Paramount Senior Chief Kawinga was oriented by UNICEF on COVID-19 prevention

Highlights

✦ Malawi is now the second country in the SADC region with the highest number of COVID-19 cases next to South Africa. As of 12 July, the number of COVID-19 fatalities increased by 63 per cent from 19 in the past week to 38.

✦ On 6 July 2020, the Presidential Taskforce on COVID-19 announced that schools will not reopen on 13 July 2020, as previously suggested. This is due to the increased number of COVID-19 cases in the country.

✦ Since the beginning of the COVID-19 response, UNICEF has supported the installation of 66 latrines at emergency treatment units, hospitals, returnee holding centres and border posts in Blantyre, Mangochi, Mzuzu, Karonga, Mchinji, Mwanza, and Machinga districts as part of the infection prevention and control measures.

✦ A total of 292 returnees from South Africa at Machinga Teachers Training College returnee holding centre benefited from Psychological First Aid in the period of 9 to 10 July.

New and cumulative confirmed COVID-19 cases in Malawi by date reported as of 12 July 2020

Situation in Numbers as of 12 July 2020

- 2,430 confirmed cases
- 747 recoveries
- 39 deaths
- 17,693 tested samples
- 1,644 active cases

Source: 2020/07/12 Malawi COVID-19 Situation report, Public Health
Situation Overview

In the past one week, Malawi has registered a 33 per cent increase in the number of COVID-19 confirmed cases from 1,818 to 2,430. The number of fatalities also increased by 63 per cent from 19 in the past week to 39 this week. Of the total cases so far registered, 811 are imported infections compared to 1,619 that are locally transmitted – a clear indication of community transmission.

Out of the 1,644 active cases as of 12 July, 1,560 are being managed as outpatients under the “self-isolation” guidance while nine are under institutional quarantine. So far, 577 cases have recovered. Malawi is now the second country in the SADC region with the highest number of COVID-19 cases next to South Africa with reported community transmission.

Returnees and deportees continued to arrive in the country mainly from South Africa. As of 12 July, the country has received 1,977 returnees.

Testing capacity remains at 43 laboratories (14 RT-PCR and 29 GeneXpert). So far, laboratory tests have been carried out on 20,098 samples.

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

- In view of the escalation of COVID-19 cases and deaths, the Government of Malawi has empowered local councils to enforce measures contained in the ‘Public Health COVID-19
The measures include suspension of public events and works, regulation of markets and shops, public transport, etc.

- The Presidential Task Force continues to coordinate measures of responding 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.

**UN coordination mechanisms**

- Weekly Humanitarian Country Team and the Inter-Cluster Coordination Group resumed this week after interruption as a result of the Presidential electoral processes in the country.
- Clusters continued to hold weekly meetings for better response coordination.

**Malawi COVID-19 Supply Chain system**

- The Supply Portal, managed by UNICEF, continues to facilitate requests by national authorities and humanitarian partners for strategic and critical supplies.
- The MoH has formed a national task force to review all requests for submission through the global supply portal. The first request of personnel protective equipment (PPEs) worth about US$ 923,000 with funding from the World Bank Pandemic Emergency Financing (PEF) has been submitted.
- UNICEF has supported the MoH and development partners to forecast the PPEs needs for Malawi for the next nine months to ensure uninterrupted supply of the PPEs.
- The Procurement Working Group updated the Business Operations Strategy platform as part of the Procurement Opportunity Analysis for UN Agencies in Malawi. The working group identified the establishment of long-term agreements for PPEs as an opportunity to be pursued for 2020 to ensure that agencies obtain better value for money by consolidating requirements for all agencies.
- UNICEF is exploring options to potentially support the local production of community masks using funds from DFID. Discussions have been initiated to identify suitable community masks that are user friendly and environmentally safe.
- UNICEF continues to participate in the Logistics Cluster under the leadership of the Ministry of Transport and WFP and the Health Medical Supplies Committee. UNICEF is a key member of the cluster given its procurement services function and its role in the coordination of the supply chain portal requests in Malawi.

**Summary Analysis of Programme Response**

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

During the reporting week, UNICEF with funding from UKaid provided financial and technical support to 23 National and district rapid response teams from Mwanza, Blantyre and Lilongwe to handle the arrival of 507 Malawian returnees from South Africa. The support included logistical costs for officers who conducted screening on all returnees. In addition, personnel from four laboratories (Mwanza, Queen
Elizabeth Hospital, Kamuzu Central hospital and College of medicine) were supported with overnight allowances to ensure that the turnaround time for testing of samples is reduced from 48 hours to 24 hours. At the national level, UNICEF continues to support Ministry of Health emergency operations centre to review the National Response Plan and technical guidelines.

As part of continued efforts to support implementation and monitoring of infection prevention and control enhancements in schools, health facilities, markets, and other public spaces, during the reporting week, UNICEF in collaboration with World Relief, supported dissemination of messages on COVID-19 in Karonga and Nkhata Bay. To date, a total of 2,248,981 people (approximately 499,774 households) have been reached with key nutrition preventive messages on COVID-19. Furthermore, a total of 1,167 health surveillance assistants (HSAs), 109 care group promoters, 225 health advisory committee (HAC) members and 385 area development committee (ADC) members were trained in COVID 19 preventive measures in Nkhata Bay and Lilongwe district districts.

Also, a total of 13,891 care group cluster members at community level, 2,380 care group cluster leaders, 1,353 promoters, and 170 local leaders were oriented on COVID-19 preventive measures in Mzimba district. Multisectoral front line workers (agriculture, education, community development and Health sectors) in Karonga, Nkhata-Bay, Dowa and Lilongwe conducted supportive supervision to reinforce hygiene and sanitation practices at household level. More than 30,000 households were visited. Out of these, only 23 per cent had water and soap at their hand washing stations. Care group cluster leaders (6,320) and care group promoters (797) also participated in these home visits.

Furthermore, more than 64,000 people have been reached with WASH related COVID-19 prevention messages through mobile van messaging while another 12,334 people were reached with demonstrations on proper handwashing. This has been achieved with funding from UKaid, through United Purpose. The total cumulative number reached with the WASH-related messages to date remains at 2,615,000 people since some of the same people are being reached using different approaches.

Additionally, emergency treatment units (ETU), hospitals, returnee holding centres and border posts in Blantyre, Mangochi, Mzuzu, Karonga, Mchinji, Mwanza, and Machinga have been supported with infection prevention and control measures enhancement having had temporary latrines installed at their facilities. So far, UNICEF has supported the installation of 66 latrines. Each latrine ensures privacy and has a functional handwashing stations with soap. Meanwhile, construction work by private contractors has started work on permanent toilets in Blantyre, Mwanza, Mchinji and Mzuzu ETUs. To ensure access to clean water at similar facilities, UNICEF has continued to conduct water quality testing. During the reporting week, water testing was conducted at Mangochi ETU, and all samples tested negative (safe for drinking). Residual chlorine tests were done at ETUs in Blantyre and Karonga and returnee holding centres in Machinga and Zomba. Few samples were found to have slightly low residual chlorine, and this is being communicated to the Southern Region Water Board for follow-up and necessary remedial actions. 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. Out of these, seven test results came out positive for faecal coliforms showing bacterial contamination. They were all treated (flush chlorinated) and rendering them safe for drinking water.
Furthermore, water quality audits of the five water boards are being undertaken by Water Services Association of Malawi to ensure they supply good quality water and reduce Covid-19 risk and as part of water safety planning.

**Strengthening Risk Communication and Community Engagement (RCCE)**

During the week, with funding from UKaid 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 is now close to 308,000 people increasing from 270,000 in the last report. Through the social media pages, an additional 3,000 people have been reached bringing the total to 169,200. 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. UNICEF further continues to work with the partners to reprogram some of the mobile activities to more community engagement activities. With support from DFID, District Executive Committee (DEC and) District Health Management Team (DHMT) orientation meetings have commenced in 5 additional districts. The National Social Mobilization Committee continued with their orientation sessions on COVID-19 and ending early marriages in 3 Districts.

**Continuity of health, education, nutrition and protection services**

The Presidential Taskforce on COVID-19 on 6 July 2020, announced that schools will not reopen on 13 July 2020 as previously suggested. This is due to the increased number of COVID-19 cases in the country. The taskforce will keep monitoring the trend of the pandemic to determine when it will be safe to open schools. In the meantime, UNICEF and partners continue to provide technical and financial support to the Ministry of Education on the provision of continuity of learning for both primary and secondary learners.

From 2 to 8 July, 686 Child helpline callers received basic psychosocial support (PSS) through conversations with the counsellors. The calls were from 23 of the 28 country’s districts. Forty-three calls to the helpline were directly related to COVID-19, seeking information on prevention of COVID-19, requesting sanitary materials, and reporting of suspected cases. A total of 149 cases were related to gender-based violence (GBV) and child protection, including 58 cases concerning child marriage, 8 cases of ‘defilement’/ statutory rape, 49 cases of emotional abuse, 27 cases of physical abuse, and 3 cases of sexual abuse/assault. The highest number of cases were reported from Machinga (21 cases), followed by Zomba (17 cases), Phalombe (15 cases), and Mangochi (14 cases). The cases were followed up and referred to necessary services, including police, social welfare, justice, and health, using an updated referral directory. In partnership with YONECO, UNICEF continues to support the provision of basic Psychological First Aid (PFA) to GBV Crisis Line and Child Helpline callers as well as advice, referrals and follow-ups in cases of child protection and Gender-Based Violence (GBV), through YONECO (Youth Net and Counselling).

Support in the provision of community-based Mental Health and Psychosocial Support (MHPSS) and child protection services using a case management approach also continues. From 6 to 10 July, in Blantyre and Machinga districts, the respective District Social Welfare Office (DSWO) reached 198 children (113 girls, 85 boys), 380 parents, and 86 caregivers with community based MHPSS. Blantyre
DSWO also provided appropriate alternative care to a child without parental or family care. Forty-three children (all boys) on the streets were provided with PSS by the DSWO.

Also, a total of 292 returnees from South Africa at Machinga Teachers Training College returnee holding centre also benefited from Psychological First Aid (PFA) from 9 to 10 July. In addition, 227 people, including the returnees who were found to be COVID-19 positive and their close relatives, were provided with remote PFA from 10 to 11 July. The Machinga DSWO also followed up with 41 girls who had entered marriage during the COVID-19 and school closure period and provided mediation and counselling services to 21 couples experiencing domestic disputes because of effects of COVID-19.

With support from the EU-funded Spotlight Initiative, UNICEF partner Save the Children has revamped 50 Community Victim Support Units (CVSUs), which will support victims/survivors of violence, in 6 districts (Machinga, Nsanje, Dowa, Ntchisi, Mzimba and Nkhatata Bay). Through those oriented CVSUs in Nsanje and Machinga districts, 76 people received PSS and 33 cases were referred to necessary services in the month of June.

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 Zodiak radio weekly programme focused on child protection. A village chief and Social Welfare officer from Mchinji, a border district, explained how they are ensuring children are protected from the increasing risk of abuses due to COVID-19. A social worker talked about how they are protecting street children and the National Child Protection officer from Police gives a national overview. This was followed by the Q&A session. The programme ended with an extract from My Hero play. The Malawi Institute of Journalism (MIJ) programme also focused on child protection but they talked to 16 to 18-year olds from Nsanje about their experiences during COVID-19 and what challenges they are facing. A member of a local women’s group also talked about the increasing number of pregnant girls and raised concerns about them returning to school once schools open.

On our social media channels, UNICEF continues to reach its audiences on the COVID-19 prevention messages, including the wearing of masks. This week there have been messages focusing on the impact of COVID19 on youth skills as we commemorate world youth skills day 2020. Additionally there is a blog post on our website by one of former youth media child journalist sharing her COVID-19 diagnosis experience and recovery. We also have a human interest story and photo library on the COVID19 Education Response.

UNICEF continues to use various digital platforms like the U-Report to extensively reach 222,024 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 live, and to date has registered 503,976 responses. U-Report sent out a poll on accountability to affected populations to respondents in 21 districts (including border districts) to understand if communities are involved in decision making issues around COVID-19 as well as maternal and child health. Results of the poll can be accessed here. UNICEF also 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.
UNICEF is continuing to promote global, regional and local COVID-19 contents on how people can stay safe and healthy amidst the pandemic via the Internet of Good Things (IoGT). An article on how people can manage the feeling of emptiness or loneliness has been uploaded on the site targeting students. A survey which has been initiated by UNICEF HQ on face masks is currently running on the platform and the data generated will be used to inform key programmatic decisions. During the report week, IoGT had 556-page sessions on COVID-19 pages and 9,058-page views.

On social media, UNICEF continues to share messages on COVID-19 prevention and awareness, including new content on misinformation, physical distancing and the wearing of masks. 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.
- Continued increase of COVID-19 infection among front line health workers remains a concern on 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.
- Sub-optimal capacity by the laboratory teams has led to increased wastage of test kits. Knowledge gap among laboratory staff was identified to be a major contributor to increase...
wastage of the available test kits. The capacity needs of the laboratory will be addressed through a training programming to 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 better track available supplies, supplies in the pipeline and forecast laboratory needs up to December 2020.

Next SitRep: 22 July 2020


Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Total results as of 8 July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></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><strong>WASH</strong></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>3,999</td>
</tr>
<tr>
<td><strong>C4D</strong></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>198,096</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>3,323</td>
</tr>
<tr>
<td><strong>Nutrition</strong></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>307,884</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>5,834</td>
</tr>
<tr>
<td><strong>Child Protection</strong></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>4,462</td>
</tr>
<tr>
<td>Number of children without parental or family care provided with alternative care arrangements</td>
<td>30</td>
<td>64</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td>2,139,311</td>
<td>60,432</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 received against the appeal</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Health</td>
<td>$30,600,000</td>
<td>$9,337,367</td>
<td>21,262,633</td>
</tr>
<tr>
<td>WASH</td>
<td>$8,600,000</td>
<td>$736,793</td>
<td>7,863,207</td>
</tr>
<tr>
<td>C4D</td>
<td>$1,000,000</td>
<td>$632,054</td>
<td>367,946</td>
</tr>
<tr>
<td>Education</td>
<td>$3,200,000</td>
<td>$10,270,000</td>
<td>7,070,000</td>
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<tr>
<td>Social Protection</td>
<td>$7,200,000</td>
<td></td>
<td>7,200,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>$4,000,000</td>
<td></td>
<td>4,000,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>$1,000,000</td>
<td></td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>TOTAL US$:</strong></td>
<td><strong>$55,600,000</strong></td>
<td><strong>$20,976,214</strong></td>
<td><strong>41,693,786</strong></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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