UNICEF continues to support implementation of risk communication and community engagement interventions using various platforms including radio and TV broadcasts. From a sample of 3,000 radio listeners interviewed on their knowledge of COVID-19, 2,900 listeners were able to recall the messages, representing over 90% of the respondents.

With UNICEF support, out of the 175 COVID-19 related deaths that have been recorded, death audits have been conducted on 57 deaths to identify issues related to the increasing COVID-19 related deaths. Based on findings, the audit committee provided several recommendations to address the identified issues.

Kamuzu International Airport (KIA) opened for commercial flights on 1 September following lifting of the suspension. Currently, most of the borders (entry and exit points) of Malawi remain closed except for four that are operational.

With the release of standard operating procedures by Ministry of Health guiding implementation of nutrition programmes including distribution of adolescent Iron & Folic Acid (IFA) supplementation to adolescent girls, 77 schools of the 758 school in the 3 districts have resumed distribution of Iron and Folic Acid supplements and are using the door to door strategy to provide IFA tablets to girls.
Situation Overview

As of 31 August, Malawi has registered 5,576 confirmed cases of COVID-19 in all 28 districts of the country showing a marginal increase of two percent compared to the last report. Infection remains high within communities with locally transmitted infections at 4,450 which is almost four times the number of imported cases at 1,126; in contrast to the situation in late May when Malawi started receiving returnees from South Africa and had more imported cases. A total of 45,622 cases have recovered while 175 have died.

Malawi’s borders remain closed except four borders and Kamuzu International airport which opened on 1 September following lifting of the suspension on commercial flights to allow transit of essential goods and services. Active tracing and monitoring of contacts of confirmed COVID-19 are ongoing. So far, over 7,300 primary and secondary contacts of COVID-19 cases have been traced.

While the country continues receiving returning residents and deportees from other countries, mainly South Africa, a decline in the number of positive cases has been observed.

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). This is being done 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

- The Ministry of Education committed to the opening of schools on 7 September. However, there are still some challenges to ensure the safe re-opening of over 400 schools with inadequate WASH facilities. There is a funding gap of 5 billion kwacha (US$6.8 million) to ensure the safe re-opening of schools.
- The National Disaster Preparedness and Relief Committee continues to meet weekly to review recommendations from the cluster system.
• Clusters continue to hold weekly meetings for better response coordination. Information relating to COVID-19 resource mobilization, allocation, programmatic implementation (RM and 5Ws) is regularly being updated.
• UNICEF is the co-lead agency for the Education, Nutrition, and Water, Sanitation and Hygiene (WASH) and Protection Clusters, while also playing a key role in the Health Cluster.
• UNICEF participates in Humanitarian Country Team which meets on Fridays every week and the Inter-Cluster Coordination meetings which provide a platform for cross-sectoral coordination.

Malawi COVID-19 Supply Chain system

• UNICEF is coordinating the distribution of locally procured PPEs (goggles, protective coveralls, gloves and aprons. The PPEs were procured with funds from DFID, Health sector Joint Funds (HSJF) and the governments Central Medical Stores (CMST).
• Procurement of supplies valued at US$100,000, which include portable toilets, chlorine drums for disinfection and oxygen regulators, meant for distribution to health facilities is underway.
• The COVID-19 supply chain portal, which is coordinated at country level by UNICEF, continues to facilitate requests by national authorities and humanitarian partners for strategic and critical supplies.

Summary Analysis of Programme Response

Public health response to reduce coronavirus transmission and mortality

Support to the health cluster case management subcommittee in undertaking COVID 19 death audits is continuing. With funding from UKaid through Clinton Health Access Initiative (CHAI), death audits have been conducted on 57 of the 175 registered COVID-19 related deaths been audited with the aim of identifying issues related to the increasing COVID-19 related deaths. Initially the activity was centrally conducted but later rolled to central hospitals and district health facilities. The audit team has identified several key contributors to the increased case fatalities that include lack of knowledge by health workers with 42% of the cases reported at health facilities, shallow medical history and co-morbidities which were noted in 35% of the patients. The audit committee provided several recommendations including the scaling up mentorship of health workers at Emergency Treatment Units (ETUs), further strengthening of risk communication and social mobilisation and creation of death audit committees at district level to review every death that occurs.

UNICEF has also provided data bundles to support virtual meetings, trainings and coordination at both national and district levels. The support which was provided through Luke International and Malawi Red Cross (MRC) with funding from UKaid and Irish Embassy has resulted in increased frequency of District Rapid Response Team (DRRT) meetings from none to at least one meeting per week in the 12 focus districts. In addition, the District Rapid Response Teams (DRRTs) have scaled up alert investigation from about 10 to 100 per week. The support has also enabled District Health Offices to undertake virtual meetings which have provided a useful platform for the districts to strategize their response to the pandemic, address operational challenges related to stockouts as well as compile and review COVID-19 data generated at the district before it is submitted to Public Health Institute of Malawi (PHIM).

Furthermore, during the reporting period, UNICEF through United Purpose reached out to an additional of over 82,300 people with mobile van promotions and another 25,300 people through demonstrations on proper handwashing. Through all the different approaches being used to
disseminate WASH related messages (community radios, hand washing demonstrations at markets, communities and townships, mobile van messaging, information education and communication materials and newspapers), the cumulative total number of people reached is at over 4.1 million.

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

UNICEF has continued to support implementation of risk communication and community engagement interventions using various delivery platforms with funding from UKaid. The number of people so far reached with COVID-19 messages through door to door, mobile van and community drama sessions and social media now stands at about 798,000 including about 50 with disabilities.

Regarding radio and TV broadcasting, through partnership with Malawi Institute of Journalism, close to 5,800 radio and TV spots have been broadcast so far. Using the radio monitors in the 12 districts that UNICEF is targeting, over 3,000 radio listeners have been interviewed to understand their knowledge on COVID-19 as heard from the radio. Out those interviewed, about 2,900 (over 90 percent) listeners were able to recall the messages.

Also in collaboration with the Ministry of Local Government and Rural Development and the Ministry of Gender, Community Development and Social Welfare under the Spotlight Initiative, UNICEF is supporting the development of a coordinated, harmonized and structured approach to working with traditional leaders in Malawi to deliver the COVID-19 response, promote gender equality and positive social norms. In the past week, district consultations with traditional leaders and district councils took place in Likoma, Kasungu, Nkhotakota and Ntcheu districts. A total of 129 participants took part in the consultations.

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

On 27 August 2020, the Ministry of Education held a press briefing and provided details on the re-opening of schools amidst the COVID-19 pandemic. The Ministry has adopted a phased approach for the re-opening of schools, prioritizing examination classes. The schools will reopen on Monday 7 September 2020 starting with Standard 8, Form 4 and all final year students at college. Prior to the press briefing, a revised roadmap on reopening of schools was developed addressing roles and responsibilities of relevant stakeholders including schools and communities. A Checklist to assess school preparedness was also developed and reviewed.

As UNICEF continues supporting the Ministry of Education on distance learning, an organisation called Viamo has been contracted to support the monitoring of distance learning programmes. A pre-test has been completed and the phone-based survey will be launched in the week beginning 7 September to collect information from 1,000 learners on the coverage and quality of distance learning programmes.

Also related to continuity of learning, as the Grant Agent of the Global Partnerships for Education (GPE), UNICEF disbursed the first batch of the funds amounting to $6.9 million USD to the Ministry of Education through Education Sector Joint Funds to implement planned activities. The programme will ensure teaching and learning continues through innovative solutions and creating an enabling environment in communities, with special attention and consideration to preparation of schools for re-opening and administering remedial interventions to minimize loss of learning. Through a bi-weekly
monitoring and evaluation meeting, UNICEF is also providing technical and financial support to the Ministry to develop data collection tools for monitoring education interventions and timely reporting.

Furthermore, UNICEF continues to support government to promote girls’ education including increasing demand for adolescent nutrition and protection services in Dedza, Salima and Mangochi through the Story Workshop Education Trust (SWET). SWET is supporting girls and boys to make informed decisions regarding their education and utilization of social services delivered at school and community level for adolescents. More than 5,000 boys and girls have been reached with key nutrition and protection messages through the Zimachitika radio soap and another close to 4,500 through door to door activities. The school-based structures including Mother Groups (MG) and Parent Teacher Association (PTA) have supported engagement of 3,123 girls and 896 boys including 1,033 parents and 331 chiefs. With the release of standard operating procedures by Ministry of Health guiding implementation of nutrition programmes including distribution of adolescent Iron & Folic Acid (IFA) supplementation to adolescent girls, 77 schools of the 758 school in the 3 districts have resumed distribution of Iron and Folic acid supplements and are using the door to door strategy to provide IFA tablets to girls.

Work is also ongoing on supporting the provision of Psychological First Aid (PFA) and strengthening of reporting and referral mechanisms for child protection as well as violence cases, including sexual exploitation and abuse and negative coping mechanisms such as child marriage which are increasing during the COVID-19 pandemic. The national child helpline and gender-based violence (GBV) crisis line, registered 150 callers that were provided with PFA during this reporting period which brings the total number of callers so far provided with PFA to around 3,600. Among the 150 calls, 84 were related to child protection and GBV, including 31 “defilement”/statutory rape cases, 29 child marriage cases, 11 emotional abuse cases. These cases were referred to the relevant service providers, including police, social welfare, and judiciary, health, and other partners. Compared to 28 in the last report, this time 62 of the calls were directly related to COVID-19, mainly seeking information.

UNICEF’s partner YONECO continues to broadcast a radio drama to advocate on the importance of child protection during the pandemic. The fourth episode of these series was aired on 22 and 27 August through YONECO FM with about 5 million people listening. YONECO also sent out SMS to 10,000 people, encouraging children and their guardians to seek support from teachers, parents, child protection workers, faith leaders, community leaders and care takers, if children feel sick, stressed, anxious or withdrawn.

Also, almost 8,500 people in 6 districts (Blantyre, Machinga, Dowa, Mchinji, Zomba, Mulanje) have to date been reached with community-based Mental Health and Psychosocial Support (MHPSS) by District Social Welfare Offices (DSWOs). Of these, 358 people were reached during the reporting period in Machinga district. In addition, since the beginning of the COVID-19 response, a total of 1,200 returnees from South Africa have been provided with Psychosocial First Aid (PFA) upon their arrival at the reception centres in Machinga, Blantyre and Zomba districts. Over 1,400 people diagnosed as COVID-19 positive and their close relatives, were provided with MHPSS in Machinga, Chitipa, Zomba, and Blantyre districts, including 96 people in the reporting period.

Additionally, UNICEF with financial and technical support is facilitating the follow up and provision of the necessary support to vulnerable people, including children living or working on the streets, children without parental or family care by District Social Welfare Officers (DSWOs). To date, around 300 children without parental or family care, including children in the Child Care Institutions (CCIs) and
children reintegrated from CCIs to their families, were provided with appropriate alternative care arrangements and support in Blantyre, Machinga, Dedza, Mchinji, and Mulanje districts. Similarly, a total of 515 street connected children were provided with Psychosocial Support (PSS) and necessary material support since the beginning of the response to date in Blantyre, Machinga, and Dedza districts.

Support in the dissemination of nutrition related messages on COVID-19 through radios and one-on-one interactions through house-to-house visits is ongoing. In the reporting week, about 272,000 caregivers with children 0 to 59 months old were reached with key nutrition messages in the context of COVID-19 in Nkhata Bay, Lilongwe, Dowa and Nkhata-Bay. This brings the total number of people reached with various key nutrition messages on COVID-19 with UNICEF support to more than four million people in the 18 UNICEF focus districts. In addition, and in collaboration with World Relief, about 420 care group cluster leaders were reached with nutrition related COVID-19 messages in Dowa, Karonga, Lilongwe and Nkhata Bay increasing the number of care group cluster leaders reached so far with reached to more than 71,000. Also, 48 more local leaders were oriented on COVID-19 prevention measures in Lilongwe, Dowa and Nkhata-Bay districts.

**Assessing and responding to the immediate secondary impacts of the COVID-19**

Through CHAI, with UKaid funding, UNICEF has supported the MoH to develop guidelines on service continuity amidst COVID-19. The guidelines are being used to implement health systems strengthening interventions at the districts level. UNICEF has also supported orientation sessions in 12 districts on the integration of COVID-19 activities into District Implementation Plans (DIPs). This will help to ensure that routine services on immunization, maternal and new-born care are maintained at the health facility to save lives of mothers and children.

**Human Interest Stories and External Media**

UNICEF continues to support Zodiak in disseminating COVID-19 messages through panel discussions which will be aired on both radio and TV, as well as airing of TV documentaries. In the reporting period, the first panel discussion on the role of religious leaders in fighting the pandemic was aired.

As part of supporting government in sensitization messages, UNICEF is conducting a Wear a Mask campaign. Posters have been developed for social media containing quotes from health workers on COVID-19 prevention and the use of masks. The health workers are part of the Rapid Response team from Lilongwe District Office, who are receiving support from UNICEF with funding from UK Aid.

UNICEF continues to promote youth participation through U-Report, a mobile youth engagement platform designed to gather young people’s voices and address issues that they care about. In the reporting period, there have been 846 sessions on COVID-19 pages with an average of 52 seconds. On social media, UNICEF continues to share messages on COVID-19 prevention and awareness. During the reporting week, our messages engaged about 369,000 online audiences on all three platforms (Facebook, Twitter and Instagram). 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 the COVID-19 pandemic on women and children to 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 contributions 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.

Next SitRep: 9 September 2020


Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Total results as of 2 September 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 newborn 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 with COVID-19 messages 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>797,959</td>
</tr>
</tbody>
</table>
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms | 5,000 | 3,634
---|---|---
**Nutrition** |  |  
Number of caregivers to children aged 0-23 months reached with messages aiming to promote breastfeeding in the context of COVID-19 through national communication campaigns | 500,000 | 313,284
Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)* | 8,000 | 8,460
---|---|---
**Child Protection** |  |  
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support | 21,000* | 12,127
Number of children without parental or family care provided with alternative care arrangements | 350** | 328
---|---|---
**Education** |  |  
Number of children supported with distance/home-based learning | 2,139,311 | 66,993
---|---|---
**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
---|---|---

*Target increased from 1,500 to 21,000
** Target has been revised from 30 to 350

**Annex B: Malawi COVID-19 funding status by sector as of 26 Aug 2020**

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Funding Requirements</th>
<th>Funds received against the appeal</th>
<th>Funding gap</th>
<th>$</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>$6,484,529*</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>$4,000,000</td>
<td>$0</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
<td>$0</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>TOTAL US$:</td>
<td>$55,600,000</td>
<td>$17,190,743</td>
<td>$41,693,786</td>
<td>75%</td>
<td></td>
</tr>
</tbody>
</table>

*The actual amount received from by the education sector is $10,270,000. Of the total amount, 6,484,529 is what is earmarked for use in 2020 while the rest will be utilised in 2021; hence the revision to reflect only the funding available in 2020

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