As of 2 October, 8,435 cholera cases with 49 deaths (8,273 suspected and 162 confirmed cases) had been reported. An estimated 21 per cent of the reported cases are children under five years of age.

A total of 58 per cent of the cases are from Harare (Budiriro and Glen View high density suburbs), which is the epicentre of the outbreak. Over the past week, there has been geographic spread to other suburbs.

5,683 households in Glen View and Budiriro have received Hygiene kits comprised of 3 strips of water treatment tablets, 20 litre jerrycan, 1kg bar of soap and educational materials on how to treat and store water safely, and how to improve personal and household hygiene. Demonstrations on usage of the hygiene kits are being conducted prior to the distribution of the hygiene kits. In addition over 100,000 people have been reached with critical messaging on cholera prevention and management.

Of the 930 children who have been screened for acute malnutrition in the cholera affected suburbs, two children were admitted for SAM treatment during the week ending 28 September 2018.

UNICEF has scaled up the WASH response and engaged five partners to support cholera preparedness and response programmes namely Oxfam, Welthungerhilfe, Goal, MercyCorps and Christian Care in the affected and at risk areas.

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF</th>
<th>Total Results*</th>
<th>Sector Target</th>
<th>Sector Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health: # of children under 5 with acute watery diarrheal diseases with access to life-saving curative interventions including oral rehydration therapy and zinc</td>
<td>2,500</td>
<td>707</td>
<td>2,500</td>
<td>707</td>
</tr>
<tr>
<td>WASH: # of people provided with critical WASH-related information to prevent cholera transmission</td>
<td>400,000</td>
<td>102,903</td>
<td>500,000</td>
<td>70,415</td>
</tr>
<tr>
<td>Education: # of school aged children in humanitarian situations accessing formal or non-formal basic education</td>
<td>150,000</td>
<td>123,257</td>
<td>200,000</td>
<td>152,603</td>
</tr>
<tr>
<td>Child Protection: # of children receiving psychosocial and/or other protection services</td>
<td>10,000</td>
<td>55</td>
<td>15,000</td>
<td>55</td>
</tr>
<tr>
<td>Nutrition: # of children 6 to 59 months with SAM admitted to community-based treatment</td>
<td>1,886</td>
<td>67</td>
<td>2,261</td>
<td>67</td>
</tr>
</tbody>
</table>
02 October 2018

To date, 8,435 cases (8,273 suspected and 162 confirmed cases) and 49 deaths have been reported in Harare and an additional 15 districts that have recorded sporadic cases, however the outbreak is mainly concentrated in Harare where over 98 per cent of the suspected and confirmed cases have been reported. An estimated 21 per cent of the reported cases are children under five years of age. The distribution of cases by gender shows that males and females are equally affected. Recurrent interruptions to the water supply, consumption of untreated water from shallow wells and boreholes, poor sanitation, together with poor hygiene practices are aggravating factors in this epidemic.

During the period 3 to 9 October, the Ministry of Health and partners will conduct an Oral Cholera Vaccine (OCV) campaign to protect the population most at-risk of cholera in Harare city and surrounding areas namely Chitungwiza and Epworth to cut transmission of cholera in these areas. The campaign is complementary to an integrated cholera response programme that is centred on water sanitation and hygiene services, community engagement and mobilization, which are key in cholera prevention. The vaccination campaign will complement the ongoing preventive efforts. In order to fast track the campaign process, the International Coordination Group approved and provided 500,000 doses funded by GAVI on 26 September. This was part of a total of 1,381,769 doses required for the first and second round of vaccination; the rest are being shipped.

**Leadership and Coordination**

The Ministry of Health and Child Care (MoHCC) continues to lead the coordination of the response through the Inter Agency Coordination Committee on Health (IACCH) at the national level with secretariat support from WHO. UNICEF is a key member of the IACCH and leads the WASH and the Social Mobilization taskforces. The WASH sector has developed a detailed response plan as well as a 4W matrix highlighting the scope of current interventions, geographic distribution, funding and implementing agencies. To date, five WASH Emergency strategic advisory group (E-SAG) meetings have been held with participation from more than 18 agencies drawn from donors, Development Banks, private sector, NGOs (International and national), town councils and Government line ministries. The key discussion points of the E-SAG meetings focused on resource mobilization strategy, increasing the scale and scope of the response in the epicenter and other at risk areas, and planning for the upcoming rainfall season. Under the leadership of the National Nutrition Department of the Ministry of Health and Child Care (MoHCC) and facilitation from UNICEF, two nutrition sector coordination meetings were held. Key discussion points focused on the standardization of SAM management protocols in the cholera response and the related algorithm. A Child Protection sectoral coordination mechanism co-chaired by the Ministry of Public Service, Labour and Social Welfare (MoPSSW) and UNICEF has been activated with meetings being held every week. During the most recent Child Protection meeting, the findings of the rapid assessment that was conducted in Budiriro and Glen View was discussed. A total of 9 children who needed support with arrangements for placements with relatives because of family separation when parents/caregivers were admitted for treatment in the cholera treatment. The traumatic departure of parents/caregivers and other family members who would have died of cholera as well as the traumatic experience of being admitted in cholera treatment centres affected children’s psychosocial wellbeing. The current child protection cholera response programme is addressing all the key gaps noted in the rapid assessment.

**Response Strategy**

UNICEF Zimbabwe is responding in the affected areas and preventing further transmission in at-risk areas by focusing on the key sectors of Health and Nutrition, WASH, HIV/AIDS, Education and Child Protection and targeting the most vulnerable people which include children, women, and People Living with HIV.
02 October 2018

The strategic areas of focus for strengthening the response are:

- Strengthening national and sectoral coordination;
- Strengthening surveillance and information management;
- Enhancing social mobilization, hygiene promotion and health education;
- Supporting mass media campaigns through public service announcements on national radio stations;
- Capacity building for improved case management, infection prevention and control;
- Procuring and prepositioning of additional Health and WASH emergency supplies;
- Reinforce existing practices among health workers, including community based workers, during the cholera outbreak ensuring that adherence counselling is done for people on HIV treatment including pregnant women, children and their caregivers;
- Provision of psycho-social support through child friendly spaces and home visits, social support for kinship/foster care placement and documentation, tracing and reunification of orphans, separated and unaccompanied children;
- Support WASH in Schools (WiNS) interventions focusing on the provision of water supply and hygiene promotion interventions.
- Support Inter Agency resource mobilisation efforts (Sectoral response plans and CERF application)

Summary of Programme Response

Health and Nutrition

UNICEF continues to provide technical support to the Ministry of Health and Child Care and the City of Harare in the case management domain through the provision of essential medicines. To date, no stock outs of key essential medicines and commodities have been reported. The Case management subcommittee of the Interagency Coordination Committee on Health (IACCH) has engaged paediatricians to help in the management of children under five and to check for other co-related conditions such as rotavirus that may account for the high proportion of under-fives. Continued diarrhoea among children could result in wasting, therefore there is a need for early identification and referral for acute malnutrition. To date, a total of 910 children have been screened for acute malnutrition and two children under the age of two years were admitted for SAM treatment during the week ending 28 September 2018. There is ongoing promotion of infant young child feeding (IYCF) practices especially optimal breastfeeding practices. Zimbabwe will be rolling out an Oral Cholera Vaccine (OCV) in four suburbs (Mbare, Budiriro, Glenview and Glen Norah) during the period 3 to 7 October 2018. UNICEF is supporting the procurement and shipment of the vaccines through the Supply Division and is leading the social mobilisation and risk communication taskforces set up for the campaign. The campaign is initially targeting 500,000 people in the selected suburbs. Additional doses are being shipped, in total over 1,381,769 doses will be required for the first round of vaccination targeting 1.4 million people.

Water, Sanitation and Hygiene (WASH)

UNICEF has scaled up the WASH response and engaged five partners to support cholera preparedness and response programmes namely (i) Oxfam (Budiriro and Glenview), (ii) Welthungerhilfe (Chitungwiza, Epworth and Gokwe North), (iii) Goal (Mbare, Hatcliffe and Mabvuku/Tafara), (iv) Mercy Corps (Manicaland Province) and (v) Christian Care (Masvingo province). Additionally, there are WASH Provincial Focal Agencies (PFAs) in the other at-risk provinces (Mashonaland Central, Mashonaland West, Mashonaland East, Matebeleland South and North) that are supporting surveillance and reporting activities on a weekly basis in their respective areas of operation. To date, a total of 5,683 families have received hygiene kits; largely in Budiriro and Glen view (over 80%), as well as in Chitungwiza town, Manicaland and Masvingo provinces. A total of 28,415 people were provided with access to safe water through the distribution of household water treatment tablets. 16 mobile toilets were provided to the two Cholera treatment centers (CTCs) and one cholera treatment unit (CTU) set up in Harare. These are disinfected on site before desludging. UNICEF is continuing the support and distribution of household water treatment tablets for caregivers and patients presenting at the CTCs. To date, a total of 62 water samples were collected, from different water sources and sent to the Government Analyst Laboratory for microbiological analysis. Only 23 results have been received to date due to the lack of consumables being experienced at the Government Analyst Laboratory. The
microbiological results for the 23 samples indicated that 11 out of 20 boreholes were safe and 3 municipal water supply points were safe. UNICEF through the WASH Partner (Oxfam) is also supporting water quality monitoring through a portable water testing kit. Preliminary results based on the partners’ analysis have shown faecal contamination in mostly backyard wells and some boreholes. The results are communicated to Harare City Council Water Department and a recommendation is made for their decommissioning. A private laboratory (CIMAS) was engaged by Harare City Council to speed up the water quality analysis. Current resource mobilization efforts have included a component to support the Government Analyst Laboratory with essential reagents, consumables and equipment for water quality testing and analysis.

Child Protection

Through the support of UNICEF, two implementing partners (Childline Zimbabwe and Child Protection Society) are providing key child protection services in cholera affected areas. As of 25 September 2018, 55 children (27 boys and 28 girls) had been reached with psycho-social support (PSS) and information for other child protection services through Child Friendly Spaces run by Childline. Psycho-social support services have focused on strengthening the child’s capacity to cope after cholera treatment, losing friends, siblings, caregivers/parents who would have died of cholera, as well as dealing with the stigma and rejection by peers and fear of contamination after a family member has been infected. In addition, 19 children (9 males and 10 females) at risk of separation received support for family linkages. Out of the 19, two received support for family tracing and reunification outside Harare through Child Protection Society working closely with Department of Child Welfare and Protection Services in recipient districts. The remaining 17 separated children were placed with relatives within Harare.

Child Protection interventions also involve conducting home visits to establish contacts with relatives for child care arrangements when children have been left alone. 18 home visits were conducted during the period 17 to 25 September in the affected suburbs of Glenview and Budiriro for continuation of psychosocial support in the home setting, provision of information for other services as well as referrals, family tracing and assessments, and reunification where needed. Caregivers are also being supported with psycho-social support so as to ensure that children can continue to live their normal lives free from stigma and discrimination after cholera treatment. During these home visits, 18 adults and 18 children were reached. Partners are continuing to provide on-the-job sensitization for social workers, health workers and environmental health technicians, hygiene promoters on child protection services available as well as how to access the same.

Education

During the reporting period, a total of 126 schools in Budiriro and Glen view suburbs received soap and IEC materials for use in schools. Trainings on hygiene promotion targeting school health coordinators continued during the period under review. The health coordinators are expected to conduct health and hygiene sessions at the school for the benefit of the school children who will in turn cascade the information to their families. To date, 120 teachers from government, council and private schools have received trainings in Glen View and Budiriro districts. The WASH sector conducted an assessment of WASH facilities in 17 out of 19 schools in the most affected wards in Glen view and Budiriro suburbs. The key findings from the assessments indicate that boreholes are the main water source for most of the schools and 40 per cent of them were disconnected from the municipal water supply system due to water unavailability or negative perceptions on the quality. It was noted that water treatment at the point-of-use was low amongst the schools with only 25 per cent treating water with water treatment solution/tablets, however 60 per cent of the schools had functional health clubs. UNICEF and partners continue to support schools through promoting point
of use water treatment and general hygiene interventions through the provision of hygiene enabling provisions and social mobilization.

Communication for Development (C4D)

To date, 102,903 (53,510 females and 49,393 males) people were reached with key health and hygiene messages focusing on hand washing with soap under running water, water transportation, treatment and storage and safe food handling. A further 20,245 households were reached through door to door visits and distribution of cholera specific IEC materials in the epicentre and other cholera hotspots. This was achieved through 452 (409 females and 43 males) community health volunteers trained for health and hygiene awareness in Harare and other cholera hotspots. To date more than 86,000 people have interacted with the U-Reporter Cholera Tutor (33500), with each U-Reporter requesting an average of 2.25 options of information from the system. An impact assessment survey was conducted on a sample size of 27,000 U-Reporters who accessed the Tutor. Results of the assessment show that 90 per cent of the respondents found the U-Report information useful. It was also reported that the U-report platform was the sole source of Cholera lifesaving information for 44 per cent percent of the respondents. A total of 96 per cent of U-Reporters that engaged the tutor shared the information with others and 56 per cent percent shared with at least 10 people. Face to face was the preferred mode of sharing key cholera messages for sixty percent of the polled U-Reporters. The Inter-agency social mobilization team with the support of UNICEF is using this information to increase the inter-personal communication coverage through volunteers involved in the ongoing cholera response.

Two local organizations, the Apostolic Women Empowerment Trust (AWET) and VUKA Afrika Theater Group have been engaged to support community outreach and social mobilization activities among various groups. AWET is conducting trainings and orientation of the leaders of the various apostolic sects as well as conducting outreaches to the apostolic communities during the religious gatherings which take place from Thursday to Sunday every week. VUKA Afrika on the other hand is conducting theater performances in high density locations including shopping centers, informal markets and schools in Glenview and Budiriro. A rumor tracking sheet has been developed and is being populated in the field, providing updates for the content being addressed both on radio and social media. UNICEF has supported the reproduction of various cholera IEC materials and distributed 80,000 leaflets and posters through the various networks. In preparation for the OCV campaign, 120 social mobilizers and community leaders were trained by UNICEF, The Ministry of Health and WHO.

Media and External Communication

UNICEF Zimbabwe continues to enhance visibility on both social and traditional media channels focusing on national relief efforts towards the cholera response as well as donor contributions. UNICEF has facilitated both local and international media interviews which has resulted in the following coverage:

Supply and Logistics

Additional WASH Contingency Stock to respond to 20,000 families is in the pipeline, with full delivery expected by mid-October 2018. The consignment includes 20,000 hygiene kits expected (1kg bars of all-purpose soap, household water treatment chemicals, 20L buckets with tap, 20L jerry-can, IEC materials, disinfectants (HTH, Chloride of Lime), protective clothing). The current resource mobilization efforts also include increasing the WASH Stocks to scale up the response and pre-position in high risk areas in light of the impending rainfall season which is usually associated with an upsurge in WASH related diseases. The 500,000 OCV doses funded by GAVI and procured through the Supply Division have arrived in the country. Initial roll out of the vaccine is scheduled between 3-9 October.

Funding

UNICEF Zimbabwe requires US$ 6,374,218 to meet the increased humanitarian needs of children at-risk and affected by cholera and enable them to withstand the risk of diarrhoeal diseases and recover. The timely availability of funds will enable UNICEF and partners to effective scale up the response and ensure robust preparedness activities especially in light of the rains season. UNICEF is grateful for all donor contributions which have directly supported the ongoing response and the support of the Health Development Fund (HDF) that is contributing to building resilience. UNICEF is also grateful to all the donors that have expressed interest in supporting the response and whose agreements are currently being finalized.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds available US$*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Funds received current year</td>
<td>Carry-Over</td>
<td>US$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>631,000</td>
<td>*100,000</td>
<td>531,000</td>
</tr>
<tr>
<td>Health</td>
<td>2,543,218</td>
<td>*432,591</td>
<td>2,110,627</td>
</tr>
<tr>
<td>WASH</td>
<td>3,000,000</td>
<td>*400,000</td>
<td>2,600,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>200,000</td>
<td>*20,000</td>
<td>180,000</td>
</tr>
<tr>
<td>Total</td>
<td>6,374,218</td>
<td>952,591</td>
<td>5,421,627</td>
</tr>
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* Funds available includes re-programmed funding

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