



Back in school: Isaac Longwe, headteacher with students at Thyolo secondary school. UNICEF Malawi/Malumbo Simwaka 2021

Reporting Period: 15 April 2021 to 31 May 2021

## Highlights

- Since the beginning of COVID-19 vaccination in Malawi on 11 March 2021, 347,638 people have been vaccinated representing 9 percent of the target of 3.8 million people by the end of 2021.
- Turn out for the vaccination has slowed down considerably to less than 4,000 people per week representing a 45 percent drop compared to the beginning of the exercise.
- Community engagement efforts including special ones to target the youth have already reached 31,000 people and are expected to reach out to 50,000 using digital technology.
- UNICEF through its partner Malawi Red Cross with funding from FCDO and Irish Embassy has supported 45 rapid response team members from Mulanje, Neno and Kasungu districts comprising of surveillance, case management, risk communication, laboratory and mental health and psychosocial support workers to undergo a refresher training to enhance their skills to investigate, track contacts and COVID-19 related cases in real time. .

# MALAWI

## COVID-19

### Situation Report



## Situation in numbers as of 31 May 2021

**33,338** confirmed cases

**32,616** recoveries

**8** cases hospitalized

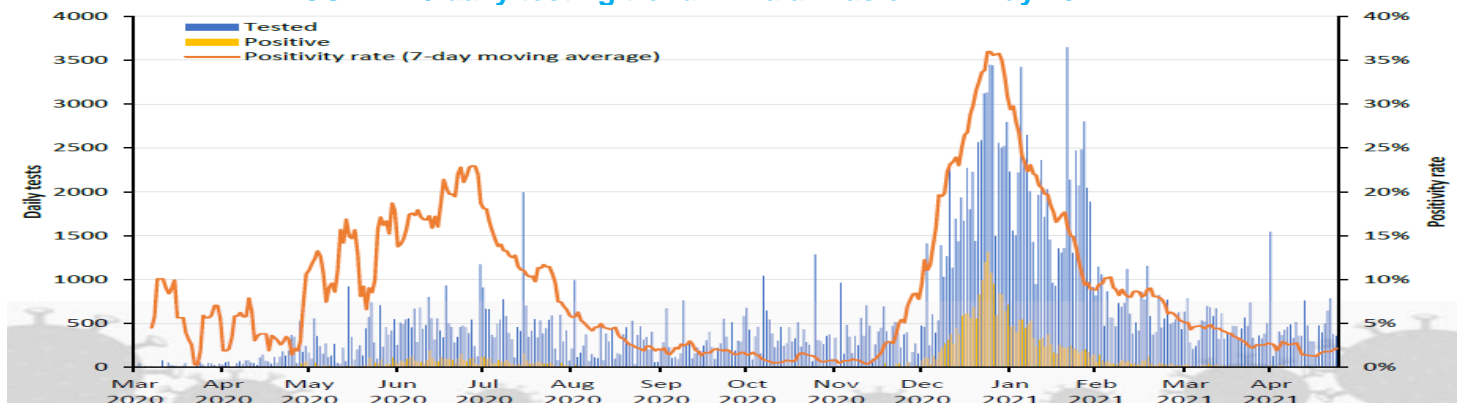
**1,155** deaths

**246,232** tested samples

**335** active cases

Source: 2021/05/31, Daily info update, Republic of Malawi, Ministry of Health

## COVID-19 daily testing trend in Malawi as of 27<sup>th</sup> May 2021



## Situation Overview

During this reporting period, there was a slight increase in the number of COVID-19 cases in Kasungu and Salima districts. The districts had a weekly average of 50 new cases up from 20 cases per week. This increase was observed after a group of factory workers who arrived in the districts from India tested positive. Their samples were shipped to South Africa for genomic sequencing to determine the variant that they have.

Overall, as of 31 May, 246,232 tests have been conducted out of which 34,338 turned out positive for COVID-19. Out of these, more than 27,479 cases have been recorded in 2021 accounting for more than 80 per cent of all cases since the start of the outbreak. Over 97 percent of the confirmed cases are local transmissions. A total of 32,616 cases have since recovered, while 335 cases remain active with eight cases on admissions receiving care. A total of 1,155 deaths have been reported of which 966 deaths have been registered in 2021. The Case Fatality Rate has stagnated at 3.36 percent, which is high for Malawi, and is an increase of 0.02 percent since the last report.

As of 27 May 2021, 347,638 people have been vaccinated representing 9 percent of the target population which includes:

- 20 % are health workers
- 48% are social workers
- 10 % are the elderly above 60
- 11% are people with comorbidities
- 12.8 % are other groups (12.8 per cent).

Malawi plans to immunize 3.8 million people by the end of 2021. Initially the turnout for vaccination was reasonably high especially in urban areas compared to the rural settings. However, as of 27 May 2021, it has slowed down considerably to less than 4,000 people per week down by 45 percent compared to the start of the exercise. Some community members including some health workers are putting up a resistance. Community engagement efforts to boost the turn out are well under way to address myths and negative messaging on the vaccine by some sections of the population.

## Programme response by UNICEF and partners

### Humanitarian Strategy

The overall goal for UNICEF's 2021 COVID-19 response plan is to minimize morbidity, prevent and address secondary impacts of COVID-19. With vaccination now included as a key strategy in the national COVID-19 control efforts, supporting the rollout of vaccines under the COVAX (COVID-19 Vaccines Global Access) strategy will be a key focus area in 2021 COVID-19 response activities.

Furthermore, focus will be on assessing and responding to the immediate secondary impact of COVID-19 and ensure continuity of routine child protection, education, health, nutrition, social protection and WASH, services. Therefore, UNICEF Malawi will strengthen its advocacy efforts and will support the strengthening of coordination at both national and district levels.



Multi-sectoral approach will be promoted to ensure that children and women are effectively cushioned against COVID-19 and that those affected are adequately supported to recover. Linkages between humanitarian and development programming will be strengthened to build back all development gains lost due to the pandemic.

### Humanitarian leadership and coordination

- Clusters are still meeting to coordinate response activities and to share updates on: COVID-19 resource mobilization, allocation, and programmatic implementation
- 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. Out of these, education and protection are the ones that are included in the 2021 COVID-19 national response plan. All clusters however continue to meet to coordinate on various aspects and UNICEF continues to support continuity of services in all sectors where it has mandate.

### Malawi COVID-19 Supply Chain

- A total of 48,961 cloth masks have been delivered to Blantyre, Dowa and Lilongwe, districts for further distribution to nutrition Care Group Promoters.
- Through the COVID accelerator fund 491,000 USD surgical mask (29,000 x 50 packs) have been dispatched to Malawi for handover to the Ministry of Health.

### Summary Analysis of Programme Response

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

UNICEF continues to support refresher trainings for primary health care providers to strengthen detection, case management, and referral services. With funding from FCDO (Foreign, Commonwealth & Development Office) and Irish Embassy, UNICEF through the Malawi Red Cross (MRC) has during this reporting period supported the Ministry of Health to conduct the following trainings:

- a. Refresher trainings for 45 Rapid Response Teams (RRT) members (27 males, 18 female) from Kasungu, Mulanje and Neno districts in the following areas:
  - Surveillance
  - Case management
  - Risk communication
  - Laboratory
  - Mental health
  - Investigation and tracking of COVID-19 contacts and related cases in real time
- b. Infection prevention and control (IPC) training for 26 medical and nursing councils' staff (18 males, 8 female) who will train staff in districts and health facilities within in order improve the IPC situation in the country.

To improve case management, UNICEF supported 30 (Male – 23 female 07) Ministry of Health technical officers to review the COVID-19 case management manual to include the new evidence related to treatment of COVID-19 cases.

Work continues to support scaling up of screening of travellers at Kamuzu and Chileka International Airports and Songwe and Mwanza border posts to reinforce community level tracing, testing and treatment of suspected cases. During the reporting period, over 500 contacts (352 males, 166 females) have been traced and tested and 142 (86 males, 56 females) tested positive. In addition, 5,618 people in Mangochi district have been reached with COVID-19 prevention messages through interpersonal communication forums.

During the reporting period, UNICEF, WHO and CDC (Centres for Disease Control and Prevention) supported Ministry of Health to conduct a country intra-action review (IAR) for the second wave of COVID-19. Some areas for improvement highlighted through the review process are:

- Strengthening coordination and leadership at national and district levels
- Strengthening surveillance at all levels including genomic sequencing for early identification of variants, scaling up risk communication and community engagement
- More refresher trainings of health workers in case management
- Need to scale up mentorship of health workers in IPC

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

Public schools reopened on 24 April 2021 to begin the second term of the academic calendar. The Ministry of Education and the Ministry of Health with financial and technical support from UNICEF, supported a training of trainers (ToT) for 25 national level facilitators drawn from the two ministries. The ToT targeted facilitators from national and education division levels and covered the following areas:

- Facilitation skills and knowledge
- Supporting COVID-19 positive learners in school
- Maintaining preventive measures in school

These trainers will train district level health and education personal to enhance care and support at school level for COVID-19 positive learners.

In the months of April and May 2021, more than 2,600 people (923 children, 1,687 parents and caregivers) benefitted from community-based Mental Health and Psychosocial Support (MHPSS) provided through the District Social Welfare Officers (DSWOs) across the country.

In total, in 2021, 8,200 people have benefited from UNICEF supported MHPSS, while 39,000 have benefitted from MHPSS since the beginning of the pandemic. Also, 42 returnees that arrived in the country during the reporting period were received psychosocial support from Machinga DSWO.

To strengthen the capacity in MHPSS, Machinga DSWO trained 150 service providers, including the members of Community Victim Support Units (CVSUs), on Psychological First Aid (PFA).

During the reporting period UNICEF in partnership with DSWOs and Save the Children supported, 420 children without parental or family care towards safe reintegration from the Child Care Institutions (CCIs) to their homes. In total the number of children that have received this support in 2021 is at 1,200. In addition, UNICEF in partnership with Save the Children has facilitated 55 family tracing and assessments, procured child basic needs packages as well as personal protective equipment (PPEs) for DSWOs and frontline workers in Blantyre and Lilongwe districts. In addition, UNICEF also supported a three-days orientation on child protection and gender-based violence (GBV) for social workers, CCIs, and child protection workers. UNICEF also provided airtime to facilitate the provision of remote case management, PFA, and referrals for MHPSS services.

UNICEF in partnership with Save the Children constructed a CVSU in Dowa district bringing the total number of CVSUs either rehabilitated or constructed by Save the Children in Dowa and Machinga district to 12. Save the Children also carried out 18 mentorship programs and community scorecard sessions in 6 districts. In addition, 47 out of the targeted 50 CVSUs have been trained on case management.

As co-lead of Protection and Social Support Cluster, UNICEF is supporting the Ministry of Gender, Community Development, and Social Welfare (MoGCDSW) to conduct bi-weekly meetings and to facilitate coordinated response through mapping of partners and activities. Some key results from the meetings include:

- A review and prioritization of Action Plan on Ending Child Marriage (ECM) and Teenage Pregnancy
- Sharing of a study report on ECM budget scoping study
- Sharing of the assessment results on the effectiveness of social support services for the most vulnerable

Activities implemented by cluster partners during the reporting period include training on the remote provision of MHPSS (by Ministry of Health and MoGCDSW) in one district, support for returnees through economic empowerment (by IOM) and a pilot programme on online child protection (by YONECO).

Under WASH, UNICEF began the construction of a solar powered scheme for Nkhata Bay District Hospital which caters for over 10,000 people in the immediate vicinity and is a referral hospital for the entire district reaching over 50,000 people. The solar powered scheme is expected to resolve insufficient water supply issues which have hampered the hospitals effective infection prevention and control. UNICEF is still co-leading the WASH cluster in the country. UNICEF continues to initiate the agenda and supports the hosting and co-chairing of the virtual biweekly cluster meetings for over 20 partners.

Bearing in mind that the COVID-19 pandemic and its containment measures have had devastating long-term impacts on the vulnerable groups who rely on daily income generating activities for their survival, continuity of nutrition services is critical to prevent deterioration of the nutrition situation in the country. Aiming at preventing increases in all forms of malnutrition among vulnerable groups, UNICEF continues to work closely with the Health, WASH and C4D sections to ensure the continuity of the essential nutrition services and strengthen Community Based Management of Acute Malnutrition (CMAM) as well as to accelerate and strengthen the promotion of optimum infant and young child feeding practices. With UNICEF support, a total of 3,182 children were admitted for Severe Acute Malnutrition (SAM) treatment representing 83.6% (3,182 Children reached out of target 3,808) in April 2021. Anecdotal reports are indicating that caregivers are now accessing care at health facilities and seemingly getting over the fear of COVID-19. Overall, the total SAM coverage for the period Jan-April 2021 was 31.1% of the 2021 annual target is (13,623 Children reached out of annual target 43,767). Program performance indicators are within targets and acceptable standards with 92% cured, 3.2 died, 3.1% defaulted. In addition, 43, 240 primary caregivers of children aged 0-23 months were counselling on IYCF bringing the total reached to 48,771.

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

Increasing vaccine demand generation and uptake is a key intervention in UNICEF Malawi's support to COVID-19 response in 2021. In the reporting period, UNICEF provided technical support to the MoH to review the Vaccine Deployment Plan (VDP) and integrate Publicity and Demand Creation strategy to focus on enhancing motivation of the general public to accept vaccines through the engagement of faith leaders, health workers, politicians and people with comorbidities. With funding from Irish AID, UNICEF is in the process of developing multimedia materials with key messages on positive testimonies from people who were vaccinated. These will be used to encourage vaccine uptake.

UNICEF continues to work with partners in other programs to integrate and incorporate COVID-19 vaccination messages in existing interventions. Through UNICEF partners PACHI, Kasungu, Mzimba and Neno district councils have been supported to meet with Area Development Committees to mobilise community facilitators and assist them to mainstream RCCE within ongoing interventions. The revised interventions will focus on improving maternal new-born child and adolescent health (MNCAH) and motivating communities to get vaccinated against COVID-19.

As one way of increasing COVID-19 vaccine demand, 142 peer leaders have over the reporting period been engaged on integration of COVID-19 communication in Sexual Reproductive Health (SRH) interventions in Mangochi and Mulanje districts. The peer leaders and social mobilizers that are already got their vaccines are engaged in motivating other community members to get vaccinated. So far, over 31,548 people have

been reached by a total of 205 mobilisers who are members: area development committees, youth, and village health committees and CSO's as well as fraternal, pastors, community activists and caregivers.

Under the peer education interventions in Mangochi, the youth conducted interface meetings with parents to address secondary effects of COVID-19 among the youth like early marriages. They also, contributed resources and procured 90 masks and 132 soap tablets which they distributed to two under-five clinics. In addition, they also provided 296 notebooks to 74 learners as an initiative to encourage girls and other vulnerable children to remain in school. They also facilitated the withdrawal of 48 girls and 34 boys from early marriages and are supporting one another in incoming generating activities.

Furthermore, UNICEF is supporting Public Affairs Committee (PAC), Malawi Interfaith AIDS Association (MIAA) and Youth Wave in Blantyre, Lilongwe, Mchinji, Mwanza and Mulanje districts to disseminate COVID-19 prevention messages among young people within faith communities. PAC is also addressing COVID-19 secondary impacts including teenage pregnancies and early child marriages. Through this initiative, 140 young people in the 5 districts have been trained to digital media and community mobilization to address misinformation on COVID-19. They are expected to reach out to 50,000 fellow youths with this technology.

### Assessing and responding to secondary impacts of the outbreak

Since it started its operations early in 2021, the COVID-19 Urban Cash Intervention (CUCI) call centre whose establishment UNICEF supported, has registered more than 2300 inquiries on the CUCI payments from both beneficiaries and non-beneficiaries. UNICEF is supporting to the Government of Malawi to explore the application of categorical targeting approaches for a case load of 7,000 in the cities of Lilongwe, Mzuzu and Zomba. The beneficiaries will include street children, child-headed households, and elderly-headed households. In total, the CUCI intervention which is being implemented in Malawi's four main cities (Lilongwe, Blantyre, Mzuzu and Zomba) plans to reach 199,413 of which 106,413 beneficiaries are so far receiving the transfers.

### Human Interest Stories and External Media

UNICEF has produced content to highlight [the impact of COVID-19 school closures on learners](#), [a story touching upon the impact of COVID-19 school closures on learners](#) and [a story on menstruation during the pandemic](#). All stories have been published [here](#).

In May, U-Report and the Internet of Good Things had polls targeting adolescents, parents and caregivers and frontline workers on the impact of COVID-19 on diets. The study found that the pandemic has changed eating habits in households as well as the delivery of nutrition services. To access the results:

- Study of Impact of COVID-19 on Diets (Adolescents): <https://ureport.mw/opinion/5084/>
- Study of Impact of COVID-19 on Diets: Change in children's consumption (for caregivers/parents of children): <https://ureport.mw/opinion/5085/>
- Change in nutrition services delivery (for frontline workers) <https://ureport.mw/opinion/5086/>

UNICEF continued to use social media platforms to spread messages about COVID-19 prevention and to build confidence in COVID-19 vaccines. UNICEF reached an average of 96,634 people with our posts on all three social media platforms. Specifically, on Facebook, UNICEF reached 59,000 people and had 21,900 engagements. On Twitter, UNICEF reached, 1,300 while on Instagram UNICEF reached 13,617 people and engaged with 817 accounts.

UNICEF Malawi is still posting 2-3 posts daily on COVID-19 prevention and building vaccine trust.

## Funding Overview and Partnerships

So far, in 2021, UNICEF received \$2,214,354 contributions from public and private donors against a funding requirement of \$21,195,098. The biggest funding gaps being in the areas of Nutrition (97%), WASH (94%) and Social Protection (84%). As part of those contributions, recently, the Malawi Country Office received US\$ 415,000 under the ACT-A (Access to COVID-19 Tools Accelerator) initiative, as well as a generous contribution from the Government of Japan for Cold Chain Equipment (nearly US\$ 724,776), as well as US\$ 100,000 from donors and partners of the German Committee for UNICEF and US\$ 555,000 under the Malawi SDG-Acceleration Fund (United Nations Multi Partner Trust Fund) with thanks to the Government of Canada. In 2020, UNICEF received US\$ 17,190,743 contributions from public and private donors against a funding requirement of US\$ 55,600,000.

As the country continues to respond to the COVID-19 pandemic, funding availability is very critical for UNICEF for demand creation interventions for COVID-19 vaccination uptake and continued RCCE intervention to promote preventive measures. UNICEF wishes to express its sincere gratitude to all partners whose support so far has been critical in maintaining and scaling up the response to COVID-19 and looks forward to continued support in the future.

**Next SitRep:** 2 July 2021

## Annex A: Summary of Programme Results

Sector Indicator	UNICEF	Cluster
	2021 target	2021 target Total results
<b>Health</b>		
# healthcare providers trained in detecting, referral, and appropriate management of COVID-19 cases	200	52
# healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	200	52
# of children under 6 to 59 months vaccinated against measles	247,800	40,040
Number of children and women receiving essential healthcare, through UNICEF supported community health workers and health facilities.	277,500	144,935
<b>Nutrition</b>		
# of children aged 6 to 59 months with SAM admitted to therapeutic care	12,000	2,863
# of children aged 6 to 59 months receiving vitamin A supplementation	877,500	119,481
# of primary caregivers of children aged 0-23 months who received counselling on IYCF	500,000	5,531
<b>Child Protection</b>		
# of children, parents and primary caregivers provided with community based mental health and psychosocial support	21,000	8,253
Number of children without parental or family care provided with appropriate alternative care arrangements.	350	1,200
<b>Education</b>		
# of children accessing quality formal or non-formal early learning, pre-primary, primary or secondary education	1,112,311	788,129
# of teachers, members of parent teacher-association and school management committee trained	10,000	1,902
# people reached through messaging on individual, family and community level prevention practices and access to services;	1,112,311	1,112,311
<b>WASH</b>		
# of people accessing the agreed quantity of safe water for drinking, cooking, and personal hygiene	90,000	8,000
# people accessing safe and appropriate sanitation facilities	35,000	0
# of people reached with key messages on hygiene practices	2,000,000	350,000
<b>Social Protection</b>		

# households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	228,642	120,742
# households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	10,070	7,900
<b>C4D</b>		
# of people reached with key lifesaving/behaviour change messages	2,000,000	0
# people reached with information on access to specific services (services to be specified)	1,500,000	0
# of people reached with COVID-19 messages on prevention and access to services	11,000,000	0
# of people engaged on COVID-19 through RCCE actions	600,000	0
# of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	15,000	0

## Annex B: Malawi COVID-19 funding status by sector as 31 May 2021

Malawi							
Sector	Requirements	Funds available				Funding gap	
		Humanitarian resources received in 2021	Other resources used in 2021	Humanitarian Resources available from 2020 (Carry-over)	Other resources available from 2020 (Carry-over)	US\$	%
Health	\$7,117,794	\$756,838	\$262,852	\$855,297	\$116,100	\$5,126,707	72%
Education	\$1,010,000	\$400,000		\$2,833,279		\$0	0%
Nutrition	\$4,558,304	\$137,727	\$0			\$4,420,577	97%
CP	\$1,200,000	\$277,000	\$38,230	\$0	\$0	\$884,770	74%
SP	\$1,580,000	\$149,672	\$44,915	\$13,446	\$44,915	\$1,327,051	84%
WASH	\$4,500,000	\$278,567		\$0	\$0	\$4,221,433	94%
C4D	\$1,200,000	\$214,550		\$0	\$0	\$985,450	82%
Coordination	\$29,000					\$29,000	100%
<b>Total</b>	<b>\$21,195,098</b>	<b>\$2,214,354</b>	<b>\$345,997</b>	<b>\$3,702,022</b>	<b>\$161,015</b>	<b>\$16,994,988</b>	<b>80%</b>

### Note

Because of the big carry over of the GPE grant, which was received as part of 2020 funding requirement, the education funding is appearing overfunded. The carry over amount was not factored in in the figure reflected as funding needs estimation at the beginning of the year. The funding requirement figure will be revised at midyear to reflect the correct funding requirement for education sector