The Cholera outbreak, which started in February 2015 in Nsanje district, persists in Blantyre and Chikwawa where 9 and 6 cases respectively were registered during the week of 18-24 May.

Nsanje district, where a mass cholera vaccination campaign was conducted, has not registered any cases during the reporting period.

Cumulatively, as of 24th May 2015 a total of 675 cases with 11 deaths have been registered in 8 districts representing a case fatality rate of 1.6%.

Accounting for 87% of all reported cases, Nsanje and Chikwawa are the districts that have been worst affected having registered a total of 590 cases.

UNICEF requires approximately USD 1.6 million to support the cholera prevention and response efforts. The requirement of USD 1.6 million is based on a cholera response plan which covers 11 cholera prone districts in which UNICEF has scaled up its interventions. This scale up is based on the increased needs as the outbreak has spread from Nsanje in which cholera was first registered to other districts. To date, there is still a funding gap of approximately USD 1.5 million.

### UNICEF’s Cholera Response with partners

<table>
<thead>
<tr>
<th>Indicator</th>
<th>UNICEF Target</th>
<th>Cumulative results</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached with hygiene and sanitation messages such as hand washing with soap</td>
<td>400,000 people</td>
<td>251,171</td>
<td>▲ 16,776</td>
</tr>
<tr>
<td># of people reached with provision of safe water services including water treatment approaches</td>
<td>200,000 people</td>
<td>106,851</td>
<td>NA</td>
</tr>
<tr>
<td># of Cholera Treatment Centres reached with WASH supplies</td>
<td>40 CTCs</td>
<td>24</td>
<td>NA</td>
</tr>
<tr>
<td>% of health facilities with potential cholera risk with no stock outs of supplies (Lingers lactate with giving set, ORS) for case management</td>
<td>100%</td>
<td>100%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Situation Overview

Cumulatively, as of 24\textsuperscript{th} May 2015 a total of 675 cases with 11 deaths have been registered in 8 districts representing a case fatality rate (CFR) of 1.6\%. The districts that have reported cases so far are: Nsanje (225 cases); Dedza (1 case); Lilongwe (7 cases); Chikwawa (365 cases); Ntcheu (10 cases); Blantyre (56 cases); Phalombe (2 cases); and Mwanza (9 cases).

590 cases (87\%) of the total reported cases have been reported in Nsanje and Chikwawa districts. In Chikwawa, most cases are registered at the Boma, Ngabu, Mkumaniza and Maperera while in Nsanje most cases have an epidemiological linkage to a cholera outbreak at Jambawe in Mutarare District – Mozambique.

Eleven deaths related to cholera have been reported to date: three deaths in Nsanje (Case Fatality Rate =1.3\%), four deaths in Chikwawa (Case Fatality Rate =1.1\%) and four deaths in Blantyre (Case Fatality Rate =7.1\%).

During the week of 18-24 May cholera cases were reported in Chikwawa and Blantyre only where the movement of cholera cases is sporadic. The number of cholera cases in Chikwawa declined from 33 to 9. On the contrary, there was an increase in cholera cases in Blantyre from 3 to 6.

No new cases were reported in Nsanje during the reporting period. The district conducted a mass cholera vaccination campaign which started with a first round in the week of 31 March to 4 April in which a total of 156,592 vaccine doses were administered (98\% of the target population).

A second round was conducted in the week of 21 – 24 April during which a total of 111,136 vaccines were administered (69\% of the target population), including 85,366 people for second dose and 25,770 for the first dose. Lastly, a mop up campaign was conducted during the first week of May 2015.
Humanitarian Strategy

UNICEF Malawi’s emergency preparedness and response builds on existing activities and partnerships (Government, UN agencies and NGOs) developed through the country programme of co-operation; as well as on community mobilization and participation. Through this developed network of partnerships, the Ministry of Health in conjunction with the World Health Organisation (WHO) will ensure that cholera cases are effectively managed to prevent avoidable deaths. Both preventive and case management is being conducted through collaborative efforts.

UNICEF Malawi monitors emergency situations and potential threats in an attempt to ensure early warning and response. Additional programmes are developed as needed to support humanitarian action, post-incident rehabilitation and recovery efforts within the limits of UNICEF’s lead/cluster responsibilities.

Humanitarian Leadership and Coordination

Overall, a National Disaster Risk Management Technical Committee (NDRM TC) established under the Disaster Risk Management (DRM) Policy serves as an advocate of disaster risk management; provides advice and technical support; and is the coordinating mechanism for mainstreaming disaster risk management into sustainable development policies, planning and programmes. Technical Sub-Committees (TSCs) including the Health and Nutrition TSC are established under the NDRM for proper coordination and guidance in the planning and implementation of disaster prevention, mitigation, preparedness, response and recovery programmes. Decentralized Disaster Risk Management Committees (DRMC’s) are responsible for coordinating the implementation at City, Municipal, District, Area and Village levels. The DRMCs function in accordance with terms of reference stipulated in the Operational Guidelines for DRM.

A National Epidemic Task Force under the Ministry of Health coordinates all response activities on all levels for cholera prevention and control, through which service delivery, surveillance, monitoring, information collection, analysis and dissemination are coordinated.

UNICEF co-chairs the WASH, Education, Nutrition and Protection Clusters and is a very active member of the Health cluster.

PROGRAMME RESPONSE

UNICEF with the Ministry of Health and partners are continuously supporting the ongoing cholera response efforts both at national and sub national levels. The main partners include: MSF, GOAL Malawi, Malawi Red Cross and Population Services International (PSI). The following are some of the activities being conducted in an attempt to prevent and control the outbreak:

- **Case management.** This has involved the establishment of Cholera Treatment Units in affected communities; strengthening cholera camp management to maximize patient care and reduce the risk of nosocomial infection training of health workers in cholera case management; and distribution of supplies and monitoring usage.
- **Prevention** including community sensitisation through health education, provision of potable water and Oral Cholera Vaccination in Nsanje district.
- **Surveillance:** Daily/weekly reporting, including zero reporting.
UNICEF through partners Concern Universal (CU), Population Services International (PSI), Goal Malawi, Catholic Relief Services (CRS) and EXP Momentum continue to support Interpersonal communication (IPC)/social mobilization in flood and cholera affected districts. Cumulatively 251,171 people have been reached by the following partners:

- EXP has cumulatively reached 14,740 people (5,555 women, 5,676 children and 3,515 men) with messages on cholera prevention. This was achieved through 23 road shows and 45 stop overs.
- PSI has cumulatively reached 134,875 people in Nsanje, Chikwawa, Phalombe and Blantyre with messages on cholera prevention.
- Cumulatively, GOAL Malawi has reached 90,851 people with messages on cholera prevention through focus group discussions, drama and quizzes in villages.
- CRS has reached a cumulative number of 7,125 people with hygiene and promotion messages on cholera.
- Cumulatively, CU has reached 3,580 people with hygiene and promotion messages on cholera.

UNICEF also continues to support WASH cluster coordination at national and district levels.

**Education**

Over 105,000 learners (48% girls) in 150 schools in 9 affected districts are receiving daily health and hygiene promotion education on prevention, control and management of cholera that includes messages on safe handling of drinking water, safe disposal of waste water, safe disposal of human excreta, safe disposal of solid waste, household sanitation and food hygiene, personal hygiene, and community sanitation through 168 trained Ministry of Education, Science and Technology volunteer teachers deployed in the respective affected schools. This is expected to assist in reducing the spread of cholera in the schools and communities.

**Health**

- UNICEF continues to provide support for effective case management in the affected districts through the Ministry of Health. During the reporting period UNICEF provided to Blantyre DHO antibiotics (erythromycin and doxycycline) which are adequate to treat 300 children and 400 adult patients respectively. This is in addition to three cholera kits which were positioned in Nsanje, Blantyre and Zomba District Health Offices. Each cholera kit contains assorted supplies enough to treat 400 or more cholera cases. Additional supplies not normally contained in cholera kits such as cholera beds were also delivered to the districts affected by cholera, especially Nsanje and Chikwawa.

- UNICEF also continues to provide fuel to the affected districts when in need to enable them to carry out supportive supervision. During the reporting period, UNICEF provided 200 litres of fuel to Chikwawa and Nsanje districts making a total of 400 litres. In addition, UNICEF field staff are carrying out supervisory visits to the affected districts and liaising with other partners and the District Health Office to resolve identified bottlenecks. During the reporting period UNICEF
together with MSF, Malawi Red Cross Society (MRCS) and Officers from the District Health Office held a meeting with communities in Group Kumwembe Village in Traditional Authority Ng’abu, where most of the cases in Chikwawa are being recorded, to assess the situation and plan appropriate interventions. To address the issues identified during the meeting and a follow up visit conducted on 25 May 2015, the following action points have been agreed upon:

- Mobilize the community through a Group of Village Headmen and support them to construct toilet facilities. The WASH cluster will provide technical support in designing the toilet structures.
- Malawi Red Cross Society to promote use of safe water, proper sanitation and hygiene to the community at large, in schools, water points and public gathering places through appropriate communication channels.
- Intensify house to house visits to promote water chlorination and hand washing with soap a critical times.
- Health Surveillance Assistants to re-supply water guard and chlorine to each household on a regular basis and demonstrate pot-to-pot chlorination at household level.
- WASH cluster to carry out water sampling and testing of the existing bore holes and provide quality assurance to the community.
- District Environmental Health Officer to take lead in monitoring and coordination of activities for sustainable desired results.

### Supplies

So far, UNICEF has delivered supplies valued at USD 498,314 in the affected districts to support prevention and case management.

### Funding

UNICEF requires approximately USD 1.6 million to support the cholera prevention and response efforts. The requirement of USD 1.6 million is based on a cholera response plan which covers 11 cholera prone districts (Nsanje, Chikwawa, Blantyre, Mwanza, Phalombe, Zomba, Mulanje, Chiradzulo, Thyolo, Mangochi, and Lilongwe) in which UNICEF has scaled up its interventions. This scale up is based on the increased needs as the outbreak has spread from Nsanje in which cholera was first registered to other districts. **To date, there is still a funding gap of approximately USD 1.5 million.**

### Next SitRep: 11 June 2015