During the period January to May 2018, Zimbabwe recorded 177 cholera cases and 7 deaths. The cases were recorded in Chegutu, Harare and Chitungwiza.

A new outbreak of cholera was notified by the Ministry of Health and Child Care on 6 September. So far 1,901 cases (1,843 suspected and 58 confirmed cases) have been reported along with 24 deaths. An estimated 12 per cent of the suspected and confirmed cases are children under five years of age. A state of emergency in Harare was declared by the Government of Zimbabwe on 11 September.

While Zimbabwe had reported cholera cases every year over the past three years, the scale was comparatively lower (20 cases in 2015, 2 cases in 2016, and 6 cases in 2017).

Non-Food Items (NFIs) sufficient for over 1,000 households are being distributed in the newly affected areas.

UNICEF is a key partner in the Inter-Agency Coordination Committee for Health (IACCH) chaired by the Ministry of Health and Child Care with Secretariat support from WHO. WHO is leading the coordination of the response with technical support from the national rapid response team (NRRT) which includes UNICEF among other partners.

Situation Overview

Zimbabwe is currently experiencing a new cholera outbreak in Harare and other districts. The outbreak was notified on 6 September 2018. To date 1,901 suspected cases, 58 confirmed cases and 24 deaths have been reported in Harare and an additional 6 districts. An estimated 12 per cent of the suspected and confirmed cases are children under five years of age. Most of the cases are being reported from the high density suburbs of Glen View and Budiriro in Harare. There have been reports of additional suspected cases in Buhera, Chitungwiza, Shamva, Gokwe North, Makoni and Masvingo districts. A total of 46 of the confirmed cases are from Harare while the remainder (13) are from Chitungwiza (3), Masvingo (1), Buhera (2), Makoni (2) and Gokwe North (4).
The first suspected case was reported on 1 September, investigations were conducted on 5 September and the outbreak was confirmed on 6 September by the Ministry of Health and Child Care. Preliminary investigations by Harare City Council have revealed that the major risk factors propagating the outbreak include erratic water supply, burst sewer pipes and the use of unprotected water sources. Preliminary estimates suggest that the population at risk in the epicentre is 200,000 people. Prior to this outbreak, Zimbabwe had recorded a substantial decline in cholera cases (recording less than 30 cumulative cases in the last 3 years). Whilst substantial gains have been achieved in the WASH and Health sectors, the socio-economic situation has resulted in declining government investments in urban water supply and sanitation, which is leading communities to compromise on safe water, sanitation and hygiene practices thereby increasing the risk of WASH related diseases. Considering the non-availability of safe water in most urban centers, it is feared that a localized cholera outbreak like the one being experienced in Harare can degenerate into an outbreak at national scale. The situation is critical because the country is endemic to cholera.

Leadership and Coordination
The Ministry of Health is leading the coordination of the response at the national level with Secretariat support from WHO. UNICEF is part of the Rapid Response Team (RRT) and co-chairs the WASH and Social Mobilization taskforces of the Inter Agency Coordination Committee on Health (IACCH). One technical multi-sectoral coordination meeting chaired by Harare City Council took place on 7 September and a multi-sectoral IACCH meeting was held on 10 September to review the preliminary response. It was noted that there is a need to improve the speed and timeliness of the response in-line with the increasing caseload. The inter-agency sectoral response plans have been reviewed and updated by the WASH and Health sectors and were presented to the Humanitarian Country team on 13 September. Following discussions with the Permanent Secretary of Health, a National Emergency Command Centre led by the Ministry of Health will be set up during the week of 11-15 September.

Response Strategy
UNICEF Zimbabwe is responding to the humanitarian needs 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.

Summary of Programme Response
Health and Nutrition
UNICEF is participating in the coordination meetings with the Ministry of Health, Harare City Council, WHO, MSF and other partners. Prior to the current outbreak, UNICEF had procured 25 cholera kits for pre-positioning in at risk districts including Harare. Harare City Council received 3 cholera kits, which are being used in the current response. Replenishment of key supplies is ongoing through the support to the National Pharmacy (NatPharm). Cholera treatment centres (CTCs) have been set up at three sites in Harare namely Beatrice Road Infectious Disease Hospital, Glenview and Budiriro Poly Clinics by Harare City Council with support from MSF. UNICEF is also supporting the availability 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. The UNICEF support is complementing an existing national Emergency and recovery programme being implemented by WHO.

Plans for continued support during the month of September 2018
- Support the National Pharmacy (NatPharm) to conduct an inventory of medical stocks in regional stores and pre-positioning of these in affected and high risk areas;
13 September 2018

- Provide technical support for surveillance, early detection and case management trainings;
- Procure additional medical supplies for pre-positioning in hot spots.

Water, Sanitation and Hygiene (WASH)

UNICEF has activated WASH Contingency/Standby partnership agreements with OXFAM to support the response in Harare. In addition, UNICEF supported a rapid WASH assessment, water quality monitoring and analysis, provision of mobile toilets at two CTCs, NFI distributions and hygiene promotion activities in the affected suburbs. The pre-disposing factors noted in the initial rapid assessment in Harare include burst sewers which resulted in the contamination of shallow wells used as alternative sources of drinking water in the affected areas, illegal vending and erratic water supplies. Five water samples, one well and four boreholes, were taken and analysed in the most affected area and the test results revealed that two boreholes and one well had *vibrio cholerae*, *salmonella typhi* and faecal coliforms. The contaminated boreholes were decommissioned, and the households using the contaminated well were advised not to use it. UNICEF supplied Non- Food Items which are comprised of household water treatment tablets, bars of soap, 20L buckets, 20 Litre rigid jerry-cans, and cholera IEC materials sufficient for 4,000 households and eight schools for the preliminary response. A total of 100 community health workers were trained and are conducting health and hygiene education and supporting NFI distributions in the affected areas, plans are underway to mobilize an additional 100 volunteers. Additional NFIs have been pre-positioned at three health centers namely Glenview, Budiriro situated in the epi-centre of the outbreak and Chitungwiza situated outside Harare. Protective clothing and disinfectants for staff responsible for infection prevention and control at CTCs and supervision of burials have also been provided. Water quality monitoring is on-going. Plans are underway to ensure that prevention and preparedness interventions are scaled up in other hotspots.

Plans for continued support during the month of September 2018

- Develop an inter-agency WASH Response plan and budget with NGO partners and Government counterparts through the WASH Emergency Strategic Advisory Group (E-SAG);
- Mobilize additional capacity beyond the current hotspots in case of uncontained spread- WASH is already working with additional 4 standby partners to scale up programmes;
- Conduct joint assessments in other affected areas including schools
- Support the distribution of additional NFIs to the affected households;
- Increase awareness through road shows and door to door campaigns;
- Support water quality monitoring in Harare and other at risk districts;
- Conduct a training on WASH Emergency preparedness and response for national and sub-national counterparts focusing on cholera;
- Procure additional WASH contingency stocks (soap, protective clothing, IEC, aqua tablets, HTH and chloride of lime) to support Government and partners.

Education

As school children are also at risk of cholera, UNICEF in Zimbabwe will specifically target schools in at risk areas through the provision of clean water, improved sanitation, and hygiene promotion interventions. Field based joint needs assessments are on-going and sectoral coordination mechanisms have been activated. The Education Sector is collaborating with the WASH sector in the provision of NFIs in schools. In addition, the Education Sector supported Harare City with 7 tents for use at the cholera treatment centres. Plans to ensure that all learners in the cholera-affected communities have continuous access to quality education have been put in place and these include:

- Strengthening coordination structures, to ensure rapid assessments and reporting on outbreaks at schools;
- Distribution of NFIs in all schools in the affected communities;
- Promoting safe hygiene practices at schools through distribution of IEC materials;
- Advocacy and engagement with Ministry of Primary and Secondary Education to ensure protection of children’s rights to education;
- Screening of children on a daily basis for early detection of sickness;
Communication for Development (C4D)

UNICEF is supporting cholera awareness mass media messages and public information on radio and television focusing on the prevention and management of cholera. The television spots are estimated to reach over 10 million viewers and 10 million radio listeners. In partnership with the largest mobile service provider, UNICEF supported the delivery of SMS messages focusing on cholera prevention messages to over 3 million people across the country. UNICEF is also running a social media campaign on its social media platforms through tagging relevant partners with messages and awareness as well as social and behavior change information. The current reach through U-Report is 118,000 people. UNICEF is providing social and behavior change capacity building for volunteers in interpersonal communication through the support of Oxfam. UNICEF has also trained 200 volunteers who are conducting household visits, raising awareness on cholera. To date, a total of 15,000 posters for information and education have been distributed. An additional 140,000 sets of IEC materials in 3 languages are being printed.

Plans for Continued Support during the month of September 2018

- Capacity building of volunteers in social and behavior change communication and social mobilization in affected and at risk areas;
- Training of an additional 100 community health volunteers to conduct awareness and community surveillance;
- Engagement of existing social networks, religious institutions, the business community for enhanced community sensitization
- Undertake a rapid knowledge, Attitude and Practices (KAP) survey
- Strengthening Interpersonal communication/community engagement activities for effective prevention and management
- Further distribution of IEC and SBCC materials;
- Provision of visibility materials.

Supply and Logistics

UNICEF section is procuring additional Non-Food Items for 10,000 at risk households which include soap, water treatment tablets, rigid jerri-cans, buckets, IEC materials, HTH and Chloride of Lime for disinfection.

Funding

UNICEF is currently responding using existing regular resources and development funds. As assessments are underway and sector budgets are due for finalization, it is estimated that at least US$ 1.2 million would be needed to scale up the current response.

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