OPERATION UPDATE

Malawi, Africa| Cholera Outbreak

Emergency appeal №: MDRMW017 **Emergency appeal launched:** 25/01/2023. **Operational Strategy published:** 04/03/2023	**Glide №:** **EP-2022-000298-MWI**
Operation update #1 **Date of issue:** 11/04/2023	**Timeframe covered by this update:** From 24/01/2023 to 20/03/2023
Operation timeframe: 9 months (24/01/2023 – 30/09/2023)	**Number of people being assisted:** 2,184,590 people
Funding requirements (CHF): CHF 3,500,00 million through the IFRC Emergency Appeal CHF 5,200,000 million Federation-wide	**DREF amount initially allocated:** CHF 748,286

To date, this Emergency Appeal, which seeks CHF 3,500,000, is 13 per cent funded. Further funding contributions are needed to enable Malawi Red Cross, with the support of the IFRC, to continue Cholera Response as outlined in the Operational Strategy.

MRCS explaining to H.E. Dr Lazarus Chakwera how MRCS is responding to Cholera in Malawi during the launch of "Tithetse Cholera Campaign."

A. SITUATION ANALYSIS

Description of the crisis

Malawi is currently experiencing one of its worst cholera outbreaks in years. The first case was registered in Machinga district in the Southern region of Malawi on 2nd March 2022. The Malawi Ministry of Health declared the cholera outbreak on 3rd March 2022, due to the increase in number of confirmed cases. The cholera outbreak, initially limited to the southern part of the country, has now spread throughout the country. All the 29 health districts have reported Cholera cases since the confirmation of the first case to date.
Generally, the outbreak is increasing over time in terms of magnitude and geographical spread. There was a 95% increase in the number of cases in November (4766 cases) compared to October (2434) cases. On 5th December 2022 the State President declared the 2022 Cholera Outbreak as a "Public Health Emergency". As of 17th March 2023, the cumulative confirmed cases and deaths reported since the onset of the outbreak is 54,324 and 1,671 respectively, with a Case Fatality Rate at 3.08%. A total of 52,340 people have recovered and 313 are currently in the treatments centres. All the 29 Health Districts have reported Cholera cases since the confirmation of the first case in March 2022 in Machinga District. The outbreak has been controlled in four Health Districts.

In the last 14 days, the disease has been reported in 25 Districts, namely; Blantyre, Chikwawa, Nkhotakota, Karonga, Balaka, Mangochi, Lilongwe, Machinga, Mulanje, Salima, Ntcheu, Phalombe, Mwanza, Dedza, Chiradzulu, Nsanje, Neno, Dowa, Zomba, Thyolo, Likoma, Mchinji, Ntchisi, Kasungu, and Mzimba South. Since the onset of the outbreak, Lilongwe has reported most of the cases (11,511 cases and 536 deaths), followed by Mangochi (8,369 cases and 123 deaths), Blantyre (7,699 cases and 205 deaths), Balaka (4,193 cases and 100 deaths), Salima (3,528 cases and 97), Machinga (2,303 cases and 86 deaths), Dedza (1,945 cases and 73), Nkhata Bay (1,517 cases and 44 deaths), Nkhotakota (1,438 cases and 58 deaths), Chiradzulu (1,361 cases and 43 deaths), Dowa (1,334 cases and 40 deaths), Ntcheu (1,247 cases and 50 deaths), Thyolo (1,153 cases and 32 deaths), Rumphi (1,049 cases and 17 deaths), Karonga (962 cases and 25 deaths) and Mulanje (845 cases and 31 deaths).

The map below shows the impact of Cholera in the districts under the emergency appeal with an overlap of the effects of Tropical Cyclone Freddy in the Southern districts of Malawi.

Malawi - Cholera priority districts and districts impacted by Cyclone Freddy

Produced: 19 March 2023

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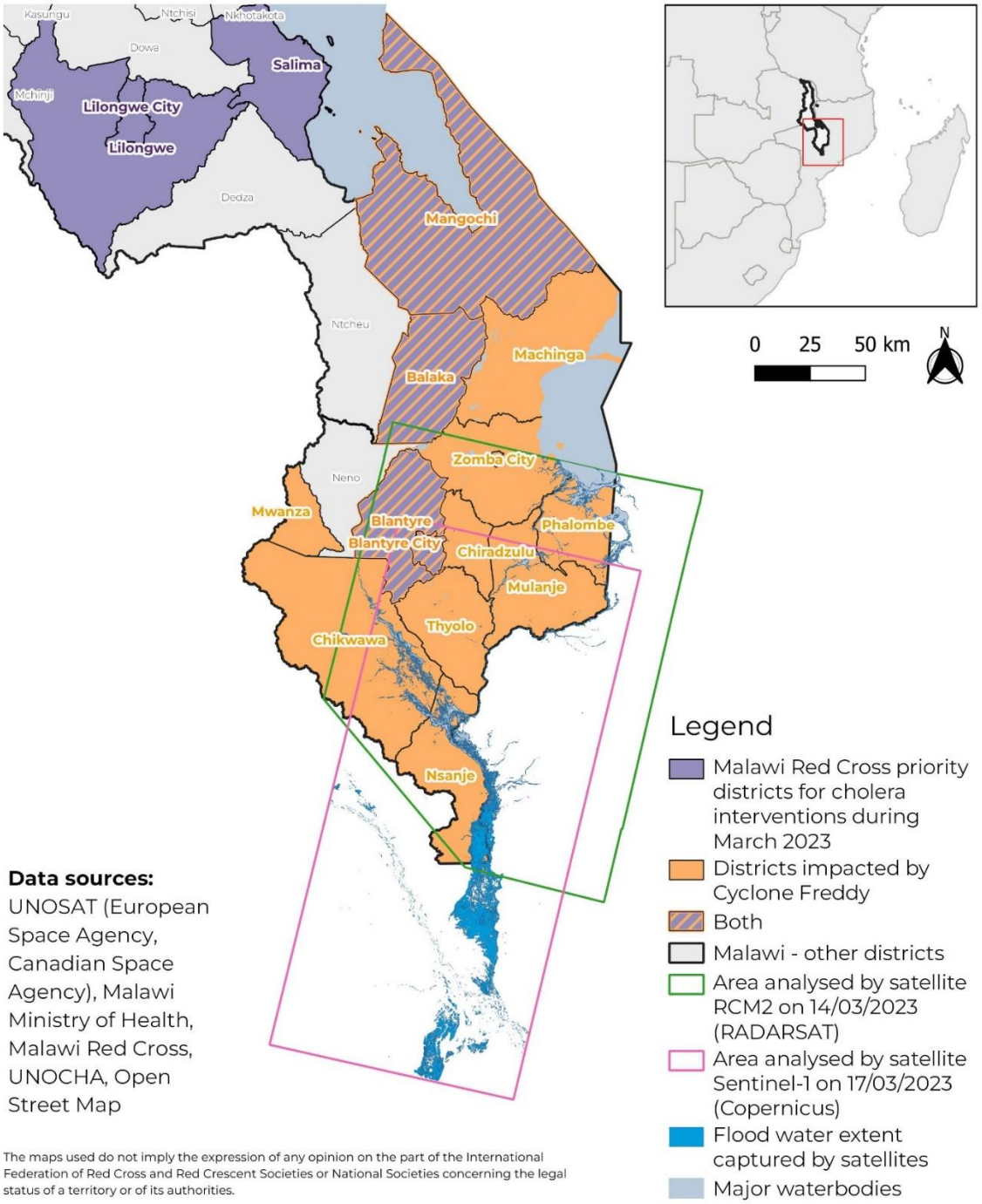


Data sources:
UNOSAT (European Space Agency, Canadian Space Agency), Malawi Ministry of Health, Malawi Red Cross, UNOCHA, Open Street Map

The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Summary of response

Overview of the host National Society and ongoing response

Malawi Red Cross Society (MRCS) continues to support the Cholera response in multiple districts through various funding. To leverage on the response with available funding, these interventions are integrated in the normal MRCS projects and MRCS through the Federation Wide Appeal has already started supporting the current hotspot districts of Salima, Lilongwe, Balaka and Machinga which are registering high cases.

The response registered new complication due to the Tropical Cyclone Freddy making landfall in the Southern districts of Malawi on Sunday, 12th March 2023. Tropical Cyclone has hit Malawi at a time the nation is battling with a severe cholera outbreak and there are initial reports of damages to health facilities (primary, secondary, maternity wings), including possibly CTUs/ ORPs. There has been great damage to water systems in Blantyre city and water points, sanitation facilities including latrines in communities and institutions, contamination of surface waters and damage to water points. Areas along Lakes and rivers are particularly also at risk of great damage even those that are not most hit by the rains. The damage to the households is likely to pose food security and malnutrition, given the important vicious loop between diarrheal diseases and malnutrition.

MRCS and partners have deployed technical resources available under the Cholera Appeal to support the National Response Team in Assessment and life saving interventions. In the targeted districts, MRCS has been working hand in hand with the District Health Offices in the cholera affected districts by undertaking several activities. The main actions in response include: Risk Communication and Community Engagement (RCCE) at household and community level; Deployment of volunteers to support with active case finding; Capacity building and training of Volunteers, health workers, Health Surveillance Assistants Village Health Committees on Cholera Prevention and Control concepts; Provision of critical non-medical cholera prevention and control supplies to cholera treatment centers. These include WASH NFIs; soap, gloves, gumboots, aprons, ORP kits, cholera beds, ORS.
MRCS under this operation has ensured an inception meeting was completed at the launch of the operation. MRCS has completed and achieved the following actions from September to 17 March in the 5 districts of Karonga, Mzimba North (Mzuzu), Nkhata Bay, Nkhotakota and Salima:

Trainings and capacity strengthening of volunteers and health workers;

- Trained 515 volunteers and 160 HSAs in Epidemic Control for Volunteers (ECV) as part of the EPiC package
- Trained 465 volunteers and 160 HSAs in CBS as part of the EPiC package and training on BTIT
- 515 volunteers plus 160 HSAs trained for 3 days in epidemic prevention and control in CTU.
- Trained 520 volunteers and HSAs (120 each in Karonga, Mzimba North, Nkhata Bay, Nkhotakota and 40 in Salima) in Oral Rehydration Therapy (ORT) and setting up of Oral Rehydration Points (ORP).
- Train 515 volunteers in feedback mechanism to be able to identify issues, myths, and misconceptions from their communities

Social mobilisation and awareness reached to a total 1,682,576 people

- Social mobilization through door to door was conducted since the start of the DREF by the trained 515 volunteers for HH visits to educate household members in Cholera prevention, control, and case management. 150 028 people reached.
- Supported deployment of volunteers for active case finding contribution to the MoH CBS; 197 cases were traced
- Conducted five (12) awareness and message diffusion sessions on cholera activities with the visual support of educational tools procured and distributed to volunteers
- Mobilisation of 44 supervisors and 515 volunteers to support active case finding in contribution to the MoH CBS
- Conducted 226 community engagement meetings with community leaders, Councilors, legislators and religious leaders including enactment existence and enforcement of by-laws; 3708 leaders engaged
- Supported development of jingles and airing of jingles has started and is ongoing; Aired 1302 times already
- Conduct Van Publicity sessions (Public Address system through loudspeakers mounted on vehicles) disseminating messages on Cholera; 48 sessions conducted so far and its ongoing

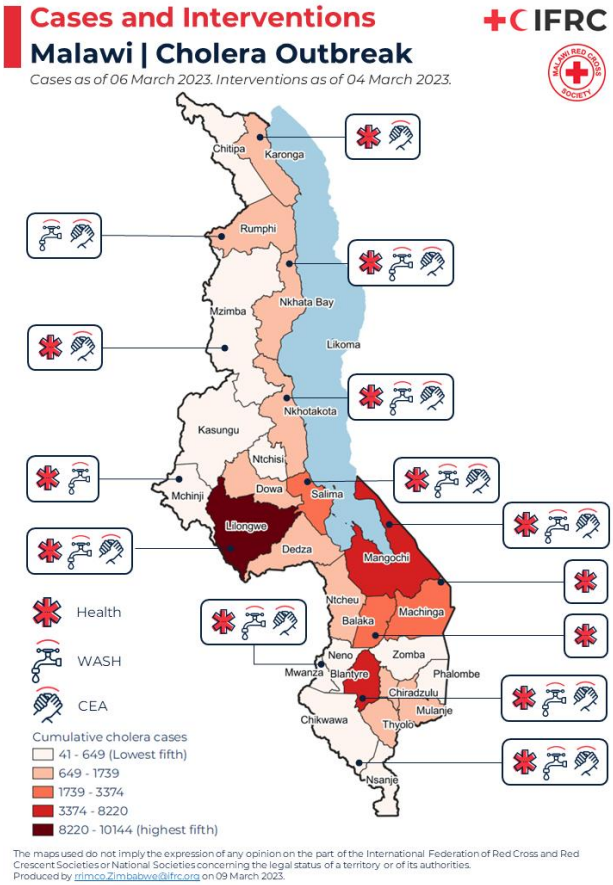
- Conduct targeted open days focussing on high-risk areas and market days; football bonanza was conducted in karonga district and live streamed on TV
- Support 24 coordination meetings at community levels

Support to the case management system

- Supported Volunteers to provide Oral Rehydration Therapy and OCV (402 volunteers supported) – ongoing in the Appeal districts
- Supported setting up of CTUs- 18 CTUs supported and 12 ORPs established in Lilongwe (8), Blantyre (3) and Salima (1)
- Procurement and positioning of material to support ORP point established by MoH with ORS, Gloves Heavy Duty, Gloves, gumboots – completed

WASH activities

- Started the rehabilitation/Upgrading of water points and appropriate systems – construction of 3 water points in Nkhata Bay and rehabilitation of 10 water points in Salima and Balaka underway
- 199 SHN teachers trained on WASH: The action aimed at improving School Led Total Sanitation (SLTS),
- Conducted WASH assessment and planning for actions with community using IFRC assessment tools
- Water Quality Monitoring underway, Lilongwe and Nkhatabay completed remaining with Balaka, Salima and Machinga.
- Intensified Household Water Treatment and safe storage in Lilongwe, Salima, Nkhatabay, Karonga, Nkhotakota and Mzuzu. 100 Buckets of 25kg HTH was procured and distributed to districts.
  At national level, MRCS has a pool of trained National Response Team (NRT) members specialized in different fields, include epidemic response1 and ready to support the expansion of the response in other districts.



Overview of Red Cross Red Crescent Movement in country

MRCS leading the cholera EA coordination meeting supported by all partners.

- The IFRC Secretariat funding is providing interventions in 8 districts. Due to the spread of cases;
  Full Response activities in Lilongwe, Balaka, Salima, Machinga while scaled down interventions on preparedness in Nkhotakota, Nkhatabay, Mzuzu and Karonga districts.
- The IFRC with support from the Swiss Red Cross have been able to support the MRCS with the Community Case management for Cholera ERU, which is setting up the ORPs in the Districts of Lilongwe, Blantyre and Mangochi.
- The Swiss Red Cross has been implementing the Cholera response from September 2022 to March 2023 in districts of Blantyre and Rumphi. The activities included WASH, RCCE, Coordination, and Health.
- Danish Red Cross funded activities continue in Community Resilient Project (COMREP) districts of Mwanza, Chikwawa and Mangochi. The Danish Red Cross has been able to also get funding from Netherland Red Cross and Icelandic Red Cross to scale up the support in Mangochi districts.
- The Qatar Red Cross is supporting the MRCS with Cholera Supplies in Lilongwe and Blantyre. The Supplies include, cholera medical supplies, WASH Supplies, IPC supplies and Tents.
- The IFRC Harare Cluster continues to provide technical support during implementation of the Cholera outbreak response by conducting monitoring visits, provision of technical and financial support as well as deployment of surge.

Overview of non-RCRC actors in country

The most notable humanitarian partners present in the targeted districts are MSF, WHO, GIZ and UNICEF, who have supported with the following interventions including technical support:

- MSF and MRCS collaborated to establish CTUs in Blantyre and Lilongwe, MRCS provided tents for the CTUs while the MSF contributed the technical expertise and supplies for the CTUs. There are also discussions with MSF to conduct mass health promotion in Blantyre and Lilongwe using MRCS volunteers.
- UNICEF and MRCS have scaled up the cholera response in the 15 districts of Blantyre, Lilongwe, Mangochi, Dedza, Rumphi, Karonga, Nkhatabay, Nkhotakota, Neno, Mzimba, Machinga, Nsanje, Chikwawa, Salima and Balaka, in the areas of health, nutrition, education, WASH, coordination, social behaviour change, and RCCE. WHO and UNICEF have procured oral rehydration salts (ORS) and are working with MRCS in setting up oral rehydration points (ORPs) in outbreak hotspots.
- MRSC and WHO supported the MoH in development of ORP minimum SOPs.
- WHO has provided technical support in OCV campaign in targeted districts including Lilongwe, Nsanje, Salima Nkhotakota, Kasungu, Nkhatabay, Likoma, Chitipa, Karonga, Rumphi, Zomba, Blantyre, Mzimba South and North from 28 November to 2 December 2022. The vaccination capacity was supported by WHO to Government with 2.9M vaccine provided. The number of administrated vaccines is not yet available.
- WHO continues to support the Malawi Government with Technical support in the Cholera response.
- UNICEF is working with district and partners to support rolling out of Risk Communication and Community Engagement. Provision of mobile latrines in the camps and Installation of prefabricated latrines in 5 camps. UNICEF has also funded MRCS to respond to Cholera in 15 districts
- MSF supported setting up of CTC at Koche Health Centre in Mangochi and continue provide technical support on case management and IPC in affected districts. Deploy surge teams (Clinical and Nursing) to support the districts in case management in CTUs in the event of upsurge in cases
- Evidence Action supported implementation of chlorination points at boreholes

Government Actions

- Malawi MOH is coordinating the response and holds bi-weekly national task force meetings with all partners, with the participation of Red Cross Red Crescent Movement partners and others, including WHO, UNICEF, and MSF. MRCS will directly collaborate with its different partners including MOH, UNICEF, WHO, and the German International Development Agency (GIZ) among others, as well as with the private sector and any individuals who might be interested to support the response
- Since the declaration of the outbreak, the Malawi Government through the Ministry of Health, Department of Disaster Management Affairs and Ministry of Water has taken several actions as follows:
- Launched the Tithetse Cholera campaign in al the districts.
- Declaration of the cholera outbreak as a Public Health Emergency by the State President on 5 December 2022
- Call for support to scale up and re-strategize cholera prevention and control activities in the country
- Established an EOC at Community Health Science Unit (CHSU), where different MoH departments and partners are meeting daily to share updates and plans. MRCS is attending these meetings. Incident Management Team meet to discuss daily situation reports and advise accordingly on interventions for prevention and control of the outbreak.
- Production of daily situation updates
- Developed a harmonised community feedback form for the Cholera Response.
- Establishment of a Risk Communication and Community Engagement (RCCE) Working Group within the EOC which is led by ministry of health to work on Social Mobilization activities among other social mapping/assessment and community engagement. The group has started developing a Social Behavioural Change and Communication Plan for Cholera. The group is also developing a Crisis Communication Plan with Key Messages on Cholera that will guide Social Mobilization activities for the government and partners. MRCS is a key member of the RCCE group.
- Deployed National Response Team to provide support with surveillance and response.
- Development of Cholera Response plan (underway).

Coordination of actors in country

The MRCS continue to use participatory strategies and approaches. Staff and volunteers are trained in Community based health and First Aid (CBHFA), Community Based Surveillance (CSB), and Community Engagement and Accountability (CEA) and have substantial experience in implementation of health programs including health in emergencies. Such skills are vital and will help MRCS in the fight against this outbreak.

Furthermore, MRCS sits in several technical working groups such as Humanitarian Country Coordination Team (HCT), Incident Management Committees, Surveillance subcommittees, Case management sub committees, ORP technical working group, Health Cluster, WASH cluster, protection cluster as well as Health Emergency Technical Working Group committees. MRCS is thus, well established, and well-connected and enjoys strong partnerships with various movement and non-movement partners. The current engagement of MRCS as outlined above presents the capacities, skills, and the ability to coordinate with different agencies at local, national, and international levels.

MRCS with Nissan Malawi donating WASH NFIs materials to Ministry of Health

During inter-agency supportive supervision for cholera response

Needs analysis

While the needs analysis remains the same as outlined in the Operational Strategy, the Technical team has been reviewing the epidemiological reports from the Ministry of Health and from the data collected in the Oral rehydration Points. These data has guided the plans. Since TC Freddy made landfall on 12 March 2023, the team is supporting MRCS on assessments to establish the needs of the affected communities and this will guide the next phase of implementation.

Operational risk assessment

Operations risk assessments remain the same as in the Operational strategy.

B. OPERATIONAL STRATEGY

Update on the strategy

To ensure agility in the rollout of the response:
The technical Team developed a scenario planning by looking at the cholera trends. The strategy was developed since it was neither feasible nor necessary to have the same level of activities in all districts. Rather the implementation of activities had to adapt to the outbreak to be efficient and in line with MRCS capacities.
A **strategy** was developed to ensure quality of work and that gives adequate attention to highly affected areas, while not neglecting preventative/preparedness measures.

For simplicity reasons 2 “packages” of activities were developed and deployed within this reporting period and for the rest of March

1. Responsive/ curative activity package: with the aim to reduce morbidity and mortality in areas highly affected by cholera.

2. Preventive/Preparedness Activity Package: with the focus to prevent reoccurrence and spread of Cholera (new wave) and to ensure preparedness to re-engage early when new cases and targeted response through BTIT and CATI teams.

	Response/Curative	**Preventative/Preparedness**
Purpose:	Reduce morbidity and mortality in areas highly affected by cholera	Prevent the reoccurrence and spread of cholera (new wave) Ensure preparedness to re-engage early when new cases and targeted response (BTIT, CATI)
Targeting	In most concerned districts based on the weekly number of cases Districts Targeted: 1. Lilongwe 2. Mangochi 3. Blantyre 4. Balaka 5. Salima Review of the strategy to be done in April	In geographic areas with no or few cholera cases Districts Targeted: All other districts (10) included in the Operational strategy
Activities	• ORP Setup in hotspots • Full scale volunteer action around them (BTIT Teams) supporting. • HH ORS distribution • HH Water Treatment (Chlorination & Aquatabs) • Health & hygiene education, • CBS and Active case finding, referral and Contact Tracing RCCE/CEA, etc.)	• Reduced intensity of activities of already trained volunteers or staff (e.g. 1 day/week volunteer engagement) • Continuation of HHWT • Light RCCE/CEA package • Continuation of Community activities • Full scale work on any planned WASH Hardware • Some lighter work in schools, etc. • BTIT/CATI interventions, when required, by district teams (MRCS&DHO&DOW)

Volunteers working at the Malawi-Zambia Boarder to reinforce IPC and handwashing with soap in at the border.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Health & Care *(Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18: **611,684**	Female < 18: **524,302**
		Male > 18: **524,302**	Male < 18: 524,302

Objective:	1. Prevent and control the spread of Cholera at the community and facility levels in the affected districts, interrupting the chain of transmission. *2.* Reduce morbidity and mortality due to cholera by supporting improved case management in the community through ORPs and in CTUs, through IPC and provision of tents in the affected districts.		
Key indicators:	**Indicator**	**Actual**	**Target**
	% of targeted population reached with community-based disease control actions	80% 2,184,590	77% 1,682,576
	Output 1.1: Transmission is limited through early identification and referral of suspected cases using active case finding.		
	No Of Trainers trained on health cholera response	100	20

	# Of volunteers & HSAs trained on Health trainings include CBS/RCCE and ECV	580 volunteers & 100 HSAs	515 volunteers and 223 HSAs
	# Of people reached with awareness messages on cholera	2,184,590	1,682576
	# of households reached with door-to-door visits	50 000	150 028
	# Of radio jingles produced	20 radio jingles	20 radio jingles
	# Of times radio jingles aired	1500 times	Aired 1302 time
	#of Van publicity conducted	50	37
	# Of mobile messaging sessions conducted	500 sessions	
	Of volunteers trained on Infant & Young Child Feeding Practices (IYFCF), (CATI) approach, Oral Rehabilitation Therapy (ORT)	580	83
	Output 1.2: Cholera cases are managed in the community, with referral established for severe cases		
	# Of volunteers & HSAs engaged in ORP management and CTU	580 volunteers & 216 HSAs	515 volunteers and 232 HSAs/HCWs
	# Of households supported with IPC materials	2000	713
	# Of cases identified in the community and referred to CTU by volunteers (100)	TBD	197
	# Of cases identified in the community and referred to ORP by volunteers (100)	TBD	1,436
	# Of ORPs setup and linked with Treatment Centers	5	7
	# Of ORPs supported with IPC material and PPEs	5	7
	# CTUs setup	5	10
	# Of CTUs supported with chlorine and other materials	5	10
	#Of people supported with ORT (1000)	1000	1436
	#Of people supported during the CTU activities (1000)	1000	Not yet reported

Progress towards outcomes

- During the reporting period 1,682,576 people have been reached with different messages and other community-based actions on cholera prevention and control. MRCS with technical support from the MoH

identified needs on the ground to prevent the spread of the disease. Awareness sessions were intensified due the escalating cases in the districts. The underachievement t since target is for the Cholera Appeal and activities are continuing in the other 4 districts for the next month's resulting the overachievement for the reporting period.

- 515 volunteers were trained in CBS/RCCE and ECV against a target of 580 volunteers as more volunteers are to be trained in Salima, Machinga and Balaka.
- 223 HSAs were trained out of 100 at the request of the District Health Office to have many health care workers oriented since most of them were not trained in cholera before the outbreak.
    1. Salima – 96 volunteers & 7 HSA
    2. Karonga – 100 volunteers and 43 HSAs
    3. Nkhotakota – 100 volunteers, 82 HSAs
    4. Mzuzu- 100 volunteers, 20 HSAs
    5. Nkhata Bay- 119 volunteers 71 HSAs

- 3 708 out of 510 community leaders, councilors, legislators, and religious leaders were trained in cholera awareness against 480 leaders. The over-achievement was because the project wanted to engage as many local leaders as possible since these leaders play critical roles in influencing community behavior change. In some districts such as Nkhotakota, some local leaders were dying the existence of cholera in their area, so MRCS sought it wise to engage more leaders in the district to help in addressing the myths and misconceptions about the disease.
    1. Karonga – 10 meetings 2 359 leaders (661M, 1698F)
    2. Nkhotakota – 39 meetings; 1,234 leaders (729M, 505F)
    3. Mzuzu – 5 meetings; 40 leaders (26 M and 14F)
    4. Nkhata Bay – 12 meetings; 75 leaders (59 M and 16 F)

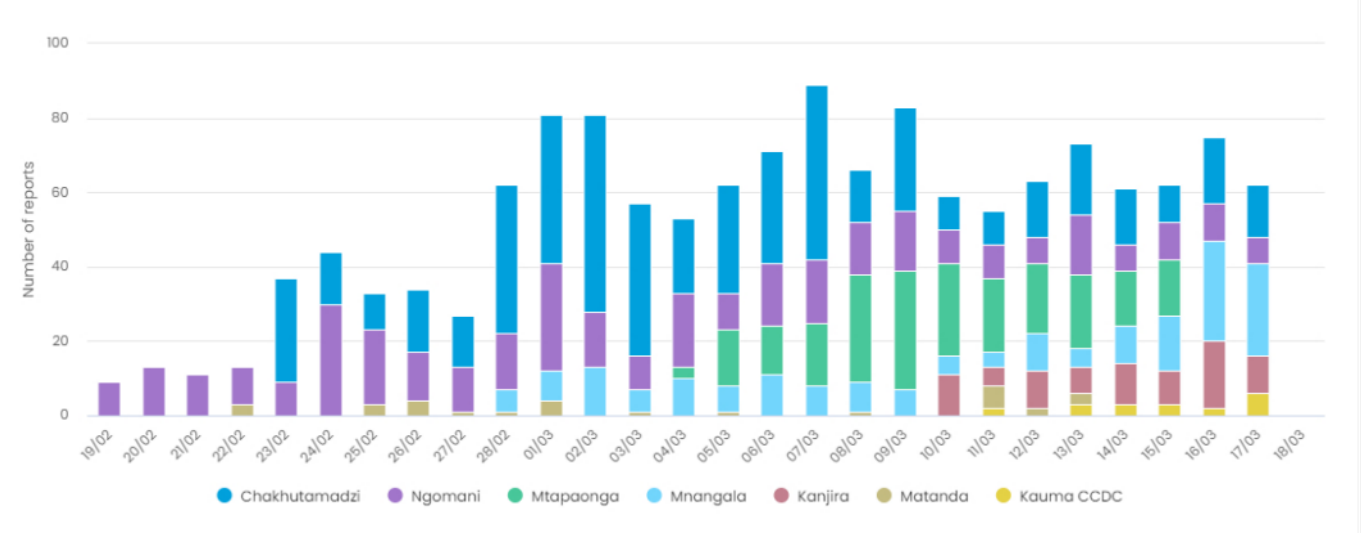
- The local leaders support in the establishment and make follow-ups on the enforcement of the by-laws. for example, latrine construction as well as handwashing facilities for all latrines
- 20 jingles have been produced and aired 1302 times. Approximately, 1,682,576 people have been reached with cholera messages through radios as follows.
    1. Salima ; 8 jingles produced and aired reaching to about 1,150,156 people
    2. Karonga: 2jingles produced and 470 slots aired reaching to 40 680.
    3. Nkhotakota: 4 jingles produced, and 368 slots aired reaching to 219,400 people.
    4. Mzuzu; 2 jingles and aired 240 times, 142,340 people.
    5. Nkhata Bay: 4 jingles produced and aired 224 times 130,000 reached on community radio.

- The volunteers also help health worker at the treatment units in cleaning the surrounding at the camp and fetching water for use at the camps.
- 515 volunteers were deployed to support social mobilization in the communities for cholera prevention and control through door-to-door visits. Sor far 150 028 people (25 004 households) have been visited and oriented with cholera prevention messages in the 5 implementation districts.
    1. Karonga: 1046 HHs visited; 5, 230 (2 092M, 3 138F) people reached with cholera prevention messages.
    2. Mzuzu: 301 HHs visited; 1, 508 (722M and 786F) were reached with awareness messages on cholera
    3. Nkhatabay: 1, 402 HH visited; 7,013 (3,156 males and 3,857 females) people reached with awareness messages on cholera.
    4. Nkhotakota: 8,797 HHs visited;43,987 (21,150M, 22,837F) people reached.

- CCMC ERU deployed to support the outbreak, has the general objective to early respond to a declared cholera or acute watery diarrhoea outbreak and promptly treat people infected with cholera/acute watery

diarrhoea at community level. The ERU has set up 7 ORP points and are fully operational. They have seen 1436 patients within this reporting period. The details are as below:

ORPs (opening date)	Total cases, n	Children < 5, n (%)	Males ≥5, n (%)	Females ≥5, n (%)	Referred, n (%)
Ngomani, LL (Feb 19)	364	96 (26%)	137 (38%)	131 (36%)	80 (22%)
Matanda, Dzenza, LL (Feb 22)	30	0	24 (80%)	6 (20%)	7 (23%)
ChakutaMadzi, Lambudzi, LL Feb (23)	534	38 (7%)	208 (39%)	288 (54%)	61 (11%)
Mnangala, Mangoshi, LL (Feb 27)	185	64 (35%)	38 (21%)	83 (45%)	36 (19%)
Mtapaonga, Katola, LL (March 4)*	223	19 (9%)	102 (46%)	102 (46%)	12 (5%)
Kauma, LL (March 10)	19	6 (32%)	8 (42%)	5 (26%)	12 (63%)
Kanjira, Lumbadzi, LL (March 10)	81	11 (16%)	36 (44%)	34 (42%)	4 (5%)
Total	**1436**	**234 (16%)**	**553 (39%)**	**649 (45%)**	**212 (15%)**



Hygiene Promotion in Balaka district.

Volunteers helping in setting up of CTC in Karonga District.

MRCS donating 750 body bags from Danish RC to MoH for preventing infections and for safe disposal of the deceased from cholera outbreak and other health emergencies.

	Water, Sanitation and Hygiene	Female > 18: **611,684**	Female < 18: **524,302**
		Male > 18: **524,302**	Male < 18: 524,302

Objective:	*Reduce the risk of cholera and other water-borne diseases through improved availability of safe water and sanitation facilities, and through good hygiene practices in cholera hotspots.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Immediate reduction in risk of waterborne and water related diseases in targeted communities		
Immediate reduction in risk of waterborne and water related diseases in targeted communities			
	# of WASH assessments	5	5
	Of people assisted with water purification tablets and hygiene promotion	496,587	188,396
	# Of SHN Teachers trained on WASH	150	199

	# Of Rehabilitated Water points	28	3

Progress towards outcomes

- Over 251,134 Households have been assisted, with approx. 1,255,670 people reached with WASH interventions.
- The interventions include distribution of water purification tablets, hygiene promotion, chlorine distribution, and support in latrine/ rubbish pit construction. MRCS has been key in distributing HTH and aqua tabs for Household water treatment. The water purification chemicals are used for household use as well as in treatment centers.
- 199 SHN teachers were trained on WASH to promote hygiene in schools. More schools were included as the cases were spreading to various areas. During the reporting period the needs in schools were high and therefore more reach in the schools.

    1. Karonga: 40 (20males, 20 females)
    2. Nkhotakota: 80 [53M, 27F]
    3. Mzuzu: 40 (,11M, 31F)
    4. Nkhata bay: 39 (26males and 13 females

- Following WASH assessments conducted in all the districts, results indicates that most communities rely on unsafe drinking water sources and there is poor and low sanitation. 3 water points have been constructed in Nkhata bay, Tukombo area where there were a lot of cases. Rehabilitation will also take place in Salima and Balaka in the coming weeks.

Borehole drilling in Nkhatabay

Water Quality Monitoring in Lilongwe

Volunteers distributing 1% stock solution of Chlorine to households for water treatment.

	Protection, Gender and Inclusion	Female > 18: 611,684	Female < 18: 524,302
		Male > 18: 524,302	Male < 18: 524,302
Objective:	Communities can identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalised groups, who are subject to violence, discrimination and exclusion.		
Key indicators:	**Indicator**	**Actual**	**Target**
	% of target population reached by PGI activities	100%	
	% of staff and volunteers oriented on the Code of Conduct, Prevention of and Response to Sexual Exploitation and Abuse (PSEA), and Child Safeguarding	100%	

	% of volunteers trained to identify women, men, girls and boys requiring MHPSS services after being discharged from CTUs	100%	

	Community Engagement and Accountability	Female > 18: 611,684 Male > 18: 524,302	Female < 18: 524,302 Male < 18: 524,302

Objective:	Develop and deploy standardized approaches for community engagement and for collection and use of data to better understand community perspectives.		
Key indicators:	**Indicator**	**Actual**	**Target**
	Insert indicators here		
	Social Mobilization and RCCE		
	# Of households reached with messages on IYFCF	50000	
	# Community Leaders trained on Cholera awareness	510 leaders	3708
	# Of community engagement coordination meetings	20	12
	# Of volunteers trained/refreshed in feedback mechanism and effective reporting	580	515 volunteers and 160 HSAs
	#Of feedback received through door-to-door visit and treated	TBD	7467
	of feedback received that are treated	100%	92%

Progress towards outcomes

- 12 coordination meetings were conducted at community level involving local community structures such as Group Village Heads, Village Heads reaching out to 691 participants out of 1,000 community structures. The underachievement is because the community meetings were designed to start from the high-level community structures trickling down to village level meetings. The community structure meetings are still underway.
    1. Karonga: 1 meeting involving 64 (45M, 19F) participants.
    2. Mzuzu: 3 meetings involving 35 (8F,28M) participants around Kamwe, Bwengu & Luzi health facilities.
    3. Nkhatabay: 5 meetings involving 425 (182males and 243 females) participants.
    4. Nkhotakota: 2 meetings involving 96 (65M, 31F) participants.
    5. Salima - 2 meetings involving 71 (37M,34)) participants

Volunteers during collecting feedback using the new feedback tool.

Enabling approaches

National Society Strengthening

Objective:	*Improved NRCS capacity to ensure that necessary ethical and financial systems and structures, and required skills to implement efficiently and effectively*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# Of volunteers engaged to support Cholera prevention & Control	580	515
	# Of insured volunteers mobilized for this response	580	515
	# Of volunteers confirming that they are briefed or have undergo the minimum response standard role, security training for volunteers, code of conduct etc.	580	515
	# Of HSAs engaged in the MRCS DREF response	216	223

Progress towards outcomes

- 515 volunteers were mobilized and engaged to support awareness on cholera prevention control, out of 500 volunteers. The achievement was high due to spread of the cholera cases across the districts which required engagement of many volunteers. All the volunteers were briefed on the code of conduct and signed volunteer engagement form. The engaged volunteers are under MRCS insurance.
- 11 district coordination meetings have been conducted out of 10 meetings. Coordination meetings will be continued for the next phase of funding.
- 7 technical visits conducted out of 8 Visits. Under achieved since the activity is on-going.
- 4 out of 6 National Society monitoring missions were conducted involving senior management and the Ministry of Health and Ministry of Local government stakeholders.
- Regional Public health in Emergency coordinator has supported the MRCS with an evaluation mission and technical recommendations which have also been integrated to this update. The surge teams in country continue providing technical support for a more efficient intervention in the appeal

Coordination and Partnerships

Objective:	*Technical and operational complementarity among IFRC membership, and with ICRC, enhanced through cooperation with external partners.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Insert indicators here		

MRCS convenes biweekly technical meetings that bring together the WASH, Health and RCCE thematic areas. The team leader for the CCMC ERU is a member of the team. Its objective is

The ERU training volunteers and Staff on the ORP.

Volunteers giving out ORS to the cholera patient at the ORP in Ngomani

High level delegation from the British High Commission Lilongwe, Malawi - FCDO (Foreign, Commonwealth and Development Office) visiting Ngomani in area 25 to appreciate Cholera response interventions with the focus on Oral Rehydration Points.

Secretariat Services

Objective:	Effective and coordinated disaster response is confirmed.		
Key indicators:	**Indicator**	**Actual**	**Target**
	NS assisted with risk register development	1	
	# of monitoring missions conducted	4	
	# of surge profiles deployed	4	4
	# of Emergency response Unit Deployed	1	1

IFRC provided coordination through the Cluster Operations Coordinator based in Malawi and all the Cluster office in Harare. Cluster Head of Delegation, Finance Manager, Security Officer deployed to support set up structures for the Emergency Appeal operations.
Regional Office equally deployed.

1. Regional Operations Coordinator
2. Partnerships and Resource Mobilization
3. Regional RCCE Interagency under the Collective Service

IFRC has deployed a self-sufficient Cholera Case Management ERU comprising of a Team leader, 2 Epidemiologists, 2 Training and Quality, WASH Officer, Logistics and Finance and Admin staff.

D. FUNDING

Include summary of current financial status: income and expenditure.

	Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
Federation Wide Appeal Funding Coverage	2,741,634	53%	2,458,366	47%
Secretarial Appeal Funding Coverage	453,657	13%	3,046,343	87%
Bilateral Appeal Funding Coverage	2,287,977	135%	(587,977)	(35%)

Contact information.

For further information, specifically related to this operation please contact:

At Malawi Red Cross Society

- McBain Kanongodza, Secretary General; Email: mkanongodza@redcross.mw
- Prisca Chisala, Director of Programmes; Email: pchisala@redcross.mw
- Dan Banda, Head of Health & Social Services; Email: dbanda@redcross.mw

At IFRC:
IFRC Country Cluster Delegation for Zimbabwe, Zambia, and Malawi

- John Roche, Head of Delegation; Email: john.roche@ifrc.org
- Vivianne Kibon, Operations Coordinator; Email: Vivianne.KIBON@ifrc.org

IFRC Regional Office

- Rui Alberto Oliveira, Regional Operations Lead; Email: rui.oliveira@ifrc.org

For IFRC Resource Mobilisation and Pledges support:

- Louise Daintrey, Regional Head of Strategic Engagement and Partnerships; Email: Louise.DAINTREY@ifrc.org

For In-Kind Donations and Mobilisation table support:

- Rishi Ramrakha, Head of Africa Regional Logistics Unit; Email: rishi.ramrakha@ifrc.org

Reference documents

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Click here for:

- Emergency Appeal
- Emergency Plan of Action (EPoA)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.