SITUATION OVERVIEW

On the 19th of December, the Ministry of Health received reports of suspected Cholera in 2 Districts in the South Eastern Zone of Malawi – Machinga, and Zomba. The reports were received from Health Centres that lie along Lake Chilwa area. The cases were lab confirmed on 24 December.

Following an emergency meeting, a team from the central level, comprising of members of staff from the Ministry of Health (Epidemiology Unit, CHSU Public Health Laboratory, Environmental Health Section), WHO and UNICEF deployed to the field to assess the situation on the ground.

As of 29th December 2015, 5 health centres in Machinga District have reported cholera cases, with the cumulative number of cases at 95, with 5 deaths, while Zomba has registered 29 cases and no death. The figures are subject to change after further investigation. Most cases are coming from Lake Chilwa, but new cases are now being reported from other health facilities that are far away from Lake Chilwa, meaning the outbreak is no longer restricted to the areas around Lake Chilwa.

Without urgent attention, UNICEF estimates that up to 6,000 people, of whom 1,020 are children, in 18 districts are at risk from cholera.

UNICEF with the Ministry of Health and partners have started undertaking response and control efforts.

### Cases reported to date

<table>
<thead>
<tr>
<th>District</th>
<th>Total cases to date</th>
<th>Total deaths to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Machinga</td>
<td>95</td>
<td>5</td>
</tr>
<tr>
<td>Zomba</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>124</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>
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 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 have started undertaking 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 that are to be undertaken 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 treatment centre 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 sensitization through health education
- **Surveillance:** Daily/weekly reporting, including zero reporting.
UNICEF has delivered WASH supplies to the District Health Offices in Machinga, Zomba and Phalombe in time for the response. The supplies include 1,500 bottles of water guard, 600 bars of Lifebuoy soap, 49 tarpaulins 600 bars of Maluwa soap, 300 plastic buckets (20 litres). In addition 15 drums of chlorine (HTH) were prepositioned delivered earlier in the year.

UNICEF is partnering with the District Councils and NGOs (MRCS, PSI) and communication agencies (EXP, F2F and radio stations) to disseminate cholera and hygiene messages to affected and at risk communities, promote latrine construction and use, distribute water guard and promote household chlorination, and construct emergency latrines and bathing shelters in Cholera Treatment Centres.

Arrangements also being made to move to the affected districts 76 plastic latrine slabs that have been recovered by UNICEF partner GOAL from the floods response earlier in 2015 in Nsanje district, for use in the cholera response.

UNICEF is mobilising partners to respond to the cholera outbreak through communication for social and behaviour change interventions (prevention, case management and control of further spread) in cholera hit areas (Machinga and Zomba) and hotspots at risk of outbreak (Phalombe, Blantyre, Chikwawa, Nsanje, Mangochi, Thyolo, Mulanje, Chiradzulu and Mwanza).

C4D interventions include mass hygiene promotion through road shows and community cinema; community mobilisation through community dialogues, door to door hygiene promotion, CBCC based hygiene promotion and letter to the community; production and distribution of IEC materials; and mass media through public service announcements, jungles and interactive programmes on national and community radios.

Partners include Population Services International (PSI) Malawi, Malawi Red Cross Society, The Story Workshop, Malawi Broadcasting Corporation Development Broadcasting Unit (MBC-DBU), Ministry of Health, Ministry of Information, Community radios (Chancellor College, Radio Maria), National radios (Malawi Broadcasting Corporation Development, Youth Net and Counselling (YONECO) and marketing companies EXP Momentum, FaceToFace Marketing.

UNICEF Education has developed a cholera response plan aimed at strengthening hygiene education and promotion and linking with WASH to improve access to water and sanitation so as to prevent spread of cholera and other water-borne diseases in Community Based Child Care Centres and schools in cholera affected and prone selected.

UNICEF responded quickly by alerting the health cluster committee to organize an emergency cluster meeting and conduct joint rapid assessment to the affected districts with WHO, MOH and other partners.
UNICEF has so far provided (4) 72m² tents, and 90 cholera beds for establishment of cholera treatment centres, 145 pairs of gum boots, 30 boxes of ringer lactate, and 1 Cholera Kit, which is adequate to serve the needs for 100 severe cases and 400 mild to moderate cases.

### Supplies

So far, UNICEF has provided supplies valued at USD 14,795 in the affected districts to support prevention and case management. This is in addition to supplies that UNICEF prepositioned in 12 districts as part of preparedness and readiness for disaster risks that were envisaged in the national interagency contingency plan.

### Funding needs

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>70,000</td>
</tr>
<tr>
<td>Health</td>
<td>478,700</td>
</tr>
<tr>
<td>Education</td>
<td>60,000</td>
</tr>
<tr>
<td>C4D</td>
<td>435,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,043,700</strong></td>
</tr>
</tbody>
</table>

### Next SitRep: 14th January 2016

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