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Zimbabwe

Cholera Outbreak Report

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UNICEF Zimbabwe Cholera SitRep #4 - HIGHLIGHTS

- As of 21 November 2018, 10,202 cholera cases with 55 deaths (9,933 suspected and 269 confirmed cases) - case fatality rate of 0.54 per cent has been reported. An estimated 21 per cent of the reported cases are children under 5 years of age.
- As of 3 November, 1,296,270 people out of a target of 1,510,253 (86 per cent) have received the Oral Cholera Vaccine in 15 locations in Harare, Epworth and Chitungwiza.
- Cumulatively, 287,688 people have been reached with critical messages on cholera prevention and management in Harare, Gokwe and Buhera districts since the beginning of the current outbreak.
- Over 30,000 children residing in the cholera-affected districts have been screened for acute malnutrition and 577 children admitted for SAM treatment since the beginning of the outbreak.
- UNICEF partners have provided critical child protection services to 484 children affected by cholera in Glen View and Budiriro suburbs. The support includes assistance with family tracing and reunification.

SITUATION IN NUMBERS

10,202
Cholera cases reported
4 September - 21 November 2018
(9,933 suspected and 269 confirmed cases)
(Source: MoHCC-November 2018)

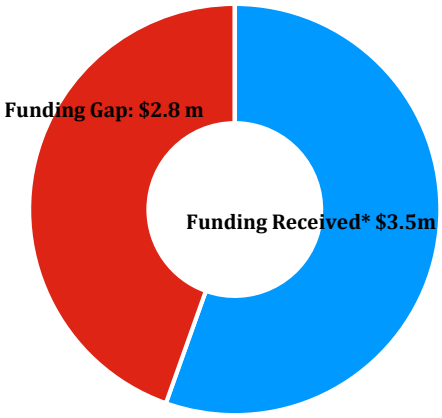
55
Deaths reported
4 September - 21 November 2018
(Source: MoHCC-November 2018)

269
Laboratory confirmed cholera cases reported
4 September - 21 November 2018
(Source: MoHCC-November 2018)

UNICEF's Response with Partners

	UNICEF		Sector	
	UNICEF Target	UNICEF Results	Sector Target	Sector Results
Health: # of children under 5 with acute watery diarrheal diseases with access to life-saving curative interventions including oral rehydration therapy and zinc	2,500	2,087		
Nutrition: # of children 6 to 59 months with SAM admitted to community-based treatment programmes	1,886	577	2,261	577
WASH: # of people provided with critical WASH-related information to prevent cholera transmission	400,000	287,688	500,000	354,188
Child Protection: # of children receiving psychosocial and/or other protection services	10,000	484	15,000	484
Education: # of school aged children in humanitarian situations accessing formal or non-formal basic education	150,000	123,257	200,000	152,603

Funding Status



* Additional funding amounting to US$ 5.2 million has been received through reprogramming and resources aligned to the development grants.

Situation Overview

To date, 10,202 cases (9,933 suspected and 269 confirmed cases) and 55 deaths have been reported in Harare and an additional 18 districts that have recorded sporadic cases, however the outbreak remains concentrated in Harare where over 98 per cent of suspected and confirmed cases have been reported. An estimated 21 per cent of the reported cases are children under 5 years of age. The distribution of cases by gender continues to show that males and females are equally affected. Recurrent interruptions to the water supply in Budiriro 1, 3 and 8, together with poor hygiene practices, are aggravating factors in the remaining areas that are continuously reporting cases.

The Ministry of Health and Child Care (MoHCC) and partners conducted phase one of the Oral Cholera Vaccine (OCV) campaign from 3 October to protect the population most at risk of cholera. As of 3 November, 1,296,270 people out of a target of 1,510,253 (86 per cent) had received the first dose of the Oral Cholera Vaccine (OCV) in the 15 targeted suburbs of Harare and Chitungwiza towns. The campaign is complementary to an integrated cholera response programme that is centred on water sanitation and hygiene (WASH) services, community engagement and mobilization, which are key in cholera prevention.

Leadership and Coordination

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 the World Health Organization (WHO). UNICEF is a key member of the IACCH and leads the WASH and the Social Mobilization task forces. In addition, UNICEF is a key member of the Rapid Response Team and the OCV coordination committees. Under the leadership of the National Nutrition Department of the MoHCC and facilitation from UNICEF, dietary guidelines for feeding during cholera have been developed and distributed for use in affected districts. WASH Emergency Strategic advisory group (E-SAG) meetings have been held since the beginning of the outbreak, with participation from different agencies including donors, development banks, the private sector, NGOs (international and national), town councils and Government line ministries. This has improved response and coordination efforts of different partners at field level. A detailed matrix of who is doing what, where and when (4W) is now in place for all WASH partners responding in Harare. In addition, a WASH Coordination and Information Forum meeting was conducted during the last week of September with the participation of all provincial focal points. The child protection sector coordination meetings and sub-group meetings, led by the Ministry of Public Service Labour and Social Welfare (MoPSLSW) with support from UNICEF, ensured dialogue on preparedness actions that need to be implemented before the onset of the rainy season. The two agencies jointly continue to coordinate the response to ensure complementarity with other sectors and comprehensive child protection services during the response.

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 including 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 pre-positioning additional Health and WASH emergency supplies;
- Reinforcing 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;
- Providing psychosocial 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;
- Supporting WASH in Schools (WinS) focusing on the provision of water supply and hygiene promotion;
- Supporting inter-agency resource mobilization efforts (sectoral response plans and Central Emergency Response Fund - CERF - application).

Summary of Programme Response

Health and Nutrition

UNICEF continues to provide technical support to the MoHCC and the City of Harare in the case management and surveillance domain. During the month of October, the essential medicines team continued to support the National Pharmacy in rationalizing the medicines and commodities from donations and contributions of various partners to ensure a smooth supply mechanism for the response.

UNICEF continues to provide technical support to the ongoing OCV campaign, which aims to reduce cholera transmission and mortality in high-risk areas, prevent a second wave of cholera during the rainy season, and protect the people at risk in high-density suburbs of Harare against cholera for 3-5 years while giving the Government and development partners time to implement sustainable solutions to the ongoing poor water and sanitation situation. As of the 3 November, 1,296,270 people out of a target of 1,510,253 (86 per cent) had received the first dose of the OCV in the 15 targeted suburbs of Harare and Chitungwiza towns. The second dose will be administered within six months of the first dose.

Continued diarrhoea among children could result in wasting, therefore there is a need for early identification and referral for acute malnutrition. To date, 30,503 children have been screened for acute malnutrition and 577 children admitted for severe acute malnutrition (SAM) treatment across the cholera hotspot districts. There is ongoing promotion of infant and young child feeding (IYCF) practices, especially optimal breastfeeding. With regards to micro-nutrient supplementation, 20,083 children aged 6-59 months have been reached with Vitamin A supplementation in the cholera-affected districts and at-risk areas.

Water, Sanitation and Hygiene (WASH)

UNICEF is expanding the scale and scope of the ongoing response with five partners (Oxfam, Welthungerhilfe, Goal, Mercy Corps and Africa Ahead). The enhanced programme will include a focus on strengthening and supporting rapid response and case investigation teams; water point repairs and equipping with inline chlorination; temporary bucket chlorination; and intensifying hygiene promotion in the community and public markets.

In October, an additional 91,013 people were provided with access to safe water through the distribution of household water treatment tablets bringing to 96,613 the number of people with improved access to safe water since the beginning of the outbreak. An additional 1,592 families received hygiene kits through a targeted distribution approach in Budiriro and Glen View, bringing to 7,275 the cumulative number of households reached with hygiene kits comprising household water treatment tablets, a 20 litre jerry-can, a 1 kg bar of soap, and educational materials on how to treat and store water safely, and improve personal and household hygiene. Demonstrations on how to use hygiene kits are conducted prior to distribution. A total of 693 community health volunteers, 233 school health teachers, and 49 church health focal persons received training on key health and hygiene messages and are responsible for cascading key messages to communities and institutions that they support. Twenty-one community health clubs were revitalized in Masvingo and Chitungwiza towns and 10 roadshows conducted in Glen View and Budiriro reaching 103,529 people cumulatively. Key messages disseminated were on hand washing at key times, salt and sugar solution preparation, the safe water chain, and awareness-raising on the ongoing vaccination campaign. The roadshows targeted people at household level and around shopping centres.

Water quality monitoring is ongoing. To date, 100 water samples (from 62 boreholes, 23 wells and 15 municipal taps) were collected and tested from Harare City. Of these, 54 results were received from the Government analysts: 27 water samples were safe and 27 samples indicated presence of bacteria. The results indicate that so far municipal water remains safe for human consumption and is reported to have adequate free residual chlorine of at least 0.2 mg/l. The water quality monitoring team consisting of Oxfam and City of Harare Environmental Health Officers received field technical support from the Center for Disease Control (CDC) and UNICEF.

Child Protection

To date, Child Protection interventions have been limited to Glen View and Budiriro targeting children affected by cholera and their caregivers. A total of 484 children (224 boys and 260 girls have been reached with psychosocial support services. Of these, 301 children (139 boys and 162 girls) were reached through Child Friendly Spaces (CFS) and 183 (98 boys and 85 girls were reached through home visits. A total of 244 caregivers also received psychosocial support (130 were reached through CFS and 114 through home visits). The CFS continue to be used for contact purposes, initiating psychosocial support, as well as needs identification. The cumulative number of children needing assistance in care arrangements within and outside Harare is 60. Of these, 45 children (23 boys and 22 girls) were within Harare and 15 children (8 boys and 7 girls) were reunified with relatives outside Harare. Children who have been assisted with family tracing, placements, and reunification continue to receive follow-up support from their respective districts where they have been reunified. Follow-up visits are being regularly organized for children placed in temporary alternative care. The placements within Harare are with extended family members and relatives, as well as under foster care arrangements. Foster care placements with registered formal foster care parents are mostly an option for temporary care usually over night or for a few days when the usual caregiver is admitted and there is active tracing of relatives.

Sensitization sessions, as part of a cholera-sensitive child protection humanitarian programme, are currently being delivered for an additional 84 child protection actors, including community cadres (child care workers), in locations outside the epicentre within Harare and Chitungwiza. This brings the cumulative figure of sensitized child protection service providers to 169 during the period 7 September to 12 November. Some places, such as Chitungwiza and Epworth, have had significant child protection cases, such as abandonment and family separation of children who have been under the care of extended family members or presented cholera symptoms and left at the health care centres without a caregiver, which triggered a monitoring mechanism to be put in place for child protection risk assessments. Considerable progress has been made by the sector to put together a package for sensitization of other sectors on child protection risk assessments and child protection services available during the current cholera response. As a preparedness measure, the sector is now reaching out to other areas in Harare but has also started planning for interventions in other hotspots outside Harare ahead of the rainy season which may exacerbate the spread of cholera. Child Protection sub-sector leads participated in the Inter Agency Standing Committee's Gender Based Violence training, supported by the United Nations Population Fund (UNFPA). The training package will be cascaded to members of the Child Protection sector.

Education

The Ministry of Primary and Secondary Education disseminated a guide on preventing cholera in schools. One of the key preventive actions provided for in the guide is the requirement for schools to share information on cholera during assembly time and routine lectures times. A total of 25 teachers received training on cholera prevention and management who will in turn cascade the training to other teachers. The teachers will champion school health and hygiene interventions, as well as cholera prevention activities in their schools. The sector is currently supporting the procurement of 1,112 school hygiene kits which will be distributed to all at-risk schools serving 111,200 learners. The school hygiene kits distribution programme will target at-risk districts, mostly in Harare province. UNICEF will continue to closely monitor cholera cases in schools and support key WinS interventions.

Communication for Development (C4D)

To date, 287,688 people have been reached with integrated health and hygiene messages in the affected areas of Budiriro, Glen View, Chitungwiza, Buhera, Makoni and Masvingo during the month of October. A total of 56 apostolic religious leaders were reached with key hygiene messages in Buhera district in a bid to reach those with religious beliefs against seeking medical treatment. Through advocacy and health and hygiene interventions, 22 out of 56 apostolic churches constructed toilet facilities at their prayer site, 15 apostolic prayer sites have developed refuse collection sites and 124 apostolic members have been reached with key hygiene messages.

Coordination meetings chaired by the MoHCC and attended by social mobilization partners are being conducted weekly. Mapping of partner activities in the field is ongoing to improve the coordination of social mobilization activities. A rumors and misconception chart regarding cholera and the OCV is being developed for dissemination in the field. A C4D rapid assessment of awareness, knowledge, attitudes, practices and behaviours was conducted.

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Findings highlight that cholera knowledge in overall terms is good with 66 per cent of the respondents demonstrating moderate to excellent knowledge. However, at 72.5 per cent, shaking hands was cited as the most attributed means of cholera transmission from one person to another, suggesting that most respondents believed that cholera is only transmitted via shaking hands and unaware of the other means. These and other key findings from the assessment are being shared with partners to realign social and behaviour change communication activities.

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. During the month of October, field visits were facilitated for key donors namely UKAid, Irish Aid, the European Union and the Embassy of Italy. These development partners were recognized and appreciated for their support to the multi-sectoral response in the hardest hit suburbs. The visits were featured on UNICEF social media platforms (Facebook, Twitter and Instagram) with donor hashtags, to increase visibility and reach.

Last week the the Ambassador of @ItalyinZimbabwe contributed 200 000EUR towards the #cholera response. Today he got an opportunity to see how the funds from the Italian Govt are providing lifesaving interventions in the hardest hit areas.

Supply and Logistics

During the month of October, WASH contingency stock sufficient for 20,000 families was delivered to the national warehouse. The consignment includes 20,000 hygiene along with disinfectants, chloride of lime (HTH) and protective clothing. An additional WASH contingency stock for 25,000 families has been ordered through local and off-shore facilities. Full delivery is expected by 15 November 2018.

Funding

UNICEF has received US$ 3.5 million in emergency funding as well as 5.2 million in other resources to meet the humanitarian needs of children at-risk and affected by cholera and enable them to withstand the risk of diarrhoeal diseases and recover. Timely availability of funds enabled UNICEF and partners to effective scale up the response and ensure robust preparedness activities especially in anticipation of the impending rainy season. UNICEF is grateful for all donor emergency and development contributions which have directly supported the ongoing response, namely from the UK Department for International Development (DFID), European Commission's Humanitarian Aid Office (ECHO), Government of Germany, Italian Agency for Development Cooperation, Bill and Melinda Gates Foundation, Irish Aid, Swedish Development Agency, CERF and the Health Development Fund that is contributing to building resilience. Although there has been a huge improvement in the WASH sector funding situation, the Nutrition, Child Protection and Health Sectors still have funding gaps.

Funding Requirements (as defined for a period of 8 months from September 2018 to April 2019)					
Appeal Sector	Requirements US$	Funds available US$*		Funding gap	
		Funds received current year	Carry-Over	US$	Percentage
Nutrition	631,000	294,000		337,000	53%
Health	2,543,218	975,137		1,568,081	62%
WASH	3,000,000	2,141,218		858,782	29%
Child Protection	200,000	123,455		76,545	38%
Total	6,374,218	3,533,810	0	2,840,408	45%

** In addition to emergency funds made available to the response, UNICEF received other contributions amounting to US$ 5.2 million from donors including Germany, DFID, Health Development Fund (HDF) Donors, and Sweden which have been reprogrammed for cholera response activities.*

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SUMMARY OF PROGRAMME RESULTS

	UNICEF and partners		Sector	
	2018 Target*	Total Results	2018 Target	Total Results*
HEALTH				
Children with diarrhoeal diseases have access to life-saving curative interventions including oral rehydration therapy and zinc	2,500	2,087		
No stock-outs of key cholera essential medicines and supplies (IV fluids, ORS, antibiotics) in the three CTCs in Harare	0%	0%		
NUTRITION				
Children 6 to 59 months with SAM admitted to community-based treatment programmes	1,886	577	2,261	577
Children aged 6 to 59 months receive vitamin A supplementation	32,957	20,083	32,957	20,083
WATER, SANITATION AND HYGIENE				
People provided with access to safe water (7.5-15L per person per day)	100,000	119,428	500,000	183,925
People provided with critical WASH-related information to prevent child illness, especially diarrhoea	400,000	287,688	500,000	354,188
CHILD PROTECTION				
# of children receiving psychosocial and/or other protection services	10,000	484	15,000	484
# of unaccompanied and separated children receiving protection services	500	54	500	54
EDUCATION				
School-aged children, including adolescents, have access to quality education**	150,000	123,257	200,000	152,603

**The targets have been generated from the sectoral and internal response plan*