



Launching of an oxygen plan at Kamuzu central hospital in Lilongwe © UNICEF Malawi/2020

# MALAWI COVID-19 Situation Report



Reporting Period: 03-16 December 2020

## Situation in numbers as of 14 December 2020

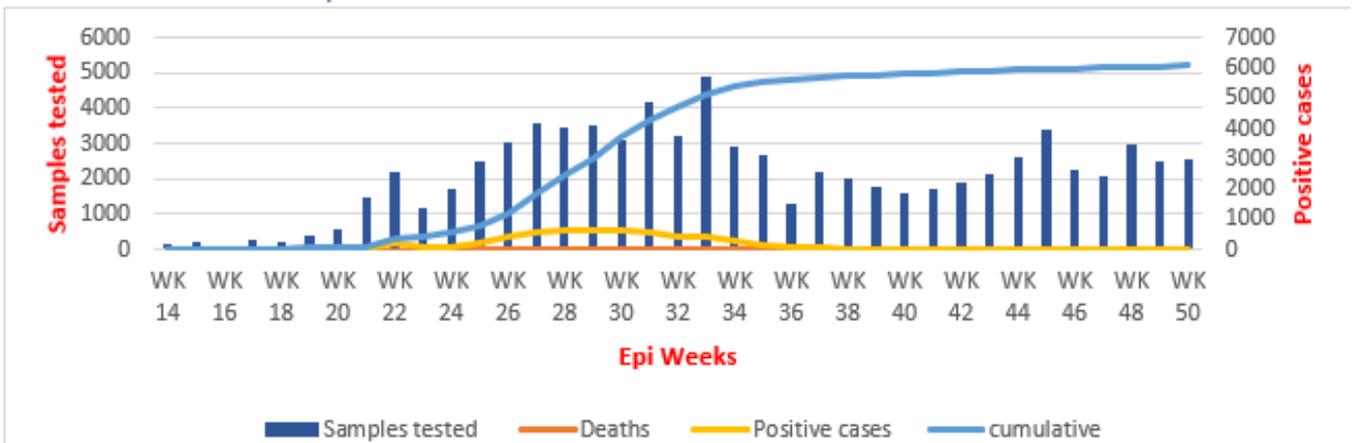
**6,070** confirmed cases  
**5,491** recoveries  
**103** Cases lost to follow up  
**242** Cases still under investigation  
**187** deaths  
**79,223** tested samples  
**44** active cases

Source: <https://covid19.health.gov.mw/>

## Highlights

- 7,500 community members have received COVID-19 prevention information from the UNICEF supported COVID-19 quarantine management solution (mQuarantine). The mQuarantine application offers a platform for the Ministry of Health to interact with those in self-isolation & quarantine and track in real-time their conditions, while adhering to infection prevention and control measures.
- On 7 December 2020, the Ministry of Health through the Expanded Programme on Immunization submitted, an application for consideration to receive COVAX vaccine and on 14 December 2020 made a request to GAVI for the ultra-cold chain equipment. The country will focus on 20 percent of the total population (0.3 percent Health workers; 10 percent people with co-morbidities and 9.7 elderly).
- Over 80 journalist and producers attended the meetings that aimed to reinforce understanding of COVID-19 communication approaches and mobilise the media representative to increase COVID-19 risk perception as prevention of a possible second wave.
- 1,350 people have been reached with Mental Health and Psychosocial Support through UNICEF faith-based partner, Nkhoma Synod

Epidemic curve of COVID-19 in Malawi of 15 December 2020



## Situation Overview

As of 14 December, Malawi has registered 6,070 cases of COVID-19. A slight increase of new cases has been observed over the last two weeks from 22 in epi week to 23 and 24 in epi weeks 49 and 50 respectively. Considering that some Provinces in South Africa have started to experience a second wave, attention must be put on Malawian nationals returning from South Africa in addition to other returnees from diaspora entering the country. Two additional deaths have been recorded during the two-week period bringing the total number of deaths to 187 from 185 reported a couple of weeks ago (Case fatality rate of 3.1%). A significant number of people have also recovered, leaving 44 active cases under follow up. The number of new, imported cases has also declined, over the past two weeks with four cases imported, three of which were identified among Malawians returning from South Africa.

The country received an additional boost for laboratory consumables for Taqpath/Thermofisher able to test 48,000 from UNICEF. With the additional reagents, the country has 128,000 polymerase chain reaction (PCR) reagents and 320,000 rapid diagnostic test kits that will support testing capacities till end of quarter one in 2021.

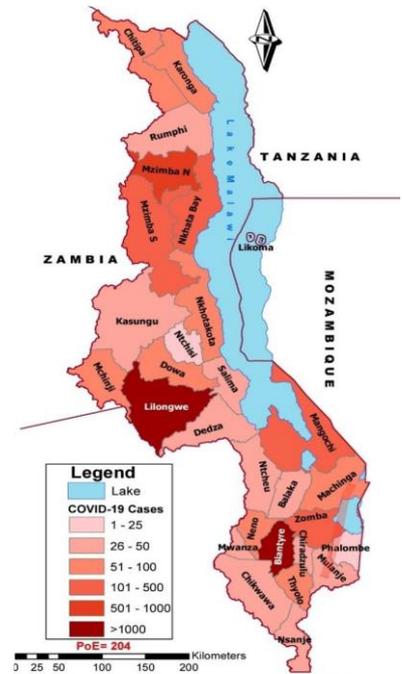


Figure 1: Map of Malawi showing distribution of COVID-19 cases

## 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

- Clusters continue to meet though at reduced frequency for continued response coordination. A [calendar of meetings](#); information [repository](#); [5W](#) interactive dashboard; [financial tracking tool](#) are available to support the coordination efforts.
- The National Disaster Preparedness and Relief Committee continues to meet regularly to review recommendations from the cluster system.
- 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 which continues to provide a platform for cross-sectoral coordination.

## Malawi COVID-19 Supply Chain

- UNICEF has procured 1500 heavy duty boots as PPE for frontline health workers and will be distributed in various districts country wide.
- UNICEF continues to coordinate the distribution of various COVID-19 supplies for the MoH from UNICEF, WFP and CMST warehouses. Distribution to the various district health offices and facilities is currently underway and may be finalized this week.
- Following a request that the MoH had made to be considered for COVID 19 Vaccine, UNICEF is in process of recruiting a consultant for cold chain and vaccine management and Demand Generation.

## Summary Analysis of Programme Response

### Public health response to reduce coronavirus transmission and mortality

UNICEF is supporting infection prevention and control (IPC) efforts by making available innovative ways of ensuring access to reliable information and contributing to finding ways of preventing and mitigating the longer-term impacts of COVID-19 on the Malawian society. The UNICEF supported COVID-19 quarantine management solution (mQuarantine) continues to be available to the public and offers a platform for the Ministry of Health to interact with those in self-isolation & quarantine and track in real-time their conditions, while adhering to infection prevention and control measures. To date, 7,533 community members have used the mQuarantine application and have received COVID-19 prevention information. In addition, a COVID-19 data modelling platform developed by Cooper/Smith with support from UNICEF provides real-time predictive analytics for national and district level projections and guides decision-makers at the MoH in the coordination efforts for COVID-19 response.

With funding from Foreign, Commonwealth & Development Office (FCDO), UNICEF has supported government with transportation and installation of an oxygen plant at Kamuzu Central Hospital (KCH) in the Capital City, Lilongwe. The plant which was officially opened on 14 December 2020 is the first oxygen plant to be established at Kamuzu Central Hospital, the national referral hospital in Malawi. It has a peak capacity of 800 litres per minute or 1.2 million litres every 24 hours.



Minister of Health, Hon. Khumbize Kandodo Chaponda officially opening the oxygen plant at Kamuzu Central Hospital on 14.12.2020

During the peak of COVID-19 response consumption of therapeutic oxygen by COVID-19 patients was extremely high with one person consuming almost a whole 75kg cylinder of oxygen. This was expensive for the hospital. As result, the hospital had reached to the public to contribute money through corporate social responsibility to procure additional Oxygen cylinders. The current installed plant has capacity to serve the needs of KCH and other health facilities in the country's central region with cylinder oxygen. Government with support from UNICEF and other partners, using the Scaling Pneumonia Response Innovations (SPRINT) model, has developed a distribution mechanism for cylinder oxygen to optimize the capacity of this plant for the benefit of health care facilities in the district and in surrounding districts.

Support to government with screening of travellers at airports and borders is continuing with funding from Foreign, Commonwealth & Development Office (FCDO) and Irish Embassy through UNICEF

partner, Malawi Red Cross Society. In the past two weeks, over 7,500 were screened at Kamuzu and Chileka International Airports as well as border points of Songwe in Karonga, Dedza, Mwanza and Chitipa. To improve efficiency and effectiveness at points of entry (PoEs) and increase detection of suspected or confirmed COVID-19 cases from entering or leaving Malawi, MoH with funding from UNICEF refresher trained 350 PoEs staff on effective health screening and data capture.

UNICEF is working with Ministry of Health and other partners to prepare for the introduction of COVAX facility under Gavi Partnership Framework Agreement (PFA). On 7 December 2020 Ministry of Health through the Expanded Programme on Immunization (EPI) submitted to GAVI a request for consideration to receive the COVAX vaccine. The country will focus on 20 percent of the total population (0.3 percent Health workers; 10 percent people with co-morbidities and 9.7 elderly). In addition, a request for the required ultra-cold chain equipment was submitted to GAVI on 14 December 2020. The country has requested the COVAX team to consider giving Malawi one type of vaccine to minimize on errors and reduce costs required for cold chain equipment. As part of the next steps, MoH with support from UNICEF and partners is now developing a country detailed vaccine deployment plan that will be submitted by the end of December 2020 to GAVI.

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

UNICEF, through the DFID fund, supported the College of Medicine (CoM) and the Health Education Services (HES) to conduct two media interface meetings for central and southern media houses. Over 80 journalist and producers attended the meetings that aimed to reinforce understanding of COVID-19 communication approaches and mobilise the media representative to increase COVID-19 risk perception as prevention of a possible second wave.

CoM and HES also conducted the four-panel discussion on Times TV focusing on maintaining the COVID-19 preventive measures amid second wave threat, festive season and tales of COVID-19 survivors.

<https://www.facebook.com/times.mw/videos/307568517144286/>

<https://fb.watch/2fwlZArf50/>

<https://www.facebook.com/120942427951729/posts/3692030324176237/>

Furthermore, UNICEF finalised development of a TV soap that integrates COVID-19 messages and maternal, new-born, child and adolescent health. The soap targets urban and semi-urban audience and will also be broadcasted in rural communities through projection facilities.

UNICEF also continues to support coordination of community engagement and risk communication programs through RCCE meetings and the public information cluster with focus on revising the existing RCCE strategies, including on demand generation for COVID-19 vaccination according to the agreed timelines and target priority population.

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

It is now two months since full opening of schools at all levels of education in Malawi, following the phased re-opening approach developed by Ministry of Education. UNICEF is supporting the Ministry of Education (MoE) in undertaking a survey across the country to capture the status of children's return to school, teacher preparedness, school's hygiene standard, and provision of remedial and accelerated learning programmes as per the school reopening guidelines. In the first and second

weeks of December, data have been collected from 337 sample schools in 15 districts and is currently being analyzed by MoE. In addition, UNICEF has partnered with Malawi Red Cross Society (MRC) to conduct third party monitoring of the status of school reopening in the country.

A review of the 2020 COVID-19 district level response by the National Education Cluster will be held in Blantyre from 14 to 18 December 2020. Over 60 district officials including District Education Managers and School Health and Nutrition Coordinators responsible for implementing education in emergency response will participate in the review session. The main issues to be reviewed include the status and achievements of the response, lessons learned, challenges and recommendations. The review meeting will also assist the district officials to develop district response plans for 2021 which will mainstream integrated services such as protection, child rights, gender-based violence and prevention, WASH, Health and Nutrition in education sector response to emergencies, monitoring and reporting.

UNICEF also continues to support the provision of mental health and psychosocial support (MHPSS) to affected populations. Around 23,500 people in 7 districts (Blantyre, Machinga, Dowa, Dedza, Mchinji, Zomba, Mulanje) have been reached with community-based Mental Health and Psychosocial Support (MHPSS) by District Social Welfare Offices (DSWOs) This includes 484 people reached during the reporting period in Blantyre district. UNICEF has also partnered with Nkhoma Synod, which is one of Malawi's largest faith-based organisations to provide MHPSS. To date, Nkhoma Synod has provided community based MHPSS to more than 1,350 people through 160 pastors and pastors' wives trained on Psychosocial First Aid (PFA).

Additionally, UNICEF continues to provide 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. To date, more than 1,600 children without parental or family care, including children in the Child Care Institutions (CCIs) and children reintegrated from CCIs to their families, have been provided with appropriate alternative care arrangements and support by DSWO, YONECO, and Nkhoma Synod. Similarly, around 850 children living or working on the street Blantyre, Machinga, Dedza, and Zomba districts have been provided with Psychosocial Support (PSS) and necessary material support since the beginning of the response. About 500 people have been reached with messages on ending child marriage through sensitization meetings done in Blantyre. In the reporting period, more than 30 child marriages have been dissolved, 20 girls have been withdrawn from child marriage and 22 girls who got pregnant were readmitted to schools in Blantyre district. Furthermore, UNICEF has partnered with Save the Children to promote a safe reintegration of vulnerable children from childcare institutions to homes during COVID-19 in Lilongwe and Blantyre districts.

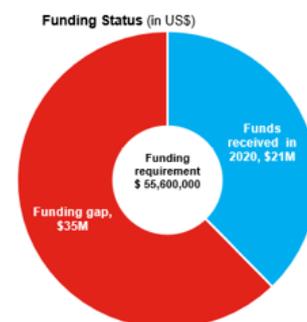
As co-lead of Protection Cluster, UNICEF continues supporting the government, especially to respond to the increased concerns of child marriage and teenage pregnancy, including facilitating the technical working group, and finalising the resource mapping to identify the funding gap and immediate areas to be invested.

## **Human Interest Stories and External Media**

During the reporting period, UNICEF published, [a story on the new Oxygen Plant opened at Kamuzu Central Hospital with support from UNICEF and UK Aid](#) and another [story on how solar radio's provided through the Global Partnership for Education are set to benefit vulnerable learners even now that schools are open again](#)

## 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:** 27 January 2021

**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 16 Dec. 2020
<b>Health</b>		
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	400	800
Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	400	719
Number of healthcare workers within health facilities and communities provided with PPEs	2,500	4,760
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.	500,000	168,499
<b>WASH</b>		
Number of people reached with critical WASH supplies (including hygiene items) and services	5000	6,909
<b>C4D</b>		
Number of people reached with COVID-19 messages on prevention and access to services	8,000,000	12,000,000
Number of people engaged on COVID-19 through RCCE actions	300,000	1,239,635
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	5,000	16,253
<b>Nutrition</b>		
Number of caregivers to children aged 0-23 months reached with messages aiming to promote breastfeeding in the context of COVID-19 through national communication campaigns	500,000	313,284

Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)"	8,000	11,058
<b>Child Protection</b>		
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	21,000	29,894
Number of children without parental or family care provided with alternative care arrangements	350	1,669
<b>Education</b>		
Number of children supported with distance/home-based learning	2,139,311	1,423,396
<b>Social Protection</b>		
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

## Annex B: Malawi COVID-19 funding status by sector as of 2 Dec. 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	\$ 6,484,529*	\$0	0%
Social Protection	\$7,200,000	\$0	\$7,200,000	100%
Nutrition	\$4,000,000	\$0	\$4,000,000	100%
Child Protection	\$1,000,000	\$0	\$1,000,000	100%
<b>TOTAL US\$:</b>	<b>\$55,600,000</b>	<b>\$ 17,190,743</b>	<b>\$41,693,786</b>	<b>75%</b>

\* 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