



Mother and her two children at St Mathews hospital waiting to access nutrition services.

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MALAWI

Floods, Polio, Cholera Situation Report

Malawi Humanitarian Situation report – 13 to 28 April 2022

- 63,006 children (32,763 girls 30,243 boys) have undergone nutrition screening bringing the total reach to 132,822 children (68,536 male 64,286 female).
- 40,000 cholera patients will benefit from 3 types of health kits which UNICEF has provided to four flood-affected districts (Nsanje, Chikwawa, Mulanje and Phalombe). Each kit contains a range of prepacked supplies including medicines like albendazole and oral rehydration salts and infection prevention and protective equipment.
- 5,366 people were reached with emergency sanitation interventions in displacement sites across affected districts.
- 1,812 households have been reached with key messages and counselling on WASH, Nutrition, Vitamin A, Exclusive Breastfeeding, Complementary Feeding, COVID-19 prevention, anti-natal care and benefits of iron and Folic Acid to pregnant women and adolescent girls.

Floods – Humanitarian Situation in numbers, 28 April 2022

79 Cholera cases with 4 deaths

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

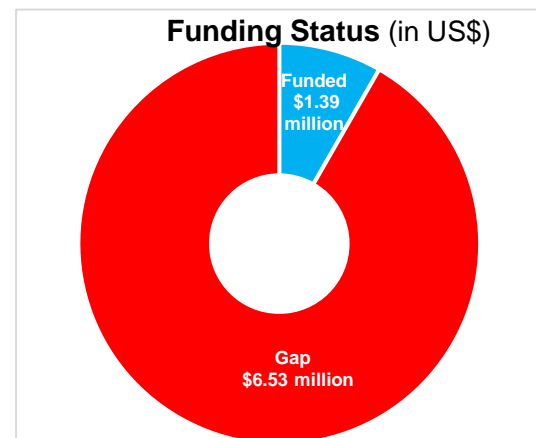
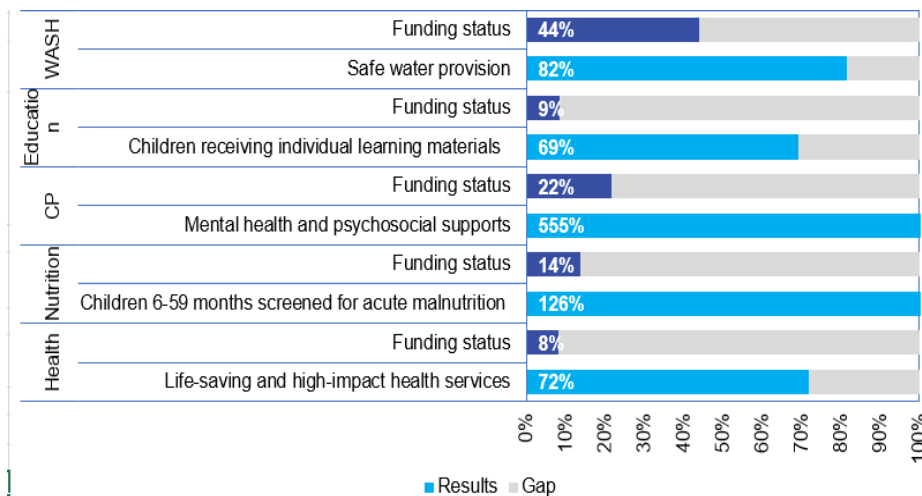
Over **190,000** people displaced by floods

1 case of Polio

Source:

- Department of Disaster management Affairs Emergency Response Plan, Tropical Storm ANA
- Cholera Daily update, Public Health Institute of Malawi, 25 April 2022

UNICEF response and funding status¹



¹ As per flood response.

Situation Overview

A series of flooding events including Tropical Storms Ana and Gombe and sporadic flooding occurrences that hit the country over the period of January to March 2022 led to over 190,000 people displaced and left seeking shelter in displacement sites. These people have now started moving back to their places of origin while others are planning to resettle in newly identified areas that they consider to be less prone to flooding. The Government facilitated discussions on a harmonised return package to be provided by humanitarian actors to the affected people as a starter pack to rebuild their lives. Humanitarian actors are mobilizing resources to provide the much-needed return package to the people as they go through the transition.

Since the declaration of a Cholera outbreak in Malawi on 3 March 2022, a total of 79 cases and four deaths have been registered as of 25 April 2022 representing a case fatality rate of five per cent. COVID-19 cases and deaths continue to drop. This reporting period has seen a drop in new infections by 46 per cent, and hospital admissions reduced by 76 per cent from the previous reporting period. The positivity rate lingers at around one per cent. As of 26 April, three cases were hospitalized. Since the beginning of the pandemic, 85,752 cases and 2,633 deaths have been registered. COVID vaccination status presently stands at 1,107,875 fully immunized people from 908,688 reported in the previous report. This is about 10 per cent of the targeted reach. In addition, close to 277,000 AstraZeneca vaccines that were to expire in May 2022 have all been used. The success was attributed to the strong collaboration between the Ministry of Health and partners, during the "finish-a-vial" campaign to scale up coverage.

No additional Wild Polio Virus (WPV) case has been registered since the index was reported in February 2022. The second of four planned rounds of vaccination campaigns against wild poliovirus Type-1 started on 25 April 2022. More than 11 million doses are being administered to more than 2.9 million children under 5 years in the four-round vaccination drive in Malawi after the country declared an outbreak on 17 February 2022 - the first such case in the country in 30 years, and the first in Africa since the region was certified free of indigenous wild poliovirus in 2020. This second phase of the campaign targets children under 5 in Malawi, as well as neighbouring Mozambique, Tanzania and Zambia. Two subsequent rounds are set for June and July, with the first having already taken place in April. Cumulatively, the target is to reach over 23 million children with more than 80 million doses of the bivalent Oral Polio Vaccine recommended by the World Health Organization (WHO) for wild poliovirus (type 1). So far in 2022, 92 Acute cases of Flaccid Paralysis (AFP) have been reported in Malawi compared to 25 cases by the same time last year. The high number of AFP reports could be attributed to good surveillance and increased reporting as a result of the ongoing OPV campaigns.

The number of children admitted for severe acute malnutrition (SAM) treatment increased mainly in Chikwawa by 60 per cent from 599 in March 2021 to 959 in March 2022. Overall, there is a 49 per cent increase in SAM admissions from 3,953 in March 2021 to 5,904 in March 2022. Data for April 2022 is being compiled but indications from field observations are that the situation is continuing to deteriorate.

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 investing in resilience-building interventions focused on system strengthening.

For the period February to April 2022, UNICEF has been providing immediate lifesaving support and assistance to the populations affected by floods while building and strengthening national and local capacities and systems right from the start of humanitarian action to reduce the needs and vulnerabilities of and risks to affected populations. During the response phase, UNICEF support has focused on people in displacement sites. Beyond the three months response phase, it is necessary to implement a range of interventions to address the short-medium- and long-term needs of the affected communities. The primary objective of the recovery component is to facilitate improvement in the overall well-being of the affected population by supporting the return to their homesteads from displacement sites, the transition back to their normal lives and their early recovery for the period up to the end of the year 2022. This support is expected to provide a good foundation for the long-term restoration of their physical assets, livelihoods, socio-cultural and economic status not only to the levels prior to the disaster but with emphasis on building back better. For both the response and early recovery phases, support focuses on the four worst-affected districts of Chikwawa, Nsanje, Phalombe and Mulanje.

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 developed a four-month response plan (February to May) 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 through a local Civil Society Organization (CSO), Story Workshop facilitated Social and Behaviour Change (SBC) interventions in Chikwawa and Phalombe providing key messages and counselling on WASH, Nutrition, Vitamin A, exclusive breastfeeding, complementary feeding, COVID-19 prevention, anti-natal care and benefits of iron and folic acid supplementation to pregnant women and adolescent girls. As a result of the community dialogues and theatre performances that were conducted in four camps in Chikwawa namely, Mchenga, Nkhlongo, Chidyamonga and Chilumba, 4,632 people (3,217 women and 1,415 men) were reached with the messages.

UNICEF supported re-orientation sessions for National and District Social Mobilization Committees (DSMCs) in flood affected districts of Phalombe, Mulanje, Nsanje and Chikwawa) for integrated SBC programming in view of the multiple shocks that the country is dealing with (floods, Cholera, Polio). This resulted in enhanced coordination and ownership of SBC interventions. The DSMCs will support SBC programmes and play an advisory role to the district councils in such processes as planning, budgeting, organizing, implementing, monitoring and evaluation of SBC programmes with special focus on recovery interventions.

Child Protection

As part of the UNICEF support in strengthening systems to prevent and respond to all forms of violence, exploitation, abuse, neglect and harmful practices, 20 community policing forums have been oriented by Malawi Police Service on their responsibilities to prevent and report violence against women and children. The 20 policing forums further received visibility materials, whistles, and torches and were provided with complaints boxes to be placed in strategic places for use by the communities to provide feedback.

Provision of mental health and psychosocial support (MHPSS)/psychosocial first aid (PFA) services continue in displacement sites against the backdrop of an ongoing process of people returning to their original homes from displacement sites which appears to be traumatizing for them. Thus, there is need for continued MHPSS/PFA and children's spaces during the early recovery phase. Additional 90 MHPSS/PFA providers in Chikwawa and 120 in Nsanje are supporting survivors of tropical storms.

Through collaboration of 23 partners currently implementing protection interventions, a total of 146,513 people has been reached with protection services (MHPSS, CP&GBV services).

Health

UNICEF has provided 3 types of health kits to Nsanje, Chikwawa, Mulanje and Phalombe districts, to be used in treatment of up to 10,000 patients in each district including those with cholera. The supplies which include one *basic*

interagency emergency health kit (IEHK), one *medical* interagency emergency health kit (IEHK) and one acute watery diarrhea (AWD) kit collectively contain a range of prepacked supplies including medicines like albendazole, oral rehydration salts (ORS), infection prevention and protective equipment such as gloves, gun boots, aprons, and much more. At least 40 000 people from the 4 districts will benefit from the supplies. Cumulatively, since January 2022 when the response to floods commenced UNICEF has provided health supplies valued at US\$ 289,000 .

Nutrition

UNICEF continues to support interventions for the prevention and care of children suffering from severe acute malnutrition (SAM). Through UNICEF support, 63,006 children (32,763 girls and 30,243 boys) in four district councils (Nsanje, Mulanje, Phalombe, Chiradzulu) have undergone nutrition screening reaching a total of 132,821 children (68,536 male 64,286 female) from January 2022 to March 2022. As a result, 2,958 children with SAM have been identified and admitted for treatment.

Infant and young child feeding counselling services to date have reached 36,590 caregivers of children 0-23 months. During the reporting period, UNICEF in collaboration with The Story Workshop Educational Trust (SWET) reached 6,205 people in Chikwawa and Phalombe with messages on exclusive breastfeeding through, Vitamin A supplementation, complementary feeding, proper management of Ready to use therapeutic food (RUTF), COVID-19 preventive measures, antenatal care and benefits of iron-folic supplementation (IFA).

WASH

During the reporting period, further hygiene promotion and blanket chlorination activities have been carried out by UNICEF in partnership with United Purpose in the Nsanje and Chikwawa districts in the effort to contain the cholera outbreak. UNICEF started scaling down water trucking in three displacement sites (Chikonde and Katuma in Mulanje district and Kalima in Chikwawa district), while continuing the distribution of water treatment chemicals (including door-to-door chlorination), enabling additional 9,079 people to access safe water.

UNICEF has also scaled up emergency sanitation interventions in several displacement sites across different affected districts, with additional 5,366 people benefitting from emergency latrines and bathing facilities. So far, 56 bath shelters and 102 prefabricated latrines have been installed. De-commissioning of some of the latrines in camps has started as people are starting to move back to their original homes.

Regarding hygiene promotion, mass media awareness campaigns to influence positive behaviour change around handwashing, water usage, and proper use of latrines have been rolled out through radios, mobile vans and displaying messages in strategic areas. As a result, during the reporting period, 50,230 people have been reached through different hygiene promotion approaches. Plans for rehabilitation of water schemes at the community level and distributing WASH packages for displaced people returning to their villages are underway as the water levels recircle and the rainy season is ending.

Education

Many school-going children in flood-affected are not accessing quality learning opportunities in safe and secure learning environments due to inadequate funding for education response interventions. Out of nearly 400,000 flood-affected children that need humanitarian assistance to access quality learning, only 143,490 have received some form of support since the beginning of the response. UNICEF has contributed to 96 per cent of the overall reach having provided learning and recreation materials and tents to 138,035 learners (83,352 female), children, using prepositioned supplies. UNICEF urgently needs funds to cover the unmet needs and replenish prepositioned stock and thus stand ready to provide a response to other shocks. UNICEF is engaging with the cluster members to strategize on the transition from emergency response to recovery. Key partnerships include the Ministry of Education (Education Cluster Lead), Save the Children (Education Cluster co-lead) and Education Cluster members.

Human Interest Stories and External Media

UNICEF has been producing several stories and contents to highlight the current emergency issues and responses. During the reporting period, following were produced:

- [Chlorine makes cholera gateways safe](#)
- [Water Trucks Shield Flood Survivors from Cholera](#)

In addition, through the Development Broadcasting Unit supported by UNICEF, several Public Service Announcements involving influencers are being continuously disseminated on multiple channels.

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

- [Polio](#)
- [Cholera and Floods response](#)

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](#). These messages have reached more than **eight million (8,936,570) online audiences during the reporting period and engaged 381,068 people**.

Two U-Report SMS blasts with reminders on dates for the second round of Polio vaccines were sent out. The message Bot on cholera is still active and can be triggered by sending the words Cholera or Kolera to 1177. Anyone in Malawi can trigger this Bot.

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\$ 1,390,000 (19 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: 12 May 2022

Annex A: Summary of Floods response 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	204,879	250,000	203,972
	# of people in camps and affected communities that have access to safe sanitation facilities	650,000	270,000	28,598	135,000	28,598
	# of people reached with hygiene promotion messages	731,996	731,996	322,087	350,000	320,982
Community engagement for behaviour and social change						

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 people affected and at-risk reached with behaviour change or health saving messages	731,996			730,000	36,126
	# of people participating in engagement actions for social and behavioural change	500,000			500,000	24,486
	# of vulnerable people actively providing suggestions, complaints, and feedback	300,000			300,000	7,400
Nutrition						
	# of children 6-59 months screened for acute malnutrition	170,227	142,805	252,995	105,000	132,821
	# of children 6-59 months with SAM admitted for treatment	3500	3,500	2,958	3,500	2,958
	# of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	43188	41,112	36,590	41,000	36,590
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	151,525	300,000	151,525
	# women, girls, and boys accessing CP/GBV risk mitigation, prevention, or response interventions	699,808	40,000	38,693	20,000	38,693
	# 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	110,940	20,000	110,940
Education						
	# children receiving individual learning materials	398,908	255,494	143,490	199,000	138,035
	# teachers, members of parent teacher-association and school management committee trained on emergencies in education	578	578	210	210	0
Social Protection *						
	# people benefit from continuity of essential services and humanitarian assistance	598,851			598,000	598,000
	# 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
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*No results yet because interventions planned are for the recovery phase. Planning for the recovery interventions is now finalized, and activities will soon commence

ANNEX B: Malawi humanitarian funding status by sector 12 April 2022

Malawi					
Sector	Requirements	Funds available		GAP	
		Humanitarian resources received*	Other resources used	US\$	%
Health	3,500,000	\$290,300	-	3,109,700	89%
WASH	1,250,000	\$548,400	-	581,600	47%
Community engagement for SBC	160,000	\$185,000	-	-	0%
Education	700,000	\$60,000	-	590,000	84%
Social Protection	300,000	\$50,000	-	150,000	50%
Nutrition	1,300,000	\$80,000	100,000	910,000	70%
Child Protection	700,000	\$151,300	-	548,700	78%
Coordination	90,000	\$25,000	-	-	0%
Total	8,000,000	1,390,000	100,000	6,510,000	81%

*The amount of humanitarian resources received has been revised by deducting an amount of 800,000 reflected in the last report. The 800,000 is a EPF loan which is available for the response but will have to be paid back

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