21 September 2018

Situation Overview
To date 5,404 suspected cases, 81 confirmed cases and 38 deaths have been reported in Harare and an additional 12 districts. An estimated 21 per cent of the suspected and confirmed cases are children under five years of age. The distribution of cases by gender shows that 51 per cent are female, and 49 per cent are male. During the rapid child protection assessment it was noted that there is evidence of family separation when either parents/caregivers or children are

- As of 20th September 2018 5,485 cases (5,404 suspected and 81 confirmed cases) have been reported. In addition 38 deaths have been reported. An estimated 21 per cent of the suspected and confirmed cases are children under five years of age.
- A total of 58% of the cases are from Harare (Budiriro and Glen View high density suburbs), which is the epicentre of the outbreak.
- The Government launched a Cholera Appeal for $US 63 million focusing on resources to support key health and WASH interventions.
- A total of 3,012 households in Glen View and Budiriro have received NFI kits of 3 strips of water treatment tablets a 20 litre jerrycan, and a 1kg bar of soap. Educational materials were included on how to treat and keep water safely, and how to improve personal and household hygiene.
- To date 33 children and two caregivers directly affected by cholera have been reached with quality psycho-social support and referral services through the two Child Friendly Places established in Glen View and Budiriro; and 48 service providers (community care workers, social workers, helpline volunteers) have been sensitized on protection services available for children affected by the cholera outbreak.

5,485
Cholera cases have been reported during the period 5 to 20 September 2018 (5,086 suspected and 76 confirmed cases) (Source: MoHCC-September 2018)

38
Deaths have been reported during the period 5 to 20 September 2018 (Source: MoHCC-September 2018)

81
Laboratory confirmed cholera cases reported during the period 5 to 20 September 2018 (Source: MoHCC-September 2018)
admitted for treatment in a Cholera Treatment Centre (CTC). At times, the rapid onset of cholera symptoms has not allowed some parents and caregivers to make arrangements for the care of children. The nutrition assessment identified a need for provision of food supplies for patients and health workers. Through discussions in the Humanitarian Country Team meeting, WFP committed to support with maize meal, cooking oil and pulses for patients admitted in the CTCs on a weekly basis.

**Leadership and Coordination**

The Ministry of Health is leading the coordination of the response at the national level with secretariat support from WHO. The Government of Zimbabwe launched an International and Domestic appeal for US $ 63 million to address the immediate, medium and long term interventions. The bulk of the funding is needed for the case management pillar. A team from UNOCHA has been seconded to support information management and inter-sectoral coordination. One inter-sectoral meeting supported by UNOCHA and the Resident Coordinator’s office was held with UN Agencies and NGO Partners. Key outputs of the meeting was a resource mobilization strategy focusing on the CERF and a mapping of the information management needs of the sectors. The WASH and Health sectors met on 17 September to review and update the sectoral response plans which were presented to Development Partners on 18 September. Under the leadership of the National Nutrition Department of the Ministry of Health and Child Care (MoHCC), one coordination meeting with nutrition stakeholders was conducted during which a 4W matrix was finalized and a focused discussion on identifying cross sectoral synergies for cholera prevention and enhancing Infant and Young Child Feeding in emergencies messaging. UNICEF continues to serve as the co-chair of the Emergency Strategic Advisory Group (E-SAG) of the WASH sector for strengthened coordination of the WASH response, although challenges exist in coordinating the response through the existing parallel coordination mechanisms led by the Local Authority. Frequency of meetings of the E-SAG has been increased to twice weekly with outputs including a detailed WASH assessment of hot spots, the development of a sector immediate response plan and 4W matrix mapping.

**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.

**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 & reunification of orphans, separated and unaccompanied children;
- Support WASH in Schools (WiNS) interventions focusing on the provision of water supply and hygiene promotion interventions.

**Summary of Programme Response**

**Health and Nutrition**

The UNICEF health and nutrition team provided technical support to the Ministry of Health and Child Care to produce an appeal document that was launched on 17 September 2018. Prior to the current outbreak, UNICEF had procured 25 cholera kits for pre-positioning in at risk districts including Harare. UNICEF supports the National Pharmacy and
the City Of Harare to ensure a continuous supply of essential medicines and commodities. UNICEF procured azithromycin for an estimated 3,000 patients that might require antibiotics following the results of recently released sensitivity tests which showed that the current strain of *Vibrio Ogawa* was resistant to Ciprofloxacin, which was the drug of choice in previous outbreaks. In the nutrition domain UNICEF is supporting the provision of nutrition commodities in the CTCs and intends to scale up active screening in the affected and at-risk communities through the regular nutrition programme. Infant and Young Child Feeding in emergencies job aids for health workers were distributed to 53 health facilities. Continued diarrhoea among children results into wasting, therefore the need for early identification and referral for acute malnutrition. Promotion, protection and support to infant feeding especially feeding of infants under 2 years remains critical in the response as breastmilk is protective against cholera.

### Water, Sanitation and Hygiene (WASH)

UNICEF has included three additional partners (Mercy Corps, Welthungerhilfe and Christian Care) to scale up the current WASH response in Harare and Chitungwiza and the other outbreak areas including Makoni, Masvingo and Buhera as well as to support preventive interventions in other at-risk areas outside Harare. A total of 4,864 households were reached through door to door campaigns in Budiriro and 5,702 households in Glenview out of a target of 40,000 households. Water quality monitoring continues, to date 51 sites have been sampled out of a target of 90 and the results for 5 of the 51 samples have been released by the Government Analyst. A total of 3 samples were contaminated with E.coli, Shigella and vibrio cholera and these 3 (2 boreholes and 1 shallow well) were decommissioned. The residents who were using the decommissioned waterpoints are currently receiving water through tankers supported by the private sector. All patients and caregivers presenting at Budiriro and Glen view Poly Clinic were given 8,400 strips of water treatment tablets to treat 1,680,000 liters of water for 14,000 people. School assessments and interventions have been undertaken in 12 out of a target of 125 schools and resultantly, the number of children in school/learning programmes with access to 3 litres of water per child per day (for drinking and handwashing) is 22,624 pupils and the number of children in schools or learning programmes with access to sanitation and hygiene kits (comprising soap, aqua tabs and IEC material) is 22,624 pupils (11,529 boys and 11,095 girls). Further accelerated assessments and distribution of hygiene kits in the remaining 113 schools is planned with the Ministry of Education to ensure soap provision which is normally not available in the schools.

### Child Protection

UNICEF closely collaborates with the Ministry of Public Service, Labor and Social Welfare (MoPSLSW), health and education sectors and Civil Society (CSO) Partners to safeguard the protection, care and psychosocial well-being of children in cholera-affected communities in and around Harare. UNICEF has re-programmed initial resources under existing partnership agreements with CSO partners Childline and Child Protection Society for the provision of psychosocial support (PSS) to affected children and their caregivers, identification and support of children at risk of family separation during the cholera outbreak, and sensitization of community and sectoral stakeholders on protection needs of children. To date, 46 children (24 females and 22 males) and 8 caregivers have received PSS and referral to critical care and protection services through home visits and the two Child Friendly Places established in affected communities in Glen View and Budiriro. The Child Friendly Places are situated in close proximity of the CTCs for easy referral. In addition 14 (7 females, 7 males) children orphaned, unaccompanied or separated as a result of the outbreak, identified through the PSS service provision, have thus far been supported with extended family/kinship care placement in their usual area of residence. A total of 53 service providers (21 females, 32 males) and community care workers, social workers, and helpline volunteers) have been trained to respond to emergency child protection needs in cholera-affected communities. A sectoral coordination mechanism has been activated with weekly scheduled meetings co-chaired by MoPSLSW and UNICEF.

### Education

The Education sector conducted rapid assessments in Budiriro and Glen View jointly with the WASH sector and established that access to clean water in schools remains a challenge because the provision of water by the municipality is erratic. Furthermore, for those schools with boreholes, water quality monitoring needs to be prioritized to determine if it’s safe for drinking. A guidance note to schools has been prepared outlining the key steps
that they can take to prevent the spread of cholera in their environments. To enhance awareness of cholera in schools, school health coordinators in the most affected areas have been trained on hygiene promotion by Harare City Council personnel. A joint training of teachers focusing on WASH and Child Protection in Emergencies (CPiE) is being planned.

**Communication for Development (C4D)**

The Communication section launched an interactive, free to the user, U-Report based and demand driven cholera information hub. The hub allows any mobile network subscriber to SMS “cholera” to U-Report short code (33500) and receive cholera messages. More than 75,000 people have interacted with the U-Report Cholera Tutor platform from 10 – 15 September 2018, with an average of 2.25 interactions per unique visitor. Over 990,000 were sent through the U-Report during the same period.

![U-Report Cholera Tutor](https://example.com/cholera_tutor.png)

UNICEF facilitated production of both radio and television Public Service Announcements (PSAs) on all social media platforms. UNICEF shared the PSAs with the national broadcaster (ZBC) and all other Zimbabwean broadcasters to air the announcements free of charge. UNICEF officers also headlined a call-in radio programme on Capitalk Radio focusing on the Cholera Response. UNICEF provided financial support to implementing partner Oxfam to roll out social mobilization and community engagement activities. To date a total of 7,200 households have been reached through door to door visits, distribution of various Information Education and Communication materials and outreaches to schools, churches and public gatherings. A rapid C4D assessment was conducted with the City of Harare. A sensitization training for 44 participants (32 females and 12 males) on cholera prevention was held with school health focal persons, religious sector representatives and business community representatives within the hotspot areas.

**Media and External Communication**

**Traditional media:**

There has been wide coverage of the national relief efforts towards the cholera response. UNICEF has been fielding numerous enquiries and facilitating both local and international media interviews which has resulted in UNICEF Zimbabwe coverage on the following networks: Voice of America; Al Jazeera; ZBC; Capitalk FM, Zi-FM Stereo and online publications.

**Links below:**

- [https://reliefweb.int/report/zimbabwe/zimbabwe-declares-state-emergency-over-cholera-outbreak](https://reliefweb.int/report/zimbabwe/zimbabwe-declares-state-emergency-over-cholera-outbreak)
Supply and Logistics
Over 13,000 hygiene kits comprised of water treatment tablets, a 20 litre rigid jerri-can, and a 1kg bar of soap have been provided to partners by UNICEF for supporting the response in Harare, Masvingo and Manicaland provinces. Oxfam received 5,000 kits, Welthungerhilfe received 500 kits, Mercycorps received 2,500 kits and Christian Care received 5,000 kits.

Funding
UNICEF Zimbabwe requires US$ 6,374,218 to enable the organization 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. 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 resilience building.

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<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds available US$*</th>
<th>Funding gap US$</th>
<th>Percentage</th>
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<td></td>
<td>Funds received current year</td>
<td>Carry-Over</td>
<td></td>
<td></td>
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<tr>
<td>Nutrition</td>
<td>631,000</td>
<td>*100,000</td>
<td>531,000</td>
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<tr>
<td>Health</td>
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<td>*432,591</td>
<td>2,110,627</td>
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<tr>
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<tr>
<td>Child Protection</td>
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<td>*20,000</td>
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<td>Total</td>
<td>6,374,218</td>
<td>952,591</td>
<td>5,421,627</td>
<td>86%</td>
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</tbody>
</table>

* Funds available includes re-programmed funding

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