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 #2 **Date of issue:** 05/05/2023	**Timeframe covered by this update:** From 24/01/2023 to 04/04/2023
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 18 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.

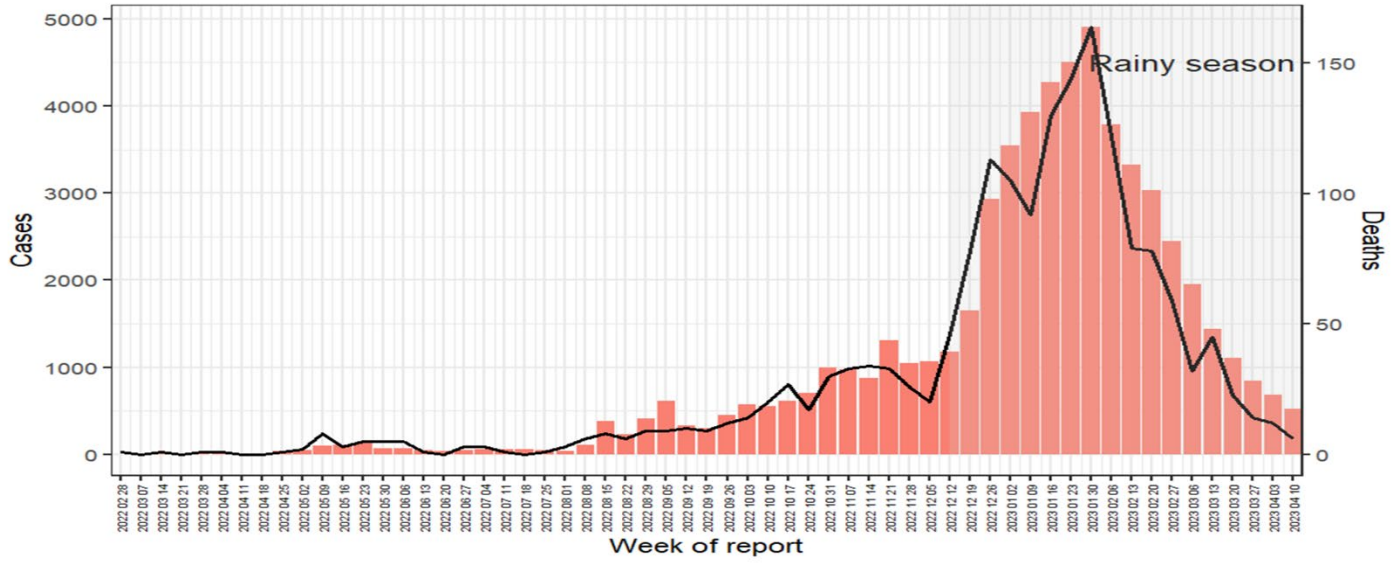
MRCS setting up ORPs at Chyendausiku area in Balaka District

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 has recovered and 313 are currently in the treatment's 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.

Malawi still reporting new cases in 25 districts though the number of new cases continued to trend downwards over the past week (Figure 2). The number of new cases reduced by 19.3% in the reporting week compared to the preceding week. 19 districts reported new cases with top five districts including Blantyre, Lilongwe, Neno, Dedza, and Chikwawa accounting for 76.2% of new cases. A total of 17 districts reported a decline in the number of new cases, seven districts reported the same number of cases, while five reported an increase in new cases. Open defecations still evident in most district after the side effect of TC Freddy washing away sanitary facilities. This results to contamination of main water bodies such as Lake Chirwa, Lake Chiuta and Shire River that is mostly use as source of water for domestic use and financial income for domestic use posing major risk to cholera outbreak.



Number of weekly incidences of cholera and deaths, in Malawi 28 Feb 2022-16 April 2023

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 lifesaving 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, cholera beds, ORS. Installation ORPs in various districts to support health community services to provide early rehydration when distance, safety, or other barriers limit immediate access to a hospital or cholera treatment facility. 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 2022 to 4 April 2023 in the 5 districts of Karonga, Mzimba North (Mzuzu), Nkhata Bay, Nkhotakota , Salima Balaka, ,Mangochi Lilongwe, and Machinga

Trainings and capacity strengthening of volunteers and health workers;

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- 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
- Trained 40 (26M,14F) Trainer of Trainers were trained in Epidemic Control (EPIC, ECV) and Branch Transmission Interruption Teams (BTIT) and cascade the trainings to other volunteers.
- A total 8 District Civil protection Committee members were trained) 20 members from Machinga and 20 from Balaka; The key message was on the interrupting the transmission of the cases in the communities
- Trained 61 volunteers and health workers trained on MHPSS and PGI in Balaka district (13M and 48 F)

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. 150090 people reached. A total of 5887 households were reached by volunteers collecting complaint and feedback from communities and camps, distribution of chlorine, disseminating health key message. Among the districts reached were Lilongwe with 3456 households, 1643 in Salima, 1450 in Mwanza. 875 in Chikwawa, 1500 in Blantyre, 2000 in reached in Rumphi and 62 households in the camps. Supported

deployment of volunteers for active case finding contribution to the MoH CBS; 197 cases were traced and referred.

- 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

Volunteer door to door household visit

- 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; 51 sessions conducted, 3 van publicity in cholera hotspots and evacuation camps. 16,647 (6,060M & 10,587F) reached in cholera hot spots and 21,128 people (8,618M; 12,510F) reached in evacuation camps.
- Supported meetings to roll out complaints and feedback, building on existing feedback mechanisms. 90 volunteers trained in Salima district in feedback data collection to capture community myths and misconceptions about Cholera.
- 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 community dialogue sessions on cholera prevention and treatment, involving a 2-way dialogue) and production of community action plans for to address risk factors for cholera. 2 sessions done 284 community members engaged= 284 community members engaged in Lilongwe district
- Support 24 coordination meetings at community levels
- Supported meeting to roll out complaint and feedback, building on existing feedback mechanisms. 90 volunteers trained in Salima district in feedback data collection to capture community myths and misconceptions about Cholera.

Improved case management

Support from the IFRC, planned to establish oral rehydration points in all the districts. Where the unicef project is being implemented, Startup activities have been stated in Blantyre, where delegates from the IFRC visited Limbe for a monitoring visit. Assessment was conducted in the camps to determine whether these ORPs are required; so far, 5 camps assessed and 1 ORP have been visited in Limbe Health Centre; they have yet to release results for their findings.

Supported Volunteers to provide Oral Rehydration Therapy and OCV (402 volunteers supported) – ongoing in the Appeal districts

Procurement and positioning of material to support ORP point established by MoH with ORS, Gloves Heavy Duty, Gloves, gumboots – completed

Supported setting up of 18 CTUs was done, A total of 22 new ORP`s was established in Lilongwe (7) Blantyre (8), Salima (2), Magica (1) and Georgia, balaka(2) chikwawa2) Discussion about sustainable data registration after the end of CCMC deployment continues. The use of "Kobo toolbox" is being considered.

In total, 2,654 patients were attended, among them 458 under five years children, 1008 male and 1148 female and 361 referred. So far 22 ORPs have been installed in various community points in the districts as illustrated in the table below:

Table 1: Patient attendance in MRCS ORPs from February to April 2023

MRCS ORAL REHYDRATION POINT PATIENT ATTENDANTS AND REFERRALS						
No.	**District/Villages**	**Total**	**No. Children under 5years1**	**No. of Male above years1**	**No. of female above 5 years1**	**No, referred1**
1	Ngomani LL(Feb 22)	**469**	123	179	167	100
2	Matanda . Dzenza(LL(Feb 23)	**30**	0	24	6	7
3	Chakutamadzi , LambudziLL(Feb 27)	**701**	46	277	378	69
4	Mnagala , Mangosi MA(March4)	**311**	102	67	142	45
5	Mtaponga , Katola ,LL(March 4)	**568**	39	284	245	14
6	Kauma LL(March 10)	**78**	17	26	35	30
7	Kanjira Lumbadzi LL(March 10)	**283**	56	105	122	9
8	Ng'oma LL(March 30)	**22**	6	11	5	14
9	Threeway, Zingwangwa,BL(March 30)	**6**	0	3	3	3
10	Cchilombe, Zingwangwa, BL(April 5)	**63**	26	22	10	6
11	machinga, Ndirande BL April 12)	**22**	21	10	33	15
12	St Augustine 2	**48**	22	0	0	18
13	Limbe 4 MRCS	**8**	0	0	0	0
15	Salima	**45**				31
	Total	**2654**	**458**	**1008**	**1146**	**361**

Monitoring of ORPs activity progress in Lilongwe

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. So far 57 water points were assessed for rehabilitation 5 in Salima and 52 in Balaka district respectively.

Borehole rehabilitation in progress in Salima

  - 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.
  - Conducted pot to pot chlorination under supervision of the HSA, a total of 3,751 households benefited from the operation and 5 households were female headed. The activity was done in Salima that reached 189 households, Mangochi 1,890 and Nkhatabay 1,781 households. This exercise has also started in Nakhodka through the TITHETSE cholera campaign.
- Trained Water points committees on Water point hygiene, Household water treatment Pot to pot chlorination and distribution. A total of 84 water point committee members from 3 areas were trained in Balaka district.
- Supported Latrine construction in Camps and 8 latrines were constructed at Jombo camp in Chikwawa district (volunteer support). Construction of 180 temporary. Infection prevention control activities were done in 60 CTU where us decommission of sanitation facilities in CTU (latrines and bath shelters) was done too. A total of 170 latrines were constructed in 5 districts namely Phalombe, Mulanje, Blantyre, Chikwawa, and Nsanje,
- Malawi Red Cross has supported in the distribution of WASH NFIs in schools and camps affected by TC Freddy. Materials distributed includes water buckets (140 buckets), soap (510 HH) as well as chlorine (15 tins), these items were to reach and support a total of 6575 women and 10,806 IDPs, with 6572 being women and 2091 under five children.
- 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

- 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 Host National Society, Overview of Red Cross Red Crescent Movement in-country, government actions, and coordination of actors in country.

There are no changes on the Operation Update 1.

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 have 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. Since TC Freddy made landfall on 12 March 2023, the team has been supporting MRCS in assessments and integrating the Cholera Response to the districts affected by the Cyclone. Due to the magnitude of the cyclone, surveillance and cholera preparedness activities have been increased in those districts in preparation for an increase in cholera cases in the camps. According to Ministry of health Malawi, cross boarder infection is evident in the districts bordering Mozambique and Zambia. In mchinji it was realizes that out of 72 cases reported 62 was from Mozambique and 80% of cases came from Sankulani and Nsanje out of the cases reported in the district, 45 were from Mozambique Lilongwe reported an influx of cases coming from Mozambique (over 30 cases in 2 days). Therefore, there is need to support in Cross border collaboration to curb cross border infection.

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: Lilongwe Mangochi (Supported by DRC) Blantyre Balaka Salima	In geographic areas with no or few choleras 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 & Aqua tabs) Health & hygiene education, CBS and Active case finding, referral and Contact Tracing RCCE/CEA, etc.) Support broader coordination and collaboration activities	• 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)

Based on the current trends cases and lessons learnt from the cholera outbreak operation implementation, MRCS also proposes the following complementary interventions, which don't have any budget implication to the Appeal.

To support the districts along the border and ensure cross-border coordination and collaboration to reduce cross boarder infection. According to ministry of health reported out of 74 cases in Mchinji district 62 cases from Mozambique whereas in Nsanje District a total of 45 cases came from Mozambique.

Will provide nutrition support through cash transfer targeting pregnant and lactating mothers in Nsanje district. Based on the assessment conducted after the impact of TC Fredy in Nsanje district, which indicated that children are moving from moderate malnutrition to acute Severe malnutrition. Out of 3000 children screened, 510 were MAM and 27 SAM. Therefore, need to support in supplementary feeding program through the cash transfer's budget.

Gearing towards recovery from cholera outbreak response, there will be need to improve surveillance by conducting community-based surveillance in two districts to establish community health surveillance system. Community-based surveillance can reliably pick-up outbreak signals and lead to an early response if there is consistent gathering of data at a sufficiently granular scale at community level (ideally 20HH to max. 50HH) and timely upward transmission of the gathered data. At the regular national Cholera IMT meetings there is a need for improved community-based surveillance. An assessment providing more details on the feasibility and scope of the project will be done in collaboration with MRCS and close coordination with the DHO with CBS expert support from NRC. 200 volunteers to be trained in the CBS methodology and provide them with the required cell phones and airtime.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Health & Care *(Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18: **471,122**	Female < 18: **403,818**
		Male > 18: **403,818**	Male < 18: **403,818**

Objective 1	Prevent and control the spread of Cholera at the community and facility levels in the affected districts, interrupting the chain of transmission.		
Key indicators:	**Indicator**	**Actual**	**Target**
	% of targeted population reached with community-based disease control actions	77% 1,682,576	80% 2,184,590
	Output 1.1: Community-based Surveillance (CBS)		
	% of active CBS volunteers submitting daily reports	TBD	80%
	% of alerts investigated within 48hrs by MOH with follow-up by MOH/MRCS	TBD	80%
	Output 1.2: Transmission Interruption		
	% of target population reached with community-based disease control actions	TBD	80%
	# of volunteers trained in Epidemic Control (EPIC, ECV)	515 volunteers and 223 HSAs	900
	# of volunteers trained in Branch Transmission Intervention (BTIT)	515 volunteers and 223 HSAs	900
	Output 1.4 Cholera Vaccination		

	% of target population vaccinated	0%	100%
	# of volunteers trained on vaccination and mobilization	515	1,500
	Output 1.5 Safe and Dignified Burial		
	# of volunteers trained to support safe burial and raise awareness in the context of cholera	0	100%
	% of target population helped by supporting families for safe burial	0%	100%
	Output 1.6 Nutrition-related Activities		
	# of volunteers trained in the promotion of good infant and young child feeding practices (IYCF) and nutrition screening	83	1,500
Objective 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.		
	Output 2.1 Case Management		
	# of volunteers in target communities trained in the administration of ORPs	83	960
	# of ORPs established in the targeted communities	22	120
	# of cash voucher assistance (CVA) provided to recovered patients for the purchase of six nutrient-rich food items and basic WAS/NFIs	0	2,000
	Output 2.2 Mental Health and Psychosocial Support (MHPSS)		

	# of volunteers and health workers trained in MHPSS and PGI	61	900

Progress towards outcomes

- During the reporting period **1,682,576 people** were 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 to the escalating cases in the districts.
- 515 volunteers were trained in CBS/RCCE and ECV and more volunteers are to be trained in Salima, Machinga and Balaka.
- 223 HSAs were trained out of the 100 requested by 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

ToT training in EPIC, ECV, BTIT and PFA in Balaka district

3,708 community leaders, councilors, legislators, and religious leaders were trained in cholera awareness. The project engaged more local leaders as possible as they play critical roles in influencing community behavior change. In some districts such as Nkhotakota, some local leaders were dying of 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 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.
- The volunteers also help health workers at the treatment units in cleaning the surroundings 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.

CCMC ERU deployed to support the outbreak, has the general objective to early respond to a declared cholera or acute watery diarrhea outbreak and promptly treat people infected with cholera/acute watery diarrhea at community level. A total, 10,290 patients were attended to, with 4024 under five years children, 4795 male and 5495 female. So far 22 ORPs have been installed in various community point in the districts.

Water, Sanitation and Hygiene		Female > 18: **351587**	Female < 18: **301,361**
		Male > 18: **301,361**	Male < 18: **301,361**

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.*		
	Output 3.1 Contribute to accessing clean and potable water through the construction, rehabilitation, and disinfection of water points		
	Indicator	**Actual**	**Target**
Key indicators:	% of households reached with key messages to promote personal and community hygiene	38%	100%
	# of water points rehabilitated in the target communities	10	100
	# of solar water pumps rehabilitated in health facilities and schools in affected communities	0	10
	# of contaminated water sources disinfected in the target communities	0	100
	Output 3.2 Promoting household water treatment and safe storage		
Key indicators:	# of volunteers trained in Household Water Treatment and safe Storage (HWTS)	0	1,500
	# of households in the affected communities provided with 1% stock solution for pot-to-pot chlorination	251,134	496,587
	Output 3.4 Facilitation of the construction of latrines in health facilities and public institutions as a hygiene promotion initiative. Health facilities and schools with wet feeding programs will be prioritised.		

Key Indicators:	# of temporary sanitation facilities (latrines, bath shelters and handwashing facilities) constructed and maintained in CTUs	170	150
	# of School Health and Nutrition (SHN) teachers trained in school hygiene and sanitation (latrine management in light of cholera)	199	300
	Output 3.5 Raise awareness on dangers of open defecation and importance of food hygiene, and advocate for community members to construct latrines		
Key Indicators:	% of households in the target communities sensitised on cholera through door-to-door visits	57%	100%
	# of sanitation promotion activities conducted in communities and institutions on latrine use and management, proper waste disposal	0	150

Progress towards outcomes

- A total of 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.

Health promotion sessions (pot to pot chlorination) in hot spot communities at kalumbu.

- 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 (20 males, 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 indicate 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, areas. Others will be constructed in Salima and Balaka areas where there were a lot of cases.

Conducted Assessment of Water points for Rehabilitation

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. So far 57 water points have been assessed for rehabilitation, 5 in Salima and 52 in Balaka district respectively.

Rehabilitation of boreholes in Salima Chiwunzera Primary School TA Mwanza

Borehole rehabilitation in Salima

Conducted pot to pot chlorination under supervision of the HSA, a total of 251,134 households benefited from the operation. This exercise has also started in Nakhodka through the TITHETSE cholera campaign.

	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.		
	Indicator	**Actual**	**Target**
Key indicators:	% of target population reached by PGI activities	100%	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%	100%
	% of volunteers trained to identify women, men, girls and boys requiring MHPSS services after being discharged from CTUs	100%	100%

	Community Engagement and Accountability	Female > 18: **471,122**	Female < 18: **471,122**
		Male > 18: **403,818**	Male < 18: **403,818**

Objective:	Develop and deploy standardized approaches for community engagement, collection and use of community insights data to better understand community perspectives		
Key indicators:	**Indicator**	**Actual**	**Target**
	% of target population reached with social mobilization and RCCE activities	1,682,576 (77%)	2,185,000 (100%)
	% of complaints and feedback responded to by the National Society	92%	100%
	# of dialogue sessions on cholera prevention and treatment conducted (two-way dialogue for production of community action plans)	12	240
	# of community cinema shows supported in hotspots and schools	0	1,200
	# of volunteers supported to carry out regular activities issued pocket guides	515	1,500

Progress towards outcomes

Eddie (IFRC WASH delegate) and Sidala Miliwa the (MRCS Commmunity Development Facilitator) conducting a community meeting at Mwankhundi village in TA Chisamba in Salima District

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

Joint meetings conducted in Cyclone Freddy districts of Phalombe, Balaka, Blantyre, Chiradzulu, Machinga, and Thyolo) to monitor the spread of Cholera and assess health and WASH needs in the camps.

Training of staff on the harmonized feedback data collection tools

All the Cholera implementing districts staff were oriented on the data collection tool and the data analysis dashboard. The way forward is that the district teams will cascade the trainings of the data collection tool to the volunteers. Share the collected data to headquarters PMER for consolidation for all the districts.

Orientation of volunteer on feedback forms and other data collection tools for rumour tracking.

Support community dialogue sessions on cholera prevention and treatment, involving a 2-way dialogue) and production of community action plans to address risk factors for cholera. 2 sessions done 284 community members in Lilongwe district

Supported meetings to roll out compl aints and feedback, building on existing feedback mechanisms. 90 volunteers trained in Salima district in feedback data collection to capture community myths and misconceptions about Cholera.

Trained Volunteers in Complaints and Feedback Mechanism.

- 1 training conducted at Mzokoto TDC in Rumphi- 12 volnteers trained (6men and 6 women)
- 34 vounteers trained in Blantyre (20 Females and Males 14)
- A total of 1,643 households were reached by volunteers collecting complaint and feedback from communities.

Participants during the District Social mobilization committee meeting in Mwanza district with support

Enabling approaches

National Society Strengthening

Objective:	*Improved MRCS capacity to ensure that necessary ethical and financial systems and structures, and required skills to implement efficiently and effectively*		
	Indicator	**Actual**	**Target**
Key indicators:	# Of volunteers engaged to support Cholera prevention & Control	515	580
	# Of insured volunteers mobilized for this response	515	580

	# Of volunteers confirming that they are briefed or have undergone the minimum response standard role, security training for volunteers, code of conduct etc.	515	580
	# Of HSAs engaged in the MRCS DREF response	223	216

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 the spread of 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 and will be continued for the next phase of funding.
- 7 technical visits were conducted and this activity will be ongoing.
- 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 to provide 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.*

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.

Conducted a coordination meeting with DHMT and PHEMC In Balaka, MRCS conducted district entry meetings including DHMT, PHEMIC and executive committee meeting comprising Traditional Authorities, Members of Parliament, & Councilors. The project was given a go ahead for implementation.

Joint stakeholder meeting in Machinga in response to Cyclone Freddy. The meeting centered on joint assessments to determine health needs in the camps. Some of the partners during the meeting were MSF, WHO, World Vision. 17 participants attended (Male 11, Female 6).

Supported Coordination meetings at community level (Disability group deaf)
The meeting was conducted in Rumphi using structure of FEDOMA - 13 participants (8 Females 5 Males) The idea was to engage those with disability in delivering Cholera prevention measures
District Level Cluster meetings (WASH, Education, Health, RCCE, DNCC)-UNICEF.

Joint meetings conducted in Cyclone freddy districts of Phalombe, Balaka, Blantyre, Chiradzulu, Machinga, and Thyolo) to monitor the spread of Cholera and assess heath and WASH needs in the camps.

District Entry Meeting- Conducted DHMT and PHEMIC meetings in Balaka and Machinga districts. The project has been given a nod to start being implemented.

Secretariat Services

Objective:	Effective and coordinated disaster response is confirmed.		
Key indicators:	**Indicator**	**Actual**	**Target**
	NS assisted with risk register development	1	1
	# of monitoring missions conducted	4	6
	# 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

4 out of 6 National Society monitoring missions were conducted involving senior management and the Ministry of Health and Ministry of Local government stakeholders.
IFRC 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

	Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
Federation Wide Appeal Funding Coverage	2,914,488	56%	2,285,512	44%
Secretarial Appeal Funding Coverage	626,511	18%	3,046,343	82%
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

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For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- **IFRC Regional Office for Africa** Beatrice Atieno OKEYO, Head of PMER &QA , beatrice.okeyo@ifrc.org, Phone: +254 721 486953

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 always promote 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.