



Unandi Banda, 18, who is a cholera survivor, now encourages her community members to frequently wash their hands with soap to prevent cholera. Here, she is washing her hands with the chlorine-treated water and bucket provided with support from ECHO and UNICEF in Nkhatabay. ©UNICEFMalawi2023

MALAWI CHOLERA FLASH Update 05

30 January 2023 (updates of 23 to 29 January 2023)

Highlights

- As of 29 January, 33,608 cholera cases and 1,093¹ deaths have been registered in Malawi; this includes 10,000 children’s cases and 162² children's deaths as of 22 January 2023.
- During the reporting week, 4,244 cases and 133 deaths were reported. There were 4,480 cases and 135 deaths in the previous week.
- The cumulative case fatality rate stands at 3.25 per cent, with the highest CFR of 6.31 in Lilongwe and the lowest CFR of 0.43 in Mzimba.
- UNICEF distributed WASH packages to 61 households reaching 305 people and 89 schools, reaching 200,000 learners.
- Twenty-thousand seven hundred forty-five people (9,689 male and 10,786 female) were reached through preventive and promotive behavioural change messages in nine districts,
- 20 out of 118 children screened for malnutrition have been treated with acute malnutrition intervention in cholera treatment units.

Situation in Numbers (Cumulative)

- 18 million people at risk of contracting cholera including more than 9 million children
- 33,608 Cases
- 10,000 Children Cases
- 1,093 Deaths
- 3.25% Case Fatality Rate
- 29 Districts Affected

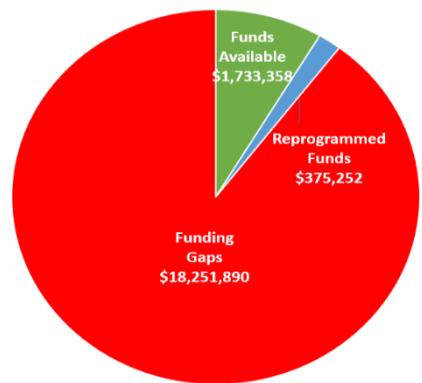
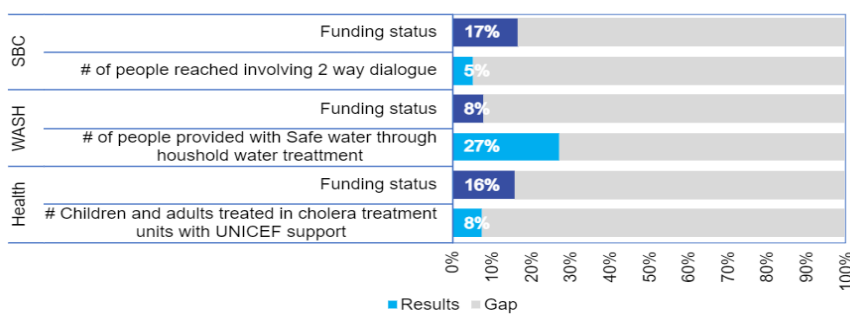
Source: Ministry of Health’s press statement on Cholera update as of 29 January 2023

Funding Overview and Partnerships

The funding availability status remains unchanged, as reflected in last week’s update. UNICEF requires **US\$ 20.36 million³** to sustain lifesaving services for women and children in Malawi. To date, UNICEF has **US\$ 2,108,610 (10 per cent)** available for the response as per the details below.

- European Civil Protection and Humanitarian Aid Operation (ECHO): US\$ 538,031
- Central Emergency Response Fund (CERF): US\$ 695,327
- UNICEF Global Humanitarian Response Fund (GHTRF): US\$ 500,000
- To bridge the funding gap, UNICEF’s regular programme resources (reprogrammed): US\$ 375,252.

Summary of UNICEF Results and Funding



¹ Ministry of Health’s press statement on Cholera update as of 29 January 2023.
² Epidemiological data from the Ministry of Health as of 22 January 2023.
³ The funding requirement changed due to the revised response plan (increased timeline and targets).

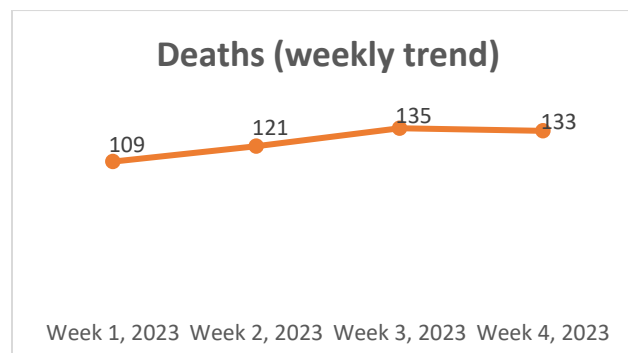
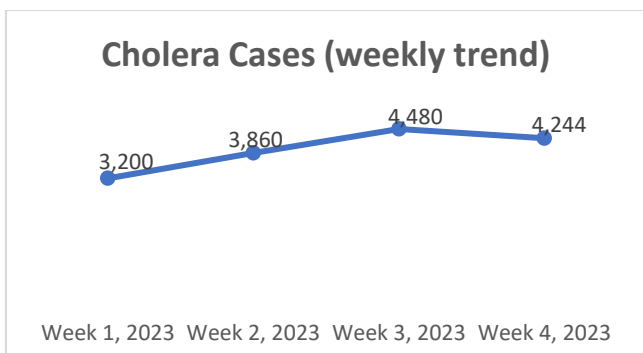
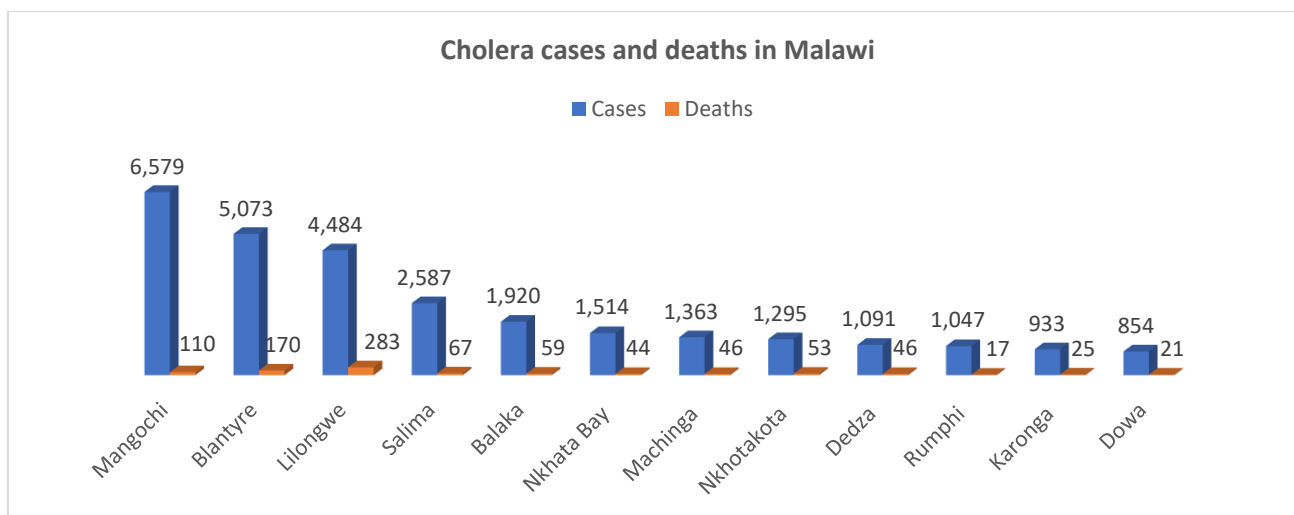
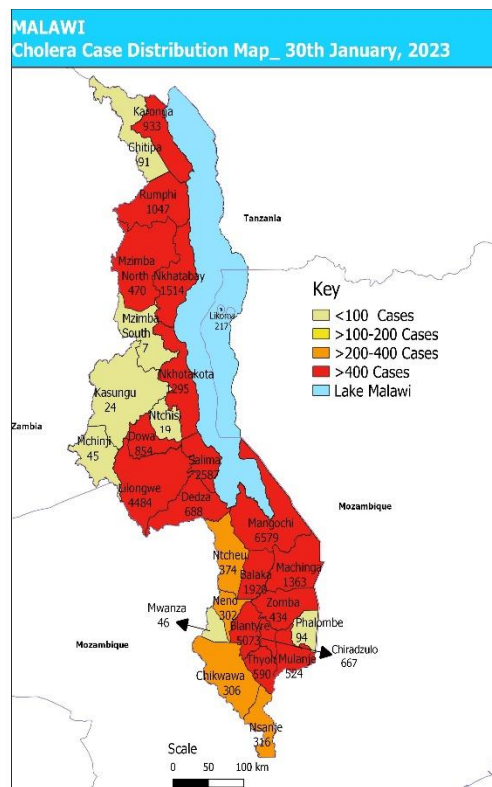
Due to the rapidly deteriorating cholera situation across the country, UNICEF Malawi required an Emergency Programme Fund (EPF) loan (USD 2 million) to bridge the funding needs for the response while in anticipation of other resources to be mobilized. UNICEF has also allocated flexible Global Humanitarian Thematic Funding (GHTF) to support the response (\$500,000).

UNICEF still has a funding gap of **90 per cent**, with an urgent need for funding towards safe water supply and sanitation, health services, community engagement and awareness, and psychosocial support for children.

Situation Overview and Humanitarian Needs

As of 29 January 2023, 33,608 cases and 1,093 deaths were reported cumulatively, with a CFR of 3.25 per cent. A total of 10,000 children are affected, with 162 deaths as of 22 January 2023. During the reported week, 4,244 cases, including 133 deaths, with a case Fatality Rate (CFR) of 3.13 per cent reported by 28 districts. There was a 2.5 per cent decrease in cases and a 1.5 per cent decrease in deaths in the reporting week compared to the previous week.

The general trend is increasing, with 29 districts affected and actively recording cases within the past two weeks. The top three districts which are most affected are Mangochi (6,579 cases and 110 deaths), Blantyre (5,073 cases and 170 deaths), and Lilongwe (4,484 cases and 283 deaths). The tables below provide the cases and deaths in the 12 high-burden districts and the increasing trend in 2023⁴.



⁴ Ministry of Health's press statement on Cholera update as of 29 January 2023.

Summary Analysis of Programme Response

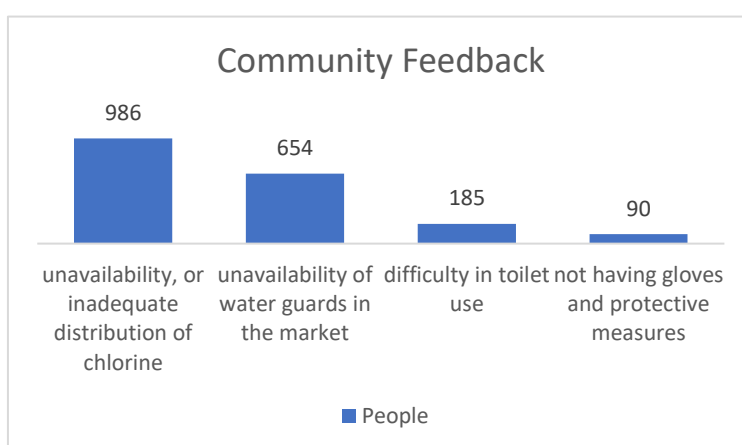
WASH

A total of 305 people from 61 households were reached with a WASH package (each package has one bucket with lid and tap, five bars of soap, five sachets of Oral Rehydration Solution (ORS), and a bottle of chlorine solution) through Case Area Targeted Initiative (CATI) in Blantyre. In addition, 2 Facility Rapid Response Teams (FRRT) were trained in Salima. They continue to undertake area-level CATI processes targeting cases in surrounding households.

At least 89 schools in Blantyre and Lilongwe urban areas were provided with hygiene education and supplies such as handwashing soap, buckets and Menstrual Health and Hygiene materials reaching 200,000 learners. These schools' reopening was delayed by two weeks due to cholera. At least 230 schools are utilising wash supplies prepositioned in 400 schools during the Christmas holiday.

SOCIAL and BEHAVIOUR CHANGE (SBC), ACCOUNTABILITY to AFFECTED POPULATION (AAP), LOCALIZATION

Altogether 20,745 people (9,689 male and 10,786 female) were reached through preventive and promotive behavioural change messages in nine districts. A total of 1,915 community feedback reports on the reason for cholera spreads were collected from six districts. 986 out of 1,915 feedback reports were related to the unavailability or inadequate distribution of chlorine, 654 regarding the unavailability of water guards in the market and difficulty in toilet use as all are filled with rainwater. Also, 90 people complained of not having gloves and protective measures to handle the cholera response.



UNICEF, as a co-lead of the Risk Communication and Community Engagement (RCCE) sub-committee, updated the RCCE plan for the coordinated response based on the available social and behavioural data. The RCCE plan will be part of the national response plan. The 5Ws (Who, What, When, Where, Whom) were developed for the RCCE response to cholera and covid-19 vaccination.

HEALTH

Health, in coordination with WASH, conducted a supportive visit with ECHO (European Civil Protection and Humanitarian Aid Operation) from 26 to 28 January to Nkhata Bay district to appreciate the rollout of the CATI interventions in communities and the functioning of the CTUs. Nkhata Bay has not reported any cases in the past seven days and has intensified sanitation, including hand hygiene. It was observed that stock management needs to be strengthened, and mechanisms need to be built where the district can send the supplies to affected districts when cases have gone down. UNICEF plan to conduct regular supportive supervision visit to ensure end-user distribution and facilitate districts in quantifying the need and capacitating them in stock management.

Together with the innovation team, CartONG and Map action, UNICEF is working on Modelling the cholera outbreak, which will map the cholera hotspot for targeted messaging and community engagement coupled with ensuring WASH (Water and Sanitation Hygiene) measures in focused districts or Traditional authorities.

NUTRITION

Twenty children (12 boys and 08 girls) with severe acute malnutrition have been treated in the CTUs. One hundred eighteen children (61 boys and 57 girls) were screened for malnutrition in the CTUs in affected areas. One hundred forty-one (141) female caregivers have been counselled on Infant and Young Child Feeding across seven districts.

UNICEF has finalised the key nutrition messages in the cholera context, and the production of media tools, including jingles, posters and flyers, is in progress for awareness raising among children and adults on cholera and acute malnutrition.

EDUCATION

At least 325 school-going children cumulatively have been affected by cholera, with 24 fatalities. The education cluster is activated and meets every week. UNICEF is the co-lead of the cluster and has chaired the cluster meeting at least four times in 2023. 5Ws of cholera response for the Education cluster was developed to strengthen the response and coordination across the country.

The education cluster undertook a rapid assessment in 200 schools in two districts to assess the extent of implementation of the Standard Operating Procedure (SOP) that the Ministry of Education deployed to all schools and to identify response gaps to facilitate the development of a joint action plan to make schools safe for cholera. The key findings from the assessment are; most schools are adhering to the Cholera Prevention Standard Operation Procedures; Schools need knowledge, skills and resources to respond to, manage and control cholera and other health-related ailments; Communities are not adhering to the ban on the sale of cooked food ins school premises; Poor sanitation, poor source of water in most schools. More quantitative details of the findings will be shared in the next sitrep.

CHILD PROTECTION

Trained Phycological First Aid (PFA) providers were asked to provide PFA to cholera-affected children to reduce trauma. Cholera prevention messaging has been intensified in Children's Corners. All child protection partners (District Councils, Nkhoma Synod, World Vision International) were asked to incorporate cholera prevention messaging while implementing various child protection activities. District Councils were advised to provide weekly cholera updates to the Ministry of Gender, Community Development, and Social Welfare. The Ministry will, in turn, share the data with UNICEF.

The National Protection cluster has been activated and is having meetings weekly. District protection cluster members in Blantyre and Lilongwe meet on cholera response weekly (every Monday). The protection cluster has completed drafting its Cholera Response Plan, which will be reviewed on 30 January 2023 during the cluster meeting.

HUMANITARIAN LEADERSHIP, COORDINATION, and STRATEGY

The national Presidential Taskforce on COVID-19 and Cholera, a ministerial body under the Presidency, continues to provide the highest policy oversight and accountability in responding to the cholera outbreak. National-level clusters of which UNICEF co-leads WASH, Nutrition, Child Protection, and Education are continuing to meet to ensure collaboration among implementing agencies in their respective clusters at the national level.

Currently, the clusters are finalising their cluster response plans and mapping the work of active partners (5Ws) supporting interventions on the ground. To strengthen coordination at the district and local level, plans are underway to establish sub-national coordination structures, focussing on six high-burden priority districts.

For the previous update of 2023, please follow the link here.

Issue 1, Jan: [Malawi Humanitarian Flash Update - 2023.01.pdf](#)

Issue 2, Jan: [Malawi Humanitarian Flash Update 2 - 2023.01.09_Final.pdf](#)

Issue 3, Jan: [Malawi Humanitarian Flash Update 3 – 2023.01.16.pdf](#)

Issue 4, Jan: [Malawi Humanitarian Flash Update 4 – 2023.01.23.pdf](#)

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Annex A Funding Status (in USD)

Funding Requirements as Per the UNICEF Country Response Plan cholera 2022					
Appeal Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received	Other resources used	US\$	%
Health	\$ 4,853,000	\$ 493,277	\$ 279,252	\$ 4,080,471	84%
WASH	\$ 8,222,500	\$ 653,750	\$ -	\$ 7,568,750	92%
Nutrition	\$ 2,171,000	\$ -	\$ -	\$ 2,171,000	100%
Education	\$ 759,000	\$ -	\$ -	\$ 759,000	100%
SBC	\$ 2,415,000	\$ 308,000	\$ 96,000	\$ 2,011,000	83%
Child Protection	\$ 690,000	\$ -	\$ -	\$ 690,000	100%
Coordination	\$ 1,000,000	\$ 278,331	\$ -	\$ 721,669	72%
Communication	\$ 250,000	\$ -	\$ -	\$ 250,000	100%
Total	\$ 20,360,500	\$ 1,733,358	\$ 375,252	\$ 18,251,890	90%

Annex B Summary of Programme Results⁵ (Target as of December 2022, subject to revision in next sitrep edition)

UNICEF and IPs Response			
Sector	2023 target	Total results	% Achieved
HEALTH			
# Children and adults treated in cholera treatment units with UNICEF support	28,000	2100	8%
# Healthcare workers oriented on infection prevention and control, WASHFIT	600	0	0%
# of people vaccinated with OCV	200,000	0	0%
SBC			
# local actors participating in engagement actions	8,000	670	8%
# of people reached through Mass Media with health, hygiene, nutrition, or risk communication activities on cholera disease prevention and treatment through 1-way information dissemination such as social media, print materials, telephone announcements, radio, TV, and IVR (estimation)	1,800,000	1,000,000	55%
# of people directly reached with health, hygiene, or risk communication activities on cholera prevention and treatment, involving a 2-way dialogue	1,000,000	51,402	5%
# people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	50,000	9,327	18%
WASH			
# of people accessing safe water through emergency household water treatment	3,100,000	846,055	27%
# health care facilities supported to applying IPC protocols	197	197	100%
# of water sources rehabilitated and disinfected	1,000	0	0%
# of water sources sampled to assess water quality	1,000	21	2%
# of people sensitized on key hygiene practices (hand washing with soap, water handling, and proper latrine use)	3,100,000	846,055	27%
EDUCATION			
# Schools supported to implement of safe school protocols (IPC) through the provision of soap and buckets	400	230	57%
# Schools reached with hygiene awareness campaigns in schools and surrounding communities	400	0	0%
# Schools provided with hygiene-related IEC materials and messages for schools	400	0	0%
# Teachers trained on infection prevention, cholera response, and management at the school level	800	0	0%
# children in cholera hotspots supported to access formal or non-formal education, including early learning	-	0	0%
NUTRITION			

⁵ All the indicators and targets are revised as per revised cholera response plan.

# Children aged 6 to 59 months in cholera hotspots with SAM who was admitted for treatment	18,000	20	0.1%
# Children 6 to 59 months are screened for malnutrition in the targeted districts	125,000	118	0.1%
# of people who received zinc supplements	70,000	0	0%
# Primary caregivers of children aged 0-23 months who received IYCF counselling	35,700	141	0.4%
CHILD PROTECTION			
# People and children affected by Cholera reached with PFA	8,000	0	0%
# Children in safe spaces (children's corners) reached with messaging on cholera prevention and social and behavioural change interventions	15,000	0	0%
# of women, girls, and boys accessing GBV risk mitigation or response interventions	4,000	558	14%
# of Unaccompanied and separated children (UASC) identified and referred for support	70	0	0%