

Action Against Cholera



UNICEF Malawi Response Plan December 2022



©UNICEF Gladys Milanzie, 2, is receiving proper cholera treatment from one of the health workers at Chilumba rural hospital.

Background

On 3 March 2022, after the first confirmed case in Machinga, the Ministry of Health in Malawi declared a cholera outbreak. As of 9 November 2022, cumulatively, 7,626 cholera cases (225 active) had been registered, with 219 deaths, representing a high case-fatality ratio of 2.9 per cent (the expected percentage is less than 1 per cent). From these cases, 1,631 children were infected, with 28 deaths. As of 9 November 2022, all 29 administrative health districts in the country had been affected.

To date, all 29 had reported cases, with Nkhata Bay reporting most of these (1,263 cases, 36 deaths), followed by Mangochi (980 cases, 19 deaths), Nkhotakota (929 cases, 42 deaths), Rumphu (894 cases, 16 deaths), Karonga (666 cases, 14 deaths), Blantyre (662 cases, 26 deaths), Salima (700 cases, 18 deaths), Mzimba North (448 cases, 2 deaths), Nsanje (297 cases, 14 deaths), Chikwawa (217 cases, four deaths) and Neno (188 cases, four deaths).

There was a 33.5 per cent increase in the number of cases in October (2,434 cases) compared to September (1,823 cases).

In early December 2022, the government declared the cholera outbreak a public health emergency.

Since the beginning of the outbreak, the 21- to 30-year-old group was the most affected (24.6 per cent) followed by 31- to 40-year-olds (19.4 per cent).

Contributing factors are:

- poor food hygiene,
- lack of access to safe water,
- low latrine coverage,
- poor handwashing practices with soap and
- open defecation.

These factors fuel the risk of cholera particularly among children and teachers in schools and other learning environments, such as at early childhood education centres and out-of-school learning facilities. Though improvements have been observed, quality case management and weak infection prevention and control measures persist in cholera treatment units (CTUs).

Responding to multiple disease outbreaks, including polio and COVID-19, the country's health system is currently overwhelmed. Community mobilization and activation has been stunted, as community members are tired and themselves overwhelmed by vaccination campaigns and health outreach programmes. There is a critical lack of human and financial resources to adequately respond to the cholera outbreak.

Humanitarian Strategy: Interventions and Needs

Government has started high-level coordination across ministries and agencies. These government efforts are supported by a comprehensive, integrated and multi-sectoral approach including:

- coordination and integration of emergency operations centre,
- surveillance, early detection and outbreak investigations,
- case management and mortality reduction,
- social mobilization, and crisis and risk communication addressing cultural drivers and improving awareness of prevention and timely access to health services,
- logistic and operational support,¹
- water, sanitation and hygiene (WASH) and
- oral cholera vaccine (OCV).

Response strategies include supporting CTUs support by providing adequate supplies for case management, risk communication, and community engagement and surveillance. WASH interventions focus on water treatment at the household level, institutions, and safe waste disposal, as well as the delivery of critical awareness-raising messages and supplies for prevention and treatment.

UNICEF is also supporting the ministries of Health, and Water and Sanitation to coordinate and strengthen the health system to ensure essential services remain resilient in times of shock. UNICEF's 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. The response plan considers strategic links with other sectors such as child and social protection, nutrition, education, social and behavioural change, and communication.

UNICEF has redirected funding and mobilized some additional funds towards the cholera response but still requires critical resources to effectively respond to the outbreak and scale up the provision of health supplies – such as acute watery diarrhea (AWD) kits – to all the districts with active cases. The AWD kits are designed for cholera treatment at CTUs and in communities, with a capacity to treat between 100 and 200 cases each.

In CTUs, there is need for:

- supplies for infection, prevention and control of the illness;
- support for the Ministry of Health and the WHO to train healthcare workers to manage mild, moderate and severe cholera cases; and
- surveillance and management of complicated cases of patients with co-morbidities.

1. Covering procurement and freighting and inter-district distribution of cholera supplies to CTUs, and transport costs of cholera response team (made up of social and behavioural change, WASH and case management experts).

UNICEF also requires support to purchase critical WASH supplies, such as water treatment chemicals, soap, buckets, and water quality kits for affected communities and schools. These will help ensure adequate hygienic and sanitary conditions.

Hygiene and handwashing promotion is essential to reduce and prevent transmission. Social and behavioural change interventions will:

- enable households and communities to prevent further transmission and
- enhance skills of frontline workers to support interpersonal communication, dispel rumors and misinformation, and provide timely care.

Culturally sensitive, life-saving messages will be disseminated to at least 500,000 people in affected communities through mass media and community-based structures such as schools, health facilities, faith communities and markets.

UNICEF will carry out mass as well as targeted screenings. The latter involves mid-upper arm circumference tapes to identify malnourished children under five for timely referral to treatment. Severely wasted children will be admitted to health facilities for quality treatment. In addition, zinc supplements will be provided to patients at CTUs.

All proposed activities are based on needs assessment, as well as on government and WHO guidelines.



Credit ©UNICEF Bridget Billy, 5, washes her hands with soap at Nansolola Community Based Care Centre so that she is safe from the cholera outbreak.

UNICEF's Contributions to Date



Health

To date, affected districts have been provided with AWD periphery and community kits (which improve access to oral rehydration), essential medicines, cannulas, infection prevention and control supplies, cholera beds and solar lamps. In June and July, UNICEF trained health surveillance assistants and community volunteers in evidence-based surveillance. In partnership with government, UNICEF supported hard-to-reach districts Nsanje and Phalombe for the first round of the OCV campaign. UNICEF is also supporting the delivery of 2,941,982 doses of OCV to conduct the second round of the OCV campaign in 14 districts.



Nutrition

UNICEF supported nutrition screening in four districts. A total of 203,351 children under five were screened and 3,402 children with severe wasting admitted for treatment. UNICEF distributed lifesaving therapeutic food and supported district partners working on nutrition with information to integrate cholera awareness and prevention content in the maternal, infant and young child nutrition messages.



WASH

UNICEF has dispatched WASH supplies to the most affected districts. Non-food items such as water treatment chemicals have been distributed. UNICEF conducted hygiene promotion campaigns and hand-washing demonstrations in markets and communities in Blantyre. A total of 3,024 people were reached with hygiene messages. To ensure continuous access to safe water, UNICEF conducted pot-to-pot chlorination in Machinga and Neno, reaching 213 households.



Social and Behaviour Change

UNICEF has supported the review, finalization and distribution of information, education and communication materials to all districts. These include posters, leaflets and booklets. Over 700,000 people have been reached through the four radio stations in Nkhotakota, Nkhata Bay, Mzimba and Rumphu.



External Communications and Human-Interest Stories

UNICEF closely collaborates with the WHO and the Resident Coordinator Office. Strategic public awareness content has been proactively placed on traditional and new media platforms.

National and international media picked up a joint UNICEF-WHO press release issued in August 2022 and understand the urgency of the evolving situation and its spread.

In partnership with the Malawi Broadcasting Corporation, cholera-related content is being disseminated on national television and national and community radio.

UNICEF also continues to disseminate stories through various channels and pitch them to the media.

- [I saw myself six feet under Cholera survivor recounts close shave with death](#)
- [It could have been worse: Responding to the Cholera outbreak in Nkhata Bay](#)
- [Rural dispensary punches above its weight to thwart Cholera: Responding to the Cholera outbreak](#)
- [UNICEF works with locals to defeat Cholera: Curbing the spread of Cholera](#)
- [Chlorine Makes Cholera Gateways Safe: Responding to the Cholera outbreak](#)
- [Water trucks shield flood survivors from Cholera: Safe water to prevent Cholera](#)
- [Creating a common front against Cholera: Why Cross-border Coordination Matters](#)
- [The outbreak caught us unaware: Fight Cholera in the flood-prone district of Nsanje](#)
- [Locals fight Cholera with hygiene campaigns: Uniting to end Cholera](#)
- [Responding to the Cholera outbreak in Nsanje \(Video\)](#)

Photos and videos are shared continuously with stakeholders and partners. UNICEF Malawi has shared cholera-related content on its social media.

Additionally, UNICEF used its [U-Report channel](#) to reach U-Reporters. Audiences can text the word cholera/kolera and get more information. To date, U-Report Malawi has reached more than 20,000 people with Ministry of Health-approved information: <https://ureport.mw/opinion/5969/>. A survey on Cholera knowledge was also conducted. See results here: <https://malawi.ureport.in/opinion/6001/>. UNICEF has posted information on the [Internet of Good Things](#).

UNICEF's Key Asks

Contributions will enable UNICEF to accelerate the integrated response to contain and manage the current cholera outbreak and prevent further outbreaks during the rainy season.

With additional resources, UNICEF urgently need to scale up the following activities:

Activity	Budget (USD\$)
1 Health	2,230,000
Procurement and positioning of cholera kits and other supplies in districts	1,500,000
Assessment and monitoring of affected districts and cholera hotspots on logistics and supplies	30,000
Operational support to districts-based cholera outbreak response team	450,000
Orientation on infection prevention and control, WASH Facility Improvement Tool	50,000
Support government to hold health cluster/cholera task force meetings	100,000
Operational support to cholera response	100,000
2 WASH	6,850,000
Procurement and distribution of additional supplies for institutions, CTUs and households	2,500,000
Procurement of water treatment chemicals for mass disinfection	1,600,000
Rehabilitation and disinfestations of water sources	1,200,000
Engaging the community to promote hygiene and encourage positive behaviour	1,350,000
Strengthening coordination of the WASH response at national and district levels	200,000
3 Nutrition	1,600,000
Provision of therapeutic food for the severely malnourished	1,000,000
Provision of zinc supplements to reduce the severity of cases	250,000
Screening and social behaviour change communication	350,000
4 Social and behavioural change	1,200,000
Social mobilization for the effective uptake of 2,941,982 doses of OCV in all 14 districts	750,000
Mass media and communication	450,000
5 Education	660,000
Procure and distribute buckets and soap to schools in targeted districts	200,000
Conduct targeted hygiene awareness campaigns in schools and surrounding communities	350,000
Reprint and distribute hygiene-related information, education and communication materials	20,000
Enhance teachers' capacities in basic infection prevention, cholera response and management	30,000
Strengthen coordination with other relevant stakeholders or clusters (WASH, health etc.)	60,000
TOTAL	12,540,000

Funding requirements

UNICEF Malawi is requesting US\$ 12,540,000 for the humanitarian needs of children and young people to complement government efforts in response to the cholera emergency.



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