



MALAWI

Cholera Situation Report

unicef 

HIGHLIGHTS

- During the week of 4-10 May, Blantyre, Chikwawa and Nsanje districts recorded cases of cholera. In Nsanje number of cases declined to 8 from 11 in the previous week, while in Chikwawa number of cases declined to 9 from 39 the week before. In Blantyre however 2 cases were registered in the week of 4-10 May compared to no cases in the previous week.
- Eleven deaths related to cholera have been reported so far: Three in Nsanje (CFR=1.4%), four deaths in Chikwawa (CFR=1.2%) and four deaths in Blantyre (CFR=9.8%). Overall case fatality case is 1.8%.
- UNICEF's partner, Goal Malawi has constructed 30 latrines, 20 hand washing facilities and 20 bath shelters in 12 Cholera Treatment Centres in Chikwawa and Nsanje as part of support to cholera case management.
- UNICEF requires approximately USD 1.4 million to support the cholera prevention and response efforts. To date the response is only 10% funded (USD 140,000) with funding directed mainly to health sector. Critically, WASH and C4D sectors that are key for Cholera prevention remain unfunded.

SITUATION IN NUMBERS

14 May 2015

620 Cholera cases reported

11 Cholera deaths

8 Affected districts

District	Cases	Death
Nsanje*	225	3
Chikwawa*	323	4
Lilongwe	7	0
Dedza	1	0
Ntcheu	10	0
Blantyre*	43	4
Phalombe	2	0
Mwanza	9	0
Total	620	11

* Districts that reported cases in the week of 4-10 May

Source: Weekly Cholera Report from Community Health Sciences Unit, Ministry of Health dated 4 - 10 May, 2015

UNICEF's Cholera Response with partners

Indicator	UNICEF Target	Cumulative results	Change since last report ▲ ▼
# of people reached with hygiene and sanitation messages such as hand washing with soap	400,000 people	234,395	50,678 ▲
# of people reached with provision of safe water services including water treatment approaches	200,000 people	106,851	NA
# of Cholera Treatment Centres reached with WASH supplies	40 CTCs	24	NA
% of health facilities with potential cholera risk with no stock outs of supplies (Lingers lactate with giving set, ORS) for case management	100%	*	NA

Situation Overview

Cumulatively, as of 26th April 2015, a total of 620 cases of cholera with 11 deaths have been registered in Malawi in 8 districts, representing a case fatality rate of 1.8%. The districts that have reported cases so far are: Nsanje (225 cases); Dedza (1 case); Lilongwe (7 cases); Chikwawa (323 cases); Ntcheu (10 cases); Blantyre (43 cases, Phalombe cases and Mwanza (9 cases).

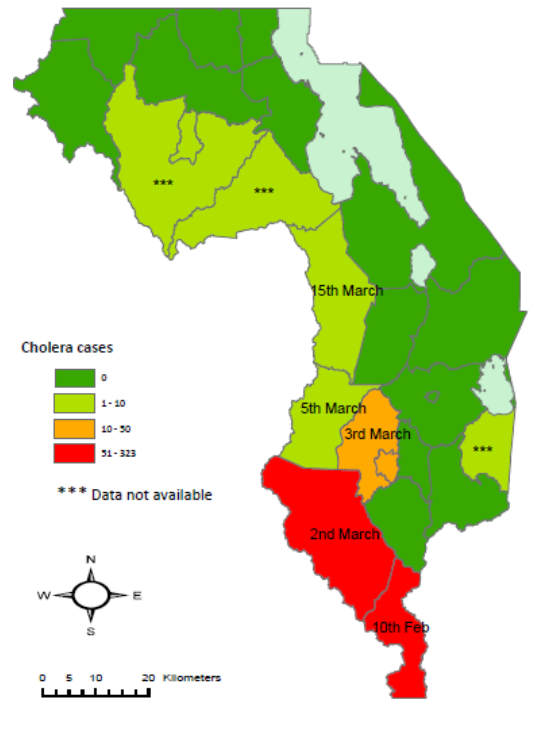
548 cases (88.4%) of the total reported cases have been registered in Nsanje and Chikwawa districts. In Chikwawa most cases are registered at the Boma, Ngabu, Mkumaniza and Mapererale while in Nsanje most cases have an epidemiological linkage to a cholera outbreak at Jambawe in Mutarare District – Mozambique.

Eleven deaths related to cholera have been reported up to date: Three in Nsanje (CFR=1.4%), four deaths in Chikwawa (CFR=1.2%) and four deaths in Blantyre (CFR=9.8%). Overall case fatality case is 1.8%.

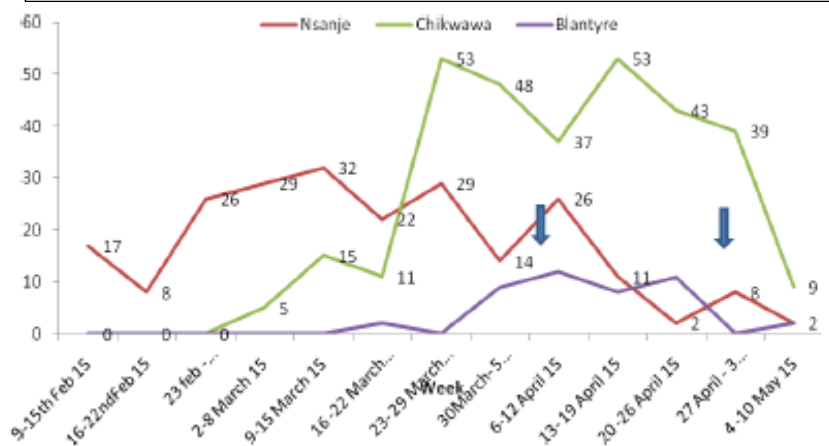
During the week of 4-10 May the number of reported cases in Nsanje declined to 8 from 11 in the previous week while in Chikwawa number of cases declined to 9 from 39. In Blantyre however, 2 cases were registered in the week of 4-10 May compared to no cases in the preceding week.

The first round of the mass vaccination campaign was conducted in Nsanje district in week of 31 March to 4 April. A total of 156,592 vaccine doses have been administered (98% of the target population).

The second round was conducted in week of 21 – 24 April. 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. A mop up campaign is planned for 4 and 5 May.



Number of reported cases by week in Chikwawa, Blantyre and Nsanje districts – February to 10 May



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 attempts 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.



WASH

- Cumulatively UNICEF in partnership with Concern Universal (CU), Population Services International (PSI), Goal Malawi, Catholic Relief Services (CRS) and EXP Momentum has reached 234,395 people in camps, schools, communities and trading centres in affected districts with hygiene promotion on cholera and other diarrhea disease prevention. This has been achieved

through the use of Public Address systems, health/group discussions, quizzes, and drama performances.

- UNICEF continues to provide WASH supplies through District Health Offices to operational CTCs and communities in Chikwawa and Nsanje. The District Health Office in Chikwawa has distributed 30 cartons of soap, 195 buckets without taps, 11 bags of HTH (50kgs), 1750 cartons of water guard and 185 buckets with taps to various affected CTCs and communities in Chikwawa.
- UNICEF's partner, Goal Malawi has constructed 30 latrines, 20 hand washing facilities and 20 bath shelters in 12 CTCs in Chikwawa and Nsanje.
- UNICEF through partners Water Missions International, Ministry of Water and Irrigation Development (MoWID) Concern Universal, Catholic Relief Services provided water to affected people in camps and communities through water trucking and provision of chlorine for pot to pot chlorination. The number being reached with safe water services remains at 106,851.
- UNICEF continues to support WASH cluster coordination at national and district level.



Communications for Development (C4D)

- UNICEF through its partners PSI, Goal Malawi and Concern Universal continue to support Interpersonal Communication (IPC)/ social mobilisation in flood and cholera affected districts. During the reporting period, a total of 176,259 people were reached by the following partners:
 - EXP Momentum reached 2,600 people through 4 road shows and 10 stop overs on cholera prevention in Blantyre City (7-11 May)
 - PSI reached 15,835 people (4,010 children, 7,614 women and 4,211 men) with sanitation, hygiene diarrhea and cholera messages through 357 IPC sessions conducted by IPC agents in Nsanje, Chikwawa and Phalombe (1-11 May).¹
 - PSI also reached 44,109 people (12,062 children, 19,772 women and 12,275 men) with cholera prevention messages through 26 road shows in Blantyre (1-11 May).
 - GOAL Malawi reached 90,851 people in IDP camps (37,400 children, 30,600 women and 22,851 men) with messages on sanitation and hygiene through community mobilisation done together with chiefs, HSAs and DHO staff in Nsanje and Chikwawa. Goal also distributed soap as prizes in quizzes conducted during the hygiene promotion activities.²
 - In addition, GOAL Malawi reached 19,437 people (2,868 children, 10,980 women and 5,679 men) with cholera prevention messages in villages in Nsanje and Chikwawa.
 - Concern Universal reached 3,427 people (2004 women and 1,423 men) with sanitation and hygiene messages in IDP camps in Phalombe through traditional dances and theatre for development.³

¹ This includes cholera but is part of on-going emergency response in IPD camps and surrounding villages

² This includes cholera but is part of on-going emergency response in IPD camps

³ Also part of on-going emergency response

Funding

UNICEF requires approximately USD 1.4 million to support the cholera prevention and response efforts. The requirement of USD 1.4 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 1.3 million.**

Next SitRep: 28 May 2015

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