

Floods, Cholera, Wild Polio Outbreak and COVID-19

Emergency Response Plan and Funding Needs



Divason Marko with his grandfather Thom Chikopa return to the rubble of what used to be their home in Chikwawa for the past five years. The only clothes he has left is the uniform he is wearing. © UNICEF Malawi/2022/HD Plus

Background

In December 2021, Malawi experienced its fourth wave of COVID-19, brought on by the Omicron variant. The fourth wave was officially announced by the government on 29 December 2021. As of 31 March 2022, Malawi conducted 562,051 tests, of which 85,640 tested positive for COVID -19. Since the pandemic started, 2,626 fatalities have been registered. **To date, Malawi has recorded the highest Case Fatality Rate of 3 per cent globally.** The impact of COVID-19 is being further exacerbated, in the southern districts of Malawi, by floods and compromising cholera and polio responses.

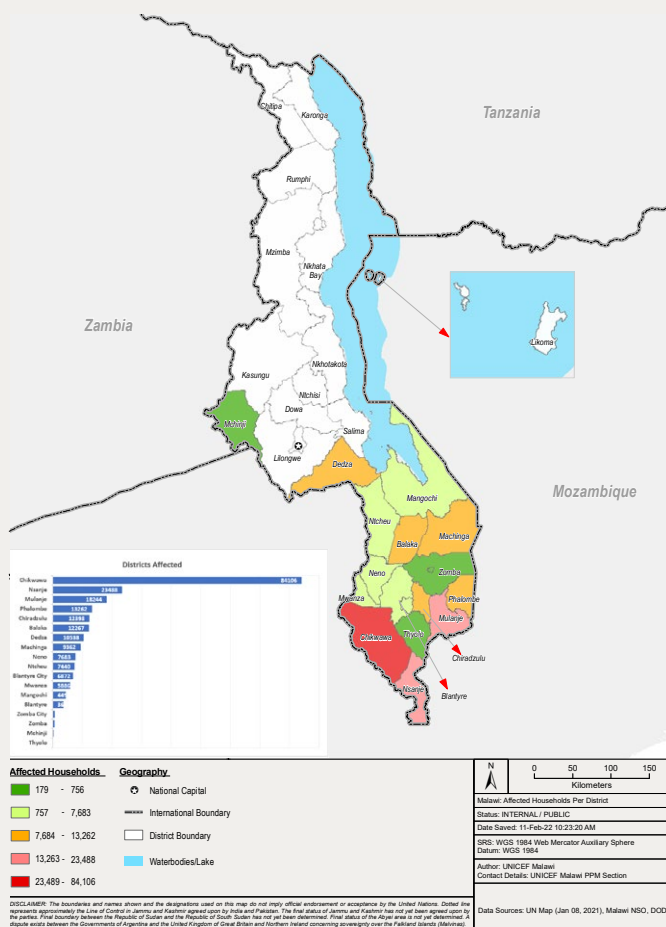
Tropical storm Ana hit the southern parts of Malawi on 24 January. The President of Malawi declared a state of disaster on 26 January, and UNICEF immediately launched a response with other UN agencies in support of Government efforts. Since then, a series of flooding events have been experienced, including tropical storm Gombe in March. Over one million people have been affected by the floods. Tropical storm Ana alone affected 995,000 people, including 130,000 children. Of the affected populations,

approximately 190,000 were hosted in 178 displacements sites (mostly schools). The floods caused extensive damage to infrastructure and crops and disrupted access to essential social services.

Children have been severely affected and learning for over 400,000 children has been disrupted due to damage to school infrastructure. Further complicating the COVID-19 and emergency flood response is the first reported case of wild polio in Malawi in 30 years, confirmed in February, and the cholera outbreak in March. Access to routine immunisation for children continues to be compromised by COVID-19. Access to healthcare facilities is nearly impossible in some areas due to floodwaters, and bridges are swept away due to the heavy rains. Community health concerns over accessing health facilities and vaccine hesitancy complicate vaccination efforts. As of 30 March, 35 cases of cholera were registered with two deaths.

Malawi needs \$ 8,550,000 to provide an integrated response to the multiple threats to child survival and development.

This response plan covers critical gaps in the planned response, especially in areas such as Health, Child Protection, Nutrition, WASH, Education, and Communication for Behavioural and Social Change. UNICEF will ensure lifesaving and life-sustaining assistance is provided to the most affected populations. The fourfold burden of COVID-19, floods and polio and cholera outbreaks requires an immediate response to prevent the current emergency from having a severe further impact on the well-being of children and to survive and thrive.



UNICEF is working with UN agencies and other development partners to support the Department of Disaster Management Affairs (DODMA) in coordinating and delivering all planned emergency response and system strengthening activities to build back better. Close coordination and capacity building of District Councils are also central to ensuring essential humanitarian responses and strengthening Disaster Risk Reduction (DRR) capacity. The emergency response plan seeks to address the critical needs of women and children in the most affected districts with an integrated response to multiple emergency interventions. The response plan covers vital gaps in the planned response, especially in Health, Child Protection, Social Protection, Nutrition, WASH, Education, and Communication for Behavioural and Social Change. UNICEF will ensure lifesaving and life-sustaining assistance is provided to the most affected populations.

All children under five will be screened for **malnutrition** and referred for treatment as appropriate. **Child protection** services will ensure that social workers are deployed to ensure child protection services for children are not interrupted, and community **child-friendly spaces** are available where needed. Social workers will also be trained to provide **mental health and psychosocial support** to children. **Social cash transfers** will be provided to vulnerable families.

UNICEF will also provide critical **WASH supplies** such as soap, reusable sanitary pads, buckets, and water treatment chemicals. Safe drinking water will be provided as well as temporary sanitation facilities. **Social and behavioural change communication** will concentrate on producing and disseminating culturally sensitive life-saving messages and messages on accountability. These messages will target 700,000 people in the IDP sites and communities.



Esther in her class at Namicheni primary school in Chikwawa, a month after floods washed away her home, clothes and notebooks © UNICEF Malawi/2022/Chikondi

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UNICEF will support the repair of cold chain equipment in seven health facilities. In addition, a mobile health team will be established to provide essential health services, including maternal and child health, reproductive health, medical and psycho-social aid for rape and sexual assault survivors, and an expanded programme on immunisation for internally displaced persons and host communities. Essential medicines, micronutrients, and Ready to Use Therapeutic Foods will be available to treat malnutrition.

All activities for the flood response are based on the Government, and UN Rapid Needs Assessments and the gaps identified. The COVID-19 response plan and National Vaccine Deployment, the Polio response plan and the Cholera strategy are in place and being implemented.



Seven-year-old Aefe Tokesi at Kalima Camp in Chikwawa using a bucket provided by UNICEF to collect water © UNICEF Malawi/2022/ Elephant Media



Four-day-old Rose Luda receiving her polio vaccine at Chikwawa District Hospital © UNICEF Malawi/2022/ Elephant Media

UNICEF's Contribution To Date



Health

To date, 14 000 long-lasting insecticide-treated mosquito nets are distributed to vulnerable women and children in Chikwawa, Nsanje, Mangochi, Mulanje, Phalombe and Balaka districts. The Ministry of Health was provided with 25,000 hand sanitisers and 16 tents. UNICEF provided assorted health and infection prevention and control consumable and non-consumable supplies utility items valued at USD 121,456 to Nsanje and Chikwawa districts targeting 34 health facilities. This is in addition to the already prepositioned interagency emergency health kits that supported the initial response.

COVID-19

Overcrowding at camps for internally displaced peoples has increased the risks of transmission of COVID-19. UNICEF has provided PPE to health facilities in affected communities and is working towards providing additional supplies and deploying mobile health teams to assist with essential health services to prevent outbreaks of COVID-19 and cholera. Risk communication teams are also on the ground to enhance COVID-19 prevention messages.

Polio

UNICEF is working with MOH, WHO, Malawi Red Cross Society, Rotary International and other partners of the Global Polio Eradication Initiative (GPEI) to support the Government's efforts to stop the spread of an outbreak of Wild Polio Virus type 1 following the confirmation of the disease in a 3.5 -years old girl in Jan 2022. UNICEF is supporting the government in the areas of Social Behavioral Communication Change and Community engagement (SBCC), vaccines and logistics management, media management, and programme management. UNICEF procured and distributed 6.9 million doses of polio vaccines to all 28 districts and 865 health facilities for the nationwide polio campaigns. Also, supported the installation of 220 new vaccine refrigerators, repairment of 135, and the distribution of 3,000 vaccine carriers and 150 cold boxes to all districts in Malawi.



Education and Child Protection

More than 109,000 learners (nearly 55,000 girls) and their teachers in 70 schools have been reached through the emergency support provided by UNICEF. The establishment of temporary safe learning spaces, with the distribution of blackboards, face masks, and school-in-a-box, recreation and early childhood development kits, allowed for the continuation of teaching and learning in the affected schools.

COVID-19

UNICEF provided technical and financial support to the Ministry of Education and Ministry of Health to develop and implement COVID-19 prevention and control protocols in schools. In addition, personal protective equipment has been distributed to both public and private schools, including 1,000,000 face masks, more than 3,000 water buckets, nearly 26,000 cartons of soap and 102,400 bottles of hand sanitisers in support of implementing the protocols. As a result, school closures during the pandemic have been relatively short (Approximately six months) in Malawi.



WASH

UNICEF dispatched wash supplies to the six most affected of the 19 districts. Non-food items such as water treatment chemicals (chlorine and tablets and rapid water treatment kits) have been distributed. Temporary latrines were distributed, and soaps, buckets and reusable sanitary pads for girls were also distributed. In addition to the provision of water treatment and chemicals, the focus is also being given to sanitation and hygiene through the distribution of water and buckets and temporary latrines in the camps and host communities. The general approach is to provide both humanitarian support and build resilience as the internally displaced persons move back to their villages.



Nutrition

UNICEF continues to support the screening of children for acute malnutrition in the six most affected districts. Over 38,577 children (22,812 female, 18,658 male) against a target of 105,000 have been screened at community and health facility levels. These efforts have resulted in 1,563 children being admitted for treatment of severe acute malnutrition (SAM) against a target of 3,500. To ensure access to treatment for children identified with SAM, UNICEF has supported the procurement and distribution of 1,070 boxes of lifesaving therapeutic foods providing continuous management of severe acute malnutrition. UNICEF also deploy field monitoring consultants to support district-level nutrition response coordination, therapeutic supplies tracking, repositing and reporting., and supporting nutrition screening.

UNICEF supports risk communication activities, including broadcasting radio jingles and radio drama series across national and community radio stations to promote health-seeking behaviour and improved nutrition. Through a popular radio series, UNICEF supports the broadcasting of life-saving nutrition information for people affected by the floods to promote good nutrition practices for adolescents, pregnant and lactating women, and children under five. A total of 33,103 caregivers of children 0-23 months have been counselled on optimal infant and young child feeding against a target of 41,000. Also, 2,264 pregnant and lactating women were screened, of which 1,401 were pregnant women.



Innovation

UNICEF Malawi has assisted the Department of Disaster Management Affairs to assess the damage using drone collected images and data. The drone images were used to develop Orthomosaic Maps, which will inform decision-making on critical post-recovery activities.

Funding Requirements

UNICEF Malawi is requesting USD 8,550,000 for the immediate and short-term humanitarian needs of children, women and young people affected by the flood to complement government efforts in responding to this fourfold emergency.

Funding Requirements as per the UNICEF Country Response Plan for Flood

Appeal Sector	Requirements	Funds Received	Funding gap		Target Population
			\$	%	
Health	\$ 3,500,000	\$ 390,300	\$ 3,109,700	89%	209,200
WASH	\$ 1,800,000	\$ 6,668,400	\$ 1,131,600	63%	350,000
Community engagement for Behaviour and social change	\$ 160,000	\$ 340,300	\$ 180,000	-113%	731,996
Education	\$ 700,000	\$ 110,000	\$ 590,000	84%	199,206
Social Protection	\$ 300,000	\$ 150,000	\$ 150,000	50%	598,851
Nutrition	\$ 1,300,000	\$ 290,000	\$ 1,010,000	78%	105,218
Child Protection	\$ 700,000	\$ 151,300	\$ 548,700	78%	300,000
Information Management	\$ 90,000	\$ 90,000	\$ 0	0%	731,996
Total	\$ 8,550,000	\$ 2,190,000	\$ 6,360,000	74%	

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