Highlights

❖ Malawi is experiencing a rapid acceleration of COVID-19 cases and the number of fatalities increasing by over 82 per cent within a period of nine days. The Ministry of Health, through the case management technical committee, has identified the need for death audits to inform the next plan of action to reduce COVID-19 related fatalities.

❖ UNICEF support to laboratory personnel at six testing sites by providing them overnight expenses to collect and test samples from 595 returnees who were being held at Nalikule and Machinga institutional quarantine centres, have helped to reduce testing turnaround time from 48 hours to 12 hours.

❖ In contribution to infection and prevention control efforts, UNICEF continues to provide WASH services and supplies at returnee holding centres. So far 945 returnees have been provided with soap for handwashing and personal hygiene. Also, backup water supply was provided for 267 returnees at the Machinga returnee screening centre during the reporting week.

New and cumulative confirmed COVID-19 cases in Malawi by date reported as of 21 July
Situation Overview

Malawi’s is facing a rapid acceleration of COVID-19 cases and deaths. The country has registered additional 719 confirmed cases of COVID-19 increasing from 2,430 in the last report thus representing a 30 percent increase within a period of 9 days bringing the total number of confirmed cases to 3,149. Lilongwe, Blantyre and Mzuzu are currently responsible for about 60 per cent of the COVID-19 cases in the country. The number of fatalities has also increased considerably from 39 to 71 representing an 82 per cent increase. Of the total cases so far registered, 910 are imported infections compared to 2,239 that are locally transmitted. Out the 1,822 active cases, 1,734 (95 per cent) are being managed as outpatients under the “self-isolation” guidance while 13 are under institutional quarantine. So far, 1,256 cases have recovered.

Returnees and deportees continue to arrive in the country mainly from South Africa. Since the last report, additional 595 Malawians arrived as of 19 July among which 37 tested positive for COVID-19. The situation is predicted to increase due to hardships associated with renewed lock down proposal in South Africa.

COVID-19 testing capacity has increased to 53 laboratories (14 RT-PCR and 37 GeneXpert) from the previous 43. There are, however, increasing challenges of managing quality of tests and addressing persistent stockouts of test kits.

Programme response by UNICEF and partners

Humanitarian Leadership, Coordination and Strategy

Humanitarian Strategy

UNICEF Malawi is working in the following areas of strategic priority against COVID-19:

- Public health response to reduce coronavirus transmission and mortality
- Continuity of health, education, nutrition and protection services
- Assessing and responding to the immediate secondary impacts of COVID-19
- Strengthening Risk Communication and Community Engagement (RCCE)

UNICEF maintains critical preparedness and response operations, including operational humanitarian access corridors, and delivery of services in Health, Education, Child and Social Protection, WASH, Nutrition and Communication for Development (C4D) areas to prevent and control infections, ensure continuity of education, promote positive behaviours, preventing transmission and ensuring the protection of children rights, especially of the most vulnerable one.
Humanitarian leadership and coordination

Government coordination mechanisms

- The national response plan is undergoing revision to increase the timeline to December 2020 and to take on board new developments in the situation including the increase in number of returnees entering the country.
- The Presidential Task Force continues to coordinate measures of response to the pandemic.
- The government continues to release situation reports to provide clear information on how the situation is changing.
- Clusters continue to closely monitor the situation in addition to updating the National Plan while at the same time supporting the implementation of preparedness and response actions. (https://calendar.google.com/).
- The National Disaster Preparedness and Relief Committee continues to meet weekly to review recommendations from the cluster system.
- Clusters continued to hold weekly meetings for better response coordination.

UN coordination mechanisms

- The Humanitarian Country Team, the Inter-Cluster Coordination Group and Clusters continue to hold weekly meetings for better response coordination.

Malawi COVID-19 Supply Chain system

- Through Water Aid, UNICEF has provided assorted WASH supplies valued at about US$1,250 to Nalikule Teachers Training College returnee holding centre as part of COVID-19 response to returnees from South Africa. The supplies consist of 750 tablets of soap, 30 plastic buckets, 20 plastic basins and ten 25kgs drums of chlorine bleaching powder.
- The global supply portal, managed by UNICEF, continues to facilitate requests by national authorities and humanitarian partners for strategic and critical supplies.
- UNICEF is exploring options to potentially support the procurement and local production of community masks using funds from DFID. Discussions are underway to identify suitable community masks that are user friendly and environmentally safe.

Summary Analysis of Programme Response

Strengthening public health response to improve Infection and Prevention Control (IPC) and provide critical medical and WASH supplies

As the number of returnees arriving in the country continues to increase, there is need to revisit the standard operational procedures for handling of returnees. This is to consider emerging issues including the recent trend of people arriving in self-organised small groups as opposed to bigger groups in buses. During the reporting week, UNICEF through Malawi Red Cross (MRC) with funding from UK Aid and the Irish embassy, supported 47 members of Emergency Operation Centre (EOC) team to discuss challenges associated with the management and handling of returnees. The meeting agreed on the coordination structure for the management of returnees. The Department of Disaster Management Affairs was selected as the lead and MoH as co-lead entity in the returnee management operations. Secondly, respective districts where border points of entry and returnee holding centres are located will oversee managing returnees with minimum support from the centre.
As part of the efforts to strengthen detection, case management, and referral, UNICEF supported the screening of over 24,000 travellers at Mwanza, Karonga and Kamuzu International Airport. Cumulatively more than 44,000 travellers and people visiting District hospitals and institutions have been screened with UNICEF support. In support of handling of the returnees that arrived during the reporting period, MRC with support from UNICEF provided finances for overnight expenses of additional 44 health workers and cleaners, at Mwanza point of entry. Additionally, 41 Laboratory personnel from six testing sites (National Health Reference Laboratory, Kamuzu Central Hospital, and Lilongwe District Health Office (DHO) laboratory team, Zomba Central Hospital, Machinga DHO and Balaka laboratory) were supported with overnight allowances to collect and test samples from 595 Malawian returnees who were being held at Nalikule and Machinga institutional quarantine centres. The support helped to reduce the turnaround time from 48 hours to 12 hours.

Provision of WASH services and supplies in the returnee holding centres is also of high priority. During the week, UNICEF partner, United Purpose (UP), provided emergency WASH supplies and services to 267 returnees at Machinga teachers training centre returnee holding facility. So far 945 returnees have been provided with soap for handwashing and personal hygiene. Furthermore, UP together with Blantyre Regional Water Office provided backup safe water supply for the 267 returnees at Machinga TTC returnee holding centre by trucking and bladders.

UNICEF is also ensuring availability of safe water at emergency treatment units. During the reporting period, rapid water quality tests were conducted in Chikwawa district at two emergency treatment units (Chikwawa District Hospital and Kasinthula health facility) where all water sources tested were found to be safe for drinking. Since the onset of the COVID-19 preparedness and response interventions, a total of 39 water sources with capacity to serve a population of 11,000 people have been tested. For community use, focusing on urban areas where most cases are being registered, water quality audits are being undertaken by Water Services Association of Malawi This is being done, as part of water safety planning, at five water boards to ensure they supply good quality water and reduce Covid-19 risk.

Dissemination of WASH related messages is another key component of UNICEF’s interventions in infection prevention and control. Different approaches are being used including community radios, hand washing demonstrations at markets, communities and townships, mobile van messaging, IEC materials and newspapers. During the reporting week, 1,040 people were reached with demonstrations on proper handwashing. Since the beginning of the pandemic, UNICEF has reached 2,615,000 people with WASH-related messages. Of these, about 630,000 are children under 18 years, and about 1,985,000 are adults.

UNICEF also continued to support dissemination of nutrition related messages on the prevention of COVID-19 through community radios. To date, a total of 2,478,000 people (approximately 551,000 households) have been reached with key nutrition preventive messages on COVID-19.

A total of 2,380 care group cluster leaders, 1,975 promoters and 170 local leaders were oriented on COVID-19 preventive measures in Mzimba South. This brings the total over 58,820 care group volunteers who have been oriented in nutrition related COVID-19 preventive measures in the 18 UNICEF focus districts¹.

¹ Chitipa, Karonga, Mzimba N, Mzimba S, Nkhata-Bay, Nkhota-Kota, Kasungu, Dowa, Lilongwe, Salima, Mangochi, Chiradzulu, Neno, Phalombe, Mulanje, Thyolo, Chikwawa and Nsanje
Strengthening Risk Communication and Community Engagement (RCCE)

UNICEF continued to support implementation of risk communication and community engagement interventions using various delivery platforms. The number of people reached with COVID-19 messages through door to door, mobile van and community drama sessions and social media is now over 494,400. A total of 19 people with disabilities have also been reached with messages during the reporting period. UNICEF continues to work with the partners Malawi Institute Journalism (MIJ), Story Workshop and Development Communications Trust (DCT), on a rumour tracking tool as it has been established that there are a lot of rumours in circulation which calls for more community engagement sessions to clarify these rumours. There have been visible changes following the above interventions for example, a TA in Mchinji has set up a committee to ensure handwashing with soap is taking place at the community boreholes and he has also made the soap available for that purpose.

Continuity of health, education, nutrition and protection services

To prevent and address the secondary impact of the outbreak and minimize the human consequences, UNICEF is supporting the continuity of health, education, nutrition and protection and other services.

As the government decided not to open schools and other educational institutions in the country due to rapidly rising cases, the Ministry of Education continued with distance learning through radio, online and self-learning materials. So far, 304 radio education programmes out of 400 have been broadcasted for primary learners. A discussion is underway to extend the radio programme with Malawi Broadcasting Corporation (MBC) beyond the end of July. Meanwhile, UNICEF and partners provided technical support towards the development of school reopening guidelines so that Malawi can open back better.

Through the 50 Community Victim Support Units (CVSUs) that were revamped with support from UNICEF, more than 600 survivors of violence have been reached with various protection services including Psychosocial support and referrals to other necessary services in July 2020. The CVSUs in 6 districts of Machinga, Nsanje, Dowa, Ntchisi, Mzimba and Nkhata Bay continue to receive technical support from UNICEF partner Save the Children with funding from the EU-funded Spotlight Initiative. This is to ensure essential protection services are being provided during the COVID-19. The work is being done in collaboration with the District Social Welfare Offices.

UNICEF support in the provision of community-based Mental Health and Psychosocial Support (MHPSS) and child protection services using a case management approach has so far enabled about 6,300 children, parents and primary caregivers to receive community based mental health and psychosocial support. From 13 to 17 July, in Blantyre and Machinga districts, the respective District Social Welfare Office (DSWO) reached 79 children (43 girls, 36 boys), 610 parents, and 85 caregivers with community based MHPSS. DSWOs also supported 68 children (65 in Blantyre and 3 in Machinga) street connected children, including the provision of PSS. In addition, a total of 173 returnees from South Africa at Machinga Teachers Training College returnee holding centre also benefited from PFA during the same period. Also, 294 people, including the returnees who were found to be COVID-19 positive and their close relatives, were provided with remote PFA. Furthermore, the Machinga DSWO also followed up with 83 girls who had entered marriage and got pregnant during the COVID-19 and school closure period and provided mediation and counselling services to 64 couples experiencing domestic disputes because of effects of COVID-19.
Basic psychosocial support (PSS) was also provided to 580 Child helpline/ GBV helpline callers (108 females, 472 males/ 198 children, 382 adults) through conversations with the counsellors. Of the calls received to the helpline, 49 were directly related to COVID-19, seeking information on prevention of COVID-19, reporting the signs and symptoms of COVID-19 (which were referred to health focal persons), and reporting the concerns of increased number of child marriage cases. Also registered were cases related to GBV and child protection related cases (129), including 34 cases concerning child marriage, 32 cases of ‘defilement’/ statutory rape, 30 cases of emotional abuse, 30 cases of physical abuse, 2 cases of economic violence, and 1 case of sexual abuse/assault. There were also economic abuse concerning the lack of support/ abandonment towards children and women, which is potentially correlated to the economic challenge due to COVID-19. The highest number of cases were reported from Zomba (26 cases), followed by Machinga (18 cases), and Lilongwe (13 cases). The reported cases were followed up and referred to necessary services, including police, social welfare, justice, and health, using an updated referral directory.

Human Interest Stories and External Media

UNICEF has partnered with Zodiak Broadcasting station and Malawi Institute of Journalism (MIJ) to produce weekly radio programmes on COVID-19 and its impact on children and their families.

During the reporting week, the MIJ’s radio programme looked at how school closures have affected children, parents and communities who rely on school meals. The students interviewed a teacher, some parents and students. Zodiak produced TV features: the first was on prevention measures interviewing the Chief of Health Services about the national response; a hospital official on how the measures they are taking to prevent the spread to/among children and others seeking routine care; District Health Officers on how they are ensuring health officials including health surveillance assistants, who are in contact with children for routine health services, are protected from COVID-19. They also spoke to Police, a Chief and Social Welfare Officer on how they are encouraging and enforcing preventive measures in communities. They also spoke to some young children asking them what they know about COVID-19.

The second was on the impact of COVID-19 on children, beginning with education through interviews with a secondary school student, the Director of Basic Education in the Ministry, teachers, and a civil society education coalition leader. They tackled issues around access to alternate learning platforms for the poorest children. They also brought out some protection issues and spoke to a psychologist and lecturer at the College of Medicine.

UNICEF has published new stories: My experience when I had Coronavirus, a blog written by 17 year old, Wongani Mulanga; ‘Learning through the radio amid COVID-19: Florence tells her experience’ is a story about a young student (7) who is continuing her studies at home through radio programme, supported by UNICEF; how students are becoming changemakers in their community through the Living School Project: How Chipelera Primary School is benefitting from the Living Schools Project; and, WASH services in screening centres delight returnees documents how Malawi returnees are happy to get full WASH services in one of the screening centres, supported by UNICEF, in Machinga.

UNICEF continues to use the U-Report digital platforms to extensively reach 222,555 U-Reporters in Malawi with messaging on COVID 19 through SMS, polling, open end questions, quiz, information bots,
social media, etc. The U-Report chatbot with information on COVID-19 from UNICEF, WHO and MOH is still active, and to date has registered over 504,000 responses. U-Report also sent out a poll to 222,555 U-Reporters aimed at understanding if school-aged children and adolescents have been able to access distance learning programmes during school closures. Results of the poll can be accessed here. UNICEF continues to collect personal experiences from U-Reporters on how their communities have been fighting COVID 19. The stories are published on U-Report Malawi and UNICEF websites and social media sites.

On social media, UNICEF continues to share messages on COVID-19 prevention and awareness, including contents on misinformation, physical distancing and the wearing of masks. The reporting, we reached almost one million online audiences and engaged 6,000 through these messages. UNICEF regularly updates its dedicated COVID-19 page on its website with latest news and information on UNICEF and its partners’ response to COVID-19 in Malawi.

Funding Overview and Partnerships

UNICEF needs an estimated US$ 55,600,000 to respond effectively to the impact of COVID-19 pandemic on women and children and complement the government efforts in Malawi. The proposed geographical coverage aims at targeting high risk as well as vulnerable districts from the North, Central and Southern parts of the country through a balanced approach, seeking to leave no one behind. The proposed integrated programme approach will ensure comprehensive and holistic coverage of child needs, especially of the most vulnerable.

To date, UNICEF has received US$ 20,976,214 from public and private donors. However, a funding gap of 75 per cent remains. Specific funding requirements, resources available so far and the current funding gaps per sector are displayed in Annex B.

Challenges

- There is an increase in the number of COVID-19 fatalities due to late reporting and limited capacity management at emergency treatment centres. Case management subcommittee has organised orientation sessions based on the changing protocols for management of COVID-19 cases. The committee has also identified need for death audits to inform the next plan of action to reduce the COVID-19 related fatalities.

- Continued increase of COVID-19 infection among front line health workers remains a concern for the continuity of health services. The MoH with support from UNICEF and other IPC partners is supporting a training programme on the effective use of PPEs as per WHO guidelines.

- Sub-optimal implementation of COVID-19 case definition especially in outpatient department to detect COVID-19 cases continues to be a challenge. This is expected to improve because all health workers have been oriented to apply the case definition at outpatient departments to ensure the suspected cases are identified and isolated for testing.

- Knowledge gap and sub optimal capacity of the laboratory staff were identified to be major contributors to increased wastage of the available test kits. This is being addressed through a training supported by UNICEF under DFID grant.
The country is facing a shortage of test kits. The high increase in number of cases coupled with weak systems for forecasting how long the supplies will last are some of the factors that have contributed to this situation. UNICEF has started working with the laboratory team to better track available supplies, supplies in the pipeline and forecast laboratory needs up to December 2020.

Next SitRep: 29 July 2020


Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Total results as of 21 July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>400</td>
<td>357</td>
</tr>
<tr>
<td>Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>400</td>
<td>357</td>
</tr>
<tr>
<td>Number of healthcare workers within health facilities and communities provided with PPEs</td>
<td>2,500</td>
<td>2,260</td>
</tr>
<tr>
<td>Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential new-born care, immunization, treatment of childhood illnesses and HIV care through UNICEF supported community health workers and health facilities</td>
<td>500,000</td>
<td>168,499</td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>5000</td>
<td>4,517</td>
</tr>
<tr>
<td>C4D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>8,000,000</td>
<td>8,000,000</td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through RCCE actions</td>
<td>300,000</td>
<td>494,445</td>
</tr>
<tr>
<td>Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td>
<td>5,000</td>
<td>3,634</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of caregivers of children aged 0-23 months reached with messages aiming to promote breastfeeding in the context of COVID through national communication campaigns</td>
<td>500,000</td>
<td>313,284</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)&quot;</td>
<td>8,000</td>
<td>8,460</td>
</tr>
<tr>
<td>Child Protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>1,500</td>
<td>5,807</td>
</tr>
<tr>
<td>Number of children without parental or family care provided with alternative care arrangements</td>
<td>30</td>
<td>96</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Number of children supported with distance/home-based learning | 2,139,311 | 60,432
--- | --- | ---
**Social Protection**
Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support | 457,000 | 0

**Annex B: Funding**
**Malawi COVID-19 funding status by sector as of 15 July 2020**

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements*</th>
<th>Funds against appeal</th>
<th>received the</th>
<th>Funding gap $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$ 30,600,000</td>
<td>$ 9,337,367</td>
<td>21,262,633</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>$ 8,600,000</td>
<td>$ 736,793</td>
<td>7,863,207</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>C4D</td>
<td>$ 1,000,000</td>
<td>$ 632,054</td>
<td>367,946</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>$ 3,200,000</td>
<td>$ 10,270,000</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Social Protection</td>
<td>$ 7,200,000</td>
<td></td>
<td>7,200,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>$ 4,000,000</td>
<td></td>
<td>4,000,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td>$ 1,000,000</td>
<td></td>
<td>1,000,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL US$$:</strong></td>
<td>$ 55,600,000</td>
<td>$ 20,976,214</td>
<td>41,693,786</td>
<td>75%</td>
<td></td>
</tr>
</tbody>
</table>

*The funding requirement has been revised considering the changes in the situation and to reflect the needs up to December 2020

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