EMERGENCY APPEAL

Malawi, Africa | Malawi Cholera Response

<table>
<tr><td>Appeal №:
MDRMW017</td><td colspan="2">Federation-wide Funding requirements: CHF 5.2 million
IFRC Secretariat Funding requirements: CHF 3.5 million</td></tr>
<tr><td>Glide №:
EP-2022-000298-MWI</td><td>People at risk:
10,922,951</td><td>People to be assisted:
2,184,590</td></tr>
<tr><td>DREF allocation:
CHF 1 million (launched 15 September 2022)</td><td>Appeal launched:
23/01/2023</td><td>Appeal ends:
30/09/2023</td></tr>
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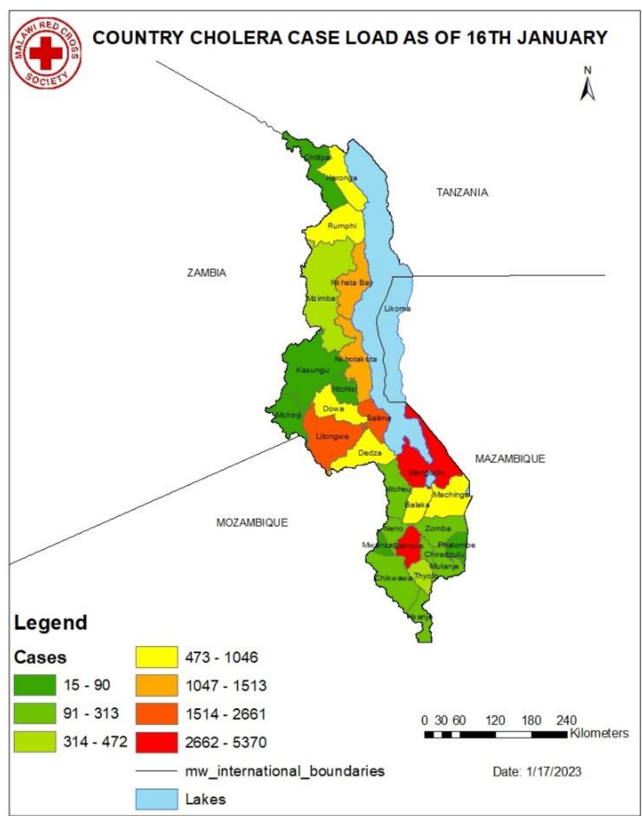
SITUATION OVERVIEW



The map used does 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 its authorities. Map data sources: PHIM, Malawi MoH, MRCS and IFRC. Map produced by the MRCS.

Malawi is battling the worst cholera outbreak in two decades. Cholera is an acute diarrheal disease spread via contaminated water and food which can cause severe dehydration in children and adults alike. It takes between 12 hours and five days for an infected person to show symptoms after ingesting contaminated food or water and can kill within hours if untreated.

Cholera is not new to Malawi. However, this outbreak is atypical, having continued to propagate from the dry season to the current rainy season, which increases the risk of the disease spreading. The first cases were reported in February 2022 in Machinga district, and an outbreak was declared in March 2022. Initially limited to the southern part of the country, it has now spread throughout Malawi across 29 health districts putting at risk over 10 million people including more than five million children. On 5 December 2022, the president declared the cholera outbreak a "Public Health Emergency".

In response to the escalation of cases, the Malawi Red Cross Society (MRCS) was able to scale up its response through the support of partners and an initial allocation from the IFRC Disaster Response Emergency Fund of CHF 392,014 in September 2022, which was later increased to CHF 748,286 on 22 December 2022. The Participating National Societies (PNS) in-country also supporting the operation are the Danish Red Cross, Swiss Red Cross, Icelandic Red Cross, Finnish Red Cross, and Italian Red Cross.

On 23 January, the Ministry of Health reported the cumulative confirmed cases and deaths since the onset of the outbreak at 29,995 and 990 respectively, with the case fatality rate at 3.30%, which is above the acceptable threshold set by the WHO of less than 1%. The update also indicated that a total of 27,936 people have recovered while 1,069 are currently in treatment units.

The Red Cross branches report that there is an urgent need to address the risk factors of the outbreak, such as the provision of safe drinking water, especially in the hotspot areas. Several displaced communities in areas that were affected in 2022 by the cyclones Ana and Gombe are still living in precarious hygienic conditions. The drought and associated malnutrition that has affected vast areas of Malawi are making the communities, particularly children, more at risk of mortality due to the increased vulnerability caused by their poor nutritional status.

The main risk driving factors of the cholera outbreak are unsafe water, poor sanitation, and lack of hygiene. Secondly, the existing response system has gaps, such as the inadequate and long distance between the health system and response areas, resulting in delayed access to rehydration treatment. There is also insufficient community awareness about the disease and how to support the affected people with oral rehydration therapy, linked with generalized stigmatisation of those affected.

Due to the high rate of transmission, the disease is now affecting people across multiple geographical areas. Fishing communities along the lake represent some of the most at-risk communities due to the limited availability of safe drinking water, the sandy terrain that increases the risk of latrines collapsing during the rainy season and the widespread utilisation of lake water for drinking purposes. Children, who tend to spend many hours swimming

in the lake, are also at higher risk from contaminated water. Transmission routes from the lake have contributed to the spread of the outbreak in other parts of the country, including gatherings at lakeshore fish markets and the movements of urban populations towards the lake for tourism purposes, which could have contributed to the spike in cases. Mozambique shares a border with Malawi through the lake and has already reported some cholera cases. Therefore, it is necessary to extend border coordination between the two countries.

Despite efforts to slow the spread of the diarrhoeal disease, the numbers are rising at an accelerating pace. The capacity of the Ministry has been stretched due to the high number of admissions, lack of human resources to manage the caseload, inadequate cholera treatment units (resulting in the closure of some health facilities which are being used as cholera treatment units), lack of cholera supplies and inadequate disinfection liquids to stop the transmission. There is a disrupted community health care system where primary health care - which is responsible for ensuring that community members are adhering to water, sanitation and hygiene practices - is overwhelmed. Active case finding and surveillance has been challenged, compounded by inadequate or no space for treatment of cholera cases. There is a need to mobilise and train more volunteers to support task shifting from medical personnel to volunteers, as well as support in increasing risk and treatment awareness.

The MRCS continues to work in close coordination with District Health Offices with the main actions including Risk Communication and Community Engagement (RCCE) at the household and community levels; deployment of volunteers to provide support with active case findings; oral cholera vaccination campaigns in high-risk districts; capacity building and training of volunteers, community health workers, and village health committees on cholera prevention and control modules; and the provision of critical non-medical cholera prevention and control supplies to cholera treatment centres. These include WASH household items, including soap, gloves, gumboots, aprons, oral rehydration points, cholera beds, etc.

To date, the MRCS, with the support of partners, has been able to contribute to the government's response as follows:

- Reached 799,119 households through RCCE actions, promoting early treatment-seeking behaviour for diarrhoea and the usage of latrines.
- Some of the RCCE activities conducted so far are as follows: a community sensitisation campaign on cholera and oral cholera vaccine through cholera cinema programs and van publicity, radio jingles and radio programmes, and community feedback sessions.
- Supported contact tracing.
- Pot-to-pot chlorination for households to assure drinking water sources.
- Supported disinfecting exercises at seven cholera treatment units where volunteers play a key role in cleaning the units with chlorine.
- Supported the set-up of two cholera treatment units for District Health Officers by erecting additional tents to support pregnant women patients.
- Supported the disinfecting of four marketplaces.

Based on the MRCS scenario planning, **the scale of the needs has now reached the worst-case scenario**. The IFRC has, therefore, been asked to launch this Emergency Appeal for CHF 5.2 million to enable the MRCS to further scale up their response, reaching over two million people.

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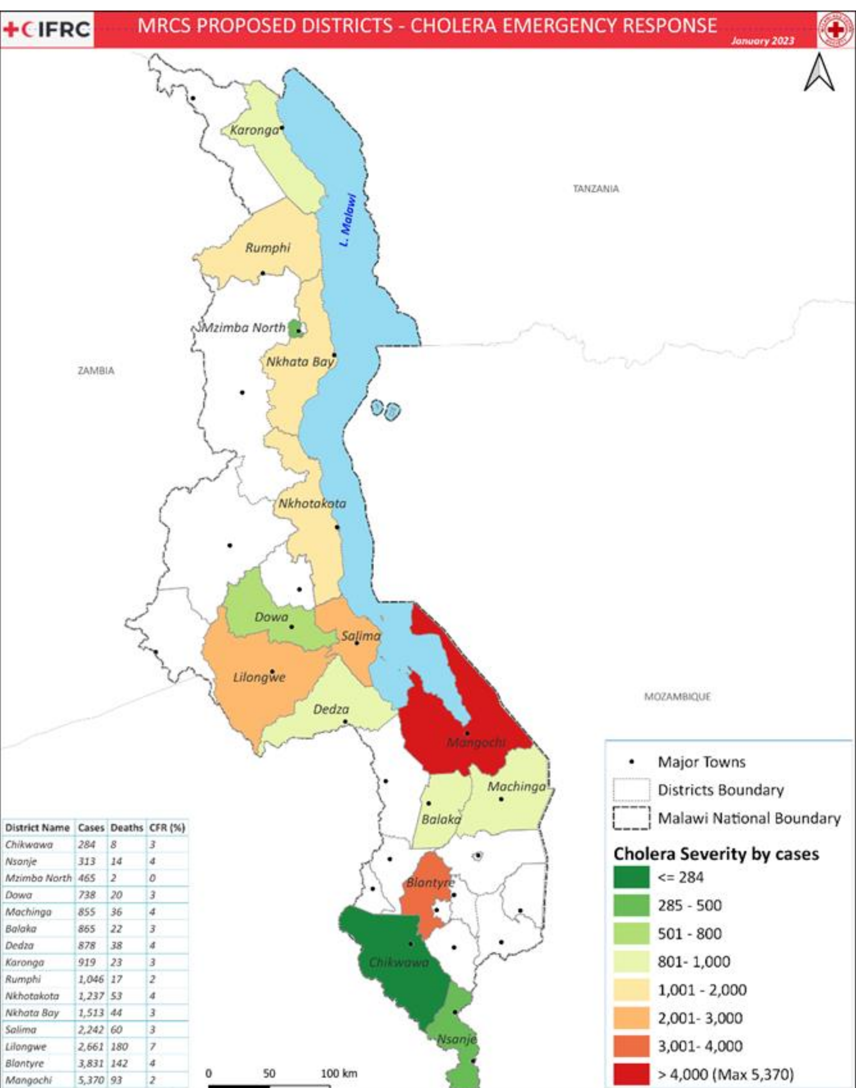
TARGETING

In response to the current cholera public health emergency and aligned with the Government of Malawi's Cholera Response Plan, this Emergency Appeal aims to scale up activities and geographical areas to allow the MRCS to respond to the new and increasing cholera caseload. The MRCS will scale up with an overall objective to contribute to the prevention and control of the cholera outbreak in 15 districts targeting over two million people for 12 months.

The districts and targeted populations will be prioritised based on the increased number of cases and deaths, and high-risk factors contributing to the occurrence of new cases as follows: Mangochi, Blantyre, Lilongwe, Salima, Nkhata Bay, Nkhotakota, Rumphi, Karonga, Dedza, Balaka, Machinga, Dowa and Mzimba North, Nsanje, and Chikwawa. Targeting will prioritise children under two years of age, pregnant and lactating women, fishing communities, communities along the rivers and lakeshore, flood-prone villages, areas with poor WASH conditions, and communities bordering Mozambique.



District Name	Cases	Deaths	CFR (%)
Chikwawa	284	8	3
Nsanje	313	14	4
Mzimba North	465	2	0
Dowa	738	20	3
Machinga	855	36	4
Balaka	865	22	3
Dedza	878	38	4
Karonga	919	23	3
Rumphi	1,046	17	2
Nkhotakota	1,237	53	4
Nkhata Bay	1,513	44	3
Salima	2,242	60	3
Lilongwe	2,661	180	7
Blantyre	3,831	142	4
Mangochi	5,370	93	2

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Volunteers from Nkhata Bay district helping a health facility with the preparation of chlorination.

PLANNED OPERATIONS

The MRCS will focus its response on interrupting transmission and improving case management of cholera at the community and facility levels in the affected districts. The ***core objectives*** of the operation are to:

- Prevent and control the spread of the cholera outbreak at the community and facility levels in the affected districts, interrupting the chain of transmission.
- Reduce morbidity and mortality due to cholera by supporting improved case management at the facility and community levels in the affected districts.
- Improve the availability of safe water and sanitation facilities - WASH solutions to ensure the use of safe water, basic sanitation, and good hygiene practices in cholera hotspots.

Health & Care including Water, Sanitation and Hygiene (WASH)

Prevent and control the spread of the Cholera outbreak at the community and facility levels in the affected districts, interrupting the chain of transmission:

- Scale up health promotion actions to sensitize the communities on the early signs of cholera and the importance of reporting the risk to relevant health authorities through household visits approach.
- Volunteers shall be mobilized to support health workers in the early detection of new cases through active case finding and support to contact tracing.
- Interruption of the transmission routes through Branch Transmission Interruption Teams (BTIT), ensuring that upon identification of cholera/diarrhea cases the affected households are thoroughly disinfected to reduce the risk of household transmission.

	• Risk Communication and Community Engagement (RCCE), ensuring communities are aware of risk factors and can identify and timely refer suspected cases to community health workers/health facilities/ oral rehydration points; the RCCE messages will be adjusted based on community feedback. • Reduction of morbidity and mortality due to cholera among children through the promotion of good infant and young child feeding practices including especially exclusive breastfeeding for under 6 months. • Support the social mobilization for oral cholera vaccine to create demand and increase uptake for the vaccine. • At the community level, MRCS volunteers will coordinate with Health Surveillance assistants (coordinating the Primary Health Care Units in the communities) and Village Health leadership and coordination structures, including Village Traditional Leadership and Water Management Committees, which are linked respectively with the Department of Disaster Management Affairs (DoDMA) and Ministry of Water. ***Reduce morbidity and mortality due to cholera by supporting improved case management at the facility and community levels in the affected districts:*** • MRCS will support in improving case management of cholera at the community and facility level by setting up Oral Rehydration Points and Cholera Treatment Units, • Strengthen coordination, information management and extending technical support to the Ministry of Health through cholera Emergency Response Units and technical surge capacity. • Champion the setup of Oral Rehydration Points in the hotspots to increase access to Oral Rehydration Therapy. • Support the establishment of Cholera Treatment Units in hotspot areas, also reinforcing. Infection Prevention and Control protocols in Cholera Treatment Units and Oral rehydration points. MRCS will provide tents, Infection Prevention and Control supplies, lighting equipment and facilitate materials for the construction of emergency temporary latrines. MRCS will also advocate for the establishment of gender sensitivity and multi-hazard sensitive Cholera Treatment Units. ***Improvement in the availability of safe water and sanitation facilities:*** • Contribute to accessing clean and portable water through the construction and rehabilitation of water points and promote household water treatment and safe storage. • Facilitation of the construction of latrines in communities and public institutions as a hygiene promotion initiative. • Raise awareness on dangers of open defecation and innovative ways of constructing latrines along the lakeshore. • Support in the potabilization of household drinking water and improvement of household hygiene through the provision of chlorine at household and hygiene promotion (reduction of open defecation and increased utilization/ community construction of latrines, improvement of hand washing practices/ food and water hygiene
	Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI) • The MRCS will ensure that the already developed CEA tools, tailored to Malawi's context, are used to collect data relevant for planning CEA approaches and activities, gather community feedback and make sure the feedback is used to generate ownership within the community. • Community members will be involved as fully as possible in the planning stages and throughout the response to increase their ownership sharing clear information about response activities, selection criteria and distribution processes through community meetings and door-to-door activities. • The MRCS will conduct consultative meetings with communities aimed at discussing preferences on feedback channels and the type of questions that they would like to have answered.

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	• A feedback mechanism will be implemented to get the necessary feedback from community members on issues related to the overall cholera response. This feedback will be shared on different platforms at the community, district, and national levels including the technical and sub-technical working groups. • Frequently Asked Questions (FAQs) will be developed in collaboration with the Ministry of Health and shared with volunteers so they can address common questions, concerns, and beliefs that are seen in the feedback data. • The operation will ensure the promotion and participation of men and women, including persons with disabilities of different age groups in cholera awareness activities. • A continuous dialogue among the different stakeholders will be encouraged to ensure that all activities mainstream the dignity, access, participation and safety (DAPS) approach ensuring that minimum standards on PGI in emergencies are met. • All staff and volunteers are briefed on the Code of Conduct and the prevention and response to sexual exploitation and abuse, and child safeguarding, as they implement cholera interventions.

Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:

	Coordination and Partnerships: • Coordination will be strengthened with key stakeholders: Ministry of Health, Department of Disaster Management Affairs (DoDMA), Ministry of Water and Sanitation, Ministry of Local Government, UNICEF, WHO, MSF, and other organisations. • The action will facilitate engagement and coordination with PNS and the ICRC in the design of the response, leveraging the expertise and resources available through a Red Pillar approach, and ensuring alignment with relevant external actors, including the government's policies and programmes, development actors, UN agencies and non-governmental organisations (NGOs). • The MoH has requested support from the RCCE Collective Service in strengthening the capacity of country level partners (including the MRCS) through national community feedback mechanism training along with face-to-face coaching on how to collect, analyse, and act on community feedback data. The Collective Service team will provide in-country support in establishing an interagency feedback mechanism to help inform decision-making within the response. The RCCE Collective Service is also in the process of recruiting a national RCCE inter-agency coordinator, to be hosted by UNICEF, and based in Lilongwe for at least the next six months. The MRCS will work closely with this person and has been consulted on the recruitment.
	IFRC Secretariat Services: • The IFRC will facilitate an effective Federation-wide response, with support from the Harare Cluster Delegation and Africa Regional Office. The IFRC will offer its expertise in managing public health epidemics through the deployment of critical functions as agreed with the National Society and will also equip the MRCS with strong risk management and business continuity plans. • Given the risk of spread to neighbouring countries, the MRCS and IFRC will establish regular cross-border communications, information sharing, and support, which will allow neighbouring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale-up to response, if necessary. • Through the IFRC surge system, regional and global alerts have been issued for coordinators in WASH and public health in emergencies, and Emergency Response Units. The MRCS has requested Emergency Response Unit alerts for community case management of cholera (CCMC). A request for a WASH Emergency Response Unit is also underway based on an assessment of the needs and capacity in-country.

	National Society Strengthening: • The action will facilitate capacity building and organisational development objectives to ensure that the National Society has the necessary legal, ethical, and financial foundations, systems and structures, competencies, and capacities to plan and perform. Volunteer duty of care will be emphasised through the appropriate management services, provision of equipment, training, and an insurance package.

The planned response reflects the current situation and is based on the information available at the time of this emergency appeal launch. Details of the operation will be updated through the operational strategy to be released in the upcoming days. The operational strategy will also provide further details on the federation-wide approach which includes the response activities of all contributing red cross and red crescent national societies, and the federation-wide funding requirement.

RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

Malawi Red Cross Society (MRCS)

The MRCS, established by Chapter 18:09 of the Laws of Malawi by Parliament in 1966 (Act 51) as a humanitarian organisation with an established presence across all government administrative districts, became a member of the International Federation of the Red Cross and Red Crescent Societies in 1971. “Giving hope to those in need” is the vision for the MRCS and pivotal to the organisation's interventions while its mission is to alleviate human suffering and improve the quality of life of vulnerable people through humanitarian aid, relief, short and long-term developments, partnerships, engagements, and dissemination of the movement’s fundamental principles.

The MRCS implements both short and long-term programmes focusing on health care, water sanitation & hygiene (WASH) promotion, community resilience, vulnerable children’s interventions, first aid and blood donor mobilisation, branch, and youth development, restoring family links, community-integrated disaster risk reduction interventions, response and recovery focusing on livelihoods, and resilience building initiatives.

The MRCS has a pool of trained emergency team members who are engaged within 72 hours of a disaster:

- Number of staff: 211
- Number of volunteers: 72,000
- Number of branches: 33

IFRC Membership coordination

The IFRC Secretariat, which provides technical and financial support to the MRCS through the IFRC Harare Country Cluster Delegation, will play an essential role in ensuring good coordination within and outside the Movement. The PNS in-country have provided bilateral support to the MRCS since the start of the response. These are the Danish Red Cross, Swiss Red Cross, Icelandic Red Cross, Finnish Red Cross, and Italian Red Cross. All PNS participate in the coordination meetings that are held in-country and are called upon to contribute their expertise to this response.

Red Cross Red Crescent Movement coordination

The IFRC Secretariat plays an essential role in ensuring effective coordination across the Movement, through the IFRC Harare Country Cluster Delegation. In this response, both the IFRC and ICRC are providing advice on the overall safety and security support to Movement partners. The IFRC Harare Cluster Delegation is in regular coordination with the ICRC Country Delegation for Zimbabwe, Malawi, and Zambia. Regular meetings are held to make sure there is strong coordination and effective technical support for the MRCS, as well as complementarity, to ensure a harmonised response plan.

The MRCS is one of the 14 countries piloting the New Way of Working initiative which is about applying agile ways of working together as one Federation to be more efficient, to achieve greater impacts, and make localisation stronger.

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External coordination

Malawi's Ministry of Health coordinates daily national task force meetings for partners for this response with the participation of Red Cross Red Crescent Movement partners and other partners, including the WHO and UNICEF. The Ministry of Health appreciates the role of the MRCS in the cholera response and its participation in cholera technical meetings at the national and district levels.

Contact information

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

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IFRC Regional Office

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Reference

Click here for:

- Previous Appeal and operation updates

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