The Cholera outbreak which started in February 2015 in Nsanje district persists. Cumulatively, as of 26th April 2015 a total of 560 cases with 10 deaths have been registered in 8 districts representing a case fatality rate of 1.8%. Accounting for 88% of all reported cases, Nsanje and Chikwawa are the worst affected districts having registered a total of 490 cases.

UNICEF urgently 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.

The funding requirement of USD 1.4 million is based on a cholera response plan which covers 11 cholera prone districts in which UNICEF has scaled up its interventions.

So far UNICEF has delivered supplies valued at USD 279,142 in the affected districts as part of the response in the affected districts.

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>183,717</td>
<td>NA</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>60%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Source: Weekly Cholera Report from Community Health Sciences Unit, Ministry of Health dated 20 - 26th April, 2015
Situation Overview

The Cholera outbreak which started in February 2015 in Nsanje district persists albeit with overall decreased number of new cases reported during the review week.

Cumulatively, as of 26th April 2015 a total of 560 cases with 10 deaths have been registered in 8 districts representing a case fatality rate of 1.8%. The districts that have reported cases so far are: Nsanje (215 cases, 3 deaths); Dedza (1 case, no death); Lilongwe (7 cases, no death); Chikwawa (275 cases, 3 deaths); Ntcheu (10 cases, no death); Blantyre (41 cases, 4 deaths; Phalombe (2 cases, 0 deaths) and Mwanza (9 cases, 0 death). Accounting for 88% of all reported cases, Nsanje and Chikwawa are the worst affected districts having registered a total of 490 cases.

In Nsanje, most cases have an epidemiological linkage to a cholera outbreak at Jambawe in Mutararé District – Mozambique while in Chikwawa most cases are linked to an outbreak in Doa District, also in Mozambique. In Mwanza, all cases reported linked to Moarize in Mozambique.

Over the period of 20 - 26th April, 2015, Nsanje, Chikwawa and Blantyre continued registering cases (Nsanje 2 cases, no death, Chikwawa 43 cases, no death and Blantyre 11 cases, 2 deaths) with Blantyre recording the highest case fatality rate (9.8%) of all affected districts. This highlights the need for review of the quality of case management in Blantyre district both at the community and at health facility level.

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 cooperation; 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 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 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 and its partners have staff on the ground and have so far provided support in the following areas in the affected locations:

WASH

- UNICEF through partners Water Missions International, Ministry of Water and Irrigation Development (MoWID), Concern Universal (CU) and Catholic Relief Services continued to provide water to affected people in camps and communities through water trucking and provision of chlorine for pot to pot chlorination. The number of people with access to potable water is 106,851.
- Cumulatively, UNICEF in partnership with CU, PSI, Goal Malawi, and CRS/CADECOM has reached 183,717 people in camps, schools, communities and trading centres in affected districts with hygiene promotion on cholera and other diarrhea disease prevention.
- UNICEF has provided WASH supplies to 24 Cholera Treatment Centres (13 in Nsanje and 11 Chikwawa).
- During this reporting period, UNICEF and the Phalombe District Environmental Health Office (DEHO) have conducted a joint assessment of six Cholera Treatment Centres in Phalombe.
- UNICEF continues to support WASH cluster coordination at national and district level.
**Health**

**Distribution of supplies**
Three cholera kits 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 have also been delivered to the districts affected by cholera especially Nsanje and Chikwawa. Since the outbreak started, UNICEF, in collaboration with other partners have assured adequate cholera supplies so far. In addition to provision of the supplies, UNICEF supported the districts with fuel for supervision and distribution of supplies. In total, UNICEF has so far delivered supplies valued at USD 279,142 in the affected districts.

**Protocol for cholera case management**
In 2012, UNICEF printed 2,000 copies of the cholera treatment manual and cholera treatment protocols. These prepositioned manuals and cholera treatment protocols were distributed and have been useful reference materials for health workers.

**Supportive supervision**
When in need, the districts have been supported with fuel to enable them carry out supportive supervision. In addition, UNICEF field staff deployed in most of the cholera affected districts are carrying out supervision and liaising with other partners and the District Health office HO to resolve identified bottlenecks.

**Communications for Development (C4D)**

**Mass Media**
- Malawi Broad Casting Corporation (MBC) broadcast a 57 second Chichewa jingle on sanitation 8 times daily (4 x Radio 1; 4 x Radio 2) for 21 days (168 times).

**Hygiene promotion/Social mobilisation:**
- Population services International (PSI) has conducted a total of 789 IPC sessions using the IPC agents reaching out to a total number of 32,508 people (8,435 males; 16,162 females and 7,911 children) in Phalombe, Chikwawa and Nsanje
- PSI has carried out 11 Road Shows targeting cholera hot spots as guided by the DHO. A total number of 17,726 people were reached out to and these included 5,298 Males, 6,668 Females and 5,760 Children in Chikwawa
- In Blantyre, PSI has conducted 6 road shows Ndirande and Bangwe Townships reaching out to 8,509 people (2,419 males, 3,070 females and 3,020 children).
- Also in Blantyre UNICEF partner EXP Momentum has conducted 9 road shows (including 18 stop overs) reaching out to approximately 4310 people (data not yet disaggregated by age/gender, but pictures show women, children and men).
- UNICEF is reprinting posters and leaflets on cholera prevention and hygiene promotion with delivery expected in 2-3 weeks.
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, 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.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>UNICEF Requirements</th>
<th>New funds received for Cholera Response</th>
<th>UNICEF Funds reallocated</th>
<th>UNICEF Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>WASH</td>
<td>1,015,464</td>
<td>0</td>
<td>0</td>
<td>1,015,464 100%</td>
</tr>
<tr>
<td>Health</td>
<td>296,465</td>
<td>100,000</td>
<td>40,000</td>
<td>156,465 52%</td>
</tr>
<tr>
<td>C4D</td>
<td>75,860</td>
<td>0</td>
<td>0</td>
<td>75,860 100%</td>
</tr>
<tr>
<td>Education</td>
<td>23,256</td>
<td>0</td>
<td>0</td>
<td>23,256 100%</td>
</tr>
<tr>
<td></td>
<td>1,411,045</td>
<td>100,000</td>
<td>40,000</td>
<td>1,271,045 90%</td>
</tr>
</tbody>
</table>

Next SitRep: 14 May 2015

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