



A high dependency unit at one of the newly established field hospitals in Lilongwe © Ministry of Health

Reporting Period: 15 January - 31 January 2021

MALAWI

COVID-19

Situation Report



Situation in numbers as of 31 January 2021

23,963 confirmed cases

8,615 recoveries

134 cases that cannot not traced

76 outcomes under investigation

702 deaths

144,185 tested samples

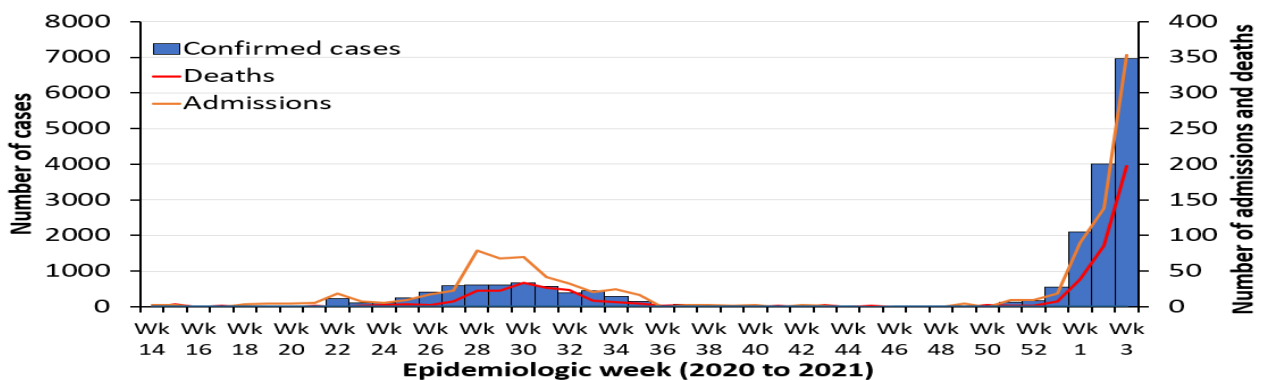
14,436 active cases

Source: 2021/01/31, Daily info update, Republic of Malawi, Ministry of Health

Highlights

- Since late December 2020, Malawi has experienced a dramatic increase in COVID-19 cases with critical hospital admissions jumping from zero in early December to 245 at the end of January 2021. Since the beginning of the year 2021, the country has reported cases in hundreds and deaths in double digits. This is much higher than the number of cases during the first wave in 2020. The number of people that an infected person will on average pass on the virus to, has increased from less than one in early December 2020 to more than 2.1 while the percentage of all coronavirus tests performed that return positive results has increased from less than 1 per cent to 30 per cent.
- UNICEF is working with the Ministry of Health, WHO and other partners to prepare for the roll out of the COVID-19 vaccine procured under the COVAX facility. The country initially plans to administer the vaccine to 20 percent of the total population (0.3 percent Health workers; 10 per cent people with co-morbidities and 9.7 percent elderly).

COVID-19 cases, admissions and deaths



Situation Overview

Since late December 2020, Malawi has experienced a dramatic increase in COVID-19 cases with critical hospital admissions jumping from zero in early December to 245 at the end of January 2021. As of 31 January 2021, 144,185 tests had been conducted out of which 23,963 tested positive. Of the positive cases, 17,586 (73 per cent) were recorded in January 2021 alone. Since the beginning of the outbreak, 702 deaths have been reported (CFR=2.9) of which 514 (73 per cent) occurred in January 2021.

Further analysis of available data indicates that 22,010 (92 per cent) of the reported cases are locally transmitted. A total of 8,615 cases (35 per cent) have now recovered and 134 have been cannot be traced. This brings the total number of active cases to 14,436 across all the 28 districts.

During the second wave of the pandemic cases are multiplying much faster across the population and the case fatality rate is also very high. Since the beginning of the year 2021, Malawi has reported cases in hundreds and deaths in double digits which is much higher compared to what happened in the first wave. See the distribution below:

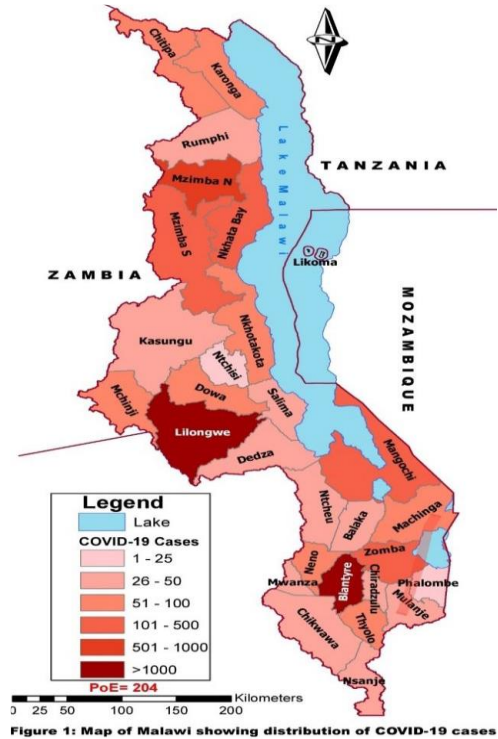
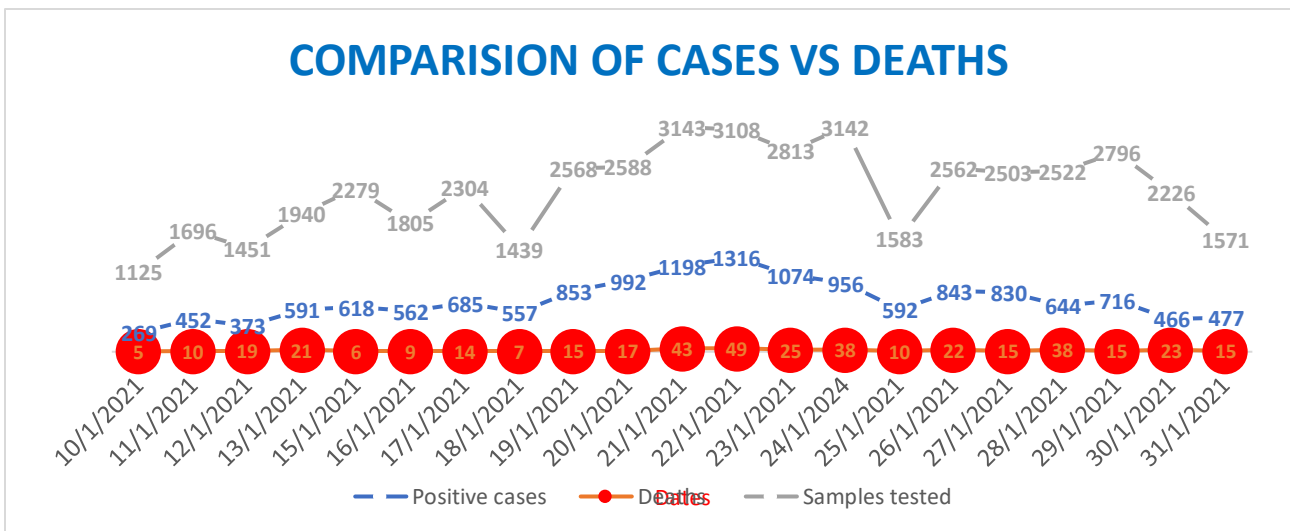


Figure 1: Map of Malawi showing distribution of COVID-19 cases



The number of people that an infected person will on average pass on the virus to, (reproductive number) increased from less than one in early December 2020 to more than 2.1 while the positivity rate (the percentage of all coronavirus tests performed that are actually positive) increased from less than one per cent to 30 per cent. Health workers' infection increased by 30 per cent to 1,061 from 642 in December 2020. The outbreak has established a niche in crowded cities and urban centres with sustained community transmission of about 98 per cent.

As confirmed by Malawi Liverpool Trust Laboratories, Malawi is dealing with the South African Variant (501Y.V2). This can explain the severity of the disease and help government and partners to enforce public health measures as part of the containment measures.

In view of the escalation of the number of cases, on 12 January 2021 the President of Malawi declared a state of national disaster. To respond to the situation, four field hospitals have been established to ease congestion in treatment units. All land borders have been closed and public gatherings have been reduced to 50 people from 100. While land borders are closed to international travellers, airports

remain open as government says it is easier to track people arriving through the airports. Schools have been closed for an initial three weeks. There is no indication yet of dates for reopening.

The country currently has a testing capacity of about 2,000 samples per day. UNICEF has provided an additional 225 laboratory rapid diagnostics kits and consumables that can test 5,600 people. With the additional kits, the country has 250,330 reagents including 100,000 sample collection tubes. The reagents are enough for another two months.

Malawi has also developed a National Vaccine Deployment Plan (NVDP) and Cold Chain Equipment (CCE) request for approval by MoH and National Immunization Technical Advisory Group (NITAG). Submission of both documents to Gavi is scheduled for the first week of February 2021. The initial plan is to vaccinate 20 per cent of the population that will include frontline workers, high risk people such as those with underlying medical conditions (e.g. diabetes,) and the elderly.

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 impact 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). This is being done to prevent and control infections, ensure continuity of education, promote positive behaviours, prevent transmission and ensure the protection of children rights, especially of the most vulnerable ones.

Humanitarian leadership and coordination

- To support coordination, the Humanitarian Country Team has reverted to weekly meetings in view of the escalation of COVID-19 cases.
- Clusters continue to meet for better response coordination. Information relating to COVID-19 resource mobilization, allocation, programmatic implementation (RM and 5Ws) is regularly being updated. Currently the clusters are in the process of developing the 2021 COVID-19 response plan.
- UNICEF is the co-lead agency for the Education, Nutrition, and Water, Sanitation and Hygiene (WASH) and Protection Clusters, while also playing a key role in the Health Cluster.
- A national Vaccine Deployment Plan has been developed with support from WHO, UNICEF and partners

Malawi COVID-19 Supply Chain

- US\$40,000 worth of supplies comprising boots for health workers, tarpaulins, chlorine and mobile toilets for treatment centers have been procured for the COVID-19 response

- UNICEF is engaging with UNDP on how to engage local manufacturers of personal protective equipment (PPEs). A process is underway to identify potential local manufacturing companies for PPEs.
- An Amendment to the agreement for COVID-19 supplies with world Bank has been signed with an increased ceiling from 1.6 mil USD to 3.6 mil USD.
- UNICEF donated 20 motor bikes valued at \$46,870 to the Ministry of Health. Out of the 20, ten motor bikes were handed over to the Ministry Headquarters at handover ceremony that was graced by UNICEF Representative and the Minister of Health amongst other dignitaries. The remaining 10 motor bikes are being distributed to targeted District Health Offices. Assorted PPE supplies that included coveralls, protection, gum boots rubber, surgical masks and other COVID-19 medical equipment valued at \$281,308 were also distributed to targeted isolation centres.

Summary Analysis of Programme Response

Public health response to reduce coronavirus transmission and mortality

With funding from Foreign, Commonwealth & Development Office (FCDO), Health Sector Joint Fund (HSJF) and the World Bank, UNICEF has supported the procurement and distribution of 172 oxygen concentrators to all 28 districts including the four field hospitals established by the presidential directive. In addition, 84 oxygen cylinders were distributed to improve access to the oxygen therapy in district hospitals as well as Emergency Treatment Units (ETUs.) Through the oxygen task force, UNICEF and other partners are supporting government's Scaling Pneumonia Response Innovations (SPRINT) model. Under this initiative, the oxygen gap analysis was presented in the Health Donor Group meeting and this attracted pledges for oxygen cylinders. Under this arrangement every district hospital will receive a minimum of 10 oxygen cylinders to improve delivery at district and central hospitals.

Support in screening travellers at airports and borders is ongoing with funding from the Irish Embassy and FCDO through UNICEF's partner, Malawi Red Cross Society. In the past four weeks, 26,293 (12,490M; 13,803F) travellers were screened at nine¹ Points of Entry (PoEs). Most of the travellers had their negative COVID-19 certificates. However, Malawian returnees from South Africa were tested at Mwanza PoE because they did not have negative certificates on arrival. Out of 9,314 travellers screened, 3,977 tested positive for COVID-19.

UNICEF is working with Ministry of Health and other partners to prepare for introduction of a COVID-19 vaccine in Malawi under the COVAX facility and Gavi Partnership Framework Agreement (PFA). The country will focus on 20 percent of the total population (0.3 per cent health workers; 10 per cent people with co-morbidities and 9.7 per cent elderly).

Continuity of health, education, nutrition and protection services

Due to the increased number of COVID-19 cases and deaths, Government of Malawi closed all schools except boarding schools for three weeks from 18 January 2021 to 8 February 2021. UNICEF immediately engaged the Ministry of Education (MoE) and cluster partners to discuss actions and support needed for learners during school closure and preparedness for school reopening. The key issues identified during cluster meetings included development of radio lessons to cover the whole academic calendar, teacher recruitment to expand teacher support, facilitating double shifts for lower

¹ Chitipa (673), Karonga (5,198), Ntcheu (901), Dedza (1,720), Mchinji (1,288), Mwanza with (9,314), Kamuzu international Airport - (4415), Blantyre ((1,324) and Mangochi (1,460).

grades to decongest the classes and maintain social distance and procurement for PPE and nutrition items to be used when schools reopen. Through the Presidential Task Force, the government has mobilized financial resources for the COVID-19 response and education sector received Malawi Kwacha 5 billion (about US\$10 million), which will be used for the procurement of tents/shelters, portable chalkboards, soap as well as drilling of boreholes in primary and secondary schools that have no water points and recruitment of additional auxiliary teachers. In addition, UNICEF has engaged the MoE on reprogramming activities under the Global Partnership for Education (GPE) COVID-19 grant to address the immediate needs due to school closure. Proposed reprogrammed activities include airing of radio programmes, recruitment of auxiliary teachers and procurement of personal protective equipment.

UNICEF continued to provide financial and technical support to promote dissemination of nutrition messages in the context of COVID-19. There has been a shift from heavy reliance on interpersonal communication to more use of mobile platforms to reach caregivers and parents with key messages on improved nutrition practices. While technology for development (TFD) activities continued with adoption of the door to door approach, a majority of the social behaviour change communication (SBCC) activities migrated to mobile based platforms to deliver Maternal, Infant and Young Child Nutrition (MIYCN) COVID-19 training, nutrition campaigns and the mobile 3-2-1 (the national toll-free public service information line) reaching 12,177 frontline workers, caregivers and households in 10 targeted districts².

During the reporting period, 120 local leaders were engaged to assist in the dissemination of COVID-19 key prevention messages. Over 1.6 million people were reached with key nutrition messages through several media platforms including 10 community radio across the 10 districts. The key messages disseminated included maternal nutrition in the context of COVID-19, complementary feeding as well as dietary diversity and WASH messages.

UNICEF also continued to ensure continuity of life saving nutrition interventions across the country. In December 2020, 3,224 children with severe acute malnutrition (SAM) were admitted into the Community Management of Acute Malnutrition (CMAM) program, a 13.1 per cent increase compared to 2,851 admitted during the same month in 2019. UNICEF also supported mass vitamin A supplementation through child health days which resulted in improved immunity among 92 per cent children aged 6-59 months and 55% among postpartum women reached with Vitamin A supplements.

UNICEF has also supported the Ministry of Health to complete a nationwide nutrition survey using the SMART methodology. The results indicate prevalence of acute malnutrition increased to 1.9 per cent in 2020 from 1.3 per cent during the same period in 2018. These results are also almost 4 times more than the 0.5 per cent prevalence reported in June/July 2019. Several COVID-19 related factors have been noted which could have contributed to the increase in prevalence. These include:

- Reduction in service delivery because affected people are afraid to attend sessions that require large gatherings e.g. care group sessions due to the COVID -19 pandemic
- COVID 19 restrictions have decreased access to nutrition services, thereby putting people who need them most (pregnant women and young children) at increased risk of nutritional deficiencies, illness and even death.
- The restrictions around COVID-19 have reduced mechanisms to actively identify children with acute malnutrition as community health workers and volunteers are afraid to contract the virus, resulting in late presentation of cases and reduced coverage of treatment program for malnutrition.

² Chitipa, Karonga, Mzimba North and South, Nkhata-Bay, Salima, Kasungu, Chiradzulu, Mulanje and Thyolo

As part of the preventative measures for COVID-19, many Child Care Institutions (CCIs) are reintegrating children in CCIs to their homes and communities. To ensure the safe reintegration of those children, UNICEF works with Save the Children in Lilongwe and Blantyre districts to promote a safe reintegration of those vulnerable children. This is achieved through a comprehensive process which includes child and family assessment, family tracing, counselling and preparation of families, home visit, and post placement support. In January, 54 CCIs (36 in Blantyre and 18 in Lilongwe) have been assessed to check the adherence to the COVID-19 preventative measures in institutions and the required standard during the reintegration process. Some key areas for improvement were identified, including the cases where reintegration was implemented without proper assessment by District Social Welfare Offices, preparation of families, and necessary support after the reintegration. Psychological First Aid (PFA) training was provided to 46 child protection workers who support the reintegration process. PPEs for frontline social workers were procured and distributed, and packages of child basic needs (maize flour, tablets of nutrition supplements, soap, toothpaste, toothbrushes and sanitary pads) were procured for future distribution to children under reintegration case management. From December 2020 to January 2021, more than 70 vulnerable children were supported with safe re-integration processes by this partnership in Lilongwe district. Another 73 and 337 children without parental or family care in Lilongwe and Blantyre were provided with appropriate alternative care arrangement during the same period. Save the Children also continues to strengthen the Community Victim Support Units in six districts to ensure quality protection service is provided with the victims of violence.

UNICEF continues to strengthen community-based Mental Health and Psychosocial Support (MHPSS) in partnership with District Social Welfare Offices (DSWOs). So far, around 25,470 people in seven districts (Blantyre, Machinga, Dowa, Dedza, Mchinji, Zomba, Mulanje) have been reached with community-based Mental Health and Psychosocial Support (MHPSS) by District Social Welfare Offices (DSWOs). During the reporting period, 1,976 people- of which 709 children were children, were reached in Blantyre and Mchinji districts.

As co-lead of the protection cluster, UNICEF continues supporting the Ministry of Gender, Community Development, and Social Welfare (MoGCDSW). In response to the increasing number of COVID-19 cases since January 2021, the weekly meeting has been resumed. On 28 January, a meeting with District Social Welfare Offices was conducted to hear their experiences in the field and discuss r better protection service and coordination at the district level.

UNICEF also continues supporting the Ministry of Gender, Community Development, and Social Welfare (MoGCDSW) in coordinating the COVID-19 Social Protection response. To cushion the socio-economic effects of COVID-19, all Social Cash Transfer Programme (SCTP) beneficiaries across the country have received an increased transfer value. UNICEF as co-lead of protection and social support cluster, is providing technical assistance as well as financial support for the establishment of effective Grievance and Redress Mechanism for the COVID-19 Urban Cash Intervention (CUCI).

Strengthening Risk Communication and Community Engagement (RCCE)

The College of Medicine, Public Health Institute of Malawi (PHIM) and UNICEF are analysing results of the Knowledge Attitudes Practices (KAP) survey that was conducted in November 2020. Preliminary qualitative results indicate that most participants perceive COVID-19 as a threat to humankind because it spreads fast, is transmitted through air, is deadlier than other known diseases

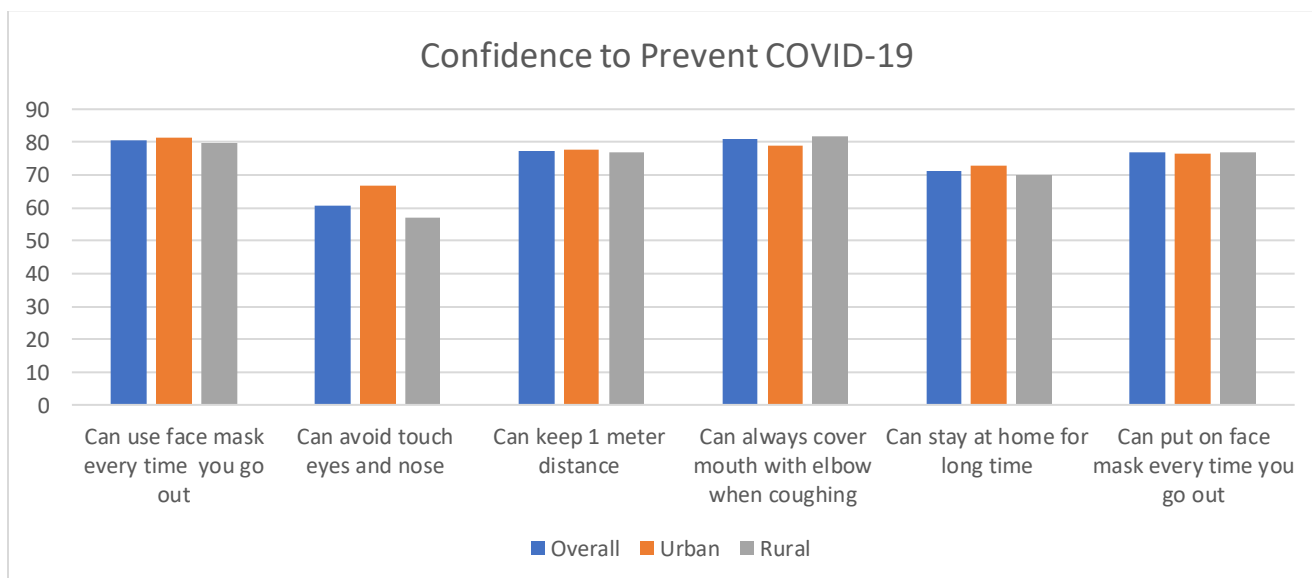
and it has no cure. Many of the respondents also expressed concerns about the loss of businesses, decreased economic activities and closure of schools as critical problems that the youth are facing, while others were much concerned with isolation as a containment measure.

Most participants indicated that they get information from radio, TV and health workers. Others reported that they get information from church leaders and at funerals. Participants reported getting trusted information regarding COVID 19 from health workers. However, it was also noted that radio, television and social media plays a critical role in informing people regarding COVID-19.

Almost all participants have adequate knowledge regarding preventive measures and the spread of COVID-19. Participants highlighted hand washing, use of masks, sanitizers and observing social distance as common preventive measures. Almost all participants understand the need to keep preventive measures in place and they said a decrease in COVID-19 cases can be the only reason to lift the measures that have been put in place.

Quantitatively the preliminary results indicate that 99 per cent of the participants heard of COVID-19, mostly from radio (87 per cent) followed by religious leaders and health personnel (37 per cent). As regards how COVID-19 is transmitted, most respondents mentioned that COVID-19 can be transmitted through cough/ sneezing (76.4per cent) and staying in crowded places (70.8 per cent). Contact with infected surfaces was mentioned as a potential source of information by 54.4 per cent of respondents.

However, risk perception dropped to 33 per cent (31 per cent urban, 34per cent rural) as less were afraid of the pandemic at the time of the research. On the positive side, 90.6 per cent were confident they could prevent the disease. The table below illustrates confidence levels for some preventive practices.



The recommendations from the KAP will guide the re-vamped national RCCE strategy that will focus on debunking rumours and strengthening community engagement.

UNICEF continued to support coordination of community engagement and risk communication programs through RCCE meetings and the public information cluster with a focus on revising the existing RCCE strategies, including on demand generation for COVID-19 vaccine uptake. UNICEF

contributed to the vaccine acceptance and uptake section of the National Vaccine Deployment Plan which is expected to be rolled out March 2021

Human Interest Stories and External Media

[Awareness posters](#) were produced with advice on how to prevent the spread of COVID-19, and the importance of limiting movements and staying home. The posters were produced with support from the Government of Ireland and are being disseminated on our social media channels.

[A story](#) on how social cash transfer beneficiaries in Ntcheu district are benefitting from COVID-19 awareness messages.

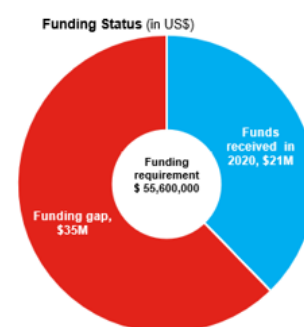
During the reporting period, UNICEF reached 37,765 people with COVID-19 messages via its Facebook page. These are organic posts which means we are reaching people who are genuinely interested in the content and most likely to interact and engage with it.

We have also responded to 15 questions on COVID-19 through the UNICEF Malawi Facebook page.

UNICEF had 56500 Twitter impressions, 1115 profile visits and 45 mentions in the last 20 days.

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: 17 February 2021

UNICEF Malawi COVID-19 website page: <https://www.unicef.org/malawi/coronavirus-disease--19>

Annex A: Summary of Programme Results

Sector	Total results March 2020 to 31 January 2021
Health	
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	800
Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	719

Number of healthcare workers within health facilities and communities provided with PPEs	4,760
Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential new-born care, immunization, treatment of childhood illnesses and HIV care through UNICEF supported community health workers and health facilities.	168,499
WASH	
Number of people reached with critical WASH supplies (including hygiene items) and services	6,909
C4D	
Number of people reached with COVID-19 messages on prevention and access to services	12,000,000
Number of people engaged on COVID-19 through RCCE actions	1,239,635
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	16,253
Nutrition	
Number of caregivers to children aged 0-23 months reached with messages aiming to promote breastfeeding in the context of COVID-19 through national communication campaigns	313,284
Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)"	11,058
Child Protection	
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	31,903
Number of children without parental or family care provided with alternative care arrangements	1,942
Education	
Number of children supported with distance/home-based learning	1,423,396
Social Protection	
Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	0

Annex B: Malawi COVID-19 funding status by sector as of 31 January 2021

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

* 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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for further
information:**

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