



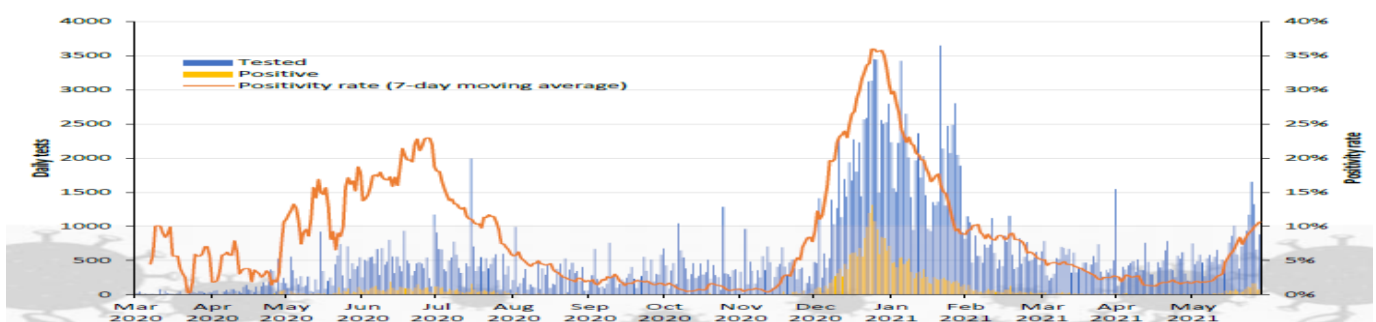
UNICEF continues to support Government of Malawi's COVID-19 response while ensuring continuity of critical services for children. @UNICEF Malawi/Gift Sukali 2021

Reporting Period: 1-30 June 2021

Highlights

- During this reporting Malawi has experienced a surge in the number of COVID-19 cases. Blantyre and Lilongwe cities are contributing the bulk of the cases with a monthly average of 158 new cases per day- up from 50 cases in the previous month.
- Due to the spike in COVID-19 cases, the government has confirmed that the country is in a 'third wave' and has activated the country's COVID-19 Level 3 control measures effective 9 July 2021.
- COVID-19 vaccination ended on 26 June 2021 when the country ran out of vaccine doses. The stocks ran out just as vaccine uptake started to improve, a trend which was observed since commencement of second dose simultaneously with administration of the first dose.
- As of 30 June, 385,242 people have received the first COVID-19 vaccine dose and 43,165 got the second dose. UNICEF has supported the Ministry of Health to fast track and secure regulatory approval for 192,000 doses of vaccines from French Donations. The consignment is expected to arrive in the third week of July 2021.
- UNICEF has trained 150 youth volunteers (90 male, 60 female) to combat misinformation about COVID-19 and vaccines and reassure the public by raising awareness on the safety and efficacy of vaccines. This is to mobilise community influencers including faith leaders and youth organisations to track and respond to misinformation around COVID 19 vaccines

COVID-19 daily testing trend in Malawi as of 30 June 2021



MALAWI

COVID-19

Situation Report



Situation in numbers as of 30 June 2021

36,126 confirmed cases

33,129 recoveries

62 cases hospitalized

1,196 deaths

268,117 tested samples

1,529 active cases

Source: 2021/06.30, Daily info update, Republic of Malawi, Ministry of Health

Situation Overview

During this reporting period Malawi has experienced a surge in the number of COVID-19 cases across the country. More than 80 per cent of cases are from the two big cities of Blantyre and Lilongwe. The two cities had a monthly average of 158 new cases- up from 50 cases in the previous month. Unlike the previous outbreak where cases were mainly among elderly, available data shows a shift in the age group to young people between the age of 18 to 35 years.

As of 30 June 2021, 268,117 tests have been conducted since the beginning of the pandemic. Of these, 36,126 turned out positive for COVID-19. At nine percent the positivity has doubled compared to the previous month. Over 90 per cent of the confirmed cases are local transmissions. A total of 33,169 cases have so far recovered, while 1,215 cases are active, an increase of more than 70 per cent from the previous month. The number of hospital admissions has also spiked from eight in the previous month to 62 on 30 June. A cumulative total of 1,196 deaths have been reported of which 1,137 deaths have been registered in 2021. The Case Fatality Rate (CFR) is at 3.6 per cent which is above the Global CFR.

As of 30 June, 385,242 people had received first COVID-19 vaccine dose and 43,165 got the second. Of those vaccinated, 41,369 are health workers, 116,395 social workers, 37,076 people with co-morbidities, 42,170 older people and 147,121 aged 18-59. More than 82 per cent of health workers have been vaccinated with Blantyre, Chiradzulu, Kasungu, Mzimba North, Chikwawa, Chitipa and Nsanje registering 95 per cent and above. The commencement of second dose simultaneously with administration of the first dose helped improve vaccine uptake in June. UNICEF's support through emergency call centre, regular stock monitoring and inter-intra district redistribution of COVAX vaccines have had a pivotal impact in avoiding any form of expiration for the just completed consignment whose expiry date was 27 June. As of 26 June, Malawi had run out of COVID-19 vaccine doses. UNICEF has supported the Ministry of Health to fast track and secure regulatory approval for 192,000 doses of vaccines from French Donations. The consignment is expected to arrive third week of July 2021.

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) 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

- UNICEF continues to ensure supply availability and is delivering Personal Protective Equipment's (PPEs) and WASH supplies valued at \$212,342.03, procured with FCDO funds to Mzuzu and Kamuzu Central Hospitals, and district health offices in Lilongwe, Karonga, Rumphi, Chitipa, Mzimba, Nkhata Bay, Likoma, Nkhotakota, Salima, Dowa, Kasungu, Mchinji and Dedza, Ntcheu and Mwanza.

Summary Analysis of Programme Response

Public health response to reduce coronavirus transmission and mortality

UNICEF is continuing to support infection prevention and control in health care facilities. During the reporting period, 150 participants (79 male and 71 female) comprising of causal laborers, nurses, and other health facility staff in charge on Health Care Waste Management (HCWM) in Nsanje district were trained on hospital care waste management. With funding from FCDO (Foreign, Commonwealth & Development Office), Irish Embassy and the Government of Japan, UNICEF through Malawi Red Cross (MRCS) is supporting these trainings to prevent hospital based COVID-19 infections that have been negatively affecting service continuity.

UNICEF has supported the Ministry of Health to review and update the COVID-19 National Health Response Plan. The revised plan aims at reducing transmission and mortality from the virus, including by ensuring access to vaccines, diagnostics, and therapeutics, sustaining continuity of essential social services, and addressing the socio-economic impacts of the pandemic. It also emphasizes the need to scale up robust risk communication and community engagement to maintain public health measures and generate demand for uptake of vaccines in view of the new coronavirus variants that have characterized "third wave" being reported in the neighbouring countries of Zambia and South Africa and now confirmed in Malawi. Furthermore, UNICEF has supported Ministry of Health to develop COVID-19 outbreak thresholds that will guide the response to institute new measures to control the pandemic.

Continuity of health, education, nutrition, and protection services

As co-lead of Protection and Social Support Cluster, UNICEF supported the mapping of actions to reduce humanitarian consequences of the pandemic including increasing rates of child marriage and violence against children and provision of Mental Health and Psychosocial Support (MHPSS). Currently, 34 partners are supporting the implementation of various activities in the cluster response plan in 25 out of the 28 districts. UNICEF also supported the Protection Cluster's engagement with education and health clusters to ensure that protection interventions are mainstreamed in their response. The main discussion point is the advocacy for the establishment of remote provision of MHPSS through the government hospital toll-free line (Chipatala Chapafoni) and preventing child marriages and teen pregnancies in schools.

Victims of violence and abuse continue to receive UNICEF supported protection services. Training has been delivered to 38 Social Welfare, Police and CSO partners (16 Female and 22 Male) from Mzimba on Psychological First Aid, Chipatala Chapafoni, social emotional learning and its link to case management. The Malawi Police Service continues to manage cases reported through the police direct line (932) that was established to facilitate reporting of cases during the COVID-19 pandemic. Thirty-two calls were received in the month of June 2021.

UNICEF in collaboration with Hunger Project (HP) supported Phalombe and Nsanje district councils to conduct community mobilization campaigns focusing on maternal health and nutrition, Iron-Folic Acid supplementation (IFA) and COVID-19 vaccination uptake, reaching 219,878 community members (77,356

male and 142,522 female). The campaigns were facilitated by the Health Promotion Technical Working Group (HPTG) headed by district health promotion officers in both districts through a combination of two approaches (mobile PA system and megaphones). The campaigns helped dispel various health and nutrition misconceptions related to IFA and micronutrient powders (MNPs). Prior to these sessions, community members believed that IFA tablets were birth pills or COVID-19 vaccines. The campaigns further prepared the communities on the upcoming module on maternal health and nutrition and complementary feeding that the cluster leaders will soon roll out to households.

HP also supported the councils with dissemination of messages on IFA supplementation, dietary diversification, Vitamin A supplementation, hygiene and sanitation and COVID-19 prevention through calendars (6,100), the Malawi six food groups posters (3,675), stand up banners (8) and 3,000 leaflets to be used by care groups for reference during household counselling. These posters, calendars and leaflets will help to improve the coverage, mind set change and compliance of IFA tablets consumption and improve food selection and dietary diversification from all the six food groups. The project district teams will continue providing necessary information during each deliverable through these campaigns to expand people's positive perceptions and promote general uptake of project interventions for improved health and nutrition and well-being.

UNICEF continued to support safe implementation of essential nutrition services and strengthening Community Based Management of Acute Malnutrition (CMAM) and promote optimum infant and young child feeding practices. UNICEF supported screening of children which resulted in 2,685 children being identified and treated for Severe Acute Malnutrition (SAM). Overall, the total SAM coverage for the period Jan-May 2021 was 37.1 per cent of the 2021 annual target 43,767). Program performance indicators are within targets and acceptable standards with 92.4 per cent cured, 3.0 per cent died, 2.9 per cent defaulted while 1.6 per cent did not respond and were referred for further investigations.

Strengthening Risk Communication and Community Engagement (RCCE)

UNICEF conducted a U-report survey to understand knowledge, attitudes, intentions, and practices around COVID-19 vaccination with 16,478 U-Reporters participating in the survey. Analysis of the poll's results shows that there is doubt on the accessibility of the vaccine with 72 per cent of respondents saying they don't think it will be easy for everyone to access the COVID-19 vaccine. The results of the survey have been used to reframe communication materials, which includes use of trusted sources and testimonies from vaccine users, including religious leaders, politicians, and health workers. Results of this poll can be accessed on [the U-Report website](#). Through Malawi Red Cross Society UNICEF has also supported the Health Education Services Department to review messages and strategize on COVID-19 prevention, including vaccination.

UNICEF continues to mobilise community influencers including faith leaders and youth organisations to track and respond to misinformation and ensure that children and their families know how to protect themselves from COVID-19 and seek assistance. UNICEF has trained 150 youth volunteers (60 female) to combat misinformation about COVID-19 and vaccines and reassure the public by raising awareness on the safety and efficacy of vaccines. UNICEF also supported Public Affairs Committee (PAC) to organise face to face engagement between the faith leaders and the Head of State, His Excellency President Lazarus Chakwera to advocate for harmonised efforts with faith actors in COVID-19 prevention and vaccine uptake. In addition, social accountability dialogue meetings on barriers to uptake of immunization (including COVID-19 vaccination) were held in Kasungu and Mangochi districts between Social Accountability Forums and duty bearers through UNICEF partner PACHI. Four of the Social Accountability Forums that participated in the meetings have since reviewed plans to prevent COVID, ensure continuity of services and address early marriages.

UNICEF has supported the Ministry of Health to develop and review COVID-19 vaccine messages to be broadcast on various platforms. Further support has been provided in the translation of messages from English to local languages.

Assessing and responding to secondary impacts of the outbreak

Since its establishment in early 2021, the UNICEF supported COVID-19 Urban Cash Intervention (CUCI) call centre, has registered more than 3,295 calls, mostly related to inquiries on the CUCI payments. This facility has also been used to submit claims and conduct verifications. It can be equally accessed by beneficiaries and non-beneficiaries. UNICEF is supporting 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 target is street children, child-headed households, and elderly-headed households. Overall, the CUCI intervention which is being implemented in Malawi's four main cities (Lilongwe, Blantyre, Mzuzu and Zomba) plans to reach 199,413 people. At the moment, 137,774, individuals are so far receiving the transfers.

Human Interest Stories and External Media

UNICEF produced [videos](#) of influencers (health workers, faith and traditional leaders) promoting vaccine uptake. The videos are in English and local languages and they will be disseminated through social media platforms, radio, and television once vaccines become available in the country.

UNICEF Malawi continued to use social media platforms to spread messages about COVID-19 prevention. We reached and engaged with an average of 209,782 people on all three social media platforms. Specifically, on Facebook, UNICEF reached 145,217 people and had 41,339 engagements. On Twitter, UNICEF reached, 1,105 accounts while on Instagram UNICEF reached 21,122 accounts and has 998 engagements. UNICEF Malawi is still posting two to three posts daily on COVID-19 prevention. However, as of Monday 21 June all posts on building vaccine trusts were halted due to COVID-19 vaccine stock-out.

Funding Overview and Partnerships

So far, in 2021, UNICEF received US\$2,324,978 contributions from public and private donors against a funding requirement of US\$21,195,098. The biggest funding gaps are in WASH (94%), Social Protection (84%) and Communication for Development (C4D) (82%). 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's demand creation interventions for COVID-19 vaccination uptake and continued RCCE interventions 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: 3 August 2021

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Annex A: Summary of Programme Results as of 30 June 2021

Sector Indicator	UNICEF	Cluster
	2021 target	2021 target Total results
Health		
# 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
Nutrition		
# of children aged 6 to 59 months with SAM admitted to therapeutic care	12,000	4,471
# 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	16,525
Child Protection		
# of children, parents and primary caregivers provided with community based mental health and psychosocial support	21,000	8,352
Number of children without parental or family care provided with appropriate alternative care arrangements.	350	1,200
Education		
# 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
WASH		
# 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
Social Protection		
# households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	199,413	137,774
# households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	10,070	7,900
C4D		
# 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 30 June 2021

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	\$867,462	\$262,852	\$855,297	\$116,100	\$5,016,083	70%
Education	\$1,010,000	\$400,000	\$380,077	\$2,833,279		\$0	0%
Nutrition	\$4,558,304	\$137,727	\$0	\$0	\$789,693	\$3,630,884	80%

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%
Total	\$21,195,098	\$2,324,978	\$726,074	\$3,702,022	\$950,708	\$16,094,671	76%

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 .