

UNICEF handed over WASH supplies to schools in Lilongwe and Blantyre districts to support the cholera prevention. | UNICEF Malawi 2023

MALAWI CHOLERA FLASH Update 04

23 January 2023 (updates of 16 to 22 January 2023)

Highlights

- As of 22 January, 29,364 cholera cases and 960 deaths have been registered in Malawi; this includes 10,277 children's cases and 144 children's deaths to date.
- During the reporting week, a total of 4,480 cases and 135 deaths, including 1,568 cases and 21 deaths of children were registered. There were 3,860 cases and 121 deaths in the previous week.
- The cumulative case fatality rate stands at 3.27 per cent with the highest CFR 6.51 in Lilongwe and the lowest CFR 0.43 in Mzimba.
- UNICEF distributed a WASH Package to 80 households as well as supplies to 89 schools covering almost 200,000 pupils in five districts.
- UNICEF also distributed 10 Acute Watery Diarrhea (AWD) kits to three district councils, one high-performance tent (72m²) to Lilongwe, 1,000 compound sodium lactates of 500ml adequate for more than 63 severe cases, 2,000 tablets of 100mg doxycycline which can treat 2,000 cases with different sizes cannulas.

Situation in Numbers (Cumulative)

- 18 million people at risk of contracting cholera including 9.18 million children
- 29,364 Cases
- 10,277 Children Cases
- 960 Deaths
- 3.27% Case Fatality Rate
- 29 Districts Affected

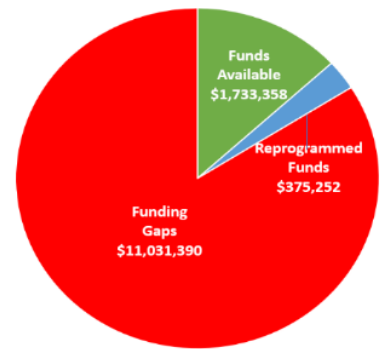
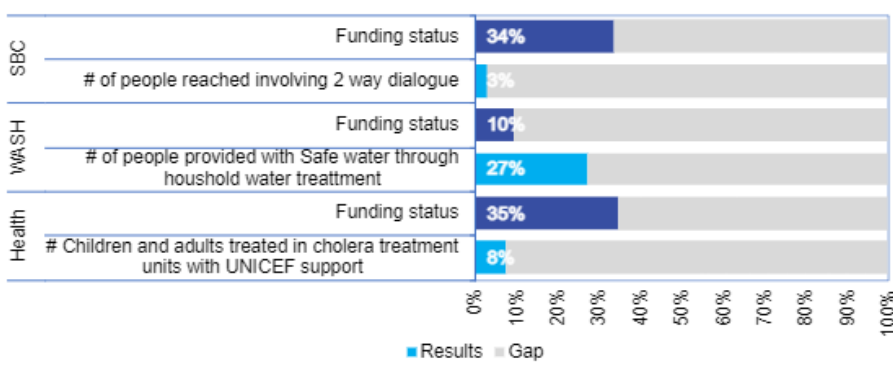
Source: Ministry of Health's press statement on Cholera update as of 15 January 2023

Funding Overview and Partnerships

The funding status remains the same, as reflected in last week's update. UNICEF requires **US\$ 14.14 million** to sustain lifesaving services for women and children in Malawi. To date, UNICEF has **US\$ 2,108,610 (15 per cent)** available for the response as per the details below.

- European Civil Protection and Humanitarian Aid Operation (ECHO): US\$ 538,031
- Central Emergency Response Fund (CERF): US\$ 695,327
- UNICEF Global Humanitarian Response Fund (GHTF): US\$ 500,000
- To bridge the funding gap, UNICEF's regular programme resources (reprogrammed): US\$ 375,252.

Summary of UNICEF Results and Funding



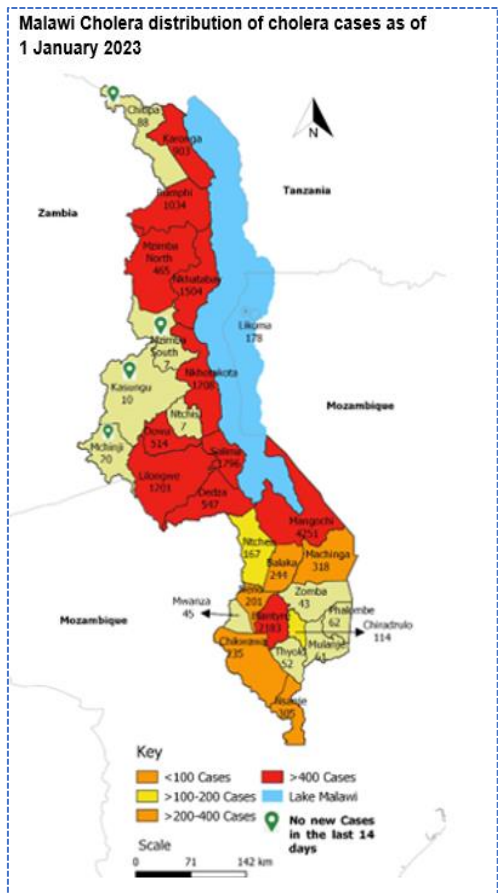
Due to the rapidly deteriorating cholera situation across the country and cases escalating significantly, UNICEF Malawi required an Emergency Programme Fund (EPF) loan (USD 2 million) to bridge the funding needs for the response while in anticipation of other resources to be mobilized. UNICEF has also allocated flexible Global Humanitarian Thematic Funding (GHTF) to support the response (\$500,000).

UNICEF still has a funding gap of **85 per cent**, with an urgent need for funding towards safe water supply and sanitation, health services, and access to essential services and psychosocial support for children.

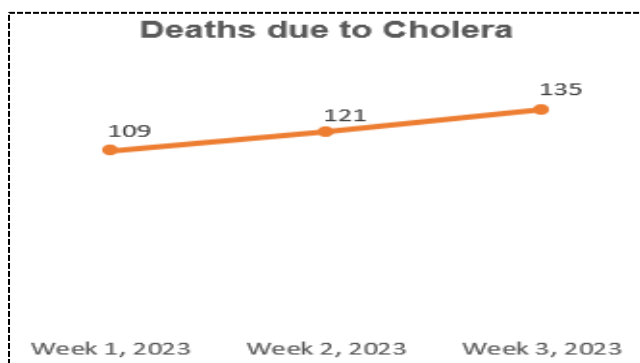
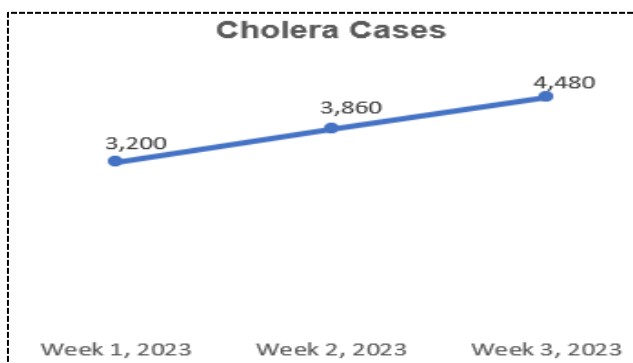
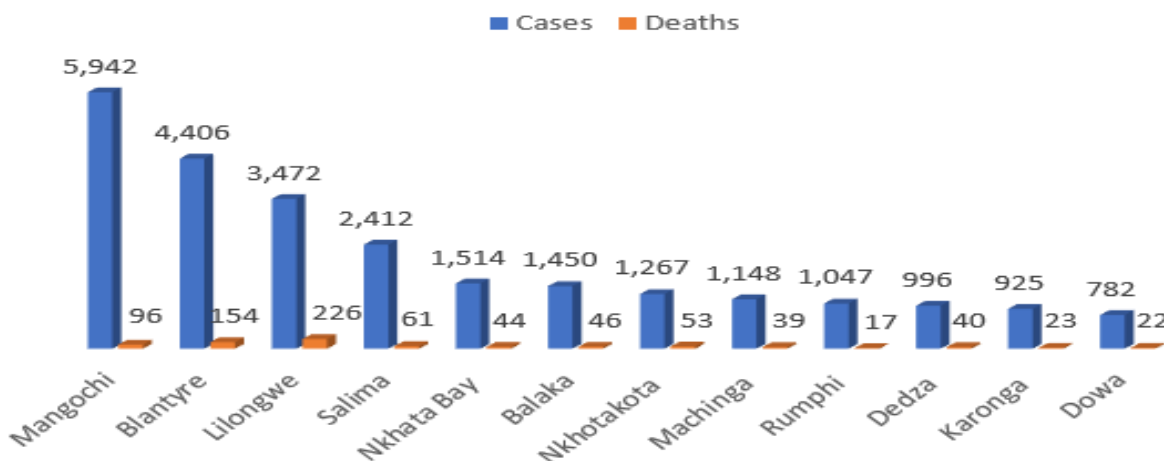
Situation Overview and Humanitarian Needs

On 22nd January, 28 districts reported 4,480 cases, including 135 deaths, with a case Fatality Rate (CFR) of 3.0 per cent. There was an 11 per cent and 13 per cent increment in cases and deaths in the reporting week compared to the previous week. Cumulatively, there are 29,364 cases and 960 deaths with a CFR of 3.27 per cent. A total of 10,277 children are affected, with 144 deaths as of 22 January 2023.

The general trend is increasing, with 29 districts affected and 28 districts actively recording cases within the past two weeks. The top three districts which are most affected are Mangochi (5,942 cases and 96 deaths), Blantyre (4,406 cases and 154 deaths), and Lilongwe (3,472 cases and 226 deaths). The tables below provide the cases and deaths in the high-burden districts and the increasing trend in 2023¹.



Cholera cases and deaths in Malawi



¹ Ministry of Health's press statement on Cholera update as of 22 January 2023.

Summary Analysis of Programme Response

WASH

UNICEF distributed WASH cholera supplies to 89 schools in Lilongwe and Blantyre as schools reopened after two weeks of closure due to cholera outbreaks in these two cities. The supplies will benefit more than 200,000 school learners from the targeted city schools. The UNICEF Country Representative did the Official Handover ceremony of the WASH supplies to the Minister of Water and Sanitation on the day of school reopening on Tuesday, 17 January 2023.

Over 50 district and facility rapid response team (RRT) members in the Nkhotakota district were trained on the Case Area Targeted Intervention (CATI) approach for cholera control. The trained RRT members delivered an integrated intervention package to reduce local cholera transmission from person to person in the targeted areas. The interventions included transmission investigation, delivery of hygiene promotion sessions, and cholera supplies. More than 80 households benefited from the interventions, receiving one bucket with lid and tap, 5 ORS (Oral Rehydration Saline) sachets, and five tablets of soap and chlorine solutions to treat the drinking and cooking water for two weeks in the Nkhotakota district.

SOCIAL and BEHAVIOUR CHANGE (SBC), ACCOUNTABILITY to AFFECTED POPULATION (AAP), LOCALIZATION

Altogether 670 radio listeners, group members, and 32 faith-based leaders engaged in cholera preventive dialogue in eight district councils: Salima, Blantyre, Karonga, Mwanza, Nkhotakota, Mzuzu, Chikwawa, and Nsanje through interpersonal communication. During the reporting week, 4,343 people were reached through radio listeners group members, and 20,000 people were reached with the preventive cholera content through 3-2-1 Interactive Voice Relay (IVR) platforms.

The lack of chlorine solution for water treatment and safe water sources were the main feedback or concerns shared by the communities during the discussion process.

HEALTH

The UNICEF health team distributed 10 Acute Watery Diarrhea (AWD) kits to Ntchisi, Dowa, and Lilongwe district councils (5 periphery drug kits, five community kits) that can treat up to 500 severe cases and 500 mild cases in the communities.

UNICEF also supported setting up a Cholera Treatment Unit (CTU) in Area 25 in Lilongwe by dispatching one high-performance tent (72m²) and assorted medical supplies, including 1,000 compound sodium lactates of 500ml adequate for more than 63 severe cases and 2,000 tablets of 100mg doxycycline, which can treat 2,000 cases with different sizes of cannulas.

NUTRITION

There was enough therapeutic milk and Ready to Use Therapeutic Food (RUTF) in the health facilities to cover the needs of all 29 districts.

A nutrition cluster coordination meeting was held on 17 January 2023 and agreed on developing a nutrition cluster response plan for cholera and a map of stakeholders using the 5W matrix. A response package including treatment of SAM (Sever Acute Malnutrition) in cholera targeting more than 1,800 children with SAM, nutrition screening targeting 125,000 children under the age of five, messaging and counselling targeting caregivers of children 0-5 years, and zinc supplementation of 25,000 children and 28,200 adolescents has been agreed upon. A task force has been put together to work on the monitoring and reporting tools on nutrition indicators which are currently among the indicators tracked for cholera.

HUMANITARIAN LEADERSHIP, COORDINATION, and STRATEGY

The Presidential Task Force on COVID-19 and Cholera continues to coordinate the response to the cholera outbreak at a high level. The task force releases daily situation reports to provide updates on the cholera situation to the public and issue advisories to the nation. The key advisory message during reporting week has been about the school reopening and the need for the public to support the school authorities by doing

their part in adhering to the infection prevention and control measures that have been put in place, including the use of safe water, frequent handwashing with soap, food hygiene and maintaining good sanitation and waste management.

At the technical level, the Emergency Operation Centre (EOC), under the leadership of the Ministry of Health, with WHO as the co-chair, continues to meet every Tuesday and Friday, where Health, SBC, and WASH sections from UNICEF participate regularly.

As cluster co-lead agency for Education, Nutrition, WASH, and Protection Clusters, UNICEF actively participates in the cluster meeting. This reporting week's engagement in most clusters centred on developing 5Ws and cluster response plans.

EXTERNAL RELATIONS AND PUBLIC ADVOCACY

UNICEF Malawi issued a press release, "[UNICEF delivers lifesaving supplies to support the cholera outbreak response in Malawi](#)," which garnered comprehensive media coverage, including the following:

1. [Government gets K300m sanitation supplies](#), The Nation on Sunday
2. [Cholera Situation in Malawi interview with UNICEF Malawi | Al Jazeera TV](#)
3. [UNICEF Delivers Anti-Cholera Supplies to Malawi](#), Voice of America
4. [Hundreds die from Cholera in Malawi](#), Newsroom Afrika
5. <https://www.newdelhitimes.com/unicef-delivers-anti-cholera-supplies-to-malawi/>, New Delhi Times
6. <https://www.macaubusiness.com/unicef-supports-malawi-with-lifesaving-supplies-to-cope-with-cholera-outbreak/>, Xinhua News Agency

Through its partnership with MBC's Development Broadcasting Unit (DBU), UNICEF has extended the broadcasting of cholera jingles on two national and five community radios to promote awareness of Cholera and its prevention measures. UNICEF Malawi continued to post cholera-related messages on its social media platforms in the past week.

For the previous update of 2023, please follow the link here.

Issue 1, Jan: [Malawi Humanitarian Flash Update - 2023.01.pdf](#)

Issue 2, Jan: [Malawi Humanitarian Flash Update 2 - 2023.01.09 Final.pdf](#)

Issue 3, Jan: [Malawi Humanitarian Flash Update 3 – 2023.01.16.pdf](#)

Who to contact for further information: Rudolf Schwenk
Representative
UNICEF Malawi Country Office
Tel: +265-1770770
Email: rschwenk@unicef.org

Gerrit Maritz
Deputy Representative
UNICEF Malawi Country Office
Tel: +265-1770770
Email: gmaritz@unicef.org

Bhawna M Vajpai
Chief Community Development
UNICEF Malawi Country Office
Tel: +265-1770770
Email: bmvajpai@unicef.org

Annex A Funding Status (in USD)

Funding Requirements as Per the UNICEF Country Response Plan cholera 2022					
Appeal Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received	Other resources used	US\$	%
Health	\$ 2,230,000	\$ 493,277	\$ 279,252	\$ 1,457,471	65%
WASH	\$ 6,850,000	\$ 653,750		\$ 6,196,250	90%
Nutrition	\$ 1,600,000	\$ -		\$ 1,600,000	100%
Education	\$ 660,000	\$ -		\$ 660,000	100%
SBC	\$ 1,200,000	\$ 308,000	\$ 96,000	\$ 796,000	66%
Child Protection	\$ 600,000	\$ -		\$ 600,000	100%
Coordination	\$ 1,000,000	\$ 278,331		\$ 721,669	72%
Total	\$ 14,140,000	\$ 1,733,358	\$ 375,252	\$ 12,031,390	85%

Annex B

Summary of Programme Results² (Target as of December 2022, subject to revision by the end of January 2023)

UNICEF and IPs Response			
Sector	2023 target	Total results	% Achieved
HEALTH			
# Children and adults treated in cholera treatment units with UNICEF support	28,000	2100	8%
# Healthcare workers oriented on infection prevention and control, WASHFIT	600	0	0%
SBC			
# local actors participating in engagement actions	8,000	670	8%
# of people reached through Mass Media with health, hygiene, nutrition, or risk communication activities on cholera disease] prevention and treatment through 1-way information dissemination such as social media, print materials, telephone announcements, radio, TV, and IVR (estimation)	1,800,000	1,000,000	55%
# of people directly reached with health, hygiene, or risk communication activities on cholera prevention and treatment, involving a 2-way dialogue.	1,000,000	30,927	3%
# people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	50,000	7,412	15%
WASH			
# of people accessing safe water through emergency household water treatment	3,100,000	846,055	27%
# health care facilities supported to applying IPC protocols	197	197	100%
# of water sources rehabilitated and disinfected	1,000	0	0%
# of water sources sampled to assess water quality	1,000	21	2%
# of people sensitized on key hygiene practices (hand washing with soap, water handling, and proper latrine use)	3,100,000	846,055	27%
EDUCATION			
# Schools supported to implement of safe school protocols (IPC) through the provision of soap and buckets	400	50	12%
# Schools reached with hygiene awareness campaigns in schools and surrounding communities	400	0	0%
# Schools provided with hygiene-related IEC materials and messages for schools	400	0	0%
# Teachers trained on infection prevention, cholera response, and management at the school level	800	0	0%
# children in cholera hotspots supported to access formal or non-formal education, including early learning	-	0	0%
NUTRITION			
# Children aged 6-59 months with SAM admitted for treatment and recovery."	18,000	0	0%
# Children 6-59 months screened for malnutrition	125,000	0	0%
# Primary caregivers of children aged 0-23 months who received IYCF counselling	35,700	0	0%
CHILD PROTECTION			
# People and children affected by Cholera reached with PFA	4000	0	0%
# Children in safe spaces (children's corners) reached with messaging on cholera prevention and social, and behavioural change interventions	10,000	0	0%
# of women, girls, and boys accessing GBV risk mitigation or response interventions	3,000	558	18%
# of Unaccompanied and separated children (UASC) identified and referred for support	50	0	0%

² All the indicators and targets are revised as per revised cholera response plan.