



A health worker attending to a child with cholera at a cholera treatment centre in Lilongwe.

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Updates from 1 January to 15 March 2023

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## MALAWI

### Humanitarian Situation Report 01

#### HIGHLIGHTS

- As of 12 March 2023, Malawi has registered 53,226 cholera cases and 1,634 deaths<sup>1</sup>. As of 26 February 2023, 3,444 children's cases and 219 deaths among children have been reported cumulatively. The cumulative Case Fatality Rate (CFR) stands at 3.07 per cent, with the highest CFR of 4.76 per cent in Lilongwe and the lowest CFR in the Mzimba North District at 0.42 per cent.
- As of 15 March, as a result of floods and landslides caused by Cyclone Freddy in 11 districts in the southern region of Malawi, 326 people have lost their lives, 201 are missing, 796 have sustained various injuries, and 183,159 from 40,702 households have been displaced and seek shelter in 317 camps.
- Approximately 506,475 people, including 5,787 children under five, are affected by floods across 11 districts.
- Over 1.2 million people in 29 districts were provided safe water and infection prevention and control (IPC) supplies.
- Around 300 Cholera Treatment Units (CTUs) were provided essential cholera supplies, sanitation infrastructures, water supplies, and IPC supplies.
- Some 148,230 individuals (65,447 males and 82,783 females) received cholera messages through door-to-door interpersonal communication sessions.
- About 88,009 caregivers of children aged 0-23 months received counseling on Infant and Young Child Feeding (IYCF).
- 38,152 children (21,742 girls and 16,410 boys) in safe spaces (children's corners) were reached with messaging on cholera prevention and Gender-Based Violence in Emergencies (GBViE) and Protection from Sexual Exploitation and Abuse (PSEA).

#### FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF has appealed for US\$ 52.4 million to sustain lifesaving services addressing cholera, floods, and food insecurity for women and children in Malawi. Currently, UNICEF has US\$ 4,497,652 (9%) available for the response. UNICEF 2023 Humanitarian Action for Children had preliminarily identified a US\$13M requirement in response to floods. A revised figure for the UNICEF flood response plan will be available next week, reflecting the impact of Cyclone Freddy and based on the final number of people affected.

#### Situation in Malawi

(Cumulative)

##### CHOLERA

- 18 million people at risk of contracting cholera, including more than 9 million children
- 53,226 cases and 1,634 deaths
- 3.07% Case Fatality Rate (CFR)
- 12,042 children cholera cases and 197 deaths
- 29 districts affected

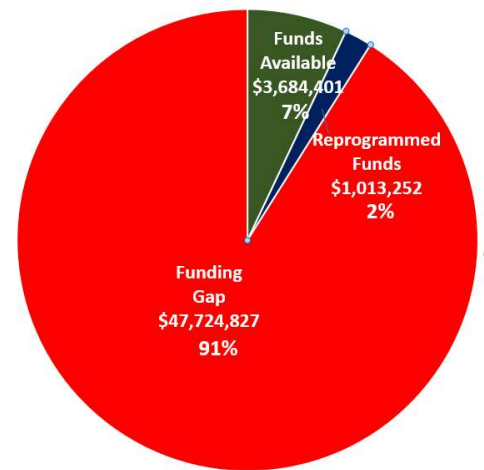
##### FLOODS

- 11 districts affected
- 506,475 people affected
- 326 deaths
- 183,159 people displaced

Source: Ministry of Health's press statement on Cholera update as of 12<sup>th</sup> March 2023, and Department of Disaster Management Affairs Situation Report as of 15 March 2023

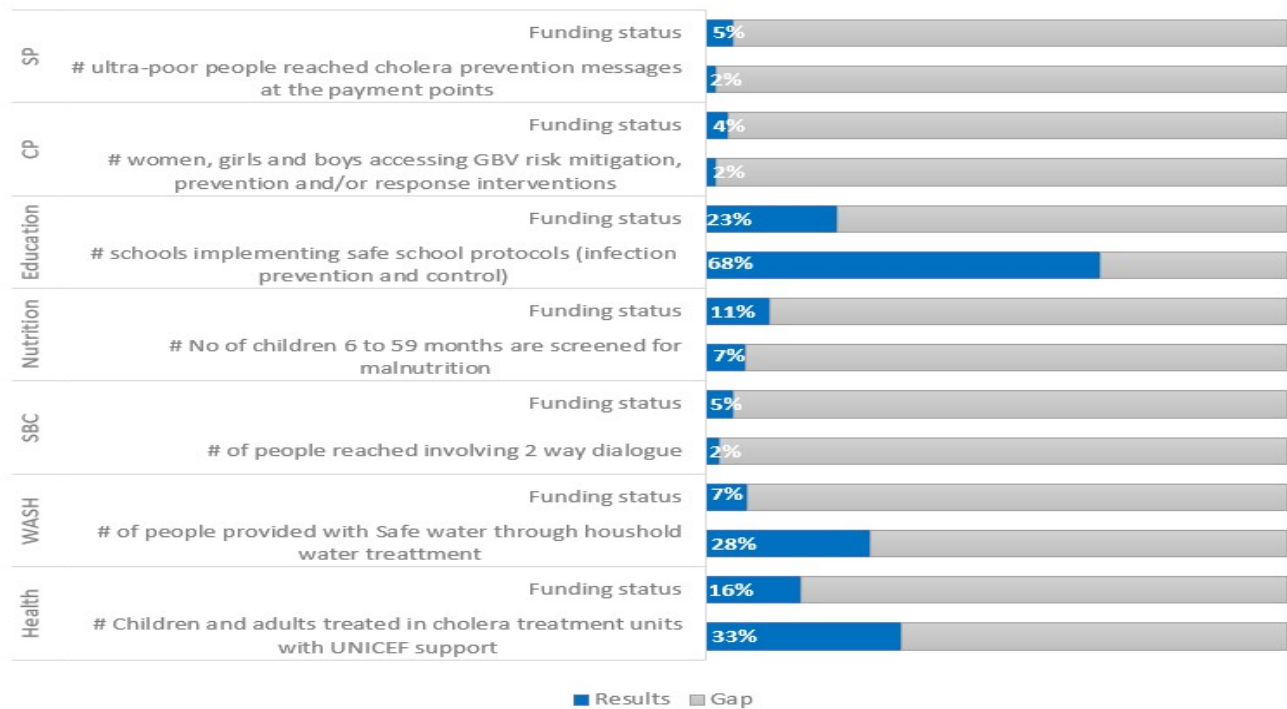
<sup>1</sup> Ministry of Health's press statement on cholera update as of 12<sup>th</sup> March 2023.

|   |                  |
|---|------------------|
| <b>Total</b>  | <b>4,661,652</b> |
| European Civil Protection and Humanitarian Aid Operation (ECHO)     | 539,073          |
| Central Emergency Response Fund (CERF)                              | 659,327          |
| Embassy of Korea  | 200,000          |
| BMGF  | 500,000          |
| US NetCom (LDSC)  | 450,000          |
| UNICEF Global Humanitarian Response Fund (GHRF)                     | 500,000          |
| UNICEF HATP   | 600,000          |
| United Kingdom Foreign, Commonwealth, and Development Office (FCDO) | 200,000          |
| UNICEF's Regular Programme Resource (reprogrammed)                  | 1,013,252        |



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 pending other resources to be mobilized. UNICEF remains with a funding gap of **91 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.

#### Summary of UNICEF Results and Funding



## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

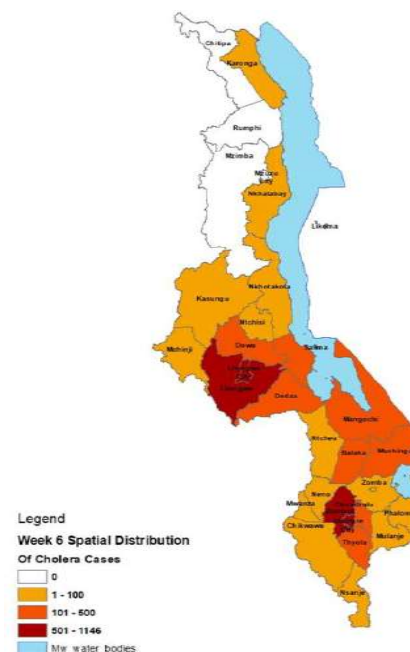
Malawi is facing multiple shocks, and 18 million people, including nine million children, may be affected by a widespread cholera outbreak, increased food and nutrition insecurity, and recurrent floods and cyclones.

### Cholera outbreak

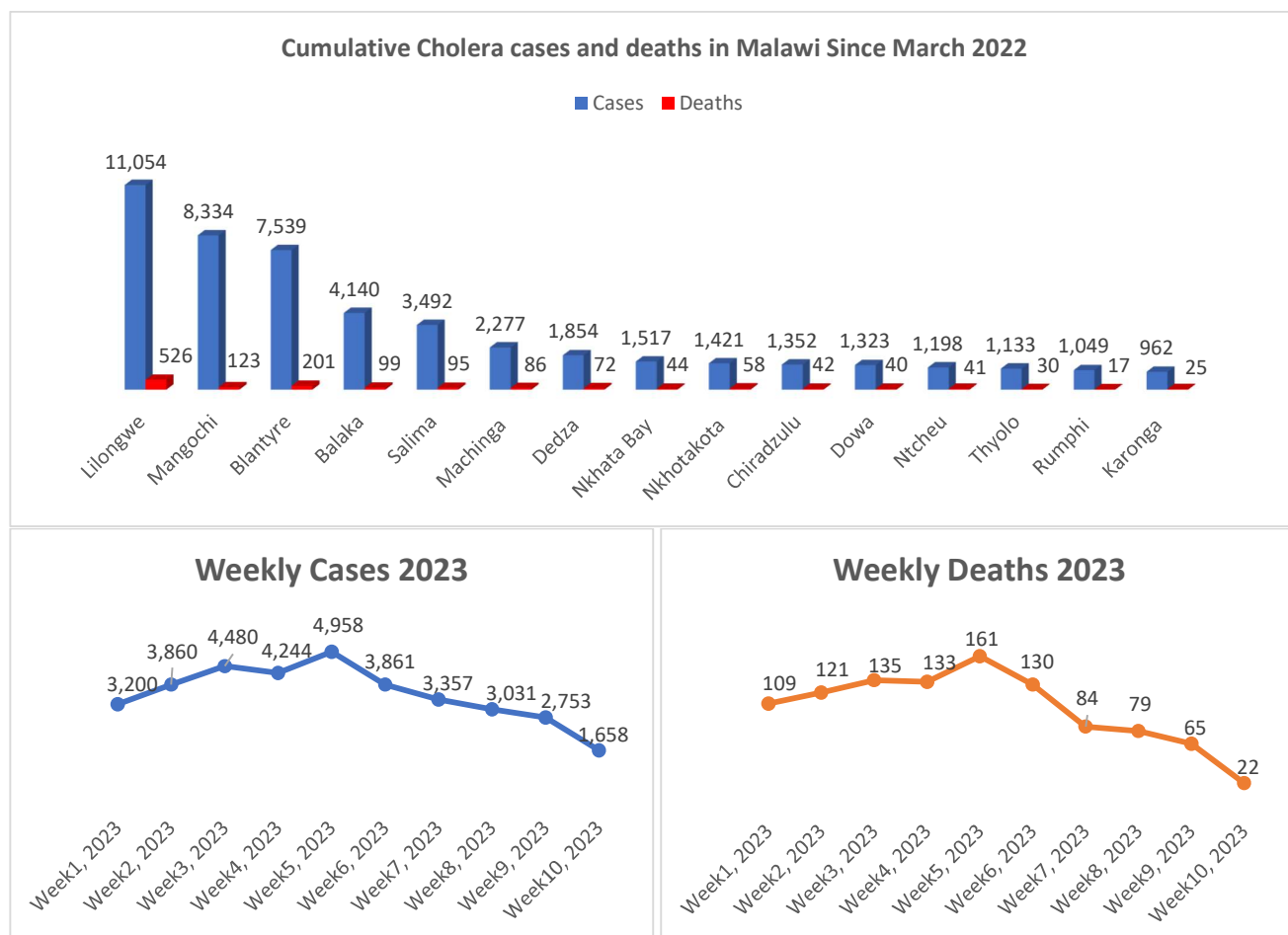
As of 12 March, there are 53,226 cholera cases and 1,634 deaths cumulatively, with a CFR of 3.07 per cent. The weekly statistics of the cases and deaths indicate a slight decrease in trend, which may relate to a surge in interventions by the Government and partners, especially in high-burden districts like Lilongwe, Blantyre, and Mangochi. However, the changing trend pattern cannot be conclusive at this point. With the recent Tropical Cyclone Freddy followed by flash floods and mudslides in the country, the situation might deteriorate.

The top six districts which are most affected are Lilongwe (11,054 cases and 526 deaths), Mangochi (8,334 cases and 123 deaths), Blantyre (7,539 cases and 201 deaths), Balaka (4,140 cases and 99 deaths), Salima (3,492 cases and 95 deaths) and Machinga (2,277 points and 86 deaths)<sup>2</sup>.

The table below provides the cumulative cases and deaths in the high-burden districts and the increasing trend in 2023 (source: Ministry of Health's press statement on Cholera updates as of 12 March 2023).



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



<sup>2</sup> Ministry of Health's press statement on cholera update as of 12<sup>th</sup> March 2023.

### ***Tropical Cyclone Freddy***

On 13 March, the President of Malawi declared a state of emergency in 11 districts of the southern region due to the devastating impact caused by Cyclone Freddy. A day earlier, the Ministry of Education had announced the suspension of all classes in those districts for two days and advised all students in boarding schools to stay indoors. A report from the Department of Disaster Management Affairs (DODMA) released on 15 March shows that 326 people have died, 796 sustained injuries, and 183,159 people have been displaced and are living in 319 congested camps. The national Search and Rescue (S&R) team, which includes the Malawi Defence Force, Malawi Police Service, the Marine Department, and Malawi Red Cross Society, is looking for victims and survivors in all affected districts. There is a risk of an increase in cholera cases as the health system is already weakened, and water infrastructure is damaged due to flooding and landslides.

### ***Food Security and Malnutrition***

The Malawi Vulnerability Assessment Committee, through the Integrated Phase Classification Analysis, estimated that 3.8 million people are affected by food insecurity and need humanitarian support in 21 out of 29 districts across the country due to low levels of food production, multiple shocks, including tropical cyclones, and the impact of inflation. Of this population, 3.2 million people live in rural areas, while 623,000 reside in urban settings (Blantyre, Zomba, Lilongwe, and Mzuzu). Children under five and pregnant and lactating women are the most vulnerable to the current shocks and have an increased risk of malnutrition. Some districts, such as Chikwawa, Machinga, Mulanje, Mwanza, Neno, and Phalombe, show high admission rates exceeding the annual targets. It is estimated that in 2023, 213,259 children under the age of 5 will experience wasting, including more than 62,000 who will likely be severely wasted.

## **SUMMARY ANALYSIS OF PROGRAMME RESPONSE**

### **WASH**

Over 1.2 million individuals across 29 districts in Malawi were provided with safe water, and infection prevention and control (IPC) supplies as part of the cholera response. 197 Cholera Treatment Units (CTUs) were equipped with sanitation facilities, water, and IPC supplies. WASH supplies were also distributed to 89 schools (27 in Lilongwe and 62 in Blantyre), benefiting approximately 200,000 learners, allowing them to safely return to schools temporarily closed due to the cholera outbreak. Training on Case Area Targeted Intervention (CATI) for cholera control was provided to 50 districts and facility Rapid Response Team (RRT) members across five districts, and 14 water schemes reaching 35,000 people were constructed. Additionally, WASH Non-Food Items (NFIs) and key hygiene messages were provided to 256,000 households across 32 communities in six districts.

Through its partner United Purpose, UNICEF rehabilitated two boreholes in the Luzi and Kamwe Health Facility Catchment Areas in Mzimba (north and south) district, benefiting 11,143 people (5,348 male and 5,795 female). The project also provided refresher training for Water Point Committee (WPC) members on borehole management, empowering 14 WPC members (nine male and five female).

In response to the current flooding and cholera situation, WASH partners funded by UNICEF have raised awareness for 657,000 people (301,648 male and 355,352 female) in Nsanje and Chikwawa districts through Gaka and Livingstonia radio stations, reaching a total of 1,750,000 people (857,500 male and 892,500 female) from Mzimba, Chitipa, Rumphi, Nkhatabay, Karonga, (part of) Kasungu, and Nkhotakota districts. Health promotion messages were also delivered during community engagement meetings in three villages: Nasava under Masenjere Cholera Treatment Centre (CTC), Chomboto, and Maheya under Trinity CTC, with a total of 194 people (40 male and 154 female) reached.

In collaboration with the Malawi Red Cross Society (MRCS), UNICEF conducted a mass chlorination campaign in Mkwachuka Traditional Authority, Lilongwe district, reaching 1,200 households (around 6,000 people).

Internally displaced people due to the impact of the Cyclone and staying at four temporary camps in Blantyre district have received WASH Non-Food items (NFI), including 860 bars of soap, 44 drums of chlorine, 473 different types of buckets for untapped buckets of water collection, storage, and hand washing, 50 boxes of water purification tablets, 50 latrine squatting plates and 21 tarpaulins along with dissemination of hygiene messages.



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

At the faith-based leaders national conference on cholera response, 87 faith leaders from different religious groups participated to discuss their roles and develop key messages by linking the science behind cholera with faith-based scriptures. Representatives of all religious institutions signed a communique listing the key action points agreed upon during the conference.

One thousand five hundred thirteen radio listener group members conducted door-to-door interpersonal communication sessions, and two-way dialogues were facilitated using informative cinema to reach 148,230 individuals (65,447 male and 82,783 female) with cholera messages. Families and communities were provided with information on safe drinking water, handwashing with soap and water, and the benefits of seeking medical attention for cholera symptoms while addressing their questions and concerns.

In addition, over 14,633,199 people (42% female) were reached through various channels, including radio, television, social media, SMS, interactive voice recorder (IVR), and mobile van announcements with messages about cholera prevention and treatment. A quantitative survey revealed that nearly 86 per cent of the population was aware of the current cholera outbreak, its symptoms, and the importance of preventive measures, such as drinking oral rehydration solution (ORS) in case of cholera-like symptoms.

UNICEF supported printing and disseminating Information, Education, and Communication (IEC) materials to prevent cholera, including 200,000 brochures, 200,000 posters, and 20,000 cholera booklets, as part of the “Tithetse Kolera” campaign and the integrated campaign on cholera and COVID-19 vaccination. The district council's advocacy meetings and door-to-door visits were supported by UNICEF and social mobilisers and Health Surveillance Assistances (HSAs) to discuss COVID-19 vaccination, cholera preventive behaviours, and pot-to-pot chlorination.

In collaboration with WHO and the Malawi Red Cross Society (MRCS), also, UNICEF supported the Ministry of Health (MOH) in developing common feedback tools. Three partners are now using these common feedback tools, and a total of 17,093 community feedback messages were collected, analyzed, and shared at the Cholera Incident Management Team meeting. Community feedback is collected through both online and offline platforms.

## **HEALTH**

Over 16,000 people infected with cholera benefitted from UNICEF-supported supplies in the reporting period. UNICEF distributed emergency supplies to all 29 affected districts and ensured last-mile delivery. The supplies supported to districts included 29 AWD periphery kits (to treat 2900 people with moderate to severe diarrhoea) and 46 community kits (to treat 4,600 people with moderate and mild diarrhoea), 10,254 bottles of Compound Sodium Lactate (500ml per bottle in a box of 20) which is sufficient to treat 8,831 cases. The supplies included essential medicine, cholera beds, infection prevention and control supplies, face masks, and body bags.

In partnership with the Ministry of Health (Clinical Services), WHO, and partners, UNICEF developed a training manual for the national Training of Trainers (ToTs) on cholera case management. The ToTs were conducted from 5 to 6 February 2023, and a pool of 48 trainers was established who later cascaded the training to 600 nurses (400 repurposed nurses from UNICEF and 200 from the Ministry of Health). All the trained nurses are deployed in various Cholera Treatment Units (CTUs) across the country.

For community case management of mild to moderate cases, UNICEF partnered with the Malawian Red Cross Society and Save the Children to set up Oral Rehydration Points (ORPs) in high-burden districts.

Ten UNICEF Zonal Polio consultants were repurposed for the cholera response and deployed to the field to cover 29 districts. They are embedded in district coordination structures to support the supervision and monitoring of cholera response activities.

Environmental samples from Lilongwe sewage systems identified circulating vaccine-derived poliovirus (cVDPV). As the sewage drains several urban areas in Lilongwe, further sample collection by area was recommended and ongoing.

UNICEF provided technical and financial support to the national integrated COVID-19 and Cholera campaign *Tithetse Kolera* (End Cholera), which started on 2 March 2023. UNICEF dispatched monitors and supervisors

who supported the district council's advocacy meetings and observed door-to-door visits by social mobilisers and Health Surveillance Assistants (HSAs) to discuss COVID-19 vaccination, cholera preventive behaviours, and pot-to-pot chlorination.

With support from partners, UNICEF mapped cholera-affected districts, including data points such as WASH facilities, schools, and CTCs/CTUs, to understand the dynamics of the outbreak and inform priority areas.

To support the Health Cluster in the context of Tropical Cyclone Freddy, UNICEF immediately deployed health staff at the Emergency Operation Centre (EOC) in Blantyre, operating under the leadership of the Department of Disaster Management Affairs. Six zonal consultants were repurposed to support health assessments and coordination in the affected districts.

## NUTRITION

With UNICEF support, 88,009 caregivers of children aged 0-23 months were counselled on Infant and Young Child Feeding (IYCF) in the context of cholera. UNICEF supported the Ministry of Health (MoH) in developing and disseminating messages to promote IYCF in response to the ongoing cholera outbreak. These messages are being disseminated in Karonga, Chitipa, Mzimba, Nkhatabay, Nkhotakota, Salima, Kasungu, Mulanje, Thyolo Chiradzulu, Nsanje, Phalombe, and Blantyre districts, where UNICEF partners KFW and Afikepo are present.

UNICEF provided orientation to ten coordinators from the Afikepo nutrition-sensitive agriculture project districts, supported by the European Union and implemented jointly with FAO. The coordinators were trained on nutrition screening of children aged 6-59 months, messaging, and counseling caregivers on optimal feeding for children aged 0-23 months in communities affected by cholera and Cholera Treatment Centres. In addition, 14 UNICEF consultants have been equipped with knowledge and tools to support monitoring and reporting on nutrition activities across the Cholera Response in all 29 districts.

In collaboration with MSF and Save the Children International (SCI), UNICEF supported the Ministry of Health (MoH) in developing SOPs for establishing 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. UNICEF also supported the MoH to integrate nutrition interventions in the national cholera case management training manual: the manual trained 600 nurses and clinicians deployed to manage cholera cases.

With UNICEF support, a total of 3,312 children were treated for severe acute malnutrition (SAM), of which 2,464 were discharged, among whom 2,271 children were saved after successfully recovering from SAM, representing a 92.2 per cent recovery rate, 52 children representing 2.1 per cent died, 98 (4.0 per cent) defaulted (1,142) while 43 (1.7 per cent) did not respond and were referred for further treatment.

To support the nutrition cluster in responding to Tropical Cyclone Freddy, UNICEF immediately deployed nutrition staff to the Emergency Operation Centre (EOC) in Blantyre, operating under the leadership of the Department of Disaster Management Affairs to strengthen the coordination of nutrition activities. UNICEF, in collaboration with the Department of Nutrition and HIV/AIDS (DNHA), has prioritized the preposition of supplies for treating moderate and severe acute malnutrition and deployed ten staff to strengthen coordination at the national and district levels, support with rapid assessments at the five most affected districts (Blantyre, Nsanje, Chikwawa, Phalombe, and Mulanje), and strengthen the promotion of IYCF in emergency contexts.

## EDUCATION

As of 12 March 2023, the number of learners affected by cholera totals 517, with 20 teachers and 36 students passing away. All these cases contracted cholera in the communities but not at school. WASH supplies (24,923 bars of 175g soap, 500 buckets of 50 liters with lids and 3,805 buckets of 20 litres with lids for handwashing and drinking water, and two 25kg chlorine solution drums per school) were distributed to 400 schools through District Education Managers. These 400 schools cover 400,000 learners. UNICEF continues to support the Ministry of Education (MoE) by distributing emergency supplies to schools to ensure the continuity of learning. Education and WASH agreed to support WFP with technical support regarding cholera-related WASH interventions in schools with funding from the European Union.

The education cluster undertook a rapid assessment in 200 schools in two districts (Lilongwe and Blantyre) to assess the extent of the implementation of the Standard Operating Procedures (SOPs), which the Ministry

of Education shared with 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 adhere to the Cholera Prevention Standard Operation Procedures
- Schools require knowledge, skills, and resources to respond to, manage and control cholera and other health-related ailments
- Communities are not adhering to the ban on selling cooked food on school premises
- Poor sanitation and water supply in most schools.

In the past two and half months, UNICEF supported the Education Cluster to be active with at least 30 organizations to ensure a coordinated response in schools. A cluster-coordinated response has confirmed that at least 950 posters on cholera prevention were distributed to schools. About 95 episodes of cholera prevention jingles were aired through major radio stations.

The Education Cluster meeting convened with partners on 10 March 2023 to discuss the emergency response planning for Cyclone Freddy. Education Cluster members have been deployed to the EOC in Blantyre, where they will be deployed to the affected districts to assess and monitor the situation at schools. Currently, the Cluster is working on the prepositioning of supplies to affected schools and learners.

Twelve education districts have been affected by the impact of Cyclone Freddy, including damages to schools and disrupted learning as schools are used as temporary shelters. As of 14 March 2023, 35 schools were reported to have been used as temporary shelters affecting 34,000 learners. Three deaths among learners were reported, while seven were injured.

In response to Cyclone Freddy's impact on the education sector, UNICEF is supporting the Ministry of Education (MoE) in assessing and monitoring the situation in collaboration with other sectors at the Emergency Operations Center (EOC) in Blantyre. Additionally, UNICEF prepositioned education supplies, including tents, school-in-a-box kits, school blackboards, and early childhood development kits, which have been moved to the warehouse in Blantyre. These supplies are ready for distribution for the school reopening on March 20, 2023.

## **CHILD PROTECTION**

Some 1,157 children, parents, and primary caregivers (720 females and 437 males) were provided with community-based mental health and psychosocial support, child protection services, and referrals in the areas of cholera-affected Blantyre, Mchinji, Nsanje, Lilongwe, Salima, and Machinga districts.

Also, 38,152 children (21,742 girls and 16,410 boys) in safe spaces (children's corners) were reached with messaging on cholera prevention and social and behavioural change interventions, Gender-Based Violence in Emergencies (GBViE) and Protection from Sexual Exploitation and Abuse (PSEA). A total of 479 survivors (226 females, 253 males) of violence and neglect, including children and women, received appropriate protection services. Nine children (4 girls and 5 boys) without parental or family care were provided with appropriate alternative care arrangements.

## **SOCIAL POLICY**

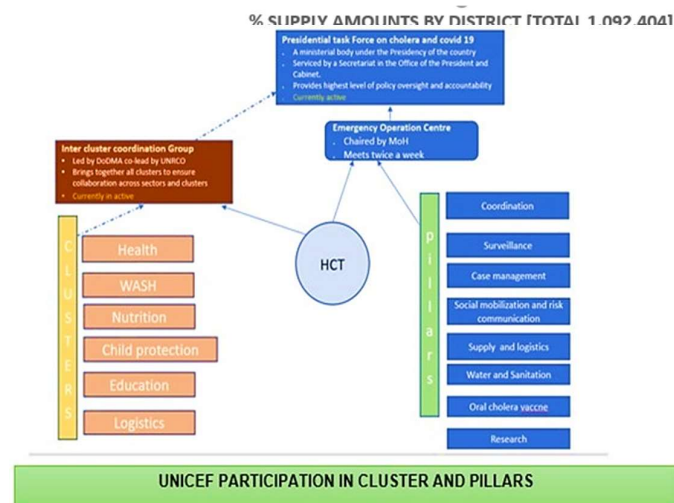
Twenty-six thousand people have been reached with SBC preventive messages on cholera in the Nsanje district. In collaboration with WASH sector and with support from the Malawi Red Cross Society, social cash transfers pay points were used as centres for promoting preventive measures on cholera. Last week, UNICEF sent messages through the Call Centre on cholera preventive measures to 144,000 households benefiting from the lean season response and receiving cash transfers using the e-payment mobile modality.

A total of 663,422 people received cash transfers as part of the Urban Lean Season Response using innovative Social Protection Systems in the Nkhatabay district and the city councils of Mzuzu, Lilongwe, Zomba, and Blantyre. The households are receiving MKW 50,000 for two months covering February and March 2023, through e-payments provided by two mobile network operators (TNM and Airtel), which supported the Know Your Customer processes by providing sim cards to households.

## **HUMANITARIAN LEADERSHIP, COORDINATION, and STRATEGY**

An integrated and coordinated response to the cholera outbreak in support of the Government efforts is being implemented by UNICEF, including Health, WASH, Nutrition, Risk Communication and Community Engagement (RCCE), and supply and logistics interventions.

The Presidential Task Force initially set up for COVID-19 response coordination has also been mandated to coordinate various measures of response to the cholera outbreak. For technical support, the necessary national-level clusters have been activated. UNICEF is the co-leading agency for the Education, Nutrition, WASH, and Protection Clusters while also playing a pivotal role in the Health Cluster. UNICEF also participates in the national Incident Management Team (IMT), Humanitarian Country Team (HCT), and the Inter-Cluster Coordination Group (ICCG) meetings, providing a platform for cross-sectoral coordination.



A High-Level Emergency Ministerial Meeting on Cholera Epidemics and Climate-Related Public Health Emergencies took place on 8 March 2023 in Lilongwe, Malawi, organized jointly by four co-organizers, including CDC Africa, AU, WHO, and UNICEF. UNICEF managed to get some important cross-sectoral elements in the agenda, making the meeting valuable in driving a multisectoral message and high-level commitment.

The UN Resident Coordinator (UNRC) office developed a \$45.3M Cholera Flash Appeal to mobilize additional resources and support to combat the cholera outbreak in collaboration with relevant sectors. Sectors submitted projects (UN agencies and NGOs) for the appeal on 16 February. UNICEF submitted projects for WASH, Health, Nutrition, Education, and Social Behaviour Change and regularly participates in its advisory, decision-making, and coordination capacity for the components.

In response to the floods, an Emergency Operation Centre (EOC) has been set up in Blantyre under the leadership of the Department of Disaster Management Affairs (DoDMA) to facilitate multiagency coordination of available resources, information, and crisis/emergency risk communication to ensure a more efficient and effective response. The EOC started its operations on 11 March 2023. Emergency Operation Centres have also been activated at the district level to facilitate coordination, including rescue operations and rapid assessments. Clusters have been activated to coordinate the response of which UNICEF is co-leading the WASH, Nutrition, Education, and Protection clusters.

Through the African Drone and Data Academy (ADDA), UNICEF supports the assessment of the damage caused by the Cyclone through aerial mapping using a combination of drone-acquired imagery and satellite imagery to map the damage caused by the flooding. This will help identify the affected areas, aiding response planning.

## SUPPLIES

As of 15 March 2023, UNICEF has distributed health and WASH supplies equivalent to US\$ 1.1 million to 29 health districts for responding to the cholera outbreak and cross-border cholera mitigating interventions during the annual cultural week-long event. Some of the main supplies dispatched to the districts include bacteriological field-testing kits, buckets with lid and tap (60 litres each), chlorine bleaching powder drums (45 kg each), tarpaulins (each four by 5 meter), soap, latrine superstructures with squatting plates and pans, female sanitary pads, buckets with lid and tap (50 liters each), 67-milligram water purification tablets boxes (each box contains 16,000 tablets), Acute Watery Diarrhea Kits (one kit can treat 100 cases), Compound Sodium Lactate 500ml bottles (each pack contains 20 bottles of compound sodium lactate), Compound Sodium Lactate 1 liter bottles (each pack includes ten bottles of compound sodium lactate), cannulas of different sizes (each box includes 50 cannulas), and high-performance tent (each 72m<sup>2</sup>).

The chart on the right indicates that 63 percent of supplies were provided to six high-burden districts (Lilongwe, Blantyre, Machinga, Mangochi, Balaka, and Salima), and the remaining 23 districts received 37 per cent of the supplies based on needs.



## CHALLENGES AND HUMANITARIAN NEEDS

Funding gaps remain a key challenge to the timely and at-scale implementation of UNICEF cholera and flood response.

317 camps have been established to provide shelter to cyclone-displaced 183,159 people. Most camps have a high population of vulnerable groups such as women and children with limited protection measures such as community policing, lighting, or sufficient shelter, increasing risks of violence, abuse, and trafficking. Many more camps expected to establish in coming days as rains still continues in all districts.

Most camps lack basic facilities like adequate sanitation, menstrual hygiene, and water services. Also, a huge shortage of medical, inadequate cooking kits, lighting, slippers, fuel wood, chlorine, gloves, shovels, and brooms makes the environment chaotic, unhygienic, and vulnerable to conflict. Schools have become a focal point of response efforts, with many of the camps housing displaced people being schools.

Access issues along major roads are causing extreme concern as search and rescue teams are unable to reach communities. Due to no electricity at many health centers, efforts are underway for vaccine recovery; however, there may be losses in the safekeeping of vaccines at a few places. Air transport capacity is urgently needed to provide support to affected communities. Access issues are also hampering the capacity to reach in-house patients.

## EXTERNAL RELATIONS AND PUBLIC ADVOCACY

During the reporting period, UNICEF partnered with the Malawi Broadcasting Corporation's Development Broadcasting Unit to broadcast cholera awareness and prevention messages on three national and nine community radios, targeting audiences in the most affected districts. The broadcasts included jingles and drama spots in Chichewa and Tumbuka languages, emphasizing the signs and symptoms of cholera and treatment and prevention measures. Additionally, UNICEF aired two TV messages on cholera prevention featuring community influencers on the three national TV stations. These were broadcast more than 900 times and reached an estimated 10 million people across Malawi.

UNICEF issued a press release in January, [UNICEF delivers lifesaving supplies to support the cholera outbreak response in Malawi](#), to respond to the Government's appeal for external support. Several media outlets including Al Jazeera, Voice of Africa, Newsroom Afrika, the Nation, etc. covered the news. On 7 March, UNICEF Malawi's Representative delivered [a press briefing at the Palais des Nations in Geneva](#) on the cholera situation and the urgent need of additional funds required to scale up cholera response. UNICEF also proactively engaged local media and successfully pitched stories and pictorial spreads, which were published in leading newspapers including The Nation and The Daily Times. Altogether, there were about 136 news articles related to UNICEF's support on the cholera response during the reporting period.

UNICEF also produced multimedia content: [2023 Cholera Emergency Response](#) to support awareness and resource mobilization efforts. A dedicated page on the [UNICEF Malawi website](#) is regularly updated with latest reports and information on [cholera with weekly cholera flash updates and stories](#).

During the reporting months, UNICEF also published the following stories, which were picked up by media, as mentioned above.

- [A husband's fast thinking saves two lives from the deadly grip of a cholera](#)
- [How tackling misinformation is key to cholera response](#)
- [Addressing supplies bottleneck in cholera response](#)
- [Racing against time to save cholera patients](#)
- [Tukombo puts up a collective fight to contain cholera](#)

During the same reporting period, UNICEF consistently posted multiple cholera-related content in all of its social media channels. In total, the content reached more than 84 million online audiences and generated 35,800 engagements.

Also, on [U-Report Malawi](#), 739 people triggered the U-Report Chat Bots to access information on cholera prevention, signs, and symptoms, treatment and vaccines.

Following the devastating floods in southern Malawi, UNICEF issued a media statement expressing concern and commitment to supporting the Government's response efforts. UNICEF also responded to media inquiries from outlets such as AFP, Reuters, BBC, etc., providing information on the situation of children and their families and UNICEF's immediate response

## NEXT SITUATION REPORT

Due on 30 March 2023

**Who to contact for further information:** Rudolf Schwenk  
Representative  
UNICEF Malawi Country Office  
Tel: +265-1770770  
Email: rschwenk@unicef.org

Gerrit Maritz  
Deputy Representative  
UNICEF Malawi Country Office  
Tel: +265-1770770  
Email: gmaritz@unicef.org

Bhawna M Vajpai  
Chief Community Development  
UNICEF Malawi Country Office  
Tel: +265-1770770  
Email: bmvajpai@unicef.org

## Annex A Funding Status (in US\$)

| Funding Requirements as per the UNICEF Country HAC 2023 |                     |                                 |                      |                     |            |
|---|---------------------|---------------------------------|----------------------|---------------------|------------|
| Appealing Sector  | Funding Requirement | Secured Funding                 |                      | Funding Gap         |            |
|   |                     | Humanitarian resources received | Other resources used | US\$                | %          |
| Health  | \$8,347,697         | \$1,110,712                     | \$279,252            | \$6,957,733         | 83%        |
| WASH  | \$17,095,000        | \$1,191,528                     | \$0                  | \$15,903,472        | 93%        |
| Nutrition   | \$5,352,862         | \$50,000                        | \$538,000            | \$4,764,862         | 89%        |
| Education   | \$900,000           | \$104,000                       | \$100,000            | \$696,000           | 77%        |
| SBC   | \$13,180,000        | \$722,894                       | \$96,000             | \$12,361,106        | 94%        |
| Child Protection, GVIE & PSEA                           | \$2,100,855         | \$80,000                        | \$0                  | \$2,020,855         | 96%        |
| Social Policy   | \$1,800,000         | \$85,000                        | \$0                  | \$1,715,000         | 95%        |
| Coordination  | \$1,000,000         | \$283,000                       | \$0                  | \$717,000           | 72%        |
| Preparedness and Resilience Building                    | \$2,396,066         | \$0                             | \$0                  | \$2,396,066         | 100%       |
| Communication   | \$250,000           | \$57,267                        | \$0                  | \$192,733           | 77%        |
| <b>Total</b>  | <b>\$52,422,480</b> | <b>\$3,684,400</b>              | <b>\$1,013,252</b>   | <b>\$47,724,827</b> | <b>91%</b> |

## Annex B Summary of Programme Results (Target as per UNICEF HAC, 2023)<sup>3</sup>

| Sector   | UNICEF and Implementing Partners |               |                        |                                 |
|--|----------------------------------|---------------|------------------------|---------------------------------|
|  | 2023 target                      | Total results | Percentage Achievement | Change since last report<br>▲ ▼ |
| <b>Health</b>  |                                  |               |                        |                                 |
| # children and women accessing primary healthcare in UNICEF-supported facilities   | 600,000                          | 0             | 0%                     |                                 |
| # healthcare facility staff and community health workers trained in infection prevention and control   | 2,900                            | 600           | 20.7%                  |                                 |
| # children and adults accessing treatment for cholera in Cholera Treatment Units provided with supplies by UNICEF  | 36,000                           | 12,053        | 33.5%                  |                                 |
| # Children, adolescents, and pregnant and breastfeeding women accessing HIV (testing treatment and care), including Sexual Reproductive Health and Rights services | 93,000                           | 0             | 0%                     |                                 |

<sup>3</sup> This is the first sitrep based on HAC targets and that changes will then be reported as of next sitreps?

|  |           |           |       |  |
|--|-----------|-----------|-------|--|
| <b>WASH</b>  |           |           |       |  |
| # people accessing a sufficient quantity and quality of water for drinking and domestic needs  | 3,100,000 | 1,200,000 | 38.7% |  |
| # people accessing appropriate sanitation services   | 400,000   | 40,000    | 10%   |  |
| # people reached with critical WASH supplies   | 6,100,000 | 1,280,000 | 20.9% |  |
| <b>Nutrition</b>   |           |           |       |  |
| # children (6-59 months) with severe wasting admitted for treatment  | 46,500    | 3,312     | 7.1%  |  |
| # children (6-59 months) screened for wasting  | 2,122,000 | 144,455   | 6.8%  |  |
| # primary caregivers of children (0-23 months) receiving infant and young child feeding counselling  | 496,000   | 88,009    | 17.7% |  |
| <b>Child Protection/GBVIE/PSEA</b>   |           |           |       |  |
| # children, adolescents, and caregivers accessing community-based mental health and psychosocial support   | 133,000   | 5,352     | 4.0%  |  |
| # women, girls, and boys accessing gender-based violence risk mitigation, prevention, and response interventions   | 2,100,000 | 2,512     | 0.1%  |  |
| # people with safe and accessible channels to report sexual exploitation and abuse by personnel who assist affected populations                          | 2,100,000 | 38,152    | 1.8%  |  |
| # children without parental or family care provided with appropriate alternative care arrangements   | 248       | 9         | 3.6%  |  |
| <b>Education</b>   |           |           |       |  |
| # children accessing formal or non-formal Education, including early learning  | 400,000   | 400,000   | 100%  |  |
| # schools implementing safe school protocols (infection prevention and control)  | 400       | 271       | 67.8% |  |
| # teachers trained in cholera prevention and hygiene promotion   | 800       | 0         | 0%    |  |
| <b>SBC/AAP/RCCE</b>  |           |           |       |  |
| # people directly reached with health, nutrition, hygiene, or risk communication activities involving a 2-way dialogue                                   | 6,100,000 | 148,230   | 2.4%  |  |
| # people who participate in engagement actions   | 1,680,000 | 1,600     | 0.1%  |  |
| # people sharing their concerns and asking questions through established feedback mechanisms   | 150,000   | 17,093    | 11.4% |  |
| <b>Social Policy</b>   |           |           |       |  |
| # ultra-poor people benefitting from new existing or additional social assistance (cash/in-kind) measures from governments with UNICEF-technical support | 1,500,000 | 663,422   | 44.2% |  |
| # ultra-poor people utilising the grievance and redress mechanisms as part of accountability to the affected population                                  | 750,000   | 0         | 0%    |  |
| # ultra-poor people reached with cholera prevention messages at the payment points.  | 1,500,000 | 26,000    | 1.7%  |  |