Highlights

- A slight increase in new COVID-19 cases has been observed over the last two weeks from 18 to 35 and 39. Although it is too early to draw any conclusions, the more than double rise in new cases must be monitored closely. One additional death has been recorded during the two-week period.
- Schools at all levels of education in Malawi opened fully on 12 October. As part of efforts to decongest schools and maintain social distancing, UNICEF distributed 25 classroom-sized tents to seven schools in Blantyre and Lilongwe benefitting 50,329 learners. UNICEF through the Education cluster is exploring alternative ways of decongesting classrooms and exercising preventative measures at school.
- UNICEF supported the government to develop an issue paper and a road map on teenage pregnancy and child marriage to disseminate the findings from the government-led assessment. This action follows findings from a Malawi government-led COVID-19 rapid assessment on teenage pregnancies and child marriages which shows a 11 per cent increase in teenage pregnancies in the period of March to July 2020 compared to the same period in 2019.
Situation Overview

As of 20 October, 5,861 cases of COVID-19 have been registered in Malawi. A slight increase of new cases has been observed over the last two weeks from 18 as at the last report to 35 and 40 in the two subsequent two weeks. Although it is too early to draw any conclusions, the more than double rise in new cases must be monitored closely.

Two additional deaths have been recorded during the two-week period bringing the total number of deaths to 182. A significant number of people, have also recovered, leaving 922 active cases under follow up. The emergency treatment units have not been occupied for more than four weeks now and all cases are being managed at home.

The number of new, imported cases has also declined, over the past two weeks with 5 cases imported, three of which are refugees coming from the Democratic Republic of Congo (DRC). One new death was registered since the last report and the total number of fatalities is at 181 (CFR = 3.09%).

Shortage of test kits continues to haunt the surveillance in country, with only 5 or six laboratories out of 51 conducting tests regularly while the rest are not functioning. While all travellers coming to Malawi are required to present a negative PCR COVID-19 test, some continue to come without test results. The MoH has revised its protocol that all people coming without test results will be tested on arrival and will proceed to self-quarantine, while those coming with negative test results will proceed to self-monitoring, which has no restriction of movement. With this revision compounded by re-opening of schools and universities, there is a high possibility of flaring up of COVID-19 cases in Malawi in the coming weeks.

Programme response by UNICEF and partners

Humanitarian Leadership, Coordination and Strategy

Humanitarian Strategy

UNICEF Malawi is working in the following areas of strategic priority against COVID-19:

- Public health response to reduce coronavirus transmission and mortality
- Continuity of health, education, nutrition and protection services
- Assessing and responding to the immediate secondary impact of COVID-19
- Strengthening Risk Communication and Community Engagement (RCCE)

UNICEF maintains critical preparedness and response operations, including operational humanitarian access corridors and delivery of services in Health, Education, Child and Social Protection, WASH, Nutrition and Communication for Development (C4D). This is being done to prevent and control infections, ensure continuity of education, promote positive behaviours, prevent transmission and ensure the protection of children rights, especially of the most vulnerable ones.
Humanitarian leadership and coordination

- The National Disaster Preparedness and Relief Committee continues to meet to review COVID-19 related recommendations from the cluster system.
- Clusters continue to hold meetings for better response coordination. Information relating to COVID-19 resource mobilization, allocation, programmatic implementation is being regularly updated.
- 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.
- UNICEF participates in Humanitarian Country Team and the Inter-Cluster Coordination meetings which provide a platform for cross-sectoral coordination. The meetings are now taking place once every fortnight.

Malawi COVID-19 Supply Chain

- On behalf of the World Bank, Health Sector Joint Fund (HSJF), and GAVI, UNICEF is supporting the procurement of more than 8 million USD worth of supplies. These supplies include infection prevention and control (IPC) supplies, personal protection equipment (PPE), medical consumables, test kits, screening supplies and Intensive Care Unit (ICU) equipment (oxygen concentrators, ventilators). The PPEs, IPC supplies, and screening materials including infra-red thermometers have arrived in country while the ICU equipment are in transit. In the past two weeks PPEs, IPCs and screening materials supplies were distributed to more than 20 districts.
- During the reporting period, UNICEF has distributed 500 face shields, 300 gloves of various sizes, 100 surgical masks, 2,000 tablets of 175g soap and 60 500ml-bottles of hand sanitizer valued at $9,141 to Nsanje and Phalombe DHOs for Oral Cholera Vaccine (OCV) campaign. This will ensure that the OCV campaign is undertaken in an environment where the risk of human-to-human transmission is minimized and individuals taking part in the exercise are protected from exposure to COVID-19.
- UNICEF also distributed five clinical infra-red handheld thermometers to Ministry of Health Epidemiology Unit for screening of returnees at Mwanza border.
- Additionally, UNICEF distributed 1,000 bottles of 400ml sanitizers with pump and 100 boxes of gloves valued at $4,800 to Lilongwe University of Agriculture and Natural Resources.

Summary Analysis of Programme Response

Public health response to reduce coronavirus transmission and mortality

As returnees from South African continue to arrive in the country, UNICEF is carrying on with support with screening at points of entry; Kamuzu International Airport and Mwanza, Songwe (Karonga) and Chitipa border points. More than 1200 were tested in the past two weeks, and only one tested positive for COVID-19.

UNICEF continues to support the dissemination of WASH related messages through different approaches namely community radios, hand washing demonstrations at markets, communities and townships, mobile van messaging, information education and communication materials and newspapers). During the reporting fortnight, UNICEF through United Purpose reached out to 50,932 people with mobile van promotions and another 19,300 people through demonstrations on proper handwashing. Through all the different approaches being used to disseminate WASH related messages (community radios, hand washing demonstrations at markets, communities and townships, mobile van messaging,
information education and communication materials and newspapers), cumulatively 4,324,000 million have been reached.

UNICEF also continues to support of infection prevention and control enhancements in schools, health facilities, markets, and other public spaces as well as provide critical hygiene items. During the reporting period, UNICEF partner United Purpose provided emergency WASH support to 981 Malawian returnees at Mwanza border crossing with water trucking. UNICEF also provided reusable sanitary pads to 243 returnee women and adolescent girls. In addition, 120 secondary school girls in Chitipa were provided with reusable sanitary pads.

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

Since the last report, about 10,000 more people, including 267 people with disabilities, have been reached with COVID-19 messages through door to door, mobile van and community drama sessions and social media. This brings the total number of people so far reached to about 1.24 million. A total for 5,785 COVID-19 related radio and TV spots have been broadcast through the partnership with Malawi Institute of Journalism.

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

On 12 October, schools at all levels of education in Malawi opened fully, following the phased re-opening approach developed by Ministry of Education. As part of efforts to decongest schools and maintain social distancing, UNICEF distributed 25 classroom-sized tents to seven schools in Blantyre and Lilongwe benefitting 50,329 learners. UNICEF through the Education cluster is exploring alternative ways of decongesting classrooms and exercising preventative measures at school.

Given the disruption to schools, sexuality education, health and other services, UNICEF through its partners has been supporting the provision of information and support to adolescents and young people. UNICEF has continued to engage parents and local communities to ensure boys and girls return to and remain in school. About 10,101 (2,118 girls, 2,854 boys, 2,844 women, 2,172 men, 84 community and 29 government officers) have been reached with education related messages including on gender equality and adolescent nutrition. UNICEF is also working on ensuring minimal disruption to essential health services to adolescents and young people including access to iron-folic acid (IFA) supplementation. With UNICEF support, IFA distribution in schools has resumed after the disruption due to school closures. A total of 3,244 girls have received IFA supplementation within the reporting period.

UNICEF also continued to support dissemination of nutrition related messages on COVID-19 through community radios and house to house visits. In collaboration with Food and Agriculture Organisation (FAO) and Malawi Red Cross Society (MRCS), over 6 million people have to date been reached with key nutrition messages on nutrition in the context of COVID-19 in the 18 UNICEF focus districts. UNICEF in collaboration with MRCS distributed buckets and basins to two villages in Mangochi district in a clean village campaign during which 609 families (more than 2,700 people) were visited and reached with COVID-19 messages. In addition, 612 care group cluster leaders and promoters and 171 local leaders were reached with COVID messages in Mzimba district during the reporting period increasing the number of care group cluster leaders reached so far with COVID-19 prevention messages to about 75,000.
A Malawi government-led COVID-19 rapid assessment on teenage pregnancies and child marriages, indicates that the country has recorded 13,000 cases of child marriages and over 40,000 cases of teen pregnancies during the COVID-19 period (from March to July 2020), which is an 11 per cent increase in teenage pregnancies compared to the same period in 2019. The assessment indicates that the key drivers of child marriages and teenage pregnancies are rooted in the dominant culture, compounded by religious beliefs, lack of economic and social alternatives for young people, and desire to establish a family. There is an urgent need to invest in both prevention of the risks of early pregnancy and child marriage and provision of support to those that have experienced teenage pregnancy and child marriage. Data collection was a challenge during the exercise due to limited dissemination and operationalization of the child protection information management system at district level.

As co-lead of Protection Cluster, UNICEF supported the government to develop an issue paper and a road map on teenage pregnancy and child marriage aimed at disseminating the findings from the government-led assessment and to promote support to the affected girls including investment in prevention. The issue paper was adopted at the Presidential COVID-19 Task force. The Government intends to commit some funding to the proposed activities after the Ministry responsible submits a detailed budget which includes contributions from the Protection and Social Support cluster members.

Support to strengthening of reporting and referral mechanisms for child protection as well as cases of violence, including sexual exploitation and abuse and negative coping mechanisms such as child marriage is ongoing. So far UNICEF has assisted more than 4,400 callers to the national child helpline and gender-based violence (GBV) crisis line to receive psychological first aid. Of the 4,400 callers, 204 received support during the period of 1 to 14 October. Cases reported through the calls included 162 related GBV and child protection calls including 48 child marriage cases, 37 defilement cases, and 30 emotional abuse cases. As per the existing procedure, the cases were referred to relevant service providers including police, social welfare, judiciary, health, and other partners. Awareness raising through SMS continues, focusing on psychosocial support for children by parents and caregivers, as well as on how to report violence cases through the helpline.

Additionally, UNICEF is providing financial and technical support to facilitate the follow up and provision of the necessary assistance to vulnerable people, including children living or working on the streets, children without parental or family care by District Social Welfare Offices (DSWOs). To date, over 600 children without parental or family care, including children in Child Care Institutions (CCIs) and children reintegrated from CCIs to their families, have been provided with appropriate alternative care arrangements and support by DSWOs and UNICEF’s partner, YONECO. Similarly, around 750 children living or working on the streets children in Blantyre, Machinga, Dedza, and Zomba districts have been provided with Psychosocial Support (PSS) and necessary material support since the beginning of the response, including eight children supported during the reporting period in Blantyre district.

Over 19,900 people in six districts (Blantyre, Machinga, Dowa, Mchinji, Zomba, Mulanje) have been reached with community-based Mental Health and Psychosocial Support (MHPSS) by District Social Welfare Offices (DSWOs). During the period (1-14 October), over 1,100 people, including around 770 children, were provided with this support in Blantyre district.

**Human Interest Stories and External Media**

A UNICEF Malawi op ed was published in the two daily papers- Times and Nation- on Global Handwashing Day.
A story on how young people at Chilwa Reformatory Centre are benefitting from a new solar water powered system installed by UNICEF was published. The new water system has had a considerable impact providing access to improved hygiene, particularly amid the current COVID-19 pandemic.

UNICEF collaborated with the Ministry of Youth and the National Youth Council of Malawi to send out a poll on the review of the National Youth Policy through the U-Report platform to solicit views from young people on the process. This collaboration enabled the Ministry of Youth to get the views of thousands of young people at a time when large physical gatherings are not possible due to COVID-19 preventive measures. Results of the poll can be accessed here.

Funding Overview and Partnerships

UNICEF needs an estimated US$ 55,600,000 to respond effectively to the impact of the COVID-19 pandemic on women and children to complement the government efforts in Malawi. The proposed geographical coverage aims at targeting high risk as well as vulnerable districts from the North, Central and Southern parts of the country through a balanced approach seeking to leave no one behind. The proposed integrated programme approach will ensure comprehensive and holistic coverage of child needs, especially of the most vulnerable.

To date, UNICEF has received US$ 20,976,214 contributions from public and private donors. However, a funding gap of 75 per cent remains. Specific funding requirements, resources available so far and the current funding gaps per sector are displayed in Annex B.

Next SitRep: 4 November 2020


Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Total results as of 20 Oct. 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>400</td>
<td>600</td>
</tr>
<tr>
<td>Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>400</td>
<td>719</td>
</tr>
<tr>
<td>Number of healthcare workers within health facilities and communities provided with PPEs</td>
<td>2,500</td>
<td>2,260</td>
</tr>
<tr>
<td>Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential new-born care, immunization, treatment of childhood illnesses and HIV care through UNICEF supported community health workers and health facilities.</td>
<td>500,000</td>
<td>168,499</td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>5000</td>
<td>6,909</td>
</tr>
<tr>
<td>C4D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appeal Sector</td>
<td>Funding Requirements</td>
<td>Funds received against the appeal</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Health</td>
<td>$30,600,000</td>
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</tr>
<tr>
<td>WASH</td>
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<tr>
<td>C4D</td>
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</tr>
<tr>
<td>Education</td>
<td>$3,200,000</td>
<td>$6,484,529*</td>
</tr>
<tr>
<td>Social Protection</td>
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<td>$0</td>
</tr>
<tr>
<td>Nutrition</td>
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<td>$0</td>
</tr>
<tr>
<td>Child Protection</td>
<td>$1,000,000</td>
<td>$0</td>
</tr>
<tr>
<td><strong>TOTAL US</strong>:$</td>
<td><strong>$55,600,000</strong></td>
<td><strong>$17,190,743</strong></td>
</tr>
</tbody>
</table>

*The actual amount received from by the education sector is $10,270,000. Of the total amount, 6,484,529 is what is earmarked for use in 2020 while the rest will be utilised in 2021; hence the revision to reflect only the funding available in 2020.

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