Malawi Humanitarian Situation report – June to July 2022

HIGHLIGHTS

- Cholera cases continue to rise in 10 districts in the southern region with 1,003 cases registered as of 31 July 2022.
- 416,982 people reached with hygiene promotion, positive behaviour messages on handwashing, water usage, and proper use of latrines in UNICEF targeted districts.
- 8,969 people have gained access to safe water in Karonga and Chitipa districts.
- 1,473,664 people are fully immunized with COVID-19 vaccines representing 10 per cent of the target population.

UNICEF response and funding status

Situation Overview
As of 27 July 2022, seven camps\(^1\) are still active in Chikwawa, down from over 170, places sheltering people affected by floods from January till March earlier this year. In these remaining camps, the occupants have requested relocation to new areas less prone to flooding and await support from the government to identify land for resettlement.

\(^1\) Kalima, Kanseche, Matsukambiya, Chikurse, Savala, Kasambwe, Chimphanda, Kungubwe
As of 31 July 2022, 1,003 confirmed cases of cholera had been registered in 10 districts of Blantyre, Nsanje, Chikwawa, Machinga, Balaka, Mulanje, Lilongwe, Chiradzulu, Mangochi and Neno. A high Case Fatality Rate (CFR) of 4 per cent has been reported, with 40 reported deaths recorded across the affected districts. Blantyre district has registered the highest number of cases (433), followed by Nsanje (277), Neno (128) and Chikwawa (116).

As of 30 July 2022, 602,296 COVID-19 tests had been conducted, out of which 87,410 cases confirmed positive, representing a positivity rate of 9 per cent since the beginning of the outbreak. Active cases stood at 586, recoveries at 83,869, and Case Fatality Rate at 3 per cent. The “Vaccinate My Village”, a village-to-village vaccination exercise, is ongoing as a strategy to ensure high-quality service delivery and to leave no one behind.

Humanitarian leadership, coordination, and strategy
UNICEF actively participates in all coordination platforms, including the national health Emergencies Operations Centre (EOC), Humanitarian Country Team and the inter-cluster coordination forum and is the co-lead agency for the Child Protection, Education, Nutrition, and WASH and Health cluster.

Summary Analysis of Programme Response
Community Engagement for Behaviour and Social Change
UNICEF continues to facilitate Social Behaviour Change Communication (SBCC), targeting five districts of Chikwawa, Nsanje, Salima, Phalombe and Mulanje, hit hardest by the floods. Through the National Social Mobilization Committee (NSMC) and civil society organizations, 230,000 people in the five districts were engaged through interactive meetings and cinema with particular emphasis on cholera prevention. Forty local drama groups have been trained to facilitate participatory dialogues with affected communities to better respond and recover from disasters. This has led to the development of community action plans to harness community-led solutions.

During the reporting period, over 3 million people received messages through six community radio stations and one national radio station on COVID-19, Polio, water, sanitation and hygiene, psychosocial support, prevention of Gender Based Violence (GBV) and Ending Child Marriages (ECM). UNICEF also engaged with 500 leaders at the local level, such as the Village Development Committees, Civil Protection Committees, Group Village Heads, Child Protection Committees and Area Development Committees. This is an effort to strengthen local governance structures to plan and facilitate mobilization at the community level. As an immediate outcome, the community-led structures are undertaking a planning process to scale up and sustain positive health-seeking behaviours.

Health
UNICEF is providing technical support to the Ministry of Health (MoH) in preparing, executing and monitoring the second round of Oral Cholera Vaccination (OCV). The campaign plans to administer 2,216,814 doses, of which 1,947,700 are for the second dose in the 8 affected districts and 269,114 doses for an additional Neno District. The campaign for Neno will start on 1 August, while in the eight districts, it will start once the vaccines arrive in the country.

To prevent and contain the spread of Cholera, UNICEF continues to support the MoH at all levels (national, district, and community) in close collaboration with partners and WHO by providing financial resources and

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2 The DRIP platform which is being rolled out in some COs will help to visualize locations of interventions
essential supplies along with monitoring and supervision support. During the reporting period, through the Malawi Red Cross Society (MRCS), training on effective health promotion and cholera case management has been conducted in the Chikwawa, Mulanje, Nsanje, and Phalombe districts.

Nutrition
With funding from UNICEF, The Story Workshop Educational Trust (SWET), using existing platforms and approaches like care groups and the Family Mid Upper Arm Circumference, 83,445 under-five children in the six emergency districts of Nsanje, Chikwawa, Phalombe, Balaka, Mulanje and Chiradzulu have undergone nutrition screening. This has contributed to the admission of 635 children to the Community Management of Acute Malnutrition (CMAM) programme for Severe Acute Malnutrition (SAM) in the six districts during the reporting period. Overall, there has been an 11 per cent decrease in SAM admissions nationwide from 3,018 in June 2021 to 2,698 in June 2022. 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 the United Purpose, UNICEF has been undertaking cholera response capacity-building activities in Blantyre, Machanga, Chikwawa and Neno districts. For example, there’s an ongoing case-area targeted interventions approach training taking place in Machanga and Blantyre to build the district team’s capacity in managing cholera. The same training will also be conducted in Chikwawa and Neno. Also, 49,500 more people were reached with hygiene promotion and mass media awareness campaigns, which continue to influence positive behaviour change around handwashing, water usage, and proper use of latrines through radios, mobile vans and message displays; bringing the total reached to 416,883. UNICEF has also distributed nine drums (25 kgs) of chlorine in the Blantyre district.

Education
During the reporting period, UNICEF provided 190 portable chalkboards to Chikwawa, Nsanje, and Phalombe districts to facilitate continuity of learning, benefiting approximately 11,400 learners, including 5,800 girls. This will ensure continuity of learning in the three districts, focusing on schools affected by various emergencies and as part of the Ministry of Education, Science and Technology Flood Emergency Response plan. 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 Early Childhood Development kits have been delivered to Dedza, five in Chikwawa and five in Nsanje. Approximately 1,560 children will benefit from these 39 kits to promote structured learning and play.

Social Protection
UNICEF has provided financial, technical and operational support for the review of the Harmonized Grievance Redress Mechanism (GRM) guidelines, training stakeholders on the new GRM Management Information System and developing the lean season response GRM Guidelines. This is one of the emergency preparatory activities for the forthcoming food lean season (October 2022 to March 2023). The GRM Management Information System, which mainly emphasizes call centre usage, is expected to expedite administrative processes and enhance transparency and accountability among stakeholders and communities in implementing social protection activities.

The Government is executing flood recovery activities, including vertical and horizontal expansions of the national social protection system in the Chikwawa, Mwanza, Neno and Nsanje districts. The expansion will
enable 130,000 people from 30,000 households, including 3,000 children in the four districts, to receive cash transfers. The financial support will be a lump sum of MWK 54,000. Multipurpose cash transfers are expected to improve the most pressing consumption needs and recovery efforts among flood-affected communities and build affected households’ resilience against future shocks. This initiative will also likely promote the reactivation of farming and economic activities ahead of the upcoming Lean Season period. UNICEF will further contribute to managing the response on the ground, from targeting to payments, as well as grievance and redress mechanisms.

**Child Protection**

As cluster co-lead, UNICEF has provided technical and coordination support to the Protection cluster in conducting its after-action review (AAR). The AAR, which took place on 4 July, identified challenges and success areas where the cluster did well. Actions moving forward were also identified. The protection cluster workforce continues to provide services to people affected by emergencies in the four districts. These include community policing initiatives, children’s corner activities and service provision through police victim support units, community victims support units; mental health and psychosocial services through community child protection workers, and other protection workforce at the community level. Plans are underway to establish protection mechanisms in areas where displaced communities have returned and continue the building efforts in mental health and psychosocial support.

**Human Interest Stories and External Media**

UNICEF continues to produce several stories and multimedia content 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' messages are continuously disseminated through television and national and community radio channels. Photos and videos are being collected for further dissemination, including by partners. See Cholera vaccination photos

UNICEF Malawi consistently posts social media content (Facebook, Twitter, and Instagram) to highlight the ongoing work on polio, floods, cholera and COVID-19 response and create awareness to promote vaccination uptake, prevention and protection. During the reporting period, these messages reached close to six million (6,443,269) online audiences 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 1,177. 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, including US$ 100,000 that UNICEF reprogrammed, leaving a 78 per cent funding gap. 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: 30 September 2022

Annex A: Summary of Floods response Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Sector</th>
<th>Population in need</th>
<th>CLUSTER Target</th>
<th>CLUSTER results</th>
<th>UNICEF target</th>
<th>UNICEF results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Children reached with vaccination</td>
<td>170,227</td>
<td></td>
<td></td>
<td>153,000</td>
<td>105,000</td>
</tr>
<tr>
<td></td>
<td>Access quality life-saving and high-impact health service</td>
<td>106,250</td>
<td></td>
<td></td>
<td>57,000</td>
<td>41,000</td>
</tr>
<tr>
<td>WASH*</td>
<td>Safe water provision</td>
<td>731,996</td>
<td>300,000</td>
<td>249,869</td>
<td>250,000</td>
<td>249,869</td>
</tr>
<tr>
<td></td>
<td>Access to safe sanitation facilities</td>
<td>650000</td>
<td>270000</td>
<td>33,751</td>
<td>135,000</td>
<td>33,751</td>
</tr>
<tr>
<td></td>
<td>Hygiene promotion messages</td>
<td>731,996</td>
<td>731,996</td>
<td>416,883</td>
<td>350,000</td>
<td>416,883</td>
</tr>
<tr>
<td>Community engagement for behaviour and social change</td>
<td>Behaviour changes’ messages</td>
<td>731,996</td>
<td></td>
<td></td>
<td>730,000</td>
<td>427,977</td>
</tr>
<tr>
<td></td>
<td>Engagement actions for SBC</td>
<td>500,000</td>
<td></td>
<td></td>
<td>500,000</td>
<td>214,672</td>
</tr>
<tr>
<td></td>
<td>Complaints, and feedback</td>
<td>300,000</td>
<td></td>
<td></td>
<td>300,000</td>
<td>44,242</td>
</tr>
<tr>
<td>Nutrition*</td>
<td>Screened for acute malnutrition</td>
<td>170,227</td>
<td>142,805</td>
<td>323525</td>
<td>105,000</td>
<td>203,351</td>
</tr>
<tr>
<td></td>
<td>SAM admissions</td>
<td>3,500</td>
<td>3,500</td>
<td>3402</td>
<td>3,500</td>
<td>3,675</td>
</tr>
<tr>
<td></td>
<td>IYCF counselling</td>
<td>43,188</td>
<td>41,112</td>
<td>38,583</td>
<td>41,132</td>
<td>42,887</td>
</tr>
<tr>
<td>Child Protection</td>
<td># people reached through CP/GBV community awareness activities to promote access to services to respond to incidents of CP/GBV</td>
<td>993,149</td>
<td>700,000</td>
<td>1,175,311</td>
<td>300,000</td>
<td>1,175,311</td>
</tr>
<tr>
<td></td>
<td># women, girls, and boys accessing CP/GBV risk mitigation, prevention, or response interventions</td>
<td>699,808</td>
<td>40,000</td>
<td>149,643</td>
<td>20,000</td>
<td>149,643</td>
</tr>
<tr>
<td></td>
<td># UNICEF-targeted (i) girls and boys; and (ii) parents and primary caregivers in humanitarian situations provided with community-based mental health and psychosocial support, including</td>
<td>699,808</td>
<td>50,000</td>
<td>110,940</td>
<td>20,000</td>
<td>110,940</td>
</tr>
</tbody>
</table>
access to child-friendly spaces with intersectoral programming interventions

## Education

| Individual learning materials | 398,908 | 255,494 | 154,890 | 199,000 | 149,435 |
| Teachers trained | 578 | 578 | 0 | 210 | 0 |

## Social Protection

| Continuity of essential services and humanitarian assistance | 598,851 | 598,000 | 598,000 |
| New or additional social assistance measures | 310,000 | 310,000 | 0* |
| Access to Grievance & Redress Mechanisms | 221,127 | 220,000 | 0 ** |

*No results yet. Interventions were planned for the recovery phase. Preliminary work is under way with payments planned to take place in September.*

*This is linked to the new and social cash transfers, so results are expected after the commencement of the cash transfers.*

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## ANNEX B: Malawi humanitarian funding status by sector

### Malawi

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>GAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Humanitarian resources received*</td>
<td>Other resources used</td>
<td>US$</td>
</tr>
<tr>
<td>Health</td>
<td>3,500,000</td>
<td>290,300</td>
<td>0</td>
</tr>
<tr>
<td>WASH</td>
<td>1,750,000</td>
<td>548,400</td>
<td>0</td>
</tr>
<tr>
<td>Community engagement for SBC</td>
<td>160,000</td>
<td>20,000</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td>700,000</td>
<td>60,000</td>
<td>0</td>
</tr>
<tr>
<td>Social Protection</td>
<td>300,000</td>
<td>50,000</td>
<td>0</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,300,000</td>
<td>80,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>700,000</td>
<td>176,300</td>
<td>0</td>
</tr>
<tr>
<td>Coordination</td>
<td>90,000</td>
<td>165,000</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>8,500,000</td>
<td>1,390,000</td>
<td>100,000</td>
</tr>
</tbody>
</table>

*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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**Who to contact for further information:**

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