During this reporting period, the country continued to register high numbers of new COVID-19 cases. Unlike the trend during the first and second waves there has been a shift in the age group of those affected to young people between the age of 18 to 35 years including two per cent of children under five years of age.

A considerable increase in the number of patients requiring using Continuous Positive Airway Pressure (CPAP) has been observed consequently increasing the demand for oxygen.

On 7 August 2021, Malawi received 302,400 doses of the Johnson & Johnson's vaccines bringing the total of vaccine doses so far received in the country to 814,000.

As of 5 August 2021, 463,236 people had received the first COVID-19 vaccine dose and 158,982 the second dose. The country plans to vaccinate 10.97 million people (60 per cent of the population).

As part of the community mobilization interventions, UNICEF supported, 11,059 key influencers including political, religious leaders and young people who have been engaged to promote positive attitudes towards COVID-19.

During this reporting period, Malawi continued to experience a surge in the number of COVID-19 cases. Unlike the trend in the first and second waves during which most of the cases were being reported in the cities of Blantyre, Lilongwe and Mzuzu, 75 per cent of the reported cases are from rural areas. Also noted in the third wave, is a shift in the age group to young people between the age of 18 to 35 years including two per cent of children under five years of age, a trend which was not observed during the first and second waves. There has also been an increased in the number of patients requiring continuous Positive Airway Pressure (CPAP) consequently increasing the demand for oxygen.

As of 10 August 2021, 359,914 tests had been conducted since the beginning of the COVID-19 pandemic. Of these, 56,574 turned out positive for COVID-19 with a positivity rate of 16.5 per cent. Over 95 per cent of the confirmed cases are local transmissions. A total of 41,492 cases (73.3 per cent) have so far recovered, while 12,976 cases are active, an increase of more than 90 per cent from the previous month. The number of hospital admissions has also increased from 62 last month to 398. A cumulative total of 1,874 deaths have
been reported of which 1824 (over 95 percent) have been registered in 2021. The Case Fatality Rate (CFR) is at 3.31 per cent which is above the Global CFR.

On 7 August 2021, Malawi received 302,400 doses of the Johnson & Johnson's vaccines donated by the United States of America Government. This brings the total of vaccine doses so far received in the country to 814,000. As of 5 August 2021, 463,236 people had received the first COVID-19 vaccine dose and 158,982 the second dose. Additional doses of vaccines are expected to arrive in-country through the COVAX facility including 360,000 AZ doses from the regular COVAX allocation and Pfizer doses. Through the COVAX facility, UNICEF Malawi received 3,420,000 syringes and 34,225 safety boxes for the safe disposal of syringes used in the vaccination campaign.

Significant increase in vaccine demand has been observed as evident from the uptake for the 192,000 doses received on 24 July 2021 which was were consumed within one week. UNICEF has supported the Ministry of Health to fast track and secure regulatory approval for 1.34 million doses of AZ, Johnson & Johnson's, and Pfizer vaccines from COVAX (USG, French and UK Donations) expected to be received in August and September 2021.

Programme response by UNICEF and partners

Humanitarian Strategy

The overall goal for UNICEF’s 2021 COVID-19 response plan is to minimize morbidity, prevent and address secondary impacts of COVID-19. With vaccination now included as a key strategy in the national COVID-19 control efforts, supporting the rollout of vaccines under the COVAX (COVID-19 Vaccines Global Access) is be a key focus area in 2021 COVID-19 response activities.

Furthermore, focus is on assessing and responding to the immediate secondary impact of COVID-19 and ensuring continuity of routine child protection, education, health, nutrition, social protection, and WASH services. Therefore, UNICEF Malawi will strengthen its advocacy efforts and strengthen coordination at both national and district levels.

A multi-sectoral approach will be promoted to ensure that children and women are effectively cushioned against COVID-19 and that those affected are adequately supported to recover. Linkages between humanitarian and development programming will be strengthened to build back all development gains lost due to the pandemic.

Humanitarian leadership and coordination

- Clusters are meeting to coordinate response activities and to share updates on COVID-19 resource mobilization, allocation, and programmatic implementation
- UNICEF is the co-lead agency for the Education, Nutrition, and Water, Sanitation and Hygiene (WASH) and Protection Clusters, while also playing a key role in the Health Cluster. Out of these, education and protection are the ones that are included in the 2021 COVID-19 national response plan. All clusters however continue to meet to coordinate on various aspects and UNICEF continues to support continuity of services in all sectors under its mandate.

Malawi COVID-19 Supply Chain

- UNICEF continues to ensure supply and availability of vaccines and has supported the speedy clearance of 192,000 Astra Zeneca doses of COVAX vaccines through Malawi Revenue Authority.
- UNICEF is in the process of procuring 121 medical oxygen cylinders of 10.8kg refills valued at USD 9,224.11 to be distributed to the health facilities. This will help to meet the rise in demand for oxygen associated with the current increase in number of admissions.
**Summary Analysis of Programme Response**

**Public health response to reduce coronavirus transmission and mortality**

During the period under review, UNICEF supported the Ministry of Health to conduct focused supportive supervision in all the 29 districts. The exercise focused on addressing incomplete COVID-19 data capture and reporting, limited testing and contact tracing of primary contacts and non-reporting of COVID-19 in schools. At end of the exercise, 29 district medical officers, 29 district environmental health officers, 58 integrated disease surveillance coordinators, 58 data statisticians, 119 laboratory technicians and 124 nursing officers were trained and mentored in contact tracing, testing protocols and data capturing using the updated tools. Contact tracing manuals and reporting forms were provided to District Health Offices during the exercise.

To improve case management, UNICEF through Malawi Red Cross Society supported the Ministry of Health to transport 1,200 Oxygen cylinders to 15 districts of Rumphi, Mzimba South, Ntchisi, Kasungu, Nsanje, Chikwawa, Lilongwe, Mzuzu, Mzimba North, Thyolo, Dedza, Mangochi, Machinga, Salima and Mulanje. The districts had a surge of patients that required immediate oxygen therapy.

**Continuity of health, education, nutrition, and protection services**

UNICEF supported the recruitment and training of 995 auxiliary teachers to decongest schools and colleges by reducing pupil-teacher ratio. UNICEF also provided 650 portable chalkboards. At least 26,000 primary learners in 302 schools have benefited from UNICEF’s support.

UNICEF also continues to support the dissemination of back to school messages to keep girls and boys in school, end child marriage, prevent teen pregnancies and promote adolescent nutrition. The messages were amplified through public service announcements and aired on three national radio stations and community radio stations, in the targeted districts. So far, an estimated 1.13 million community members and leaders have been reached with the messages.

Work to ensure the continuity of nutrition services is ongoing. As part of these efforts, UNICEF is piloting an approach where caregivers are provided with skills to assess the nutrition status of their own children using simple tools like MUAC tapes. During the reporting month 118 Health Surveillance Assistants (HSAs) out of 120 HSAs and 64 Care Group Promotors (CGPs) were trained on this approach in Mwanza district. UNICEF also maintained its support to continuity of treatment of children with severe acute malnutrition. A total of 3,029 children were admitted for treatment of SAM of which 93 per cent recovered, 2.3 per cent died, 3.4 per cent defaulted while 1.2 per cent did not respond to treatment and were referred for further investigations.

**Strengthening Risk Communication and Community Engagement (RCCE)**

UNICEF continues to support the review of RCCE strategy and messages to increase willingness and actual vaccine uptake. This includes messages for new vaccines i.e. Pfizer and J&J. Through UNICEF support partners have broadcast mass media messages (TV & Radio), estimated to have reached over 75 per cent of the population aged 10 years and above. In addition, UNICEF is supporting community engagement using social accountability forums in six districts (Karonga, Mzimba, Kasungu, Neno, Mulanje and Mangochi). UNICEF equally supported development of a COVID-19 flipchart, Interpersonal Communication materials aimed to reach individuals at household level with financial support from USAID through Save the Children.
Reverend Nasee Chunga (right) and Gilberta Boyira, Health Worker (left) encourage individuals to go for vaccination in a video clip broadcast on national TVs with support from IrishAID through UNICEF, @UNICEF Malawi 2021

Furthermore, UNICEF in collaboration with VIAMO conducted a mobile survey on perception, knowledge, attitude, and accessibility of the COVID-19 vaccine targeting Health Surveillance Assistants (HSAs). With 1,002 responses, some key results from the survey include: high confidence levels of HSAs about the vaccine with 83.9 per cent of them already vaccinated. The results of the survey will be used to reframe communication materials, as demand generation work continues.

UNICEF is also supporting mass media and community mobilization interventions for COVID-19 prevention and vaccine uptake in 10 districts of Blantyre, Karonga, Kasungu, Lilongwe, Mangochi, Mchinji, Mwanza, Mzimba and Neno. The interventions which are being done through PACHI, Public Affairs Committee (PAC) and Youth Wave aim to promote positive attitudes towards COVID-19 prevention, through engagement with key influencers including political, religious leaders and young people. In this reporting period, 11,059 people (5,044 males, 6,015 females) have been engaged.

With radio being the most cost-effective means of building awareness, UNICEF is further investing in engagement with community radio stations, training of radio station producers and presenters on how to address issues around the vaccine and misinformation around it. These sessions mobilized faith leaders, youth leaders and community health workers from Mulanje, Blantyre, Mwanza, Lilongwe and Mchinji to address misinformation on the pandemic, strengthen prevention measures and tamp down the anxieties about the vaccine.

Assessing and responding to secondary impacts of the outbreak

The UNICEF-supported COVID-19 Urban Cash Intervention (CUCI) call centre which has been operational since March 2021 has registered over 6,500 calls, mostly related to inquiries on CUCI payments. This facility is also being used to submit claims, broadcast messages and conduct verifications. Interviews are also being conducted through the call centre to better understand the potential of remote data collection tools in Malawi. The interviews will improve understanding of the spending habits of beneficiary households and their experience using E-payment facilities.

UNICEF is also supporting the Government of Malawi to explore the application of categorical targeting approaches for a case load of 8,500 in the cities of Lilongwe, Mzuzu and Zomba. Priority groups include street children, child-headed households, persons living with disabilities and elderly-headed households. Overall, the CUCI intervention which is being implemented in Malawi’s four main cities (Lilongwe, Blantyre, Mzuzu and Zomba) plans to reach 199,413 people. This far, 137,774 individuals are receiving the transfers.

Human Interest Stories and External Media

UNICEF supported Ministry of Health to organize an event including media coverage to mark the arrival of the 192,000 doses of AstraZeneca from the French Government. The story was covered by national media, highlighting that the COVAX was working to bring more vaccines into Malawi over the next few weeks and months.
UNICEF, the US embassy and Ministry of Health issued a joint press release to mark the arrival of 302,400 doses of Johnson and Johnson vaccine.

During breastfeeding week, UNICEF sent out messages on social media and traditional media to encourage mothers to continue breastfeeding even during COVID-19.

UNICEF continued to post COVID-19 messages- on prevention and promoting vaccine uptake after the arrival of the new consignment.

**Funding Overview and Partnerships**

As of 5 August, UNICEF has a funding gap of $15,690,253 (74%) against a funding requirement of $21,195,098 for the COVID-19 response. As part the contributions so far received, recently, the Malawi Country Office received generous support to its health thematic funding of US$101,516 (EUR 83,243) from donors and partners of the Czech Committee for UNICEF. Additionally, a top-up of US$380,077 was received from the United States Fund for UNICEF. UNICEF Malawi would also like to express its sincere thanks to the Government of France for a donation of 192,000 doses of COVID-19 vaccine as part of the COVAX initiative and to the Government of the United States of America for a donation of 165,000 doses, also through the COVAX scheme. The biggest funding gaps are in WASH (97 per cent), Social Protection (71 per cent) and Communication for Development (82 per cent).

As the country continues to respond to the COVID-19 pandemic, funding availability is very critical for UNICEF’s demand creation interventions for COVID-19 vaccine uptake and continued RCCE interventions to promote preventive measures. UNICEF wishes to express its sincere gratitude to all partners whose support so far has been critical in maintaining and scaling up the response to COVID-19 and looks forward to continued support in the future.

**Next SitRep: 8 September 2021**

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Matteo Frontini Community Development and Resilience Chief of Section E-mail: mfrontini@unicef.org

**Annex A: Summary of Programme Results as of 10 August 2021**

<table>
<thead>
<tr>
<th>Sector Indicator</th>
<th>UNICEF</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># healthcare providers trained in detecting, referral, and appropriate management of COVID-19 cases</td>
<td>200</td>
<td>997</td>
</tr>
<tr>
<td># healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>200</td>
<td>206</td>
</tr>
<tr>
<td># of children under 6 to 59 months vaccinated against measles</td>
<td>247,800</td>
<td>225,928</td>
</tr>
<tr>
<td>Number of children and women receiving essential healthcare, through UNICEF supported community health workers and health facilities.</td>
<td>277,500</td>
<td>216,608</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 6 to 59 months with SAM admitted to therapeutic care</td>
<td>12,000</td>
<td>5,792</td>
</tr>
<tr>
<td># of children aged 6 to 59 months receiving vitamin A supplementation</td>
<td>877,500</td>
<td>120,482</td>
</tr>
<tr>
<td># of primary caregivers of children aged 0-23 months who received counselling on IYCF</td>
<td>500,000</td>
<td>72,958</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>21,000</td>
<td>8,352</td>
</tr>
<tr>
<td>Number of children without parental or family care provided with appropriate alternative care arrangements.</td>
<td>350</td>
<td>1,200</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children accessing quality formal or non-formal early learning, pre-primary, primary or secondary education</td>
<td>1,112,311</td>
<td>1,133,608</td>
</tr>
</tbody>
</table>
# of teachers, members of parent teacher-association and school management committee trained | 10,000 | 6,644
---|---|---
# people reached through messaging on individual, family and community level prevention practices and access to services; | 1,112,311 | 1,112,311

### WASH

# of people accessing the agreed quantity of safe water for drinking, cooking, and personal hygiene | 90,000 | 8,000
---|---|---
# people accessing safe and appropriate sanitation facilities | 35,000 | 0
---|---|---
# of people reached with key messages on hygiene practices | 2,000,000 | 350,000

### Social Protection

# households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support | 199,413 | 137,774
---|---|---
# households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support | 10,070 | 7,900

### C4D

# of people reached with key lifesaving/behaviour change messages | 2,000,000 | 900,000
---|---|---
# people reached with information on access to specific services ((MNCH, SRH) | 1,500,000 | 695,000
---|---|---
# of people reached with COVID-19 messages on prevention and access to services | 11,000,000 | 4,309,782
---|---|---
# of people engaged on COVID-19 through RCCE actions | 600,000 | 211,059
---|---|---
# of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms | 15,000 | 10,000

---

**Annex B: Malawi COVID-19 funding status by sector as 10 August 2021**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2021</th>
<th>Other resources used in 2020</th>
<th>Humanitarian Resources available from 2020</th>
<th>Other resources available from 2020</th>
<th>US$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$7,117,794</td>
<td>$1,538,142</td>
<td>$1,196,596</td>
<td>$356,260</td>
<td>$5,003,646</td>
<td>$4,383,056</td>
<td>62%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>$4,558,304</td>
<td>$110,000</td>
<td>$789,693</td>
<td>$3,304,372</td>
<td>$1,017,000</td>
<td>$4,355,497</td>
<td>97%</td>
</tr>
<tr>
<td>WASH</td>
<td>$4,500,000</td>
<td>$144,503</td>
<td>$3,017,357</td>
<td>$1,430,328</td>
<td>$1,200,000</td>
<td>$1,200,000</td>
<td>100%</td>
</tr>
<tr>
<td>Education</td>
<td>$1,010,000</td>
<td>$54,828</td>
<td>$3,017,357</td>
<td>$1,017,000</td>
<td>$1,200,000</td>
<td>$1,200,000</td>
<td>100%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>$1,200,000</td>
<td>$183,000</td>
<td>$3,017,357</td>
<td>$1,017,000</td>
<td>$1,200,000</td>
<td>$1,200,000</td>
<td>100%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>$1,580,000</td>
<td>$149,672</td>
<td>$3,017,357</td>
<td>$1,430,328</td>
<td>$1,200,000</td>
<td>$1,200,000</td>
<td>100%</td>
</tr>
<tr>
<td>Advocacy/Communications</td>
<td>$1,200,000</td>
<td>$214,550</td>
<td>$3,017,357</td>
<td>$1,430,328</td>
<td>$1,200,000</td>
<td>$1,200,000</td>
<td>100%</td>
</tr>
<tr>
<td>C4D</td>
<td>$29,000</td>
<td>$214,550</td>
<td>$3,017,357</td>
<td>$1,430,328</td>
<td>$1,200,000</td>
<td>$1,200,000</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>$1,195,098</td>
<td>$2,394,695</td>
<td>$5,003,646</td>
<td>$15,690,253</td>
<td></td>
<td>$15,690,253</td>
<td>74%</td>
</tr>
</tbody>
</table>