



A health worker attending a child recovering from cholera. © UNICEF Malawi/2023/Homeline Media

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MALAWI CHOLERA FLASH Update 09

27 February 2023 (updates of 20 to 26 February 2023)

Highlights

- As of February 26th, 48,815 cholera cases and 1,547¹ deaths have been registered in Malawi. 12,293 children's cases and 203 deaths among children were reported cumulatively as of February 19th, 2023.
- 3,031 new cases and 79 new deaths were reported during the reporting week. There were 3204 cases and 84 deaths in the previous week. In terms of children, there were 251 new cases and six deaths compared to the previous week's update.
- The cumulative Case Fatality Rate (CFR) stands at 3.17 per cent, with the highest CFR of 5.17 per cent in Lilongwe and the lowest CFR in the Mzimba North District at 0.42 per cent.
- UNICEF distributed WASH supplies, including plastic buckets, soap, water purification tablets, mobile plastic latrines, and chlorine bleaching powder, reaching 4,000 people at the Malawi-Zambian Border.
- UNICEF prioritized six districts based on consistently high caseload and mortality, and their names are Lilongwe, Mangochi, Blantyre, Balaka, Salima, and Machinga, for more coordinated support.

Funding Overview and Partnerships

The funding status remained unchanged from the previous week; however, funding is expected from the Global Humanitarian Thematic in the coming week. UNICEF requires almost US\$ 25.8 million to sustain lifesaving services for women and children in Malawi. To date, UNICEF has **US\$ 2,946,610 (11² per cent)** available for the response:

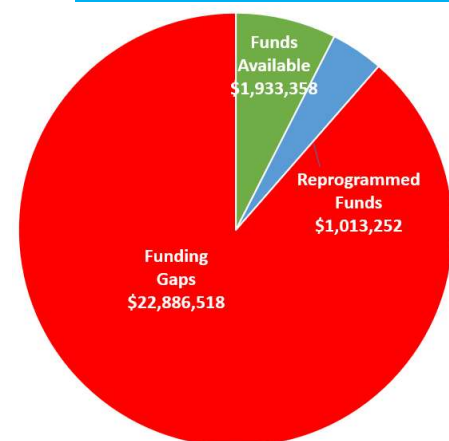
- European Civil Protection and Humanitarian Aid Operation (ECHO): US\$ 538,031
- Central Emergency Response Fund (CERF): US\$ 695,327
- UNICEF Global Humanitarian Response Fund (GHTRF): US\$ 500,000
- Embassy of Korea: US\$ 200,000.
- To bridge the funding gap, UNICEF's regular programme resources (reprogrammed):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

The situation in Numbers (Cumulative)

18 million people at risk of contracting cholera, including more than 9 million children

- 48,815 Cases
- 1,547 Deaths
- 3.21% Case Fatality Rate (CFR)
- 12,293 Children Cases
- 203 Children Deaths
- 29 Districts Affected

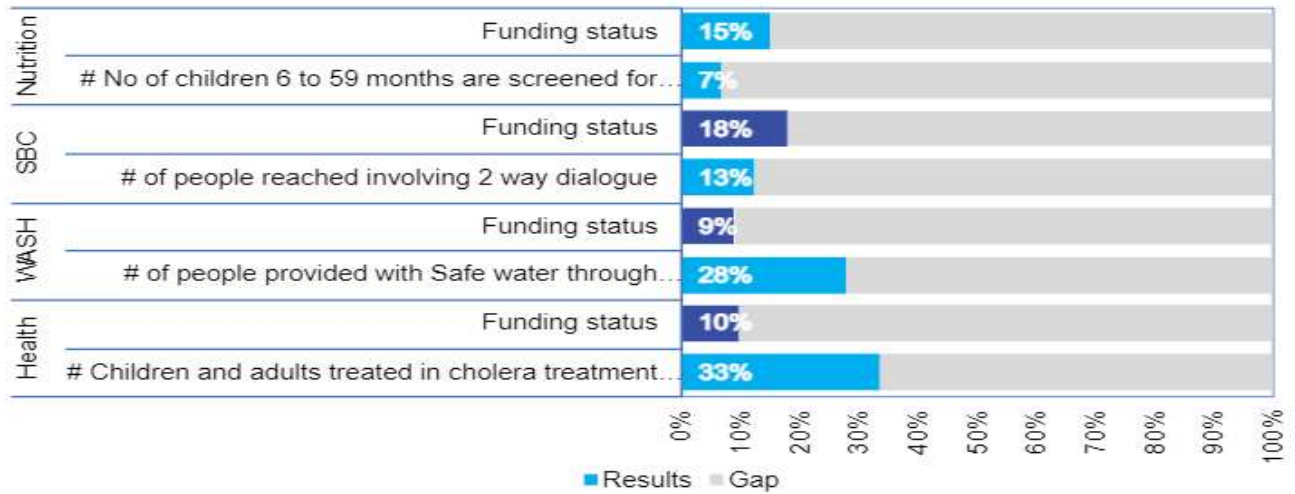
Source: Ministry of Health's press statement on Cholera update as of 26th February 2023.



¹ Ministry of Health's press statement on cholera update as of 26 February 2023.

² The funding status remain unchanged compared to previous update.

Summary of UNICEF Results and Funding

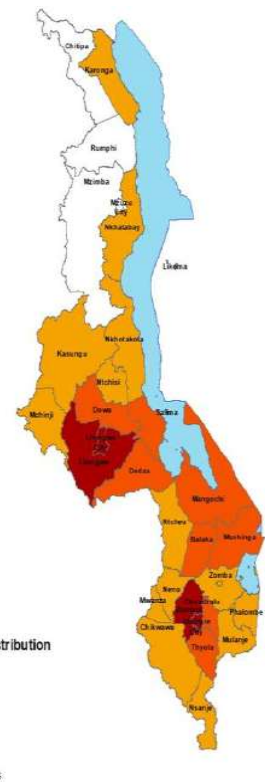
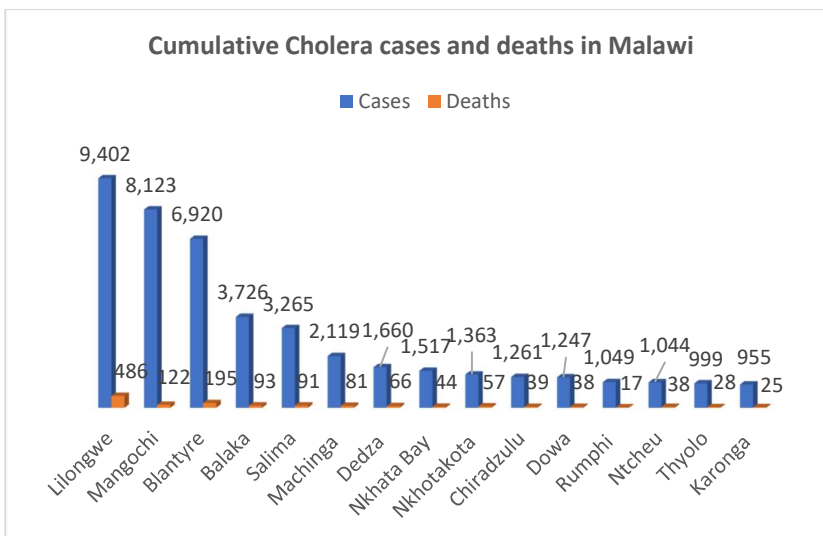


Due to the rapidly deteriorating cholera situation across the country and cases escalating significantly during December and January, UNICEF Malawi required an Emergency Programme Fund (EPF) loan (US\$ 2 million) to bridge the funding needs for the response while in anticipation of other resources to be mobilized. UNICEF still has a funding gap of **89 per cent**, with an urgent need for 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 February 26th, there are 48,815 cases and 1,547 deaths cumulatively, with a CFR of 3.17 per cent. During the week, 26 districts reported 3,031 cases, including 79 deaths, with a CFR of 2.61 per cent. There was a ten per cent decrease in cases and a six per cent decrease in fatalities in the reporting week compared to the previous week, which may correspond to the surge in interventions by the Government and partners, especially in high-burden districts like Lilongwe, Blantyre, and Mangochi. However, the increasing or decreasing trend pattern cannot be conclusive at this point.

The table below provides the cases and deaths in the high-burden districts and the increasing trend in 2023 (source: Ministry of Health's press statement on Cholera update as of 26 February 2023)



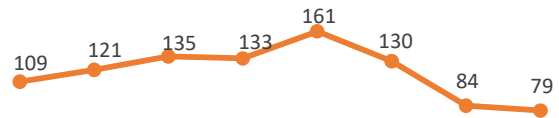
Malawi Cholera Cases Distribution Map
Reference: 12 February 2023 from the PHIM Situation Report

Weekly Cases 2023



Week1, Week2, Week3, Week4, Week5, Week6, Week7, Week8, 2023 2023 2023 2023 2023 2023 2023 2023

Weekly Deaths 2023



Week1, Week2, Week3, Week4, Week5, Week6, Week7, Week8, 2023 2023 2023 2023 2023 2023 2023 2023

The top six districts which are most affected are Lilongwe (9,402 cases and 486 deaths), Mangochi (8,123 cases and 122 deaths), Blantyre (6,920 cases and 195 deaths), Balaka (3,726 cases and 93 deaths), Salima (3,265 cases and 91 deaths) and Machinga (2,119 cases and 81 deaths). The table below provides the weekly status of Cases and fatalities for the last eight weeks for the six districts prioritized by UNICEF for more coordinated support.

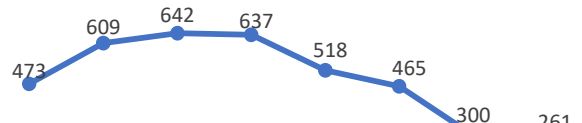
Lilongwe Weekly Cases and Deaths 2023



Week1, Week2, Week3, Week4, Week5, Week6, Week7, Week8, 2023 2023 2023 2023 2023 2023 2023 2023

— Cases — Deaths

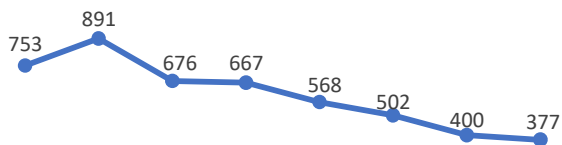
Mangochi Weekly Cases and Deaths 2023



Week1, Week2, Week3, Week4, Week5, Week6, Week7, Week8, 2023 2023 2023 2023 2023 2023 2023 2023

— Cases — Deaths

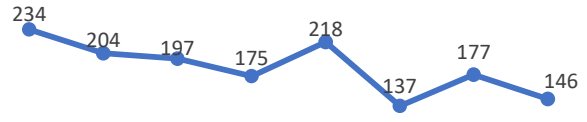
Blantyre Weekly Cases and Deaths 2023



Week1, Week2, Week3, Week4, Week5, Week6, Week7, Week8, 2023 2023 2023 2023 2023 2023 2023 2023

— Cases — Deaths

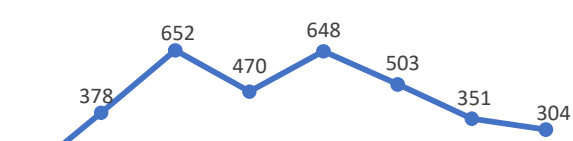
Salima Weekly Cases and Deaths 2023



Week1, Week2, Week3, Week4, Week5, Week6, Week7, Week8, 2023 2023 2023 2023 2023 2023 2023 2023

— Cases — Deaths

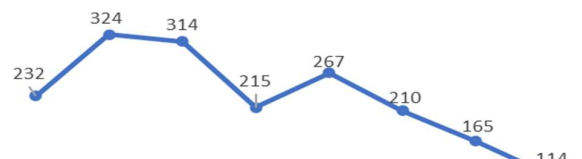
Balaka Weekly Cases and Deaths 2023



Week1, Week2, Week3, Week4, Week5, Week6, Week7, Week8, 2023 2023 2023 2023 2023 2023 2023 2023

— Cases — Deaths

Machinga Weekly Cases and Deaths 2023



Week1, Week2, Week3, Week4, Week5, Week6, Week7, Week8, 2023 2023 2023 2023 2023 2023 2023 2023

— Cases — Deaths

With the potential threat of flash floods in the country, mainly over low-lying and flood-prone areas, the cholera cases might increase following the floods as the health system is already compromised, and there will be a massive toll on water infrastructure. Around four thousand people are being displaced and staying in a camp in Nsanje and Chikwawa districts, and efforts will be made to provide WASH supplies to minimize the spread of faecal oral transmission.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

WASH

In collaboration with Red Cross, UNICEF provided WASH Supplies for cholera prevention to an estimated 4,000 people close to Mchinji to intensify cross-border cholera mitigation interventions during an annual cultural weeklong event, where thousands of people from Malawi moved to Zambia. The supplies included: 70 units of plastic 60-liter buckets for hand washing; 2,000 tablets of soap; 80,000 water purification tablets; 10 sets of mobile plastic latrines; 2 drums of chlorine bleaching powder (45kg drums).

UNICEF continued to support community engagement activities in the five districts through partners and reached an additional 300,000 people with WASH messaging especially related to hand washing with soap, proper latrine use, and safe handling of drinking water. In addition, sensitization messages are also delivered when supplies such as soap and chlorine are distributed.

Two additional boreholes were rehabilitated in the Nkhata Bay districts, reaching a total of 500 people, and four more will be rehabilitated in the coming week. Water quality testing covered 21 samples at the source and 71 samples at the point of use in the Mzimba districts. Ninety-five per cent of water samples were bacteriologically contaminated, and pot-to-pot chlorination was immediately undertaken for all these households. Eighteen borehole water sources (85%) were contaminated, and disinfection of all the sources was undertaken using the “shock chlorination” method. House-to-house support for pot-to-pot chlorination continued and reached 9,229 people in 11 affected villages of the Nkatabay district.

While continuing with immediate lifesaving interventions, UNICEF has also embarked on the longer-term intervention of providing improved sanitation facilities in 11 schools and one healthcare facility from seven cholera hotspot districts (Salima, Mangochi, Chikwawa, Nkhata bay, Nkotakota, Rumphi, and Karonga). The construction is started and is expected to complete by June 2023.

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

UNICEF supported the printing of Information, Education, and Communication (IEC) material, including; 200,000 brochures, 200,000 posters, and 20,000 cholera booklets, with cholera preventive content to support the “Tithetse Kolera” campaign. The Ministry is in the process of distribution, and it will be used by the Health Surveillance Assistants (HSAs), volunteers, and social mobilisers for awareness generation and interpersonal communication (IPC). UNICEF and the health section support the mobilization of more than 9,000 volunteers and social mobilisers to support the door-to-door interventions to reach out to families and households with cholera messages. The pot-to-pot chlorination is expected to cover 49,000 villages across 29 districts.

In collaboration with WHO, MRC, and other partners, UNICEF supported Health Education Services, the Ministry of Health. To develop the Community feedback tool, which is being used by the Government and partners involved with emergency response. Altogether nine partners organization were involved in the development of tools and agreed to use the tool for collecting feedback related to Cholera and other emergency response.

Seven hundred twenty radio listener group members from Salima, Karonga, Mwanza, Chikwawa, Nsanje, and Nkotakhota districts supported community mobilization and reached 20,239 people with cholera preventive messages.

Altogether 386 community feedback was collected from six traditional authorities of the Mwanza, Chikwawa, and Nsanje districts. Forty-six people from Govati Village of Govati Traditional authorities from Mwanza district requested the oral cholera vaccine, and 56 people from Kalanga village of the same traditional authorities demanded food, safe water, and chlorine to prevent themselves from Cholera. Other feedback

included requesting skills to make toilets and a more sensitization program for people to adopt preventive behaviours.

HEALTH

In collaboration with the Ministry of Health and partners (WHO, Save the Children, MSF), UNICEF conducted a Standard Operating Procedure (SOP) development workshop on the establishment and operationalization of Cholera Treatment Centers/Units (CTC/CTUs) from 21 to 23 February. Altogether, 38 district-level participants from all 29 districts trained, and they will support the quality assurance at CTU/CTC in their respective districts.

In collaboration with MOH, one-day CTC/CTU monitoring and assessment training was conducted on 24th February. The CTC/CTU monitoring will be conducted through ODK (open data kit) tools by 30 medicine college staff supported by UNICEF. The team was dispatched to seven high-mortality districts; Blantyre, Lilongwe, Balaka, Mangochi, Salima, Machinga, and Dedza.

Through the Ministry of Health and Ministry of Local Government, Unity, and Culture, with financial support from UNICEF, the Malawi government has planned to conduct an integrated nationwide Cholera and COVID-19 campaign for 12 days starting from 2nd March 2023 in all 29 districts expected to target all households of 49,000 villages across 29 districts. This important activity aligns with the guidance from the Presidential Task Force on COVID-19 in the light of the “Tithetse Koleru Malawi” campaign, launched by the President, His Excellency Dr. Lazarus McCarthy Chakwera, on 13th February 2023. UNICEF is supporting this activity and organizing a series of orientations for all District Environmental Health Officers (DEHOs) from 25 to 26 February.

NUTRITION

UNICEF, in collaboration with MSF, and Save the Children International (SCI), supported the Ministry of Health (MoH) to develop SOPs for the establishment of CTCs (cholera treatment centres) in Malawi. Nutrition has been integrated into the SOPs, including additional human resources, space for nutrition screening and counselling, safe space for breastfeeding, and preparation of safe and nutritious diets. Finalisation and operationalization of the SOPs are expected in the coming week.

UNICEF conducted a joint visit with the nutrition coordinator, and the Assistant Environmental Health Officer (AEHO) visited facilities, namely, Tenthara CTC, Tumbwe Oral Rehydration Point (ORP), Kamuzu Central Hospital (KCH) children cholera isolation wing in Lilongwe. The following were the key challenges and proposed mitigation measures:

- Breastfeeding children separated from mothers – engaged nurses trained in Baby-Friendly Hospital Initiative (BFHI) to strengthen Infant and Young Child Feeding (IYCF) counselling as a follow-up action.
- Zinc was not available at CTCs- Guided the CTC managers to collaborate with the pharmacist and ensure zinc was available and used as part of the cholera case management protocol.
- The team also advocated strengthening nutrition activities, including screening and feeding patients and guardians in the CTCs/CTUs.

Messages to promote IYCF in the context of Cholera have been integrated into existing community-based platforms (e.g., care groups) and are being disseminated through radio in four Afikepo project implementing districts (Mzimba North, Mzimba South, Nkhata-Bay, Salima).

Education & Adolescent Development and Participation

The Education & Adolescent Development and Participation (EADP) has initiated the procurement of over US\$ 40,000 in WASH-related supplies, soaps, and buckets for 50 medium-sized schools, which will be distributed to schools through partnership and collaboration with the Malawi Red Cross Society. Five hundred fifteen learners and 36 fatalities have been affected by Cholera, including four children cases and one fatality in reporting weeks.

The Ministry of Education, USAID, and UNICEF developed and submitted the USAID funding proposal of over US\$ 238,000 for education cholera response and approved it, and the fund is expected in the coming weeks.

CHILD PROTECTION

UNICEF provided mental health and psychosocial support to 437 people (153 male, 276 female, including three boys and five girls) affected by Cholera in Blantyre, Mchinji, Lilongwe, and Salima districts. In addition, 237 boys and 349 girls in children's corners in these districts were reached with cholera and violence prevention messages. A total of 201 (101 male, 100 female) victims of violence were supported in the four districts. Three children (one boy and two girls) of cholera patients were placed in alternative care arrangements.

HUMANITARIAN LEADERSHIP, COORDINATION, and STRATEGY

A joint multidisciplinary section visit representing WASH, Health, Nutrition, Emergency, SBC, and Supply was conducted from 22 to 24 February to Blantyre district. The team developed an action point to address the gaps observed during the field visit and did a weekly follow-up on the key actions.

The Risk Communication and Community Engagement sub-committee meeting was held on the 20th and 23rd of February 2023 to discuss the RCCE activities implemented by the partners and agree on the modalities of support by various agencies for the "Tithetse Kolera" campaign.

Ministry of Education chaired the weekly education cluster meeting on 21 February 2023, co-chaired by UNICEF and Save the Children. The discussion focused on partner mapping (5Ws) and coordination in responding to cholera prevention and control in schools, especially those most vulnerable to ongoing flash floods. The target is 129 schools with 45,478+, including 350 children with disability across 13 districts.

During last week's IMT, the shortage of ORS kits (ORS+Zn) was highlighted by the supply and logistics pillar, and Ministry requested partners to collaborate with them for needful action; UNICEF is also prioritizing resources to procure ORS. UNICEF is advocating with Government pharmacists/CTC managers to release the ZINC and ORS to make them available to patients in CTU.

UNICEF, as a co-led, attended the WASH cluster coordination meeting on Wednesday (22 February 2023). High-load CTC located in area 18 highlighted the need for WASH supplies, including emergency latrines. MSF provided ten sets of emergency latrines along with soap and chorine, which was received from UNICEF last month and kept for such emerging needs.

Four nutrition consultants' field monitoring teams participated in District Rapid Response Team (DRRT) meetings in four districts and ensured nutrition activities were integrated into the cholera joint supervision missions.

The supply section attends weekly Logistic cluster meetings and IMT (Logistics pillar); there is accelerated supply dispatch and release response due to UNICEF advocacy in these meetings.

SUPPLIES

During the reporting week, WASH supplies of US\$ 8,763.72 were dispatched to the Mchinji district to support cross-border cholera mitigation interventions during an annual cultural weeklong event. Some of the main supplies dispatched to the district include 40 bacteriological field-testing kits, 50 buckets with lid and tap (60 litres each), two chlorine bleaching powder drums (45 kg each), 20 tarpaulins (each 4 meters*5 meter size), 2,000 tablets of soaps, ten latrine superstructures with 20 squatting plates and pans, 50 female sanitary pads, 20 buckets with lid and tap (50 litres each), five boxes (each box contains 16,000 tablets) of 67-milligram water purification tablets.

EXTERNAL RELATIONS AND PUBLIC ADVOCACY

During the reporting week, UNICEF Malawi's social media platforms continued publishing cholera-related content at least twice daily. In total, 28 posts were published, and these **reached 619,746 people** and generated **1,744 engagements**. UNICEF also published a story highlighting the ongoing misinformation and disinformation going around on Cholera titled [How tackling misinformation is key to cholera response success](#). As a result of the U-Report scale-up activities through the Development Communications Trust, 739 people triggered the U-Report Chat Bots to access information on cholera prevention, signs and symptoms, treatment, and vaccines. There was three media coverage during the reporting highlighting UNICEF's support to the Government on cholera response.

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](#)
 Issue 7, Feb: [Malawi Humanitarian Flash Update 7 – 2023.02.13.pdf](#)
 Issue 8, Feb: [Malawi Humanitarian Flash Update 8 – 2023.02.20.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	\$101,3252	\$22,886,518	89%

Annex B

Summary of Programme Results³ (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	36,000	12,053	33%
#Healthcare workers oriented on infection prevention and control, WASHFIT	600	600	100%
# of people vaccinated with OCV	200,000	0	0%
SBC			
#Local actors participating in engagement actions	8,000	1,513	19%
#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	125,201	13%
#No of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	50,000	17,093	34%
WASH			
#No of people accessing safe water through emergency household water treatment	3,100,000	876,095	28%
#No of healthcare facilities supported in applying IPC protocols	197	197	100%
#Learning institutions (primary schools, CBCC) facilities supported to apply of IPC protocols	1,000	112	11%
#No of water sources rehabilitated and disinfected	1,000	34	3%
#No water sources sampled to assess water quality	1,000	134	13%
#No of people sensitized on key hygiene practices (hand washing with Soap, water handling, and proper latrine use)	3,100,000	1,804,255	58%
EDUCATION			
#No of schools supported to implement of safe school protocols (IPC) through the provision of Soap and buckets	400	271	68%
#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	96	5%
# No of children 6 to 59 months are screened for malnutrition in the targeted districts	956,666	64,263	7%
#No of people who received zinc supplements	70,000	0	0%
#No primary caregivers of children aged 0 to 23 months who received IYCF counseling	353,835	46,910	13%
CHILD PROTECTION			
# No of children, parents, and primary caregivers provided with community-based mental health and psychosocial support	8,000	5,352	67%
#No of people reached through GBV/CP/behavioral change community awareness activities to promote access to services to respond to incidents of GBV/CP	10,000	2,512	25%
#No victims of violence and neglect receive appropriate protection services	4,000	825	8%
#No of children without parental or family care provided with appropriate alternative care arrangements	50	5	10%

³ All the indicators and targets are revised as per revised cholera response plan (Jan-June 2023)