



Ifan Mussa showing how he keeps himself safe from COVID-19. ©UNICEFMalawi/2020

MALAWI COVID-19 Situation Report



Reporting Period: 6 to 12 August 2020

Situation in Numbers as of 11 August 2020

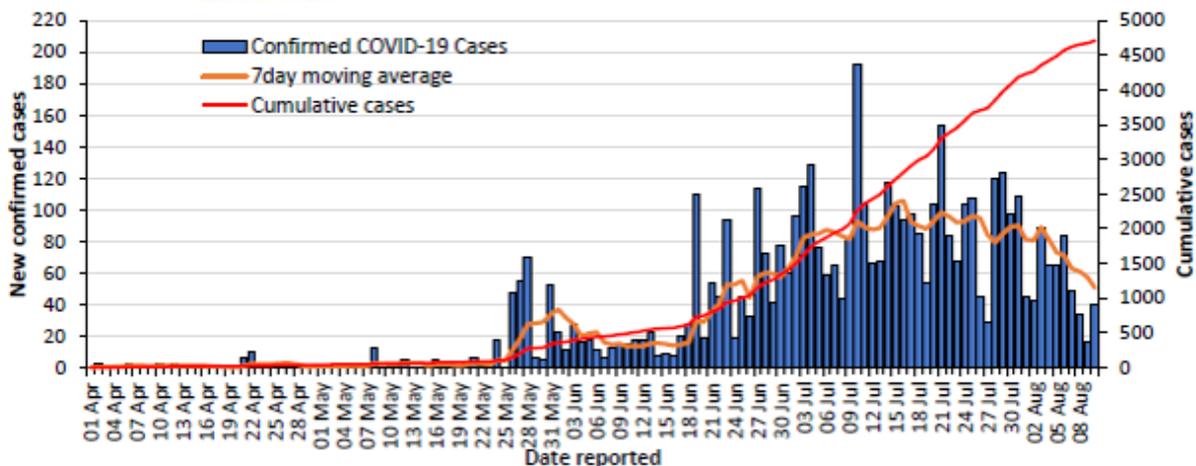
4,714 confirmed cases
2,477 recoveries
152 deaths
35,337 tested samples
2,085 active cases

Source: 2020/08/11 Malawi COVID-19 Situation report, Public Health

Highlights

- ❖ On 7 August 2020 the Government of Malawi gazetted public health (COVID-19) prevention, containment and management rules which came into force on Saturday 8 August 2020. The rules provide general preventive measures to contain the escalation of COVID-19 including mandatory wearing of face masks in public places.
- ❖ As part of its support in ensuring continuity of services, UNICEF is supporting the revision of service delivery guidelines to ensure the continuation of antiretroviral therapy and prevention of mother-to-child transmission. UNICEF is also supporting the Ministry of Health with the revision process for the care of carers guidelines.
- ❖ As part of the efforts to address the HIV data gaps created by lack of physical supervision associated with COVID-19 restrictions, UNICEF has provided technical and financial support to MoH to conduct site supervisory visits on early infant diagnosis and other PMTCT services targeting 69 health facilities. The exercise will help to assess the level of service utilisation within HIV service delivery in the context of COVID-19 pandemic.
- ❖ To address the issue of limited stocks of testing reagents especially GeneXpert cartridges which is negatively affecting the daily output of testing, UNICEF has ordered 35 test kits capable of testing about 35,000 samples. The kits are expected to arrive in the country on 13 August 2020.

Epidemic curve of COVID-19 in Malawi



Situation Overview

As of 10 August, there are 4,714 confirmed cases of COVID-19 in Malawi. They are concentrated in six of the 28 districts namely Lilongwe, Blantyre, Mzuzu, Mwanza, Nkhatabay and Mzimba. Currently infection is high within communities with locally transmitted infections at 3,678, which is almost three times the number of imported cases at 1,036. This situation is being compounded by the opening of Tanzanian border and continued inflow of Malawians returning from South Africa.

While the country's laboratory testing capacity has increased tremendously from none at the beginning of the pandemic to currently 51 COVID-19 testing sites (14 RT-PCR and 37 GeneXpert), limited stock of testing reagents especially GeneXpert cartridges is negatively affecting the daily output of testing. Testing has reduced from 1,000 daily, which is already lower than expected 2,400, to 300 tests per day. To date, a total of 35,337 people has been tested with cases being registered in all the districts of the country and districts.

To date, a total of 2,477 cases have recovered and 152 have died. Majority of the deaths are occurring among people in the age group of 50 – 59 years.

As per the case management subcommittee of the national health cluster, 80 per cent of the cases are not being treated in isolation centres because most Emergency Treatment Centres (ETUs) are undergoing renovation. Lilongwe and Blantyre/Kameza ETUs that were renovated by UNICEF have limited space to accommodate all the cases. They also lack equipment including hospital beds and other supplies required for care of all confirmed cases if they are to be admitted. As such, mild cases are being managed as outpatients.

On 7 August 2020, the Government of Malawi gazetted Public Health (COVID-19) prevention, containment and management rules which came into force on Saturday 8 August 2020. The rules contain general preventive measures to contain the escalation of COVID-19 including mandatory wearing of face masks in public places, physical distancing of at least one meter from each other and washing hands with soap. The measures also include restrictions to gatherings of more than ten people except for national assembly and meetings to discuss COVID-19.

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

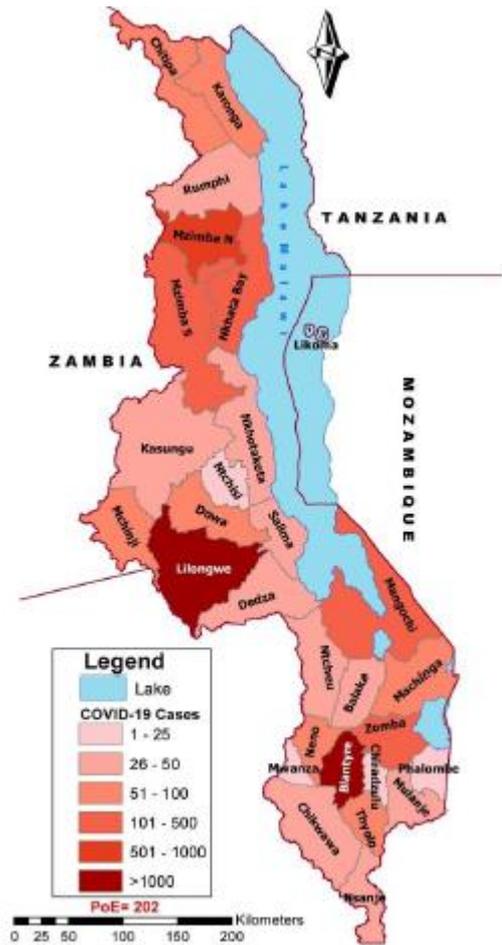


Figure 1: Map of Malawi showing distribution of COVID-19 cases

- Continuity of health, education, nutrition and protection services
- Assessing and responding to the immediate secondary impacts 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) areas to prevent and control infections, ensure continuity of education, promote positive behaviours, preventing transmission and ensuring the protection of children rights, especially of the most vulnerable one.

Humanitarian leadership and coordination

- A government press briefing was held on 9 August at which newly gazetted Public Health (COVID-19) Prevention, Containment and Management Rules in Malawi were announced.
- The Presidential Task Force continues to coordinate various measures of response to the pandemic.
- The National Disaster Preparedness and Relief Committee continues to meet weekly to review recommendations from the cluster system.
- Clusters continue to closely monitor the situation in addition to updating the National Plan while at the same time supporting the implementation of preparedness and response actions. (<https://calendar.google.com/>).
- Clusters continued to hold weekly meetings for better response coordination. Information relating to COVID-19 resource mobilization, allocation, programmatic implementation (RM and 5Ws) is regularly being updated.
- UNICEF is the co-lead agency for the Education, Nutrition, and Water, Sanitation and Hygiene (WASH) and Protection Cluster, 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.

Malawi COVID-19 Supply Chain system

- During the reporting week, 11,200 surgical gowns valued at about US\$ 41,000 procured with funds from the Health Sector Joint Fund (HSJF) for the Ministry of Health (MoH) were received into the UNICEF warehouse. The supplies will be distributed to health facilities for use by frontline health workers providing COVID response.
- The COVID-19 supply chain portal, which is coordinated at country level by UNICEF, continues to facilitate requests by national authorities and humanitarian partners for strategic and critical supplies.

Summary Analysis of Programme Response

Public health response to reduce coronavirus transmission and mortality

UNICEF is supporting the MoH with surveillance, epidemiologic investigation, rapid-response, and case investigation. To address reported underutilization of the 51 testing sites in the country which is attributed to limited contact tracing, shortage of test kits and lack of adherence to testing protocols, UNICEF has provided resources to MoH through the Clinton Health Access initiative (CHAI) to roll out on job mentorship of all laboratory staff on the usage of RT-PCR and GeneXpert. UNICEF has also ordered 35 test kits capable of testing about 35,000 samples which are expected to arrive in the country on 13 August 2020. UNICEF also continues to support point of entry screening of travellers

at Kamuzu International Airport, Karonga, Mwanza and Mangochi through Malawi Red cross Society (MRCS). In the past week, 3,215 people came in, bringing the total number of travellers screened with UNICEF support to 52,206. This intervention is being undertaken with funding from UKaid and Irish government.

As part of its support towards case management and provision of life saving interventions, UNICEF's partner MRCS provided allowances for 45 health workers working at Kameza Emergency Treatment Units (ETUs) in Blantyre district to leverage government-promised risk allowance thus ensuring that patients access the necessary care. Furthermore, through CHAI, UNICEF has supported the Ministry of Health (MoH) Emergency Operations Centre (EOC) to conduct monitoring and supervision visits to 22 districts with the funding from UK Aid. Among the health facilities visited are eight ETUs, which are under renovation with the aim of assessing the level of their readiness to start offering services. In relation to the reported increase in the number of COVID-19 fatalities which is attributed late reporting and limited management capacity at ETUs, UNICEF has started training a team of mentors who in turn will provide mentorship to other ETUs across the country. UNICEF also supported the development of COVID-19 death audit guidelines to guide districts to conduct their own death audits. Through CHAI, UNICEF also supported MoH to conduct a coordination meeting that brought together all District Directors of Social Services. The meeting agreed that all districts should establish COVID-19 team of experts to conduct death audits immediately after they occur and report to the centre key recommendations to reduce on mortality. Furthermore, CHAI has started assessments on Infection Prevention and Control (IPC) targeting high burden districts which will be followed by a mentorship programme for all health workers on minimum IPC requirements.

Provision of WASH supplies and services remains a key intervention being supported by UNICEF. UNICEF is ensuring availability of water and sanitation facilities and services at health facilities including returnee screening centres, border points and urban communities. During the reporting week, 465 Malawian returnees at Machinga TTC returnee screening centre received emergency WASH supplies and services through UNICEF partner United Purpose (UP). So far 12,167 returnees and 1,381 inmates have been provided with soap and handwashing facilities and hygiene improvement, in addition to ensuring services at the ETUs and returnee screening centres.

Eleven additional latrines have been installed at Thyolo ETU bringing the number of emergency latrines installed to date to a total of 90, servicing 72 ETUs, 10 border points and 8 at Machinga returnee screening centre. Meanwhile, construction of permanent toilets by private contractors is ongoing in Blantyre, Mwanza, Mchinji and Mzuzu ETUs, for more sustainable use.

In addition, UP with Blantyre Regional Water Office provided safe water by trucking and bladders to Machinga TTC returnee screening centre as backup water supply for the 465 returnees. UNICEF also continues to support water quality tests at and around hospitals and the emergency treatment units. This time repeat rapid water quality tests were conducted at four water points in Nsanje. Those still found contaminated are to be treated through flush chlorination. Also, routine tests of treated water at different points around Machinga TTC returnee screening centre were conducted and showed adequate chlorine residuals. Since the onset of the COVID-19 preparedness and response interventions, a total of 45 water sources with capacity to serve a population of 11,250 people have been tested. Out of these, seven test results that showed bacterial contamination (presence of faecal coliforms) were all treated and are now providing safe drinking water. Through WASAMA, water quality audits of the five water boards are also continuing to ensure they supply good quality water in urban areas as part of water safety planning.

Furthermore, UNICEF through UP with funding from UKaid has so far reached out to more than four million people with WASH-related messages through radios, hand washing demonstrations at markets, communities and townships, mobile van messaging, IEC materials and newspapers. Of these, more than one million are children under 18 years and more than three million are adults. In the past week, 37,584 people were reached through mobile van promotions and 3,564 people with proper handwashing demonstrations.

Strengthening Risk Communication and Community Engagement (RCCE)

UNICEF continued to support implementation of risk communication and community engagement interventions using various delivery platforms. The number of people reached with COVID-19 messages through door to door, mobile van and community drama sessions and social media is now at 644,025 people of which 134,910 are men, 161,243 are women, 160,128 are boys and 187,744 are girls. A total of 51 people with disabilities have also been reached with messages during the reporting period. So far, out of 2,822 people interviewed on COVID awareness through MIJ radio monitors, 2,590 people were able to recall the messages they have heard through the radios representing a 92 per cent rate. In addition, UNICEF is launching a campaign on community masks.

Continuity of health, education, nutrition and protection services

UNICEF is providing support to ensure continuity of health including HIV, WASH, education, nutrition and protection services during the COVID-19 pandemic. UNICEF is supporting the revision of service delivery guidelines to ensure provision of critical services such as Antiretroviral Therapy (ART) and prevention of mother-to-child transmission (PMTCT). To this end, UNICEF is supporting MoH with the revision process for the care of carers guidelines. As part of efforts to address the HIV data gaps created by lack of physical supervision associated with COVID19 restrictions, UNICEF has provided technical and financial support to MoH to conduct site supervisory visits on early infant diagnosis and other PMTCT services targeting 69 health facilities. The exercise will help to assess the level of service utilisation within HIV service delivery in the context of COVID-19 pandemic. Regarding maternal and new-born health, UNICEF has provided technical and financial support in the training of health care workers in infection, prevention and control and prioritized the training of quality of care coaches amidst COVID-19 in 9 UNICEF focus districts.

Increase of COVID-19 infection among frontline health workers remains a concern for the continuity of health services. UNICEF and other IPC partners are, therefore, supporting the MoH in undertaking a training programme on the effective use of PPEs as per WHO guidelines.

UNICEF is supporting continuity of learning while schools in Malawi remain closed and the government is carefully analysing the status of the pandemic to determine the appropriate reopening date. As part of the efforts to strengthen the provision of distance learning during the school closure through radio, online and self-learning materials, UNICEF is supporting the Ministry of Education, Science and Technology (MOEST) with the development of self-study materials. Six modules are ready for printing and 14 additional modules are being finalized. Furthermore, UNICEF has extended technical and financial support to MoEST, Ministry of Information (MoI), and Story Workshop Education Trust (SWET) to implement social mobilization activities around continuity of learning and back to school campaign including scaling up of awareness on prevention of COVID-19, Gender based Violence (GBV) including child marriages and promotion of adolescent nutrition and

hygiene. Meanwhile, the MoEST has set up an internal committee of directors to lead on the preparation of school reopening using the recently launched school re-opening guidelines. Internal and external consultations are underway with wide range of stakeholder - teachers union, parents, Malawi National Examination Board, private schools, etc. Additionally, MoEST is distributing school reopening guidelines to stakeholders at zonal and school level to help them prepare for the school opening.

UNICEF is also ensuring continued access to essential protection services. In partnership with Save the Children and with support from the EU-funded Spotlight Initiative, rehabilitation of dilapidated community victim support units (CVSU) structures is in progress in 4 districts (Machinga, Ntchisi, Mzimba and Nkhata Bay). In the period 30 July to 5 August, community engagement and mobilisation on construction works was completed in 6 Traditional Authorities in 3 districts (Mzimba, Nkhata Bay and Ntchisi) and CVSU construction committees were formed for each structure. The committees constituting a total of 60 members (30 females, 30 males) were oriented on their roles and responsibilities. Primary schools within the vicinity of the 50 targeted CVSUs were mapped in order to establish effective referrals of violence cases from Safe Schools Committees to CVSUs. A total of 24 schools have been mapped in Machinga, Nsanje, Nkhata Bay, and Mzimba districts and communities were mobilised for the formation of the Safe Schools Committees (4 schools in Machinga, 4 schools in Nsanje, 8 schools in Nkhata Bay, 8 schools in Mzimba). The strengthening of these committees will provide enhanced protection for children currently not in school due to school closures through encouraging reporting of violence and sensitising children and communities on protection issues.

To address issues of child marriage and teenage pregnancies and to ensure that children are safe at home, the Malawi Police Service in partnership with UNICEF under the Safe Schools project is actively engaging communities. In Mangochi, parents, teachers, mother groups and members of community crime prevention committees have been engaged to raise awareness on district by-laws related to girls' education and child protection. To facilitate reporting of cases and response, Malawi Police Service handed over complaint boxes for nine villages in Mangochi. The boxes will be opened once every week at a Police Unit in the presence of representatives of Parents Teachers Association from different schools, members of mother groups and representative of the Human Rights Defenders Coalition among others.

Support in the provision of community-based Mental Health and Psychosocial Support (MHPSS) and child protection services using a case management approach is another key component of UNICEF's response. A total of 1,040 people was reached with community based MHPSS during the reporting period, in Blantyre and Machinga districts. In addition, District Social Welfare Offices with support from UNICEF, have continued to provide protection services to vulnerable groups including street connected children (children living and/or working on the streets) and girls that have entered marriage or become pregnant during school closure. DSWOs have provided the following protection services:

- In Blantyre, six children who have been reintegrated into their communities from Child Care Institutions (CCIs) were followed up to assess the effectiveness and appropriateness of the placement and 43 street-connected children were provided necessary material or psychosocial support.
- In Machinga, 102 girls who had entered marriage or became pregnant during the school closure period while 14 street-connected children were provided necessary support including PSS.

- About 100 couples in Machinga and 12 people in Zomba district received mediation and counselling services for domestic disputes arising from the effects of COVID-19.
- In Rumphi, some community-based organisations with 1,457 members were trained on COVID-19.

In view of the concerns about the risk of sexual exploitation and abuse, and negative coping mechanisms including child marriage during the COVID-19 pandemic, UNICEF continues to provide support in strengthening the reporting and referral mechanisms. Through Child helpline/ gender Based Violence (GBV) helpline supported by UNICEF, about 50 GBV and child protection related cases were registered, including 19 cases concerning child marriage, 11 cases of 'defilement'/ statutory rape, 10 cases of physical abuse, 5 cases of emotional abuse, 2 cases of child labour, 1 case of maintenance, 1 case of sexual abuse, and 1 case of missing child. The highest number of GBV and child protection related cases were reported from Zomba (12 cases), followed by Balaka (6 cases). Those cases were referred to the necessary services, including police, social welfare, judiciary, health, and other partners.

Provision of Psychological First Aid (PFA) to helpline callers is another component of UNICEF's protection response as well as provision of advice, referrals and follow-ups in cases of child protection and Gender-Based Violence (GBV). This support has enabled more than 90 callers to access basic PSS during the reporting period. Of the calls, 37 were directly related to COVID-19, seeking general information related to COVID-19 including on prevention of COVID-19, signs and symptoms of COVID-19, the number of confirmed cases of COVID-19, and school reopening, as well as reporting COVID-19 suspected cases and deaths. Some of the calls were referred to the health and education authorities.

Moreover, a total of 198 returnees from South Africa benefited from Psychological First Aid (PFA) at Machinga Teachers Training College returnee holding centre. Another 75 returnees, including 43 women and 31 children were provided PFA at Domasi Teachers Training College holding centre in Zomba district. Over 320 people including the returnees who were found to be COVID-19 positive and their close relatives, were provided with remote PFA in Machinga, Chitipa, and Zomba.

To advocate on the importance of child protection and available services for victims of violence during the COVID-19 pandemic, UNICEF's partner YONECO broadcasted the first episode of the radio drama through YONECO FM. YONECO FM is broadcasting nationally, focusing on women, children, and youth, with listenership of about 5 million people. YONECO also disseminated key messages encouraging women and youth to speak up in communities on the matters that concern their lives, including violence. The messages reached a total of 10,000 people, including members of girls' clubs, youth groups, community support structures and district stakeholders.

In the area of nutrition, work on dissemination of nutrition related messages on the prevention of COVID-19 through jingles on community radios also continues. During the reporting week, a total of about 297, 000 people were reached with the nutrition key messages on prevention of COVID-19 in Nkhota-Kota and Nsanje districts. This brings the total number of people reached with key nutrition preventive messages on COVID-19 with UNICEF support to 2.92 million people (approximately 646,864 households) in the 18 UNICEF focus districts. Also, in collaboration with the Hunger Project and Nsanje district council, a total of 37 Care Group Promoters on COVID-19 were trained on nutrition related COVID-19 preventive measures in the 18 UNICEF focus districts bringing the total number of care group volunteers so far trained to about 70, 000.

Human Interest Stories and External Media

UNICEF published new stories: about the [journey back home of Malawian returnees](#) back to their communities in the time of COVID-19; the [daily struggles of front line health workers](#); and a [pregnant woman recovering from COVID-19](#). Also, [a story on how UNICEF staff members are coping with work and home life](#) during the current difficult time.

In the reporting period, the Zodiak programme focused on WASH and how important it is for COVID-19 prevention. They interviewed the District Water Officer for Mangochi district who talked about various interventions to provide communities with safe water supplies. The programme also featured Vice Principal at Mangochi Technical College about an innovative handwashing machine that they have designed to promote proper handwashing. He also talked about a tailoring unit at the college and plan to make masks which will be distributed to students when they return to school.

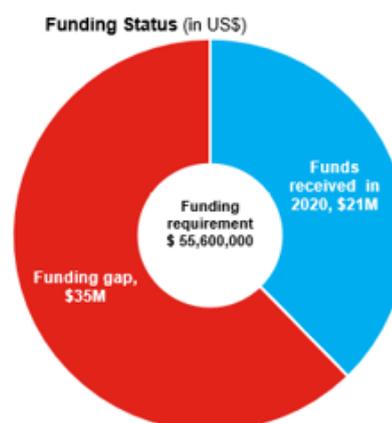
The Malawi Institute of Journalism radio programmes featured children who said they miss school and are worried about their prospects now that their education has been disrupted. They also spoke to some parents who echo these sentiments. They also spoke to an HIV positive mother who is worried about getting COVID-19 and her weakened immunity. In Karonga, they spoke to the District Social Welfare Officer who said COVID-19 is fuelling violence and other abuses against children. He also talked about what parents should do to protect children.

UNICEF continues to use the U-Report digital platforms to extensively reach 22,400 U-Reporters in Malawi with messaging on COVID-19 through SMS, polling, open end questions, quiz, information bots, social media, etc. The U-Report chatbot with information on COVID-19 from UNICEF, WHO and MOH is still live, and to date has registered 505,493 responses. In the past week, U-Report supported the announcement of top 10 winners of the UNICEF Youth COVID-19 Challenge who have now embarked on a 21-day incubation programme of their solutions. The solutions from our young innovators will help in preventing and managing the spread of #COVID19 19 in Malawi. U-Report also sent feedback messages to U-Reporters who participated in a poll on the future they are imagining after COVID-19. The poll was part of the 75th anniversary of the United Nations. The results of the survey will inform global priorities during and after COVID-19. The results can be accessed [here](#). UNICEF also continues to collect personal experiences from U-Reporters on how their communities have been fighting COVID 19. The stories are published on U-Report Malawi and UNICEF websites and social media sites.

On social media, UNICEF continues to share messages on COVID-19 prevention and awareness. During the reporting week, our messages engaged more than 45,000 online audiences on all three platforms ([Facebook](#), [Twitter](#) and [Instagram](#)). UNICEF regularly updates [its dedicated COVID-19 page on its website](#) with latest news and information on UNICEF and its partners' response to COVID-19 in Malawi.

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: 12 August 2020

UNICEF Malawi COVID-19 website page: <https://www.unicef.org/malawi/coronavirus-disease-19>

Annex A: Summary of Programme Results

Sector	Target	Total results as of 12 Aug 2020
Health		
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	400	357
Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	400	357
Number of healthcare workers within health facilities and communities provided with PPEs	2,500	2,260
Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care through UNICEF supported community health workers and health facilities.	500,000	168,499
WASH		
Number of people reached with critical WASH supplies (including hygiene items) and services	5000	4,517
C4D		
Number of people reached on COVID-19 through messaging on prevention and access to services	8,000,000	8,000,000
Number of people engaged on COVID-19 through RCCE actions	300,000	644,025

Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	5,000	3,634
Nutrition		
Number of caregivers of children aged 0-23 months reached with messages aiming to promote breastfeeding in the context of COVID through national communication campaigns	500,000	313,284
Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)"	8,000	8,460
Child Protection		
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	21,000*	8,612
Number of children without parental or family care provided with alternative care arrangements	350**	144
Education		
Number of children supported with distance/home-based learning	2,139,311	60,432
Social Protection		
Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	457,000	0

*Target increased from 1,500 to 21,000

** Target has been revised from 30 to 350

Annex B: Malawi COVID-19 funding status by sector as of 12 Aug 2020

Malawi COVID-19 funding status by sector as of 5 August 2020				
Appeal Sector	Funding Requirements	Funds received against the appeal	Funding gap	
			\$	%
Health	\$30,600,000	\$9,337,367	\$21,262,633	69%
WASH	\$8,600,000	\$736,793	\$7,863,207	91%
C4D	\$1,000,000	\$632,054	\$367,946	37%
Education	\$3,200,000	\$10,270,000	\$0	0%
Social Protection	\$7,200,000		\$7,200,000	100%
Nutrition	\$4,000,000		\$4,000,000	100%
Child Protection	\$1,000,000		\$1,000,000	100%
TOTAL US\$:	\$55,600,000	\$20,976,214	\$41,693,786	75%

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