Highlights

- On 15 August, the President in his address to the nation announced that opening of schools, colleges and universities will take place in early September. While the exact date for the reopening has not yet been determined, the Ministry of Education is undertaking preparatory activities to ensure that the schools are safe for opening.
- The country’s airports are expected to open for commercial flights in the first week of September.
- UNICEF has supported the Ministry of Health to train 56 clinicians from three central hospitals as part of a process to empower districts and central hospital to undertake the death audits.
- To date, UNICEF support has enabled over 8,000 people in 6 districts to receive community-based Mental Health and Psychosocial Support from District Social Welfare Officers.
- The Ministry of Health, with support from UNICEF, has trained 256 laboratory workers staff from all 51 testing sites in the country on newly approved testing protocols and guidelines and other technical aspects such as reducing wastage and invalid/indeterminate results.

Situation in Numbers as of 25 August 2020

- 5,423 confirmed cases
- 3,066 recoveries
- 170 deaths
- 42,902 tested samples
- 2,191 active cases

Situation Overview

As of 25 August, there are 5,423 confirmed cases of COVID-19 registered in all 28 districts of the country showing a small increase of four per cent from the previous report. Infection remains high within communities with locally transmitted infections at 4,329 which is almost four times the number of imported cases at 1,094; in contrast to the situation in late May when Malawi started receiving returnees from South Africa and had more imported cases. A total of 3,066 cases have recovered while 170 have died. Majority of the cases 1,780 (33%) are among people in age group 30-39 years while deaths are occurring mostly among people in the age group of 50 to 59 years. Further analysis shows that majority of the cases in this age group have other existing morbidities thus reducing their survival once they are infected.

The country’s borders remain closed except four borders and Kamuzu International Airport to allow transit of essential goods and services. Active tracing and monitoring of contacts of confirmed COVID-19 are ongoing. So far, over 7,000 primary and secondary contacts of COVID-19 cases have been traced.

Amidst the slowdown in economic activity due to both domestic and global impact of the COVID-19 pandemic and the resultant loss of livelihoods coupled with limited access to services, a recent report by the Malawi Vulnerability Assessment Committee (MVAC) indicates that between October 2020 and March 2021, 15 per cent of Malawi’s population (2.6 million people) will be in integrated food security phase classification (IPC) phase 3 which means they will experience food consumption gaps and will require urgent food assistance. Of these, about 2 million are in rural areas while about 600,000 are in urban areas. This is an added stress on the population especially the most vulnerable and marginalized people in the society who are already struggling to cope with the impacts of the pandemic. The government with support from humanitarian actors will soon embark on an exercise to develop a response plan for provision of the much-needed assistance.

Programme response by UNICEF and partners

Humanitarian Leadership, Coordination and Strategy

Humanitarian Strategy

UNICEF Malawi is working in the following areas of strategic priority against COVID-19:

- Public health response to reduce coronavirus transmission and mortality
- Continuity of health, education, nutrition and protection services
- Assessing and responding to the immediate secondary impacts of COVID-19
- Strengthening Risk Communication and Community Engagement (RCCE)
UNICEF maintains critical preparedness and response operations, including operational humanitarian access corridors, and delivery of services in Health, Education, Child and Social Protection, WASH, Nutrition and Communication for Development (C4D) areas to prevent and control infections, ensure continuity of education, promote positive behaviours, preventing transmission and ensuring the protection of children rights, especially of the most vulnerable one.

Humanitarian leadership and coordination

- On 15 August, the State President in his address to the nation announced that opening of schools, colleges and universities will take place early September. The Ministry of Education is undertaking preparatory activities to ensure that the schools are safe for re-opening. The government is identifying alternative facilities to be used as returnee screening centres to release the teachers training centres which are currently being used as returnee screening centres.
- The Presidential Task force at its meeting in the week ending 21 August endorsed the proposal for the country’s airports to open for commercial flights in the first week of September. Preparations for safe opening of the airport are underway.
- The National Disaster Preparedness and Relief Committee continues to meet weekly to review recommendations from the cluster system.
- Clusters continue to hold weekly meetings for better response coordination. Information relating to COVID-19 resource mobilization, allocation, programmatic implementation (RM and 5Ws) is regularly being updated.
- UNICEF is the co-lead agency for the Education, Nutrition, and Water, Sanitation and Hygiene (WASH) and Protection Cluster, while also playing a key role in the Health Cluster.
- UNICEF participates in Humanitarian Country Team which meets on Fridays every week and the Inter-Cluster Coordination meetings which provides a platform for cross-sectoral coordination.

Malawi COVID-19 Supply Chain system

- UNICEF is procuring 1.3 million cloth face masks for distribution to communities with high burden disease where local transmission is high.
- UNFPA procured PPEs and 50,000 face cloth masks for distribution to District Health offices country wide. A handover ceremony was held with MoH last week.
- The COVID-19 supply chain portal, which is coordinated at country level by UNICEF, continues to facilitate requests by national authorities and humanitarian partners for strategic and critical supplies.

Summary Analysis of Programme Response

Public health response to reduce coronavirus transmission and mortality

Building the capacity of primary health care providers (including laboratory staff, clinicians, etc.) to strengthen detection, contact tracing, case management, and referral of COVID-19 cases remains a key component of UNICEF’s support in response to the COVID-19 pandemic. During the reporting period, UNICEF, with funding from DFID, supported the Ministry of Health (MoH) to conduct training of laboratory staff from all 51 testing sites in the country. The aim of this training was to transfer new skills in using new approved testing protocols and guidelines, discuss technical challenges and how to resolve the errors and reduce wastage and invalid/indeterminate results. In addition, the team of
trained also conducted laboratory stock inventory, monitored usage of commodities and data collection, validation and report writing. At the end of the exercise, 296 laboratory staff were trained.

UNICEF further supported the MoH and health professional regulatory bodies to undertake assessments on infection prevention and control, IPC in 6 health care facilities and 4 emergency treatment units (ETUs). Among others, major findings include issue of inadequate supervision, erratic availability of soap, and staff working on extended times. A series of facility-based training on IPC have therefore been planned to address some of the gaps on IPC.

In support of case management, through CHAI, UNICEF has supported the MoH to conduct COVID-19 death audits to identify issues related to the increasing number of COVID-19 related deaths and inform the response. The MoH has been supported to train 56 clinicians from 3 central hospital (Kamuzu central hospital, Queens hospital and Mzuzu) and 6 districts (Ntchisi, Mzimba North, Chiradzulu, Phalombe, Chitipa and Kasungu) as part of the process to empower districts and central hospital to undertake the death audits.

Furthermore, during the reporting period, UNICEF through United Purpose reached out to an additional 12,420 people with proper handwashing demonstrations messages using mobile van promotions. The cumulative number of people reached with WASH-related messages, through different approaches including community radios, hand washing demonstrations at markets, communities and townships, mobile van messaging, information education and communication (IEC) materials and newspapers, has now reached more than four million. This intervention is being undertaken through with funding from UK Aid.

**Continuity of health, education, nutrition and protection services**

With schools still closed, UNICEF continues supporting the Ministry of Education on distance learning through radio, online and self-learning materials. The Ministry of Education, with support from UNICEF and the education cluster, has developed a road map for a phased re-opening which is expected to start in September. However, the exact dates of phased re-opening, detailed schedules and the examination dates are under discussion. Using the reopening guidelines, schools are undertaking facility audits and developing response plans at school level. Currently, the online learning platform for secondary school has reached 66,993 users which is 10 per cent increase from June 2020.

Supporting in strengthening of Community Victim Support Units (CVSUs) to better serve victims/survivors of violence is also ongoing including rehabilitation of the CVSU facilities in 6 districts. In preparation of the potential upcoming school re-opening, UNICEF partner Save the Children has intensified the mapping of schools within the vicinity of CVSUs to enhance linkages and referrals to essential protection services for children. In Nsanje, 9 schools that Save the Children visited have been supported in developing plans for establishment of Safe Schools Committees that will play a big role in ensuring school readiness for the upcoming re-opening. This work is being undertaken in partnership with Save the Children, under the EU-funded Spotlight Initiative.

UNICEF is also supporting the provision of Psychological First Aid (PFA) and strengthening of reporting and referral mechanisms for child protection as well as violence cases including sexual exploitation and abuse and negative coping mechanisms such as child marriage which are increasing during the COVID-19 pandemic. Through partnership with the national child helpline and gender-based violence (GBV) crisis line, 127 callers were provided with PFA during the reporting period,
which brings the total number of callers so far provided PFA to around 3,500. Among the 127 calls, 75 were related to child protection and GBV, including 20 child marriage cases, 18 ‘defilement’/statutory rape cases, 14 emotional abuse cases, 6 trafficking cases, 4 physical abuse cases and 4 child labour cases. These cases were referred to the relevant service providers, including police, social welfare, and judiciary, health, and other partners. Another 28 calls were directly related to COVID-19, mainly information seeking. UNICEF’s partner YONECO continues to broadcast a radio drama to advocate on the importance of child protection, including the critical role of parents, and available services for victims of violence during the COVID-19 pandemic. The third episode of the series was aired on 15 and 20 August through YONECO FM with listenership of about 5 million people.

Over 8,000 people in 6 districts (Blantyre, Machinga, Dowa, Mchinji, Zomba, Mulanje) have to date been reached with community-based Mental Health and Psychosocial Support (MHPSS) by District Social Welfare Officers (DSWOs). Of these, 1,068 people were reached during the reporting period. The DSWOs in July and early August benefited from UNICEF supported PFA training sessions thus enhancing their skills in providing (MHPSS). In addition, since the beginning of the COVID-19 response, a total of 1,200 returnees from South Africa were provided with PFA upon their arrival at the reception centres in Machinga, Blantyre and Zomba districts. Also, over 1,300 people diagnosed as COVID-19 positive and their close relatives, were provided with MHPSS in Machinga, Chitipa, Zomba, and Blantyre districts.

Furthermore, UNICEF financial and technical support is enabling District Social Welfare Officers (DSWOs) to follow up and provide the necessary support to vulnerable people, including children living and/or working on the streets, children without parental or family care. To date, around 300 children without parental or family care, including children in the Child Care Institutions (CCIs) and children reintegrated from CCIs to their families, were provided with appropriate alternative care arrangement and support in Blantyre, Machinga, Dedza, Mchinji, and Mulanje districts. Similarly, a total of 349 street connected children were provided with PSS and necessary material support the beginning UNICEF’s interventions in this area in Blantyre, Machinga, and Dedza districts.

Support in dissemination of nutrition related messages on COVID-19 is also ongoing. In collaboration with World Relief and district councils, through jingles on community radios and mobile vans, more than one million people have been reached with the key nutrition messages in MzimbaSouth, Nkhotakota, and Salima during the reporting period. In addition, during the reporting week, about 271,400 caregivers of children 0 to 59 months were reached with infant and young child feeding (IYCF) messages in the context of COVID-19 in Dowa, Karonga, Lilongwe and Nkhata-Bay districts. This brings the overall total number of people reached with various key nutrition messages on COVID-19 with UNICEF support to more than four million people in the 18 UNICEF focus districts¹. Also, during the week, about 530 care group cluster leaders were reached with COVID-19 messages in Mzimba South, Nkhotakota, Karonga, Dowa, Nkhata-Bay and Lilongwe districts increasing the number of care group cluster leaders reached so far with COVID-19 prevention to about 70,600. In addition, 1,005 more local leaders were oriented on COVID 19 messages in Mzimba South, Nkhotakota, Lilongwe, Dowa and Nkhata-Bay districts during the week.

¹Chitipa, Karonga, Mzimba North, Mzimba South, Nkhata-Bay, Nkhotakota, Salima, Kasungu, Dowa, Lilongwe, Chiradzulu, Mulanje, Thyolo, Neno, Phalombe, Mangochi, Chikwawa and Nsanje.
As UN cluster co-lead agency for the nutrition clusters, UNICEF also continued to facilitate nutrition cluster coordination. Among the discussions going on within the cluster is that implementation of nutrition activities is being affected due to COVID-19 preventive measures including social distancing and meeting restrictions. UNICEF is liaising with the Department of Nutrition, HIV and AIDS to fast track finalization and rolling out of the standard operating procedures to guide implementation of COVID-19 nutrition activities. The cluster is also expediting work on developing guidance for screening of the nutrition status of children under five by measuring the Mid-Upper Arm Circumference (MUAC) within the family setup as well as strengthening the capacity of front-line workers and community structures in local production of masks and hand sanitizers. Work has also been initiated to define the appropriate package for nutrition front line workers and community volunteers of COVID-19 protective wear as well as sanitation and hygiene materials.

**Assessing and responding to the immediate secondary impacts of the COVID-19**

In anticipation of impacts of the COVID-19 pandemic in the area of education, with support from UNICEF under the Safe Schools programme, the Malawi Police Service, through community radios under Tikambirane za wana programme, is reaching out to learners and communities with information and is allowing them to have discussions on issues affecting children such as child rights, violence, child marriage, teenage pregnancies, drug and alcohol abuse, especially when schools are closed due to COVID-19. This will help to better understand the secondary impacts of COVID-19 on school going children and communities at large and come up with appropriate strategies as more is discovered about the impact of the pandemic. In Nkhatabaya, one of the districts that first reported a rise in cases of child marriage involving learners following closure of schools due to COVID-19, police has been working with Chilundu FM community radio to provide information on violence prevention, reporting mechanisms, referral and response services including interacting with members of the communities on protection issues that children/learners are experiencing while at home.

Work to support the government in its effort to expand social services to rural and urban areas is ongoing. UNICEF is assisting the government in the conceptualization and operationalization of a solid grievance and redress mechanism for the planned COVID-19 Urban Cash Intervention (CUCI). Based on the advanced preparedness stage of CUCI, the procurement of a call centre service provider has been initiated in coordination with the government. Moreover, on behalf of the Social Protection Development Partner Group, UNICEF is working with International Labour Organisation (ILO) to collate evidence on the impact of COVID-19 in Malawi, to inform triggers to the COVID-19 response. With regards to the rural COVID-19 social protection response, and in readiness for sensitization and prevention activities during the upcoming cash payments under the Social Cash Transfer Programme, supplies in the form of buckets, hand sanitizer, and basic bars of standard soap as well as information material (banners, posters, flyers) are being procured.

**Human Interest Stories and External Media**

During the reporting period, UNICEF, through the Zodiak radio programme, looked at how hospitals are ensuring other critical services while fighting COVID-19, particularly HIV treatment for both adults and children. The Malawi Institute of Journalism radio programme supported by UNICEF, talked to young people and parents about how they are coping, uncovering the despair as people don’t know if life will ever go back to normal and a lot of their activities as education and economy have been
disrupted. A psychologist weighed in to encourage people to adhere to preventive measures and that the pandemic will eventually pass.

A UNICEF story about frontline health workers faced with multiple challenges dealing with COVID-19 cases and the stigma attached to it was published in the Nation. Similarly, a story of two of the 10 COVID-19 youth challenge finalists (students at the University of Malawi) was published in the same paper.

UNICEF continues to promote youth participation through U-Report, a mobile youth engagement platform designed to gather young people’s voices and address issues that they care about. 224,259 U-Reporters in Malawi continue to be reached with messages on COVID-19 through SMS, polling, open end questions, quiz, information bots, social media, etc. The U-Report chatbot with information on COVID-19 from UNICEF, WHO and MOH has so far sent and received over 2.5 million SMSs. In the reporting week, a poll was sent to U-Reporters to learn about their concerns and practices around mask wearing, results of this poll can be accessed here. UNICEF also continues to collect personal experiences from U-Reporters on how their communities have been fighting COVID 19. The stories are published on U-Report Malawi and UNICEF websites and social media sites.

On the Internet of Good Things, data free platform, new articles have been added: Nutrition Tips During COVID-19, Living with HIV in the time of COVID-19, How to Prevent Discrimination & Misinformation and Having Fun at Home. This month, the platform has had 6,493-page sessions and 22,148 page views with 753 sessions on COVID-19 pages.

**Funding Overview and Partnerships**

UNICEF needs an estimated US$ 55,600,000 to respond effectively to the impact of the COVID-19 pandemic on women and children to complement the government efforts in Malawi. The proposed geographical coverage aims at targeting high risk as well as vulnerable districts from the North, Central and Southern parts of the country through a balanced approach seeking to leave no one behind. The proposed integrated programme approach will ensure comprehensive and holistic coverage of child needs, especially of the most vulnerable.

To date, UNICEF has received US$ $ 17,190,743 contributions from public and private donors. However, a funding gap of 75 per cent remains. Specific funding requirements, resources available so far and the current funding gaps per sector are displayed in Annex B.

**Next SitRep:** 2 September 2020

**UNICEF Malawi COVID-19 website page:** https://www.unicef.org/malawi/coronavirus-disease--19
### Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Total results as of 19 Aug 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>400</td>
<td>357</td>
</tr>
<tr>
<td>Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>400</td>
<td>357</td>
</tr>
<tr>
<td>Number of healthcare workers within health facilities and communities provided with PPEs</td>
<td>2,500</td>
<td>2,260</td>
</tr>
<tr>
<td>Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care through UNICEF supported community health workers and health facilities.</td>
<td>500,000</td>
<td>168,499</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>5,000</td>
<td>5,976</td>
</tr>
<tr>
<td><strong>C4D</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>8,000,000</td>
<td>8,000,000</td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through RCCE actions</td>
<td>300,000</td>
<td>644,025</td>
</tr>
<tr>
<td>Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td>
<td>5,000</td>
<td>3,634</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of caregivers of children aged 0-23 months reached with messages aiming to promote breastfeeding in the context of COVID through national communication campaigns</td>
<td>500,000</td>
<td>313,284</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)*</td>
<td>8,000</td>
<td>11,058</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>21,000*</td>
<td>11,619</td>
</tr>
<tr>
<td>Number of children without parental or family care provided with alternative care arrangements</td>
<td>350**</td>
<td>328</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td>2,139,311</td>
<td>66,993</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support</td>
<td>457,000</td>
<td>0</td>
</tr>
</tbody>
</table>

*Target increased from 1,500 to 21,000
** Target has been revised from 30 to 350.
Annex B: Malawi COVID-19 funding status by sector as of 26 Aug 2020

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Funding Requirements</th>
<th>Funds received against the appeal</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$30,600,000</td>
<td>$9,337,367</td>
<td>$21,262,633 69%</td>
</tr>
<tr>
<td>WASH</td>
<td>$8,600,000</td>
<td>$736,793</td>
<td>$7,863,207 91%</td>
</tr>
<tr>
<td>C4D</td>
<td>$1,000,000</td>
<td>$632,054</td>
<td>$367,946 37%</td>
</tr>
<tr>
<td>Education</td>
<td>$3,200,000</td>
<td>$ 6,484,529*</td>
<td>$0 0%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>$7,200,000</td>
<td></td>
<td>$7,200,000 100%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>$4,000,000</td>
<td></td>
<td>$4,000,000 100%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>$1,000,000</td>
<td></td>
<td>$1,000,000 100%</td>
</tr>
<tr>
<td><strong>TOTAL US$$:</strong></td>
<td><strong>$55,600,000</strong></td>
<td><strong>$ 17,190,743</strong></td>
<td><strong>$41,693,786 75%</strong></td>
</tr>
</tbody>
</table>

*The actual amount received from by the education sector is $10,270,000. Of the total amount, $6,484,529 is what is earmarked for use in 2020 while the rest will be utilised in 2021; hence the revision to reflect only the funding available in 2020*

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