



UNICEF Malawi Chief of Health Tedla Damte interacts with health workers administering vaccines at Bwaila Health Centre in Lilongwe @UNICEF Malawi/Gumulira/ 2021

MALAWI

COVID-19

Situation Report

Situation in numbers as of 19 September 2021

61,363 confirmed cases

50,507 recoveries

60 cases hospitalized

2,261 deaths

401,808 tested samples

6,865 active cases

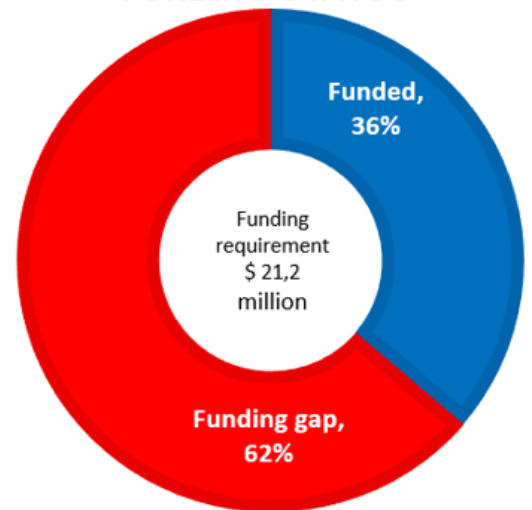
Source: 2021/09/19, Daily info update, Republic of Malawi, Ministry of Health

Reporting Period: 11 August – 19 September 2021

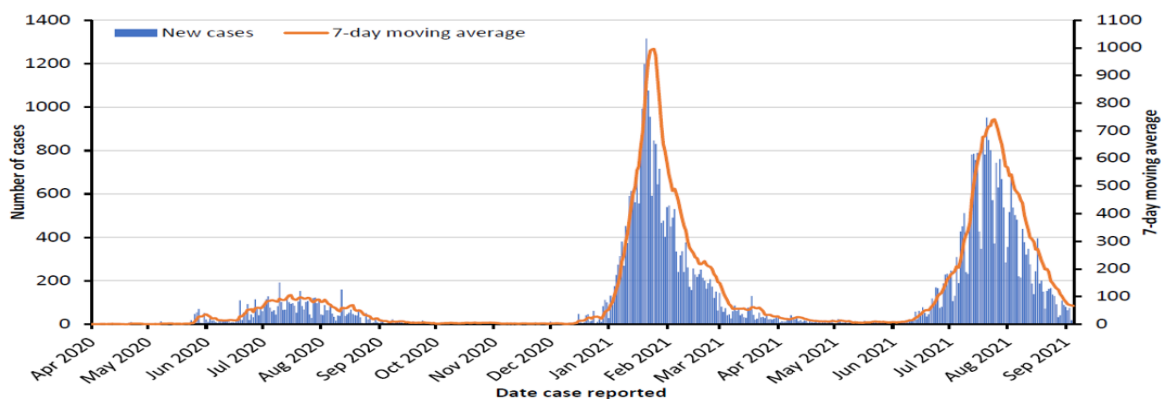
Highlights

- Malawi is experiencing a reduction in the number of cases and deaths with the positivity rate at 5 percent, the lowest since the beginning of the third wave.
- With the current trends signaling an end of the third wave the Government of Malawi has eased travel restrictions into the country.
- As of 19 September 2021, 453,499 people have been fully vaccinated.
- A reduction in vaccine demand has been observed across the country with daily uptake averaging 2,500 compared to over 6,000 in the previous month. UNICEF is supporting MoH to micro plan using a focused outreach strategy with mobile teams deployed to ensure that all people have access to the lifesaving vaccines regardless of their geographical location.
- During the reporting period, Malawi received 395,040 doses of Astra Zeneca vaccines through the COVAX facility. The vaccines were donated by the British (119,040 doses), French 115,200 (doses) and Swedish Governments (160,800 doses).
- To decongest classrooms and provide additional shelter for quarantining learners in case of positive cases in schools, UNICEF has provided classroom size tents to 40 secondary schools. Close to 20,000 learners (12, 660 males and 7, 748 females) enrolled in these secondary schools will benefit from this support.

FUNDING STATUS



Number of COVID-19 cases and 7-day moving average by date of reporting in Malawi



Situation Overview

Malawi is experiencing a decline in the number of COVID-19 cases, deaths, and admissions to Emergency Treatment Units (ETUs). Sporadic cases continue to be reported in populous cities of Blantyre, Lilongwe and Mzuzu with around 60 per cent of new cases coming from these cities. As of 19 September 2021, 401,808 COVID-19 tests had been conducted since the beginning of the pandemic. Of these, 61,363 turned out positive for COVID-19 with a positivity rate of 5 per cent down, from 17 per cent last month. A total of 52,005 cases (82.8 per cent) have so far recovered, while 6,865 cases are active, indicating a decrease of over 35 per cent from the previous month. The number of hospital admissions has also decreased from 398 last month to 60 cases with a daily average of about 10 cases (see the seven-day moving average above). In view of this development the Government of Malawi has eased the travel restrictions into the country.

A cumulative total of 2,261 deaths have been registered with a Case Fatality Rate (CFR) of 3.7 per cent which is above the Global CFR. The high CFR has been attributed to late reporting of suspected cases and limited capacity to assess cases requiring oxygen therapy.

Since COVID-19 vaccination started on 11 March 2021, as of 19 September 2021, 473,443 people have been fully vaccinated (234,189 with Johnson and Johnson; 239,254 with AstraZeneca). A reduction in vaccine demand has been observed across the country with daily uptake averaging 2,500 compared to over 6,000 in the previous month. The low demand could be attributed to the reduced fear by the public because of few reported COVID-19 cases and deaths.

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 being a key strategy in the national COVID-19 control efforts, supporting the rollout of vaccines under the COVAX (COVID-19 Vaccines Global Access) is a key focus area.

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 and 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 continue to coordinate response activities and 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 are operational, and UNICEF continues to support continuity of services in all sectors under its mandate.

Malawi COVID-19 Supply Chain

- During the reporting period, UNICEF arranged and provided all the logistics services related to the incoming vaccine shipments including ensuring the speedy clearance through the Malawi Revenue

Authority. The 395,040 Astra Zeneca doses received through the COVAX facility were donated by the UK (119,040), France (115,200) and Swedish Governments (160,800).

- UNICEF is supporting the MoH to distribute assorted PPEs valued at US\$39,000 to rural health facilities in all districts.
- UNICEF procured oxygen to refill 121 medical oxygen cylinders of 10.2kg refills valued at US\$ 9,224.11 to be distributed to the health facilities.

Summary Analysis of Programme Response

Public health response to reduce coronavirus transmission and mortality

UNICEF has facilitated the participation of six laboratory scientists (male – 4 and female – 2) in a COVID-19 genomic sequencing at the University of KwaZulu Natal Research Innovation and Sequencing Platform (KRISP) in South Africa. This training will improve Malawi's capacity to conduct genomic surveillance and provide real time results to clinicians on the type of variants that the country could be dealing with. As these capacities become available in-country, Malawi will avoid the unpredictable and expensive shipment of samples to South Africa for genomic sequencing with long turnaround time to get results as well as high cost for the analysis.

Through Malawi Red Cross Society with funding from the Irish Embassy, French National Committee and the Embassy of Japan, UNICEF supported Ministry of Health to screen travellers at Mwanza, Kamuzu and Chileka International Airports. Over 3,619 (Male -1910 Female – 1,709) were screened at both Mwanza and the two international airports. All travellers through Kamuzu and Chileka Airports had their COVID-19 negative certificates as required by MoH. However, out of 2,191 travellers who entered through Mwanza during the period under review, 579 (26 per cent) did not have COVID-19 negative certificate on arrival. Their samples were collected and tested at Point of Entry (POE) out of which 29 (5 per cent) tested positive for COVID-19.

UNICEF is supporting the Ministry of Health to micro plan using a focused outreach strategy with mobile teams deployed to ensure that all people have access to life saving vaccines regardless of their geographical location and increase vaccine uptake. Mobile outreach clinics are being set up in strategic places including schools and places of worship to ensure that all vaccines including those with short shelf life are utilised.

Continuity of health, education, nutrition, and protection services

UNICEF provided classroom tents to 40 secondary schools across the country as part of efforts to decongest classrooms and provide additional shelter for quarantine of learners should there be positive cases in the secondary schools. The tents will benefit 19, 908 learners (12, 660 males and 7, 748 females) enrolled in these secondary schools. This support was in response to the request by Ministry of Education (MoE) for tents and in line with the guidelines the MoE issued in August for managing of COVID-19 in boarding schools.

UNICEF continues to support District Social Welfare Offices In Machinga, Mwanza, Lilongwe, Nkhatabay, Blantyre and Mchinji to implement child protection programs such as case management, community mobilization through journey of life, training in psychosocial first aid (PFA), psychosocial support activities through children's corners and protection cluster coordination activities. In coordination with the health cluster, 94 social welfare workers have been linked to Ministry of Health toll free line to provide remote PFA to COVID-19 affected populations. In addition, Malawi Police Service are in the process of expanding protection programmes to cover all police formations in the country.

Strengthening Risk Communication and Community Engagement (RCCE)

UNICEF supported the scaling up of Risk Communication and Community Engagement (RCCE) activities through mass and interpersonal media, community mobilization and outreach in 10 districts (Mzimba, Nkhatabay, Karonga, Mzuzu, Lilongwe Blantyre, Mwanza, Chikwawa, Nsanje, Zomba) to improve community

awareness on COVID-19, enhance community feedback mechanisms, improve nutrition response and resilience in the context of COVID-19 and strengthen RCCE coordination and local governance structures.

UNICEF supported a series of training sessions for theatre groups and school-based structures in five districts (Mzimba, Kasungu, Neno, Mangochi, Karonga and Mulanje) and four cities (Blantyre, Lilongwe, Zomba and Mzuzu). During the sessions, learners disseminated integrated messages on COVID-19 vaccine uptake through drama, poems, songs, comedy and acrobatics among 225 learners (111 females and 114 males). UNICEF also engaged 66 community chiefs, faith actors and about 11,400 community members, including school patrons and matrons, parent and teachers' associations (PTAs), school management committees (SMCs) and mother groups as well as business communities to reinforce COVID-19 messages.

UNICEF co-hosted a content creation session with faith leaders to incorporate messages on secondary impacts of COVID-19 and improve the skills of 2,000 young people, faith, and traditional leaders via remote training. The content developed will be used for national digital campaigns to end child marriages and teenage pregnancies and promote girls' education.

To generate evidence for improved programming, UNICEF and the Ministry of Health (are supporting the Centre for Social Research (CSR) to conduct a Knowledge, Attitude and Practice (KAP) survey on barriers to vaccine uptake. Data will be collected in all three regions targeting two districts per region, high and low performing in vaccine uptake.

Assessing and responding to secondary impacts of the outbreak

UNICEF is supporting additional Know-Your-Customer verifications and the registration of proxies under the COVID-19 Urban Cash Intervention (CUCI). This exercise will enable CUCI beneficiaries to receive mobile money cash transfers for three months and benefit from a second phase of the CUCI programme, which will focus on recovery. Under phase two of the CUCI, 199,413 households are expected to receive two months' worth of the mobile money cash transfers (MWK 50,000). In phase one, 137,774 out of the initially planned 199,413 households have received their transfers.

In addition, with support from UNICEF, 8,500 more CUCI households across the four cities of Malawi were registered using categorical targeting methods. Priority groups in this exercise include street children, child-headed households, persons living with disabilities and elderly-headed households. These households have been verified and have started receiving their transfers.

Since the CUCI call centre was opened, over 10,000 calls have been registered. In addition to the call centre receiving claims and complaints, UNICEF supported the Ministry to conduct a CUCI post distribution monitoring survey using phone monitoring as one of the innovative ways to collect data during the pandemic. The survey was carried out in all four cities of Malawi and included phone-based and in person data collection to better understand the potential and limitations of both methods. Overall, the CUCI intervention has opened discussions on how to address urban poverty in Malawi in the face of the COVID-19 pandemic and beyond. Focus has also been on how to ensure that the gains made in system improvements and testing approaches during this emergency response can contribute to longer-term development objectives.

Human Interest Stories and External Media

UNICEF produced a [video](#) on the challenges children are facing during COVID-19 and their proposed solutions. UNICEF also published a story about [delivering COVID-19 vaccines to the last mile](#) which was featured in one of the two daily newspapers, the Nation, and another story on how [vaccination is slowly improving livelihoods](#).

UNICEF continued to post COVID-19 messages on prevention and promoting vaccine uptake on social media.

Funding Overview and Partnerships

As of 19 September, UNICEF has a 62 percent funding gap out of the US\$ 21,195,098 required for the COVID-19 response. 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: 19 October 2021

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for further
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Annex A: Summary of Programme Results as of 19 September 2021

Sector Indicator	UNICEF 2021 target	Cluster 2021 Total results
Health		
# healthcare providers trained in detecting, referral, and appropriate management of COVID-19 cases	200	997
# healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	200	206
# of children under 6 to 59 months vaccinated against measles	247,800	225,928
Number of children and women receiving essential healthcare, through UNICEF supported community health workers and health facilities.	277,500	216,608
Nutrition		
# of children aged 6 to 59 months with SAM admitted to therapeutic care	12,000	5,792
# of children aged 6 to 59 months receiving vitamin A supplementation	877,500	120,482
# of primary caregivers of children aged 0-23 months who received counselling on IYCF	500,000	72,958
Child Protection		
# of children, parents and primary caregivers provided with community based mental health and psychosocial support	21,000	8,352
Number of children without parental or family care provided with appropriate alternative care arrangements.	350	1,200
Education		
# of children accessing quality formal or non-formal early learning, pre-primary, primary or secondary education	1,112,311	1,133,608
# 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	1,500,000
# people reached with information on access to specific services ((MNCH, SRH)	1,500,000	850,000
# of people reached with COVID-19 messages on prevention and access to services	11,000,000	5,309,782
# of people engaged on COVID-19 through RCCE actions	600,000	298,928
# of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	15,000	16,100

Annex B: Malawi COVID-19 funding status by sector as 19 September 2021

Appeal sector	Requirements	Humanitarian resources received in 2021	Other resources used in 2021	Humanitarian Resources available from 2020 (Carry over)	Other resources available from 2020 (Carry over)	US\$	%
Health	\$ 7,117,794	\$ 2,121,075	\$ 50,000	\$ 1,262,974	\$ -	\$ 4,383,056	62%
Education	\$ 4,558,304	\$ 137,727	\$1,564,371	\$ 789,693	\$ -	\$ 3,304,372	72%
Nutrition	\$ 4,500,000	\$ 144,503	\$ -	\$ 499,891	\$ -	\$ 4,355,497	97%
CP	\$ 1,010,000	\$ 54,828	\$ -	\$ 3,046,235	\$ -	\$ (2,062,185)	0%
SP	\$ 1,200,000	\$ 183,000	\$ -	\$ 235,171	\$ -	\$ 1,017,000	85%
WASH	\$ 1,580,000	\$ 149,672	\$ -	\$ 23,237	\$ -	\$ 1,430,328	91%
C4D	\$ 1,200,000	\$ 214,550	\$ -	\$ 37,881	\$ -	\$ 985,450	82%
Coordination	\$ 29,000	\$ -	\$ -	\$ -	\$ -	\$ 29,000	0%
Total	\$ 21,195,098	\$ 3,005,354	\$1,614,371	\$ 5,895,082	\$ -	\$ 3,227,968	63%