Thom Chigeda, a Laboratory Technician, in front of the COVID-19 testing site. ©UNICEFMalawi2020

Reporting Period: 23-29 July 2020

Highlights

❖ There was a notable decrease (19%) in the number of cases registered during the reporting week compared to the previous week (30%). However, this may not be a true reflection of the situation. The reduction in the number of cases could be attributed to lack of testing kits in most of the testing laboratories with 2,568 tests conducted compared to 7,129 in the previous week representing a 63 per cent reduction.

❖ During the reporting week, with UNICEF support, a total of 367 children, parents, and caregivers have received community based mental health and psychosocial support bringing the total reached since the beginning of the COVID-19 response to 6,617. Also, a total of 33 returnees from South Africa benefited from UNICEF supported Psychological First Aid at Machinga Teachers Training College returnee holding centre from 20 to 22 July.

❖ In support of the ongoing efforts towards increasing the number of COVID-19 treatment centres, in view of the steady escalation COVID-19 cases in the country and the increased need for hospitalization of symptomatic patients, UNICEF has supported a comprehensive assessment of Emergency of Treatment Units (ETUs) in 12 of the 28 districts of the country. Based on the findings, UNICEF through Clinton Health Access Initiative will support the establishment of ETUs eight districts.

Situation in Numbers as of 28 July 2020

3,738 confirmed cases
1,728 recoveries
103 deaths
27,514 tested samples
1,907 active cases

Situation Overview

Malawi continues to experience a steady increase in COVID-19 cases and deaths. Although the percentage increase in the number of cases registered during the reporting week (19%) is smaller compared to the previous week (30%), this is not a true reflection of the situation. The reduction in the number of cases reported in the past week could be attributed to lack of testing kits in most of the testing laboratories with about 2,700 tests conducted compared to about 7,000 in the previous week representing a 60 per cent reduction.

Currently, locally transmitted infections at 2,775 are almost three times the number of imported cases which are at 963. This is an indication that infection is now high within communities; a situation which has been compounded by the continued inflow of Malawians returning from South Africa.

Out the 1,907 active cases, 1,809 are being managed as outpatients under the “self-isolation” guidance while 54 are under institutional quarantine and another 44 have been admitted at various treatment units across the country. To date 1,728 cases have recovered.

While the country’s laboratory testing capacity has increased tremendously from none at the beginning of the pandemic to currently 51 COVID-19 testing sites (14 RT-PCR and 37 GeneXpert), stockouts of testing reagents are negatively affecting the daily output of testing.

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

- 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.
- Clusters continue to closely monitor the situation in addition to updating the National Plan while at the same time supporting the implementation of preparedness and response actions. ([https://calendar.google.com/](https://calendar.google.com/)).
- Clusters continued 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 participates in Humanitarian Country Team and the Inter-Cluster Coordination meetings which provide a platform for cross-sectoral coordination.
- The National Disaster Preparedness and Relief Committee continues to meet weekly to review recommendations from the cluster system.
- The Presidential Task Force continues to coordinate various measures of response to the pandemic.

Malawi COVID-19 Supply Chain system

As efforts continue to identify local suppliers of critical items for COVID-19 case management, UNICEF has been selected as the lead-agency in the establishment of long-term agreements for local procurement of approved PPEs in Malawi. It is expected that local procurement will help to reduce the lead-time for acquisition of COVID-19 critical items for case management thus ensuring continued access to essential Infection Prevention and Control (IPC), WASH and medical supplies during the pandemic. Local procurement will also support local production. Meanwhile, UNICEF has initiated a local procurement process for community face masks worth US$1.3 million with funding from DFID.

UNICEF is also supporting the reprogramming of critical Health Sector Joint Funds (HSJF) towards COVID-19 supplies. During the reporting period, UNICEF has received 20 metric tonnes of HSJF funded COVID-19 supplies comprising of hospital equipment, medicines and consumables valued at about US$ 284,800. Furthermore, UNICEF has supported the MoH and development partners to forecast the PPEs needs for Malawi for the next nine months to ensure uninterrupted supply of the PPEs.

The supply portal, managed by UNICEF, continues to facilitate requests by national authorities and humanitarian partners for strategic and critical supplies. The MoH has formed a national task force to review all requests for submission through the global supply portal. The first request of personnel protective equipment (PPEs) worth about US$ 923,000 with funding from the World Bank Pandemic Emergency Financing (PEF) has been submitted.

UNICEF continues to participate in the Logistics Cluster under the leadership of the Ministry of Transport and WFP and the Health Medical Supplies Committee. UNICEF is a key member of the cluster given its procurement services function and its role in the coordination of the supply chain portal requests in Malawi. The Procurement Working Group, under the Logistics cluster, updated the Business Operations Strategy platform as part of the Procurement Opportunity Analysis for UN Agencies in Malawi. The working group identified the establishment of long-term agreements (LTAs)
for PPEs as an opportunity to be pursued for 2020 to ensure that agencies obtain better value for money by consolidating requirements for all agencies.

**Summary Analysis of Programme Response**

**Public health response to reduce coronavirus transmission and mortality**

UNICEF partner Malawi Red Cross with funding from UKaid and Irish government continue to support screening of travellers at three points of entry (Mwanza, Songwe and Kamuzu International Airport). In the past week, 1,030 were screened, 78 per cent of which entered through Mwanza point of entry.

There is an urgent need to increase the number of treatment centres in view of the steady escalation COVID-19 cases in the country and the increased need for hospitalization of symptomatic patients. In support of the ongoing efforts towards this endeavour, UNICEF with funding from UKaid, supported a comprehensive assessment of Emergency of Treatment Units (ETUs) in 12 of the 28 districts of the country (Chikwawa, Chiradzulu, Chitipa, Kasungu, Likoma, Mzimba, Neno, Nsanje, Ntchisi, Phalombe, Rumphi and Thyolo) through implementing partner Clinton Health Access Initiative (CHAI). Out of the 12 districts assessed, it was found that only Nsanje has a functional ETU that admits COVID-19 patients. UNICEF through CHAI will establish eight ETUs in the remaining districts with funding UKaid.

Support to infection prevention and control enhancement in schools, health facilities, markets, and other public spaces and communities continued during the reporting period. Machinga teachers training college and Kamuzu central hospital each had two additional latrines installed. To date, a total of 72 emergency latrines have been installed at ETUs (54), border posts (10), and at Machinga TTC returnee holding centre (8). Each latrine ensures privacy and has a functional handwashing station with soap. Meanwhile, construction work by private contractors started on more permanent toilets at Blantyre, Mwanza, Mchinji and Mzuzu ETUs, for more sustainable use. Through partner United Purpose in collaboration with Southern Regional Water Board, backup water supply was also provided at Machinga TTC returnee holding centre through trucking and bladders serving 251 returnees that arrived during the reporting week. Furthermore, UP oriented 30 health workers in Karonga on water quality testing using chlorine pool tester and microbiological testing kits and on water treatment using water purifier and chlorine.

Also, in partnership with United Purpose, assorted WASH supplies have been provided to the returning residents from South Africa at Machinga Teachers Training College holding Centre. The supplies distributed consist of 2,000 toilet soap, 20 plastic buckets, 10 plastic basins and 75 kilogrammes of chlorine bleaching powder, 2 medium size waste bins, 2 plastic squatting plates and one latrine double cubic superstructure. So far, almost 1,200 returnees have been provided with soap for handwashing and personal hygiene. With recent reports of COVID-19 cases registered in the country’s prisons, WASH supplies have also been provided to 400 prisoners at Maula prison in Lilongwe.

Through different approaches, more people have been reached with WASH-related messages including more than one and half million people reached through community radios in Chitipa, Chikwawa and Nsanje districts, 153,800 people reached through mobile van promotions and
another about 5,560 people reached through demonstrations on proper handwashing. Cumulatively, UNICEF has, so far, reached more than four million people with WASH-related messages through the different approaches. Of these, about 1 million are children under 18 years and about 3 million are adults.

**Strengthening Risk Communication and Community Engagement (RCCE)**

With UNICEF support, the National Social Mobilization Committee (NSMC) completed an orientation exercise of Faith Based Leaders on COVID-19 where 31 leaders were oriented and COVID-19 messages have been recorded for circulation. The NSMC will continue to conduct district mapping and orientation of faith leaders in the Kasungu, Nkhatash-bay and Mangochi Districts. UNICEF is launching a campaign on community masks. Posters and infographics have been developed as one of the initiatives of the campaign pending printing and circulation.

Additionally, a total of 60 traditional leaders have been engaged with plans to support the delivery of the COVID-19 response and promote gender equality and positive social norms in five districts namely (Lilongwe, Kasungu, Likoma, Nkhatabay and Zomba) in the coming week. This is in addition to similar support which UNICEF has already provided to the Ministry of Local Government and Rural Development in Neno, Chiradzulu and Phalombe districts to facilitate District consultations with Traditional Leaders. This is being done as part of the continued efforts to support the setting up of a coordinated, harmonized and structured approach of working with traditional leaders in Malawi to deliver the COVID-19 response and promote gender equality and positive social norms.

UNICEF also continued to support implementation of risk communication and community engagement interventions using various delivery platforms with funding from UKaid. The number of people reached with COVID-19 messages through door to door, mobile van and community drama sessions and social media is now at 572,607 people of which 117,512 are men, 145,084 are women, 145,084 are boys and 171,118 are girls. A total of 19 people with disabilities have also been reached with messages during the reporting period.

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

Schools in the country have remained closed since the last week of March 2020. The Government is scheduled to conduct audits on school readiness in order to ascertain the extent of compliance to the school reopening guidelines and then determine a possible date to reopen schools and other educational institutions. The Ministry of Education is also disseminating and adapting the school re-opening guidelines. Orientation sessions on the guidelines have been conducted for zonal and school level officials. Meanwhile, UNICEF continues to provide technical support to the Ministry of Education on the provision of distance learning through radio, online and self-learning materials. Consideration is being taken to extend the broadcasting of current Emergency Radio Education Programme to community radios is underway to cover learners in hard-to-reach areas.

As UNICEF continues to support in the provision of community-based Mental Health and Psychosocial Support (MHPSS) and child protection services using a case management approach, a total of 367 people (195 children, 148 parents, and 24 caregivers) were reached with
community based MHPSS from 17 to 22 July, in Blantyre and Machinga districts. Blantyre DSWO also followed up with 6 children who have been reintegrated from Child Care Institutions (CCIs) as well as 32 children who were remaining at the CCIs during the COVID-19 pandemic. In addition, district social welfare officers also supported 14 children on the streets.

Moreover, a total of 33 returnees from South Africa benefited from Psychological First Aid (PFA) at Machinga Teachers Training College returnee holding centre from 20 to 22 July. Also, 75 people including the returnees who were found to be COVID-19 positive and their close relatives, were provided with remote PFA from 19 to 22 July. The Machinga DSWO also followed up with 37 girls who had entered marriage and became pregnant during the school closure period and provided mediation and counselling services to seven couples experiencing domestic disputes because of effects of COVID-19 during 19-22 July.

Basic psychosocial support (PSS) was provided to 443 callers to the Child helpline/ gender Based Violence (GBV) helpline. Of the calls received by the helpline, 22 were directly related to COVID-19, seeking information on prevention of COVID-19 and school reopening, where clients were encouraged to use accessible learning facilities including through radio. Also, 60 GBV and child protection related cases were registered, including 20 cases concerning child marriage, 5 cases of ‘defilement’/ statutory rape, 3 cases of emotional abuse, 2 cases of physical abuse, 1 case of sexual abuse, 1 case of child delinquency, and 1 case of maintenance. Other callers asked for information on sexuality and relationships, GBV prevention and reporting, HIV/AIDS, and requested assistance due to the economic downturn and limited employment prospects. The reported cases were followed up and referred to necessary services, including police, social welfare, justice, and health, using an updated referral directory.

As part of the efforts to ringfence and ensure the continuity of essential lifesaving services, especially perinatal and curative services in health facilities, UNICEF has supported the MoH in developing a comprehensive work plan on community health services. On Thursday 23 June, UNICEF supported MoH to host the first ever service continuity meeting attended by 40 partners. The meeting agreed to undertake a quick assessment of the status of service continuity to establish the effects of COVID-19 response on routine services. The service continuity team will be meeting daily to review the situation to agree on appropriate interventions while ensuring that health workers are provided with required infection prevention and control skills and equipment.

**Challenges**

- There is an increase in the number of COVID-19 fatalities due to late reporting and limited management capacity at emergency treatment centres. Case management subcommittee has organised orientation sessions based on the changing protocols for management of COVID-19 cases. The committee has also identified need for death audits to inform the next plan of action to reduce the COVID-19 related fatalities.
- Continued increase of COVID-19 infection among front line health workers remains a concern for the continuity of health services. The MoH with support from UNICEF and other IPC partners is undertaking a training programme on the effective use of PPEs as per WHO guidelines.
- Sub-optimal implementation of COVID-19 case definition especially in outpatient department to detect COVID-19 cases continues to be a challenge. This is expected to improve because all health workers have been oriented to apply the case definition at outpatient departments to ensure the suspected cases are identified and isolated for testing.
• Knowledge gap and sub optimal capacity of the laboratory staff were identified to be major contributors to increased wastage of the available test kits. This is being addressed through a training supported by UNICEF under DFID grant.

**Human Interest Stories and External Media**

UNICEF’s COVID-19 weekly radio programmes continue to be broadcast on Zodiak Broadcasting Station (92.7fm) every Tuesday at 6.30 PM and the next day at 3:30 PM – which has an estimated 13 million reach in Malawi. The reporting week’s episode carried on with the Child Protection theme, focusing on violence against children. They spoke to the Executive Director of Youth Net and Counselling (YONECO), a local NGO (UNICEF partner) who shed light on the kind of abuses children are facing, due to extended stay at home with parents and caregivers – a situation that some parents and children are not accustomed to and sometimes resort to physical violence as a way to instil discipline. A psychologist also weighed in on this. A caregiver at a Community Based Child Care Centre in Chikwawa explained how COVID-19 has disrupted parents’ regular economic activities and its impact on children.

Through UNICEF’s partnership with the Malawi Institute of Journalism, young reporters talked to some young (and older) people whose businesses have been affected by COVID-19. These include shop owners and some motor cyclists running taxi businesses. Parents also explained how struggling businesses are affecting their ability to take care of their children.

UNICEF published new stories on COVID-19: ‘My experience when I had Coronavirus’, a blog written by 17 year old, Wongani Mulanga; ‘Learning through the radio amid COVID-19: Florence tells her experience’ a story about a young student (7) who is continuing her studies at home with the help of a radio programme, supported by UNICEF; On how students are becoming changemakers in their community through the Living School Project. Read: How Chipelera Primary School is benefitting from the Living Schools Project; and, “WASH services in screening centres delight returnees” documents how Malawi returnees are happy to get full WASH services in one of the screening centres, supported by UNICEF, in Machinga.

UNICEF continues to use the U-Report digital platforms to extensively reach 223,000 U-Reporters in Malawi with messaging 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 is still live, and to date has registered 504,901 responses. U-Report has also been sharing feedback on a recent poll sent to U-Reporters on access to distance learning programmes during school closures. Results of the poll can be accessed here. UNICEF 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. Also, since 20 July, UNICEF Malawi’s Internet of Good Things, free platform, has had 8,517-page views and 514-page sessions on COVID-19 content and an average of 1 minute 2 seconds.

On social media, UNICEF continues to share messages on COVID-19 prevention and awareness. During the reporting week, our messages engaged more than 40,000 online audiences on all three platforms (Facebook, Twitter and Instagram). UNICEF regularly updates its dedicated COVID-19 page on its website with latest news and information on UNICEF and its partners' response to COVID-19 in Malawi.
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$ 20,976,214 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: 29 July 2020


Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Total results as of 29 July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</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>WASH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>5000</td>
<td>4,517</td>
</tr>
<tr>
<td>C4D</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>572,607</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>---------</td>
<td>---------</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>8,460</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>1,500*</td>
<td>6,617</td>
</tr>
<tr>
<td>Number of children without parental or family care provided with alternative care arrangements</td>
<td>350**</td>
<td>134</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>60,432</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: Funding
Malawi COVID-19 funding status by sector as of 15 July 2020

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements*</th>
<th>Funds received against the appeal</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Health</td>
<td>30,600,000</td>
<td>9,337,367</td>
<td>21,262,633</td>
</tr>
<tr>
<td>WASH</td>
<td>8,600,000</td>
<td>736,793</td>
<td>7,863,207</td>
</tr>
<tr>
<td>C4D</td>
<td>1,000,000</td>
<td>632,054</td>
<td>367,946</td>
</tr>
<tr>
<td>Education</td>
<td>3,200,000</td>
<td>10,270,000</td>
<td>7,070,000</td>
</tr>
<tr>
<td>Social Protection</td>
<td>7,200,000</td>
<td>7,200,000</td>
<td>0%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4,000,000</td>
<td>4,000,000</td>
<td>93%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>100%</td>
</tr>
<tr>
<td>TOTAL US$</td>
<td>$ 55,600,000</td>
<td>$ 20,976,214</td>
<td>41,693,786</td>
</tr>
</tbody>
</table>

*The funding requirement has been revised considering the changes in the situation and to reflect the needs up to December 2020

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