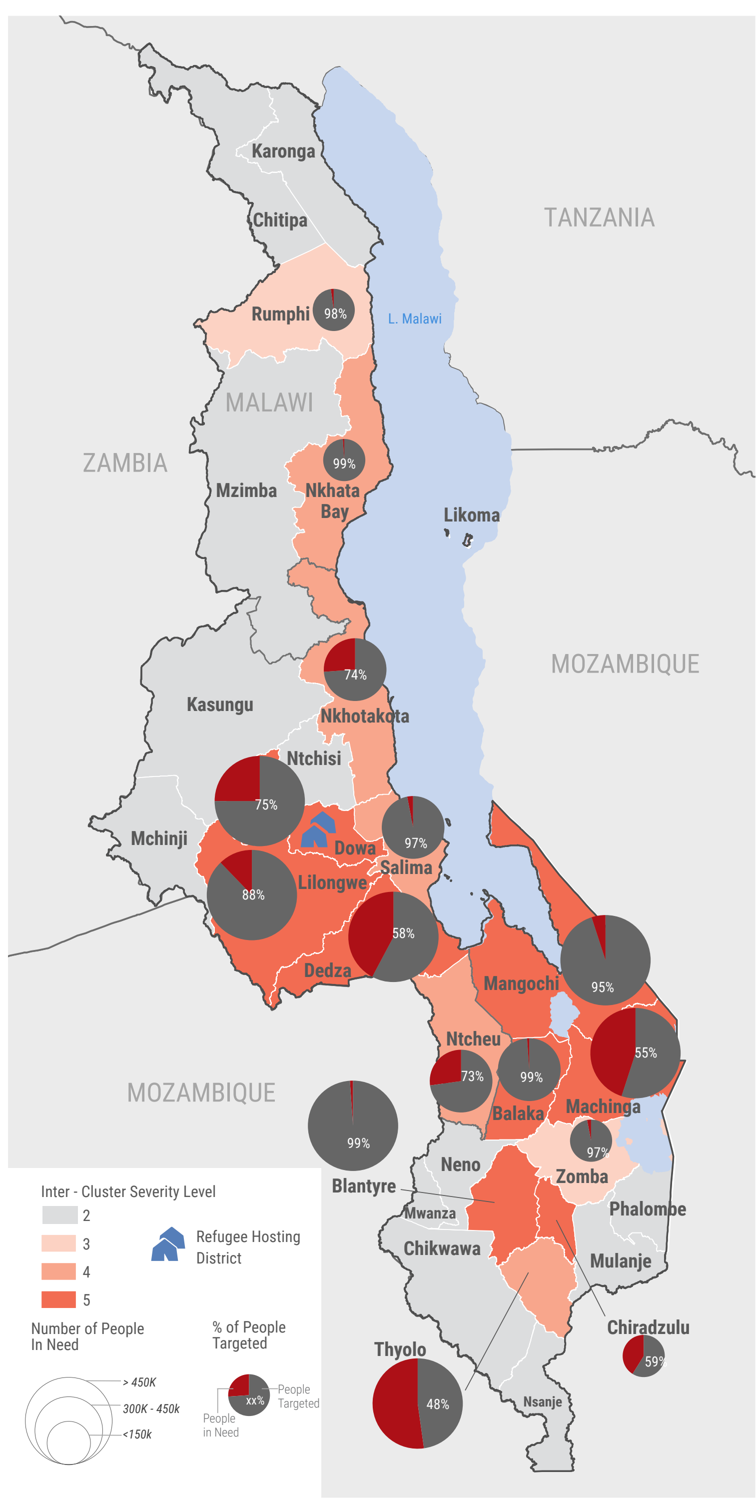
FLASH APPEAL MALAWI

CHOLERA RESPONSE
February - June 2023

Overview Map



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COVER PHOTO: KHONGONI, LILONGWE

Eneless Charles (20), mother of a 1-month-old baby, uses a new water system at Chilobwe Health Centre, on 22 August 2022. Before this new system, sanitation and waste management was a huge challenge for hospital users. Photo: UNICEF

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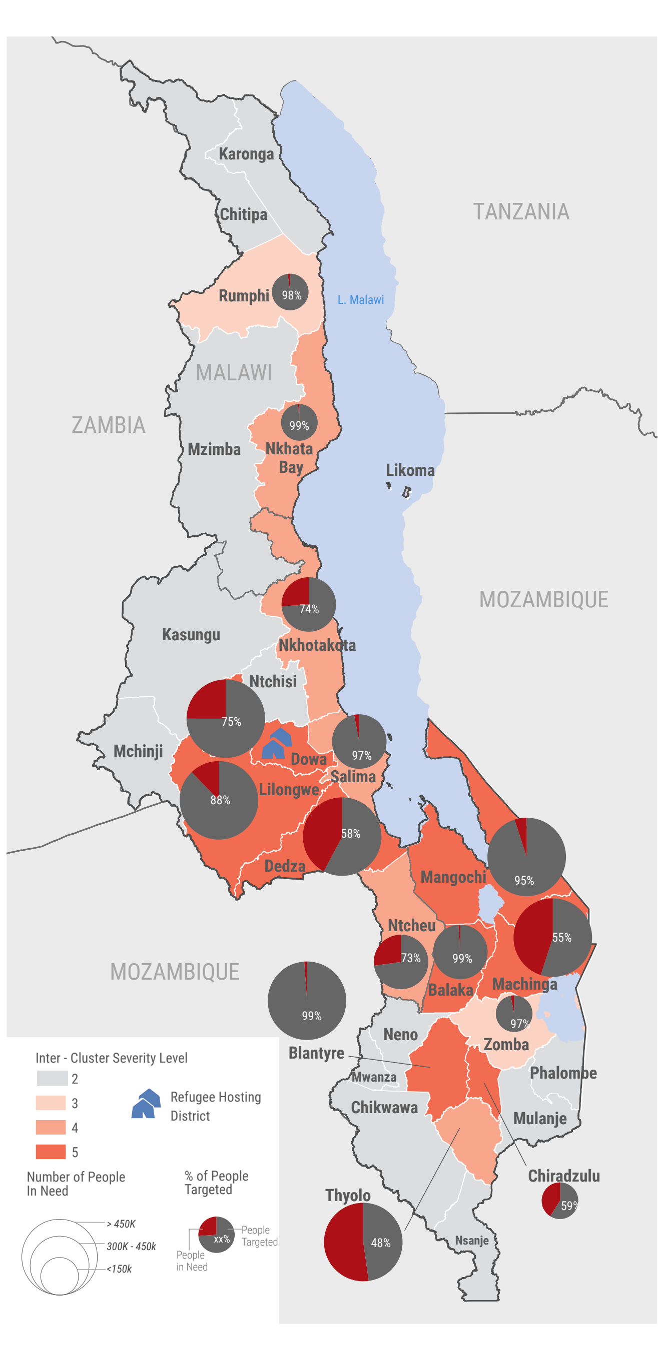
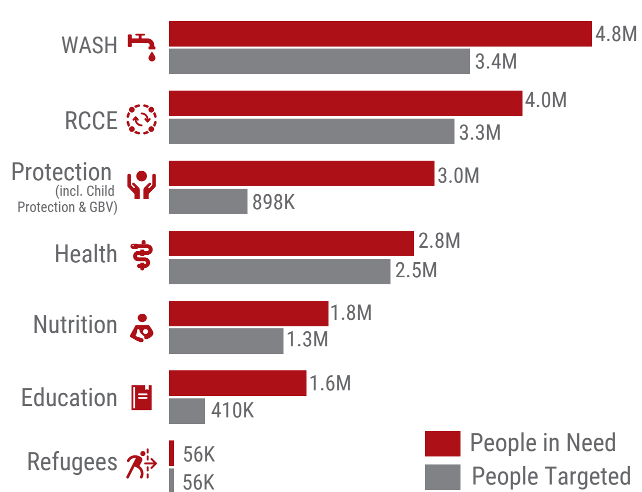
Malawi Cholera Flash Appeal 2023 at a Glance

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	REQUIREMENTS
4.90M	3.98M	52%	51%	$45.3M

Proportion of People in Need and Targeted by District

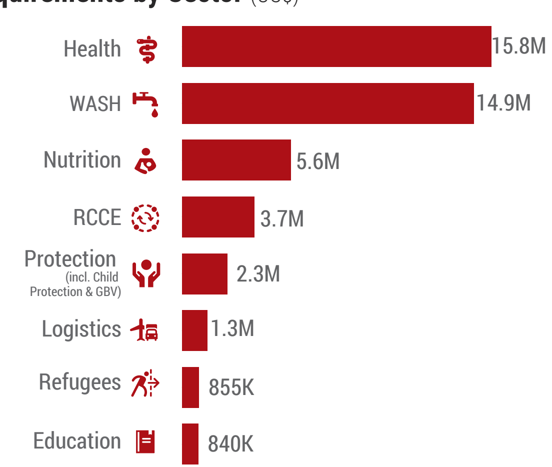


People in Need and Targeted by Sector



Operational Partners by Type

Requirements by Sector (US$)

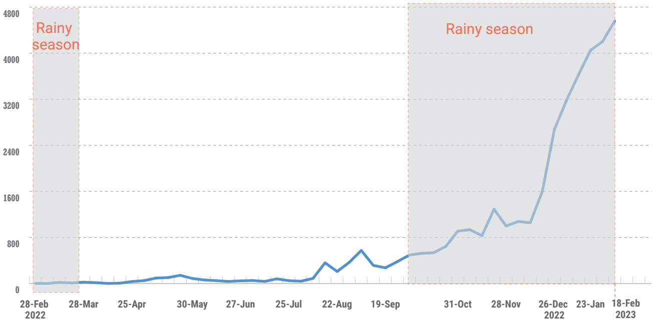


Crisis Overview

Malawi is facing its deadliest cholera outbreak in recorded history and its largest in the last two decades, leaving 4.8 million people in need of assistance in 15 priority districts. The outbreak was officially declared on 3 March 2022, after the first case was reported in Machinga district at the end of February 2022. By 18 February 2023, the outbreak had claimed the lives of more than 1,400 people, with more than 45,400 cases recorded, and had an overall case fatality rate (CFR) of 3.21 per cent, more than three times the emergency threshold. The current outbreak has already surpassed the 2001-2002 epidemic, which was the worst in the country's recent history, that registered 33,000 cases and 1,000 deaths.

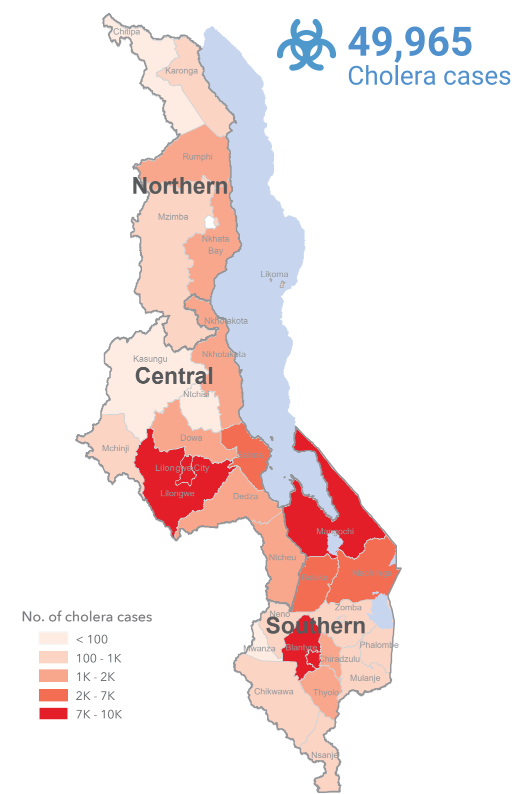
The outbreak has escalated exponentially in recent months. In the early months of the outbreak, the number of monthly cases remained below 60, but this increased to more than 300 cases in May, nearly 800 cases in August and more than 2,000 cases in October. The start of the rainy season in November 2022 saw a rapid escalation in the outbreak—with more than double the number of cases (more than 4,700) compared to October (more than 2,000)—and cases then rose precipitously in the first weeks of January 2023, with an average growth rate of 3 per cent per week.

Trend in cholera cases, 28-Feb-2022 to 18-Feb-2023



Communities living by and around Lakes Malawi, Malombe, Chiuta and Chilwa have been most severely affected by the outbreak, as they rely on the lakes for their drinking and cooking water supply. Although the outbreak was initially limited to the southern part of the country, it has since spread to all 29 districts of Malawi, including areas that were cholera-free for more than a decade. However, 10 of the 29 districts have contributed 80.3 per cent of cases and 81.7 per cent of the deaths. Eight out of these ten districts—Mangochi, Salima, Nkhata Bay, Nkhotakota, Balaka, Machinga, Rumphi and Dedza—are lake districts, while the other two—Blantyre and Lilongwe—are major urban centres. Three districts—Mangochi, Lilongwe and Blantyre—accounted for 49.7 per cent of the total cholera cases in the country, recording more than 22,500 out of 45,400 cases, and 52.4 per cent of the total deaths (763), as of 18 February. Mangochi had the highest cumulative cases (7,831) and Lilongwe accounted for the highest number of deaths (449).

Distribution of Cholera cases by District
28 February 2022 - 27 February 2023



Fishing communities, children, women and girls (especially those who care for sick family members), are at increased risk of contracting cholera and are also facing specific consequences due to the crisis. Fishing communities—especially men and boys—are at particularly high-risk as they use lake waters as a source of drinking water (including while fishing) and for defecation, cooking and bathing, including while fishing, according to a study based on the oral cholera vaccination campaign in these communities in 2016 by Sauvageot et al. Children have been affected by the outbreak, with 41 per cent (9,982) of cholera cases and 20 per cent (142) of cholera deaths being children under 18 years of age, as of 31 January 2023. The outbreak has also interrupted children's education, with the Ministry of Education temporarily postponing the reopening of schools in Blantyre and Lilongwe in January 2023, affecting nearly 932,000 primary school students and more than 55,600 secondary school students. Gender roles heighten women and girls' exposure to cholera, as they care for sick family members, clean latrines, fetch and handle untreated water and prepare food. Vulnerability in women and girls in Malawi is exacerbated by unequal power relations and social and economic disadvantages that also heighten the risk of sexual exploitation and abuse. Some 44 per cent of all cholera cases were female as of 13 February 2023. Malawi is home to 56,300 refugees and asylum seekers, most of whom live in the Dzaleka refugee camp, where they are at heightened risk of cholera due to overcrowding,

the poor WASH situation, and low cholera vaccination rates among refugees and host communities.

The key drivers of the escalating outbreak are use of unsafe water sources, limited access to safe sanitation and hygiene facilities, and poor food hygiene and hygienic practices, particularly limited handwashing with soap at critical times, including after contact with Cholera cases. An estimated 7 million people in Malawi (30 per cent of the population) do not have access to safe drinking water, while more than 80 per cent of households drink contaminated water, according to UNICEF. Access to sanitation is also a key challenge, as 76 per cent of the population does not have improved sanitation and 17 million people (92 per cent) do not practice handwashing with soap and water. Barriers to handwashing include affordability and availability of soap, especially for rural households. Remembering when to wash hands was also pointed out as a barrier to handwashing, in a study carried out among rural communities in Malawi by Chidziwisano et al.

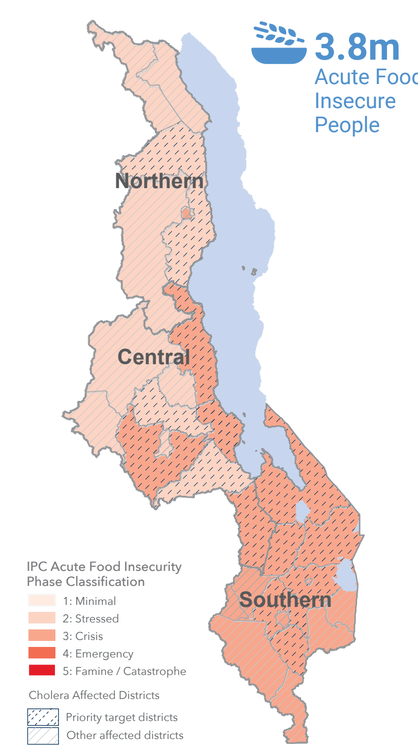
The cholera outbreak is also taking place at a time when many impacted communities are still struggling to recover from the effects of Tropical Storms Ana (January 2022) and Gombe (March 2022). Extreme weather events—such as storms, cyclones, and floods—act as a vulnerability multiplier, destroying Water, Sanitation and Hygiene (WASH) infrastructure and increasing challenges in access to safe water and sanitation. Repair of damaged water infrastructure is a costly venture and most facilities destroyed during

Areas Affected by Tropical Storms and Cholera Cases in 2022 / 2023

Areas affected by Tropical Storms (2022)
Affected by TS Ana only
Affected by TS Ana & TS Gombe
# of cholera cases Feb-2022 - Feb-2023

Tropical Storm Ana and Cyclone Gombe remain in a state of disrepair, leaving communities that previously had access to clean water without safe sources and increasing their risk of cholera. In the wake of the two storms, many public and private latrines collapsed, putting pressure on the remaining, already inadequate, facilities.

The outbreak is also impacting communities that are facing heightened food insecurity and malnutrition. During the peak of the lean season (between October 2022 and March 2023), 3.8 million people in Malawi (20 per cent of the population) are expected to endure Crisis food insecurity (IPC Phase 3), with 21 districts classified in Crisis, according to the latest Integrated Phase Classification analysis. In 2022, all districts experienced late onset and early cessation of rainfall coupled with localized dry spells, while Southern Region districts were affected by cyclones. Communities are also navigating the continued impact of the war in Ukraine on food prices, potential reduced internal food production due to high prices of inputs and possible climatic shocks, and reduced labour opportunities and wages.



Looking ahead, experts anticipate that, unless urgent, intensified action is taken to scale-up the response, between 64,000 and 100,000 cases could be reported in the next three months. However, the high number of cholera cases and large geographic spread of the outbreak have strained response capacities, against a backdrop of a weakened health system, which was already overstretched by competing disease outbreaks, including COVID-19 and Polio. Health officials expect a large portion of the cases will require hospitalization in Cholera Treatment Units (CTUs) yet, only 42 per cent of the CTUs in the country (140 out of 344) are operational.

Part 1

Response Strategy and Coordination

This Malawi Cholera Flash Appeal calls for US$45.3 million for 32 humanitarian partners to address the most urgent and life-saving needs of 3.9 million people in 15 priority districts, in support of the Government-led response to the public health emergency. It brings together the work and funding requirements of the humanitarian community in Malawi, including 8 United Nations agencies, 12 International Non-Governmental Organizations (INGOs), 9 National NGOs (NNGOs) and the Malawi Red Cross Society (MRCS). In particular, the appeal acknowledges the critical role played by organizations that are working with and for their own communities, as highlighted by the inclusion of projects implemented by NNGOs and the MRCS.

The Flash Appeal focuses on supporting Government-led efforts to reduce morbidity and mortality below emergency thresholds through an integrated WASH, Health and Risk Communication and Community Engagement (RCCE) response, in districts most-affected and at highest-risk of experiencing a deterioration of the cholera outbreak, particularly during the rainy season. As part of a multisectoral effort, key interventions in Nutrition, Education and Protection will reinforce the response by strengthening the ability of communities to cope with the cholera crisis through concerted and complementary support.

The response will put communities and protection at the centre. Building on existing good practices, in-country programmes and lessons learnt from previous cholera outbreaks, partners under this appeal will work to scale-up accountability to affected people, under the leadership of the RCCE Sector. Partners will also ensure the Centrality of Protection, including protection of children from violence, abuse, neglect, exploitation and harmful practices, and preventing and responding to gender-based violence, particularly among women and girls affected by cholera. Concrete and complementary actions will be implemented across sectors to contribute to protection efforts and promote an inclusive and tailored response that addresses the unique needs of women, men, girls and boys, people with disabilities, people living with HIV and the elderly.

The humanitarian community is strongly committed to child safeguarding and Prevention against Sexual Exploitation and Abuse (PSEA) during the implementation of this Flash Appeal. Vulnerability in women and girls in Malawi is exacerbated by unequal power relations and soco-economic disadvantages that heighten their risk of sexual exploitation and abuse. One in five girls in Malawi experienced sexual abuse prior to age 18, and one in three girls who had their first sexual intercourse prior to age 18 experienced their first sexual intercourse as unwilling, meaning that they were forced or coerced to engage in sexual intercourse, according to the 2013 Violence against Children and Young Women Survey. Given these risk factors, humanitarian partners will utilize existing networks, standards, policies, and guidelines to ensure action and accountability on PSEA during the cholera response.

To ensure that partners can rapidly scale-up their response, it is critical that additional funding is received swiftly under the appeal. Since the beginning of the cholera outbreak in Malawi, more than $9.5 million has been mobilized by international partners. However, more is urgently needed. This is especially the case for sectors which need to procure supplies for life-saving health treatment, some of which are facing imminent pipeline breaks.

RESPONSE TO DATE

Prior to the launch of this Flash Appeal, the Government, supported by humanitarian partners, had ramped-up cholera response efforts. More than 7 million doses of Oral Cholera Vaccine (OCV) were delivered in Malawi between April and November 2022, with 14 of the most affected districts targeted for vaccination, including Mangochi district, which has the highest number of cholera cases. An estimated 197 Cholera Treatment Units (CTUs) have received temporary sanitation infrastructure and water treatment supplies for infection prevention and control. To increase access to safe water, partners are working to chlorinate public water sources, and to distribute buckets, soap, and chlorine to households. At least 472,000 people in all 29 districts have received water treatment chemicals, soap for handwashing and key hygiene messages and more than 100 schools have been targeted with WASH supplies for 200,000 learners. In September 2022, in the face of rapidly rising cases, the United Nations Central Emergency Response Fund (CERF) allocated US$1 million to enable humanitarian partners to rapidly scale-up their response and, in February 2023, as the outbreak reached new areas and cases continued to rise, the CERF allocated a further $4.3 million.

Strategic Objectives

Strategic Objective 1: Reduce cholera morbidity and mortality below emergency thresholds and prevent further spread of the outbreak in the priority districts by providing integrated Health and WASH life-saving assistance to the most affected communities, including refugees.

This objective reflects the commitment of all WASH and Health partners to prioritize immediate life-saving assistance and actively introduce effective preventive measures to stop transmission among the most vulnerable in 15 priority districts. These measures are intended to reduce the case fatality rate to less than 1 per cent and morbidity below emergency thresholds. The aim is to provide an integrated, and complementary response between the WASH and Health Sectors, with timely detection and treatment of cholera cases, provision of supplies (e.g. ORS), operationalization of CTUs, and active and targeted WASH interventions, including through the Case-Area Targeted Intervention (CATI) approach.

Strategic Objective 2: Ensure communities are engaged, prepared and supported to respond to and reduce cholera, by strengthening risk communication and community engagement and supporting essential health, nutrition, education and protection services in affected and high-risk locations.

This objective ensures that the immediate WASH and Health interventions are robustly supported by enhanced focus on community engagement and risk communication, including to respond to harmful beliefs and practices. The RCCE response will focus on understanding the social and behavioural drivers of affected communities and developing the most appropriate, socio-culturally sensitive, gender-responsive interventions to target vulnerable communities. In addition, complementary efforts from the Education, Protection, Nutrition Sectors will contribute to the overall cholera response through targeted interventions in schools, screening and treatment of children, enhancement of safe learning environments with hygiene items and messages, supported by Logistics to ensure timely delivery of critical support services. The response will also seek to reduce protection threats for affected people, including to protect all vulnerable groups—especially women and children—from violence, exploitation, abuse and neglect during the cholera outbreak, and to ensure that human rights are respected.

Prioritization

This Flash Appeal presents a robustly prioritized multi-sectoral and integrated response to the cholera outbreak, focused in 15 priority districts. This prioritization was based on a detailed vulnerability mapping across the 29 affected districts carried out by the WASH and Health Sectors, under the leadership of the respective government line ministries. Based on the vulnerability mapping, each district was categorized according to the severity of the outbreak and associated risks. It was then agreed that the Flash Appeal would prioritize response in districts with a high or very high severity score, resulting in a geographic focus on 15 out of the 29 affected districts. All sectors under this appeal—both the core cholera response sectors (Health, WASH and RCCE) and the supplementary sectors (Education, Nutrition, Protection and Logistics)—will maximize the impact of interventions by engaging in a joint, multi-sectoral response in the 15 districts hosting the most vulnerable people.

Coordination

In response to the escalating cholera outbreak, the President of Malawi declared a public health emergency on 5 December 2022 and activated the Presidential Task Force (PTF) on COVID-19 and cholera (PTF) to provide overarching coordination for the response. The PTF is an inter-ministerial task force, chaired by the Minister of Health and a direct appointee of the President, with Ministers and their technical advisers attending. Given the nature of the cholera outbreak, the PTF was expanded to include the Minister of Water. The PTF is supported by a Secretariat and has compiled a multi-sector national cholera response plan, which this Flash Appeal complements.

At the technical level, the cholera response is overseen by an Incident Management Team (IMT). The IMT is co-chaired by the Deputy Director in the Ministry of Health and an emergency officer from WHO and meets twice a week. The IMT consists of seven pillars, with each pillar led by government and co-led by the UN: Case Management, Surveillance, RCCE, WASH, Oral Cholera Vaccine (OCV), Essential Services, and Supply/Logistics. The IMT sits within the Public Health Emergency Operation Centre.

In support of these Government-led coordination structures, an Inter-Sector Working Group will be put in place to ensure ongoing coordination of partners under this Flash Appeal and full complementarity with the Government-led response. The Inter-Sector Working Group will be chaired by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) with support from the UN Resident Coordinator's Office (RCO) and participation by UN Sector Coordinators. This platform will allow the for timely inputs and feedback to the respective line ministries and ensure regular reporting on progress made against this Flash Appeal.

Part 2
Operational Capacity, Access & Feasibility

Capacity

Malawi has a strong presence of national and international organizations, many of whom have responded to multiple emergencies in the country in recent years, including Tropical Storms Ana and Gombe in 2022, Tropical Storm Idai in 2019, the 2018/2019 drought, and the 2016/2017 drought. As a result, many key systems and processes are in place to ensure timely and efficient delivery of assistance in this cholera response, in coordination with the Government of Malawi.

This Flash Appeal will be implemented by 32 humanitarian partners who have pre-established presence, capacity and programming in Malawi, including 8 United Nations agencies, 12 International NGOs, 9 National NGOs and the Malawi Red Cross Society. Humanitarian partners with projects in the Flash Appeal have fully considered the Government's planned activities in their responses, to ensure optimal complementarity between activities implemented under the Flash Appeal and those contained in the Government's national response plan.

Access

Although there are currently no major physical access constraints, during the rainy season in Malawi, parts of the country—particularly in southern areas—are at risk of flooding. Tropical storms historically affect access to flood-affected areas, damaging logistics infrastructure (including warehouses and power lines), key road networks, culverts and bridges. Should this occur during the Flash Appeal's timeframe, it could hamper operations while simultaneously increasing the risk of spread of cholera. Tropical storms historically affect access to flood-affected areas, damaging logistics infrastructure (including warehouses and power lines), key road networks, culverts and bridges. Given the fluidity of the cholera context, flexible and reactive logistic support is therefore needed to ensure supplies and goods needed for the response can be moved easily, to enhance the response in hotspot areas by providing trucks, mobile storage units, and coherent coordinating of requests.

Feasibility

This Cholera Flash Appeal calls for a significant scale-up in cholera prevention and response from February to June 2023 and, to that end, is reliant on a commensurate increase in funding. Although partners estimated that more than $9.5 million has been mobilized by international partners since the cholera outbreak began, more is urgently needed. It is vital that donors come forward with additional funding as soon as possible to ensure that the response can scale-up over the five-month appeal period.

Lead time is required to procure the necessary supplies to implement the response planned under the Flash Appeal. Some supplies for life-saving cholera response are already facing imminent pipeline breaks and this must be averted through immediate funding and procurement of vital commodities.

Despite these challenges, the humanitarian community is confident in its ability to implement the planned activities under the Flash Appeal, should timely funding be received. As noted above, humanitarian partners have responded to multiple emergencies in Malawi, in support of Government-led efforts, and there is strong standing capacity to carry-out the planned response under the Flash Appeal.

2019 Tropical Cyclone Idai Road Access Conditions

Part 3
Costing Methodology

The Malawi Cholera Flash Appeal used project-based costing. In order to develop the appeal rapidly, partners were requested to share their planned response activities, as well as information on funding available for these. This was then consolidated to form the basis of the Flash Appeal, with partners encouraged to continue sectoral discussions on complementarity in the period ahead in order to avoid duplication and ensure maximum effectiveness of the response. All efforts were made to ensure full complementarity with the Government-led response, including through regular discussions and engagement on which activities were planned and implemented by the Government and in which locations.

Sectoral Response & Requirements (Feb-Jun 2023)

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS	NUMBER PROJECTS
Education	1.5M	**410K**	**840K**	4	4
Health	2.8M	**2.5M**	**15.8M**	10	12
Logistics			**1.3M**	2	2
Nutrition	1.8M	**1.3M**	**5.6M**	5	5
Protection	3M	**898K**	**2.3M**	7	8
Child Protection	939K	**470K**	**950K**	3	3
Gender-Based Violence	2.6M	**673K**	**1.4M**	5	5
RCCE	4M	**3.3M**	**3.7M**	8	8
WASH	4.8M	**3.4M**	**14.9M**	6	8
Refugee	56K	**56K**	**855K**	4	4
Total	**4.8M**	**3.9M**	**45.3M**	**32**	**51**

Part 4

Sectoral Objectives & Response

4.1 Core Cholera Response Sectors

LILONGWE
Health workers assisting a cholera patient in Lilongwe Area 18 Health Centre on 9 February 2023.
Photo: UNICEF/ Bennie Khanyizira

4.1.1
Health

PEOPLE IN NEED	PEOPLE TARGETED		REQUIREMENTS (US$)	PROJECTS	PARTNERS
2.8M	2.5M	Female 51% / Male 49% / People With Disabilities: 15%	$15.8M	12	10

People in need and targeted for assistance

In 2020, over 51 per cent (9.98 million) of the population in Malawi reported inadequate access to healthcare services. It is also estimated that 69 per cent of the population do not have access to a handwashing facility. The lack of access to health care and hygiene has contributed to the high number of cases and the high case fatality rates of the current cholera outbreak. Based on the Health Sector targets, there are approximately 100,000 pregnant women among the priority affected population. Although pregnant women are not more at risk of cholera infection, women with cholera are at higher risk of fetal loss and therefore require specific care. It is also estimated that 11 per cent, or 304,000 of the population are living with a disability, which may lead to more difficulties in physically accessing treatment. All these factors as well as the current rains are increasing the risk of mortality and morbidity of cholera outbreak. In addition to the above, the Malawi Vulnerability Assessment report (2022) estimates that 3.8 million people are facing high acute food insecurity (IPC) Phase 3 or above.

In response to these alarming numbers and ongoing outbreak, the Health Sector has identified over 2.8 million people in priority need of assistance in 15 priority districts across Malawi. Of this 2.8 million, the Health Sector is targeting 2.53 million people.

Sector Strategic Objectives

The Malawi Health Sector partners support the Ministry of Health, and work in close collaboration with other government Sectors and partner organizations that are represented in the following Sectors: WASH, Risk Communications and Community Engagement (RCCE), Protection, Nutrition, Education, and Logistics to collectively respond to the current acute needs of people affected by the cholera outbreaks as well as to prepare for and mitigate future risks and reduce the mortality and morbidity.

The Health Sector has established four key priority objectives to reduce avoidable morbidity and mortality among the affected population. These include:

1. Reducing the overall mortality and the incidence of new cholera cases including:
   - Strengthened Surveillance and Laboratory Investigation.
   - Strengthened cholera Case Management in Oral Rehydration Points (ORPs) and Cholera Treatment Centres and Units (CTCs and CTUs).
   - Improving referral systems.
   - Provision of essential cholera investigation and management supplies.
   - Implementation of an Oral Cholera Vaccination campaign (if approved).
2. Reducing the transmission of the disease in affected areas and prevent and/or minimize the risk of introduction of the outbreak to other high-risk areas.
   - Ensuring that WASH and IPC measures are in place in cholera treatment structures.
   - Improve community access to treatment, ensure communities are aware of and understand the community case definitions and when and where to seek treatment.
   - Improve community knowledge of and adoption of measures to prevent cholera.
3. Ensuring the capacity to deliver life-saving essential health services.
   - Ensuring the continuation of essential services.
   - Strengthening access to sexual and reproductive health services.
4. Strengthening Health Sector leadership and coordination at national and subnational levels.
   - Strengthen support to multisectoral national and district coordination teams and to each response pillar working groups to enhance effective coordination of the response at the respective levels.

Response Strategy

Health Sector partners are working closely with other sectors, in particular WASH, RCCE and Protection to support the National Cholera Response Plan. The evolving epidemiolocal data will drive the specific targeting of health response and will include populations in refugee camps. Interventions will need to continue throughout the rainy season and the following few months, as early withdrawal of partner support prior to ensuring national capacity may prove to be detrimental to the overall health outcomes.

The response strategy is based on strengthening the quality of the response by using and reinforcing existing capacities. The response will rely predominantly on national and location specific human

resources for continuity and ownership. The establishment and support of CTCs, CTUs and ORPs and deployment of CTU workers in high-burden communities are critical measures in the response. To support this, it is essential to ensure that all health care workers as well as community volunteers receive appropriate training on cholera infection, prevention, and control.

Moreover, to strengthen the early detection and active finding of cases, it is important to continue to support and strengthen community-based surveillance for outbreak prone diseases such as cholera, including along the border areas.

As the overall health access and status of health in Malawi is not strong, the maintenance and continuity of Essential Health Services is important to not cause indirect deaths due to diversion of essential health resources.

District level coordination hubs will be established to allow Health Sector partners to continue to undertake participatory outreach with district health officials and communities, to identify appropriate positioning of CTCs, CTUs and ORPs ensuring that critical services are accessible to the most affected populations. Health care workers, local leaders, community groups and individual volunteers will be directly involved in the decision making and creation of messaging to ensure wide outreach and accessibility to services.

Gender diversity in the provision of health services is key to ensuring that health services are gender friendly and safe to improve uptake and accessibility to health services. The Health Sector partners will strive to ensure that there is gender sensitivity while implementing interventions and support as well as access to complaints and referral mechanisms for any abuse.

Opportunities will be sought for development partners to plan the response with emergency partners to encourage handover and continuity of the response and ensure smooth transition.

Cost of Response

The budget for the Health Sector section of the National Cholera Interim Plan February 2023 was estimated at $21 million for the period of January to June 2023. As of 15 February, partners had reported a gap of $14.8 million. This shortfall is expected to grow as the outbreak evolves and further essential lifesaving health needs become apparent. Ten implementing UN and NGO partners have submitted projects in support of the national cholera response plan for a total of $15.5 million.

Monitoring

Response interventions need to be planned, executed, and monitored at the district level. The reduction of the Case Fatality Rate is the key indicator of successful interventions with the reduction of the total number of cases across Malawi.

Response monitoring indicators

Response Indicator	Target
# of health workers trained in cholera management	**4,000**
# of people treated for cholera	**12,285**
# of people directly reached with health cholera prevention messages	**2,534,373**
# of pregnant women and girls referred and receiving basic and comprehensive Maternal Emergency Obstetric care from the affected districts.	**7,846**

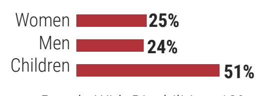
LILONGWE

WHO gave area 25 treatment centre a new face with standard structures that will enable provision of standard care to patients. Photo: WHO/ Bennie Khanyizira

4.1.2

Water, Sanitation & Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PROJECTS	PARTNERS
4.8M	3.4M	$14.9M	6	6



People With Disabilities: **10%**

People in need and targeted for assistance

The extreme weather events that led to the current cholera outbreak led to the collapse of many water facilities and private and public latrines, leaving people who previously had access to safe water and sanitation at risk of cholera. Population displacement after the storms has also caused overcrowded living conditions, with many people sharing toilet facilities, particularly in urban areas. Fishing communities continue to be a high-risk group during the outbreak due to reliance on lake water for multiple uses and for ablution. Women and girls remain particularly vulnerable during the outbreak due to their role as primary caregivers, which includes caring for cholera affected family members. Additionally, they are responsible for fetching and handling untreated water and preparing food.

The number of people in need is estimated based on the number of people without access to basic WASH services (Water, Sanitation, Hygiene) in the most affected districts. On average, 30 per cent of all households do not have access to essential water, 24 per cent do not use basic sanitation, and more than 90 per cent of household members need a handwashing facility where water and soap are present. In the 15 most affected districts, there are 4.8 million people in need, with the age group 10-39 being the most affected (61 per cent) and the most deaths occurring in the > 50-year age group (29 per cent). The WASH Sector will target 3.4 million people with WASH interventions in efforts to reduce morbidity and mortality to below emergency thresholds.

Sector Strategic Objectives

In line with the Flash Appeal objectives, the WASH response objectives aim to:

- Prevent and control the cholera outbreak in 15 hotspot districts through the provision of adequate, safe water, sanitation, and hygiene in affected communities and institutions (health care facilities, CTC's, schools).
- Provide WASH supplies to households and institutions in affected areas in the 15 target districts to control the outbreak.
- Sensitize communities and institutions on cholera prevention through WASH specific messaging in the 15 target districts, in coordination with Risk Communication and Community Engagement partners.
- Provide a coordinated WASH response to the outbreak at national and subnational levels.

Response Strategy

The WASH Sector response strategy will focus on the delivery of immediate lifesaving interventions to provide basic drinking water and sanitation services, and to prevent and control the further spread of the outbreak. In these efforts needs of women, children, and vulnerable groups (such as the disabled and the elderly) will be considered accordingly. Key among the approaches to be used is the Case Area Targeted Intervention (CATI) approach, which follows up on reported cholera cases and ensures engagement with the reported case and 20 other immediate surrounding households.

The WASH Sector response plan recognizes the need for cross-Sectoral linkages especially with the Health, Education, and behaviour communication (RCCE) Sectors. WASH services have a direct impact on Health, Education, and other Sector outcomes. WASH contributes to infection prevention and control in CTCs and health care facilities for instance. As the Health Sector clinically manages the cases in CTCs, safe water, hand washing with soap, foot disinfection for people entering the treatment units must be in place during case management for infection prevention. Similarly, WASH service provision in schools located in hotspot areas and hotspot districts is critical to ensure children in school are not only protected from the outbreak, but also that they do not miss out on continued learning. The effective delivery of WASH supplies requires an effective logistical system to ensure the supplies not only reach the end user but are used for the purpose that they are intended for. All this requires proper coordination and collaboration at all levels to avoid duplication and ensure equity in dealing with the outbreak.

WASH partners in the 15 priority districts will:

- Provide access to safe water through the construction of water schemes, chlorination of drinking water and household water treatment to reduce the risk of cholera transmission communities in 15 hotspot districts.
- Conduct rapid water quality testing to identify contaminated communal sources, as well as at household level.
- Provide buckets for water handling (water transportation and storage) to affected people in host communities and in institutions (CTC's, health care facilities and schools).
- Provide temporary sanitation and hygiene facilities to CTC's and schools.
- Provide access to personal hygiene services for affected

people in CTC's, health care facilities and schools, through the provision of laundry and bathing soap.

- Disseminate WASH related hygiene messages through various channels, as part of infection prevention control (including safe handling of waste, hand washing with soap).
- Conduct repairs and rehabilitate water and sanitation infrastructure in affected communities, including treatment of contaminated water sources to ensure safe and healthy conditions for affected populations.
- Ensure a coordinated response amongst WASH actors._

Cost of Response

The package of WASH life-saving interventions includes the provision of WASH supplies, water treatment, water quality monitoring, community engagement through the CATI (training of rapid response teams, accompanying supports, follow up activities to targeted households) and the delivery of WASH messaging and logistical support for district field workers. On average, the cost per capita of WASH services is between $3.3 and $4.2. A total of $14.9 million will be required for WASH activities in the cholera outbreak response.

Response monitoring indicators

Response Indicator	Target
# of people in 15 target districts with access to adequate and safe water for drinking	**3,446,600**
# of people at household level provided with life-saving WASH supplies & sensitisation on use (water treatment chemicals, soap for hand washing, buckets)	**3,100,000**
# of CTCs and schools provided with adequate sanitation facilities (latrines and hand washing facilities)	**140**

NKHATA BAY

Unandi Banda a cholera survivor from Tukombo, Nkhatabay using a water bucket she received from humanitarian partners. Photo: UNICEF/ Malawi

4.1.3

Risk Communication and Community Engagement (RCCE)

PEOPLE IN NEED	PEOPLE TARGETED		REQUIREMENTS (US$)	PROJECTS	PARTNERS
4M	3.3M		$3.5M	8	8

People With Disabilities: **6%**

People in need and targeted for assistance

As the outbreak spreads across the country, more community engagement and risk communication measures are needed to reach the entire population with effective cholera preventive messaging. About 17 million people in Malawi do not practice handwashing with soap and water and almost seven million people do not have basic drinking water, while 80 per cent of households are drinking contaminated water. Limited access to basic sanitation and hygiene facilities are among the driving factors for cholera outbreak across the country. Various studies have shown high knowledge in cholera but very few people, especially in the rural areas, are washing their hands with soap and water and drinking safe water. There is a strong need for community led hygiene and sanitation interventions to improve WASH behavioural practices. Rumours and misinformation related to cholera have been a challenge for people seeking early health services. To address rumours and misinformation there is need for community outreach across the country, with correct messaging on basic hygiene and sanitation, along with building trust.

Risk Communication activities will reach more than the targeted 3.3 million people through different mass media channels. Along with the mass media reach, the Sector will target the most high-risk population, without access to basic hygiene and sanitation services, as well as access to health facilities, through intensive community dialogue or engagement.

Sector Strategic Objectives

The main objective of RCCE interventions aims to enhance the adoption of crucial cholera preventive behaviours – handwashing with soap and water, drinking safe water, and seeking health services in case of cholera symptoms – at all levels, through enhanced engagement with communities, community influencers, including political and religious leaders, from high-risk areas. RCCE actions for cholera response will:

- Generate evidence on contextual behaviour factors to revise and guide the ongoing RCCE strategy.
- Strengthen RCCE coordination mechanisms and planning at national and subnational levels.
- Strengthen RCCE capacity of multisectoral actors at national and subnational levels.
- Enhance social mobilization and communication engagement activities for sustained behaviours.

Response Strategy

RCCE response will focus on understanding the social and behavioural drivers of the communities and developing the most appropriate, socio-culturally sensitive, gender-responsive community engagement interventions targeting vulnerable people. The strategy focuses on using one feedback mechanism across the country to improve two-way communications, accountability systems, and engagement at all levels. The following activities will be prioritised:

- Generate qualitative and quantitative data to identify social and cultural factors, risk behaviours, barriers including misinformation associated with cholera transmission and control, influencers, best practices, to guide the most appropriate RCCE interventions focusing on the most vulnerable population.
- Develop/adapt, pre-test, and disseminate cholera preventive, hygiene, and other communication materials through multi-media channels for sustaining positive behaviours, in line with the "Tithetse Cholera" Malawi Campaign.
- Enhance the capacity of community-based influencers, volunteers, mobilisers, and youths to engage with households, including developing and implementing community-based actions for hygiene promotion, health and nutrition service-seeking behaviour, gender-sensitive roles sharing, PSEA risk reduction and reporting.
- Strengthen and sustain two-way community engagement actions through radio listeners groups, youth volunteers/ mobilisers, traditional leaders, faith leaders, celebrities, and other influencers.
- Integrate cholera preventive RCCE efforts through school health programs and other relevant institutions.
- Strengthen existing hotline and other community feedback mechanisms on Cholera response, as a part of the accountability to the affected populations.
- Strengthen capacity of spokesperson for the timely management

of rumours and misinformation through Public Communication Sector.

- Strengthen information sharing platforms/forums to promote learning through generation of knowledge products and manuscripts.
- Strengthen the multi-Sectoral coordination and collaboration at the national and district level for improved hygiene and sanitation and health seeking behaviours.

Cost of Response

RCCE funding requirement under this Flash Appeal is $4.7 million in support of the ongoing national response plan efforts.

Monitoring

As a part of a common feedback project, UNICEF, WHO and Malawi Red Cross Society have developed a community feedback mechanism to collect feedback, community questions, concerns, and grievances through online and offline portals. Periodic behavioral surveys, community feedback tools will be used to monitor the RCCE response and challenges for cholera response.

Response monitoring indicators

Response Indicator	Target
# of people directly reached with health, hygiene, nutrition or risk communication activities on cholera prevention and treatment, involving a two-way dialogue	**3,272,312**
# of people sharing their concerns and asking questions / clarifications for available support services to address their needs through established feedback mechanisms	**165,000**

Support in Risk Communication and Community Engagement. Photo: WHO / Malawi

4.2 Complementary Sectors

LILONGWE

Health workers on a break after working tirelessly attending to cholera patients on 9 February 2023, at Area 18 Health Centre, Lilongwe.

Photo: UNICEF/ Bennie Khanyizira

4.2.1 Education

PEOPLE IN NEED	PEOPLE TARGETED		REQUIREMENTS (US$)	PROJECTS	PARTNERS
1.6M	410K	Girls 49% / Boys 51% / People With Disabilities: 10%	$840K	4	4

The Education Sector in Malawi has been affected by multiple emergencies, including cholera and COVID-19. Cholera has hit the Education Sector hard, disrupting teaching and learning. In 2023, all schools in Lilongwe and Blantyre failed to reopen for two weeks during the 2nd term due to the cholera outbreak, disrupting learning for 987,634 primary and secondary school learners. At least 31 school leaners have died of cholera and a cumulative total of 511 had contracted cholera as of 14 February 2023.

A cholera assessment conducted in 200 schools in Lilongwe and Blantyre observed that there was limited information and messages on cholera prevention and management to help learners and teachers handle the outbreak. Sanitation and water sources in the schools were very poor, rendering all efforts to control the outbreak a challenge.

Purpose of the Response Plan

The main purpose of the Education Sector response plan is to ensure that teaching and learning can continue in a safe environment through cholera prevention and control in schools, especially for learners with special needs and vulnerable children.

People in need and targeted for assistance

The Education Sector cholera response will prioritise 400,000 out of 5,373,000 learners, from 400 schools in at least 10 districts, to ensure that children learn in a safe environment.

Sector Strategic Objectives

To achieve this, the response plan will focus on the following specific areas to ensure that objectives meet:

1. To support implementation of safe school protocols (IPC) through the provision of WASH supplies (soap and buckets).
2. To reach learners with comprehensive hygiene awareness campaigns in schools.
3. Provide learners with hygiene and cholera prevention, management and control related information, education and communication (IEC) materials and messages for schools.
4. To capacitate teachers on infection prevention, cholera response and management at school level.
5. To strengthen national and district coordination of Education Sector's cholera response.

Response Strategy

The Education Sector will procure WASH supplies (handwashing soap, buckets, and menstrual hygiene supplies) through the WASH Sector and distribute to schools in priority districts. Teachers will be capacitated to mainstream cholera prevention and hygiene promotion messages in all activities of the school, with increased provision of appropriate IEC materials for cholera. Both national and district Education in Emergency coordination structures will be strengthened to better coordinate and monitor the cholera response and ensure adherence to cholera prevention operating procedures in all targeted schools. Coordination meetings will be held regularly at both national and district levels for this purpose. The Sector will collaborate with WASH, RCCE and Health Sectors to ensure that proper hygiene is practiced in schools, and appropriate cholera prevention knowledge and skills are acquired by all learners.

Key activities will be to:

- Support the WASH to provide WASH services in schools (assessment of WASH in schools, prepare BOQs, facilitate distribution and utilization of WASH services in schools).
- Develop hygiene promotion and campaign materials and conduct hygiene promotion campaign in schools.
- Develop/adopt key child-friendy, age specific and culturally acceptable cholera and WASH IEC messages that include cholera prevention SOPs.
- Train teachers and PEAS in cholera infection prevention and develop teaching and learning cholera materials, as well support trained teachers to implement cholera prevention, management and response at school level.
- Establish functional cholera surveillance system for schools.

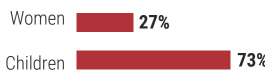
Response monitoring indicators

Response Indicator	Target
# of learners reached with hygiene promotion services	**409,566**
# of teachers trained and applying Cholera prevention and management SOPs at school	**800**
# of learners accessing WASH supplies (soap and buck-ets)	**409,566**

MBAMBA VILLAGE, CHOWE
Rose Phiri, HAS, at Chowe Health Centre encouraging women on the importance of using RUTF. In Mbamba village on 22 August 2022. Photo: UNICEF

4.2.2
Nutrition

PEOPLE IN NEED	PEOPLE TARGETED		REQUIREMENTS (US$)	PROJECTS	PARTNERS
1.8M	1.3M		$5.6M	4	4



People in need and targeted for assistance

Nutrition is critical in preparing and responding to cholera epidemic. Under-five children, pregnant and lactating women and the chronically ill are considered vulnerable groups hence the need to ensure their daily nutrition needs are met to prevent incidences of malnutrition. In addition, those who are already malnourished need to be treated according to the WHO (World Health Organization) guidance on managing severe acute malnutrition in the cholera context. The current cholera outbreak has hit at the time when 3.8 million people are facing high acute food insecurity (IPC) Phase 3 or above. The Nutrition Sector has estimated 1.8 million people in 15 priority districts will need nutrition assistance. Of these, the Sector will target 1.3 million people (956,666 children under 6-months and 353,835 pregnant and lactating women).

Sector Strategic Objectives

- The Sector's objective is to improve equitable access to multi-sectoral nutrition services to prevent and treat malnutrition resulting from the impacts of cholera among vulnerable populations, namely children under five, pregnant and lactating women, and adolescents, by way of; strengthening nutrition capacity and coordination at national, district and sub-district levels.
- Strengthening treatment of acute malnutrition in cholera context following WHO standards.
- Improving early identification, referral, and treatment of malnourished children.
- Ensuring effective social and behaviour change communication that promotes Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN).

Response Strategy

The Nutrition Sector has defined the following priority areas to effectively contribute towards the current cholera response:

- Strengthen nutrition coordination at national, district and sub-district levels to effectively respond to the cholera outbreak:
  - » National level: Implementation of activities under the plan will be coordinated by the Department of Nutrition HIV/AIDS and facilitated by a harmonised coordination of partners and stakeholders. This team will develop strategies, monitor the implementation of the response plan, coordinate and track procurement and management of nutrition supplies, IEC materials, and share updates on cholera preparedness and response. The Nutrition Sector will routinely participate in the national case management pillar meetings to share updates on the implementation activities in the response plan, challenges, and mitigation plans.
  - » Sub-national level: District health teams that include nutrition focal persons will also participate in disaster risk reduction as well as public health emergency technical working group meetings to share updates.
- To enhance the overall nutrition capacity in public health emergencies including cholera, the Sector will collaborate with the Health Sector to ensure children with severe acute malnutrition (SAM) and cholera are treated as per the modified protocol and that all cholera patients are supplemented with zinc as part of the treatment protocol. Protocols for management of severe acute malnutrition in the context of cholera will be integrated in the national cholera case management manual and orient health workers to effectively manage cholera in the CTCs. The Sector will work closely with the WASH Sector in identifying communities with high transmission rates (hotspots) where mass screening will be conducted to identify children with acute malnutrition and at risk of cholera. In addition, the Sector will also work closely with the Logistics Sector in ensuring that CSB timely reaches the end-users.
- The Sector will integrate promotion of Maternal, Infant, Young Child, and Adolescent (MIYCAN) messages into ongoing RCCE messages. Health workers will also be supported to effectively counsel pregnant women and caregivers of children 0-23 months on optimal MIYCN practices in the context of cholera. The Sector will engage communities to promote feedback mechanisms and ensure accountability to affected populations. Partners will be oriented and ensure they have policies in place to prevent and respond to sexual exploitation and abuse.

Cost of Response

The budget for the Nutrition Sector was estimated at $6.6 million and as of to date $1 million has been mobilised, leaving a gap of about $5.6 million. Five implementing UN and NGO partners have submitted projects in support of the national cholera response plan through this nutrition flash appeal for a total of $5.6 million.

Monitoring

To ensure timely monitoring of the response, the Sector will meet on bi-monthly (every other week) basis to monitor progress, identify challenges, and agree on complementarity and synergy within the Sector and other Sectors contributing to the response. The Sector will also hire an Information Management Officer to enhance emergency information management capacity and support quality assurance processes in all parts of the data value chain (prioritisation, creation and collection, curation, analysis, translation and dissemination, and decision making) for timely and high-quality nutrition response.

Response monitoring indicators

Response Indicator	Target
# Children 6-59 months screened for acute malnutrition	**956,666**
# Children 6-59 months with severe wasting admitted for treatment	**1,865**
# Primary caregivers of children 0-23 months receiving IYCF counselling	**353,835**

CHOWE VILLAGE, MANGOCHI

Hajira Masha, 22 years old, pictured with her daughter Ramisa Jester who is responding positively to RUTF on 22 August 2022.
Photo: UNICEF

4.2.3

Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PROJECTS	PARTNERS
3M	898K	$2.3M	7	8

Child protection

PEOPLE IN NEED	PEOPLE TARGETED		REQUIREMENTS (US$)	PROJECTS	PARTNERS
939K	470K	Children 100% People With Disabilities: 3%	$950K	3	3

People in need and targeted for assistance

There are about 939,151 children in need of protection assistance resulting from being affected and infected by cholera. However, 469,576 people are being targeted in this appeal, based on the number estimated from cholera hotspot districts in Malawi, including 14,087 children with disabilities exposed to higher risks of violence, abuse, exploitation and neglect because of cholera in their families and communities. Therefore, protection interventions are highly needed to reduce the impact of the outbreak in the hotspot communities. Services providers, 305 women and 407 men, will be targeted to ensure they are knowledgeable on the potential impacts of an outbreak on child protection, in identifying children who are most vulnerable and why, and aware of the support services available, despite increased burdens on the community facilities. Targeted beneficiaries will receive mental health and psychosocial support services to treat heightened levels of anxiety, fear, and worry that occur during infectious disease outbreaks. The interventions will ensure the targeted children, who are survivors of violence, have safe access to appropriate care and raise awareness of caregivers and community members at large of the health risks of harmful traditional practices, to mitigate physical violence, sexual violence and other harmful practices that can arise during outbreaks.

Sector Strategic Objectives

The overall Protection Sector strategy aims to ensure women, girls, men, and boys receive urgent protection and GBV related humanitarian and life-saving interventions. The Child Protection sub-Sector will focus on protection objectives outlined in the Protection Sector Cholera Response Plan led by Government, with an emphasis on children:

- To reduce protection threats for the affected boys and girls of different age groups, and to protect them from violence, exploitation, abuse, and neglect during the cholera outbreak and ensure that child rights are respected.
- To provide psychological first aid to those affected by cholera.
- To ensure inclusion of boys and girls with disability in the cholera response.
- To cushion underprivileged and vulnerable boys and girls of different age groups from socio-economic impacts during the cholera outbreak.
- Ensure a coordinated, comprehensive, and predictable response for children affected by the cholera outbreak.

The Sector response is also grounded on the principles of Minimum Standards for Child Protection in Humanitarian Action.

Response Strategy

As a sub-Sector of the overall Protection Sector, the Child Protection Sector will ensure a well-coordinated and targeted response using the following strategies:

1. **Capacity Strengthening of Health Workers on PSEA**: Training of 400 health workers working in Cholera Treatment Centres (CTCs) in Prevention of Sexual Exploitation and Abuse (PSEA) and referral of children with specific protection needs to protection service providers. This training will cover vulnerabilities that children may face, violence and abuse disruption mechanisms, separation of children from caregivers, protection services and referral mechanisms.
2. **MHPSS and PFA in Children's Corners:** Provision of non-specialized mental health and psychosocial support services (MHPSS) such as Psychological First Aid (PFA), Group Interpersonal Therapy (G-IPT) and Narrative Exposure Therapy (NET) to children, caregivers and communities affected by cholera. UNICEF will leverage on already existing to roll out MHPSS and PFA needs.

3. **Community awareness raising and messaging:** UNICEF's Journey of Life methodology will be used for strengthening Children's Corners (CCs) and Community Based Childcare Centres (CBCCs) activities. Development and dissemination of child protection messages for dissemination by all actors responding to cholera will be a key intervention.
4. **Supporting caregivers in CCs and CBCCs** on selfcare and how to care for and support children affected by cholera. Staff must be trained in proper sanitisation of CCs and CBCCs equipment, alternatives to interactive games and activities, and mitigation strategies for disease transmission. These spaces must never become an additional source of disease transmission.
5. **Identification and assessment:** Supporting Community Child Protection Workers to conduct identification and assessment of vulnerable children due to cholera for alternative care arrangements.
6. **Case Management:** Supporting Community Child Protection Workers (CCPWs) and Case Managers in provision of case management services to children impacted by cholera.
7. **Intersectoral monitoring:** Supporting intersectoral child protection/human rights monitoring of cholera response for advice and alerts to cholera service providers.
8. **Reporting and Data Collection (SADD):** Establishing SADD data reporting and strengthening referral mechanisms on service provision.
9. **Coordination**: Supporting national and district coordination of Child Protection actors in the cholera response.

Cost of Response

A total of $950,000 will be required targeting 15 districts. Costs include payment for transport, materials, and ensuring sanitation equipment is available in all targeted CCs and CBCCs. Capacity building initiatives range from $25,000 per district. The Sector will use already existing structures in the communities as a key entry point to ensure cost saving.

Response monitoring indicators

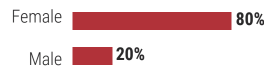
Response Indicator	Target
# of girls and boys at risk received cholera prevention messages in children's corners	**359,151**
# of children, parents and primary caregivers at risk provided with risk mitigation, prevention and response interventions	**110,425**

TUKOMBO, NKHATABAY

Unandi Banda, an 18-year-old cholera survivor, carrying her baby, and receiving water purifying sachets from UNICEF who were on a field monitoring visit in Tukombo, Nkhatabay on January 27th, 2023. Photo: UNICEF

Gender-Based Violence (GBV)

PEOPLE IN NEED	PEOPLE TARGETED		REQUIREMENTS (US$)	PROJECTS	PARTNERS
2.6M	674K		$1.4M	5	5



People in need and targeted for assistance

Women and girls have a heightened risk of contact with a high infectious dose of cholera through their domestic roles, including taking care of sick family members, cleaning latrines, preparing contaminated raw food and fetching and handling water. The responsibility for water purification often falls on women and girls. Women and girls can also face a greater emotional, physical, and socioeconomic toll during a cholera epidemic. The division of labour during a cholera epidemic can fall particularly hard on women and girls. The increased workload at home can result in decreased work outside of the home in terms of income generating activities and even school absence. Moreover, evidence highlights the emotional and physical impact of care giving for sick relatives. Gender-based violence increases during outbreaks of infectious diseases. For instance, epidemic or pandemic control policies that enforce lockdown measures can heighten socio-economic precarity and the feminization of poverty, known risk factors for transactional sex and sexual abuse and exploitation. They can also increase family tensions and Intimate Partner Violence. Traditional gender dynamics tend to disadvantage women and girls due to less decision-making authority within the household and less access to resources, such as transportation for life saving medical care or potable water, particularly for female headed households who tend to be even more disadvantaged. Female headed households have less access to water and sanitation facilities, compared to male headed households.

During a cholera outbreak several GBV and protection risks may arise which can impact the safety, mental health and psychosocial wellbeing of individuals and communities. These include reduced access to essential protective spaces and services, disruption of care and support structures due to absence (while in treatment) or loss of caregivers, disruption or loss of livelihoods during treatment or following death, especially of the primary income generator. As a result, households and support networks can be impacted, with negative attitudes and behaviours (violence, exclusion, stigma, discrimination, restriction of movement, and eviction threat) toward disease survivors, families of patients and those who could transmit the disease (i.e., frontline responders) greatly increased. Long term physical and psychological impacts including loss and grief are some of the possible outcomes that affected people could face. As a result, GBV protection partners will work closely with Health, WASH and Risk Communication and Community Engagement counterparts to reduce the risk of exposure to the disease, and to prevent and respond to violence or other protection concerns that arise because of the outbreak.

In response to the ongoing outbreak, the GBV sub-Sector has identified over 2.5 million people in priority need of protection assistance in 15 priority districts across Malawi. Of this 2.5 million, the GBV sub-Sector is targeting 673,566 people.

Sector Strategic Objectives

The GBV sub-Sector aims to:

- Support and strengthen provision of quality GBV services and referrals during the cholera response that retains dignity and safety of community members especially adolescent girls and young women.
- Intensify GBV awareness and its prevention in the cholera crisis referrals and protection of adolescent girls from school dropouts and child marriages. This will also reduce the vulnerability of adolescent girls and young women to GBV and sexual violence and abuse during the cholera outbreak.

Response Strategy

The GBV sub-Sector of the Protection Sector in Malawi brings together a wide range of GBV stakeholders (both local and international), led by the Ministry of Gender, Community Development and Social Welfare (MoGCDSW) and co-led by UNFPA to coordinate the multi-Sectoral and multi partner response to GBV related issues during humanitarian situations. The GBV sub-Sector will work in close collaboration with other Government Sectors and partner organizations from WASH, Risk Communication and Community Engagement (RCCE), Child Protection, Health, Nutrition and Logistics Sectors to collectively respond to the acute needs of people affected by the cholera outbreak, as well as to mitigate risks and reduce vulnerability of women and girls. Specifically, the GBV sub-Sector will focus on:

- Sharing of Key messages on PSEA / Complaints and Feedback (at health facilities, frontline staff, community focal points, C-RRTs) to prevent risks of Sexual Exploitation and Abuse (SEA)
- Strengthening community safe spaces to offer GBV protection interventions, including MHPSS services for those impacted by the disease, and contributing to the overall response efforts by expanding community entry points and networks engaged in Primary Care of patients. Safe spaces and community-based protection interventions also present valuable entry points for the most vulnerable and harder to reach groups to seek and access support.

- Supporting Health, WASH, RCCE, Cholera Rapid Response Teams and Community Health Focal Points with quick orientation referral pathways, GBV case management and referral training on protection and GBV services.
- Procurement of dignity kits to restore the dignity of women and adolescent girls who have been affected by the cholera crisis.
- Working with the WASH Sector to ensure gender separated latrines with locks and appropriate barriers for privacy and safety, and to install lighting to make them accessible at night.
- Support continuous GBV risk assessments, GBV safety audits and monitor GBV and PSEA during the crisis.

Cost of Response

GBV interventions require $1,670,000. Three implementing UN and NGO partners have submitted projects under this Flash Appeal to ensure provision of GBV lifesaving services.

Response monitoring indicators

Response Indicator	Target
# of people reached with GBV prevention, response and PSEA awareness campaigns in the communities and Cholera Treatment Centres in the affected districts	**673,566**
# of Number of adolescent girls and women benefitted from dignity kits	**3,000**
# of service providers oriented on GBVC and PSEA	**300**

NKHATABAY

Desire Kapombe (L), Phamarcy Assistant for Nkhatabay District Hospital, and Princess Sakala, Phamarcy Assistant (student), taking stock of the medical supplies for cholera donated by UNICEF on 22 August 2022 Photo: UNICEF

4.2.4

Logistics

REQUIREMENTS (US$)	**PROJECTS**	**PARTNERS**
$1.29M	2	2

People in Need and Targeted for the Assistance

The Logistics Sector's end users for its common logistics, coordination, and information management services are humanitarian partners responding to sudden onset and/or protracted emergencies where the Sector is active. The Logistics Sector will endeavor to support – where possible - all partners to implement their programmes and interventions, by facilitating the provision of common services to enable the delivery of life-saving interventions.

Sector Strategic Objectives

The Logistics Sector will support the Health and WASH Sectors in their efforts to reduce cholera morbidity and mortality rates through the provision of logistics support for life-saving medical supplies. The Sector will facilitate access to common logistics services where there are identified gaps and needs by humanitarian responders during the cholera response. The Sector will also provide coordination and information management to support operational decision-making and improve the predictability, timeliness, and efficiency of the cholera response.

Sector Response Strategy

The worsening Cholera outbreak in Malawi is stunted by the lack of logistics support to humanitarian partners delivering life-saving supplies to affected communities. Leveraging the logistics expertise of WFP, the Logistics Sector aims to meet, based on demand, the needs for support of all partners responding to the cholera response in Malawi. These services will be provided based on the level of requirements as requested by the humanitarian community.

- **Transport:** The Government of Malawi's Ministry of Health and key partners have reported an urgent gap in transportation of Cholera supplies. Transport from Lilongwe to districts hospitals and last mile distribution centres is a critical gap in the ongoing Cholera response efforts. Logistics capacity exists within the Logistics Sector, with WFP fleet trucks and drivers ready for immediate response when resources become available. Commercial service providers are also already rostered and ready to be engaged if required.
- **Storage and MSU Deployment:** Additional needs have been identified for storage of Cholera supplies and the deployment of Mobile Storage Units (MSU) to support cholera treatment centers located in the affected districts. Storage space will be made available in Lilongwe and Blantyre while MSUs will be made available for deployment to affected districts as needed. Storage space and a limited number of MSUs are also available now. Additional MSU can be procured based on the needs of health partners.
- **Coordination and Information Management:**
  - » Through its coordination cell, the Logistics Sector aims to streamline and optimise the logistics resources, reduce duplication of efforts, and scale up the capacity available. Dedicated Information Management services provided by the Sector helps to provide timely information on available logistics resources and access, ensuring the logistics gaps are captured in inter-Sectoral discussions and access is mapped to support transport planning.
  - » Lack of health supply stock information is a critical factor influencing supply chain bottlenecks. Limited information exists tracking stock supply levels within treatment centres leaving humanitarian partners without the ability to organise distribution plans. Data collection, management, and coordination of health supply stock levels within the Cholera Treatment Centres (CTCs) and Cholera Treatment Units (CTUs) is key to overcoming supply chain challenges.

Cost of Response

- **Total response cost: $1,290,000**
- **Cost measures:** The Logistics Sector aims to prioritise the most efficient and effective mode of transportation to support humanitarian partners in delivering relief items in a timely manner.
- **Cost drivers:** Most of the resources for the response are designated to logistics services – specifically transport from logistics hubs (Lilongwe and Blantyre) to district hospitals and from districts to last mile delivery points. Additionally, resources will be used to provide storage services in logistics hubs for life-saving medical equipment and supplies designated for the Cholera response. Another cost driver is around the data collection and system support at CTU level to inform stock management tools to support decision making.

Response monitoring indicators

Response Indicator	Target
# of organizations utilising logistics services	**5**
# of Mobile Storage Units (MSU) dispatched for cholera response activities	**17**
# of information products shared with partners	**10**

DOWA DISTRICT
Dzaleka Refugee Camp, Malawi. Photo: UNHCR

4.2.5
Refugee Response

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PROJECTS	PARTNERS
56K	56K	$855K	4	4

People in need and targeted for assistance

Malawi is home to 56,300 refugees and asylum seekers as of 9 February 2023. Because of the country's encampment policy, prohibiting refugees from staying outside their designated camp and restricting them to work within their camp, most refugees are housed in the Dzaleka Refugee Camp. The camp was designed to accommodate 10,000 refugees at first. However, there has been a constant influx of refugees to Malawi, with an estimated 200-300 arriving each month, adding to the already overcrowded settlement. A sizable host population also resides in the area surrounding the settlement, bringing the total catchment population in and around Dzaleka to about 80,000. The Ministry of Health and Population (MoHP) is the health implementing partner for UNHCR. Healthcare services rendered are free of charge. Cases that cannot be managed at the Health Centre are referred to Dowa District Hospital – secondary facility – which is 10km away, or a more specialised Central hospital in Lilongwe (45km away).

Sector Strategic Objectives

UNHCR's objectives for the cholera response are:

- To reduce the overall mortality and incidence of new cases due to cholera in the camp.
- To ensure the capacity to deliver life-saving essential health services within the Dzaleka health centre.
- To ensure and strengthen coordination within the camp to prevent cholera.
- To improve water quality, sanitation, and hygiene in the camp, including schools, ensuring Ministry of Education SOPs on Cholera prevention are followed.

Response Strategy

The response strategy is based on improving response quality by utilising and reinforcing existing capacities. The establishment and support of CTC and ORPs in the camp, as well as the deployment of CTU workers in the camp, are critical response measures. To that end, it is essential that all health care workers, as well as community volunteers, receive adequate training in cholera infection, prevention, and control. To improve early detection and active case finding, it is important to continue to support and strengthen community-based surveillance for outbreak-prone diseases such as cholera.

In terms of WASH, the response includes fencing boreholes, providing safe and drinkable water, dislodging latrines, managing grey water, distributing soap and buckets, and raising community awareness regarding cholera hygiene practices.

For education and protection activities, the focus will be on teachers' capacity building on cholera prevention, the provision of toilets, and the dissemination of key cholera messages. Gender diversity in the provision of health services will be vital in ensuring that health services are gender sensitive, friendly, and safe to improve uptake and accessibility.

Cost of Response

The estimated budget for all activities is $855,000: $200,000 for health, $350,000 for WASH, and $155,000 for protection, and $150,000 for education

Response monitoring indicators

Response Indicator	Target
# of people in the refugee camp accessing adequate and safe water for drinking	56,000
# of learners reached with hygiene promotion	21,853
# of people treated for cholera	3,000

Part 5

Annexes

WHO case management experts are providing mentorship and on the job trainings in cholera treatment centres. Photo: WHO MALAWI

Response Monitoring Indicators

INDICATOR	SECTOR	PEOPLE TARGETED
# of learners reached with hygiene promotion services	Education	409,566
# of teachers trained and applying Cholera prevention and management SOPs at school	Education	800
# of learners accessing WASH supplies (soap and buckets)	Education	409,566
# of health workers trained in cholera management	Health	4,000
# of people treated for cholera	Health	12,285
# of people directly reached with health cholera prevention messages	Health	2,534,373
# of pregnant women and girls referred and receiving basic and comprehensive Maternal Emergency Obstetric care from the affected districts	Health	7,846
# of Children 6-59 months screened for acute malnutrition	Nutrition	956,666
# of Children 6-59 months with severe wasting admitted for treatment	Nutrition	1,865
# of Primary caregivers of children 0-23 months receiving IYCF counselling	Nutrition	353,835
# of girls and boys at risk accessing cholera prevention messages in children's corners	Protection - Child Protection	359,151
# of children, parents and primary caregivers at risk provided with risk mitigation, prevention and response interventions	Protection - Child Protection	110,425
# of people reached with GBV prevention, response and PSEA awareness services in the communities and Cholera Treatment Centres in the affected districts	Protection - GBV	673,566
# of adolescent girls and women benefitted from dignity kits	Protection - GBV	3,000
# of service providers oriented on GBVC and PSEA	Protection - GBV	300

INDICATOR	SECTOR	PEOPLE TARGETED
# of people directly reached with health, hygiene, nutrition or risk communication activities on cholera prevention and treatment, involving a 2-way dialogue	Risk Communication and Community Engagement (RCCE)	3,272,312
# of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	Risk Communication and Community Engagement (RCCE)	165,000
# of people in 15 target districts with access to adequate and safe water for drinking	WASH	3,446,600
# of people at household level provided with life-saving WASH supplies & sensitisation on use (water treatment chemicals, soap for hand washing, buckets)	WASH	3,100,000
# of CTCs and schools provided with adequate sanitation facilities (latrines and hand washing facilities)	WASH	140
# of organizations utilising logistics services	Logistics	5
# of Mobile Storage Units (MSU) dispatched for cholera response activities	Logistics	17
# of information products shared with partners	Logistics	10
# of people in the refugee camp accessing adequate and safe water for drinking	Refugee Response	56,000
# of learners reached with hygiene promotion	Refugee Response	21, 853
# of people treated for cholera	Refugee Response	3,000

Planning Figures by District

DISTRICT	PEOPLE IN NEED	PEOPLE TARGETED	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
Balaka	260K	**257K**	12	23
Blantyre	570K	**564K**	19	29
Chiradzulu	146K	**85K**	5	11
Dedza	351K	**203K**	6	13
Dowa	304K	**228K**	12	20
Lilongwe	679K	**601K**	18	30
Machinga	333K	**182k**	15	25
Mangochi	748K	**710K**	14	24
Nkhata Bay	122K	**120K**	6	12
Nkhotakota	177K	**132K**	7	14
Ntcheu	271K	**197K**	8	16
Rumphi	107K	**105K**	8	14
Salima	288K	**281K**	11	20
Thyolo	441K	**210K**	9	15
Zomba	51K	**50K**	8	15

Participating Organizations

ORGANIZATION	REQUIREMENTS (US$)	SECTORS	PROJECTS
CARE Malawi	800,000	Health	1
Catholic Relief Services -Malawi	200,00	RCCE	1
Centre for Development Communications (CDC)	98000	RCCE	1
Civil Society Organisation Nutrition Alliance (CSONA)	200,00	Nutrition	1
Clinton Health Access Initiative (CHAI)	150,000	Health	1
Development Communications Trust- DCT	250,000	RCCE	1
Farmers Union Malawi	69,926	Nutrition	1
Initiative for Community Development Services (INCOS)	163,000	RCCE	1
Johns Hopkins Centre for Communication Programs	400,000	RCCE	1
Malawi Red Cross Society	230,000	Education	1
Norwegian Church Aid/ Dan Church Aid	100,000	RCCE	1
Oxfam SAF	248,170	WASH	1
Parent And Child Health Initiative (PACHI)	180,000	RCCE	1
Partners In Health/Abwenzi Pa Za Umoyo	411,698	Health	1
Plan International Malawi	4,560,000	WASH	1

ORGANIZATION	REQUIREMENTS (US$)	SECTORS	PROJECTS
Pump Aid	481,789	WASH	1
Save the Children	790,000	Child Protection, Education, Health, Nutrition	4
UK-Med	600,000	Health	1
UN RCO	20,000	Protection (Gender-Based Violence)	1
UN Women	692,982	Protection (Gender-Based Violence)	1
UNDP	790,000	Logistics	1
UNFPA	700,000	Health, Protection (Gender-Based Violence)	2
UNHCR	855,000	Refugees	4
UNICEF	26,565,213	Child Protection, Health, Nutrition, RCCE, WASH	5
United Purpose / Self Help Africa	461,081	WASH	1
Welthungerhilfe (WHH)	259,147	WASH	1
WFP	650,000	Logistics, Nutrition	2
WHO	7,407,018	Health, Protection (Gender-Based Violence)	2
World Relief Malawi	519,684	Health, WASH	2
World Vision Malawi	220,000	Education	1
Youth Net and Counselling (YONECO)	500,000	Child Protection, Education, Protection (Gender-Based Violence)	3

Acronyms

BOQs Bill of Quantities
CATI Case Area Targeted Intervention
CBCC Community Based Childcare Centres
CC Children's Corners
CCPW Community Child Protection Workers
CDC Centre for Development Communications
CERF United Nations Central Emergency Response Fund
CFR Case Fatality Rate
CHAI Clinton Health Access Initiative
CSONA Civil Society Organisation Nutrition Alliance
CTC Cholera Treatment Centre
CTU Cholera Treatment Unit
DCT Development Communications Trust
FTS Financial Tracking Service
GBVC Gender-based Violence Counselling
G-IPT Group Interpersonal Therapy
IEC Information, Education and Communication
IMT Incident Management Team
INCOS Initiative for Community Development Services
INGO International Non-Governmental Organization
IPC Integrated Phase Classification
IYCF Infant and Young Child Feeding
MHPSS Mental Health and Psychosocial Support Service
MIYCAN Maternal, Infant, Young Child, and Adolescent Nutrition
MoGCDSW Ministry of Gender, Community Development and Social Welfare
MoHP The Ministry of Health and Population
MRCS Malawi Red Cross Society
MSU Mobile Storage Unit
NNGO National NGOs
OCHA UN Office for the Coordination of Humanitarian Affairs
OCV Oral Cholera Vaccine
ORP Oral Rehydration Points
ORS Oral Rehydration Salt
PACHI Parent And Child Health Initiative
PEAs Primary Education Advisors
PFA Psychological First Aid
PSEA Prevention of Sexual Exploitation and Abuse
PTF Presidential Task Force
RCCE Risk Communication and Community Engagement
RCO Resident Coordinator Office
RUTF Ready-to-Use Therapeutic Food
SAM Severe Acute Malnutrition
UDO Umoja Development Organization
UNDP United Nations Development Programme
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
WASH Water, Sanitation & Hygiene
WFP World Food Programme
WHH Welthungerhilfe
WHO World Health Organization
YONECO Youth Net and Counselling

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Contribute towards Malawi Flash Appeal

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Contribute through the Central Emergency Response Fund

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About

This document is consolidated by OCHA on behalf of the Malawi Humanitarian partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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Humanitarian Action
ANALYSING NEEDS AND RESPONSE

Humanitarian Action aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

https://humanitarianaction.info/plan/1151

rw response

ReliefWeb Response (RW Response) is a specialized digital service of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). This service is part of the commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available to facilitate situational understanding and decision-making.

https://response.reliefweb.int/malawi

The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

https://fts.unocha.org/countries/134/summary/2023