




13 February 2023 (updates of 06 to 12 February 2023)

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MALAWI CHOLERA FLASH Update 07

The situation in Numbers (Cumulative)

- 18 million people at risk of contracting cholera, including more than 9 million children
- 42,427 Cases
- 1,384 Deaths
- 3.26% Case Fatality Rate (CFR)
- 11,500 Children Cases
- 188 Children Deaths
- 29 Districts Affected

Source: Ministry of Health's press statement on Cholera update as of 12th February 2023.

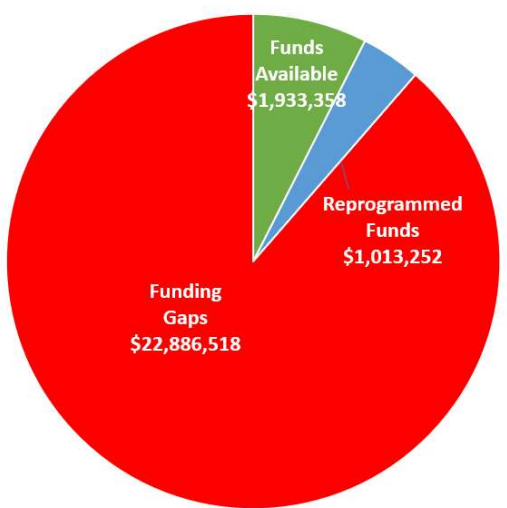
Highlights

- As of 12 February, 42,427 cholera cases and 1,384¹ deaths have been registered in Malawi. A total of 11,500 children's cases and 188 deaths were reported as of the last update of 05 February 2023.
- During the reporting week, 3,861 cases and 130 deaths were reported. There were 4,958 cases and 161 deaths in the previous week.
- The cumulative case fatality rate stands at 3.26 per cent, with the highest Case Fatality Rate (CFR) of 5.86 in Lilongwe and the lowest CFR of 0.42 in the Mzimba North district.
- To establish a Cholera Treatment Unit (CTU), UNICEF provided four high-performance tents and supplies in Balaka, Machinga, and Lilongwe districts to respond to the high need for additional spaces for treating cholera patients.
- UNICEF actively supports all clusters and pillars of the humanitarian coordination team and participates in weekly meetings as a co-lead for the Education, Nutrition, WASH, Protection, and Risk Communication and Community Engagement (RCCE).

Funding Overview and Partnerships

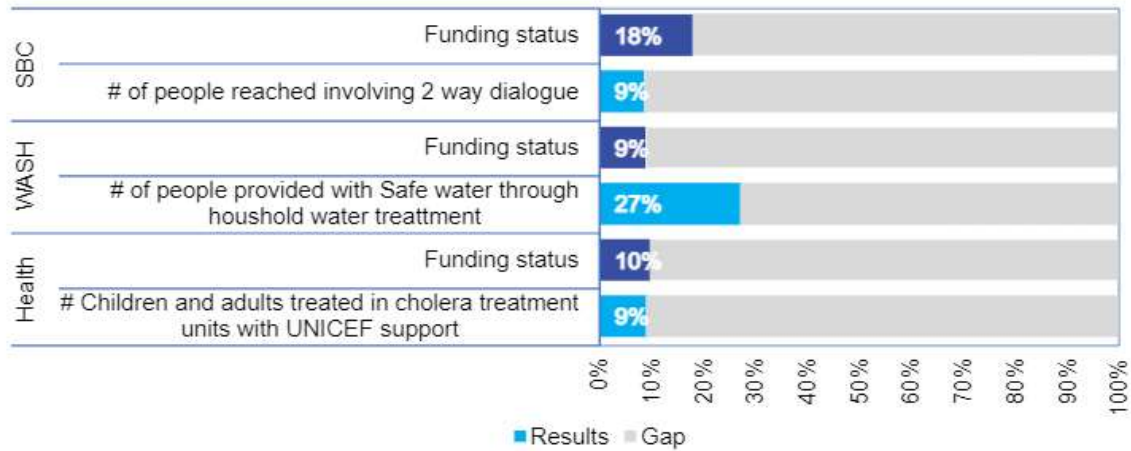
UNICEF has recently received funding support of \$200,000 from the Embassy of Korea, committed to strengthening WASH, Health, and RCCE interventions. UNICEF requires approximately US\$ 25.8 million² to sustain lifesaving services for women and children in Malawi. To date, UNICEF has **US\$ 2,946,610 (11 per cent)** available for the response:

- European Civil Protection and Humanitarian Aid Operation (ECHO): US\$ 538,031
- Central Emergency Response Fund (CERF): US\$ 695,327
- UNICEF Global Humanitarian Response Fund (GHTF): US\$ 500,000
- Embassy of Korea: US\$ 200,000.
- To bridge the funding gap, UNICEF's regular programme resources (reprogrammed): US\$ **1,013,252**.



¹ Ministry of Health's press statement on cholera update as of 12 February 2023.
² The funding requirement as per Cholera Response plan Jan-June 2023).

Summary of UNICEF Results and Funding



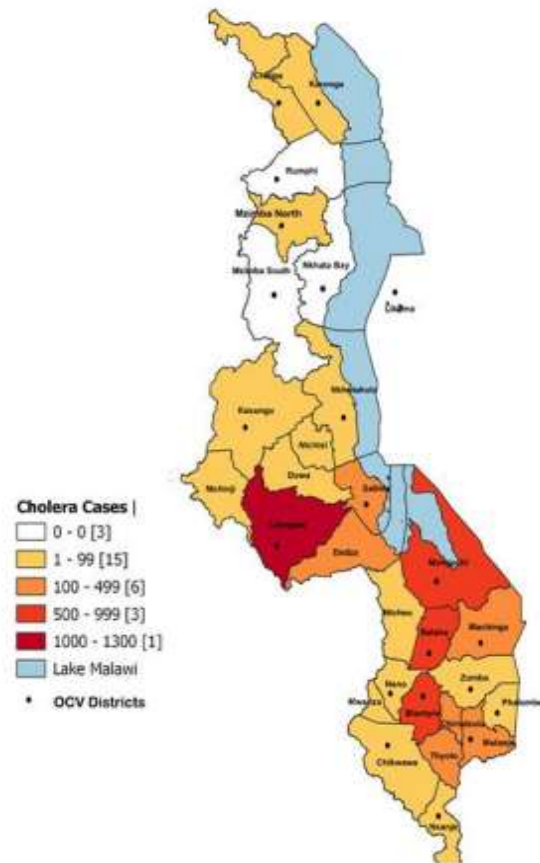
Due to the rapidly deteriorating cholera situation across the country and cases escalating significantly, UNICEF Malawi required an Emergency Programme Fund (EPF) loan (US\$ 2 million) to bridge the funding needs for the response while in anticipation of other resources to be mobilized. UNICEF still has a funding gap of **89 per cent**, with an urgent need for funding towards safe water supply and sanitation, health services, community engagement and awareness, health and hygiene in education facilities, and psychosocial support for children.

Situation Overview and Humanitarian Needs

As of 12 February, there are 42,427 cases and 1,384 deaths cumulatively, with a CFR of 3.26 per cent. During the week, 27 districts reported 3,861 cases, including 130 deaths, with a CFR of 3.37 per cent. There was a 22 per cent decrease in cases and a 19 per cent decrease in fatalities in the reporting week compared to the previous week, which may correspond to the surge in multisectoral interventions by the government and partners, especially in high-burden districts like Lilongwe, Blantyre, and Mangochi. However, the pattern of the downward trend cannot be determined at this point, with new districts like Balaka showing an increase in cases.

The three districts which are most affected are Mangochi (7,562 cases and 121 deaths), Lilongwe (7,129 cases and 418 deaths), and Blantyre (6,143 cases and 186 deaths). The table-1 below provides the cases and deaths in the high-burden districts and the increasing trend in 2023.

Eighty per cent of mortalities are at CTUs and are attributed to delays in seeking care and challenges in accessing facilities. With limited trained healthcare workers in the CTUs for case management and few Oral Rehydration Points (ORPs) in the community to treat mild cases, the CFR remains very high.



Malawi Cholera Cases Distribution Map

Reference: 31st January 2023 from the PHIM Situation Report

³ Ministry of Health's press statement on Cholera update as of 12 February 2023.

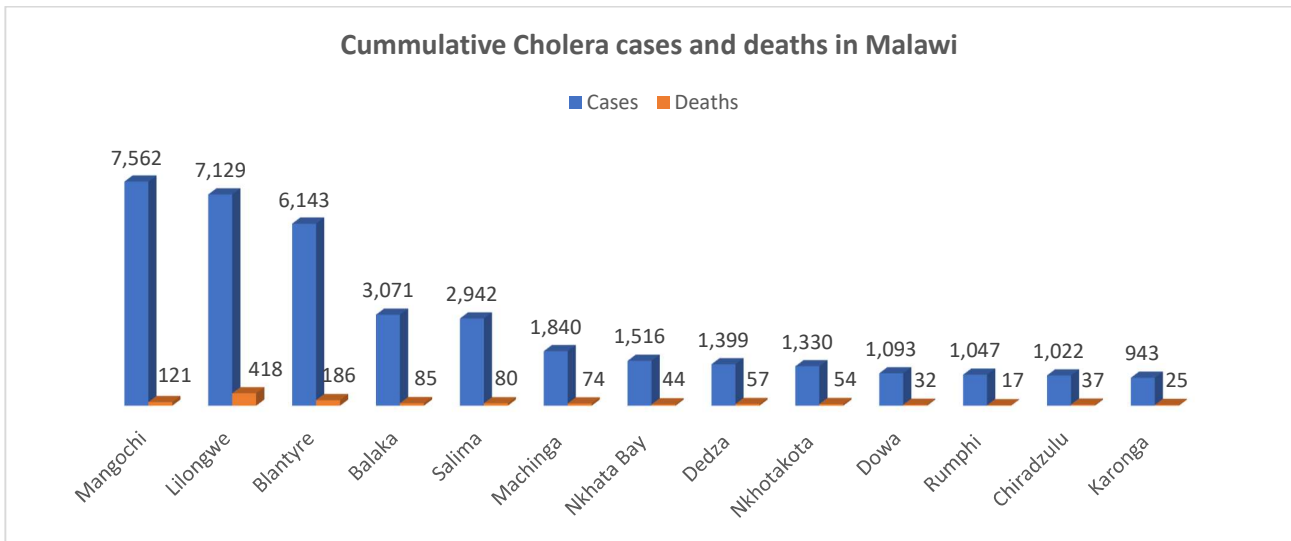
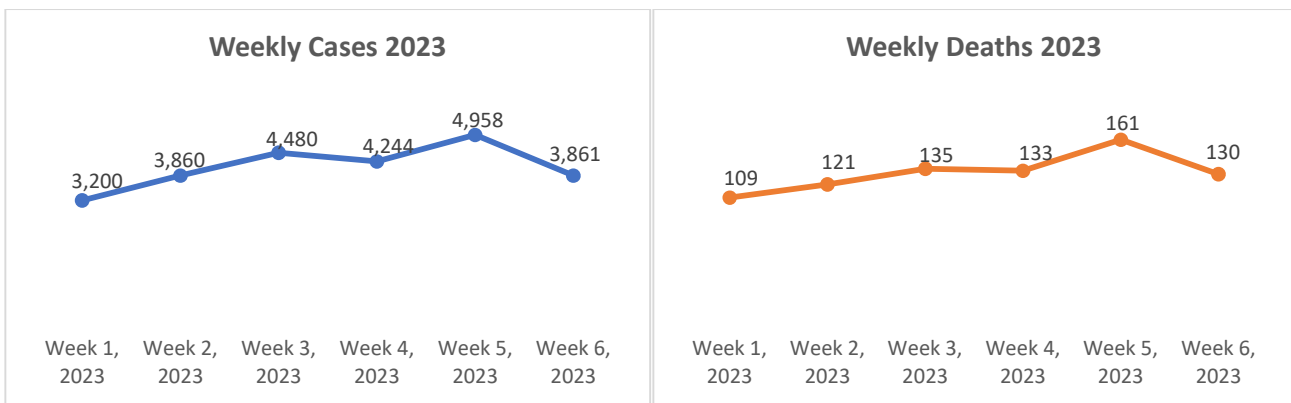


Table 1: Cases and deaths from high-risk districts.



SUMMARY ANALYSIS OF PROGRAMME RESPONSE

WASH

Case Area Targeted Interventions (CATI) rollout continued during the reporting week. In the Nkhata Bay district, 400 people from 80 households received WASH supplies packages (one bucket with lid and tap, five tablets of soap, one chlorine solution drum, and five sachets of Oral Rehydration Solution). More than 1,200 people were reached with the hygiene messages, and all 13 previously cholera-affected villages in Nkhata Bay did not report any new cases after CATI interventions in previous weeks.

A rapid water quality assessment covering 106 water points, including Lilongwe Water Board (LWB) taps, shallow wells, boreholes, and stored drinking water, was completed in Lilongwe (areas 36, 23, 24, 25, Mtandire, Mtsiriza, Likuni, Chinsapo, Mgona, Kauma, Mwenera, Senti). Preliminary results show that all taps from LWB had adequate levels of free residual chlorine (FRC) but that 95% of shallow wells and 70% of boreholes tested positive for faecal contamination. Based on the results of this assessment, efforts are underway to ensure that households in cholera hotspots have access to chlorinated water for drinking, washing dishes, and cooking, either through point-of-source chlorination or pot-to-pot chlorination.

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

Almost fifteen thousand (14,817) people were reached through preventive cholera messages through household visits by the radio listeners group and youth volunteers. The critical contents discussed with the community members through household visits were the importance of drinking safe water, using clean latrines/toilets, using Oral Rehydration Solution (ORS), and needing to visit health facilities.

Community dialogue was organized in Pfupa villages of Nthache Traditional Authority (TA) from Mwanza district in collaboration with the Center for Development Communication (CDC) and the District Health Office to encourage pregnant women to use proper water and sanitation.

Through an ongoing partnership with Norwegian Church Aid (NCA), UNICEF conducted a round table discussion with general secretaries of four religious denominations to develop the religious-leaders engagement action plan. UNICEF and religious leaders agreed to intensively engage with their congregations in promoting health-seeking behaviours, use of ORS, and hygiene practices in the hotspot districts.

As a part of collective services, UNICEF, jointly with the International Federation of Red Cross (IFRC) and WHO, participated in the “common feedback training” organized by the Health Education Services Unit of the Ministry of Health. The training discussed having one feedback tool, joint analysis and review, sharing updated information with the partners and clusters, and ensuring community concerns are addressed through clusters and humanitarian agencies.

Altogether, 5,839 people from Salima, Nkhatabay, Mwanza, Nsanje, and Chikwawa expressed concerns over the availability of chlorine and Health Surveillance Assistants (HSAs) needing to provide the required information related to chlorine. One hundred twenty-five people from Govati Village in Mwanza district provided feedback that they have been using shallow tube wells and rainwater for the last three months as they have only one borehole with a limited water supply. Water is being used untreated as there is no chlorine for treating the contaminated water. UNICEF coordinates with the District Health Offices for improved chlorine distribution in the above areas.

HEALTH

To establish a CTU, UNICEF provided four high-performance tents, including two in Balaka, one in Machinga, and one in Area 18 of the Lilongwe district. Other supplies like two Acute Watery Diarrhea (AWD) kits, different sizes 190 cannulas, 20 packs (10x10) 100 mg Doxycycline, 100 packs of Erythromycin and other infection, prevention and control (IPC) supplies like 121 boots, 200 bars soap, 180 boxes gloves, 50 body bags, 1000 gowns, 20 garbage bins, 100 plates plastic were also provided to affected districts, as per MoH requests.

For quality case management in CTUs, UNICEF trained 288 nurses to support quality cholera treatment and ensure Infection Prevention Control (IPC) in all the CTUs of the country.

NUTRITION

Cholera-nutrition messages were shared with nutrition partners (Farmer’s Union, The Hunger Project, and Afikepo) for integration into ongoing nutrition community engagement activities in the following targeted districts; Karonga, Chitipa, Mzimba, Nkhatabay, Nkhotakota, Salima, Kasungu, Mulanje, Thyolo Chiradzulu, Nsanje Phalombe, and Blantyre. UNICEF has engaged graphic communication designers and a development broadcasting unit to produce targeted cholera-nutrition radio jingles and design cholera-nutrition posters, respectively. The products are expected to be ready by the 24th of February.

UNICEF participated in a joint field visit to Mangochi and Machinga to monitor cholera response activities and identified gaps in the management of infants with no option of being breastfed and in the treatment of severe and acutely malnourished (SAM) children with cholera due to inadequate screening and knowledge in the management of such cases. To overcome the above gaps, UNICEF plans to train health workers on infant and young child feeding and managing SAM in cholera.

EDUCATION

UNICEF WASH and Education sections have supported the distribution of 24,923 (175 grams) of hand washing soap and 8,685 buckets of 20 litres to 400 schools located in 22 cholera-affect districts and cholera hotspot communities to ensure that there is reinforced handwashing at critical times as per cholera Standard Operating Procedures for schools that were developed by the Ministry of Education (MoE) and have since been disseminated to all schools.

As of 2nd February, 511 learners and ten teachers across Malawi had been affected by cholera, with 35 fatalities⁴. UNICEF continues to support the MoE in providing education in emergency supplies to schools to ensure continuity of learning in humanitarian situations. At least US\$ 100,000 will be used to kick start

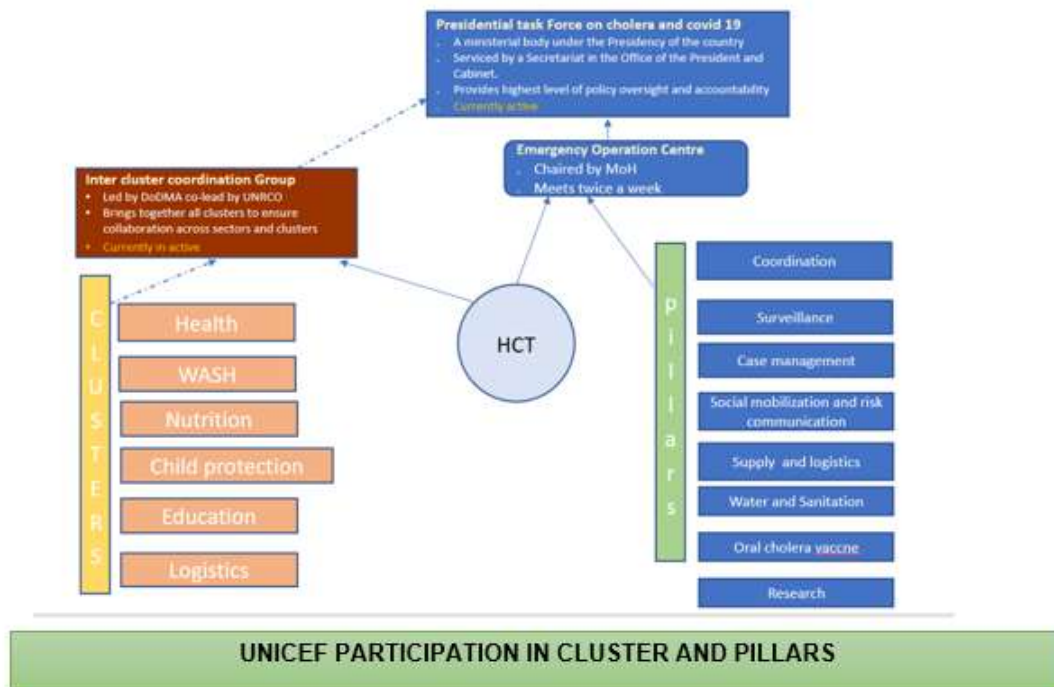
⁴ Education Cluster meeting update from the partners.

Education’s Cholera response plan in collaboration with the Ministry of Education and Malawi Red Cross in the coming weeks. UNICEF Education section is also providing technical support to WFP for the rehabilitation of boreholes in the schools to strengthen cholera WASH intervention, and more details will be share in coming weeks.

HUMANITARIAN LEADERSHIP, COORDINATION, and STRATEGY

The Presidential Task Force on COVID-19 and Cholera coordinate the response to the cholera outbreak at a high level. As cluster co-lead agency for Education, Nutrition, WASH, RCCE, and Child Protection Clusters, UNICEF actively participated in all weekly cluster meetings. Also, the Health, WASH, and SBC team of UNICEF regularly participate in National Incident Management Team (IMT) meetings organized by the Ministry of Health. The frequency of IMT meetings is bi-weekly (every Tuesday and Friday)

On 6th February, a Joint WHO-UNICEF visit was conducted to the newly constructed CTU in area 25 (Lilongwe), which expands case management capacities in one of the worst affected districts. As a follow-up, UNICEF supports the WASH infrastructure, the maternity/pediatric wards of the CTU, and the deployment of COVID-19 repurposed staff to support case management in the CTU.



EXTERNAL RELATIONS AND PUBLIC ADVOCACY

During the reporting period, UNICEF continued to post cholera-related messages on all digital channels, including U-Report channels. These posts reached about 641,319 during the reporting week and generated 2,000 online engagements. UNICEF also published a story on the challenges of providing quality care to cholera patients at cholera treatment units: [Racing against time to save cholera patients](#). In addition, six pieces on UNICEF and its partner’s work on cholera were published during the reporting week.

UNICEF continues to broadcast cholera awareness and prevention messages through Malawi Broadcasting Corporation’s Development Broadcasting Unit, on three national and nine community radios, reaching audiences in the most affected districts. The radio broadcasts include jingles and drama spots in Chichewa and Tumbuka languages, focusing on cholera signs and symptoms, treatment, and prevention measures. UNICEF also broadcast two TV cholera prevention messages on three national TV stations, which feature community influencers.

Link to story

Here’s the link to pictures <https://weshare.unicef.org/Share/80by0r531t753v85om4h303v8y06ojOf>

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

Issue 1, Jan: [Malawi Humanitarian Flash Update - 2023.01.03.pdf](#)

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

Issue 5, Jan: [Malawi Humanitarian Flash Update 5 – 2023.01.30.pdf](#)

Issue 6, Feb: [Malawi Humanitarian Flash Update 6 – 2023.02.06.pdf](#)

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Annex A Funding Status (in USD)

Funding Requirements as Per the UNICEF Country Response Plan cholera 2023					
Appeal Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received	Other resources used	US\$	%
Health	\$8,880,128	\$585,411	\$279,252	\$8,015,465	90%
WASH	\$8,222,500	\$731,616	\$0	\$7,490,884	91%
Nutrition	\$3,590,500	\$0	\$538,000	\$3,052,500	85%
Education	\$759,000	\$0	\$100,000	\$659,000	87%
SBC	\$2,415,000	\$338,000	\$96,000	\$1,981,000	82%
Child Protection	\$716,000	\$0	\$0	\$716,000	100%
Coordination	\$1,000,000	\$278,331	\$0	\$721,669	72%
Communication	\$250,000	\$0	\$0	\$250,000	100%
Total	\$25,833,128	\$1,933,358	\$1,013,252	\$22,886,518	89%

Annex B

Summary of Programme Results⁵ (Target as per UNICEF Cholera Response plan, Jan-June 2023)

UNICEF and IPs Response			
Sector	2023 target	Total results	% Achieved
HEALTH			
#Children and adults treated in cholera treatment units with UNICEF support	28,000	2500	9%
#Healthcare workers oriented on infection prevention and control	600	288	48%
WASHFIT			
# of people vaccinated with OCV	200,000	0	0%
SBC			
#Local actors participating in engagement actions	8,000	793	10%
#No 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)	3,000,000	1,000,000	33%
#No of people directly reached with health, hygiene, or risk communication activities on cholera prevention and treatment, involving a 2-way dialogue	1,000,000	88,277	9%
#No of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	50,000	15,921	32%
WASH			
#No of people accessing safe water through emergency household water treatment	3,100,000	846,865	27%
#No o healthcare facilities supported in applying IPC protocols	197	197	100%
#Learning institutions (primary schools, CBCC) facilities supported to apply of IPC protocols	1,000	89	9%
#No of water sources rehabilitated and disinfected	1,000	30	3%
#No of water sources sampled to assess water quality	1,000	30	3%
#No of people sensitized on key hygiene practices (hand washing with soap, water handling, and proper latrine use)	3,100,000	847,255	27%
EDUCATION			
#No of schools supported to implement of safe school protocols (IPC) through the provision of soap and buckets	400	230	57%
#No of schools reached with hygiene awareness campaigns in schools and surrounding communities	400	0	0%
# No of schools provided with hygiene-related IEC materials and messages for schools	400	0	0%
#No of teachers trained on infection prevention, cholera response, and management at the school level	800	0	0%
NUTRITION			
# No of children aged 6 to 59 months in cholera hotspots with SAM who are admitted for treatment	1,865	52	3%
# No of children 6 to 59 months are screened for malnutrition in the targeted districts	125,000	5,302	4%
#No of people who received zinc supplements	70,000	0	0%
#No of primary caregivers of children aged 0 to 23 months who received IYCF counselling	35,700	1,177	3%
CHILD PROTECTION			
# No of children, parents, and primary caregivers provided with community-based mental health and psychosocial support	8,000	1,219	15%
#No of people reached through GBV/CP/behavioural change community awareness activities to promote access to services to respond to incidents of GBV/CP	10,00	2,512	25%
#No of victims of violence and neglect receive appropriate protection services	4,000	600	15%
#No of children without parental or family care provided with appropriate alternative care arrangements	50	0	0%

⁵ All the indicators and targets are revised as per revised cholera response plan (Jan-June 2023)