



Covid-19 Frontline Healthcare Workers at Bwaila District Hospital ©UNICEF Malawi/2020

MALAWI COVID-19 Situation Report



Reporting Period: 30 July to 5 August 2020

Highlights

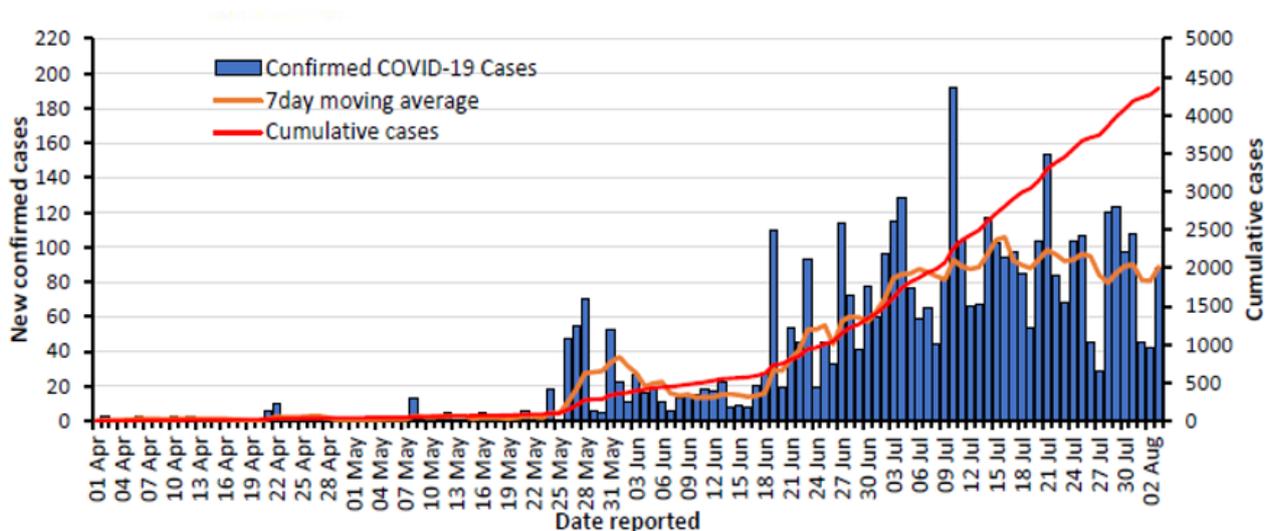
- ❖ There is an increase in the number of COVID-19 fatalities due to late reporting and limited management capacity at emergency treatment centres. The ongoing death audit by the Ministry of health team of experts has revealed lack of skills by health workers as the major cause of death followed by lack of equipment. With support from UNICEF, training of a team of mentors who in turn will provide mentorship to other emergency treatment units across the country has started.
- ❖ UNICEF is providing support to ensure adequate WASH services and essential supplies in health facilities including emergency treatment units (ETUs), hospitals and returnees holding centres. During the reporting week, 17 additional latrines were installed. This brings the total number of, emergency latrines so far installed to a total of 89 servicing 9 health facilities, 2 border posts and 2 returnees holding centres.
- ❖ About 11,000 care group volunteers were oriented on COVID-19 preventive measures in Mzimba and Lilongwe districts during the reporting period. This brings the total to 69,996 care group volunteers who have been oriented on nutrition related COVID-19 preventive measures in the 18 districts.

Situation in Numbers as of 4 August 2020

4,361 confirmed cases
2,047 recoveries
128 deaths
32,144 tested samples
2,186 active cases

Source: 2020/08/04 Malawi COVID-19 Situation report, Public Health

Epidemic curve of COVID-19 in Malawi of 4 August 2020



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

- 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.
- 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 participates in Humanitarian Country Team and the Inter-Cluster Coordination meetings which provide a platform for cross-sectoral coordination.
- The National Disaster Preparedness and Relief Committee continues to meet weekly to review recommendations from the cluster system.
- The Presidential Task Force continues to coordinate various measures of response to the pandemic.

Malawi COVID-19 Supply Chain system

- Procurement of over 1 million locally produced face cloth masks is in progress. This is part of the efforts to reduce the lead-time for acquisition of COVID-19 critical items required for case management and ensure continued access to essential Infection Prevention and Control (IPC), WASH and medical supplies.
- During the reporting week, UNICEF received 1,500 protection coveralls valued at US\$12,960 procured with funds from DFID. The coveralls will be distributed to health facilities for use by health workers to ensure they remain protected from COVID-19 as they function for regular service delivery.
- a. UNICEF continues to support the reprogramming of critical Health Sector Joint Funds (HSJF) towards COVID-19 supplies. Currently, UNICEF is facilitating clearance of various COVID-19 supplies procured with the HSJF funds valued at about US\$13,800. The supplies include 178 thermometers, 15 laryngoscopes, 50 pulse oximeters, tubes and infusion giving sets and cannulas. These will improve availability of medical supplies in the health facilities and contribute to case management.
- 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. The national supply chain task force had a first meeting on 30 July 2020 to discuss submissions through the portal.

Summary Analysis of Programme Response

Public health response to reduce coronavirus transmission and mortality

As part of the support towards improving case management and provision of life saving interventions, UNICEF through Clinton Health Access initiative supported the Ministry of Health (MoH) COVID-19 teams on epidemiology and surveillance, case management, laboratory, infection Prevention and control, risk communication and community engagement to revise the guidelines in line with global evidence on COVID-19 response. The revisited guidelines include guidelines for training of health surveillance assistants on contact tracing, guidance on management of mild COVID-19 cases, laboratory guidance on testing contacts and guidance on how districts can conduct their own death audit related COVID-19. UNICEF also continues with efforts in ensuring availability of health workers to provide care to COVID 19 cases and suspects. During the reporting week, UNICEF with funding from UKaid through Malawi Red Cross (MRC) provided allowances for 21 health workers in Blantyre district. In addition, UNICEF supported MRC to conduct surveillance activities in Karonga and Mangochi with funding from the Irish Government. In Karonga district at Songwe border, MRC screened 4,692 people.

UNICEF is also providing support to ensure provision of adequate WASH services and essential supplies in health facilities including emergency treatment units (ETUs), hospitals, returnees holding centres. During the reporting week, 17 additional latrines were installed at Kasinthula in Chikwawa and Thyolo ETUs. This brings the total number of emergency latrines so far installed with UNICEF support to a total of 89 servicing 9 health facilities, 2 border posts and 2 returnees holding centres. Meanwhile, construction of more permanent toilets by private contractors is ongoing at Blantyre, Mwanza, Mchinji and Mzuzu ETUs, for more sustainable use. UNICEF has also, since the beginning of the pandemic, provided to 1,196 returnees and 1,381 inmates soap and handwashing buckets, in addition to support in ensuring that WASH services are available and functional at the ETUs and returnee screening centres.

Furthermore, UNICEF is ensuring availability of safe water at these facilities. In partnership with United Purpose, installation of backup water storage tanks was completed at Karonga and Mangochi ETUs to boost the existing water supply systems as the number of COVID-19 cases increases. Also, water quality tests at and around hospitals and emergency treatment units are ongoing. 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 (flush chlorinated) and are now providing safe drinking water. During the period of 12 to 15 July, sanitary assessments were done for 7 water sources in Mwanza to identify potential sources of contamination, and samples were collected for analysis. Rapid water quality tests were also conducted at households around 25 ETUs in Thyolo and 19 in Nsanje and samples from 4 boreholes in Nsanje were found contaminated. These boreholes are to be retested, and sanitary surveys conducted to identify and address any source of contamination.

UNICEF is also continuing with dissemination of WASH-related messages through different approaches including community radios, hand washing demonstrations at markets, communities and townships, mobile van messaging, Information education and Communication (IEC) materials and newspapers. So far UNICEF has reached 4,2 million people with these messages. Of these, about

1,1 million are children under 18 years, and 3,1 million are adults. While an additional about 9,000 people reached through mobile van promotions and another 3,600 people were reached with proper handwashing demonstrations during the reporting week, the cumulative figures have not changed because same people are being reached using different approaches.

Strengthening Risk Communication and Community Engagement (RCCE)

UNICEF continued to support implementation of risk communication and community engagement interventions using various delivery platforms, with funding from UKaid. 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 603,000 people. A total of 19 people with disabilities have also been reached with messages during the reporting period.

UNICEF is launching a campaign on community masks. Posters and infographics have been developed as one of the initiatives of the campaign pending printing and circulation.

UNICEF is also working to ensure stakeholders and partners implementing social mobilisation strategies are provided with technical guidance to effectively conduct and facilitate social mobilisation interventions. With UNICEF support, the National Social Mobilization Committee is finalizing a manual on Ending Early Marriages and Social Accountability in the context of COVID-19 as well as a video message from religious leaders on the use of face masks. The NSMC, will this week, finalize the district mapping and orientation of faith leaders in the Kasungu, Nkhata-bay and Mangochi Districts.

Continuity of health, education, nutrition and protection services

As UNICEF continues to provide technical support to the Ministry of Education on the provision of distance learning through radio, online and self-learning materials, a recent U-Report survey conducted during the week of 20 July 2020 revealed that out of 25,239 respondents, 36 per cent claimed that school going age children in their households have been accessing distance learning programmes. Marked difference has been noted between urban and rural households in terms of access. The main reason cited for low coverage so far is the non-availability of equipment in households. To address this, plans are underway to provide equipment to children from disadvantaged households.

Through partnership with the Malawi Police Service on safe schools, UNICEF is also supporting the intensification of child protection activities in communities in order to protect children from violence, exploitation and abuse. Through this partnership, the Malawi Police Service has deployed 100 complaints boxes to 9 districts of Salima, Dedza, Mangochi, Dowa, Ntchisi, Nsanje, Machinga, Mzimba and Nkhata-bay. Due to closure of schools, complaints boxes are now being placed at strategic points in the communities (both on the permanent and mobile basis). The deployed boxes are expected to reach at least 500,000 learners enabling them to have continuous access to violent reporting mechanism while at home.

To ensure continuation of quality and integrated essential services for women and children who experience violence during the COVID-19 period, UNICEF's partner Save the Children supported the rehabilitation of the dilapidated Community Victim Support Unit (CVSU) structures in 6 districts (Machinga, Nsanje, Dowa, Ntchisi, Mzimba and Nkhata Bay) with resources from the EU-funded Spotlight Initiative. Save the Children has also supported the establishment of CVSU construction

committees in 4 Traditional Authorities in Machinga district where a total of 41 members were oriented on their roles and responsibilities. The competitive selection of local artisans who will conduct the rehabilitation works has started in collaboration with the district council. Save the Children also supported the mapping of primary schools that are within the vicinity of the 50 targeted CVSUs in order to establish effective referrals of violence cases from safe school committees to CVSUs. Safe school committees were activated to follow up with children within their localities during school closure. So far, a total of 16 schools have been mapped in Ntchisi and Nkhata Bay districts.

UNICEF is additionally supporting the provision of community-based Mental Health and Psychosocial Support (MHPSS) and child protection services using a case management approach. During the period of 23 to 29 July, a total of 706 people was reached with community based MHPSS in Blantyre and Machinga districts. Also, 4 children have been reintegrated from Child Care Institutions (CCIs) after following up that was done by the Blantyre DSWO while 92 girls who had entered marriage or became pregnant during the school closure were followed up by the Machinga DSWO in collaboration with partners, including Ujamaa Africa, YONECO, and Save the Children. Machinga DSWO also provided support for 9 on the street and provided mediation and counselling services to 61 couples experiencing domestic disputes because of effects of COVID-19.

Furthermore, a total of 68 returnees from South Africa benefited from Psychological First Aid (PFA) at Machinga Teachers Training College returnee holding centre from 23 to 25 July. Also, 200 people including the returnees who were found to be COVID-19 positive and their close relatives, were provided with remote PFA from 23 to 28 July.

Basic psychosocial support (PSS) was provided to 156 callers to the child helpline/ gender-based violence (GBV) helpline. Of the calls received by the helpline, 58 were directly related to COVID-19, seeking information 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. Helpline counsellors observed some anxiety, worry, and mental distress among the callers and those callers were provided with PSS while some were referred to the relevant health and education authorities. Also, 84 GBV and child protection related cases were registered, including 21 cases of 'defilement'/ statutory rape, 19 cases concerning child marriage, 13 cases of emotional abuse, 11 cases of physical abuse, 4 cases of maintenance, 2 cases of sexual abuse, and 1 case of child labour. These cases were referred to the necessary services, including police, social welfare, judiciary, health, and other partners. 9 callers asked for information on GBV prevention and reporting, access to the contraceptives, and information on HIV/AIDS.

In addition, about 11,000 care group volunteers were oriented on COVID-19 preventive measures in Mzimba South and Lilongwe districts during the reporting period. This brings the total to 69,996 care group volunteers who have been oriented in nutrition related COVID-19 preventive measures in the 18 UNICEF focus districts. UNICEF continued to support dissemination of nutrition related messages on the prevention of COVID-19 through community radios. During the reporting week, a total of 62,500 people months were reached with key messages on prevention of COVID-19 in Mzimba South. This brings the total number of people reached with key nutrition preventive messages on COVID-19 with UNICEF support to around 2,6 million people (approximately 581,000 households) in the 18 UNICEF focus districts.

Challenges

- There is an increase in the number of COVID-19 fatalities due to late reporting and limited management capacity at emergency treatment centres. The case management subcommittee of the Health Cluster has organized orientation sessions based on the changing protocols for management of COVID-19 cases. The ongoing death audit by MoH team of experts has revealed lack of skills by health workers as the major cause of death followed by lack of equipment. UNICEF through re-programming with DFID has started training a team of mentors who in turn will provide mentorship to other ETUs across the country. UNICEF also supported case management to develop COVID-19 death audit guidelines to guide districts to conduct their own death audits.
- Continued increase of COVID-19 infection among frontline health workers remain a concern for the continuity of health services. The MoH with support from UNICEF and other IPC partners is undertaking a training programme on the effective use of PPEs as per WHO guidelines.
- Sub-optimal implementation of COVID-19 case definition especially in outpatient department to detect COVID-19 cases continues to be a challenge. This is expected to improve because all health workers have been oriented to apply the case definition at outpatient departments to ensure the suspected cases are identified and isolated for testing.
- There is under-utilization of 51 testing sites with a daily average of 16 tests per laboratory because of limited contact tracing, shortage of test kits and lack of adherence to testing protocols. UNICEF has provided resources to MoH through CHAI to roll out on job mentorship of all laboratory staff on use RT-PCR and GeneXpert.

Human Interest Stories and External Media

UNICEF's COVID-19 weekly radio programmes continue to be broadcast on Zodiak Broadcasting Station (92.7fm) every Tuesday at 6.30 PM and the next day at 3:30 PM – which has an estimated 13 million reach in Malawi. During the reporting week, the Zodiak radio programme featured UN Women and their ongoing work to prevent abuses during COVID-19. Through partnerships with NGOs, they are sharing key messages on how parents can keep a close eye on their children and keeping them occupied at home. They also interviewed a mother about her experience supporting her children to learn at home using the online learning platform. She explains that this is important to ensure that children do not forget what they learnt in school. A headteacher from Mangochi expressed his concern about how some children are just loitering around going to video show rooms as most of them do not have radios to access the radio learning lessons.

The Malawi Institute of Journalism radio programme focused on the impact of COVID-19 on young people's social interaction, play and travel and how their lives have been disrupted.

UNICEF published new stories on COVID-19: A story about how a [pregnant woman's experience recovering from COVID-19](#) pushed her to take antenatal visits seriously; and, [a story about the daily struggles of a frontline health worker during COVID-19](#).

UNICEF continues to use the U-Report digital platforms to extensively reach over **220,000** 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 over **505,000** responses. As the United Nations marks its 75th anniversary at a time of great challenge, including the worst global health crisis in its history, U-Report sent out a poll to young people on the future they are imagining. The results of the survey will inform global priorities. They can be accessed [here](#). UNICEF also

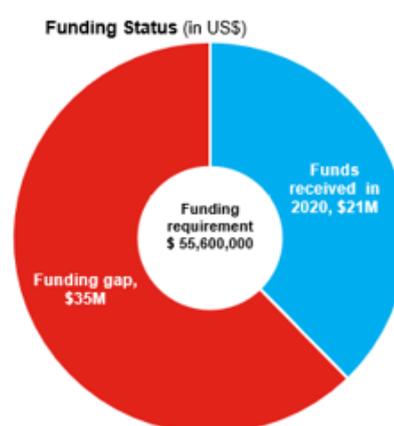
continues to collect personal experiences from U-Reporters on how their communities have been fighting COVID 19. The stories are published on [U-Report Malawi](#) and [UNICEF](#) websites and social media sites.

On social media, UNICEF continues to share messages on COVID-19 prevention and awareness. During the reporting week, our messages engaged more than 20,000 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 29 July 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	500,000	168,499

HIV care through UNICEF supported community health workers and health facilities.		
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	602,629
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	1,500*	7,479
Number of children without parental or family care provided with alternative care arrangements	350**	138
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 5 August 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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