UNICEF Situation Report (Zimbabwe)
Date: 28 February 2013

Reporting period (16-28 February 2013)

**Highlights**

**High levels of Malaria, Typhoid and Diarrhoea**
Malaria cases in Zimbabwe generally begin to rise in February and peak in April and May and the Epidemiological reports by the Ministry of Health suggest that there is currently an outbreak predominantly in Manicaland Province. Partners are working with the National Malaria Control Programme (NMCP) to identify appropriate measures to curb the outbreak. There is an indication that the humanitarian partners will continue to battle waterborne diseases, which they have warned will be difficult to contain as long as water, sanitation and hygiene promotion challenges persist. Typhoid and diarrhoea cases spilled into 2013, with cases and deaths being reported in January and in February. Chitungwiza town and Harare City remain the worst affected areas. Health and WASH partners are supporting the response, while Chitungwiza town is holding weekly coordination meetings with humanitarian partners.

**Highlights in the peak of the Hunger Season**
Reports from the Food Aid Working group show that there was a general decline in cropped area for most crops, except tobacco. The rainfall was late in starting with interspaced dry spells still being experienced. Early in January floods in many areas of the country resulted in erosion, leaching and water logging. Crop inputs were also observed to be short with high prices. Army worm outbreaks were experienced in virtually all provinces with much destruction to the staple crops. Data analysis on the second phase of the nutrition rapid assessment is anticipated to inform of any impacts of critical food shortages on nutrition status.

**Funding of Humanitarian Gaps**
The present appeal for Zimbabwe contains ten high-priority humanitarian projects valued at US$131,419,709 in the areas of food, health (including nutrition), WASH and protection. More than 80% of this appeal is for Food aid. The financial tracking system (FTS) in February shows that overall funding situation of the Zimbabwe appeal is 12%.

**Humanitarian Needs**

Food assistance partners in February intensified the response to food insecurity as hunger worsened. The first quarter of the year is traditionally the peak hunger season in Zimbabwe and food shortages are still prevalent as projected by the Zimbabwe vulnerability assessment of 2012. A Malaria outbreak response is being organised by humanitarian partners based on an analysis of the extent to which interventions on the National Malaria Control program can be scaled up or targeted to hotspots of the outbreak. The gaps in the response to Malaria are yet to be identified. High rates of Diarrhoea as well as Typhoid are being observed in the population and are largely linked to the weaknesses in the state of hygiene promotion, water and sanitation particularly in towns of Chitungwiza and Harare.

1. **HIGH LEVELS OF MALARIA, TYPHOID AND DIARRHOEA**

**Malaria Outbreak**
Malaria cases in Zimbabwe generally begin to rise in February and peak in April and May. A total of 13,568 malaria cases and 6 deaths were reported by the Ministry of Health and Child Welfare in week number 8 of 2013 (Week Ending 24-02-13). Of the cases reported 2,116 (15.6%) and one death were under the age of five years. The deaths were reported from Goromonzi District (2), Mutoko District (1) in Mashonaland East Province, Parirenyatwa Group of Hospitals (1) and United Bulawayo Hospitals (1). The provinces which reported the highest number of malaria cases were Manicaland (7,835) and Mashonaland West (1,713). The cumulative figure for malaria is 111,466 and 51 deaths (CFR 0.05%).
The humanitarian community recognises the on-going national malaria response program in defining the intervention to the outbreak. The National Malaria Control Program (NMCP) as well as the World Health Organisation (WHO) and other partners engaged in Malaria and health interventions have made the following observations about the recent trend in Malaria:

- Unusually high levels of Malaria for this time of the year possibly in Mashonaland West and Central, Masvingo and Manicaland Provinces. Field Visits by MoHCW and WHO have identified Malaria outbreaks in some areas at facility level. A critical challenge identified is in how to technically confirm the outbreak as the thresholds are not established in a number of districts.
- Provincial authorities particularly in Manicaland did raise the alarm and mobilized malaria stakeholders for sensitization, awareness as well as to lobby for such interventions such as renewed mosquito net distribution.
- While a reallocation of Malaria treatment drugs (to affected facilities) was done from other provinces, there is still a gap reportedly in Quinine tablets (300mg), Sulphadoxine/Pyrimethamine tablets 500/25mg and Clindamycin 300mg caps. Shortages reported within laboratories of Giemsa stain for malaria parasites.
- There is low coverage of bed nets and indoor residual spraying (IRS) particularly in areas showing higher levels of Malaria cases.
- Monitoring data collected by the United Methodist Committee on Relief (UMCOR) in Chimanimani district of Manicaland Province suggests that some long-lasting insecticide treated nets have expired or are not being used appropriately.
- Some village health workers within affected catchment areas have not been trained in the use of rapid diagnostic testing (RDT) kits.
- Health worker training on IDSR has been cited as a need.

The following were key recommendations for the health cluster to move the process forward; (1) Through a process of calculating thresholds in collaboration with the districts - NCMP will complete an exercise to map 'hotspots' - the exact sites of this outbreak in order to facilitate a targeted response. (2) Given the on-going interventions on Malaria control with PMI, NMCP, PSI etc., an analysis to be completed to identify which of the current gaps e.g. IDSR training for health workers, health promotion, local Quinine procurement that can be managed by on-going interventions and which require 'external' assistance. (3) Consolidated analysis will then identify resource gaps for partners to contribute to.

Typhoid and Diarrhoea
The Ministry of Health and Child Welfare weekly report of week number 8 of 2013 (Week Ending 24-02-13) on Epidemic – Prone Diseases, Deaths and Public Health Events reports:

- Four new typhoid cases and no deaths were reported this week. The cases were reported from Chegutu District (2) and Sanyati District (2) in Mashonaland West Province. The cumulative figure for typhoid since October 2011 is 6,839 suspected cases, 141 confirmed cases and 7 deaths.

- While no Cholera has been reported this year, the total diarrhoea cases reported this week are 11,238 cases and 10 deaths. Of the reported cases 5,400 (48.1%) and 3 deaths were from the under five years of age. The deaths were reported from Harare Central Hospital (1), Parirenyatwa Group of Hospitals (4), United Bulawayo Hospitals (4) and Mpilo Central Hospital (1). The provinces which reported the highest number of diarrhoea cases are Manicaland (1,957) and Mashonaland Central (1,777). The cumulative figure for diarrhoea is 82,138 and 55 deaths (CFR 0.07).

### Trends of diarrhoea cases

![Trends of diarrhoea cases](image)

#### 2. HIGHLIGHTS IN THE PEAK OF THE HUNGER SEASON

Reports from the Food Aid Working group show that there was a general decline in cropped area for most crops, except tobacco. The rainfall was late in starting with interspaced dry spells still being experienced. Early in January floods in many areas of the country resulted in erosion, leaching and water logging. Crop inputs were also observed to be short with high prices. Army worm outbreaks were experienced in virtually all provinces with much destruction to the staple crops. The dry spell in the last quarter of 2012 resulted in livestock losses. An estimated 19,701 cattle deaths have been reported with 17,818 due to drought. Matabeleland south accounts for over 50 per cent of deaths due to drought. This area is included in the sample of the nutrition rapid assessment. Conditions have improved with rains and pasture regeneration. Cereal remains available from the following sources:

- Government-WFP joint programme on seasonal targeted assistance aiming to reach 1.42 million people per month from January to March in 38 districts,
- WFP Safety Nets programming targeting 180,000 people per month,
- The Government Grain Loan Scheme: fewer districts
- Open markets for grain although there are evidently low stocks from more distant sources. The famine early warning systems network III (FEWSNET III) reports that staple food prices have increased by 8 percent from last year, averaging $0.39/kg for maize grain and $0.61/kg for maize meal. This is mainly due to large demand on staple foods as more households become dependent on market purchases, along with a slight 4 percent rise in fuel prices when compared to this same time last year.
- Farmer-to-farmer trading is limited to very few areas especially in Mashonaland.

In terms of the food security outlook, the situation will be highly dependent on rains in the remaining part of the season, household cereal entitlement gap (to be determined by the Zimbabwe Vulnerability Assessment Committee (ZIMVAC)), regional markets especially in view of the Zambia grain exports ban, local markets integration (supply, prices etc.), cash crop returns and food assistance. The nutrition rapid assessment data analysis is anticipated to be complete early in March 2013.

#### 3. HUMANITARIAN GAPS FUNDING
Government and humanitarian agencies in Zimbabwe on 15 January launched an appeal to address persistent needs through the Zimbabwe Humanitarian Gaps 2013. The present appeal for Zimbabwe contains 10 high-priority humanitarian projects valued at US$131,419,709 in the areas of food, health (including nutrition), WASH and protection. More than 80% of this appeal will be for the Food Cluster. These projects have been prioritized based on strict criteria arrived at after extensive consultations with all the relevant stakeholders. Based on the Financial Tracking System (FTS), the overall funding situation of the Zimbabwe appeal is 12%.

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

**The WASH Cluster:** The WASH cluster in collaboration with the Health cluster is 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) framework of pre-identified WASH and health cluster partners continues to be maintained for emergency preparedness and response capacity.

**UNICEF Response**

**Response to Women and Children**
- UNICEF has been working with the ECHO funded Environmental Health Alliance (EHA) partners on rapid assessment and initial response to WASH related needs in response to Diarrhoea particularly in Chitungwiza, Harare as well as in Kadoma towns. This is complementary to on-going WASH interventions in urban areas which are aimed at sustained change of the water, sanitation and hygiene promotion situation.
- UNICEF as member of the Strategic Working Group of the Health cluster continues to be part of the technical dialogue to identify gaps in the response to the Malaria outbreak. When gaps are identified by this group, an appropriate resource mobilisation plan will be developed to address them.

**UNICEF Zimbabwe Funding Requirements**

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<tr>
<th>Sector</th>
<th>HAC 2013 requirements (US$)</th>
<th>% Funded</th>
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</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>1,990,000</td>
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<tr>
<td>Water, sanitation and hygiene</td>
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<td>Child protection</td>
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<tr>
<td>WASH cluster coordination</td>
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**Next steps**

- Continued participation in multi-agency preparedness planning and response for rain season and Malaria.
- Support to Rapid nutrition assessment data analysis.
- Date of the next Sitrep – 22nd March 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.