

UNICEF Situation Report (Zimbabwe)**Date:** 10 May 2013**Reporting period** (23 March to 10 May 2013)**Highlights****Typhoid, Diarrhoea and Malaria**

Cumulative malaria cases soared to 199,697 and 111 deaths with a CFR of 0.05 per cent between 1 January and 31 March, a major concern to partners. The situation has been attributed to unusually high rains in January and February. In Manicaland and Mashonaland Central provinces, a significant number of cases are from across the border as people seek services on the Zimbabwean side. More than 6,883 Typhoid cases have been reported in Zimbabwe since October 2011 to March 2013. Health and WASH Partners continue to provide support in case management, hygiene education and hygiene non-food items distribution where needed. Water, sanitation and hygiene challenges in Harare and Chitungwiza persist with inadequate services fuelling continued risk of the general population to diarrhoeal diseases including typhoid.

Hailstorm damage kills three and affects more than 14,000 women, men and children

Between the 3rd and the 22nd of April 2013, the provincial authorities reported that wind, hail and heavy rains fell in the districts of Gwanda, Mwenezi, Chiredzi, Mangwe, Mberengwa, Matobo, Mzarabani and Marange. Initial assessments by District Civil Protection Committees reflect the main impacts as three deaths, some injuries and extensive damage to property, infrastructure, livestock and crops. Based on a verification exercise conducted by IOM, the total number of households affected was 2,809 (approximately 14,045 women, men and children). The number of households verified to be in need of immediate emergency assistance is 1,861 (approximately 9,305 women, men and children).

Humanitarian Needs

The UNOCHA monthly humanitarian bulletin in March provides a consolidated perspective on joint collaboration to address key residual humanitarian issues within the country during the first quarter of 2013. Cumulative malaria cases soared to 199,697 and 111 deaths with a CFR of 0.05 per cent between 1 January and 31 March, a major concern to partners. The situation has been attributed to unusually high rains in January and February. In Manicaland and Mashonaland Central provinces, a significant number of cases came from across the border persons as people sought services on the Zimbabwean side. Positive change is also expected with the shift in weather as it gets colder. More than 6,883 Typhoid cases have been reported in Zimbabwe since October 2011 to March 2013 and more cases continue to be observed.

Returned migrants assisted at the Beitbridge Reception and Support Centre (BRSC) declined by 25 per cent from 9,691 between January and March 2012 to 7,265 over the same period in 2013. The percentage decline was equal for both male and female returnees. There was a 35 per cent decline in the number of unaccompanied minors (UAM) assisted at the centre in 2013 compared to the same period in 2012. Returnees assisted at the Plumtree Reception and Support Centre (PRSC) increased by 12 per cent from 4,081 in the first quarter of 2012 to 4,587 between January and March 2013. In particular the increase was noted in March when 2,238 people were assisted compared to 1,678 in 2012, reflecting a 33 per cent increase. This is the highest number of returnees from Botswana recorded since March 2011 and could be attributed to raids that intensified in Botswana after the announcement of the referendum date and impending elections. There was a 4 per cent decrease in the number of unaccompanied minors. The number of migrants assisted at Nyamapanda Temporary Reception Centre (NTRC) during the first quarter of 2013 decreased by 46 per cent from 1,593 in 2012 to 853 in 2013 largely due to political challenges in transit countries.

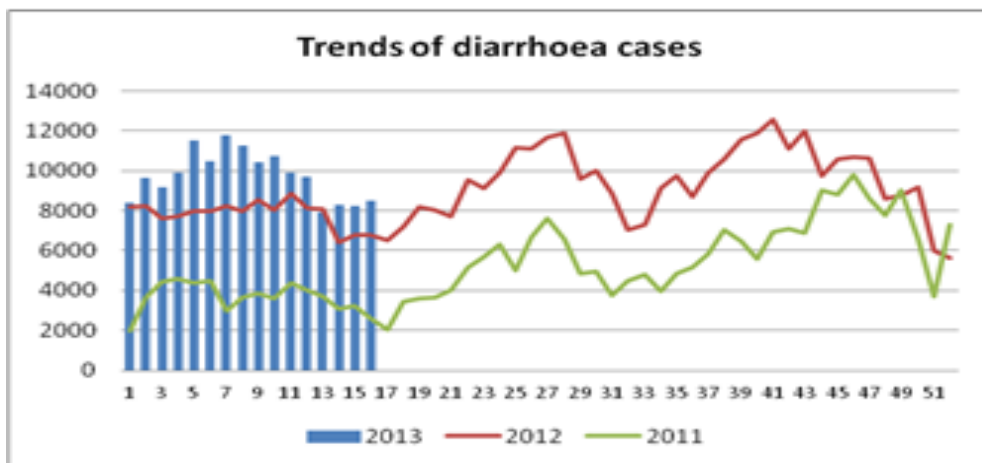
In February 2013 a survey was conducted in 10 livelihood zones that had reflected the highest prevalence of food insecurity during the Zimbabwe Vulnerability Assessment Committee (ZimVAC) appraisal of 2012. The timing of the survey represents over four months into the lean season and about three months after the last survey was

conducted in early November 2012. Findings reflect that the prevalence of acute malnutrition in all livelihood zones remains below the national threshold of 7 per cent. Districts in the Northern Zambezi Valley such as Mt. Darwin and Mbire, recorded the highest prevalence of acute malnutrition at 5.3 per cent. There was no significant difference in the prevalence of acute malnutrition across all 10 livelihood zones between November 2012 and February 2013. Efforts to expand nutrition surveillance and quality essential Nutrition services, in all facilities, are continuing with support mainly from the Health Transition Fund (HTF).

1. TYPHOID, DIARRHOEA AND MALARIA

Typhoid: Seven new suspected typhoid cases were reported in week 16. The cases were reported from Sanyati district in Mashonaland West Province (1), Chitungwiza Central Hospital (1) and Parirenyatwa Group of Hospitals (5). The cumulative figure for typhoid in 2013 was 756 cases, and 1 death. Health and WASH Partners continue to provide support in case management, hygiene education and hygiene non-food items distribution where needed. Water, sanitation and hygiene challenges in Harare and Chitungwiza persist with inadequate services fuelling continued risk of the general population to diarrhoeal diseases including typhoid.

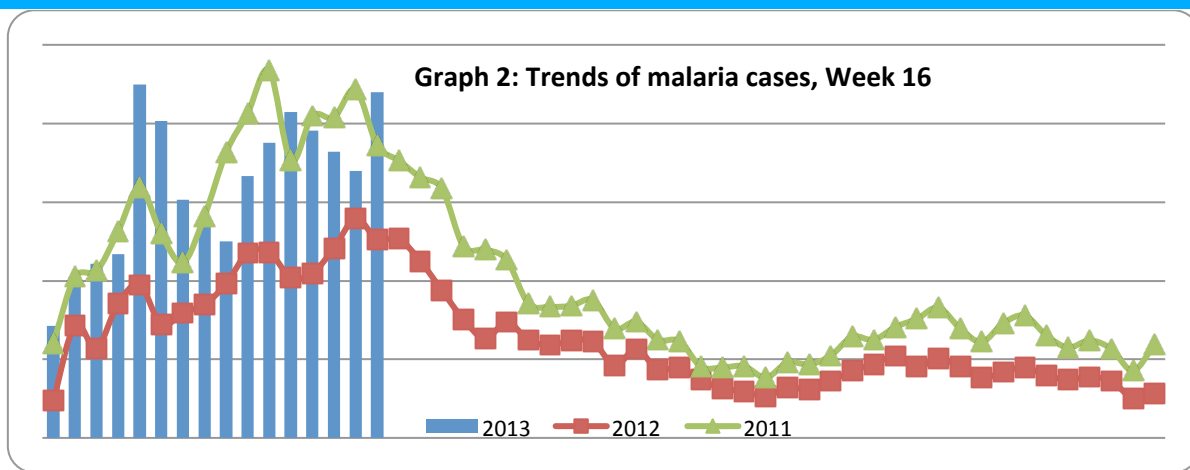
Common Diarrhoea: The total diarrhoea cases reported in week 16 were 8,480 cases and 12 deaths. Of the reported cases 4,401 (51.9%) and all 12 deaths were from the under five years of age. The deaths were reported from Harare Central Hospital (4), Mpilo Central Hospital (4), Chitungwiza Central Hospital(2), Parirenyatwa Group of Hospitals(1) and Bindura district Mashonaland Central (1). The provinces which reported the



Graph 1: Comparison of diarrhoea Trends from 2011-13 (Source: NHIS, MOHCW)

highest number of diarrhoea cases are Manicaland (1369) and Mashonaland West (1201). The cumulative figure for diarrhoea was 155,871 and 124 deaths (CFR 0.08 per cent).

Malaria: A total of 21,997 malaria cases and 20 deaths were reported in week 16 as the outbreak persists mainly in Manicaland and Mashonaland Central Provinces which reported 6,155 and 4,733 cases respectively (49.7per cent of the total cases for the week). Of the cases reported 3,760 (17.1per cent) and 5 deaths were under the age of five years. Most of the deaths were reported from Manicaland (6) and Mash Central (4). The other deaths were from Harare Central Hospital (1), Parirenyatwa Group of Hospitals (1), Sanyati district (2) in Mashonaland West province, Mudzi district (2), Mutoko district (1) both in Mashonaland East province and Beitbridge district (3) in Matebeleland South province. The cumulative figure for malaria in 2013 stands at 256 909 and 165 deaths (CFR 0.06 per cent).



Health cluster partners (United Methodist Committee on Relief, Maternal and Child Health Integrated Program and International Rescue Committee) are working with the provincial medical directorate in the areas of case management, social mobilization and surveillance in response to the outbreak. World Health Organisation, Save the Children and United Methodist Church (UMC) Health Board have also developed funding proposals to access donor/Emergency Response Funds to respond to the malaria outbreaks in Manicaland province. Surveillance in terms of outbreak detection is still in need of strengthening by way of surveillance training of health teams.

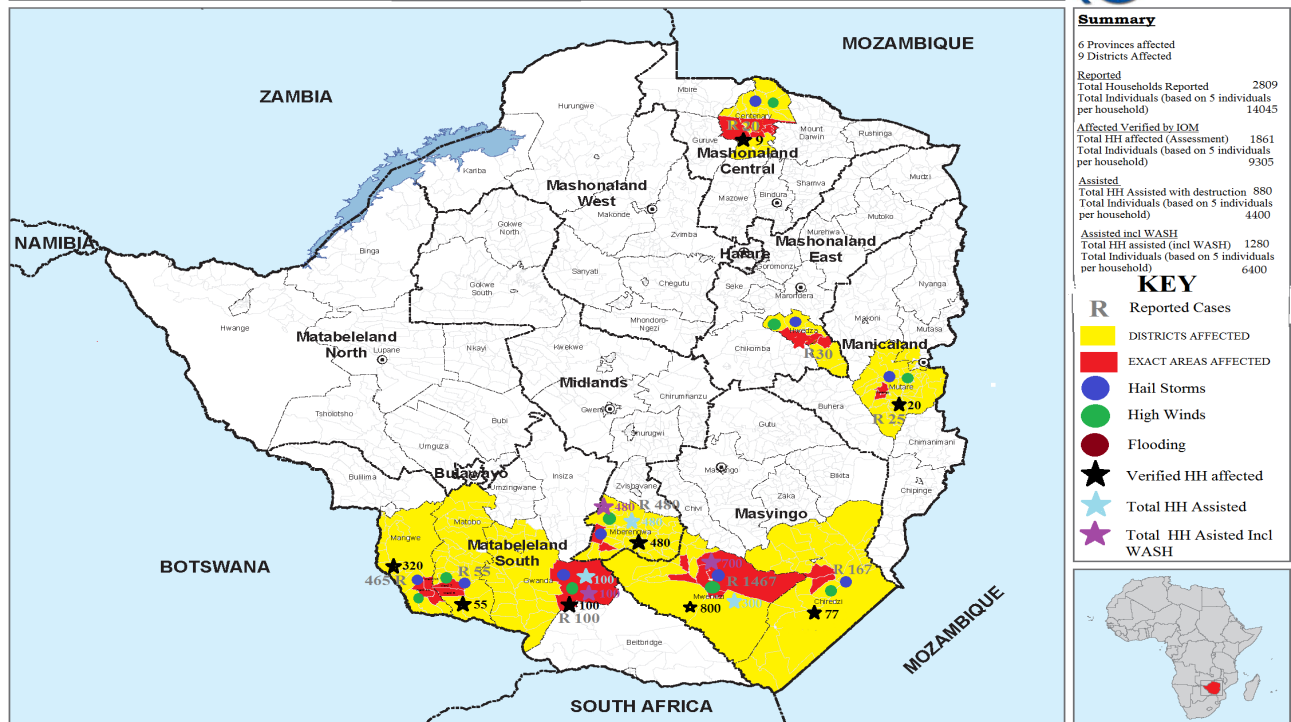
Cholera: According to the Ministry of Health and Child Welfare epidemiological bulletin, the national cumulative figure for confirmed cholera in 2013 stands at five. No cholera cases were reported in week 16. The last case was in week 13 (week ending 31. 03.2013). Surveillance and response alert in the hot-spots of Harare, Chiredzi and Beitbridge continue to be in place.

2. HAILSTORM DAMAGE AFFECTS MORE THAN 14,000 WOMEN, MEN AND CHILDREN

Between the 3rd and the 22nd of April 2013, the provincial authorities reported that wind, hail and heavy rains fell in the districts of Gwanda, Mwenezi, Chiredzi, Mangwe, Mberengwa, Matobo, Mzarabani and Marange. Initial assessments by District Civil Protection Committees suggest that main impacts were three deaths, some injuries and extensive damage to property, infrastructure, livestock and crops. Based on a verification exercise conducted by IOM, the total number of households affected was 2,809 (approximately 14,045 women, men and children). The number of households verified to be in need of immediate emergency assistance is 1,861 (approximately 9,305 women, men and children).

Department of Civil Protection (DCP) Update

- Most assessments were conducted by the relevant DCP with the support of partners.
- A review of areas affected by the January/February floods has been completed. A similar review for the April storms is being planned and will be undertaken in due course.
- DCP has requested for funds from Ministry of Finance where affected households receive cash disbursements of up to US\$200 (estimated total of US\$40,000) for the purchase of critical items.
- DCP is following up with the Ministry of Social Services for a one-off supply of food to affected households given that crops and grain storages completely destroyed.
- The Meteorological Department will be issuing a report after its visit to all affected areas in order to understand the weather patterns on the very unusual April storms.



Partners Response

- OCHA provided support to the Department of Civil Protection to conduct assessments in the hard to reach areas in Mberengwa district, coordinated meetings and mobilisation of resources from partners.
- International Organization for Migration conducted assessments and verification exercises in the affected districts and distributed standard shelter and hygiene non-food item packs to up to 1,280 households (6,400 women, men and children).
- Zimbabwe Red Cross Society (ZRCS): IFRC reportedly mobilized financial resources from Disaster Relief Emergency Fund (DREF) to support the ZRCS in delivering assistance to 700 households in the affected districts. A total of 575 shelter kits and 125 tents were distributed in Chiredzi district.
- WASH and health partners (Oxfam, Save the Children fund, ACF, German Agro Action and World Vision) conducted WASH assessments in Mberengwa district, food, psycho-social support and Disaster Risk Reduction (DRR) training and distribution of hygiene kits.

Way Forward

- Response highlighted need to re-emphasize integrated assessments e.g. Mberengwa where no WASH assessment was carried out initially.
- DCP and partners have flagged a need to hold regular coordination meetings in order to co-ordinate on resources inventory and to get a more holistic picture regarding WWWW and to standardize the evolving response.
- Stronger linkages between relief, rehabilitation and development (LRRD) required in current emergency responses - there is also need to link with other recovery and development partners in order to assess critical infrastructure- i.e. schools, clinics etc.
- Consideration required for psycho-social support when providing assistance to affected households and communities.
- Joint monitoring visit to be conducted by UNICEF, DCP, OCHA and IOM week beginning 13th May 2013.

Inter-Agency Collaboration, Coordination, Cluster Leadership and Key Partnerships

The WASH Cluster: The WASH cluster continues to collaborate with the Health cluster in co-ordinating continued response by partners to the Typhoid and Diarrhoea cases. The Strategic Working Group of the Health Cluster maintains liaison with the National Malaria Control Programme to ensure an adequate response to curb cases. The WASH cluster's Environmental Health Alliance (EHA)¹ framework of pre-identified WASH and health cluster partners responded to the effects of storm damage, cholera and continues to be maintained for emergency preparedness and response capacity.

UNICEF Response

- UNICEF in partnership with IOM responded to 220 households in Mangwe District affected by hailstorm with supplies of soap, tents, Chlorine Tablets 67mg, mattresses, black plastic sheeting, rigid jerry cans and tarpaulins.
- Joint monitoring visit to be conducted by UNICEF, DCP, OCHA and IOM week beginning 13th May 2013.
- With respect to disease outbreaks, the UNICEF supported Health Transition Fund (HTF) supports nationally the access of women and children to functional health services which include the prevention and treatment of water-borne diseases such as Typhoid and Diarrhoea.

UNICEF ZIMBABWE FUNDING REQUIREMENTS

Sector	HAC 2013 requirements (US\$)	Funded (US\$)	% Funded
Health and nutrition	1,990,000	638,570	32%
Water, sanitation and hygiene	1,000,000	0	0
Child protection	1,500,000	0	0
WASH cluster coordination	100,000	0	0
TOTAL	4,590,000	638,570	14%

UNICEF's Humanitarian Action for Children (HAC) for Zimbabwe is only 14% funded. UNICEF Zimbabwe requires funding support for a number of residual humanitarian risks and needs remain to be addressed or prepared for, including nutritional effects of food insecurity, sporadic outbreaks of waterborne diseases, and the potential risk of instability related to the outcome of civic processes scheduled for 2013. Funding requirements are in line with Zimbabwe's Humanitarian Gaps Appeal for 2013. The appeal is currently 60.2 per cent funded (total appeal US\$131million). Zimbabwe's appeal is also 80 per cent food assistance.

Next steps

Date of the next Sitrep – 31st May 2013.

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¹ The Environmental health alliance (EHA) Programme Management Unit (PMU) – GAA (Coordination), Save the Children (Health) and Mercy Corps (WASH). INGO partners – Goal, ACF, IMC, IRC, Merlin, Oxfam, MdM, WVI and Johanitter. UN Agencies – UNICEF, IOM and WHO.