

7-year-old Aefe Tokesi having a lighter moment with her 2-day old sister Ziona Tokes at displacement site in Chikwawa© UNICEF/UN0614805/Malawi

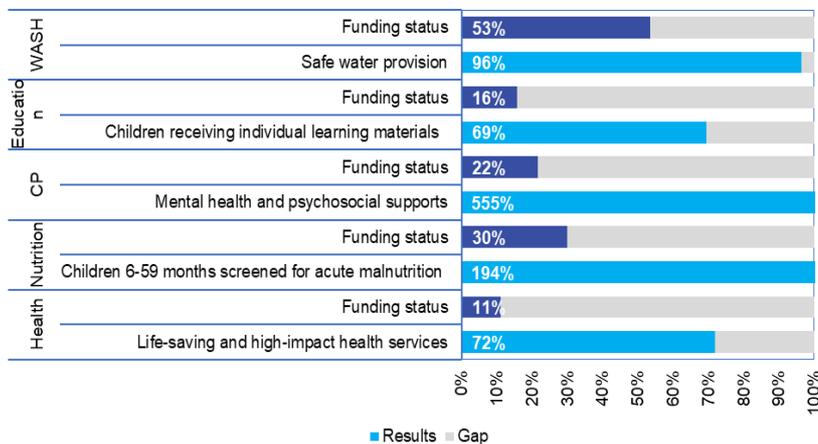


Malawi Humanitarian Situation report – 29 April to 16 May 2022

HIGHLIGHTS

- The number of cholera cases has more than doubled in the last two weeks increasing from 100 cases on 3 May 2022 to 242 as of 15 May 2022. The outbreak has spread to one more district (six districts now affected) over this period and five more deaths have been registered bringing the total to 10.
- 1,062,479 people (292,549 males and 769,930 females) have been reached with protection messages in flood affected districts.
- 149,643 women, girls, and boys are accessing UNICEF supported Child Protection/Gender Based Violence risk mitigation, prevention, or response interventions in the four flood affected districts of Nsanje, Chikwawa, Phalombe and Mulanje.
- 70,530 children (36,323 girls and 34,207 boys) under age 5 in four districts have been screened for acute malnutrition increasing the total of number of children that have benefited from UNICEF supported nutrition screening support since January 2022 to 203,351 children (105,740 male 97, 611 female).

UNICEF response and funding status¹



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Floods, Polio, Cholera Situation Report

Floods – Humanitarian Situation in numbers, 15 May 2022

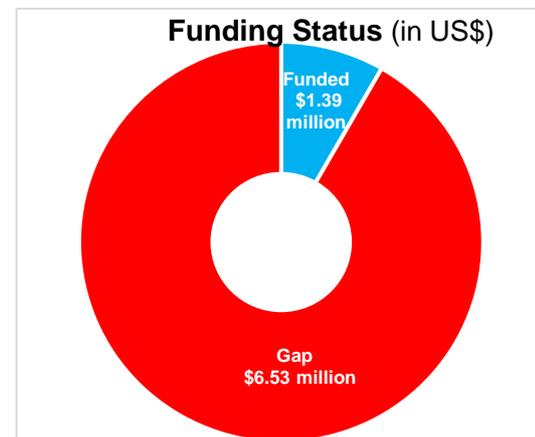
242 Cholera cases with **10** deaths

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

85,888 cases of Covid-19 since the onset of the pandemic

1 case of Polio

Source:
i. Department of Disaster management Affairs Emergency Response Plan, Tropical Storm ANA
ii. Cholera Situation Daily Update as of 15th May 2022



¹ As per flood response.

Situation Overview

Malawi continues to respond to the cholera outbreak declared on 3 March 2022. Over the last two weeks, the number of cases has more than doubled from 100 cases on 3 March 2022 to 242 as of 15 May 2022. A total of 10 deaths have been registered representing a Case Fatality Rate of 4 per cent. Six districts are affected, namely Nsanje with 106 cases and six deaths (one community, five at health facility), Neno with 47 cases and one death, Blantyre with 64 cases and two deaths, Machinga with two cases, Chikwawa with 22 cases and Mulanje with one case. Cross border infections from Mozambique have continued in Nsanje District while the local transmission is rapidly increasing, especially in Neno and Blantyre. There is an urgent need to improve access to safe water and sanitation coverage and scale up risk communication and community engagement. Inter-districts and cross border coordination and collaboration are also very crucial in the prevention and containment.

As of 15 May 2022, Malawi has cumulatively registered 85,888 cases since the onset of the Covid-19 pandemic. The positivity rate is currently at about 2 per cent, while hospital admissions also increased from 4 to 18 (nearly 5-fold) from the previous reporting period. Covid-19 vaccination status presently stands at 1,139, 589 fully immunized people, increasing from 1,107,875 as reported in the previous report. This represents about 9 per cent of the target population, while only 4,920 people got a booster vaccination in the country. About 300,000 vaccines will expire by the end of June 2022. To avoid this, UNICEF, the Ministry of Health and the rest of the partners are collaborating to conduct a nationwide vaccination week from 23 to 27 May 2022. A similar campaign was conducted in April 2022 and more than 230,000 people were reached with Covid-19 vaccination. It is expected that the uptake will also be increased in the upcoming campaign.

People displaced by floods continue to move 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. A joint monitoring visit, that was performed by the Department of Disaster Management Affairs on the decommissioning of camps, return and resettlement of internally displaced persons from 20 to 23 April, found that 95 camps were still open in eight districts, sheltering 36,395 households. Chikwawa accounted for most of the active camps (38 displacement sites still active out of the initial 72), sheltering 20,148 households. Of the 38 sites, five sites namely Savala, Green Bank, Matsukambiya, Kalima and Kanseche, will not be closed anytime soon because the occupants requested relocation to new areas less prone to flooding. Chikwawa district council is in the process of acquiring the land though there is a fear that this might take some time.

The number of children admitted for severe acute malnutrition (SAM) treatment in six flood-affected districts more than doubled in April 2022 (1,508) compared to April 2021 (700). While the nutrition status of the children might have been affected by the impacts of cyclones Ana and Gombe on the food insecurity and increased childhood illnesses, improved case finding through mass screening conducted in March 2022 could have also contributed to the increase.

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.

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 from the start of humanitarian action to reduce the needs and vulnerabilities of and risks to affected populations. UNICEF's support has focused on people in displacement sites during the response phase. Beyond the three-month response phase, it is now 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 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, and 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 lifesaving 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 (MoH) 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 continues to engage disaster-affected and at-risk communities through Story Workshop to provide counselling to parents and caregivers and key messaging. The Social and Behavior Change (SBC) interventions focus on WASH, Nutrition, Accountability and Feedback strengthening, and Health. During the reporting period, 45,283 people (25,377 women and 21,506 men) affected and at-risk were reached with messages, and 2,737 vulnerable people (2,099 women and 638 men) were actively engaged in providing suggestions, complaints, and feedback on various services.

Following UNICEF supported re-orientation sessions for National and District Social Mobilization Committees (DSMCs) in flood-affected districts of Phalombe, Mulanje, Nsanje and Chikwawa, mapping of stakeholders implementing SBC interventions and development of work plans for implementation have been completed. The DSMCs will now engage the communities with harmonized messages, theater performances, airing of radio jingles on flood recovery, Cholera and Polio.

Child Protection

During the reporting period, through UNICEF financial support, the Malawi Police Service, continued to establish community policing committees in the displacement sites and return communities for prevention and response to violence against women and children. A total of 136 community policing committees have been established, increasing from 20 in the last reporting period. In addition, the Police conducted mobile victim support sessions in areas not within reach of a police formation during which 31 people had the opportunity to report protection cases and receive support from Police Victim Support Officers. A total of 152 complaints were also retrieved from the 90 complaints and feedback boxes placed in displacement sites.

The Malawi Police Service also intensified awareness sessions on violence and reporting mechanisms through roadshows, community meetings and training sessions on community policing. Cumulatively a total of 292,549 males and 769,930 females (1.062 people)² have been reached with protection messages by the Police since the beginning of the response, while a total of 149,643 women, girls, and boys are accessing Child Protection/Gender-Based Violence risk mitigation, prevention, or response interventions in the four districts of Nsanje, Chikwawa, Phalombe and Mulanje. Overall, more than one million people have been reached with awareness activities by Police and Child Protection workers to promote access to CP/GBV services.

Provision of mental health and psychosocial support services to people returning to their villages following the decommissioning of camps remains a major challenge since protection services in the return communities were disrupted. UNICEF is working on the deployment of social workers to these communities to restore protection services such as children's corners, community victim support units, and provision of mental health and psychosocial support services.

² The jump in reported figures is because of delayed reporting from partners.

Health

UNICEF is working with the Ministry of Health (at both the national and district levels), WHO, the Malawi Red Cross Society (MRCS) and other partners like the Society of Medical Doctors (SMD) to mobilize health workers and build their capacity for case management. UNICEF has contributed to the financing for Nsanje District to conduct Oral Cholera Vaccination in some hard-to-reach areas. This is in addition support that UNICEF provided earlier in the procurement process of the 1.9 million doses of the vaccines which arrived in Malawi on 8 April 2022. The campaign is expected to begin from 23- 27 May 2022. UNICEF has also provided financial support to Nsanje District Health Office for a cross border collaboration meeting with its Mozambican counterparts to be held on 20 May 2022. UNICEF is currently working to establish the requirements and gaps of cholera supplies in the affected districts to inform decision on additional supplies to be provided.

Nutrition

A total of 70,530 children (36,323 girls and 34,207 boys) under age 5 in four districts have been screened for acute malnutrition, increasing the total number of children that have benefited from UNICEF supported nutrition screening support since January 2022 to 203,351 children (105,740 males 97, 611 female). This has contributed to the identification of 3,402 children with SAM who have been admitted into the community management of acute malnutrition programme to receive treatment. Infant and young child feeding counselling services have reached 38,583 caregivers of children 0-23 months. During the reporting period, UNICEF, in collaboration with The Story Workshop Educational Trust (SWET), reached 1,993 people in Chikwawa and Phalombe with messages on exclusive breastfeeding, 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, through partner United Purpose, UNICEF has reached 36,828 people with safe water through the provision of water treatment chemicals for door-to-door chlorination, bringing the total number of people reached to 240,800. 5,153 people have also gained access to basic sanitation facilities (latrines and bathing facilities) through the construction of 56 bath shelters and the installation of 110 prefabricated latrines in sites that are still hosting internally displaced people in Phalombe, Nsanje and Mulanje. Thus, the number of people that have gained access to basic sanitation facilities with UNICEF support now stands at 33,751. At the same time, 76 latrines were decommissioned as displaced people continue to move back to their original homes.

Hygiene promotion, mass media awareness campaigns aimed at influencing positive behaviour change around handwashing, water usage, and proper use of latrines through radios, mobile vans and displaying messages is continuing. During the reporting period, 74,500 more people have been reached, bringing the total so far reached to 395,482.

UNICEF has provided various WASH supplies that included 219 drums of chlorine, 6,550 buckets of different sizes, 307 rolls for construction of temporary bath shelters and latrines, 34,000 bars of 1kg soap, 1,900 sanitary pads, 200 latrine squatting plates and 1,800 bottles of bacteriological test kits valued at US\$ 153,775 to flood affected Chikwawa, Nsanje and Mulanje Districts.

In support of cholera control efforts in districts that are either affected or at high risk, UNICEF has distributed water purification tablets to Chikwawa, Nsanje, Mulanje, Phalombe, Lilongwe, Blantyre, Karonga and Chitipa districts. The quantity provided is adequate to meet the needs of approximately 16,000 people for a period of about one month.

Education

No update

Social Protection

To help curb the food insecurity levels in the country, UNICEF has supported the Government of Malawi to implement the Lean Season Response (LSR) in 4 districts namely Nsanje, Neno, Balaka and Ntcheu reaching over 16,000 households via Horizontal Expansions and over 29,000 households via the SCTP Vertical Expansion. UNICEF provided technical support for the targeting process and financial support to cover logistical costs for the delivery of the cash to the beneficiaries. As the target for SCTP VE households was 32,164, UNICEF is currently supporting the Ministry in

paying LSR top ups of MK18,000 per month/ household to remaining 3000 households that did not benefit from last month's The Lean season After action Review has also been planned to identify ways to improve implementation. In this regard, UNICEF is supporting Government to hire a consultant, who will do an independent review and document the successes and challenges of the 2021-22 lean season response to inform future programming.

UNICEF is also providing support to DODMA through the Ministry of Gender, Community Development and Social Welfare for recovery in flood affected districts. The floods recovery intervention is expected to reach over 31,000 households in 4 of the districts with a multipurpose cash transfer of Mk18,000 per month for 3 months running from May- July.

Human Interest Stories and External Media

During the reporting period, there has been extensive media coverage on the emergency issues and UNICEF and partners' responses to the situations. For example, there were 19 stories in Daily Times, Nation, Zodiak, YONECO, Kulinji.com, Nyasatimes, AllAfrica.com, Malawi News, The Weekend Nation, Sunday Times, The Nation on Sunday and Malawi 24. UNICEF had one back page lead story highlighting the engagement with [Gabadino, a famous Malawian football star, advocating for the polio vaccination campaign](#) (The Daily Times). UNICEF also had an exclusive five-page feature on cholera (The Nation on Sunday). UNICEF had one full page pictorial focus capturing Phase 2 of the polio vaccine campaign (The Nation).



UNICEF continues to produce stories and content to highlight the current emergency issues and responses through various channels. Here are the new stories that have been published to date on floods recovery, Covid-19, cholera and polio response:

- [Displaced children get safe spaces](#)
- [Displaced children face severe malnutrition](#)
- [Covid-19 jabs meet routine immunisation](#)
- [Border community embraces Covid-19 vaccines](#)
- [Water trucks shield flood survivors from cholera](#)
- [The outbreak caught us unaware](#)
- [Chlorine makes cholera gateways safe](#)
- [Creating a common fight against cholera](#)
- [Preserving every drop of the polio vaccine](#)

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 231,772 online audiences during the reporting period and engaged 38,523.

During the last Polio campaign, U-Report blasted two Polio messages to 246,294 U-Reporters across Malawi. The messages were reminders of the vaccine dates, eligibility and where to get the vaccines. Since commencing the U-Report programmes on Timveni radio station, people accessing the cholera bot have increased from 39 to 69 in the last two weeks. 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: 2 June 2022

Annex A: Summary of Floods response Programme Results

Sector	Sector	Population in need	Cluster/Sector Response			UNICEF		
Sector	Indicators	Population in need	Target	Total results	Change since last report ▲▼	Target	Total results	Change since last report ▲▼
Health								
	Children 0-59 months are reached during vaccination campaigns to reduce the risk of epidemic-prone outbreaks.	170,227				153,000	105,000	0
	Women, adolescent girls, and new-borns safely and equitably access quality lifesaving and high-impact maternal and neonatal health services.	106,250				57,000	41,000	0
WASH								
	# of people in camps and affected communities accessing safe water supply of acceptable quality and quantity	731,996	300,000	241,707	36,828	250,000	240,800	36,828
	# of people in camps and affected communities that have access to safe sanitation facilities	650,000	270,000	33,751	5,153	135,000	33,751	5,153
	# of people reached with hygiene promotion messages	731,996	731,996	396,587	74,500	350,000	395,482	74,500
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	81,409	45,283
	# of people participating in engagement actions for social and behavioural change	650,000				500,000	27,223	2,737
	# of vulnerable people actively providing suggestions, complaints, and feedback	300,000				300,000	7,493	93
Nutrition								
	# of children 6-59 months screened for acute malnutrition	170,227	142,805	323,525	70,530	105,000	203,351	70,530

	# of children 6-59 months with SAM admitted for treatment	3,500	3,500	3,402	444	3,500	3,402	444
	# of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	43,188	41,112	38,583	1,993	41,000	38,583	1,993
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	1,175,311	1,023,786	300,000	1,175,311	1,023,786
	# women, girls, and boys accessing CP/GBV risk mitigation, prevention, or response interventions	699,808	40,000	149,643	110,950	20,000	149,643	110,950
	# 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	0	20,000	110,940	0
Education								
	# children receiving individual learning materials	398,908	255,494	143,490	0	199,000	138,035	0
	# teachers, members of parent teacher-association and school management committee trained on emergencies in education	578	578	0	0	210	0	0
Social Protection								
	# people benefit from continuity of essential services and humanitarian assistance	598,851				598,000	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	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	0

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

Malawi					
Sector	Requirements	Funds available		GAP	
Sector	Requirements	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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