

Cholera Response in Malawi With Austrian Partner



Compiled by

Response Team

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1.0 INTRODUCTION

Malawi is experiencing the worst cholera outbreak in the recent years. As of 13th February, 2023, a total of 42,957 cases and 1,399 deaths representing a Case Fatality Rate (CFR) of 3.3% has been recorded. The outbreak has affected 26 of the 27 districts in the country. The first case of the outbreak was confirmed in March 2022 and this month marks one year while battling the outbreak. The first case was detected in Machinga, one of the project's impact district.

The major factors associated with the cholera outbreak are poor food hygiene, use of unsafe water in some communities and low latrine coverage and usage (open

defecation). The Government of Malawi through the Ministry of Health (MoH) with support from partners and the communities themselves has put measures in place to manage the outbreak. These measures include: 1) setting up of treatment centres in all affected areas so that patients do not travel long distances to seek treatment; 2) household water treatment (pot to pot chlorination) of water in communities where there are no safe water sources; 3) administration of Oral Cholera Vaccines (OCV); 4) contact tracing of cholera cases; 5) engagement with local leaders to facilitate latrine construction and use and 6) community sensitization on prevention and control of cholera.

Amref Health Africa in Malawi (AHAM) is one of the partners that has been supporting cholera response activities in some districts with support from various well-wishers. In this particular report, AHAM is outlining response activities that they have implemented with support from a partner from Austria. The response activities covered Nkhosakota district.

2.0 OBJECTIVE OF RESPONSE INITIATIVE

The objective of the response activity was to completely halt further spread of the outbreak in the Nkhosakota district.

3.0 RESPONSE STRATEGY

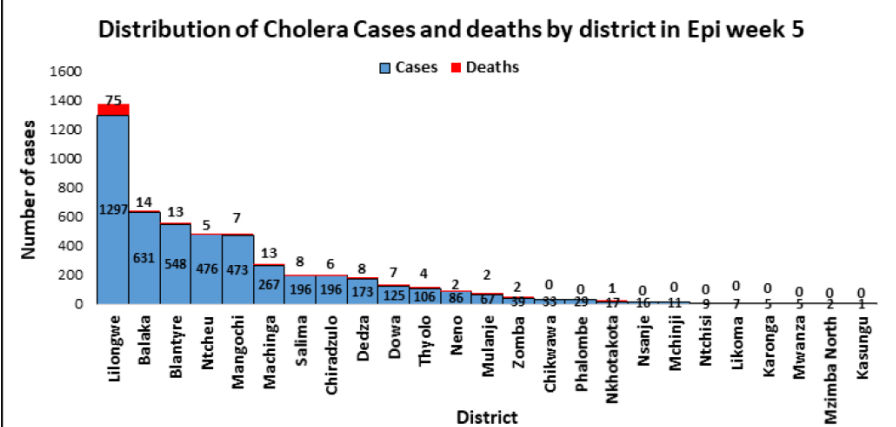
AHAM's strategy was to ensure that water is treated at household level before use in all areas with limited access to safe water.

4.0 RESPONSE ACTIVITY

The initial plan during the concept was to procure and distribute ringers lactate, giving sets cannulas needles of all sizes and Oral Rehydration Salts (ORS) case management and also procure chlorine for household water treatment.

After realizing that number of cases for the district have drastically reduced and that the size of grant can make more impact more with chlorine, it was felt necessary that a good quantity of chlorine be procured to strengthen prevention so that the cases can completely cease.

Figure 1: Number of Cholera cases per district



Based on this reasoning, 20 drums 70% High Test Hyper chloride (HTH) chlorine was procured and distributed to Nkhhotakota district. The 20 drums could reach up to 64,000 households given once each with an amount of 1 litre of 1% stock solution. 1% chlorine stock solution is the diluted chlorine that is given to households. The 20 drums are in form of powder but when issuing out, the powder is first diluted by community health workers.

