

Humanitarian Situation Report Template

Humanitarian Situation Report 1st

[Issues: Epidemic of COVID 19 Virus] – [Malawi / Organization for Sustainable Socio-Economic Development Initiative- OSSEDI Malawi]

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■ Point of Contacts

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■ Part 1: Overall Situation

○ Situation in the country (Target area)

- As of 20th April 2020, Malawi has 17 confirmed cases of COVID-19 from 429 tests conducted with 12 active cases, 2 deaths and 3 recoveries.
- According to the Public Health Institute of Malawi, 316 contacts have been traced to date, 97 contacts tested, 7058 high-risk travelers have entered the country through formal borders to date, and 99 people transporting essential goods and services have entered the country in the past 24 hours.
- Currently, all Malawian borders closed except 3 for essential personnel travel (e.g. petroleum services and other goods).
- On the 14th of April, his Excellency Professor Arthur Peter Munthalika, the President of Malawi declared a 21 Day Lockdown. It was initially to be effective at midnight on Saturday, 18th April, 2020 and to end on Saturday 9th May, 2020, at midnight, with room of extension depending on the circumstances.
- However, on 17th April, an injunction for 7 days was taken by Human Rights Defenders Coalition (HRDC) as they had concerns about majority of Malawian who lived hand to mouth and could not sustain themselves for 21 days. The HRDC requested for an interparty discussions and government to strategize how to support the people during this period.
- Although the injunction was effective for only 7 days, Malawi government suspended the lockdown indefinitely.
- Since declaration of coronavirus as national pandemic, health workers in public hospitals reported on severe shortages of personal protective equipment (PPE), including face shields, full body suits, googles, high filter masks and water repellent long sleeve gowns. Lack of response from government led to a sit-in, and low allowances.

- On 20th April 2020, government agreed to the demands of frontline health workers by increasing their risk allowance which officially ended the sit-in.
- Lack of access to testing facilities for the virus especially in rural health centers, Kabudula Community Hospital and other health centers in T/A Kabudula included.
- Ministry of health, as of 19th April, had recruited 755 health workers including laboratory technicians and nurses.
- Lack of training and orientation of Health Surveillance Assistants in health centers on COVID 19. This has affected of trickle down of information to communities as they are the main source of health information especially in rural areas like T/A Kabudula.

■ Part 2: Organization’s Response or Plan for response

** Based on the analysis, summarize the plan for response*

From the current situation in T/A Kabudula, OSSEDI recommends the following activities:

1. Conduct hygiene promotion both in schools and villages
2. Conduct sensitization meetings
3. Train and orient staff in COVID 19
4. Procure and distribute sanitation and hygiene kits (handwashing buckets, face masks etc.)
5. Raise awareness on COVID 19, and sanitation and hygiene issues using mobile van (P/A system)
6. Monitoring/ follow-up on affected populations

• Security and Logistics

The security situation on the ground is normal. Residents in the whole of Malawi including the target area of T/A Kabudula are freely going about with their daily routine and business, except for education institutions which have been shut down due to state of emergency.

• Partnership and Coordination

The response is being coordinated by the Ministry of Health and the District Commissioner, specifically the District Health Officer at a district level for Lilongwe. Under this exercise, OSSEDI will work hand in hand with the following Malawian government departments and organizations some of which are currently supporting the response:

1. Ministry of Health
2. Lilongwe City Council (District Health Office)

At a community level, to ensure effectiveness of response, OSSEDI intends to engage the Traditional Authority, chiefs, Area/ Village Development Committees, religious leaders, school structures, school staff, health workers at health posts and many more. The purpose of engage these gatekeepers is to ensure that the response is able to reach the whole population of T/A Kabudula.