



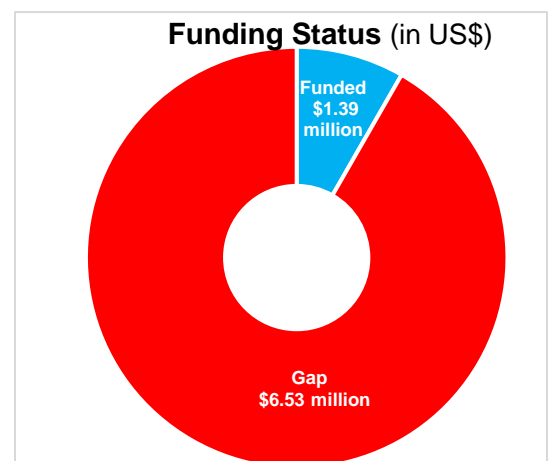
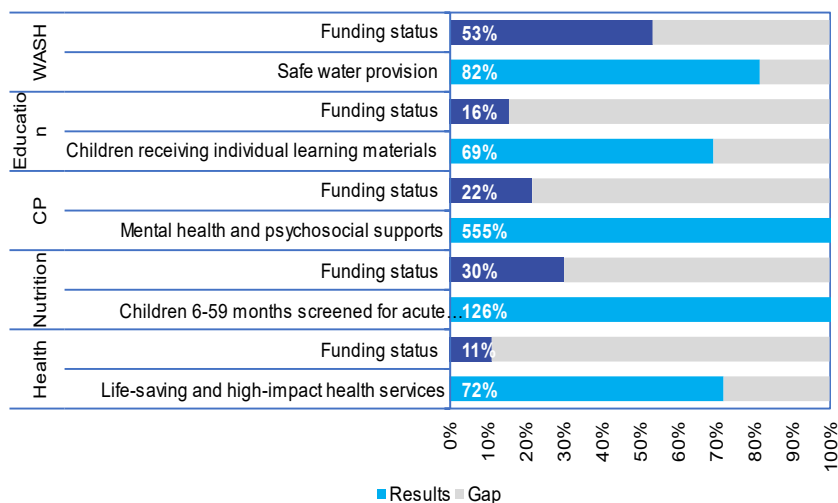
Four-year-old Benja receiving the Cholera vaccine during the UNICEF supported Cholera vaccines campaign in Chikwawa district. © UNICEF/UN0621542/Malawi

Malawi Humanitarian Situation report – May to June 2022

HIGHLIGHTS

- Cholera cases continue to increase rapidly in the southern region districts (Balaka, Blantyre, Chikwawa, Machinga, Mulanje and Neno) and Lilongwe in the central
- Vaccinations for 3rd dose of Oral Polio Vaccine (OPV) and 2nd dose of Oral Cholera Vaccine proposed for July
- 1, 473 664 people are fully immunized from Covid-19 representing 10.2% of the target population
- The number of children admitted for severe acute malnutrition (SAM) treatment across the country increased by 37% to **4,380 in April 2022** from **3,197** in April 2021

UNICEF response and funding status



Source:

i. Department of Disaster management Affairs Emergency Response Plan, Tropical Storm ANA

ii. Cholera Daily Update, Public Health Institute of Malawi

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Cholera and Floods – Humanitarian Situation in numbers, 15 June 2022

- **671** Cholera cases in 8 districts
- **4.8%** Cholera Case fatality rate
- Over **30** camps for displaced persons are still active in Chikwawa and Nsanje
- Currently OPV, OCV and Covid-19 Vaccination Campaigns active in the Country

Situation Overview

After a series of flooding events, including Tropical Storms Ana, Gombe and sporadic flooding that hit the country, over 995,000 people, including 130,000 children, were displaced and left seeking shelter. These people were placed in over 169 camps in Chikwawa, Nsanje, Phalombe and Mulanje. In April 2022, the government declared that camps should be closed, and organisations working in these affected districts shifted to the recovery phase from the flood response.

While the country's southern region is recovering from the floods, Cholera cases are increasing rapidly. Confirmed cases in 8 districts of Balaka, Blantyre, Chikwawa, Machinga, Mulanje, Neno, Lilongwe and Nsanje are accumulatively 671, as of 15th June 2022. Chikwawa and Nsanje districts are traditionally cholera hotspots, while, Balaka and Neno have not registered cholera cases for over a decade. A high case fatality rate of 4.9% has been consistently reported, with 33 reported deaths across the affected districts, with Nsanje in the lead. The number of new cases doubles every other week, and the outbreak has mostly hit the high-density population areas in the country, including Blantyre and its suburbs. These outbreaks are the most severe in terms of scope and geographic coverage.

Malawi has continued registering covid cases with a cumulative number of 86 043 in this reporting period. In this period, the number of people dying from Covid has increased to 2642 from 2636 deaths in the previous report. The country has a cumulative case fatality rate of 3.06% in the reporting period and a positivity rate of about 2.8%. COVID-19 vaccination continued, and 1 473 664 people were fully immunised, representing 10.2% of the target population. About 13 402 people have received the booster vaccination in the country. Malawi is to continue providing vaccination through the *vaccinate a village* campaign from 13-17 June in 10 top-performing districts to reach the 30% target. Vaccination will continue for the rest of the country from 20-24 June.

Since the first Wild Polio Virus (WPV) case was reported in February 2022, there have been no new cases. The third of the planned four rounds of vaccination campaigns against wild poliovirus Type-1 is scheduled for the first week of July 2022. The first two rounds were administered in March and April. The target for all four rounds of vaccines is to reach over 23 million children with more than 80 million doses of the bivalent Oral Polio Vaccine, which is recommended by the World Health Organization (WHO) for wild poliovirus (type 1). So far 1, 022 92 cases of Acute Flaccid Paralysis (AFP) have been reported in Malawi. The high number of AFP reports could be attributed to improved surveillance and increased reporting due to the ongoing OPV campaigns.

Humanitarian Strategy

As the flood response strategy is being implemented, the country's Cholera situation is growing increasingly severe. The Cholera outbreak requires a one-of-a-kind and quick response to prevent the current problems from significantly impacting children's well-being.

UNICEF provides emergency life-saving and life-sustaining support to people affected by climate-related shocks and preventable disease outbreaks and invests in resilience-building activities to improve systems.

UNICEF is coordinating an integrated response to the cholera outbreak. WASH, Health, and Social and Behavior Change (SBC) sections have mobilised resources and engaged partners to conduct management, risk communication and community engagement. Surveillance and WASH interventions focus on water purification at household and institution levels, safe waste disposal, and delivering key critical ages and supplies for the prevention and management of inclusive cases. There is also staff capacity building on case management at the health facility level. At the health cluster level, there is support for coordination, information sharing, and public communication. Addressing health outcomes equitably and delivering quality health services will stay at the helm of interventions.

In addition, UNICEF is also supporting the Ministry of Health and the Ministry of Water and Sanitation with system strengthening to help the health and WASH systems remain resilient in times of shock. The Health and WASH Clusters have developed a joint Cholera response plan to address the critical needs of women and children in the most affected districts and consider strategic links with other sectors such as Child Protection, Social Protection, Nutrition, Education and Social Behaviour and Communication Change. UNICEF will ensure lifesaving and life-sustaining assistance is provided to the most affected populations.

Humanitarian leadership and coordination

The Government of Malawi is leading the humanitarian response, through the Department of Disaster Management Affairs (DoDMA), with support from humanitarian partners, including NGOs, the UN, and donor agencies. UNICEF actively participates in the Humanitarian Country Team and the inter-cluster coordination forum, which leads to cross-sectoral coordination of humanitarian programmes in the country. UNICEF is the co-lead agency for the Child Protection, Education, Nutrition, and WASH clusters and Health cluster.

The Government of Malawi developed a four-month response plan (February to May) for the flood response and launched a US\$ 29.4 million appeal, targeting 542,000 people hardest hit by the floods and in urgent need of life-saving humanitarian assistance and protection. The Flash Appeal complements the ongoing and planned interventions by the government and other actors to respond to the humanitarian situation. UNICEF is participating in the appeal.

To coordinate the Polio response, a national Emergency Operations Centre (EOC) with technical working groups (Operations, Surveillance, Logistics and Vaccine Management, Social Mobilization and Data Management) is fully functional and holding daily coordination meetings. An in-country Global Polio Eradication Initiative (GPEI) team also supports and works as one team with the Government of Malawi.

A high-level Emergency Coordination Mechanism (ECM) chaired by the Vice-President and co-chaired by the Minister of Health, established in 2020, is still operating. This coordination mechanism also represents the Department of Disaster Management Affairs and other key line ministries. On a technical level, the Ministry of Health coordinates the COVID-19 response and leads the Emergency Operation Centre (EOC) with WHO as the co-chair. The Public Health Institute of Malawi (PHIM) is primarily responsible for the surveillance system. The health cluster is also active under the leadership of MoH and coordinates mainly the response to floods and cholera.

Summary Analysis of Programme Response

Community Engagement for Behaviour and Social Change



Community Dialogue in session in progress in Mulanje district.

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UNICEF continues to engage disaster-affected communities and engage people at risk through Story Workshop, providing counselling to parents and caregivers, and key messaging. The Social and Behavior Change (SBC) interventions focus on Cholera, WASH, Polio, Accountability and Feedback strengthening. During the reporting period, 116,5,68 affected and at-risk populations were reached with messages, and approximately 7,000 were actively engaged in providing suggestions: complaints, and feedback on various

To improve the coordination of stakeholders, UNICEF, through the Centre for Development Communication, (CDC), interacted with different stakeholders, including District Information Officials, District Social Mobilization Committees, District Relief and rehabilitation officers, on the status of the disaster response and District Planning and Development (DPD) on district entry protocols.

Further, UNICEF supported the re-orientation sessions for National and District Social Mobilization Committees (DSMCs) and Radio Listening Clubs in flood-affected districts of Chikwawa, Mulanje, Nsanje and Phalombe to strengthen SBC interventions and development of harmonised workplans. 13 Radio Listening groups received training to equip them with skills for analysing radio for critical messages, aesthetics, entertainment and rights-based approaches to development.

To further complement social mobilisation and mass media interventions, through CSO partners, UNICEF distributed various Information, Education and Communication (IEC) materials on Cholera Prevention, Polio Vaccine, Nutrition and WASH in Mwanza and Phalombe districts, including 3,311 booklets, posters, and leaflets.

Health

Since the outbreak of cholera on 28th February 2022, UNICEF has continued to collaborate and work with the Ministry of Health at the national, district and community level to mobilise and build the capacity of both community and facility health workers for effective health promotion and case management in the following districts Chikwawa, Mulanje, Nsanje and Phalombe through the Malawi Red Cross Society (MRCS). UNICEF has worked with other partners during the outbreak, including WHO and the Society of Medical Doctors (SMD).

UNICEF also is supporting the Ministry of Health with the OCV exercise that took place in eight districts leading to a coverage of 98% in Balaka, 42% in Blantyre, 95% in Chikwawa, 94.4% in Machinga, 100.9% in Mangochi, 95.5% in Mulanje, 103% in Nsanje, and 68% in Phalombe.

While cross-border infections have continued, particularly in the Nsanje district, infections in other districts are local transmissions. In line with this, the Ministry of Health and UNICEF other

stakeholders are working with district authorities in Nsanje to collaborate with their Mozambican counterparts for effective measures and interventions to curb the spread. UNICEF also supports the Ministry of Health with capacity development for health workers in case management and surveillance, in addition to the planned supplies for June.

Nutrition

UNICEF, in collaboration with The Story Workshop Educational Trust (SWET,) reached 7,136 people in in the Nsanje and Phalombe districts with messages on exclusive breastfeeding, Vitamin A supplementation, complementary feeding, proper management of Ready to Use Therapeutic Food (RUTF), COVID-19 preventive measures, antenatal care and benefits of iron-folic supplementation (IFA). In addition, a total of 11,678 children under five (5,569 boys and 6,109 girls) were screened for acute malnutrition, of which 43 we referred for treatment.

The number of children admitted for severe acute malnutrition (SAM) treatment across the country increased by 37% to **4,380 in April 2022** from **3,197 in April 2021**. The SAM coverage for the January to April 2022 annual target was 31% (17,837 children reached out of the annual target of 46 024). It is good to note that the April 2022 SAM admissions (4380) were 35% lower than March 2021.

Through field monitoring staff, UNICEF continues to support tracking, repositioning and end-user monitoring of therapeutic supplies to ensure children with SAM have access to life-saving supplies.

WASH

During the reporting period, through United Purpose, UNICEF has reached **36,828** people with safe water through the provision of water treatment chemicals for door-to-door chlorination, bringing the total number of people compared **800**. In addition, **5,153** people gained access to basic sanitation facilities (latrines and bathing facilities), 56 bath shelters were constructed, and 110 were installed in sites still hosting internally displaced people in Mulanje, Nsanje and Phalombe districts. Currently, the number of people who have gained access to basic sanitation facilities with UNICEF support. At the same time, 76 latrines were decommissioned as displaced people continued back to their original homes.

Hygiene promotion and mass media awareness campaigns are continuing to influence positive behaviour change around handwashing, water usage, and proper use of latrines through radios, mobile vans and displaying messages. During the reporting period, 74,500 more people have been reached, bringing the total to 395,482.

UNICEF has provided various WASH supplies that included 219 drums of chlorine, 6,550 buckets of different sizes, 307 rolls for construction of temporary bath shelters and latrines, 34 000 bars of 1kg soap, 1,900 sanitary pads, 200 latrine squatting plates and 1,800 bottles of bacteriological test kits valued at USD153,775.98 to flood-affected people in Chikwawa, Mulanje and Nsanje Mulanje districts.

In support of cholera control efforts in affected or high-risk districts, UNICEF has distributed water purification tablets to about 16,000 people in Blantyre, Chikwawa, Chitipa, Karonga, Lilongwe, Mulanje Nsanje and Phalombe, districts.

Education

During the reporting period, UNICEF has provided support for continuity of learning in 3 districts (Chikwawa, Nsanje, and Phalombe) to schools affected by various emergencies as part of the Ministry of Education Science and Technology Flood Emergency Response plan. A total of 190 portable chalkboards have been delivered to the three districts to facilitate continuity of learning, benefiting approximately 11,400 learners, around 5,800 of which are girls). The schools that hosted Internally Displaced Persons were reported to have damaged infrastructure and had some teaching and learning materials damaged.

Approximately 11,705 learners from 15 schools in Chikwawa have also benefitted from recreation kits that were delivered to 15 schools in the district.

Additionally, 19 ECD kits have been delivered to Dedza, and 10 ECD kits in Chikwawa and Nsanje, respectively. Thus approximately 1,170 children will benefit from these 39 kits to promote structured learning and play.

SOCIAL PROTECTION

UNICEF supports the Government in planning and coordinating immediate and longer-term emergency action efforts. Currently, the focus is on reviewing the just-ended Lean Season Response (LSR) Lean Season Response and the recovery planning for flood response.

UNICEF is supporting the Government in reviewing the 2021/22 Lean Season Response implemented in over seven districts. To ensure that the process is done thoroughly and findings are well documented to inform future programming, UNICEF will support the Government in hiring a consultant to help the district data collection exercises.

UNICEF has also supported the review of the Harmonized Grievance Redress Mechanism (GRM) guidelines, training stakeholders on the new GRM Management Information System and developing the LSR GRM Guidelines. This is one of the emergency preparatory activities for the next LSR 22/23. The GRM Management Information System, which mainly emphasises the usage of the call center, is expected to expedite administrative processes and enhance transparency and accountability among stakeholders and communities in implementing social protection activities.

The Government is also planning a flood recovery response to the flood-affected districts, including vertical and horizontal expansions of the national social protection system in the Chikwawa, Mwanza, Neno and Nsanje districts. The transfers will be provided as a lump sum amounting to MWK54,000.00. The provision of multipurpose cash transfers in the aftermath of the floods will improve the most pressing consumption needs and recovery efforts among flood-affected communities. This initiative is also expected to promote the reactivation of farming and economic activities. UNICEF technical support has been provided from the design and resource mobilisation

stages. It will also contribute to managing the response on the ground, from targeting to payments, as well as grievance and redress mechanisms.

To ensure improved data for future emergency response programming and its impact on children, UNICEF will support the government in conducting surveys and research on the impact and beneficiaries' satisfaction with the response. The Vertical and Horizontal Expansion will be undertaken through the national system, including the newly created Emergency MIS. The flood response is expected to benefit over 130,000 people from 30,000 households in the four districts.

Child Protection

UNICEF's implementing partners, such as the Ministry of Gender Community Development and Social Welfare and the Malawi Police Service, continue to provide services in areas affected by floods. These services include community policing, case management through child protection workers and psychological first aid through children's corners.

Through the protection cluster, UNICEF has supported the development of a new COVID-19 response plan awaiting endorsement by the Department of Disaster Management Affairs. Plans are also underway to deploy protection workers in areas that were affected by floods to initiate protection services that had been disrupted.

Human Interest Stories and External Media

UNICEF has produced several stories and contents to highlight the current emergency issues and responses. During the reporting period, the following were developed:

- [More than just a vaccine carrier](#)
- [Improved cold chain keeps covid-19 jabs cool](#)
- [Displaced children get safe spaces](#)
- [Displaced children face severe malnutrition](#)
- [COVID-19 jabs meet routine immunisation](#)
- [Border community embraces COVID-19 vaccines](#)
- [The outbreak caught us unaware](#)
- [Chlorine makes cholera gateways safe](#)
- [Creating a common fight against cholera](#)
- [Preserving every drop of the polio vaccine](#)

In addition, through the Development Broadcasting Unit supported by UNICEF, several Public Service Announcements involving influencers are continuously disseminated on multiple channels.

Photos and videos are being collected for further dissemination, including by partners. See here:

- [Cholera vaccination photos](#)

UNICEF Malawi consistently posts social media content to highlight the ongoing work on polio, floods, cholera and COVID-19 response and create awareness and promote polio vaccination, prevention and protection on all of its social media channels: [Facebook](#), [Twitter](#), and [Instagram](#). These messages have reached close to **six million (6,443,269) online audiences during the reporting period and engaged 381,068 people.**

The message Bot on cholera is still active and can be triggered by sending the words Cholera or Kolera to 1177. Anyone in Malawi can trigger this Bot.

Funding Overview and Partnerships

UNICEF still requires US\$ 8 million to meet the immediate and medium-term needs of children and women throughout the affected areas. So far, UNICEF has secured US\$ 1,390,000 (19 per cent)). Additional predictable, flexible, and timely donor support is critical to scale up the much-needed response activities and prevent further deterioration of the situation in Malawi.

Next SitRep: 15 July 2022

Annex A: Summary of Floods response Programme Results

Sector	Sector	Population in need	Cluster Target	Cluster ¹ results	UNICEF target	UNICEF results
Health						
	Children 0-59 months are reached during vaccination campaigns to reduce the risk of epidemic-prone outbreaks.	170,227			153,000	105,000
	Women, adolescent girls and newborns safely and equitably access quality lifesaving and high-impact maternal and neonatal health services.	106,250			57,000	41,000
WASH						
	# of people in camps and affected communities accessing safe water supply of acceptable quality and quantity	731,996	300,000	240,800	250,000	240,800
	# of people in camps and affected communities that have access to safe sanitation facilities	650,000	270,000	33,751	135,000	33,751
	# of people reached with hygiene promotion messages	731,996	731,996	396,587	350,000	395,482

¹ Cluster results were not yet available as at the time of reporting. Data gathering by the various clusters is in progress will be included in subsequent reports. In this report, cluster results are thus similar to UNICEF results

Community engagement for behaviour and social change

# of people affected and at-risk reached with behaviour change or health-saving messages	731,996			730,000	197,977
# of people participating in engagement actions for social and behavioural change	500,000			500,000	44,172
# of vulnerable people actively providing suggestions, complaints, and feedback	300,000			300,000	24,442

Nutrition

# of children 6-59 months screened for acute malnutrition	170,227	142,805	252,995	105,000	132,821
# of children 6-59 months with SAM admitted for treatment	3500	3,500	4,380	3,500	4,380
# of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	43188	41,112	36,590	41,000	36,590

Child Protection

# people reached through CP/GBV community awareness activities to promote access to services to respond to incidents of CP/GBV	993,149	700,000	151,525	300,000	151,525
# women, girls, and boys accessing CP/GBV risk mitigation, prevention, or response interventions	699,808	40,000	38,693	20,000	38,693
# UNICEF-targeted (i) girls and boys; and (ii) parents and primary caregivers in humanitarian situations provided with community-	699,808	50,000	110,940	20,000	110,940

	based mental health and psychosocial support, including access to child-friendly spaces with intersectoral programming interventions					
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Education

	# children receiving individual learning materials	398,908	255,494	154,890	199,000	149,435
	# teachers, members of parent teacher-association and school management committee trained on emergencies in education	578	578	210	210	0

Social Protection *

	# people benefit from continuity of essential services and humanitarian assistance	598,851			598,000	598,000
	# households benefitting from new or additional social assistance measures to respond to the floods with UNICEF support	310,000			310,000	0
	# households benefitting from new or additional social assistance measures to respond to the floods have access to Grievance & Redress Mechanisms with UNICEF support	221,127			220,000	0

*No results yet because interventions planned are for the recovery phase. Planning for the recovery interventions is now finalised, and activities will soon commence

ANNEX B: Malawi humanitarian funding status by sector 12 April 2022

Malawi			
Sector	Requirements	Funds available	GAP

		Humanitarian resources received*	Other resources used	US\$	%
Health	3,500,000	\$290,300	-	3,109,700	89%
WASH	1,750,000	\$668,400	-	1,081,600	62%
Community engagement for SBC	160,000	\$185,000	-	-	0%
Education	700,000	\$60,000	-	590,000	84%
Social Protection	300,000	\$50,000	-	150,000	50%
Nutrition	1,300,000	\$80,000	100,000	910,000	70%
Child Protection	700,000	\$151,300	-	548,700	78%
Coordination	90,000	\$25,000	-	-	0%
Total	8,000,000	1,390,000	100,000	6,510,000	81%

*The amount of humanitarian resources received has been revised by deducting an amount of 800,000 reflected in the last report. The 800,000 is an EPF loan which is available for the response but will have to be paid back

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