**HIGHLIGHTS**

- Cumulatively, as of 31st May 2015 a total of 692 cases with 11 deaths have been registered in 8 districts representing a case fatality rate of 1.6%.

- During the week of 01-07 June 2015, a total of 5 new cholera cases and no deaths were reported from two districts.

- Accounting for 87% of all reported cases, Nsanje and Chikwawa are the districts that have been worst affected having registered a total of 599 cases.

- There has been no cholera cases reported in Nsanje since mid-May 2015.

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**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>387,106</td>
<td>▲ 135,935</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>

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**SITUATION IN NUMBERS**

**11 June 2015**

- **692** Cholera cases reported
- **11** Cholera deaths
- **8** Affected districts

<table>
<thead>
<tr>
<th>District</th>
<th>Cases</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nsanje</td>
<td>225</td>
<td>3</td>
</tr>
<tr>
<td>Chikwawa*</td>
<td>374</td>
<td>4</td>
</tr>
<tr>
<td>Lilongwe</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Dedza</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Ntcheu</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Blantyre*</td>
<td>64</td>
<td>4</td>
</tr>
<tr>
<td>Phalombe</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Mwanza</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>692</td>
<td>11</td>
</tr>
</tbody>
</table>

* Indicates districts that reported cases in the week of 01-07 June

Source: Weekly Cholera Report from Community Health Sciences Unit, Ministry of Health dated 01-07 June, 2015
The cholera outbreak which was confirmed in Nsanje on 11th February 2015 appears to be reaching the tail end. During the week of 01-07 June 2015, a total of 5 new cholera cases and no deaths were reported from two districts; bringing the total number of cases registered as of 31st May 2015 to 692 cholera cases with 11 deaths representing a case fatality rate of 1.6%. Eight districts of Nsanje, Chikwawa, Ntcheu, Mwanza, Phalombe, Blantyre, Dedza and Lilongwe have been so far been affected in this cholera outbreak.

599 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. During the week on 01-07 May 2015, 2 and 3 cholera cases recorded in Blantyre and Chikwawa respectively.

No new cases were reported in Nsanje during the reporting period. This has been the case since mid-May 2015. The district conducted a mass cholera vaccination campaign.

Eleven deaths related to cholera have been reported to date: three deaths in Nsanje (Case Fatality Rate = 1.3%), three deaths in Chikwawa (Case Fatality Rate = 0.8%) and 5 deaths in Blantyre (Case Fatality Rate = 7.8%).
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), Face to Face, Malawi Red Cross, and EXP Momentum continue to support Interpersonal communication (IPC)/social mobilization in flood and cholera affected districts. Cumulatively the number of people reached is 387,106. This number has been reached through support from the following partners:

- EXP has cumulatively reached 15,850 people with messages on cholera prevention. This was achieved through road shows and stop overs in Blantyre.
- Face to Face has cumulatively reached 1,805 people in Phalombe with messages on cholera prevention. These activities were done in close collaboration with the District Environmental Health Office.
- PSI has cumulatively reached 178,594 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 in Chikwawa and Nsanje.
- CRS has reached a cumulative number of 7,125 people with hygiene and promotion messages on cholera in Phalombe.
- Cumulatively, CU has reached 3,580 people with hygiene and promotion messages on cholera in Phalombe.
- Malawi Red Cross has cumulatively reached 89,301 households with messages on cholera prevention and management through 397 trained community volunteers and 30 HSAs from catchment areas of 12 health facilities in Blantyre, Chikwawa and Nsanje.

Blantyre Water Board (BWB) has assured that plans are underway to improve water supply to all locations of Blantyre. In the meantime provision of special water bowser to Zingwangwa and Manase-Areas was arranged.

In addition, Water for People and BWB facilitated the identification of sites for community water tanks installation. The water tanks will be installed at kiosks targeting at Bangwe and Namiyango communities being managed by Water Users Association.

Also UNICEF partner CADECOM supported the installation of water tanks in Health Centers and communities. Out of 15 water tanks 5 installed in health centers and 4 in communities (water kiosks). CADECOM also facilitated the construction of temporally latrines in Bangwe Township where 50 households have already built temporally latrines and another 32 households are in the process of doing so.

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

Blantyre District Health Office has conducted Cholera case management training for clinical officers, nurses, Health Surveillance assistants (HSAs) for each health facilities during the week 1 to 5 June, 2015. The training covers epidemiology of cholera, detection and confirmation of cholera outbreaks, field investigation, responding to cholera outbreak, case management and health promotion. A total of 690 health workers were trained, 30 participants each session for two days concurrently in 10 training sites.
• UNICEF continues to provide fuel to the affected districts when in need to enable them to carry out supportive supervision. 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.

Education

• A total of 168 trained volunteer teachers, linked with WASH partners in 150 schools in 9 target districts are providing daily health and hygiene promotion messages on control and management of cholera which include 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; community sanitation reaching 193,923 learners.

Funding

UNICEF wishes to express its deep gratitude to all donors for the resources that have so far enabled the cholera response. Based on a cholera response plan which covers 11 cholera prone districts (Nsanje, Chikwawa, Blantyre, Mwanza, Phalombe, Zomba, Mulanje, Chiradzulo, Thyolo, Mangochi, and Lilongwe), UNICEF estimated a funding requirement of approximately USD 1.6 million to support the cholera prevention and response efforts. This scale up was based on the increased needs as the outbreak spread from Nsanje, in which cholera was first registered to other districts. To date, approximately USD 100,000 USD has been contributed specifically for the cholera response.

Next SitRep: To be determined depending on whether the outbreak will persist

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