Community Management of Acute Malnutrition
CTC	Cholera Treatment Centres
DADO	District Agriculture Development Office
DAPP	Development Aid from People to People
DC	District Commissioner
DCCMS	Department of Climate Change and Meteorological Services
DNHA	Department of Nutrition, HIV and AIDS
DoDMA	Department of Disaster Management Affairs
EMIS	Education Management Information System
FAO	Food and Agriculture Organization
FEWSNET	Famine Early Warning Systems Network
FIRP	Food Insecurity Response Plan
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HSA	Health Surveillance Assistant
IDP	Internally Displaced Persons
IHS	Integrated Household Survey
IYCF	Infant and Young Child Feeding
JEFAP	Joint Emergency Food Aid Programme
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MoAIWD	Ministry of Agriculture, Irrigation and Water Development
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
MVAC	Malawi Vulnerability Assessment Committee
NRU	Nutrition Rehabilitation Units
OTP	Outpatient Therapeutic Programme
PDNA	Post Disaster Needs Assessment
PLHIVA	People Living with HIV AIDS
PLW	Pregnant and Lctating Women
RUTF	Ready to Use Therapeutic Food
SADC	Southern Africa Development Community
SAM	Severe Acute Malnutrition
SBCC	Social Behavioural Change Communication
SCT	Social Cash Transfers
SFP	Supplementary Feeding Programme
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WFP	World Food Programme

1.0 Context and Humanitarian consequences

1.1 Situation overview

The cumulative effects of several years of multiple weather related disasters has had a substantial impact on Malawi. Additionally, climate change has ensured the nature and pattern of these weather-related hazards become more frequent, intense and unpredictable[2]. Malawi's weather related crises, coupled with a weak economic profile, weak land governance have combined to create **a vicious cycle of food insecurity and malnutrition, with devastating consequences on basic services and, consequentially, on long term development.**

As a result, a substantive number of people require humanitarian support year-on-year, regardless of whether the country records a food surplus, or not, with the Malawi Vulnerability Assessment Committee (MVAC) finding that an average of 1.53 million people required humanitarian support for the past five years. Figure 1 shows the trend of number of people affected by drought that needed humanitarian assistance.

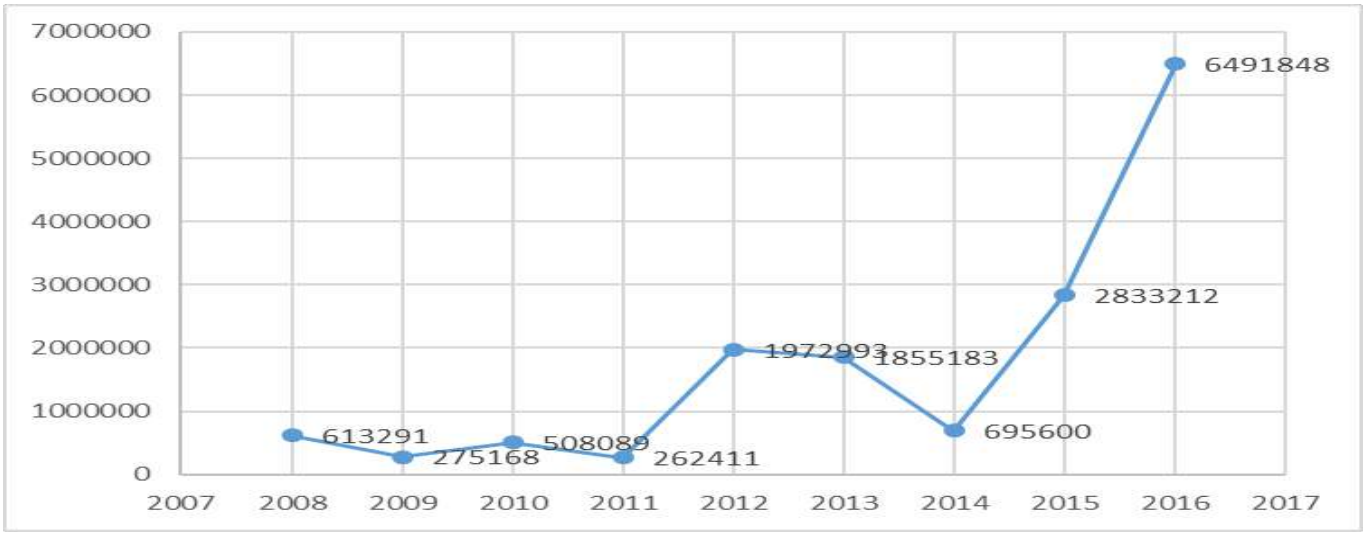


Figure 1: **Number of People affected by Food Insecurity since 2008 (Source MVAC Reports)**

A trend of increasing food insecurity is emerging, caused by prolonged dry spells, sudden floods and changes in rainfall patterns, which gradually have decimated agricultural production in several regions of the country. As such, identifying those who are chronically food insecure and malnourished is essential.

1.2 Country Profile

Malawi ranks 173 out of 188 countries on the global UNDP Human Development Index (HDR, 2015). Using national poverty headcount, approximately 50.7 percent of the population live below the poverty line measured at US$1.00 a day (IHS, 2011). About 24.5 percent are considered ultra-poor, meaning that they cannot afford to meet the minimum standard for daily recommended food requirement. The Integrated Household Survey (IHS) report indicates that about 85 percent of people live in rural areas and that almost 25 percent of the rural households are female headed.

2 According to Department of Disaster Management Affiars (DoDMA), these hazards have cumulatively affected 25 million people since 1974, making the country one of the worst affected amongst the developing countries

Malawi's economy is not sufficiently diversified. In general, about 85 percent of the population and 94 percent of the households mostly residing in the rural areas are involved in subsistence and rain-fed agriculture (IHS, 2011). In addition, 99 percent of national food production relies on a single rain-fed harvesting season (ASWAp, 2011). As a consequence, the agricultural sector is characterized by low productivity and lack of predictability due to high risk of climatic shocks. The low agricultural productivity coupled with poor market functionality of cereals has left parts of the population at risk of food insecurity. On top of this, Malawi's annual population growth rate at 3 percent has further increased pressure on Malawi's agriculture and the food supply system, leading to less sustainable livelihoods and environmental degradation.

As a result, food insecurity and malnutrition remain alarmingly high. For the 2015/16 lean season, about 2.86 million people were reported to be food insecure and needed humanitarian aid (MVAC, 2015). Levels of chronic malnutrition are very high at 42, at 4 percent and underweight at 13 percent (IHS, 2011). This precarious situation is worsened by the high incidence of disease among children including HIV and AIDS.

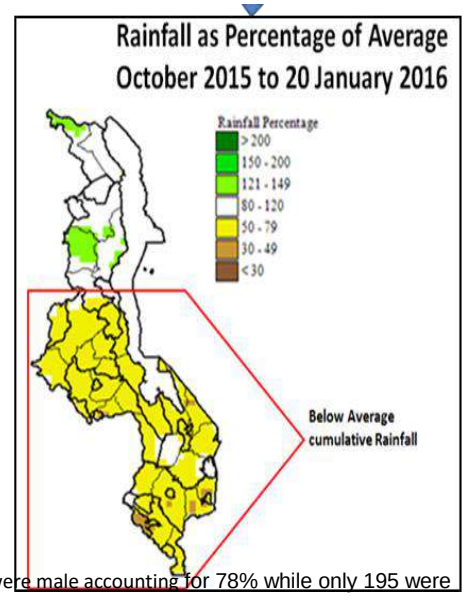
The World Bank reports that nearly 89 percent of the population has access to safe drinking water (World Bank, 2015). However, the drought is likely to worsen the situation as water scarcity forces communities to use unsafe water sources, leading to an increase of diarrhoeal diseases and a possible worsening of the cholera outbreak that Malawi is experiencing at the moment. The education sector is also affected by the recurrent weather-related disasters. An increase in school dropouts is reported, especially among girls. This could further affect already low literacy rates among the youth (74.3% for males and 70% for females).

Malawi faces challenges on gender equality and child protection. Although 25 percent of Malawi's households are female headed and provide the majority of agricultural labor - performing between 50 and 70 precent of all agricultural tasks and producing about 70 percent of the household food (ASWAP, 2011) women access to and control over means of production is limited. This includes challenges in accessing inputs, land, credit and extension services and it is worsened by the weakness of women's associations and cooperatives and gender unbalanced socio-cultural norms on resource management[3](ASWAP, 2011). Further women access to male family labour is limited currently at 45 percent resulting in women and children being overburdened with farm work (UN Women, World Bank Group, UNEP, UNDP, 20115) Child abuse exists, currently 39.3 percent of children age 5-17 experience child abuse and, 63.9 percent of young people age 15-19 years are married with high number of girls dropping out of schools due to early marriages (MDG Endline Survey, 2014). Government statistics further show that between 2010 and 2013, 27,612 girls in primary and 4,053 girls in secondary schools dropped out due to marriage. During the same period, another 14,051 primary school girls and 5,597 secondary school girls dropped out because they were pregnant.

1.3 Current Situation

Reports from the Department of Climate Change and Meteorological Services in Malawi (DCCMS) indicate that, due to the ongoing El Nino weather conditions, cumulative rainfall performance from October, 2015 to end March, 2016 has been below average in most parts of the Southern and Central Regions of the country. Average to above average rainfall amounts were only received in the Northern Region of the country. According to the Malawi Vulnerability Assessment Committee's (MVAC) preliminary findings of the agricultural production season, poor rainfall in combination with above average temperatures, has resulted in poor crop production, limited pasture growth and regeneration, and inadequate water availability for the coming season.

As outlined in Figure 2, the onset of El Nino led to a considerable reduction in rainfall in the Central and Southern regions of Malawi between October 2015 and January 2016. The result has been two fold, low rainfall, leading to drought in the Central and Southern regions, with an April 2016 FEWSNET update indicating that rainfall levels were between 30 to 40 percent of the required volume during the 2015/16 season. Conversely, excessive rainfall in the Northern region resulted in flooding.



In order to better understand the extent of the situation as well as identify remediation measures, the Ministry of Agriculture, Irrigation and Water Development (MoAIWD) in collaboration with the Food and Agriculture Organization (FAO) and concerned stakeholders have completed national

[3] The June 2015 MVAC Market Assessment established that of the 901 traders reached nationwide, 705 were male accounting for 78% while only 195 were women constituting 22%.

consultations with all District Agriculture Offices in the country. The assessment of the impact of the prolonged dry spells on agriculture production revealed that 654,344 hectares of cultivated crop land (31 percent of total cultivated land) belonging to 1,845,833 farming households (representing 44 percent of total households) were affected by dry spells. Out of the affected crop land, 270,108 ha belonging to 523,384 households (13 percent of total cultivated land), were severely affected (i.e. farmers are expected to have very little or no harvest at all). The impact of the dry spells has been more severe in the southern region of the country where at least 51% of crop land, mainly under maize, has been affected to a greater extent.

According to the Second Round Agricultural Production Estimates Survey (APES) released by MoAIWD on early April 2016, maize production, the country's main staple food, has been projected to register a decline of 12.4 percent as compared to that of 2014/15 planting season and of 42 percent as compared to that of 2013/14. Available statistics show that this year's maize production is the lowest of the past eight years and the second consecutive year where overall production is below national food requirements. The poor performance of maize has also been accompanied by a poor performance of other crops such as rice, legumes (i.e. beans, cowpeas and pigeon peas), sorghum, millet and groundnuts, suggesting a lack of food and income alternatives for small-scale farmers especially in central and southern regions.

As a result of poor 2014/2015 harvest followed by low rainfall, maize prices dramatically soared during the last lean season (December 2015 to March 2016), reaching almost 140 percent above January 2015's prices. There was also livestock disease outbreaks (Food and Mouth Disease and Black quarter outbreaks reported in Nsanje and and New Castle disease outbreaks in Chikwawa in February 2016several districts).

All these factors coupled with limited opportunities for income diversification are undermining the coping mechanisms of small-scale and vulnerable farmers, leading to further depletion of the already eroded assets of families in rural areas. As a result, vulnerability of subsistence and small-scale farmers to economic and climatic shocks is very high and development of negative coping mechanisms very likely. Particularly, early sales of livestock and tools coupled with misuse of seed reserves threaten the resumption of food production for the next planting season, especially in remote rural areas.

With a high likelihood that the next harvest will not be due until March 2017, field assessments have concluded that farmers will start sooner than normal to sell assets, engage in off-farm activities and experience further risk of harassment and abuse (particularly women and children) as a coping mechanism in order to generate income to access food.

Figure 3 below highlights the trend in maize production and food insecure populations since 2007/8 season. It can be noted that the country has registered deficits in two consecutive years this year and last year. It can also be seen the number of food insecure people has doubled from last year.

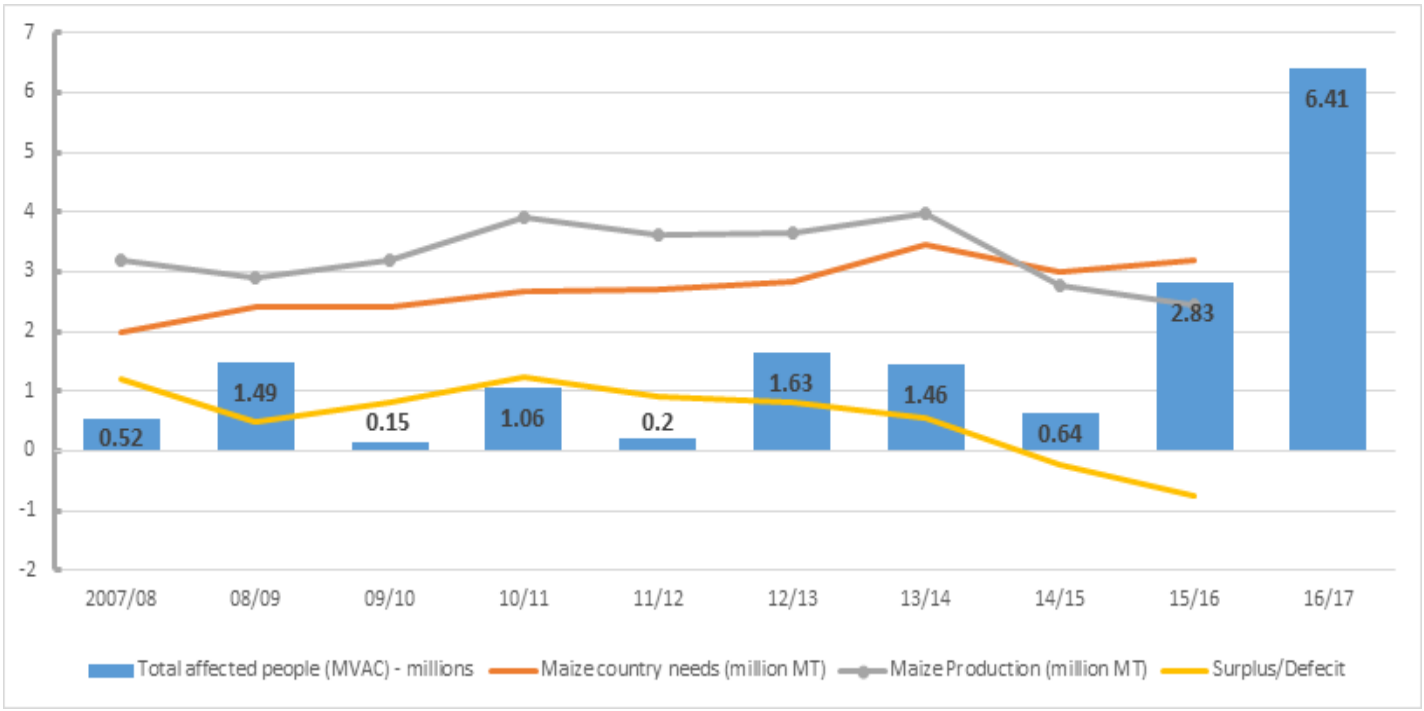


Figure 3: Maize Production and Food Insecure Populations (source: MoAIWD)

The Malawi Vulnerability Assessment Committee of June 2016 reports that 6,491,848 people are reported food insecure and in urgent need of food assistance in 24 districts. This represents 39 percent of the population and the needs vary across the affected districts over the whole lean season which spans from July 2016 to March 2017. Some districts have populations that will require food assistance for a period of 3 months while others like Nsanje will require assistance for up to 9 months. It is important to note that most districts in the south where the impact of El Nino was high have populations requiring assistance for 5 to 9 months. Futhermore the majority of the districts in the south are reporting more than 60 percent of their rural populations at risk of food insecurity with Nsanje and Chikwawa reporting 90 percent of its rural population at risk of food insecurity[4]. About 975,000 children aged 6-23 months, pregnant and lactating women are particularly at high risk of food and nutrition insecurity. The worsening situation has led to the Government of Malawi to declare a state of disaster, aiming to intensify and expand the response actions, disburse additional funds planned for emergency situations and mobilize additional resources through cooperating partners.

1.4 2015/2016 Food Insecurity Response

At the beginning of the 2015/16 lean season in October 2015, the humanitarian response begun aimed at assisting 1.02 million people in seven districts, expanding in January 2016 to reach 2.8 million people across 25 districts. In November 2015, the Government of Malawi allocated 26,600 MT of maize, valued at US$6.25 million, for distribution to food insecure populations, supplementing investments in the Agricultural Development and Marketing Corporation (ADMARC), in an attempt to stablise prices. The total financial requirements of the response to date has been $149.36 million, with UN agencies mobilising $137 million, leaving an 8 per cent funding gap. The response has covered: Food Security, Agriculture, Nutrition, Protection and Education.

The **food security cluster** led by the Department of Disaster Management Affairs (DoDMA) and co-led by WFP provided a lean season response to food insecurity of 2.8 million people in 25 districts. The cluster supported linking MVAC beneficiaries with longer term development and resilience buiding activities. This included planting of trees, creation of backyard gardens, promotion of village and loans activities, construction of fuel efficient stoves, building of hand washing facilities and dish racks for improved hygiene, digging of wells and road maintenance work. Livelihood support and recovery activities continue to be implemented in many districts.

The **agriculture cluster**, led by the MAIWD and co-led by FAO implemented a different sort of activities during the rainfed season 2015 – 2016 as distribution of seeds, planting materials and treadle pumps between November/2015 till April/2016. Near 298,000 households have received support, however, the harsh climate conditions that the country suffered during the first quarter of 2016 have negatively impacted the expected harvest in several areas. About 2,400 tones of seeds were distributed to small-scale farmers in 25 districts, exploring different mechanisms as seed fairs (53,700 households were reached by the cluster in 8 districts), direct distributions or reprogramming of ongoing development programs. Also the Governmet of Malawi has mobilized with donor support planting materials for cassava and Sweet Potato and near 5,000 treadle pumps have been distributed across the country. Those activities have contributed to ensuring the production of food but not in the levels expected due to the water stress. Additional support has been deployed to distribute inputs for winter cropping areas (May – September/2016) covering near 3,500 hectares in Phalombe, Nsanje, Chikwawa, Balaka, Thyolo, Neno and Mchinji. Further support has been mobilized in resilience building efforts, particularly in areas related with crop production, conservation agriculture, extension services and water management. However, the repetitive shocks are compounding the results achieved in several regions.

The nutrition cluster led by the Department of Nutrition, HIV and AIDS under the Ministry of Health and co-led by UNICEF ensured that timely distribution of lifesaving therapeutic supplies was completed to the last point of distribution to all 598 health facilities providing treatment of severe and moderate acute malnutrition. In the past, District Health Offices did not have the logistics capacity to send severe acute malnutrition (SAM) stocks to hard-to-reach areas. Since January 2016, UNICEF and WFP have ensured that all 598 facilities that provide community management of acute malnutrition (CMAM) services for children under five years are receiving required nutrition commodities on a monthly basis. At the community level, UNICEF supported the Ministry of Health (MoH) to strengthen community-based capacity for active case finding, referral and treatment of SAM in children. This has been done through nutrition community mobilization and mass nutrition screening for children under five years of age since December 2015. UNICEF and WFP had a team of field staff in place which collectively supported the community mass screening, quality assurance at facility level and all CMAM activities in the 25 districts reporting

[44] MVAC June 2016 Preliminary Report

food insecurity. By the end of April, with support from the extensive field presence, the preliminary report of the screening drive has reached 1,701,225 children under five years representing 94 per cent of the targeted children. Of those screened, 22,659 children have been identified as having SAM and 48,469 identified as having MAM. This translates into 1% children with SAM and 3.3% having MAM with 4.2% GAM rates.

Specific activities implemented by the nutrition cluster partners include:

- Mass screening of all children under five at household levels, as well as outreach points;
- Referrals to health facilities for those identified to have moderate acute malnutrition (MAM) or SAM;
- Monitoring commodities and stocks of all nutrition supplies at facility level;
- Mentorship of community health workers on screening and identification of SAM;
- Support towards micronutrient interventions (de-worming and Vitamin A supplementation);
- Strengthening data collection, analysis and reporting on CMAM program performance;
- Maternal, infant and young child feeding (IYCF) and WASH promotion through behavior change communication.

The Education cluster deployed 176 standby emergency response teachers to 100 schools in four districts (Dedza, Salima, Mangochi and Chikwawa) to support youths and surrounding communities to establish livelihood activities including crop and vegetable growing which supplemented school feeding meals provided by WFP in the affected schools contributing to continued attendance of 90,837 learners (46,498 boys and 44,339 girls) out of the targeted 110,800 learners. Both in and out of school children also were engaged in planting fruit trees around the schools and communities. The teachers also provided teaching and learning including psychosocial support and care for the learners. UNICEF supported the four district councils to establish entrepreneurship, income generating and sports for development activities for youths. This included provision of goats to youth clubs in which a club member received 2 goats each and passed on to other club members reaching 3,034 youths out of the 11,000 targeted. Some club members received cash amounting to MK20,000 each as seed money to grow vegetables that were sold to surrounding schools and communities thus mitigating the effects of drought on the community and schools

As the majority of the districts affected by floods and prolonged dry spells in 2015 are now also experiencing drought through the current El Niño event, recovery needs are expected to remain consistant for the next two lean seasons, at least[5].

1.5 Needs analysis

1..1 Food Security

1.5.0 Situation Analysis and pre-existing vulnerabilities

The current El Niño-induced drought and weather-related stresses have triggered food shortage for over five consecutive years for the poor and vulnerable people with a maize deficit of 790,000 mt in the 2015/16 crop harvest, affecting 8.4 million people. This comes with serious negative consequences on food and nutrition security that will persist until at least the next harvest in 2017[6]. Women and children are at higher risk of food and nutrition insecurity. Women are particularly vulnerable owing to their higher levels of poverty, poor access to land and limited opportunities for income-generation. Poor dietary diversity, combined with high disease burdens, poor sanitation and hygiene and gender inequality, contribute to undernutrition. Only 15 percent of children under the age of five consume a minimum acceptable diet and 27 percent have a minimum diverse diet[7].

Reduced food availability has been met by unusually high food prices and inflation which continue to rise since 2012 (Figure 4). This will hamper access to quality food, likely to lead to a lower calorie intake, due to a more monotonous maize dominated diet. The increased insecurity and lack of services or safety net measures will also likely contribute to the precarious situation.

[5] The Seasonal Livelihood Programming established that in some districts, most households hit by a shock would need at least two consecutive 'shock-free' years to recover from a bad year.

[6] ibid

[7] National Statistics Office, July 2015

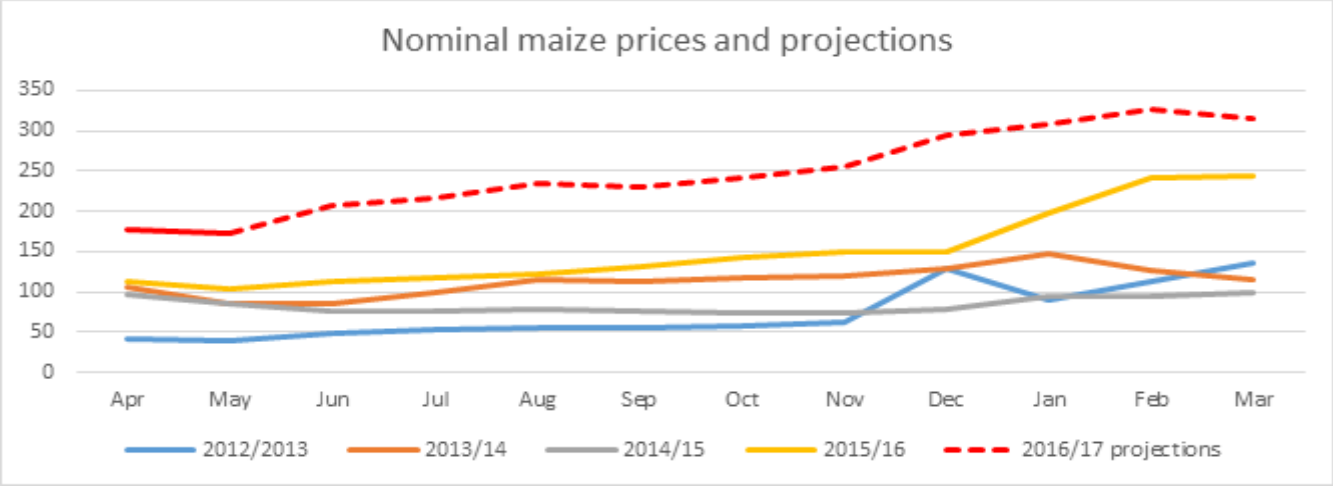
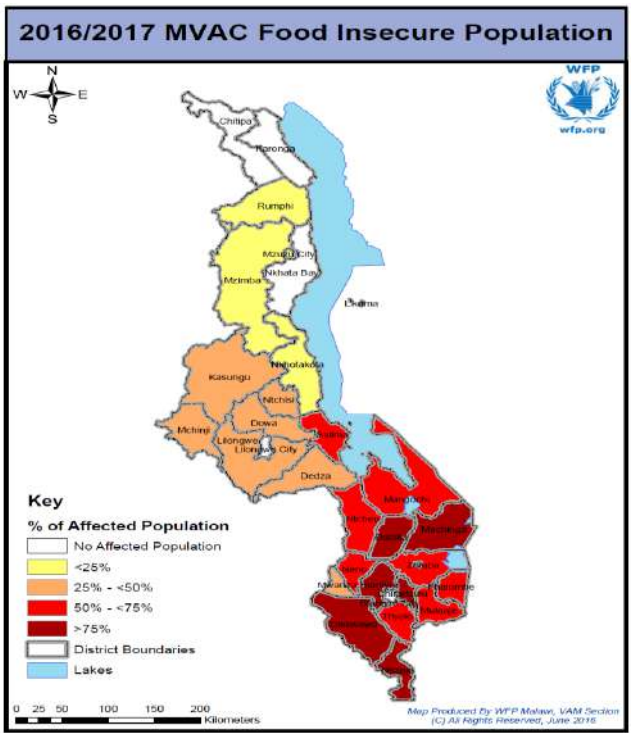


Figure 4: Price trends and projections for period -2012 to 2017 (MVAAM – WFP)

1.5.1 Humanitarian needs and affected population

Results of the annual food security assessment carried out by the Malawi Vulnerability Assessment Committee (MVAC) released in June 2016 indicate that 6.5 million people or 39 percent of the population in 24 districts across the country will face food insecurity and require emergency food assistance during the 2016/2017 lean season starting from July 2016; unsual, compared to previous years when the response has started at the beginning of the lean season in October. This represents an increase of 129 percent from 2.8 million people assisted during the 2015/16 respons and will be the largest humanitarian response in the country's history.

This significant increase in food insecurity comes at a time when compound climatic crises experienced over the past 18 months have prevented the most vulnerable from realizing reasonable harvest and regaining a foothold in the development process. The southern region and most parts of the central region are the hardest hit with nearly 70 percent of the affected population in the south with poor infrastructure and hard to reach during the rainy months (November-March) and 30 percent in the central region. The MVAC has recommended a phased approach to assistance that focuses on reaching the hardest hit areas first, with the peak of the assistance from January until the next harvest, expected in March 2017. Market assessment conducted by the MVAC, recommended that a total of 1,728,563 people (26.6 percent) will need to be assisted through cash based transfers while 4,763,284 people (73.4 percent) are to be assisted with in-kind food. Figure 3 below is a map of Malawi showing variations in the degree of severity in food security across the country. Figure 3: Map of Malawi showing severity of food insecurity situation.

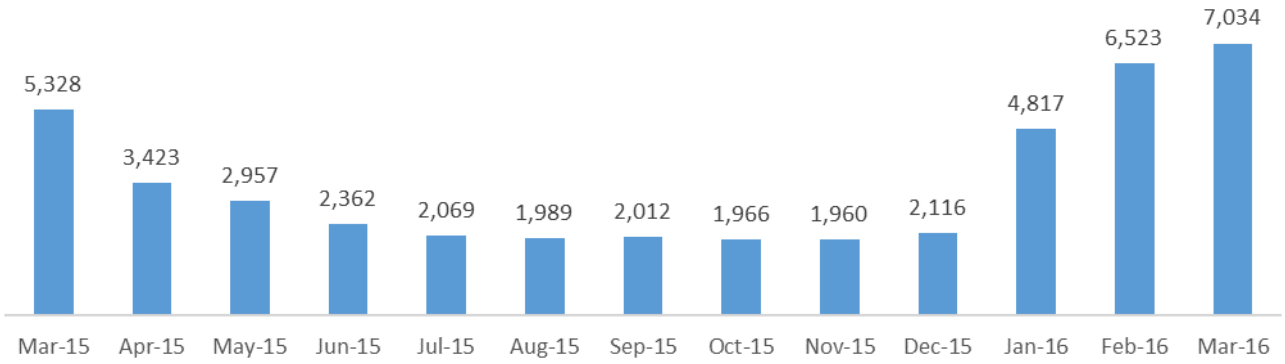


1.5.2 Nutrition

1.5.2.1 Situation Analysis and pre-existing vulnerabilities

The already precarious situation in Malawi, especially for children, will be further compromised by drought. From October 2015 to date, acute malnutrition has increased, as evidenced by a significant growth in the number of admissions to CMAM treatment facilities across the country.[8]

Number of wasted U5 children that receive nutrition treatments per month, national
Source: CMAM

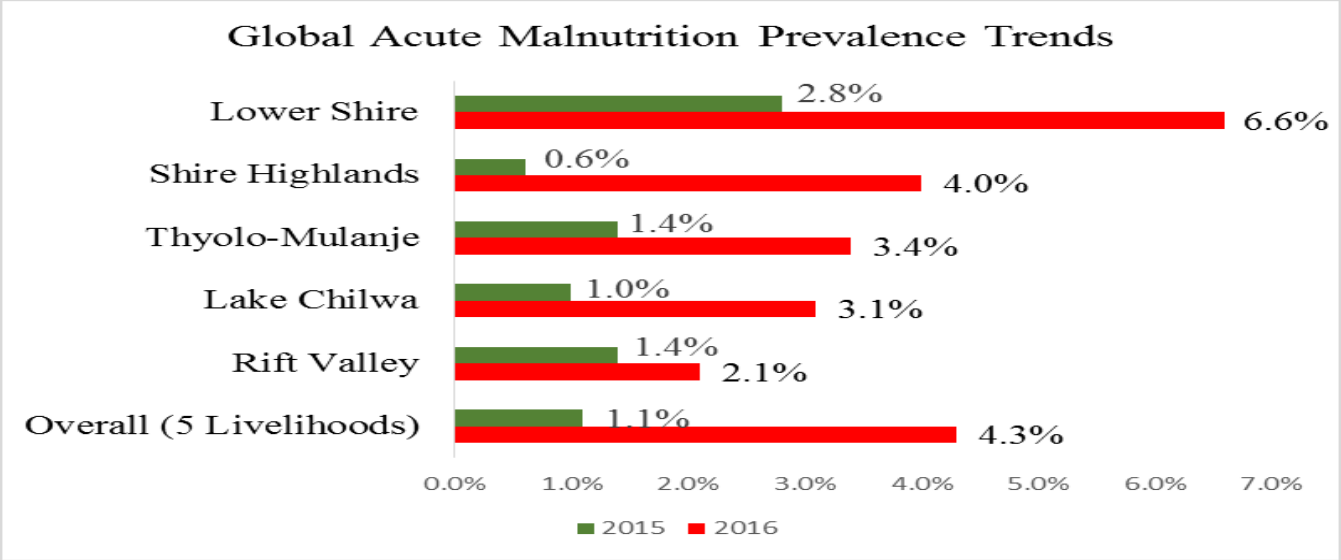


Further, seven nutrition surveys were conducted in May 2016 covering seven Livelihood Zones (and 25 districts) using the SMART Survey Methodology. The following livelihood zones were covered during the 2016 SMART Survey: Lake Chirwa Phalombe Plain, Lower Shire, Thyolo-Mulanje, Shire Highlands, Rift Valley Escarpment, Karonga-Chitipa/Mzimba and Kasungu-Lilongwe Plain. The 2016 SMART Survey was the 2nd round of Nutrition Survey to be conducted in Malawi within a period of one year, where the first round was implemented in June 2015 in five livelihood zones (Lake Chirwa Phalombe Plain, Lower Shire, Thyolo-Mulanje, Shire Highlands and Rift Valley Escarpment).

Overall, the nutrition situation was estimated as 2.5%9 which is classified as normal using the WHO Classification of malnutrition. Nevertheless, the results show that there is significant difference in the nutrition situation across the livelihood zones, with Lower Shire (Chikwawa and Nsanje Districts) recording the highest GAM Prevalence of 6.6% which is classified as poor. The GAM prevalence in the other livelihood zones was: Shire Highlands-4.0%, Thyolo-Mulanje-3.4%, Lake Chirwa Phalombe Plain- 3.1%, Rift Valley Escarpment- 2.1%, Kasungu-Lilongwe-1.3% and Karonga-Chitipa-1.1%.

However, comparison of the current nutrition situation with the same season in 2015 show that the overall nutrition situation in the five livelihood zones surveyed in 2015 and in 2016 has deteriorated with significant deterioration observed in three livelihood zones (all in the southern region) i.e. Lower Shire, Shire Highlands and Lake Chirwa Phalombe Plain. Given that the survey was done during the post-harvest season, then the situation is likely to deteriorate further with the on-set of the lean season from August. Therefore intensive surveillance should continue alongside delivery of health and nutrition services.

[8] DHIS-2 reports
[9] 2016 SMART Survey



Data Source: 2016 SMART Survey

With the looming hunger and the already compromised child health context, the situation is likely to become worse. Similar patterns are seen for moderate acute malnourished admissions under the supplementary feeding programme. Likewise, the nutrition care support and treatment (NCST) program data shows that 2 per cent of People Living with HIV AIDS (PLWHIV) and TB are severely malnourished, while 6 per cent[10] are moderately malnourished and in need of nutrition support as a highly vulnerable group.
23 % of child mortality cases in Malawi are associated with malnutrition (i.e. wasting, underweight, stunting)[11]. Furthermore, a child with Moderate Acute Malnutrition (MAM) is up to four times more likely to die than a well-nourished child, and while the immediate risk of mortality is higher for a child with SAM than MAM, the total number of children affected by MAM is much greater.

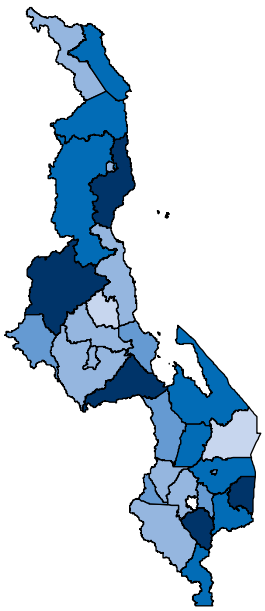
An assessment of storage capacity at health facilities was conducted in April 2016 to inform support to health facilities moving forward. UNICEF and WFP plan to ensure that facilities that have access issues during the wet season will have prepositioned nutrition commodities for four months to ensure stock is available at all times. An assessment revealed that capacity building on stock management is required.

1.5.2.2 Humanitarian needs and affected population

According to the current malnutrition prevalence and incidence rates, approximately 61,810 of children under five will be targeted for lifesaving treatment of SAM and 107,700 children to be targeted for treatment of MAM and 97,400 People on ART and TB will be targeted for treatment of acute malnutrition and nutrition safety nets. Similarly 45,300 pregnant and lactating women (PLW) will be targeted for moderate malnutrition. The total people in need of nutritional humanitarian assistance are of 312,210

The targeted groups are to be considered in need for immediate action. There is an urgent need for more funding to expand with lifesaving therapeutic treatment of acute malnutrition which is essential to prevent avoidable morbidity and mortality.

Nutrition Severity Map



[10] NCST program data from 15 districts- Jan 2016
[11] Cost of Hunger (COHA) study (May 2015)

1.5.3 Agriculture

1.5.3.1 Situation Analysis and pre-existing vulnerabilities

Rainfall patterns in Malawi have been widely erratic during the 2015/16 planting season, with late onset and large deficits in southern parts of the country. According to official reports from agriculture authorities, drought conditions have severely affected nearly 270,000 ha (losses above 80%) and an additional 385,000 ha (reduced yields between 30 – 50%) have suffered partial damage. In the southern region, nearly 51% of the available area under rain fed agriculture has been reported as affected. In the Central and Northern regions, the percentage of damage is 22 and 27% respectively. The effect is a drastic reduction in food production, especially for small-scale and vulnerable farmers.

The occurrence of livestock disease outbreaks such as Food and Mouth Disease and Black quarter (cattle) in Nsanje and Chikwawa, the reports of New Castle (poultry) outbreaks in some regions and the limited opportunities for income diversification, are undermining the coping mechanisms of small-scale and vulnerable farmers; leading to further depletion of the already eroded assets of families in rural areas.

According to the Second Round Agricultural Production Estimates Survey (APES) released by the Ministry of Agriculture, Irrigation and Water Development by early April 2016, the country's main staple food, maize, has been projected to register a decline in yields of 12.4 % as compared to the also deficit production of 2014/15 planting season. In fact, the magnitude of the maize production reduction is even more pronounced at 42 % when the current production is compared with the season 2013 -2014, in which the country had some surplus to export. Available statistics show that this year's maize production is the lowest average in the past five years. The poor performance of other crops as rice, legumes, sorghum and groundnuts may compound the livelihoods of small-scale farmers, but particularly in central and southern areas of the country.

As result of the situation, and after facing two poor planting seasons, the vulnerability to economic and climate shocks of subsistence and small-scale farmers is very high and the development of negative coping mechanisms is likely. Particularly, the early sales of livestock and tools, combined with the misuse of seed reserves, pose a difficult situation to resume food production for the next planting season 2016 -2017, especially in isolated rural areas. Further, these negative coping mechanisms may also increase vulnerabilities to women and girls as they may be forced to engage in transactional sex and early marriages resulting in high STI and HIV infections, unintended pregnancies and consequently poor health and reduced productivity.

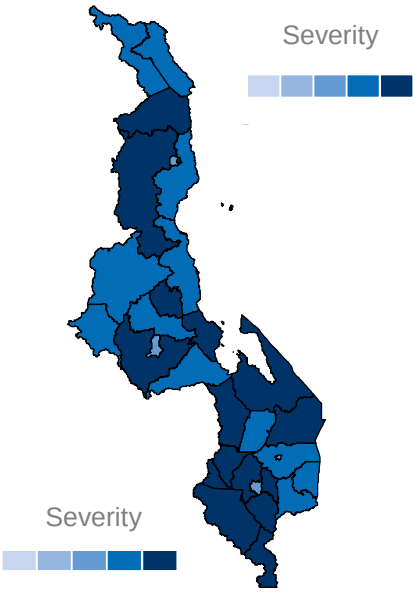
1.5.3.2 Humanitarian needs and affected population

Data available on crop conditions in the different regions indicate that cereals such as maize, sorghum, millet and rice will be scarce in southern and central districts during the second semester of 2016. Food prices will likely soar and vulnerable families and small-scale farmers will tend to sell their assets to buy maize and other staples to cater for family food requirements.

As part of the current crisis, subsistence and small-scale farmers are among the most affected groups. The most affected populations are located in the southern districts, being Neno, Blantyre Rural, Chikwawa, Nsanje, Thyolo, Mwanza, Mangochi, Machinga, Phalombe, Zomba and Balaka which are also the most affected districts by the dry-spells during the first quarter of 2016. Also, some districts in the Central region, including Salima and Ntcheu, will face food production shortages. In the Northern region, specifically in Rumphi and Karonga, small-scale farmers have also been hit by flash-floods during April 2016.

Small-scale farmers would require urgent support with seeds, inputs, livestock related activities (vaccinations, deworming, re-stocking of small ruminants, housing), water harvesting at household level to resume food production during the next planting season 2016 – 2017. Likewise, an integral approach which brings sustainable practices, knowledge and resilience on the agriculture interventions is highly necessary.

Agriculture Severity Map



1.5.4 WASH

1.5.3.0 Situation Analysis and pre-existing vulnerabilities

Protracted drought and risk of floods may result in high threats of outbreaks of WASH-related diseases. As the drought situation develops, the need for safe drinking water is increasing as groundwater tables lower and water sources dry up. Decreased water availability pushes communities to change water source, frequently to a lower or poor quality supply such as unprotected wells which may result in dangerous waterborne diseases. Similar situations can occur during floods, when people have no option but to use unprotected or polluted water sources. Scarcity of water sources during drought may increase the risk of remaining sources being contaminated by human and animal faeces or urine with high risk of transmission of infectious disease as the water reduces in volume and confined to limited spaces. This may also increase women's burden to fetch scarce water and provide care for the sick due to poor sanitation. Further it may affect girl's attendance in school as they mirror motherhood roles.
Hence women and children who often fetch water will travel longer distances. Scarcity of water raise risks of personal hygiene skin related disease.

According to the 2015 Joint Monitoring Programme (JMP) Update, only 41% of Malawian population have access to improved sanitation while access to clean water supply stands at 90%. This is a significant progress from 1990 where access to sanitation and clean water stood at 29% and 42% respectively. Coverage of water supply looks high but actual use can be intermittent due to high rate of service breakdown due to flooding, recurrent drought and inadequate operation and maintenance. Furthermore, although coverage for community water supply and sanitation is relatively high, WASH related diseases, such as diarrhoea, continue to be the second highest killers of children in Malawi. According to the JMP Update of 2015, handwashing with soap was very low at 3%. Malawi is highly vulnerable to severe natural shocks such as flooding and Cholera (1,643 cases since December 2015, with 43 deaths). Emergency WASH response plays a critical role in saving lives of children and alleviating human suffering.

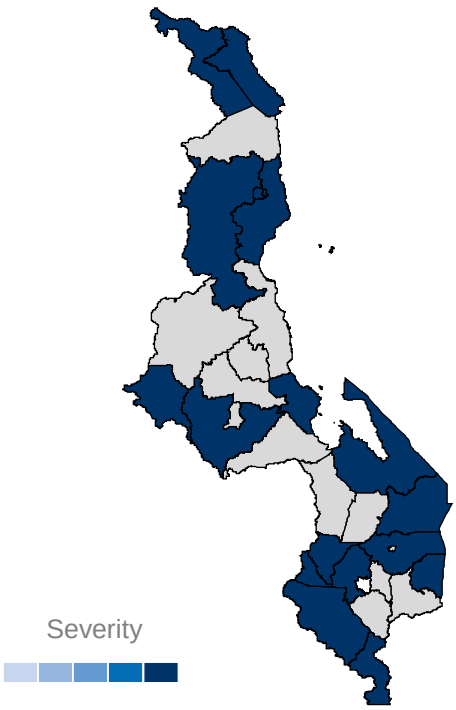
1.5.3.3 Humanitarian needs and affected population

In all drought affected locations of the country, there are reports indicating women and girls in particular having to travel longer distances and spending more time collecting water. In most cases, the water collected is not sufficient to meet families' daily needs. Moreover, the drought situation has also exacerbated the poor water quality that characterizes most of groundwater aquifers in these drought prone areas. Field monitoring has noted, in some locations, the water salinity has increased to the point that it is non-drinkable while understanding of basic hygiene is still low.

Based on current population without access to safe water the WASH cluster estimates, about 1.55 million people are in need the cluster will however target 775,000 people with safe water, lifesaving supplies and sanitation facilities.

The WASH cluster's integrated interventions include the rehabilitation of water points, the improvement of rural sanitation with the extension of the program of Community-Led Total Sanitation, and the distribution of up to 17 tons of emergency supplies for water, sanitation and hygiene, prioritized for families with children. WASH sector will further respond to support institutions which will be affected by the increase in number of children and pupils in NRUs and CBCC due to food insecurity by improving sanitation and hygiene.

WASH Severity Map



1.5.4 Health

1.5.4.1 Situation Analysis and pre-existing vulnerabilities

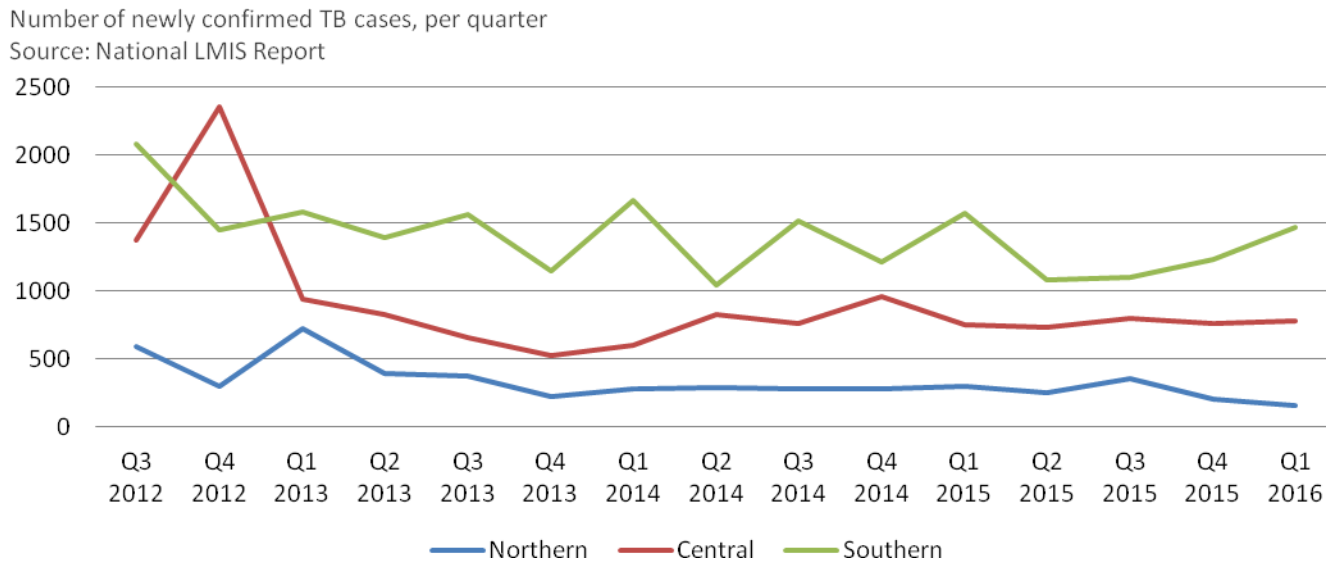
The El Niño and La Nina phenomena are major concerns to global public health in Malawi. Health effects related to drought or floods include death, illness, nutrition-related effects (including general malnutrition and mortality, micronutrient malnutrition, and anti-nutrient consumption); water-related disease (including E coli, cholera); airborne and dust-related disease (including Acute Respiratory Infections); vector borne disease (including malaria, dengue and chikungunya); mental health effects (including distress and other emotional consequences); and other health effects (including heat waves, and damage to infrastructure). Individual and population vulnerability and resilience factors are critical in exacerbating or mitigating any drought or flood-related impact. These may also be associated with psychosocial effects and limited access to health services.

The loss of livelihoods may cause increased financial barriers to access health services, which may lead to reduced or delayed access to treatment and care, increasing risks for complications and case fatality rates. Malnutrition moreover increases the risk of maternal health complication including obstructed labor, premature or low-birth-weight newborns and postpartum hemorrhage.

In the Lower Shire and Lakeshore districts, long droughts can be associated with heat waves during the summer, with concerning effets on health. Drought could also contribute to the mass migration of people fleeing conditions where sustaining livelihoods is no longer possible. Re-settlement may expose people to new infections which may result into disease outbreaks and increased mortality rates. In addition, migration may lead to congestion, spread of infectious diseases due to poor sanitation, hygiene, unsafe water supply and sexual abuse and gender based violence. There may also be overcrowding in the health facilities and increased workload of staff which may affect the quality of services. Drought affects the production of electricity with negative effects on the delivery of health services such as sterilization, good storage practice and cold chain, surgical procedures and general lighting.

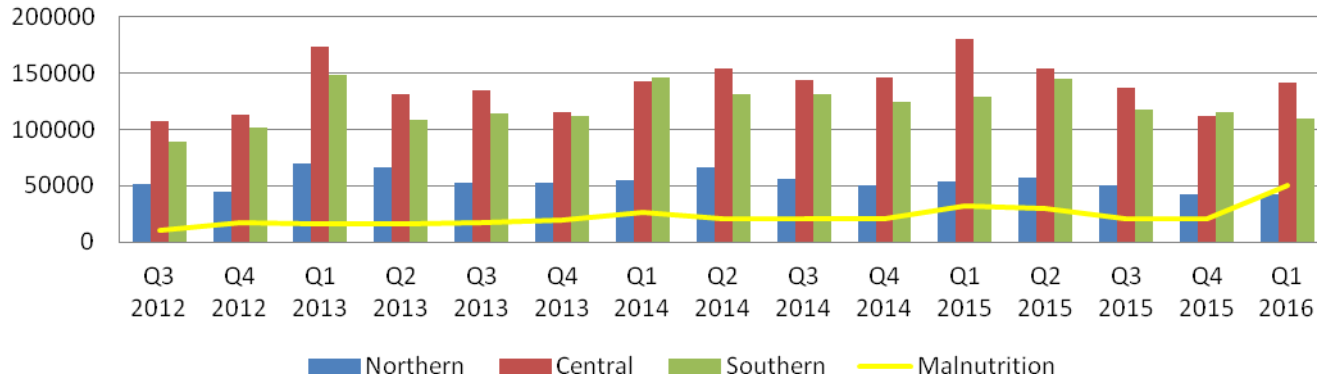
Effects of many years' crises on the health system and the risk on the disease burden

The magnitude of health impacts associated with El Niño and La Niña will vary depending on local health vulnerabilities and preparedness and response capacities, as well as how intensely El Niño influences the local climate of an area. As shown by the graph below, the number of newly confirmed TB cases is registering a growth trend in since Q2 of 2015, especially in the southern region which has been more affected by drought.

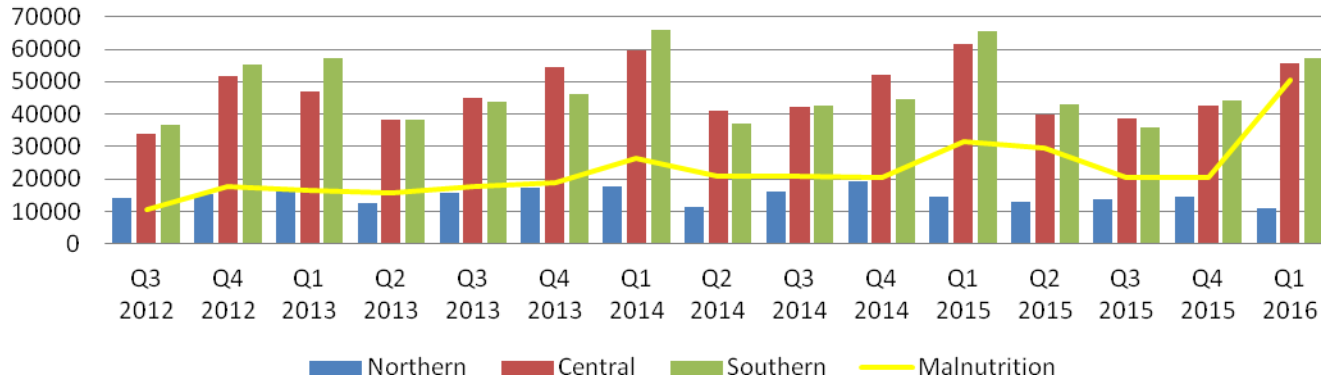


A similar consideration may be pointed out regarding major children U5 killers such as ARI and diarrheal diseases and the increasing national malnutrition trend registered in the last years. As shown in the graphs below trends of ARI and non-bloody diarrhea are not registering a decrease in most affected region of the country.

Number of new cases of ARI vs national malnutrition
Source: National LMIS Report



Graph: Number of new cases non-bloody diarrhea vs national malnutrition
Source: National LMIS Report



1.5.4.2 Humanitarian needs and affected population

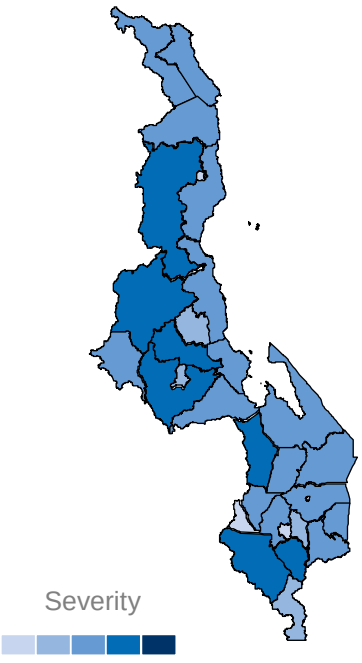
It has been estimated that about 2,520,000 vulnerable people are the most at risk and these will be targeted by the health cluster. These include women of child bearing age, and under five children. Other groups include the elderly, chronically ill and people with disabilities**.**

It is estimated that 126,000 people are likely to be affected by cholera and other disease outbreaks such as measles, eye infections, typhoid, skin conditions and Malaria; and therefore will need essential health care drugs and supplies. An outbreak of cholera started in Machinga district on 18th December 2015 and as of 4th June 2016, a cumulative of 1643 cases with 43 deaths have been reported in 14 out of 28 districts.

About 1,449,000 women of childbearing age will require reproductive health services (family planning, dignity kits) out of which 450,000 will require emergency obstetric care services and nutrition support.
In addition, 1,071,000 under five children will require integrated child health services; while 93, 500 severely acute malnourished under-five children will require medical services in Nutrition Rehabilitation Units.

It is projected that for 2017, 2,656,147 people will need to continue their long-term treatment; ART- 608,208, TB drugs – 425,617, Hypertension - 1,592,640 and Diabetes – 29,682. Malnutrition is likely to interfere or complicate ART and TB treatment and therefore such clients will have to be considered for food rations. Additional mobile clinics may be conducted to meet increased demand for essential health packages.

Health Severity Map



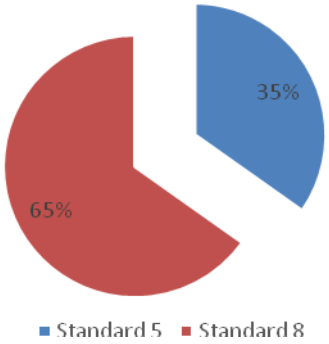
1.5.5 Education

1.5.5.1 Situation Analysis and pre-existing vulnerabilities

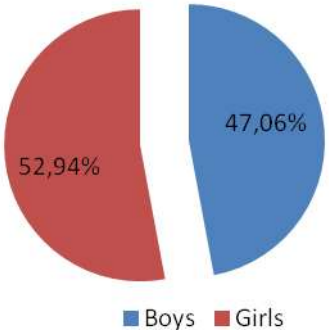
Food and livelihood insecurity keeps many children out of school. Food insecure households tend to use children for labor to secure income to buy food which increases child abuse. Girls including those in schools engage in transactional sex, often unprotected, resulting in sexually transmitted diseases, including HIV/AIDS, and early pregnancies/marriages. Studies have revealed that hungry and malnourished children especially girls, demonstrate poor concentration in class, skip homework, perform poorly, and eventually drop out of school.

The 2014 Ministry of Education Science and Technology EMIS[12] report for survival rates for Standards 5 and 8 (which also indicate the magnitude of dropouts) from 2008 to 2014 indicate that in years of poor harvest, such as 2008/2009, 2011/2012, 2013/2014 growing season, where maize production dropped, the survival rates for Standards 5 and 8 decreased as indicated in the table and graphs below. This is in addition to other factors such as early marriages, lack of school fees and sickness. As shown in the graphs below, the situation mostly affects girls whose rate of drop-out from Standard 5 when compared to Standard 8 has been registering a high average of 52.94% in the last four years.

Female dropout Std. 5 vs Std. 8, 2008 to 2014
Source: Education Cluster

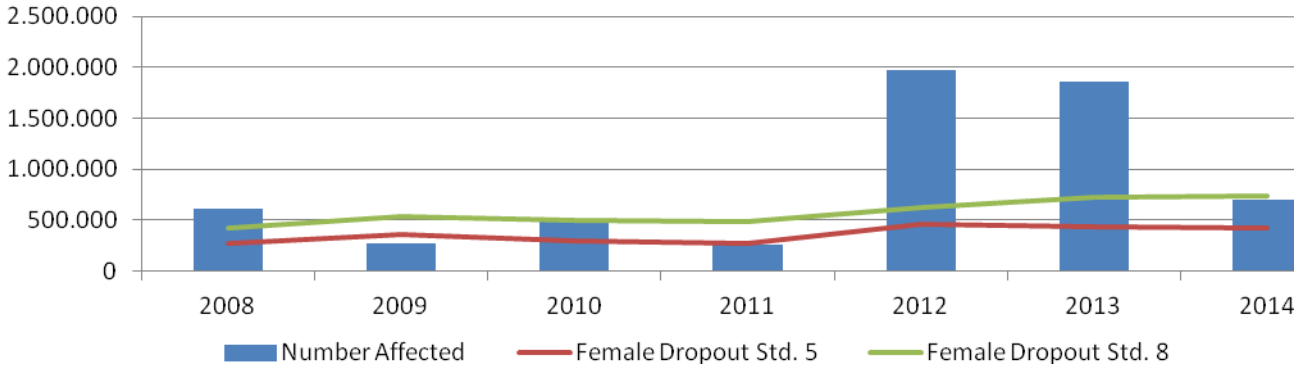


Dropout rate, Std. 8 boys vs Std. 8 girls, 2008 to 2014
Source: Education Cluster



It is interesting to note how this growing rate of female dropout is following the trend of number of people affected by drought and floods (source WFP, VAM) in the last years.

Number affected vs female school dropout, per annum
Source: WFP and Education CLuster



Hunger constitutes one of the most important shocks that can disrupt school attendance and resultant dropouts. A study[13] commissioned by University of Malawi, during the 2002 hunger crisis in Malawi found that food shortages

[12] Ministry of Education Science and Technology, Department of Education Planning , Education Management Information System (EMIS) 2014
[13] School feeding, seasonality and schooling outcomes: A case study from Malawi, Carmen Burbano and Aulo Gelli, 2009

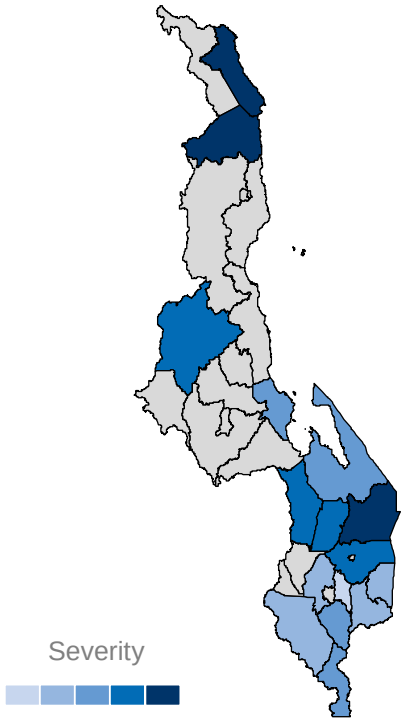
increased student absenteeism rates, particularly in the peak food shortage months, promoted erratic student attendance and increased drop-out rates. According to the study, 12 % of primary school children had dropped out of school in 2001 and 9 % in 2002, specifically due to food shortages. The study found that children living in rural areas were 30 % more likely to drop out of school due to food shortages than children living in urban areas.

1.5.5.2 Humanitarian needs and affected population

The current crisis is already contributing to non-enrolment, low attendance and drop-out rates, especially of girls and other vulnerable children.
Observations from drought affected schools in the southern parts of Malawi indicate that children from poor families are not able to attend school as they spend most of the time looking for food for the family. One of the cluster partners, Development Aid from People to People (DAPP) in its report presented at the 10th February Education cluster meeting, indicated that children in 60 of the schools it is supporting in Phalombe, Chikwawa and Nsanje in partnership with UNICEF has been experiencing absenteeism of learners including outright drop out as children are used as casual labour on wealthy household crop fields in order to earn income to purchase food for the families.

MVAC report of of June 2016 indicates that 6.5 million people would be affected by the 2016/2017 food insecurity emergency. The Education cluster estimates 20% (1.3 million) of these are children. Out of these, 520,000 will be children aged 3 to 18 years in need of education support. The cluster target is 40% (208,000) of the 3 to 18-year-old children and for which support is sought.

Education Severity Map

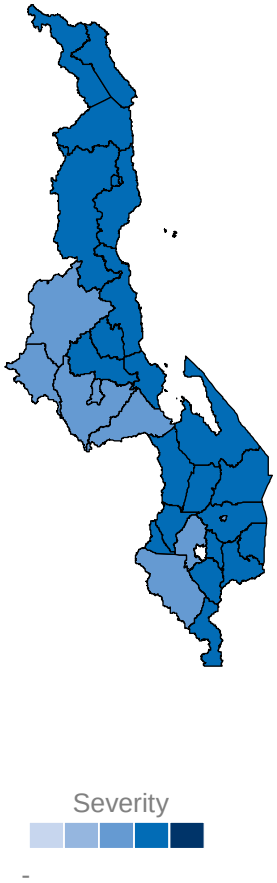


1.5.6 Protection

1.5.6.1 Situation Analysis and pre-existing vulnerabilities

Violence and abuse, trafficking sexual exploitation, GBV, limited access to services by vulnerable groups including children, women, people with disabilities, HIV/AIDS affected persons, and, among the others, elderly people is on the increase. There is a growing risk of community tension particularly in areas that have seen an influx of populations such as IDP or asylum seekers as it compounds the already prevailing economic, environmental, social and, at times, political difficulties.

Protection Severity Map



1.5.6.2 Humanitarian needs and affected population

Of the current 6.5 million people affected by the food shortage in Malawi , 3.4 million are people under the age of 18, 1 in 6 children in Malawi are vulnerable to violence, abuse, exploitation and neglect, and at risk to and from HIV and AIDS. Of the 53% children from the total refugee population in Malawi, only 40% are attending school or engaged in vocational skills training.

According to the National Plan of Action for Vulnerable Children in Malawi, 2015, 9. 2 % of vulnerable children in Malawi live in the Northern Region, 42. 8% live in the Central Region and 48% live in the Southern Region. There are approximately 160,000 children with disabilities in Malawi and approximately 155,000 children were projected to be living with HIV/AIDS by 2015.

Recent assessments also show that the prevailing poverty, disasters and displacements, lack of livelihoods have escalated the number of incidences. For example, **sex for food cases** have been variously reported, some women and girls were allegedly asked to give sex in exchange to be transported to safer zones by local water transport owners during floods. Some community mechanisms established have also reportedly turned out exploitative to the beneficiaries. **These negative coping alternatives have direct impact on HIV transmission.**

Some men also leave the IDP camps to go and fend for themselves leaving behind their wives and children without proper house hold protection, making them vulnerable.

With the occurring of recurrent disasters causing deaths, displacements, separation from families, famine, diseases, loss of property and experiencing refugee influx, the need for psycho-social support for those affected is very high. Unfortunately, this component of service has serious gaps. During the 2015 flooding which was registered as the worst in decades, no professional counseling was offered to the victims and families of those who lost their lives. These affected emotional recovery for the affected communities and ultimately resulted in poor coping mechanism and their ability to be productive.

2.0 RESPONSE STRATEGY

2.1 Scope of response

The scope of the plan is based on the analyses from the humanitarian clusters and the MVAC assessment. It focuses on immediate humanitarian needs as well as interventions that aim to reduce the impact of drought on vulnerable groups including children, pregnant women, child-headed households, the elderly and households dependant on rain-fed agriculture who are left destitute as a consequence of the drought emergency. The response aims to strengthen the overall coordination and monitoring of the response led by DODMA to ensure early action on gap areas. The reponse plan will be linked to other response strategies like the resultant strategy from the Post Disaster Needs Assessment (PDNA).

The response will be implemented in a multisectoral nature and all the sector responses will be coordinating with each other to ensure maximum impact. While recognizing that the response is multisectoral, the response interventions will also be implemented in coordination with ongoing interventions like Public Works Programs, Social Cash Transfers. The Food Security component will be delivered through cash based transfers and in kind food assistance. A market assessment conducted in June 2016, recommends that 73.4 percent of the affected population be reached with in kind food assistance while the remaining 26.6 percent through cash based transfers. The needs of the affected people vary some like in Nsanje will be supported from the month of July 2016 to March 2017.

2.2 Implementing strategy and monitoring

The current plan will be implemented as a joint effort between the Government of Malawi and the UN through the humanitarian clusters. The drought response plans seek to complement on-going and planned government interventions, builds on the collective efforts of the members of the humanitarian clusters; in line with the government priorities and the SADC Regional Appeal.

At the central level, relevant government sectors and cluster co-leads in the relevant areas of interventions, will provide technical, coordination and leadership support to guide and prioritize interventions and agree on the most effective implementation modalities. At the implementation level, and in consultation with local government authorities and the affected communities, the plan will be coordinated by the humanitarian clusters and implemented through on-going partnerships with both national and international NGOs with proven capacities to intervene in the affected districts.

Strategic and cluster objectives have been developed around the priorities for humanitarian assistance of the affected population by means of a Need Comparison Tool shared with clusters, utilized and validated by them[14]. In order to be able to measure each cluster objective, the cluster leads in coordination with the cluster members and Government counterparts identified a set of priority activities and outputs with defined targets and baselines (as available) or based on their expert judgment when data were not available. Indicators from the cluster plans will be used to monitor achievements against the planned objectives. The cluster will regularly monitor outputs and achievements by each participating partner. Mainstreaming of gender, HIV/AIDS, human rights, resilience and other cross-cutting issues will be promoted within the response process.

The plan will focus on a coordinated and integrated approach among the concerned sectors to enable synergies in the response activities. The response will build on efforts during the 2015/2016 MVAC response to link up humanitarian support with on-going programmes to build resilience to better cope with shocks.

[14] Kindly refer to ANNEX 1 for methodology

2.3 Strategic objectives and indicators

STRATEGIC OBJECTIVE 1: IMMEDIATE ASSISTANCE
To provide immediate life-saving and life-sustaining assistance to the population affected by droughts through provision of food, essential commodities and health focused activities

Indicator	In need	Baseline	Target
Percentage of the targeted food insecure population with stabilized or improved food consumption over the response period	6.5 million	0	100%
Percentage of the targeted food insecure population with stabilized or reduced coping strategy index	6.5 million	0	100%
# of vulnerable districts assisted with supplies of essential medical drugs	24	4	18
Percentage of Children < 5 years old with severe and moderate acute malnutrition receiving treatment at nutrition rehabilitation or supplementary feeding program	360,561		65%

STRATEGIC OBJECTIVE 2: MEDIUM TERM RECOVERY
To support the restoration of the livelihoods of drought-affected population through resilience-building activities

Indicator	In need	Baseline	Target
# number of farmers supported with seed	5.1 million	0	1.85 million
Percentage of households participating in recovery, complementary and resilience activities, by gender of household head	1.1 million		20%
# farmers benefiting from livestock restocking	1.85		28.5

STRATEGIC OBJECTIVE 3: CROSS CUTTING ISSUES
Ensure the mainstreaming of cross cutting issues (Gender, Protection, HIV/AIDS) in drought response through coordination among the HCT members and with the government in the assessment, implementation and monitoring of the response

Indicator	In Need	Baseline	Target
# of Protection coordination structures established at district level	24	5	10
# of awareness raising campaigns on cross cutting issues conducted	96	13	40
# of relief aid distributors trained in Protection	120	15	50
Proportion of beneficiaries informed about the relief programme (who is included, what people will receive and where to complain to			80%

STRATEGIC OBJECTIVE 4:
To ensure improved and equitable access to and use of life saving nutritional services for vulnerable children (boys and girls) and pregnant, lactating women (PLW) and people living with hiv and aids (PLHIV) at the community and facility level that meet national and internationally recommended minimum standard of care for a population affected by an emergency

Indicator	In Need	Baseline	Target
Percentage of Children < 5 years old with severe and moderate acute malnutrition receiving treatment at nutrition rehabilitation or supplementary feeding program	436,666		70%
Proportion of malnourished People living with HIV and AIDS (PLHIV)	97,400		70%

2.4 Cluster plans

The following cluster response plans were elaborated by the humanitarian clusters in line with the Government's priorities in terms of needs to be addressed during July 2016 to March 2017. The main sectors in the Food Insecurity Response Plan (FIRP) are Food Security, Nutrition, Agriculture, Health, Education, Protection and WASH. Protection cluster addresses mainstreaming of protection and gender issues in the response. The education cluster ensure that learning is sustained in the drought affected areas.

In terms of funding priorities, the priority cluster is the Food Security Cluster, providing food assistance to acutely food insecure people in response to the MVAC report. The response includes an expansion of the emergency school feeding to a total of 166,400 learners until the end of the school year and the interventions for the agriculture/livestock targeting 1.85 million farmers is approximatley US$ 29.2 million.

The Food Security Cluster members managed to secure a total of US$64.2 million out of the total US $ 307.505 million, leaving US$ 243.305 million still to be mobilized.

The interventions planned for the provision of water and sanitation services are estimated to cost US$ 22.088 million and the cluster has not yet mobilized any funds, thus, the funding gap is at US$ 22.088 million. The nutrition emergency response is estimated to cost US$ 14.07 million for 12 months including purchase of essential supplies and equipment, training and deployment of volunteers. So far the nutrition cluster has mobilized US$ 677,000, leaving a resource gap of US$ 13.4 million. The Protection and Education clusters interventions estimated a total funding requirements of US$ 306,926 million and US $4.237 million respectively.

PEOPLE IN NEED
6.5 million

PEOPLE TARGETED
6.5 million

REQUIREMENTS (US$)
395.13 million.

Confirmed pledges – US $
91.32 million

Resource Gap – US $
303.81 million

Summary Cluster Budgets

	CLUSTER	Target Population	Total Budget (US $)	Confirmed Pledges (US $)	Resource Gap (US $)
1	Food Security	Cash – 1,789,925 Food – 4,701,922 **Total – 6,491,847**	307,505,000	64,200,000[15]	243,305,000
2	Agriculture	1.85 million	30,800,000	1,660,000[16]	29,140,000
3	WASH	775,000	22,087,500	0	22,087,500
4	Nutrition	312,210	29,148,630	25,461,712	3,686,918
5	Protection	3 million	306,926	0	306,926
6	Education	208,000	4,237,255	0	4,237,255
7	Health	2.52 million	1,046,500	0	1,046,500
	Totals	**6,491,847**	**395,131,811**	**91,321,712**	**303,810,099**

[15] US $55 million is carry over from last humanitarian response; US $10 million is inkind donation of rice by the Government of China
[16] US $610,000 from One UN Fund; US $800,000 from ECHO; US $50,000 from USAID and US $200,000 other dources

2.4.1 FOOD SECURITY CLUSTER: Food Assistance component

Lead Agency: DoDMA
Contact information: Scholastica Chidyaonga, st.chidyaonga@gmail.com

Co- Lead agency: World Food Programme (WFP)
Contact information: Duncan Ndhlovu, Duncan.ndhlovu@wfp.org

PEOPLE IN NEED
6.5 million

PEOPLE TARGETED
6.5 million

REQUIREMENTS (US$)
307.505 million.

Confirmed pledges – US $ 64.2 million

Resource Gap – US $ 243.305 million

Cluster Response Strategy

Scope of the response:

Based on recommendations from the MVAC, the food security cluster will provide lean season life-saving relief food assistance targeting 236,028 beneficiaries in July 2016, reaching the peak of 6.5 million people by January 2017. Assistance will be provided in the most food insecure areas in all the 24 affected districts identified by the MVAC.

The food security cluster plans to provide relief food assistance to all the 6.5 million in need of humanitarian food assistance during the lean season from July 2016 to March 2017 through general food distributions using either food, cash or vouchers or a combination of these (as appropriate) for acutely food-insecure and labour-constrained households. The cluster will provide cash based transfers (CBT) to 27 percent of the affected food insecure households in 17 districts determined to have functional markets by the MVAC market assessment. The remaining 73 percent of the households will assisted through in-kind food transfers. There will be need for flexibility on transfer mechanisms recommended by the MVAC market assessment-based on gound reality checks if the MVAC recommendations seem to be unfeasible or limited. The proportion CBT beneficiairies may increase, if implementing agencies manage to directly engage with private traders, to support use of cash vouchers.

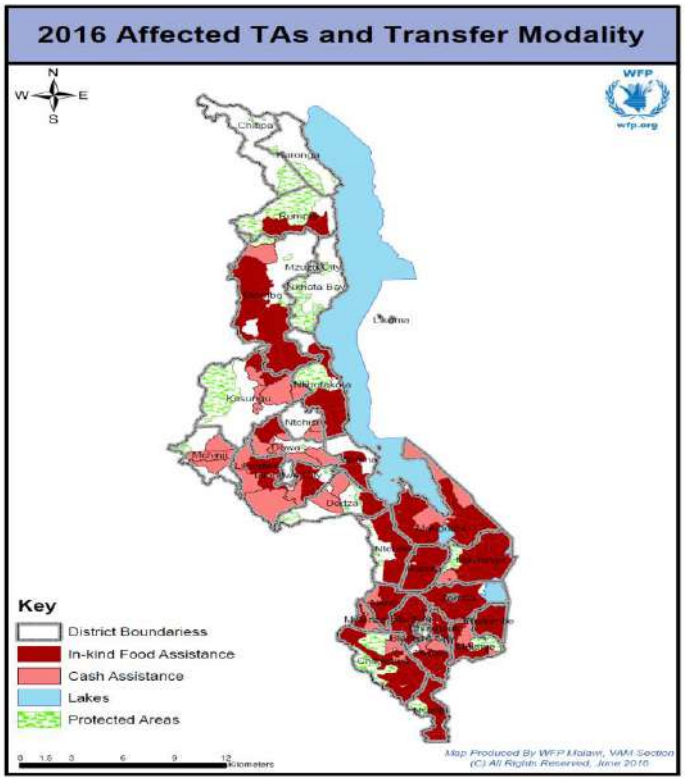


Figure 5: Map of Malawi –Affected areas and transfer modalities

Food basket and beneficiaries:
The response will take the form of either in-kind food distributions, cash and voucher transfers or a combination of these, depending on the location and functionality of the markets at any point in time. There will also be flexibility for switching from one modality to another as determined by market conditions. However, trigger factors and thresholds for the switch will be determined before the beginning of the response enable adequate preparatory arrangements to support effective roll out of any plan for the predermined transfer modality switch or the use of a combination.

Targeted households in locations designated to receive in-kind food assistance will receive on a monthly basis cereals, pulses and vegetable oil. Pregnant and lactating women (PLW) and children aged 6-23 months in households receiving emergency food assistance will be provided with special nutritious foods to prevent acute malnutrition and micronutrient deficiencies: PLW will receive Super Cereal while children will receive Super Cereal Plus[17]. Corresponding monthly household cash transfer values will be pegged to the prevailing retail cost of this food basket. However, households with PLW and children aged 6-23 months receiving CBT will be provided with an extra cash transfer to purchase alternatives commonly available in local markets such as eggs, fish or other animal products. PLW and children aged 6-23 months in families receiving CBT in locations where Supercereal will be available on local malrkes will be provided with a voucher to exchange for Super Cereal in local markets. A retailer assessment will be conducted to facilitate precise geographic targeting of the vouchers.

The MVAC report estimated that the monthly food requirement for each affected household is around 50 kg of cereal (or equivalent value), after taking into account other household food and income sources. The cluster agreed that the cereals would be complemented with 10kgs of pulses and 1.84 kgs vegetable oil per household per month, for an average household of 5.5 members. Pregnant and lactating women and children aged 24-59 months will each receive 6kgs of Supercereal and Supercereal Plus respectively.

The cost of the cash transfer will be reviewed, and adjusted if needed, on a monthly basis. As such, the cost of the cash transfer may be different across the targeted areas, as it is based on the market prices in each location. Market prices, food commodity supply, availability and trader behaviour will be closely monitored throughout the project cycle.

For budgeting purposes, the transfer value will also include a buffer value per beneficiary household per month to account for any unprecedented increases in the cost of food in the market between the commencement of the programme and when the food prices might reach an inefficient cost level for this transfer modality.

Both mobile money and bank accounts will be used to transfer cash based assistance where appropriate based on capacity and current coverage of each financial service provider. Distributions will be organized at predetermined final distribution points while some CBT beneficiaries will be able to cash out from ATM machines and mobile money agents.Donor visibility will be ensured in all distribution/transfer activities. In addition, In addition, press releases through local and/or international media will be issued upon confirmation of a donor contribution. Commodity packages will contain the donor logos when relevant and as stipulated in contribution agreements. Regular donor/press field visits will be organized.

Complementary activities:
In order to deliver a holistic response, the cluster will also provide complementary activities, including a focus on productive asset creation, that support a gradual transition from relief to recovery and resilience building integrated into long-term social support, while ensuring provision of nutrition-sensitive food assistance that meets the needs as well as gender and protection concerns of women, girls, boys and men equally. Where possible, participation in complementary recovery and resilience-building activities implemented by partners and attendance in social behavioural change communication (SBCC) initiatives will be encouraged, to catalyse the recovery process and facilitate linkages to long term resilience activities. Gender differentiated vulnerabilities will be taken into account in selecting activities and establishing work norms. SBCC focuses on nutrition, agriculture and food security, water, sanitation and hygiene, gender and protection messaging.

A possible menu of these complementary activities include specialized training on village savings and loans,

[17] Provision of nutition food under the relief opration aims at prevention of malnution while the onging Supplementary Feeding in health facilities aims at treatment of malnutrition.

nutrition and child care, group and/or back yard farming, compost making, manually dug shallow wells, repair of feeder roads, stone collection and piling for future use in construction, de-siltation of water ponds and drainage channels, rehabilitation of schools, clinics, latrines; raising vertiver and fruit and forest tree seedlings,local house / core shelter / construction for poorest families (based on availability of materials), preparation of landfills , for garbage collection and safe disposal.

The cluster will also ensure linkages and complementarity with government and partner social protection and resilience-building programmes. In cases of overlaps between the relief assistance and other social protection programmes, the cluster will ensure that assistance meets the overall beneficiary household's food gap. For instance, as the actual transfer value for SCT is low, it will be necessary to support automatic inclusion of the SCT beneficiaries in the relief assistance programme in all food insecure areas. The main aim will be to ensure that SCT beneficiaires receive the necessary humanitarian assistance during the lean season. The food security cluster plans to provide for a top up transfer value for all SCT beneficiaries under the CBT component of the relief response. For SCT beneficiaries targeted under the in-kind food support, targeting them will assist in freeing up money received from SCT for other necessities besides food, allowing a person to build an asset base, and long-term resilience to future shocks.

Using Theatre for Development for promoting Social Behavioural Change:

The food security cluster plans to leverage the community mobilization created by the MVAC response to contribute towards positive change at individual and community levels to reinforce and contribute towards social behavioral change. Recognizing that Social and Behavior Change Communication (SBCC) is a long-term process and that mind-sets are difficult to transform in a 3-6 month response, the cluster aims to contribute towards the immediate to middle term steps along an SBCC continuum in affected communities. As such, communities will move within the continuum (bolded), from being Unaware to becoming Aware, then Concerned, then knowledgeable, then Motivated to change; Practicing trial behavior change then ultimately Sustained behavior change.

The Theater for Development approach will be employed to address the challenges faced in behavior change communications by involving communities as active participants in forming appropriate messaging, and presenting this in an interactive way that involves people and is entertaining. The methodology integrates ideas in entertainment-education, development communication, theater for development and theater of the oppressed, to create an approach that is interactive, community-driven and reflects the local situation. As opposed to communication methods in which messages are created first, and then artists are recruited solely for dissemination, this methodology appreciates that artists should explore complex issues and solutions themselves, making them more informed and grounded advocates. The consequence of this process results in a product that is at once exciting, tangible and impactful to drive further discussion about these issues in the community, while developing the creative and leadership skills of the participants.

Targeting and beneficiary registration:

Targeting will need to be improved significantly by involving a wider range of stakeholders (at all levels-district-community) including those that are not directly involved to ensure transparency, openness and accountability. Beneficiary households will be targeted based on criteria agreed in the Joint Emergency Food Assistance Programme manual[18] through a process that will be facilitated by this wider stakeholder involvement. Implementing NGO partners in collaboration with the District Council counterparts as the District Civil Protection Committee (an inter-sectoral and multi-agency body on humanitarian affairs) will facilitate and closely monitor community sensitizations, register targeted beneficiaries and issue ration cards in liaison with the village civil protection committees.

Beneficiary verification will be a continuous process of checking and eliminating inclusion/exclusion errors, to make sure that the programme targets the right beneficiaries. Verification of beneficiaries at community level through door to door, community random interviews (both non-beneficiaries and beneficiaries). Both targeting and the exclusion criteria will be used as a checklist to determine inclusion and exclusion errors to verify the eligibility of the benefiting household.

[18] The JEFAP criteria include a set of economic and social indicators –which define people living with HIV and AIDS as a priority vulnerable group

In order to improve food and nutrition security of the affected households that have a member living with HIV during the peak lean season, people living with HIV and their households shall be prioritised for food assistance following the targeting guidelines while in addition, they will be encouraged to access health facilities so that they can be screened for malnutrition and have access to fortified blended foods as well as treatment.

For easy check of duplication, an electronic system called SCOPE[19], will be used. SCOPE was initially developed as the digital platform for Cash-Based Transfer (CBT) solutions to manage beneficiary information, formulate transfer instructions, and record assistance delivered across card, cash or digital means, allowing WFP to remain at the leading edge of applied technology in humanitarian assistance programmes. It is being progressively deployed to all cash-based transfer operations, as well as in-kind operations.

Implementing partners will share with cash based assistance providers (the designated bank and/or mobile money service providers) the final list of beneficiaries for registration on to their delivery platforms. This list will be regularly updated based on changes resulting from the feedback on the verification exercise.

Accountability to Beneficiaries and Handling Issues of Concern:

The cluster will put more emphasis on listening to/giving a voice to disaster affected populations through a two-way communication and accountability that includes more than the traditional means-suggestion boxes and SMS. In coordination with the Protection Cluster, the Food Security Cluster will organize training workshops at the beginning of the operation to orient the implementing partner staff, government counterparts and community representatives on the accountability mechanisms for the response. A package of common messaging for different stakeholders about the response including project's objectives, duration, funding, targeting, beneficiary entitlements, complaints, feedback and referral mechanisms, complementary programming and phase out arrangements will be updated and shared with all partners and beneficiary communities.

At the district level, the District Commissioner (DC) is the focal point for complaints from all stakeholders at all levels in their district. At the community level, focus group discussions will be conducted by the response lead organization in collaboration with a district level multi-stakeholder team as part of the post distribution monitoring process provide a forum for both beneficiaries and non-beneficiaries to present their complaints face-to face on the response programme. The mobile money platform has accountability and complaints structures such as hotlines already in place. A toll-free line and human resources will be in place to assist beneficiaries with all their queries and issues. For the bank service, dedicated bank staff members will be deployed to designated cash distribution points during and after distributions to handle beneficiary complaints.

Implementation Coordination:
At the central level, DoDMA takes the overall coordination role chairing the Humanitarian Response Committee and the Food Security Cluster. WFP as a co-lead of the Food Security Cluster will support DoDMA with the response planning and implemention coordination. At the district level, the response will be coordinated through the District Councils and District Executive Committees. A strong multi-stakeholder team will be engaged to ensure an inclusive implementation process of the response. At national level, there will a food security cluster technical working group to discuss implementation design issues around food basket, transfer modality switch, price monitoring, monitoring and evaluation.

As per coordination agreements, WFP will lead the provition of food assistance to 4,701,922 beneficiaries recommended for in-kind food assistance. There are 1,789,925 beneficiaries that are recommended for cash transfers.

[19] SCOPE is WFP's corporate tool for beneficiary and transfer management and it has capability to capture biometrics

Monitoring and Evaluation:

A baseline study will be conducted at the beginning of the response and follow up assessments in all the targeted districts to assess progress and outcome of the interventions. Implementing partners in collaboration with all relevant district stakeholders will conduct on-site and post-distribution monitoring for the food and cash to determine if the intended beneficiaries are able to access their full monthly entitlements at the right time, resulting changes in their food security status as well as check if there are other operational issues. For the purpose of enhanced coordination and joint multistakeholder learning/monitoring visits will be organized with cooperating partner representatives, donors, UN agencies and Government representatives.

Implementing partners will monitor the market prices of both food and other commodities carefully especially in places where cash and voucher transfers will be implemented. Adjustments to the monthly transfer values as well as decision on switching between transfer modalities will be made based on this monitoring.

The cluster will institute an inter-agency independent team to set up and manage a real time monitoring and evaluation system that will ensure that the response catches issues and improves in real time without relying only on MVAC and FEWSNET follow up assessments. The system will ideally involve some actors not involved in the response to increase objectivity, transparency and accountability. This team will support a greater joined up thinking, inclusion and action at district level through inter-agency assessments, monitoring, pooling, use of inter-agency district wide logistical and other resources.

4.1.2 Objectives and Proposed Activities

1. Provide immediate life saving food assistance				
Outcome Stabilized or improved food consumption over assistance period for targeted households and/or individuals				
Activities	**Locations**	**Indicator**	**Baseline**	**Target**
Develop funding proposal and finalise contribution agreements with donors	n/a	n/a	0	tbd
Formalising partnerships with implementing partners including financial and transport service providers	N/A	# of partners	0	tbd
Food procurement	N/A	Mt procured	0	tbd
Launch emergency response (a monthly household food basket)	In all 24 affected districts			
Facilitate monthly food/cash transfers	TBD	TBD	0	
Advocate for gender inclusive practices in the provision of immediate life saving food assistance				
Joint distribution, asset creation, post-distribution monitoring	In all 24 affected districts			
Progress reporting	For all 24 affected districts	Monthly, quarterly,		
Objective 2. Contribute to restoration of livelihoods and enhancing household and community resilience through complementary programme activities				
Outcomes 2. 1 Improved access to assets and/or basic services including community and market infrastructure 2.2 Community or livelihood assets built, restored or maintained by targeted households and communities				
Activities	**Locations**	**Indicator**	**Baseline**	**Target**
Facilitate early recovery livelihood based productive asset creation activities through complementary acivities	TBD	TBD	0	

Food Security Cluster Response Budget

Food Commodity Item	Tonnage	Total Cost (in million US$)	Confirmed Contribution (in million US$)	Resource Gap (in million US$)
Cereal (MT)	261,555	87.987		87.987
Pulses (MT)	52,311	37.272		37.272
Supercereal (MT)	15,536	9.469		9.469
Supercereal Plus (MT)	10,358	9.371		9.371
Vegetable Oil (MT)	9,625	7.796		7.796
Total	**349,385**	**151.895**		**151.895**
Associated Costs (US$)		**81.8**		**81.8**
Total Food and Assoc. costs		**233.695**	**64.200**	**169.495**
Cash and Vouchers transfers and Associated costs (US$)		**73.810**		**73.810**
Total Food & C&V		**307.505**	**64.200**	**243.305**

Food Security Monthly Resource Requirements for Food Transfers

	Beneficiaries	HH	Cereals (Mt)	Pulses (Mt)	Super Cereal (Mt)	Super Cereal Plus (Mt)	Oil (Mt)	Total (Mt)	Food Transfer		
									Food Cost (US$)	Associated Costs (US$)	Total Cost (US$)
Jul-16	223,358	40,611	2,031	406	121	80	75	2,712	1,179,203	635,042	1,814,244
Aug-16	928,049	168,736	8,437	1,687	501	334	310	11,270	4,899,569	2,638,588	7,538,157
Sep-16	1,577,334	286,788	14,339	2,868	852	568	528	19,155	8,327,421	4,484,606	12,812,027
Oct-16	2,771,801	503,964	25,198	5,040	1,497	998	927	33,660	14,633,528	7,880,663	22,514,192
Nov-16	4,352,301	791,327	39,566	7,913	2,350	1,567	1,456	52,853	22,977,666	12,374,271	35,351,937
Dec-16	4,628,316	841,512	42,076	8,415	2,499	1,666	1,548	56,205	24,434,869	13,159,025	37,593,894
Jan-17	4,763,284	866,052	43,303	8,661	2,572	1,715	1,594	57,844	25,147,423	13,542,761	38,690,183
Feb-17	4,763,284	866,052	43,303	8,661	2,572	1,715	1,594	57,844	25,147,423	13,542,761	38,690,183
Mar-17	4,763,284	866,052	43,303	8,661	2,572	1,715	1,594	57,844	25,147,423	13,542,761	38,690,183
Total			**261,555**	**52,311**	**15,536**	**10,358**	**9,625**	**349,385**	**151,894,524**	**81,800,477**	**233,695,002**

Food Security Monthly Resource Requirements for Food Transfers for Cash Transfers

Month	Beneficiaries	HH	Cash Transfers		
			Transfer Value	Associated Costs (US$)	Total CBT Cost (US$)
Jul-16	12,670	2,304	85,523	21,131	106,654
Aug-16	140,910	25,620	951,143	235,013	1,186,156
Sep-16	147,260	26,774	994,002	245,603	1,239,605
Oct-16	260,544	47,372	1,758,669	434,541	2,193,210
Nov-16	1,386,209	252,038	9,356,908	2,311,952	11,668,860
Dec-16	1,635,040	297,280	11,036,520	2,726,959	13,763,479
Jan-17	1,728,563	314,284	11,667,800	2,882,938	14,550,739
Feb-17	1,728,563	314,284	11,667,800	2,882,938	14,550,739
Mar-17	1,728,563	314,284	11,667,800	2,882,938	14,550,739
Total	**1,728,563**	**314,284**	**59,186,165**	**14,624,014**	**73,810,179**

Total Monthly Resource requirements for Food and Cash transfers

Month	Total Response Cost (US$)
Jul-16	1,920,898
Aug-16	8,724,313
Sep-16	14,051,632
Oct-16	24,707,401
Nov-16	47,020,797
Dec-16	51,357,373
Jan-17	53,240,922
Feb-17	53,240,922
Mar-17	53,240,922
Total	**307,505,181**

2.4.2 AGRICULTURE CLUSTER

Lead agency: Ministry of Agriculture, Irrigation and Water Development (MoAIWD)
Contact information:

Co- Lead agency: Food and Agriculture Organization of United Nations (FAO)
Contact information: Florence.rolle@fao.org

PEOPLE IN NEED
5.1 million (including 2.4 million severely affected by dry spells and 2.7 million that will not receive FISP support during the planting season 2016 – 2017)

PEOPLE TARGETED
1.85 million people affected severy by drought in food insecurity hotspots in 17 districts

REQUIREMENTS (US$)
30.8 million.

Confirmed pledges – US $ 1.66 million

Resource Gap – US $ 29.14 million

Cluster Objective

The main objective of the Agriculture Cluster will be protecting and improve livelihoods based coping capacities of the most vulnerable population at risk of hunger and malnutrition, maximizing resilience capacitites to face future shocks when possible. Based on this, the agriculture sector response will prioritize the following programmatic interventions:

- Basic provision of crop and livestock inputs (using cash-based or direct distribution approaches) to small-scale and vulnerable farmers affected by dry-spells.
- Support livestock farmers with vaccination campaigns against the most relevant and notifiable diseases which will be exacerbated by drought.
- Promote small-scale water harvesting and flood mitigation strategies in areas prone to cyclic hydrologic shocks and good soil and water management practices.

Cluster Response Strategy

The Agriculture cluster will provide support to 1.85 million persons (400,000 households) that have been severely affected in the Southern and Central regions of Malawi by dry spells and erratic rainfall patterns during the last 6 months. This will be done through the combination of distribution of livelihood kits (seeds, inputs) coupled with livestock support and small-scale water harvesting activities at household and community level. The cluster interventions aim at enabling most vulnerable and food insecure community members (with access to land and labor) to rebuild their productive capacity after two failed seasons in several districts. In the absence of such interventions, targeted farmers would face difficulties in obtaining needed inputs and resume food production, falling deeper into food insecurity and depletion of assets.

The assumptions taken for this response plan are informed by the May 2016 Malawi Vulnerability Assessment Committee Rapid Assessment (conducted during May 2016) and the second round of the Agriculture Production Estimation Survey results – APES (conducted in April 2016). Using the combination of these assessment result, the cluster will target the following 17 districts: Nsanje, Chikwawa, Balaka, Machinga, Mwanza, Neno, Salima, Kasungu, Ntcheu, Dedza, Phalombe, Chirazulu, Mangochi, Zomba, Blantyre, Mzimba and Thyolo. In those areas, food production has been affected widely and households will not be able to resume food production if support with inputs is not mobilized. In addition, support for winter/irrigation will be concentrated in irrigation potential areas.

The targeting process of potential beneficiaries and the design of the interventions will be closely coordinated with the Food Security and Nutrition Clusters, allowing agriculture cluster members to target households that have malnourished children or PLW. Likewise, interventions that strengthen the impact of food and cash assistance at district or TA level will be considered. The three intervention areas will be interlinked according to the food security conditions of the households, and whenever feasible, will be conducted in a complementary fashion. Likewise, the activities to be implemented by the Agriculture cluster members will be designed to bolster resilience at community and household levels, particularly with the likelihood to experience either more prolonged dry periods or flash floods during the next planting season 2016 – 2017.

In view of this situation, the Agriculture Cluster plans to articulate its activities with a clear prioritization strategies based on the level of funding available and also on the likely scenarios for the next planting season 2016 – 2017. In close coordination with other clusters as Food Security and Nutrition, specific criteria of vulnerability will be defined, trying to aggregate efforts and concentrate the impact of interventions. Likewise, taking advantage of the lessons learned from previous years, as a guiding principle for targeting are proposed the following:

- Small-scale farmers and vulnerable ones with access to land (at least 0.2 ha) and labour during both rainfed and winter season;
- Households that have reported losses of more that 50 percent of their crops during the last season and are located in areas in which severe damages have been reported by the different assessments conducted at district level;
- Feasibility of agriculture production, considering sustainability, links with ongoing resilience building activities and interlinkages with other cluster actions (particularly with nutrition and food assistance activities).
- Target farmers that will NOT receive the FISP (Farmer Input Subsidy Program) from the Government of Malawi during the last quarter of 2016.

To maximize allocated resources, the cluster will organize its operations along a season operational calendar divided per geographic area. Among the activities prioritized by the cluster member so far are the following:

REGION/ADD	ACTIVITIES TO BE PRIORITIZED BETWEEN JULY – SEPTEMBER /2016	ACTIVITIES TO BE PRIORITIZED BETWEEN OCTOBER /2016 – MARCH/2017	ACTIVITIES TO BE PRIORITIZED BETWEEN APRIL – SEPTEMBER /2017
SHIRE VALLEY (Lower basin of Shire River) High risk of seasonal floods during December/2015 – January/2016	• Seed replication activities (relying in existing initiatives); • Rapid community-based flood mitigation activities (De-silting of diversion canals, closing of minor river bank gaps, and preparing small barriers with sandbags to divert water and protect villages, houses and crops). • Livestock health-related activities (vaccination)	• Input trade fairs / distribution of inputs (cash/direct) in areas **in which agriculture will be suitable in the case of flash floods;** • Technical assistance on water use and soil management; • Distribution of planting materials (Sweet potato); • Pre-position of livestock vaccines and required equipment: • Widely distribution of weather information to farmers (radio, sms, other means). • Distribution of irrigation equipment (spare parts for treadle pumps, solar pumps).	• Distribution of inputs and fertilizers to areas with irrigation potential; • Post- harvest management good practices implemented in the field; • Support with inputs and technical assistance for seed replication efforts in areas affected by floods. • Water harvesting activities and flood/drought mitigation measures.
BLANTYRE (Middle basin of the Shire River) Rainfall above normal and risk of seasonal floods and isolated dry – spells	• Seed replication activities (relying in existing initiatives); • Seed assessments in particular areas more affected by dry-spells (1st quarter 2016); • Small-scale water harvesting interventions in selected areas • Rapid community-based flood mitigation activities (De-silting of diversion canals, closing of minor river bank gaps, and preparing small barriers with sandbags to divert water and protect villages, houses and crops). • Livestock health-related activities (vaccination)	• Input trade fairs / distribution of inputs (cash/direct) in areas **in which agriculture will be suitable;** • Technical assistance on water use and soil management; • Distribution of planting materials; • Widely distribution of weather information to farmers (radio, sms, other means). • Distribution of irrigation equipment (spare parts for treadle pumps, solar pumps).	• Distribution of inputs and fertilizers to areas with irrigation potential; • Post- harvest management good practices implemented in the field; • Support with inputs and technical assistance for seed replication efforts in areas affected by seasonal floods. • Targeted re-stocking of small-ruminants. • Water harvesting activities and flood/drought mitigation measures. Targeted re-stocking of small-ruminants.
MACHINGA & SALIMA ADD and other districts (KU, DZ, NU) (Upper basin of the Shire River and lakeshores) Seasonal floods and isolated dry spells	• Seed replication activities (relying in existing initiatives); • Seed assessments in particular areas more affected by dry-spells (1st quarter 2016); • Small-scale water harvesting interventions in selected areas • Livestock health-related activities (vaccination) •	• Input trade fairs / distribution of inputs (cash/direct) in areas **in which agriculture will be suitable;** • Technical assistance on water use and soil management; • Distribution of planting materials; • Widely distribution of weather information to farmers (radio, sms, other means). • Distribution of irrigation equipment (spare parts for treadle pumps, solar pumps); • Provision of fingerlings and materials to resume sustainable fishering activities in areas affected by drought.	• Distribution of inputs and fertilizers to areas with irrigation potential; • Post- harvest management good practices implemented in the field; • Support with inputs and technical assistance for seed replication efforts in areas affected by seasonal floods. • Targeted re-stocking of small-ruminants. • Water harvesting activities and flood/drought mitigation measures. Targeted re-stocking of small-ruminants. •

The Agriculture Cluster members will access the affected areas considering the extent of damages reported in the different assessments in both crop and livestock-related activities and the present food insecurity caseload reported by the MVAC. All cluster members will work in close coordination with local authorities in each of the districts, particularly with the District Agriculture Development Offices (DADO), the District Councils and other relevant bodies. It is of utmost relevance to share data on the areas targeted, the type of activities to implement, the need of support from the government technical officers and to report the activities conducted.

Key risks

- Limited availability of seeds and livestock in the markets, particularly in the districts highly impacted by the dry spells.
- Climate shocks that would represent constraints at the moment of implement the cluster activities in the field (flash floods, sudden dry spells).
- Infrastructure conditions in several areas of the country can compromise access to affected villages;

Cluster Objectives and Indicators

SECTOR OBJECTIVE	PRIMARY STRATEGIC OBJECTIVE CONTRIBUTED TO	INDICATORS	PEOPLE IN NEED	PEOPLE TARGETED
Protect and improve livelihoods based coping capacities of the most vulnerable population at risk of hunger and malnutrition, maximizing resilience capacities to face future shocks when possible	Strategic Objective No. X of the Response Plan	% of households utilizing inputs provided as intended % of households with maintained or reduced usage of negative coping mechanisms during the next planting season 2016 – 2017 % of households accessing livestock protection activities	5.1 million	1.85 million in 17 districts in all regions.

Agriculture Cluster Response Budget

Item	Season 1 (USD)	Season 2 (USD)	Totals (USD)
	July 2016-March 2017	**April 2017- Sept 2017**	
Crops	11,088,000	7,392,000	
Livestock	3,696,000	3,696,000	
Water	3,696,000	1,232,000	
Sub-Total	**18,480,000**	**12,320,000**	**30,800,000**
AVAILABLE			
	Donor/partner	**Amount (USD)**	**Totals (USD)**
	DFID - One UN Fund	610,000.00	
	ECHO	800,000.00	
	USAID	50,000.00	
	Other contributions	200,000.00	**1,660,000.00**
RESOURCE GAP			
	Gap		**29,140,000.00**

2.4.3 WASH CLUSTER

Lead agency: MoAIWD, UNICEF
Contact information: Emma Mbalame, Paulos Workneh, pworkneh@unicef.org

People in Need
1,550,000

PEOPLE TARGETED
775,000

REQUIREMENTS (US$)
22.087 million.

Confirmed pledges – US $ 00

Resource Gap – US $ 22.087 million

4.3.1 Response strategy

WASH cluster integrated responses include the rehabilitation of water points, the improvement of rural sanitation with the extension of the program of Community-Led Total Sanitation, and the distribution of up to 17 tons of emergency supplies for water, sanitation and hygiene, prioritized for families with children being treated for malnutrition.

Based on past experience, close to a quarter of the water points in dry spell affected areas are expected to face water related challenges, affecting close to 1.55 million people. It is estimated that about half of the affected population will be in dire need of water and sanitation services. Accordingly, an estimated target population of of 775,000 pople will be targeted for safe water supply, sanitation and hygiene (WASH) services through the construction/rehabilitation of water points and promotion of sanitation and hygiene services. The budget estimate is $19 million the response strategy will consist in:

- Provision of safe water to affected communities in camps and host communities through drilling and rehabilitating boreholes.
- Provision of water treatment chemicals to cholera treatment centres (CTCs), camps and communities.
- Provision of WASH supplies to affected communities in camps and host communities.
- Construction of temporary sanitation facilities in CTCs and camps.
- Promotion of hygiene promotion activations in severely drought affected areas.

4.3.2 Objective and Proposed Activities

Objective: Emergency affected communities including children and women in IDPs and host communities, have protected and reliable access to sufficient, safe water, sanitation & hygiene facilities

Activities	Locations	Indicator	Baseline	Target
Rehabilitation of water network, new boreholes water quality and quantity monitoring, Water trucking, distribution of bladders, tapstands, jerrycans and water treatment products, water network extension,	All Affected districts	# of people in communities, NRUs, CBCCs, Primary Schools and Health Centres using an improved water source with appropriate treatment method	0	775,000
Construction/rehabilitation of facility latrines, rehabilitation/construction of handwashing facilities and rehabilitation/construction of bathing facilities.	All Affected districts	# of people(M/F) in communities, NRUs, CBCCS, Primary Schools and Health Centres using appropriately designed toilets	0	775,000

Hygiene promotion in communities, institutions through interpersonal communication, house-to-house promotions, through community radio programs and jingles and roadshows.	All Affected districts	# of people in communities NRUs, CBCCS, Primary Schools and Health Centres using handwashing facilities and soap	0	775,000
Facilitate improvement of district wash cluster level coordination	All Affected districts	# proportion of coordination meetings conducted at district level	0	100%
Monitoring water rationing exceeding 6 hrs by water boards especially in peri urban areas	Per urban affected areas	# Proportion of peri urban without watersupply exceeding 6 hrs	0	tbd

Water, Sanitation, Healthband Hygien Cluster Budget

Expected Result (Outcome level)	Cluster Benchmark	Cluster Target Population	Activities	Qty/Units	Partner(s)	Budget	Monitoring Indicators
Rehabilitation of water network, new boreholes water quality and quantity monitoring, Water trucking, distribution of bladders, tap stands, jerry cans and water treatment products, water network extension, in the affected districts	Population in the affected areas access sufficient water or appropriate quality for drinking, cooking and maintaining personal hygiene especially the most vulnerable groups such as women and children.	775,000	Rehabilitation of water network, new boreholes water quality and quantity monitoring	1,550	District Councils, existing IPs as needed	$ 15,500,000	# households provided with sufficient chlorine for water treatment
	Population in the affected areas have access to at least 7.5 - 15 litres of clean water per day especially the most vulnerable groups such as women and children.		Water trucking, distribution of bladders, tapstands, jerrycans and water treatment products, water network extension,	77,500			# of people in affected and at risk communities reached with pot to pot chlorination or provided with chlorine for HHWT
Construction/rehabilitation of facility latrines, rehabilitation/construction of hand washing facilities and rehabilitation/construction of bathing facilities in the affected districts	CCC-BM3 (WASH) A maximum ratio of 20 people per hygienic toilet or latrine squat hole; users should have a means to wash their hands with soap or alternative after defecation.	775,000	Promote construction of latrines (with handwashing facilities) and bathing shelters in affected areas [based on need]	4,650	District Councils, existing IPs (MRCS, EXP, F2F, etc.) as needed	$ 5,425,000	# of NRUs and CTCs provided with separate latrines (with HWFs) and bathing shelters for patients and carers
			Provide soap and chlorine to promote hygiene in affected areas	4,650			# of NRUs and CTCs provided with sufficient soap and chlorine for proper hygiene

Expected Result (Outcome level)	Cluster Benchmark	Cluster Target Population	Activities	Qty/Units	Partner(s)	Budget	Monitoring Indicators
	Population in the affected areas have access to toilets and washing facilities that are culturally apropriate, secure, user-friendly and gender.apropriate especially the most vulnerable groups such as women and children		Promote use of community latrines in affected areas				# of households that construct latrines
Affected population receive critical WASH related information and are enabled to prevent child illness, especially diarrhoea and ARIs	Population in the affected areas receive critical WASH-related information to prevent child illness, especially diarrhoeaespecially the most vulnerable groups such as women and children	775,000	Promote hygiene in affected and at risk communities through: -community dialogue (taking advantage of community gatherings like prayer houses, schools/CBCCs, funerals, etc), -activations, road shows and community cinema, -communication materials (cards, posters, etc.), -mass media (radio), and -interpersonal communication		District Councils, existing IPs as needed	$ 1,162,500	# of people in affected and at risk communities reached with hygiene promotion messages
	Apropriate hygiene education and information are provided to affected population especially the most vulnerable groups such		Promote hygiene and provide hygiene inputs (buckets, water guard, cups, chlorine, soap) to CBCCs and schools				# ofCBCCs & schools in affected and at risk communities reached with hygiene promotion messages and hygiene inputs

Expected Result (Outcome level)	Cluster Benchmark	Cluster Target Population	Activities	Qty/Units	Partner(s)	Budget	Monitoring Indicators
	as women, guardians and children		in affected and at risk communities [based on need]				
					Total	**$ 22,087,500**	

2.4.4 NUTRITION CLUSTER

Lead agency: Lead agency- Department of Nutrition HIV and AIDS (DNHA)
Co-Lead Agency- United Nations Children Fund- UNICEF
Contact information: Mr. Felix Phiri- Director Nutrition Felixphiri8@gmail.com
Dr. Muhammad Shahid Hanif – Nutrition Cluster Coordinator mshanif@unicef.org

CHILDREN, WOMEN and ADULTs IN NEED **436,666** (**77,263** severeley acutely malnourished children, **181,205** moderate malnutrished children and **80,798** pregnant and lactating malnourished women, 97,400 malnourished adults living with HIV and TB.)

PEOPLE TARGETED 312,210

(169,510 acutely malnourished children) and 45,300 pregnant and lactating malnourished women and 97,400 malnourished adults living with HIV and TB

REQUIREMENTS (US$) **29.1 million**.

Confirmed pledges – US $ 25.4 MILLION

Resource Gap – US $ **3.7 million**

Response Strategy

Given the scale of emergency Malawi has experienced this year, it is widely expected that the admission trends will follow a similar pattern with even a higher proportion of vulnerable population affected unless a proper response is mounted in time. Therefore, there is an urgent need for more funding to expand lifesaving therapeutic treatment of acute malnutrition which is essential to prevent avoidable morbidity and mortality. 2,861,594 children under the age of five (1,373,565 boys and 1,488,029 girls), 1,346,633 pregnant and lactating women and approximately 97,400 People living with HIV and AIDS (PLHIV) and TB living in vulnerable population groups and are affected and will be in need of at least one form of nutritional support[20]

In line with the overall strategic approach of the humanitarian response (i.e. respond to needs, reduce vulnerabilities and restore dignity linking to development initiatives). The Malawi nutrition cluster will focus on the implementation of priority nutrition in emergencies (NiE) interventions including: the provision of lifesaving nutrition services for acutely malnourished children (boys and girls), pregnant and lactating women among the communities in twenty-four districts. Additionally the cluster aims to prevent poor nutritional outcome through rigorous promotion of optimal infant feeding practices, proper hygiene/sanitation and improved maternal nutrition; micronutrients supplementation and nutrition education on locally available foods; setting up of a robust reporting and information system and monitoring mechanism; establishment of a strong surveillance system, and emphasis on capacity development of health care providers for all target areas to be implemented in partnership with the Ministry Of Health (MoH), Department of Nutrition and HIV/AIDS (DNHA) and District Nutrition Coordination Committees (DNCC).

The proposed nutrition interventions will be co-ordinated through the nutrition cluster with DNCCs and other relevant clusters including Health, Food Security and WASH, and will be implemented through District Health Offices and I/NGOs partners, with support from DNHA, MoH, UNICEF and WFP. Cluster partners will prioritise activities which complement or help to fill gaps identified by the government or priority areas that the government has identified to meet the needs of target populations.

All partners in the Malawi nutrition cluster will closely coordinate its activities with DNHA as Cluster lead and

[20] Micronutrient supplementation (VIT-A) Deworming and IYCF counselling and fortified therapeutic food.

UNICEF and Cluster Co-lead as well as WFP in order for the three agencies to include supplies support in their plans for relevant components as per agencies mandate. UNICEF and WFP will include in their project the implementation cost of the ongoing program for community mobilization and mass screening as well the procurement of supplies for OTPs, NRUs, SFPs and NCST programs respectively. Department of Nutrition and HIV and AIDS (DNHA- Cluster lead) and UNICEF (The Cluster Co- Lead Agency) will ensure close collaboration with Health, Food Security, WASH, and Protection Clusters and Focal Point of Gender Task Force in order to ensure that all cross cutting issues are mainstreamed and well addressed. The locations of nutrition project interventions will be adjusted as per vulnerability assessment report by Malawi Vulnerablity Assessment Committee (MVAC).The cluster plans to establish and provide response as below:

(1) Continued Services life saving nutrition support services for acutely malnourished children (boys and girls) less than five years of age, pregnant and lactating Women (PLW) suffering from acute malnutrition and People Living with HIV (PLHIV) through community and facility based nutritional management approach i.e. CMAM (Community Management of Acute Malnutrition) approach as well as Nutrition Care Support and Treatment (NCST) comprising of the following four components.

(a) Community Outreach and mobilization:

Health Surveillance Assistants (HSA) will be trained in the identification of acutely malnourished children using mid-upper-arm circumference (MUAC), and will be responsible for referring identified children to health centres. In addition to the identification of acutely malnourished children, HSAs will communicate promotion messages on health and nutrition, will follow-up with defaulters, and will identify pregnant and lactating women for SFP and care during pregnancy and in the immediate postnatal period. Simultaneously, HSAs will identify cases of acute malnutrition in the community through active case findings. In each area at village level a care group of Volunteers and Mothers will be formed, and sensitized. Behaviour change communication through health, hygiene and nutrition promotion is the vital component for sustainability. This endeavour is designed to promote Infant Young Child Feeding (IYCF) practices with more emphasis on exclusive breastfeeding and proper complementary feeding. Further special efforts will also be made to promote male involvement and transform negative gender norms in the provision of care.

(b) Supplementary Feeding Program (SFP) and NCST:

Children with moderate acute malnutrition (MAM) identified through community outreach will be registered with SFPs and will be provided super cereal + to take home. Every two weeks children in the SFP will present to the nutrition centre; where they will have their nutritional status checked, and where they will be provided with Super Cereal +. Pregnant and lactating women will also be included in the SFP, as per CMAM guidelines. Moreover, PLHIV will be provided with supplementary feeding. Malnourished PLWs will be provided with CSB and Vegetable Oil. The SFP supplies component will be implemented with support from WFP.

(c) Outpatient Therapeutic Program (OTP):

Children with severe acute malnutrition (SAM) with appetite and without complications will be treated with ready-to-use therapeutic foods (RUTF) and symptomatic outpatient medications in the fixed health centres (OTPs). The severely malnourished child will come to the health centre every week for a medical examination and treatment, and to receive RUTF. Children without appetite and/or with complications will be referred immediately to inpatient care in NRUs until they are stable to be discharged. These children then continue treatment at home in the OTP with RUTF. On discharge from the OTP, children will be referred to the SFP as moderately malnourished children.

(d) Nutrition Rehabilitation Unit (NRU):

Children without appetite and with medical complications will be treated as inpatients at Nutritional Rehabilitation Units established with in the districts Health centre staff will refer clients and will ensure they are treated in the NRUs. To the fullest extent possible discharged children will be referred to an OTP once they are stabilized. Nutrition Supplies [F-75, F-100 Milk ResoMal] for NRUs will be provided by UNICEF while all medicines will be provided by MoH.

(1) Contniuation of services for prevention of malnutrition in early childhood through protection and promotion of appropriate infant feeding practices by strengthening skills/knowledge of health workers, and conducting regular nutrition and hygiene education sessions for mothers and caregivers of children under five years of age;
(2) Prevention and treatment of micronutrient deficiency disorders in children and women through provision of Vitamin A and deworming campaigns during child health days (CHDs)

(3) Strengthening technical capacity of the MoH for effective implementation of nutrition interventions; ensure effective and timely implementation of nutrition interventions including CMAM and IYCF Approach.
(4) Continue and strengthen nutrition cluster coordination, including formulation and implementation of strategy and plan, capacity development of members through orientations/trainings and monitoring trends and address critical nutritional gaps, and contingency strategy with supplies and distribution plan for emergency nutrition interventions.
(5) Conduct district specific nutrition surveys in the target districts using SMART Methodology to establish district specific baseline information for various nutritional indicators.
(6) Conduct nutrition services coverage surveys using SQUEAC to identify barriers and boosters for enhancing coverage and improving quality of care.

Objectives and Proposed Activities

Overall Objective

The overall objective of the Malawi Nutrition Cluster is to ensure improved and equitable access to and use of life saving nutritional services for vulnerable children (boys and girls) and pregnant, lactating women (PLW) and People Living with HIV and AIDS (PLHIV) at the community and facility level that meet national and internationally recommended minimum standard of care for a population affected by an emergency.

Objective 1: To contribute to the reduction of malnutrition related morbidity and mortality among vulnerable boys, girls, pregnant and lactating women through systematic equal access to integrated curative and preventive food-based nutrition interventions through facility based CMAM and NCST program with outpatient and inpatient care from Mid 2016 to Mid 2017.

Outcome level indicators and targets:

1. Proportion of severely acutely malnourished boys and girls (0-59 m) having access to life saving nutritional treatment services disaggregated by age (<6 M, 6-23 M and 24-59M). Target=70%
2. Proportion of moderately acutely malnourished boys and girls (0-59 m) having access to life saving nutritional treatment services disaggregated by age (<6 M, 6-23 M and 24-59M). Target=70%
3. Proportion of acutely malnourished PLW having access to life saving nutritional treatment services (disaggregated as pregnant and lactating). Target=70%
4. Proportion of malnourished People living with HIV and AIDS (PLHIV) by sex have access to nutrition care support and treatment(NCST). Target= 70%
5. # of functional nutritional Rehabilitation Units seeking services through effective referral system.
6. Proportion of acutely malnourished children who recovered. Target=75%

Activity	Locations	Indicator	Target
Mass screenings and mobilization campaign	25 districts	% of children and people living with HIV and TB screened	70%
Continuation of community based programs for management of severe acute malnutrition	25 districts	# of functional nutrition sites offering outpatient services for management of severe acute malnutrition	598
		# of SAM children registered in outpatient and inpatient treatment centres.	61,810
Implementation of SFP (Supplementary Feeding Program) for prevention/management of moderate acute malnutrition.	25 districts	# of functional nutrition sites offering SFP services for management of moderate acute malnutrition	598
		# of MAM children and PLW (M/F)receiving supplementary foods	107,700
Treatment of MAM in adolescents & adults on ART treatment	14 districts	# of PLHIV MAM (M/F) patients receiving supplementary food	97,400
Strengthening of Nutrition Nutritional Rehabilitation Units (NRUs) in 25 droough affected districts of Malawi.	25 districts	# Of functional Nutrition Rehabilitation Units.	101

All other activities			
Capacity building of facility based health care providers and HSAs of the MoH in management of acute malnutrition	25 districts	# of HCPs trained on relevant national protocols for management of acute malnutrition (outpatient and inpatient protocols)	2000
		# of Mid-level Managers of the DoH and NGOs trained on Nutrition in Emergencies (NiE)	112
		# Health Suveillance Assistants (HSAs) on community mobilization, screening and referrals/ follow-ups of acute malnutrition	5000
Objective 2 To ensure access of children under five years of age targeted to access Child health days that help control/prevent malnutrition and other diseases i.e. vitamin-A supplementation and deworming.			
Activity	Locations	Indicator	Target
Distribution of Vitamin A and Abendazole for children (6-59 months).	25 districts	# of children receiving Vitamin A	1.4 million
		# of children (12-59 months) provided deworming.	1.2 million
Objective 3. Strengthened capacity for effective implementation of nutrition interventions through trainings/refreshers staff of MoH; ensure effective and timely implementation of nutrition interventions through enhanced coordination and information gathering; monitoring of trends and status of malnutrition in the target population			
Outcome level indicators and targets: 1. Ministry of Health has the capacity to sustain the nutrition response for the vulnerable groups after phase out of the emergency response. 2. Updated Anthropometric information available of boys and girls 6-59 months in all target areas by mid and end of 2016 with comparison through surveys and surveillance reports. Target= Annual Survey/Surveillance Reports available 3. National capacity for nutrition cluster coordination and information management exists at any time during the year. 4. Updated national and district preparedness and response plan of the Nutrition Cluster available.			
Activity	Locations	Indicator	Target
Enhancing district capacity for nutrition cluster coordination and information management	25 districts	# of cluster coordinator and Information Management Officer at provincial level	#of functional DNCCs and Nutrition Data Management Officers.
Regular Provincial Nutrition Cluster Coordination meetings- with all cluster members, UN agencies, Government counter-parts	25 districts	# of cluster coordination meeting	Monthly
All other activities			
Activity	Locations	Indicator	Target
Conduct SMART nutrition surveys in all affected areas.	25 districts	# of SMART Surveys conducted, validated and disseminated	1
Training of cluster partners on cluster approach, coordination, inter-cluster linkages and cross-cutting issues	25 districts	# of district nutrition coordination committees member trained (M/F)	5 per district
Develop cluster response contingency plan	25 districts	Updated Contingency and response Plan available	1
Training of district nutrition focal persons on Information Management and reporting/ monitoring of nutrition interventions.	25 districts	# of DNOs trained	24
Community systems strengthening			
Establish electronic platform for PLHIV realtime monitoring and reporting on HIV/TB and the	14 districts	# of districts reached	14 districts

emergency response with bi-weekly reports			
Real time field verification and investigations to address and mitigate any bottlenecks in nutrition and food assistance for PLHIV/TB in the emergency response	14 districts	# of districts reached	14 districts
Refresher training for HIV support group leaders on HIV, nutritional screening, real time monitoring , social mobilizations	14 districts	# of districts reached	14 districts
Community mobilization of PLHIV and TB for nutritional screening and linkages for nutritional and food assitance	14 districts	# of districts reached	14 districts
Capacity building for District AIDS Committee on Coordination, integrating and reporting linkages on HIV&TB and the emergency response	14 districts	# of districts reached	14 districts
Institutional and management capacity strengthening of network of people living with HIV at national and district levels (logistics and operational support)	14 districts	# of districts reached	14 districts
Establish and operationalize District and National data base on PLHIV and TB for effective planning and implementation of future emergencies	National	# of databases established	1
Technical Assistance for the the electronic platform/data base and the implementation of the community systems strengthening initiatives	National	# of technical assistants engaged	2
Develop and disseminate National HIV and AIDS Emergency Response Plan	National	National HIV and AIDS Emergency Response Plan	1

Nutrition Cluster Response Budget

A. SAM Program and CMAM capacity building

Nutrition Cluster Response Plan budget [July 2016 - April 2017]					
	SAM Program and CMAM capacity building				
No	**Planned Activities**	**Targets (Quantity)**	**units**	**Unit cost (USD)**	**Total Cost (USD)**
1	**Strengthen Community Mobilization for Mass Screening**				
	Conduct mass screening for early SAM case identification, referral	25	districts	58,307	1,457,675.00
	Conduct one day orientation to HSA on community mobilization, mass screening and referral	25	districts	2,000	50,000.00
	Conduct community mobilization through radio and mass communication activities	1	National radio stations	73,500.00	73,500.00
	Edutainment/Theater for development based mass mobilization -30 session per district	375	Sessions	500.00	187,500.00
	Media monitoring and mobilization evaluation	1	Sessions	15,000.00	15,000.00
	Sub- total				**1,783,675.00**
2	**Capacity building, Monitoring and Evaluation**				
	Refresher trainings, support, supervision and mentoring of health workers and clinicians on Management of acute malnutrition	25	districts	16,667	416,675.00
	Capacity building of District Health Teams on Supply chain logistics, monitoring of supplies to ensure pipeline of life saving commodities is maintained	25	districts	6,778	169,450.00
	Capacity building of District Nutrition Coordination Committee in cordniating emergencies response and sensitisation on linkage with other food assistance programs	25	districts	6,778	169,450.00
	Procurement of computers for district nutrition data management and reporting	25	districts	1,500	37,500.00
	Procurement of pushbikes for Health Surveillance Assistants to facilitate mobility in organising and monitoring mass screenng and referrals	2500	bikes	120	300,000.00
	Procurement of motorcycles for the HSA supervisors for on-job guidance and monitoring i.e. 5 per district	70	motorbike	5,000	350,000.00
	Procurement of motor vehicles with trolley for DNCC for distribution of supplies and monitoring nutrition activities	25		35,000	875,000.00
	SMART Survey	1		500,000	500,000.00
	Sub total				**2,818,075.00**
3	**Procurement of SAM children supplies and logistics for nutrition supplies**				
	Procurement of RUTF for SAM Treatment covering 25 drought districts with 25% buffer stock	77,235	cartons	65.00	5,020,275.00
	ReSoMal, 42g Sachet/11/CAR-100	60	Carton	25.59	1,535.40
	F75 Therapeutic diet, sachet 102.5g/CAR-120	10,785	Carton	62.15	670,287.75
	F100 Therapeutic diet, sachet 114g/CAR-90	10,785	Carton	59.81	645,050.85

	Amoxicillin powder/oral sus 125g/5ml/BOT-100	66,642	Bottle	0.47	31,321.74
	Albendazole 400mg chewable tabs/PAC-100	747	Packet	2.54	1,897.38
	Folic acid 5mg tabs/PAC-1000	67	Packet	4.31	288.77
	Freight cost for the medication and therapautic milk			-	90,000.00
	Print and distribute CMAM monitoring and reporting tools for indicators (assorted)	25	districts	3000	75,000.00
	Strengthening and creating storage facilities in at least 5 facilities as small warehouses for preposition nutrition supplies .i.e. buffer stock	5	facilities	30000	150,000.00
	Sub- total				**6,685,656.89**
4	**Technical Assistance (Human resource)**				
	Cross Sectoral costs				376,677.96
	Sub -total				**376,677.96**
	Sub-Total SAM program				**11,664,084.85**
	MAM/NCST Budget July 2016 - April 2017				
	Project Activities	**Targets (Quantity)**	**units**	**Unit cost (USD)**	**Total Cost (USD)**
	Capacity strengthening and Community Mobilization Outreach				
	Orientation of frontline workers on the updated Nutrition Care and Support and Treatment guidelines (15 districts). PLHIV Networks mobilization	14	districts	16666	249,990.00
	Quarterly joint supportive supervision for mentoring, coaching and course correction	14	districts	8333	124,995.00
	Printing and Distribution of NCST materials (Guidelines, M&E tools and stationary)	1500	copies	6	9,000.00
	Procurement and distribution of adult height measuring equipments for 598 facilities (1 per facility)	299	each	3000	897,000.00
	Sub- total				**1,280,985.00**
	Procurement of MAM supplies				
	Procurement and distribution of supercereal plus for treatment of MAM in children (6-59 months) and pregnant and lactating women. **(151,000 people)**	**3,500**	Metric Tonnes	1383	4,840,500.00
	Procurement and distribution of supercereal for treatment of MAM in adolescents with particular focus on malnourished TB and ART patients. **(69400 people)**	**2,500**	Metric Tonnes	850	2,125,000.00
	Procurement and distribution of vegetable oil for treatment of MAM in adolescents with particular focus on malnourished TB and ART patients.**(69400 people)**	**250**	Metric Tonnes	1180	295,000.00
	Sub- total				**7,260,500**
	Procurement of SAM supplies for ART/TB patients				
	Procurement and distribution of RUTF for treatment of severe malnutrition in adolescents with particular focus on	**34,604**	boxes	65	2,249,260.00

	malnourished TB and ART patients. **(28000 people)**				
	Procurement and distribution of SC for treatment of severe malnutrition in adolescents with particular focus on malnourished TB and ART patients. **(28000 people)**	**300**	Metric Tonnes	850	255,000.00
	Sub- total				**2,504,260.00**
	Safety net support to ART and TB clients				
	Cash/voucher or food transfers for household food ration for ART/TB patients (97400 people)	19480	people	40	3,896,000
	Sub total				**3,896,000**
	Sub Total MAM /NCST program				**14,941,745**
	Nutrition & HIV Community systems strengthening Budget				
	Project Activities	**Targets (Quantity)**	**units**	**Unit cost (USD)**	**Total Cost (USD)**
	Community systems strengthening				
	Establish electronic platform for PLHIV realtime monitoring and reporting on HIV/TB and the emergency response with bi-weekly reports	14	districts	20,000	280,000
	Real time field verification and investigations to address and mitigate any bottlenecks in nutrition and food assistance for PLHIV/TB in the emergency response	14	disticts	35,000	490,000
	Refresher training for HIV support group leaders on HIV, nutritional screening, real time monitoring , social mobilizations	14	districts	30,000	420,000
	Community mobilization of PLHIV and TB for nutritional screening and linkages for nutritional and food assitance	14	districts	30,000	420,000
	Capacity building for District AIDS Committee on Coordination, integrating and reporting linkages on HIV&TB and the emergency response	14	districts	25,000	350,000
	Institutional and management capacity strengthening of network of people living with HIV at national and district levels (logistics and operational support)	14	districts	25,000	350,000
	Establish and operationalize District and National data base on PLHIV and TB for effective planning and implementation of future emergencies	1	National	100,000	100,000
	Technical Assistance for the the electronic platform/data base and the implementation of the community systems strengthening initiatives	2	National	41,400	82,800
	Develop and disseminate National HIV and AIDS Emergency Response Plan	1	National	50,000	50,000
	Subtotal				**2,542,800**
	Community systems strengthening Sub Total				**2,542,800**
	Grand Total				**$ 29,148,630**

2.4.5 PROTECTION CLUSTER

Lead Agency: Ministry of Gender, Children, Disability and Social Welfare
Contact Information: Mr Charles Mazinga, charlesmazinga@gmail.com

United Nations Children's Fund (UNICEF)
Contact information: Stella Okuni, stellaokuni@gmail.com

PEOPLE IN NEED
6.5 million

PEOPLE TARGETED
3. million

REQUIREMENTS (US$) 306,926

Confirmed pledges – US $ 0.0

Resource Gap – US $ 306,926

Response Strategy

Protection cluster activities are crosscutting in nature and mainly focused on provision of technical support, coordination and advocacy to mainstream protection issues in the response to the current emergency in order to promote access to assistance and services for particularly vulnerable individuals and groups.

The protection cluster will support and advocate for mainstreaming of gender-sensitive accountability for identification and reporting of any concerns and complaints by the affected individuals and groups. The focus will be on both preventive and response to address underlying causes of GBV that come with emergency situation and delivery of life saving respectively. Activities to create awareness and empower vulnerable populations (including children, women, people with disabilities, HIV/AIDS affected persons, and, among the others, elderly people) to better claim their rights and access available services will also be supported.

Objective 1-CHILD PROTECTION: Reduce violence, abuse and exploitation of children in disaster affected districts

Activities	Locations	Indicator	Baseline	Target
Provide training and capacity building for district child protection committees in disaster affected districts	10 districts	Child protection committees are trained on Child protection issues	0	360
Establish child protection focal persons, in all disaster affected district offices, UN and NGO partners	10 districts	Child protection focal point persons are established	15	360
Support and strengthen the capacity of protection committees in all the disaster affected areas on child protection and the best interest of child principle	10 districts	Awareness on child protection and ethical issues is provided to protection village committees in disaster affected areas	0	540 community child protection workers trained (30 per district)
		Child protection issues including violence and abuse are handled in safe and ethical manner		

Establish and or strengthen child protection working groups that should coordinate with GBV and protection clusters in all disaster affected districts	10 districts	13 child protection working groups are established and are coordinating with GBV and Protection clusters, they have reports of coordination meetings available	15	180 child protection working committee members
Support districts to mobilize communities, through women's groups and encouraging men's participation to outreach activities in homes and schools, food and cash distribution centres on child protection issues	10 districts	Affected communities including schools are mobilized to prevent and address violence, exploitation and abuse of children in 18 districts	0	3 million people will be reach with this activity
Support the development and replication of reporting, referral and monitoring framework that enables safe and friendly access to child protection service.	10 districts	Child friendly framework for access to services has been developed and implemented Periodic reports are available and used to improve systems, provide and revise appropriate interventions	10	3 million people will be reach with this activity
Objective 2-GENDER BASED VIOLENCE: Reduce the prevalence of GBV among disaster affected communities				
Enhance the capacity of district social welfare officers, and relevant GBV stakeholders at district and community levels	10 districts	No of GBV case management recorded, referred and concluded No of District stakeholders carrying out sensitization and awareness campaigns to communities	10	260 persons will be trained
Establish GBV Focal point persons from national to district levels and create/strengthen GBV community mechanisms	10 districts	126 Focal point persons (M/F) established and no of coordination meetings on GBV with timeline	10	126 persons
Train GBV focal point persons on their role and through them sensitize the community on GBV mechanisms/structures	10 districts	GBV Focal point persons and community GBV mechanisms are efficient and effective in their work	10	126 persons will be trained
Support the strengthening and creation of GBV reporting and referral systems	10 districts	Reporting and referral pathways are established	10.	A total of 3 million are targeted drawn from 18 districts.
Train stakeholders on how to effectively use referral and reporting system for programming	10 districts	GBV stakeholders can effectively use reporting and referral systems. No of Disaster affected communities sensitized on the availability of the reporting and referral systems and how to use them There are available records of reported, referred and concluded cases	10	We target 20 persons from each of the 18 districts 3 million people drawn from 7 TAs in 18 districts

Create prevention and response awareness to stakeholders including duty bearers and communities through information campaigns, radio programs, IEC materials, mobilization in schools using debates, art, music dance, and dramas.	10 districts	GBV clubs have been established in 36 primary schools and 36 secondary schools in disaster affected areas 3 radio talk shows have been held in each of the 18 districts GBV IEC materials have been printed and placed in food distribution points, market places, water points, schools, hospitals in 28districts	0	A total of 3 million are targeted drawn from 10 districts.
Strengthen community policing activities in affected districts for violence prevention and response	10 districts	No of functional Community policing structures	10	We target 1 functional community policing structure in 7 TAs in each of the 10 districts
Train health workers on clinical management of rape cases	10 districts	Health centres can manage rape cases Procure and supply PEP and emergency contraceptive pills	0	We are targeting to train 3 health workers in each of the 10 districts Procurement of PEP and Emergency contraceptive pills
Objective 3- FOOD INSECURITY: Mitigate protection effects of food insecurity among drought affected populations				
Train food distributors and monitors in 10 districts and cash distributors and monitors for INGOs in 28 districts on protection mainstreaming in implementing cash schemes	10 districts	54 trainings have been held for food and cash distributors and monitors	Training of food and cash , agricultural input distributors done in 15 districts already but yet to be offered for INGOs in all the 18 districts	We target 5 food distributors/ monitors in each of the 10 districts
Scale up protection messaging on the rights of beneficiaries in accessing humanitarian food and cash	10 districts	4 information campaigns have been carried out by each district protection cluster in the 10 districts	13	3 million people will be reached through this activity
Advocate for gender inclusive practices such as separate line/queues for special groups such as pregnant mothers, lactating mothers, the elderly and unaccompanied or lone children during food and cash distribution	10 districts	Number of districts or communities in a district using gender inclusive approaches in food and distribution activities	13	The entire affected population will benefit from this activity

Strengthen reporting and referral mechanisms for abuse and exploitation by duty bearers including community mechanisms and contact information on referral focal points, including PSEA	10 districts	There is increased reporting of food related abuse and exploitation by beneficiaries	Reporting, referral and feedback mechanisms established in limited districts for humanitarian food and cash related abuses.	3 million people will be reached through this activity
Develop IEC materials on the guidelines of complaints and feedback mechanism and support its implementation	10 districts	IEC materials are developed and distributed.	0	3 million people will be reached through this activity
Provide income generating/livelihood activities for vulnerable groups	10 districts	10 livelihood activities are created benefiting 280people in 10 districts There is increased self-sufficiency and community resilience	0	280 people will benefit from this activity
Objective 4- ACCESS TO JUSTICE: Enhance access to Justice for vulnerable persons affected by disasters				
Rollout diversion program for children coming in conflict with the law in affected districts	10 districts	Diversion program rolled out to all police formations in affected districts	10	The entire affected population will be reached
Carry out awareness on violence and the available services for victims	10 districts	Awareness carried out in all districts	10	3 million people will be reached through this activity
Print and disseminate IEC materials on services for victims of violence	10 districts	IEC materials disseminated in all districts	0	The entire affected population in the 10 districts will be reached
Strengthen child justice coordination in affected districts	10 districts	District child justice forums functional	12	The Children who are in need of access to justice will be reached
Facilitate provision of pro bono and other legal services	10	Affected communties are accessing Pro bono and legal services	0	The entire affected population in the 10 districts in need of this service will be reached
Facilitate provision of mobile courts to affected areas	10	Mobile courts are available	0	The entire affected population in the 10 districts in need of this service will be reached
Hold dialogue with the judiciary, magistrates and probation officers on eqitable representation, access to justice for	10	Dialogue with judicial officer and probation officers held	0	The entire affected population in the 10 districts in need of this

children and vulnerable members of the community				service will be reached
Objective 5- PSYCHOSOCIAL SUPPORT: Reduce psycho-social effects of disaster to affected communities				
Train community psychosocial providers to provide PSS in affected communities	10 districts	Psychosocial support providers are available at community level in 18 districts Number of service providers providing psychosocial services are increased	10. Of these, 5 one stop GBV centres supported by UNICEF have psycho-social support	3 million people will be reached through this activity
Strengthen children's corners in affected districts	10 districts	Functional children's corners providing PSS to affected children Increased number of children (boys and girls) benefiting from child friendly spaces	10	It will benefit children in the 10 targeted districts
Develop updated baseline data for psycho-social affected groups especially children and drought affected families	10 districts	Psychosocial baseline survey conducted	0	We target the psycho-social establishments in 10 district
Providing basic emotional support services through informal and formal lessons e.g. peer counseling, groups' life skills, craft/art lessons, music and dances.	10 districts	Increased number of vulnerable women and girls' boys and men participating in non-stigmatizing, community based social and developmental activities. Improved cognitive capacity for children	10	It will benefit all those in need in the 10 targeted districts
Establish psychosocial support centres in disaster affected districts targeting all vulnerable groups in need of psycho-social services including children, adolescents, women and men.	10 districts	Increased number of cases identified in need of psycho social services who are referred to specialist services Improved mental health of children and adolescents	There is no registered psychosocial service centre addressing the needs of disaster affected communities	To establish 126 psychosocial support centres (1 in each of the 7 TAs in each of 10 the districts)
Develop recovery follow up routines to victims	10 districts	There are follow up reports and recommendations and updates shared in case management meetings and periodic reports	10	3 million people targeted

Protection C;luster Response Budget

Cluster Intervention	AMOUNT (MWK)	AMOUNT (USD)
Strengthen Protection Coordination Mechanisms	2,475,000.00	3,535.70
Support the training of Protection clusters and committees on coordination	12,000,000.00	17,142.90
Enhance technical and operational capacity for effective and effiencient coordination, implementation and management of the Protection cluster	9,936,000.00	14,194.00
Formulate contigency and response plan, monitoring and evaluation consistent with the disaster context	325,000.00	464.00
. Enhance referral and reporting mechanisms	968,000.00	1,383.00
Enhance Protection data collection, management and use in Programming		
Undertake needs assessment including desk review of secondary data and baseline information (2 assessments)	1,483,200.00	2,766.00
Build capacity of multi-sectoral protection service providers on data collection tools, protection information tracking, documentation, information storage and management and use for programming	5,400,000.00	7,714.30
Conduct community protection assessment with the multisectoral team using the age, gender and diversity maintreaming (AGDM) model	1,483,200.00	10,480.00
Objective 6. Maintain information management component to enhance rapid information access, sharing and knoweledge development		
Objective 7. Undertake advocacy and lobby on thematic areas and create visibility on protection issues	7,466,000.00	10,666.00
Provide training and capacity building for district child protection committees in disaster affected districts	5,266,200.00	7,523.10
Establish and or strengthen child protection working groups that should coordinate with GBV and protection clusters in all disaster affected districts	700,000.00	1,000.00
Support the development and replication of reporting, referral and monitoring framework that enables safe and friendly access to child protection service.	610,000.00	871.40
Objective 9. Reduce the prevalence of GBV among disaster affected communities and improve response mechanisms		
Build the capacity of district social welfare officers, and relevant GBV stakeholders at district level (20 members and 2 facilitators for 2 days per district in 10 districts)	9,064,000.00	12,948.60
Build the capacity of community GBV structures (16 members and 2 facilitators for 2 days per district in 10 districts)	900,000.00	1,285.70
Establish GBV Focal point persons from national to district levels and create/strengthen GBV community mechanisms	360,000.00	514.20
Support the strengthening and creation of GBV reporting and referral systems	1,100,000.00	1,571.40
Enhance capacity of GBV service providers on the use of the referral pathways through skills training (20 people at national level from each of the 10 districts)	12,944,000.00	18,491.50
Create prevention and response awareness to stakeholders including duty bearers and communities through , radio programs, , mobilization in schools using debates, art, music dance and dramas.	24,799,000.00	35,427.10
Train community leaders (faith, teachers and traditional leaders) in GBV prevention and response and on gender equality issues and “Do No Harm” principles (5 teachers plus 3 Persons from district education office per each district, 7 traditional leaders per each district, 2 religious leaders from district interfaith AIDS committee per each district)	10,819,000.00	15,455.70
Training of 3 health workers on clinical management of rape cases in each of the 10 districts	2,769,000.00	3,955.80

Cluster Intervention	AMOUNT (MWK)	AMOUNT (USD)
Strenghten the GBV Crisis Line and Safe Spaces	210,000.00	300.00
Create protection cluster parliament so that people can debate protection issues and suggest solutions	2,560,000.00	3,657.20
Support women's and men's groups participation to strengthen outreach programmes (transportation, IEC materials)	24,800,000.00	35,428.50
Objective 10. Mitigate protection effects of food insecurity among disaster affected populations	12,865,000.00	18,378.50
Objective 11: Enhance access to Justice for vulnerable persons affected by disasters	8,725,000.00	12,464.20
Strengthen child justice coordination in affected districts	2,264,000.00	3,234.20
Objective 12: Reduce psycho-social effects of disasters to affected communities		
Train community psychosocial providers to provide PSS in affected communities (7 per district)	7,406,000.00	10,580.00
Develop updated baseline data for psycho-social affected groups especially children and drought affected families	2,865,000.00	4,092.80
Monitoring and Evaluation	30,000,000.00	42,857.10
Grand Total	**208,542,600.00**	**306,926.00**

2.4.6 EDUCATION CLUSTER

Lead Agency: Ministry of Education Science and Technology (MOEST)
Contact information: Virginia Kachigunda vkjinnie5@gmail.com

Co- Lead agency: United Nations Chidren's Fund (UNICEF)
Contact information: Amilu Chilingulo achilingulo@unicef.org

PEOPLE IN NEED
520,000

PEOPLE TARGETED
208,000 learners

REQUIREMENTS (US$)
4.24 million

Confirmed pledges – US $ 0.0

Resource Gap – US $ 4.24 million

Response Strategy

The cluster activities seek to provide a wide range of services such as provision of school meals, hygiene education and psychosocial support to learners. These activities seek to ensure that access to quality education is sustained during the food insecurity emergency so that numbers of drop outs resulting from food insecurity are minimised. The cluster will also work at reducing outbreaks of diarrhoeal diseases among learners. In collaboration with the Food Security Cluster to support continued normal learning during the lean season, children enrolled and attending at least 80 % of school days per month will receive 5kg of Super Cereal as take home rations (THR), as conditional safety net. This assistance will target 166,400 learners in 200 primary schools in 15 districts covering the period from July 2016 to April 2017. Community sensitizations will be carried out so that parents prepare breakfast for children before going to school, in addition to nutrition and education messages. In addition, schools will be encouraged to establish home grown school gardens involving learners, parents and communities where vegetables and other food crops can be grown to provide school meals as well as supplement existing school feeding programmes. Livelihood activities will be supported to in and out of school adolescents including teen mothers in school to engage in agri-busisness and entreprenership activities including literacy. The roles of standby emergency teachers will be expanded to include real time monitoring that will assist in identifying identifying children in need of school feeding and other intervenions. District Cluster clsuster member capacities will be strengthened to ensure increased knowledge and skills in emergency preparedness, planning and response.

The cluster will institute a robust monitoring and evaluation system by conducting joint field monitoring visists and reporting including sharing of data in the implementation progress of the response through cluster 4Ws which will eventually be shared with DODMA for consolidation with other clusters.

Cluster objective and activities

The main objective of the Education Cluster Drought Response Plan is to ensure that access to quality education is sustained despite emergencies

Objective 1- To reduce absenteeism and drop outs among learners especially girl children due to food insecurity				
Activities	**Locations**	**Indicator**	**Baseline**	**Target**
Provide school meals and take home ration to critically drought affected primary and CBCC schools	15 districts (Nsanje, Chikwawa, Thyolo, Mangochi, Dedza, Machinga, Salima, Nkhata	• Number of boys and girls attending preschool and primary school	90,837	166,400

	Bay, Likoma, Nkhota Kota Chitipa, Mulanje, Ntcheu, Zomba, Balaka)			
Improve and support ECD centers with ECD kits and teaching and learning materials for schools	15 districts (Nsanje, Chikwawa, Thyolo, Mangochi, Dedza, Machinga, Salima, Nkhata Bay, Likoma, Nkhota Kota Chitipa, Mulanje, Ntcheu, Zomba, Balaka)	• Number of boys and girls attending preschool and primary school	90.837	166,400
Objective 2: To ensure learners are protected and have access to protection services				
Provide refresher training for standby emergency teachers to supportdrought response and child protection measures in affected schools	15 districts (Nsanje, Chikwawa, Thyolo, Mangochi, Dedza, Machinga, Salima, Nkhata Bay, Likoma, Nkhota Kota Chitipa, Mulanje, Ntcheu, Zomba, Balaka)	• Number of teachers trained and providing psyhosocial support and care to children with trauma	176	200
Train adolescents on gender based violence, livelihood (agribusiness) skills and provide agricultural inputs such as seeds and fertilizer, fish farming technology as resilience strategy	15 districts (Nsanje, Chikwawa, Thyolo, Mangochi, Dedza, Machinga, Salima, Nkhata Bay, Likoma, Nkhota Kota Chitipa, Mulanje, Ntcheu, Zomba, Balaka)	• Number of adolescents and youth participating in livelihood skills activities • Number of adolescents and youth organizing activities themselves	11,000	41,600

Education Cluster Response Budget

	Output/Activity Description	Qty	Unit cost MK	Freq.	Total MK	USD	Available funds $[21]	Funding gap $
	Provision of school meals to primary schools and CBCC centres							
1.1	Provide school meals for 166,400 children in 200 primary and CBCC centres schools for 7 months (Sept'16 - March'17)	166400		7	2,186,537,121	3,096,657	0	3,096,657
2	**Psychosocial and health services for children and teachers integrated in educational response**							
2.1	Provide refresher training 200 standby teachers to provide psychosocial support and child protection measures in 200 schools in collaboration with Child Protection including real time monitoring	200	80000	6	96,000,000	135,967	71,000	64,967
3	**Children including pre-school age girls, and other excluded children, access quality education opportunities**							
3.1	Improve ECD centres and provide 200 ECD kits to 100 schools	200	116132	1	23,226,400	32,896	30,000	2,896
3.2	Provide teaching and learning materials to 200 schools	500	112199	1	56,099,500	79,455	51,000	28,455
					79,325,900	112,351	81,000	31,351
4	**Adolescents, young children and caregivers access appropriate life skills programmes ; information about the emergency; and educational options for those who have missed out on schooling, especially adolescents**							
4.1	Train 41600 adolescents and youth on gender base violence, agribusiness skills, provide seeds and implements	41600	15000	1	624,000,000	883,783	144,000	739,783
5.0	**Capacity of districts to prepare, plan and respond to emergencies improved**				-			
5.1	**Train district cluster members in emergency preparedness, planning and response**	200	15000	2	6,000,000	8,498	-	8,498
	TOTAL				**2,991,863,021**	**4,237,255**	**296,000**	**3,941,255**

[21] All funding is from Norway (UNICEF)

2.4.7 HEALTH CLUSTER

Lead Agency: World Health Organization(WHO)
Contact information: Humphreys Masuku ; **masukuh@who.org**

PEOPLE IN NEED
6.5 million

PEOPLE TARGETED
2.52 million

REQUIREMENTS (US$)
1.046 million

Confirmed pledges – US $ 0.0

Resource Gap – US $ 1.046 million

Cluster Response Strategy

The cluster will endeavour to strengthen capacity of the health system to respond to health challenges arising from food insecurity and drought. The most common cases include malnutrition complications, anaemia, diarrhoea.
The overall objective of the cluster is to prevent an increase in morbidity and mortality amongst people affected by the 2015-2016 El Nino

Activities	Locations	Indicator	Baseline	Target
Objective 1- To provide access to basic health services to people affected by the El Nino and LA Nina with particular attention to the most vulnerable groups				
Procure drugs and supplies for affected populations	24 districts	Number of districts supported with drugs and supplies	4	18
Provide treatment to populations affected various diseases and conditions	24 districts	Number of people treated for different diseases and conditions	Previous 5 year average of the occurrence of each disease and condition	All individuals reporting various diseases and conditions
Conduct static and outreach clinics for Reproductive health, Integrated management of childhood illnesses and immunization in affected areas	24 districts	Number of outreach and static clinics	Static: 2 per week Outreach: 1 per month	Static:4 per week Outreach: 2 per month
Conduct health promotion campaigns in all affected districts	24 districts	Number of health promotion campaigns conducted in the districts	1 per month	1 per week
Procure and distribute reproductive health and dignity kits for use in disasters	15 flood prone districts	Number of districts supplied with at least 50% of estimated RH and dignity kits	6 districts	12 districts
Provide health promotion activities at community level	15 flood prone districts	Number of districts supplied with at least 50% of estimated RH and dignity kits	6 districts	12 districts
Objective 2: To build and maintain capacity to respond rapidly to disaster related disease outbreaks as well as trauma victims and gender based violence in disaster prone areas				
Conduct national level joint assessment in disaster affected areas	24 districts	Number of joint health assessments conducted and reports produced	4 districts	24 districts

Activities	Locations	Indicator	Baseline	Target
Train health workers in IDSR in the affected districts	24 districts	Number of districts with at least two trained IDSR focal persons	0	24 districts
Support districts in disease surveillance and response	24 dstricts	Number of districts supported supported to estlabish surveillance and early warning systems	0	24 districts
Develop and distribute IEC materials addressing emergency issues	24 districts	Number of IEC materials developed and distributed based on needs	0	24 districts (120,000 posters and leaflets)
Conduct treatment of outbreaks in treatment camps	24 districts	Number of outbreaks reported and managed	5	Number of reported outbreaks
Provide mental /psychosocial support to traumatized people after the disasters	24 districts	Number and types of mental /psychological support provided per distriscts	0	24 (at least one per district)
Conduct cross border meetings on management of outbreaks	Districts bodering other countries (9 districts)	Number of cross border meetings conducted	1	4
Objective 3: To build and maintain district capacity to conduct rapid and post disaster health assessment				
Conduct Rapid health needs assessments in the districts and develop action plans	24 districts	Number of health assessments and actions done	5	24 districts
Objective 4: To sustain continuum of care to people on ART,TB, and hypertension, Diabetes treatment and provide services for prevention of HIV transmission and family planning during disasters				
Conduct integrated clinics for the TB patients and ART, Pregnantwomen, hypertension, Diabetes in affected districts	24 districts	Number of cliniics conducted per district	2 per week	4 clinics per week/district
Objective 5: To promote resource mobilization for the affected districts at all levels				
Conduct cluster meetings at all levels	24 districts and national level	Number of cluster meetings done at each level	Monthly	Biweekly
Conduct advocacy meetings with stakeholders and donor groups	Health Zones	Number of advocacy meetings conducted	Quartely	Bimonthly
Objective 6: Strengthen Monitoring and data management at all levels				
Conduct support Supervision visits at all levels	24 districts	- Number support supervision visits done at the district level -Number of support supervision visits by national level to the district	1 per month 1 per month	1 per week 1 per month
Develop data capturing , reporting and early warning system tools	National	Number of tools developed and deployed	0	1

Health Cluster Response Budget

Overall Objective: To prevent an increase in morbidity and mortality amongst people affected by the 2015-2016 El Nino

Specific objectives	Activities	Indicators	Budget	Timeline
1. To provide access to basic health services to people affected by the El Nino and LA Nina with particular attention to the most vulnerable groups	**1.1**.Procure drugs and supplies for affected populations	**1.1.1.** Number of districts supported with drugs and supplies	**$240,000**	Ongoing
	1.1. Provide treatment to populations affected various diseases and conditions	**1.2.2**.Number of people treated for different diseases and conditions	**$50,000**	Ongoing
	1.3.Conduct static and outreach clinics for Reproductive health, Integrated management of childhood illnesses and immunization in affected areas	**1.3.3**.Number of outreach and static clinics among the IDPs	**$50,000**	Ongoing
	1.4.Conduct health promotion campaigns in all affected districts	**1.4.4**. Number of health promotion campaigns conducted in the districts.	**$50,000**	June-Dec 2016
	1.5. Procure and distribute reproductive health and dignity kits for use in disasters	**1.5.5.** Number of dignity kits supplied to districts	**$80,000**	June-September 2016
	1.6. Provide health promotion activities at community level	**1.6.6**.Number of communities conducting health promotions per district	**$90,000**	Ongoing
2.To build and maintain capacity to respond rapidly to disaster related disease outbreaks as well as trauma victims and gender based violence in disaster prone areas	**2.1**.Conduct national level joint assessment in disaster affected areas	**2.1.1** Number of joint health assessments conducted and reports produced	**$25,000**	June - December 2016
	2.2. Train health workers in IDSR in the affected districts	**2.2.2** Number of health workers trained in IDSR	**$100,000**	June-August 2016
	2.3. Support districts in disease surveillance and response	**2.3.3** Number of districts supported	**$10,000**	August-Dec 2016
	2.4. Develop and distribute IEC materials addressing emergency issues	**2.4.4** Number of IEC materials developed and distributed	**$20,000**	June-August 2016
	2.5. Conduct treatment of outbreaks in treatment camps	**2.5.5.**Number of camps managed	**$40,000**	Ongoing
	2.6. Provide mental /psychosocial support to traumatized people after the disasters	**2.6.6.** Proportion of people reached	**$25,000**	Ongoing
	2.7. Conduct cross border meetings on management of outbreaks	2.7.7.Number of meeting conducted in the districts	**$25,500**	Ongoing
3.To build and maintain district	**3.1**.Conduct Rapid health needs assessments in the	**3.1.1** Number of health assessments and	**$20,000**	Ongoing

capacity to conduct rapid and post disaster health assessment	districts and develop action plans	actions done		
4. To sustain continuum of care to people on ART,TB, and hypertension, Diabetes treatment and provide services for prevention of HIV transmission and family planning during disasters	**4.1**. Conduct integrated clinics for the TB patients and ART, Pregnant women, hypertension, Diabetes in affected districts	4.1.1 Number of clients reached	**$50,000**	Ongoing
5. To promote resource mobilization for the affected districts at all levels	**5.1**. Conduct cluster meetings at all levels	5.1.1 Number of cluster meetings done each level	**$16, 000**	Ongoing
	5.2. Conduct advocacy meetings with stakeholders and donor groups	5.2.1. Number of advocacy meetings conducted	**$5,000**	Ongoing
6. Strengthen Monitoring and data management at all levels	**6.1.** Conduct support Supervision visits at all levels	**6.1.1** Number support supervision visits done at the district level	**$80,000**	Ongoing
		6.1.2 Number of support supervision visits by national level to the district	**$50,000**	Ongoing
	6.2. Develop data capturing , reporting and early warning system tools	6.2.1 Number of tools developed	$20,000	Ongoing
Total Budget for planned activities			**$1,046,500**	

2.4.8 2016/2017 NATIONAL FOOD INSECURITY RESPONSE BUDGET

	CLUSTER	Target Population	Total Budget (US $)	Confirmed Pledges (US $)	Resource Gap (US $)
1	Food Security	Cash – 1,789,925 Food – 4,701,922 **Total – 6,491,847**	307,505,000	64,200,000[22]	243,305,000
2	Agriculture	1.85 million	30,800,000	1,660,000[23]	29,140,000
3	WASH	775,000	22,087,500	0	22,087,500
4	Nutrition	312,210	29,148,630	25,461,712	3,686,918
5	Protection	3 million	306,926	0	306,926
6	Education	208,000	4,237,255	0	4,237,255
7	Health	2.52 million	1,046,500	0	1,046,500
	Totals	**6,491,847**	**395,131,811**	**91,321,712**	**303,810,099**

[22] US $55 million is carry over from last humanitarian response; US $10 million is inkind donation of rice by the Government of China
[23] US $610,000 from One UN Fund; US $800,000 from ECHO; US $50,000 from USAID and US $200,000 other dources

ANNEXES

ANNEX 1: Methodology

People in need (sectors)

Sectors were requested to estimate the number of people in need of cluster services in each province, relying on available data, estimates of need and expert consensus. Each sector determined its own methodology for estimating the sector specific estimate of people in need.

People in need (total)

MVAC conducted an assessment in all the districts primarily in the Food Security all sector and estimated the number of people in need of food assistance. The MVAC figures are taken to be total number of people in Need.

Sector severity of need maps (Maps in sector sections)

Each sector was asked to provide an estimate of severity of needs within each affected district, using at least one indicator.
Sectors defined thresholds for their sector indicators, reviewed their data, and based either on new data collected from recent assessment or expert information. As a result, sector specific maps were created after inputting data on indicators using the Needs Comparison Tool (NCT).

List of Indicators from sectors for severity of needs

Food Security

1. Food Consumption Score (FCS)
2. %age of Households by duration of staple food stock
3. Coping Strategy index
4. Number of beneficiaries receiving food, non-food items, cash transfers and vouchers as % of planned
5. Quantity of food/value of cash/voucher received by beneficiary HH (and proportion in relation to food basket)

Agriculture

1. Number of reported animal disease outbreaks
2. % change in key food & non-food commodity prices
3. Number of beneficiaries receiving agricultural inputs as % of planned beneficiaries
4. Change in production compared to previous year's harvest by commodity per district (main staple food)
5. Quantity of input items distributed, as % of planned

WASH

1. Number of affected people and host community members provided with safe water as per agreed standards in the reporting year
2. Number of affected people and host community members provided with access to sanitation/temporary latrines in the reporting year
3. Number of affected people and host community members provided with hygiene promotion messages in the reporting year

Protection

1. # number of child protection cases (including refugee children(M/F)) identified, documented, and referred for appropriate services
2. # of care givers (to children, elderly, terminally ill/ HIV) benefiting from psycho-socio support through safe spaces in the district
3. # of males/females, boys and girls include in need of counseling and therapy on psycho-socio support

4. # of people (males and females) in need of access to justice
5. %age of reported incidents of sexual and gender based violence per district in year 2015
6. # of affected vulnerable people (males and females, boys and girls/ elderly /disabled, PLWHA who are in need of food

Health

1. Number or %age of non functional health facilities in the district
2. %age of births assisted by skilled attendants
3. Measles 1st dose coverage (MCV1)
4. Number of patients on ART(males/females)

Education

1. %age of schools/learning spaces in affected districts receiving school feeding
2. Attendance rate (boys/girls) in affected districts

ANNEX 2: Estimation of People in Need per cluster (breakdown by district)

Nutrition

District	Under five population @17%		Pregnant and lactating women 8% of total population	Population in need caseload		
	Male	Female		Expected SAM children <5 (100% caseload)	Expected MAM children <5 (100% caseload)	Expected PLW MAM Caseload
Chitipa	18178	19693	17,822	1,125	2556	1,069
Karonga	28406	30773	27,849	1,758	3995	1,671
Nkhata Bay	22673	24563	22,229	1,403	3188	1,334
Rumphi	17486	18943	17,143	1,082	2459	1,029
Mzimba	75305	81580	73,828	4,659	10590	4,430
Mzuzu	19503	21128	19,121	1,207	2743	1,147
Likoma Island	854	925	837	53	120	50
Kasungu	70077	75916	68,703	4,336	9855	4,122
Nkhotakota	31953	34615	31,326	1,977	4493	1,880
Ntchisi	24120	26130	23,647	1,492	3392	1,419
Dowa	65070	70492	63,794	4,026	9150	3,828
Salima	35257	38195	34,566	2,182	4958	2,074
Lilongwe Rural	121636	131773	119,251	7,526	17105	7,155
Lilongwe City	89610	97078	87,853	5,545	12601	5,271
Mchinji	49840	53993	48,862	3,084	7009	2,932
Dedza	61406	66523	60,202	3,799	8635	3,612
Ntcheu	47984	51983	47,043	2,969	6748	2,823
Mangochi	85973	93137	84,287	5,320	12090	5,057
Machinga	51196	55462	50,192	3,168	7199	3,012
Zomba	54931	59509	53,854	3,399	7725	3,231
Zomba City	12006	13006	11,770	743	1688	706
Chiradzulu	26328	28522	25,812	1,629	3702	1,549
Blantyre Rural	33294	36069	32,642	2,060	4682	1,958
Blantyre City	75090	81348	73,618	4,646	10560	4,417
Mwanza	8629	9348	8,459	534	1213	508
Thyolo	53458	57912	52,409	3,308	7517	3,145
Mulanje	47313	51256	46,385	2,928	6653	2,783
Phalombe	31275	33881	30,662	1,935	4398	1,840
Chikhwawa	44856	48594	43,976	2,775	6308	2,639
Nsanje	23548	25511	23,086	1,457	3311	1,385
Balaka	33409	36193	32,754	2,067	4698	1,965
Neno	12903	13978	12,650	798	1814	759
Total	**1,373,565**	**1,488,029**	**1,346,633**	**84,989**	**193,158**	**80,798**

WASH

District	Population	Estimated populated of affected people by District		
		Drought	Floods	Cholera
Chitipa	178,904	7773	7700	777
Karonga	269,890	11725	12075	1173
Nkhata Bay	215,789	9375	9655	937
Rumphi	172,034	7474	8001	747
Mzimba	727,931	31625	32569	3163
Kasungu	627,467	27260		2726
Nkhotakota	303,659	13193		1319
Ntchisi	224,872	9770		977
Dowa	558,470	24263		2426
Salima	337,895	14680		1468
Lilongwe	1,230,834	53474		5347
Mchinji	456,516	19833		1983
Dedza	624,445	27129		2713
Ntcheu	471,589	20488		2049
Mangochi	797,061	34628		3463
Machinga	490,579	21313		2131
Zomba	579,639	25183		2518
Chiradzulu	288,546	12536		1254
Blantyre	340,728	14803		1480
Mwanza	92,947	4038		404
Thyolo	587,053	25505		2550
Mulanje	521,391	22652		2265
Phalombe	313,129	13604		1360
Chikwawa	434,648	18883		1888
Nsanje	238,103	10344		1034
Balaka	317,324	13786		1379
Neno	107317	4663		469
Total	**11,508,760**	**500,000**	**70,000**	**50,000**

Annex 3 Food Insecure Population per Month (July 2016 - March 2017)

No	District	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
1	Balaka	-	333,943	333,943	333,943	333,943	333,943	333,943	333,943	333,943
2	Blantyre Rural	-	-	-	326,360	326,360	326,360	326,360	326,360	326,360
3	Chikwawa	-	498,988	498,988	498,988	498,988	498,988	498,988	498,988	498,988
4	Chiradzulu	-	-	-	241,214	241,214	241,214	241,214	241,214	241,214
5	Dedza	-	-	-	-	223,681	223,681	223,681	223,681	223,681
6	Dowa	-	-	-	-	228,709	228,709	228,709	228,709	228,709
7	Kasungu	-	-	-	-	232,578	232,578	232,578	232,578	232,578
8	Lilongwe Rural	-	-	-	-	427,627	427,627	427,627	427,627	427,627
9	Machinga	-	-	-	456,225	456,225	456,225	456,225	456,225	456,225
10	Mangochi	-	-	-	-	657,585	657,585	657,585	657,585	657,585
11	Mchinji	-	-	-	-	-	170,541	170,541	170,541	170,541
12	Mulanje	-	-	-	-	-	354,306	354,306	354,306	354,306
13	Mwanza	-	-	-	39,656	39,656	39,656	39,656	39,656	39,656
14	Mzimba	-	-	-	-	-	-	113,594	113,594	113,594
15	Neno	-	-	80,308	80,308	80,308	80,308	80,308	80,308	80,308
16	Nkhotakota	-	-	-	-	58,134	58,134	58,134	58,134	58,134
17	Nsanje	236,028	236,028	236,028	236,028	236,028	236,028	236,028	236,028	236,028
18	Ntcheu	-	-	315,589	315,589	315,589	315,589	315,589	315,589	315,589
19	Ntchisi	-	-	-	-	-	-	82,679	82,679	82,679
20	Phalombe	-	-	-	244,297	244,297	244,297	244,297	244,297	244,297
21	Rumphi	-	-	-	-	-	-	32,218	32,218	32,218
22	Salima	-	-	259,737	259,737	259,737	259,737	259,737	259,737	259,737
23	Thyolo	-	-	-	-	404,353	404,353	404,353	404,353	404,353
24	Zomba	-	-	-	-	473,497	473,497	473,497	473,497	473,497
TOTAL		**236,028**	**1,068,959**	**1,724,593**	**3,032,345**	**5,738,509**	**6,263,356**	**6,491,847**	**6,491,847**	**6,491,847**

Annex 4: MVAC Recommendation of Mode of Response

DISTRICT	TA	AFFECTED POPULATION	RECOMMENDED INTERVENTION
NORTHEN REGION			
Mzimba	Mpherembe	10,844	Cash Based
Mzimba	Chindi	32,286	Food Based
Mzimba	M'mbelwa	28,880	Food Based
Mzimba	Mzikubola	16,790	Food Based
Mzimba	Khosolo	9,210	Food Based
Mzimba	Mwabulabo	15,584	Food Based
RUMPHI	Mwahenga	4,176	Food Based
RUMPHI	Chikulamayembe	21,056	Food Based
RUMPHI	Mwankhunikira	6,986	Food Based
TOTAL FOOD (N)		**136,602**	**93.7**
TOTAL CASH (N)		**9,210**	**6.32**
TOTAL POP		**145,812**	
CENTRAL REGION			
Dedza	Tambala	63,552	Cash Based
Dedza	Kaphuka	65,920	Cash Based
Dedza	Kachindamoto	94,208	Food Based
Dowa	Kayembe	41,168	Cash Based

DISTRICT	TA	AFFECTED POPULATION	RECOMMENDED INTERVENTION
SOUTHERN REGION … Cont'd			
Chiradzulu	Nchema	23,158	Food Based
Chiradzulu	Likoswe	32,384	Food Based
Chiradzulu	Nkalo	22,356	Food Based
Chiradzulu	Sandalaki	21,546	Food Based
Chiradzulu	Onga	24,178	Food Based
Chiradzulu	Mpunga	24,177	Food Based
Chiradzulu	Kadewere	34,047	Food Based
Chiradzulu	Maoni	19,856	Food Based
Chiradzulu	Chitera	15,334	Food Based
Chiradzulu	Mpama	24,178	Food Based
Machinga	Nkula	23,421	Cash Based
Machinga	Sitola	26,069	Cash Based
Machinga	Nsanama	40,019	Food Based
Machinga	SC Mlomba	62,672	Food Based
Machinga	Kawinga	40,348	Food Based
Machinga	SC Chiwalo	1,456	Food Based
Machinga	Nyambi	5,098	Food Based

DISTRICT	TA	AFFECTED POPULATION	RECOMMENDED INTERVENTION
Dowa	Dzoole	50,603	Cash Based
Dowa	Mkukula	16,010	Cash Based
Dowa	Chiwere	73,187	Cash Based
Dowa	Chakhaza	47,742	Food Based
Kasungu	Kaomba	39,771	Cash Based
Kasungu	Mnyanja	30,232	Cash Based
Kasungu	Mdunga (Kaperula)	22,652	Cash Based
Kasungu	Chinyama	17,500	Cash Based
Kasungu	Chitanthamapira	28,393	Cash Based
Kasungu	Chisemphere	10,100	Cash Based
Kasungu	Wimbe	35,000	Cash Based
Kasungu	Simulemba	28,840	In-kind food assistance
Kasungu	Kaluluma	20,090	In-kind food assistance
Lilongwe	Kalolo	29,934	Cash Based
Lilongwe	Njewa	47,039	Cash Based
Lilongwe	Masula	25,658	Cash Based
Lilongwe	Chiseka	59,868	Cash Based
Lilongwe	Khongoni	29,934	Cash Based
Lilongwe	Chadza	23,519	Cash Based
Lilongwe	Mazengera	23,524	Food Based
Lilongwe	Tsabango	14,967	Food Based
Lilongwe	Chimutu	20,526	Food Based
Lilongwe	Mbang'ombe	12,829	Food Based
Lilongwe	Chitukula	14,967	Food Based
Lilongwe	Kabudula	36,348	Food Based
Lilongwe	Malili	34,210	Food Based
Lilongwe	Kalumbu	34,210	Food Based
Lilongwe	Mtema	20,094	Food Based
Mchinji	Nyoka	20,465	Cash Based
Mchinji	Kapondo	30,697	Cash Based
Mchinji	Dambe	59,689	Cash Based
Mchinji	Simphasi	21,554	Cash Based
Mchinji	Zulu	9,143	Cash Based
Mchinji	Mduwa	28,992	Cash Based
Nkhotakota	Malengachanzi	15,347	Food Based
Nkhotakota	Mwansambo	12,558	Food Based
Nkhotakota	Kanyenda	17,440	Food Based
Nkhotakota	Mwadzama	12,789	Food Based
Ntcheu	Mphambala	72,828	Food Based
Ntcheu	Makwangwala	84,168	Food Based
Ntcheu	Tsikulamowa	47,339	Food Based
Ntcheu	Ganya	69,176	Food Based

DISTRICT	TA	AFFECTED POPULATION	RECOMMENDED INTERVENTION
Machinga	Ngokwe	18,908	Food Based
Machinga	Liwonde	47,955	Food Based
Machinga	Mchinguza	12,732	Food Based
Machinga	Nkoola	47,617	Food Based
Machinga	Mposa	43,621	Food Based
Machinga	Chamba	25,536	Food Based
Machinga	SC Chikweo	60,773	Food Based
Mangochi	Katuli	60,804	Cash Based
Mangochi	Mponda	120,333	Cash Based
Mangochi	Makanjira	84,477	Cash Based
Mangochi	Namabvi	30,923	Food Based
Mangochi	Jalasi	45,388	Food Based
Mangochi	Bwana Nyambi	48,322	Food Based
Mangochi	Nankumba	125,618	Food Based
Mangochi	Chowe	118,383	Food Based
Mangochi	Chimwala	23,337	Food Based
Mulanje	Njema	6,531	Cash Based
Mulanje	Nkanda	71,759	Cash Based
Mulanje	Mabuka	87,016	Food Based
Mulanje	Chikumbu	71,744	Food Based
Mulanje	Nthilamanja	36,355	Food Based
Mulanje	Juma	80,899	Food Based
Mwanza	Kanduku	18,120	Cash Based
Mwanza	Nthache	14,643	Food Based
Mwanza	STA Govat	6,893	Food Based
Neno	Dambe	6,350	Cash Based
Neno	Chekucheku	4,552	Food Based
Neno	Mulauri	27,315	Food Based
Neno	Saimon	42,092	Food Based
Nsanje	Mgabu	12,670	Cash Based
Nsanje	Mlolo	55,263	Food Based
Nsanje	Chimombo	10,155	Food Based
Nsanje	Ndamera	25,344	Food Based
Nsanje	Tengani	37,817	Food Based
Nsanje	Mbenje	41,787	Food Based
Nsanje	Malemia	42,135	Food Based
Nsanje	Nyachikadza	3,667	Food Based
Nsanje	Makoko	7,190	Food Based
Phalombe	Nkhulambe	16,871	Food Based
Phalombe	Chiwalo	33,430	Food Based
Phalombe	Jenala	63,939	Food Based
Phalombe	Mnkhumba	70,882	Food Based

DISTRICT	TA	AFFECTED POPULATION	RECOMMENDED INTERVENTION
Ntcheu	Masasa	42,078	Food Based
Ntchisi	Nthondo	16,536	Cash Based
Ntchisi	Malenga	4,134	Cash Based
Ntchisi	Vuso jere	16,536	Cash Based
Ntchisi	Kasakula	8,268	Cash Based
Ntchisi	Chikho	37,206	Cash Based
Salima	Kalonga	51,947	Food Based
Salima	Kambwili	38,961	Food Based
Salima	Pemba	57,142	Food Based
Salima	Ndindi	64,934	Food Based
Salima	Kambalame	46,753	Food Based
TOTAL FOOD (C)		**1,036,015**	
TOTAL CASH (C)		**963,260**	
TOTAL POP		**1,999,275**	
SOUTHERN REGION			
Balaka	Nsamala	199,003	Food Based
Balaka	Kalembo	134,940	Food Based
Blantyre	Machinjiri	30,357	Cash based
Blantyre	Makata	15,317	Cash based
Blantyre	Kuntaja	68,422	Food Based
Blantyre	Kunthembwe	32,346	Food Based
Blantyre	Lundu	24,593	Food Based
Blantyre	Chigaru	38,156	Food Based
Blantyre	Kapeni	80,190	Food Based
Blantyre	Nsomba	36,979	Food Based
Chikwawa	Maseya	26,945	Cash Based
Chikwawa	Kasisi	35,428	Cash Based
Chikwawa	STA Ndakwela	12,475	Cash Based
Chikwawa	Lundu	53,392	Cash Based
Chikwawa	Mlilima	18,962	Food Based
Chikwawa	Katunga	24,951	Food Based
Chikwawa	Makhuwira	77,343	Food Based
Chikwawa	Mgabu	130,235	Food Based
Chikwawa	Chapananga	89,816	Food Based
Chikwawa	STA Masache	13,972	Food Based
Chikwawa	STA Ngowe	15,469	Food Based

DISTRICT	TA	AFFECTED POPULATION	RECOMMENDED INTERVENTION
Phalombe	Kaduya	38,859	Food Based
Phalombe	Nazombe	20,316	Food Based
Thyolo	Nanseta	13,170	Cash Based
Thyolo	Chimaliro	34,103	Cash Based
Thyolo	Bvumbwe	64,517	Cash Based
Thyolo	Ngolongoliwa	11,794	Food Based
Thyolo	Mphuka	40,688	Food Based
Thyolo	Changata	27,927	Food Based
Thyolo	Thukuta	15,311	Food Based
Thyolo	Nsabwe	35,337	Food Based
Thyolo	Khwethemure	38,007	Food Based
Thyolo	Mbawera	38,274	Food Based
Thyolo	Boidi	4,185	Food Based
Thyolo	Mchiramwera	32,879	Food Based
Thyolo	Kapichi	48,162	Food Based
Zomba	Malemia	38,221	Cash Based
Zomba	Mlumbe	86,526	Food Based
Zomba	Kuntumanji	34,351	Food Based
Zomba	Chikowi	56,339	Food Based
Zomba	Mwambo	30,755	Food Based
Zomba	SC Mbiza	56,668	Food Based
Zomba	Ntholowa	31,530	Food Based
Zomba	Nkapita	51,579	Food Based
Zomba	Ngwelero	44,198	Food Based
Zomba	SC Mkumbira	8,923	Food Based
Zomba	Nkagula	34,407	Food Based
TOTAL FOOD (S)		**3,529,305**	
TOTAL CASH (S)		**817,455**	
TOTAL POP		**4,346,760**	
NATIONAL TOTAL CASH POPULATION			**1,789,925**
NATIONAL TOTAL FOOD POPULATION			**4,701,922**
GRAND TOTAL NATIONAL			**6,491,847**