



Thokozani Sinosi is dancing with other children at Mwanawanzako Children's Corner in Chikwawa, Southern Malawi ©UNICEF/UN0612668/Chikondi.

Malawi Floods - Humanitarian Situation report – 1 April 2022

Highlights

- The number of Cholera cases increased over the last two weeks from six to 36 (as of March 29). One more fatality has been registered, bringing the total number of deaths to two.
- Polio Supplementary Immunization was conducted from 21 to March 26 across Malawi. A total of 2,775,990 children, representing 92 per cent of the targeted 2,922,095, have received polio vaccines.
- UNICEF supported 6,300 people (3,087 male and 3,213 female) to access safe water through water trucking and pot-to-pot chlorination in communities and camps in Chikwawa, Nsanje and Mulanje districts.
- UNICEF support has enabled four district councils (Nsanje, Mulanje, Phalombe, Chiradzulu) to undertake nutrition screening of 13,761 children (7,128 girls 5,767 boys), bringing the total screened to 41,449 children (19,500 males, 21,949 female) against a target of 105,000.

MALAWI

FLOODS, POLIO, CHOLERA

Situation Report

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Floods – Humanitarian Situation in numbers, 1 April 2022

 More than **995,000** people affected by floods including **130,000** under-five children who need humanitarian assistance

 More than **190,000** people displaced by floods

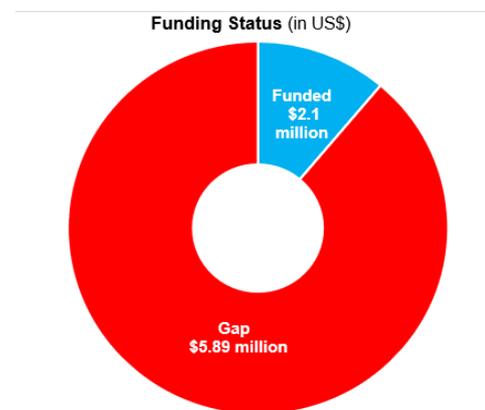
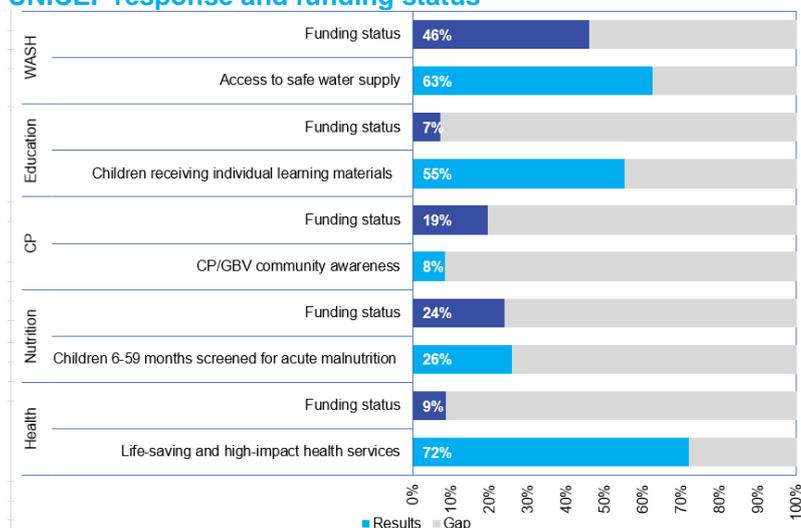
 **36 cases** of cholera with **2 deaths**

 **1 case** of Polio

Source:

- Department of Disaster management Affairs Emergency Response Plan, Tropical Storm ANA
- Information from cholera affected districts as of 29 March 2022

UNICEF response and funding status¹



¹ As per flood response.

Situation Overview

As of March 29, 36 cases (35 in Nsanje and 1 in Machinga) of Cholera and two deaths have been registered. Over 80 per cent of the cases are from across the Mozambican border, mostly due to forced displacement because of floods. Nsanje district is organising cross border coordination engagement with Mozambiquan counterparts to ensure cases are identified in time and minimise deaths. Currently, the case fatality rate from cholera is at 5.5 per cent, well above the acceptable threshold set by WHO (1%). The country is preparing for Oral Cholera Vaccine (OCV) immunisation activities (reactive campaign) in Nsanje and Chikwawa districts.

Polio supplementary immunisation was conducted nationwide from 21 to March 26. A total of 7,518 vaccination teams were deployed across the nation to immunise 2,922,095 targeted children under the age of 5 with the Oral Polio vaccine (OPV). Reports received from 95 per cent of the vaccination team members indicate that a total of 2,775,990 (92%) children have received the polio vaccine. Data collection and verification are underway for the remaining teams. No additional cases of Polio have been registered since the index case. The second round of OPV immunisation for the same targets will start at the end of April 2022.

The fourth COVID-19 wave appears to be stabilising. A total of 85,625 cases and 2,626 deaths have been registered since the beginning of the pandemic. The week of 21 to March 27, as compared to the beginning of March, shows that new infections have dropped by 50 per cent (101 to 52), recoveries improved by 121 per cent (621 to 2,726), and hospital admissions decreased by 32 per cent (31 to 21). The positivity rate stayed around 2 per cent throughout March, while the number of deaths fell by 100 per cent (3 to 0). However, vaccine uptake is progressing slowly. Vaccine hesitancy still exists with only 892,414 people fully immunised, corresponding to 10 per cent of the targeted population.

During the reporting period, there has been no further flooding. Over 1 million people have been affected by a series of flooding events (Tropical storm Ana, Cyclone Gombe and sporadic flooding occurrences). Cyclone Ana alone displaced about 190,000 people who sought shelter in 183 displacement sites, most of which were schools.

Humanitarian Strategy

The multiple burdens of floods, COVID-19, Polio, and Cholera outbreaks require a unique and urgent response to prevent the current emergencies from having a severe impact on the well-being of children. UNICEF provides immediate lifesaving and life-sustaining assistance to populations affected by climate-related shocks and preventable disease outbreaks while also investing in resilience-building interventions focused on system strengthening. Response to the floods focuses on the four worst-affected districts of Chikwawa, Nsanje, Phalombe, and Mulanje. UNICEF delivers the services through a multi-sectoral response in child protection, education, health, nutrition, social protection, and WASH, supported by social behaviour change communication and community engagement activities.

Humanitarian leadership and coordination

The Government of Malawi is leading the humanitarian response, through the Department of Disaster Management Affairs (DoDMA), with support from humanitarian partners, including NGOs, the UN, and donor agencies. UNICEF actively participates in the Humanitarian Country Team and the inter-cluster coordination forum, which leads to cross-sectoral coordination of humanitarian programmes in the country. UNICEF is the co-lead agency for the Child Protection, Education, Nutrition, and WASH clusters, while also playing a vital role in the Health cluster.

The Government of Malawi has developed a four-month response plan for the flood response and launched a US\$ 29.4 million appeal, targeting 542,000 people hardest hit by the floods and in urgent need of life-saving humanitarian assistance and protection. The Flash Appeal complements the ongoing and planned interventions by the government and other actors to respond to the humanitarian situation. UNICEF is participating in the appeal.

To coordinate the Polio response, a national Emergency Operations Centre (EOC) with technical working groups (Operations, Surveillance, Logistics and Vaccine Management, Social Mobilization and Data Management) is fully functional and holding daily coordination meetings. An in-country Global Polio Eradication Initiative (GPEI) team also supports and works as one team with the Government of Malawi.

A high-level Emergency Coordination Mechanism (ECM) chaired by the Vice-President and co-chaired by the Minister of Health, established in 2020, is still operating. This coordination mechanism also represents the Department of Disaster Management Affairs and other key line ministries. On a technical level, the Ministry of Health has the overarching responsibility to coordinate the COVID-19 response and leads the Emergency Operation Centre (EOC) with WHO as the co-chair. The Public Health Institute of Malawi (PHIM) is primarily responsible for the surveillance system. The health cluster is also active under the leadership of MoH and coordinates mainly the response to floods and cholera.

Summary Analysis of Programme Response

Community Engagement for Behaviour and Social Change

UNICEF and partners Development Communication Trust (DCT), Story Workshop Educational Trust (SWET) and Creative Centre for Community Mobilization (CRECCOM) facilitated sensitisation meetings to provide lifesaving messages in 40 displacement sites in Chikwawa, Mwanza, Phalombe and Nsanje districts. Integrated messages were disseminated, reaching 26,016 people (8,702 male, 17,314 female). The messages were on child rights, access to health services, including routine Vitamin A supplementation, COVID-19 prevention, and the nationwide Polio vaccination campaign for under-five children.

UNICEF mobilised partners to integrate polio response into the existing Social Behaviour Change (SBC) interventions. The polio pre-campaign activities included conducting polio communication training for volunteers, chiefs and religious leaders; high-level advocacy and community dialogues with faith communities led by the Public Affairs Committee (PAC) and Malawi Interfaith AIDS Association (MIAA); public service announcements targeting communities of faith; joint sensitisation meetings with community social accountability groups (Bwalos), religious leaders, politicians, mother groups and local leaders to develop work plans on raising awareness in their respective areas.

Child Protection

UNICEF has deployed 21 child protection workers in Nsanje, Chikwawa, Mulanje and Phalombe to support the provision of psychological first aid (PFA), child protection services such as establishing children's corners and early childhood development (ECD) services, awareness-raising and assessment of children for identification of cases of violence, abuse, exploitation, and neglect. Through these officers, cases of teen mothers, child marriages, neglect, emotional abuse, physical abuse, child labourers, and child-headed families are identified and referred to protection services for further support.

The Malawi Police Service has embarked on strengthening community policing services and raising awareness of sexual and gender-based violence and reporting mechanisms in displacement sites in Phalombe, Mulanje, Nsanje, Chikwawa, Phalombe, Mulanje, Salima and Zomba. During this reporting period, Malawi Police, with UNICEF support, has reached 6,515 (2,474 males and 4,041 females) with child protection/gender-based violence risk mitigation, prevention, or response interventions increasing the total number reached since the response to 25,190. Also, community policing forums have been established in 6 camps in Phalombe and Mulanje, ensuring access to CP/GBV risk mitigation, prevention or response interventions to over 6,000 people.

The Ministry of Gender, Community Development and Social Welfare continued to provide Mental Health and Psychosocial Support (MHPSS) and Psychosocial First Aid (PFA) services through service providers that benefited from UNICEF-supported training in Blantyre Neno, Mwanza and Zomba. An additional 1,095 people were reached with this intervention and 4,200 through the deployed child protection workers bringing the total number of people reached with MHPSS/PFA to 15,948.

Health

In districts affected by floods, lack of medical supplies and staffing have compromised the health facilities and services. Service delivery at district hospitals is under strain due to health workers being deployed to Cholera and Polio responses outreach programmes. Using reprogrammed funds from the Foreign, Commonwealth & Development Office (FCDO), UNICEF plans to deploy additional health personnel to Chikwawa and Nsanje districts to alleviate the staffing constraints and ensure the effective operation of mobile clinics in the various camps. UNICEF is working with the Malawi Red Cross Society (MRCS) and Society of Medical Doctors (SMD) to mobilise health workers from outside the critically affected districts to support mobile teams starting the week of March 14.

Given that most cases originate from Mozambique, UNICEF collaborates with Nsanje District Health Office and Medecins Sans Frontieres (MSF) to distribute essential supplies such as chlorine and water guard along the Malawian Shire borderline to allow volunteers from Mozambique to distribute to households on the Mozambican side. UNICEF is working with the Ministry of Health /Nsanje District Health office to ensure effective cross border collaboration with its Mozambican counterparts.

UNICEF has procured supplies that will be airlifted into the country to beef up those that have already been provided to the Nsanje district, including cholera beds, oral rehydration salts (ORS), chlorine, and water guard. In the meantime, UNICEF supports the Nsanje district by monitoring the availability of supplies and facilitating collaboration with neighbouring districts and, where necessary, moving supplies from districts that do not presently have cholera cases to Nsanje, where currently there is an active outbreak.

Nutrition

UNICEF has provided financial support to Nsanje, Mulanje, Phalombe, and Chiradzulu for mass screening and capacity strengthening of health workers in nutrition emergency response. During the reporting period, UNICEF support has enabled four district councils (Nsanje, Mulanje, Phalombe, Chiradzulu) to screen 13,761 children (7,128 girls 5,767 boys), bringing the total reach to 41,449 children (19500 male 21949 female) against a target of 105,000.

UNICEF also supports risk communication activities, including broadcasting radio jingles and radio drama series across national and community radio stations to promote health-seeking behaviour and improved nutrition. Through a popular radio series, UNICEF supports the broadcasting of lifesaving nutrition information for people affected by the floods to promote good nutrition practices for adolescents, pregnant and lactating women, and children under five. Through the radio series, 8,824 caregivers (2991 males and 5833 females) have been reached with crucial information on optimal nutrition across the life cycle, Polio, uptake of Vitamin A, uptake of COVID-19 vaccine. To date, 33,103 caregivers of children 0-23 months have been counselled on optimal infant and young child feeding against a target of 41,000.

WASH

Approximately 6,300 people (3,087 male and 3,213 female) have gained access to safe water through water trucking and pot-to-pot chlorination in communities and camps in Chikwawa, Nsanje and Mulanje. In preparation for people returning home, a water point assessment was conducted in Chikwawa, and ten water points were identified as requiring repair and restoration. UNICEF will support the rehabilitation of all the ten nonfunctional water points. It is estimated that 2,500 people will gain access to safe water once the water points are rehabilitated. Waterpoint assessment is underway in the other districts.

UNICEF has provided supplies including 15 drums of chlorine, 75 water collection buckets, 75 handwashing buckets, 60 cartons of soap and 30 emergency latrines to Phalombe, Mulanje and Chikwawa and Nsanje districts. In the Nsanje district, the supplies provided will be utilised at Cholera Treatment Centres.

UNICEF has also supported the construction of 192 latrines in nine camps in Nsanje. Hygiene awareness campaigns using drama groups performances and public awareness systems are being conducted in communities where cholera cases have been identified in TA Ndamera and Malemia in Nsanje. UNICEF has also reached people with cholera and hygiene messages using radio jingles through Nyathepa and Gaka community radios. So far 194, 544 (107,000 Females and 87,544 males) people have been reached with cholera and hygiene messages.

Education

As a result of the impact of Tropical Cyclone Gombe, an additional 21 schools have been identified by the Ministry of Education (MoE) and UNICEF to be provided with teaching and learning materials to ensure the continuation of teaching and learning in these schools. To further strengthen education cluster data collection and analysis, UNICEF engaged with the MoE to address the coordination challenges of the District Education Cluster Committees. UNICEF is working with Save the Children (Education Cluster Co-lead) to map active NGOs in the affected districts and mobilise the NGO partners operating in targeted districts to support the district education cluster committees in developing education in emergencies action plans.

Social Protection

Over 193,000 people became insecure as a result of the floods. In collaboration with key agencies, including WFP, UNICEF is supporting the Government of Malawi to design and plan for the provision of multipurpose cash transfers, in line with the previous experience of post-Cyclone Idai Recovery Transfers in 2019. UNICEF has also supported the Government of Malawi to undertake key Social Cash Transfer Programme routine operations in the aftermath of the shock, and to complete the 21/22 Lean Season Response, despite challenges in accessing affected areas for data collection, retargeting, validation and payment activities due to the extensive damage on roads.

Human Interest Stories and External Media

On March 20, UNICEF supported the Government of Malawi to organise the launch of the polio vaccination campaign, including providing visibility and communication materials at the event and facilitating international and national media coverage. A UNICEF **regional press release** was issued to mark the event: [Polio immunisation campaign begins in four countries after case confirmed in Malawi – UNICEF](#).



There has been **extensive news coverage** both by international and national media. Few highlights of coverage on polio:

- Voice of America: [UNICEF Supports a Polio Vaccination Campaign after Case in Malawi](#). Also, see [here](#).
- Aljazeera: [Malawi begins nationwide polio immunisation campaign](#)
- Reuters: [Huge effort to curb Polio underway after Malawi case](#)
- The Washington Post: [9 million children vaccinated against Polio in Africa](#). Also, [Associated Press](#), [The Independent](#), [News24](#), [Sky News](#)
- ReliefWeb: [Malawi launches the first round of vaccination campaign against wild poliovirus type 1](#)
- Africa News: [Malawi Kicks off national polio vaccine campaign](#)
- [China Global Television Network](#) interviews UNICEF Malawi Health Specialist Ghanashyam Sethy about the ongoing campaign
- Nation World: [Malawi Launches Polio Vaccine for East and Southern Africa Countries](#)
- The Nation: [Malawi polio case triggers regional vaccination](#), Taking polio head-on (photo story)
- The Daily Times: [Malawi in mass polio vaccination exercise](#)
- Kulinji.com: [Polio immunisation campaign kick start in Malawi, three other countries](#),
- Nthandatimes.com: [Mass polio vaccination campaign to help curb polio-MoH](#),
- National Radios, including YONECO, Times Radio, MIJ FM, Capital FM, Zodiak Broadcasting Station Radio, MBC Radio 1, etc., also broadcast the launch of the polio vaccination campaign and its follow up stories.

Several Public Service Announcements involving influencers promoting the Polio vaccination have been produced and broadcast. This includes [a message from H.E., the President](#). Others include PSAs by [members](#), [religious leaders](#). These are being continuously disseminated in multiple channels.

UNICEF conducted a national poll on the [U-Report Malawi](#) platform on Polio targeting parents and caregivers of under-five children across the country to assess knowledge, intention to vaccinate, vaccine trust and access to vaccines before the launch of the vaccination campaign. About 23,405 people responded, out of which 68 per cent were male, and 32 per cent were female, with the majority being in the 20-30-year-old age bracket. See results [here](#). Also, through U-report, a series of message blasts have been sent out on Cholera targeting the Nsanje district. The blast has messages on prevention, signs and symptoms, and things to go when there is a case of cholera and cholera vaccine for audiences. A message Bot has been set up and can be triggered by sending the words Cholera or Kolera to 1177. Anyone in Malawi can trigger this Bot.

Here is news coverage on floods and cholera:

- The Nation: [Children account for 42% of Nsanje cholera cases](#)
- Voice of America News: [Southern Malawi Records Continued Rise in Cholera Cases](#)

[‘Slow road to recovery](#), a story highlighting the impact of floods on the lives of children, and UNICEF’s response to ensure continuity of learning and child protection services.

UNICEF Malawi consistently posts social media content to highlight the ongoing work on polio, floods, cholera and COVID-19 response and create awareness and promote polio vaccination, prevention and protection on all of its social media channels: [Facebook](#), [Twitter](#), [Instagram](#). So far, these messages have reached almost two million (1,913,637) online audiences and engaged 294,196.

Photos and videos are being collected for further dissemination, including by partners. See here:

- [Polio Response](#)
- [Flood and Cholera Emergency Response](#)

Funding Overview and Partnerships

UNICEF is requesting US\$ 8 million to meet the immediate and medium-term needs of children and women throughout the affected areas for the coming three months. So far, UNICEF has secured US\$ 2,190,000 (26 per cent). Additional predictable, flexible, and timely donor support is critical to scale up the much-needed response activities and prevent further deterioration of the situation in Malawi.

Next SitRep: April 14, 2022

Annex A: Summary of Programme Results

Sector	Sector	Population in need	Cluster Target	Cluster ² results	UNICEF target	UNICEF results
Health						
	Children 0-59 months are reached during vaccination campaigns to reduce the risk of epidemic-prone outbreaks.	170,227			153,000	105,000
	Women, adolescent girls and newborns safely and equitably access quality lifesaving and high-impact maternal and neonatal health services.	106,250			57,000	41,000
WASH						
	# of people in camps and affected communities accessing safe water supply of acceptable quality and quantity	731,996	300,000	156,300	250,000	156,300
	# of people in camps and affected communities that have access to safe sanitation facilities	650,000	270,000	1,500	135,000	1,500
	# of people reached with hygiene promotion messages	731,996	731,996	194,544	350,000	194,544
Community engagement for behaviour and social change						
	# of people affected and at-risk reached with behaviour change or health saving messages	731,996			730,000	29,416
	# of people participating in engagement actions for social and behavioural change	500,000			500,000	19,500
	# of vulnerable people actively providing suggestions, complaints, and feedback	300,000			300,000	3,200
Nutrition						
	# of children 6-59 months screened for acute malnutrition	170,227	142,805	66,420	105,000	27,000
	# of children 6-59 months with SAM admitted for treatment	3,500	3,500	1,563	3,500	1,563

² Cluster results were not yet available as at the time of reporting. Data gathering by the various clusters is in progress will be included in subsequent reports. In this report, cluster results are thus similar to UNICEF results

	# of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	43188	41,112	33,103	41,000	33,103
Child Protection						
	# people reached through CP/GBV community awareness activities to promote access to services to respond to incidents of CP/GBV	993,149	700,000	25,190	300,000	25,190
	# women, girls, and boys accessing CP/GBV risk mitigation, prevention, or response interventions	699,808	40,000	11,597	20,000	11,597
	# UNICEF-targeted (i) girls and boys; and (ii) parents and primary caregivers in humanitarian situations provided with community-based mental health and psychosocial support, including access to child-friendly spaces with intersectoral programming interventions	699,808	50,000	15,948	20,000	15,948
Education						
	# children receiving individual learning materials	398,908	255,494	112,000	199,000	109,683
	# teachers, members of parent teacher-association and school management committee trained on emergencies in education	578	578	210	210	0
Social Protection^{xx}						
	# people benefit from continuity of essential services and humanitarian assistance	598,851			598,000	0
	# households benefitting from new or additional social assistance measures to respond to the floods with UNICEF support	310,000			310,000	0
	# households benefitting from new or additional social assistance measures to respond to the floods have access to Grievance & Redress Mechanisms with UNICEF support	221,127			220,000	0
	# households benefitting from new or additional social assistance measures to respond to the floods have access to Grievance & Redress Mechanisms with UNICEF support	221,127			220,000	0

*Data on the support by other WASH, nutrition and protection cluster partners is being compiled and will be included in subsequent reports

** No results yet because interventions planned are for the recovery phase. Planning for the recovery interventions is now finalised, and activities will soon commence

ANNEX B: Malawi humanitarian funding status by sector March 31, 2022

Malawi					
Sector	Requirements	Funds available		GAP	
		Humanitarian resources received	Other resources used	US\$	%
Health	3,500,000	390,300	-	3,109,700	89%

WASH	1,250,000	668,400	-	581,600	47%
Community engagement for SBC	160,000	340,000	-	-	0%
Education	700,000	110,000	-	590,000	84%
Social Protection	300,000	150,000	-	150,000	50%
Nutrition	1,300,000	290,000	100,000	910,000	70%
Child Protection	700,000	151,300	-	548,700	78%
Coordination	90,000	90,000	-	-	0%
Total	8,000,000	2,190,000	100,000	5,890,000	74%

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