

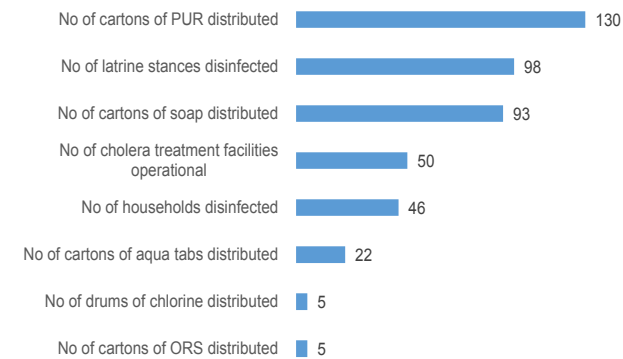
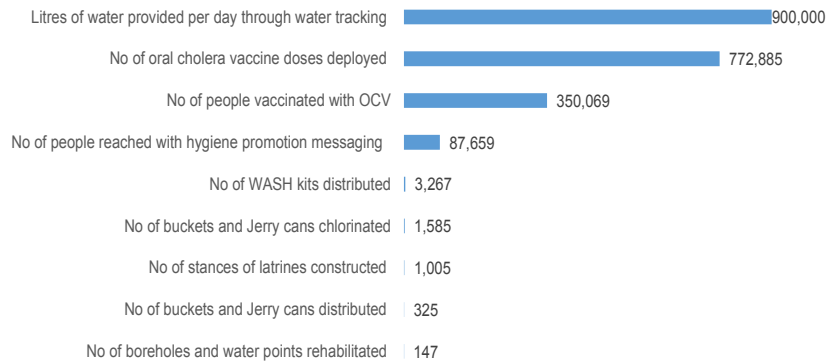
# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

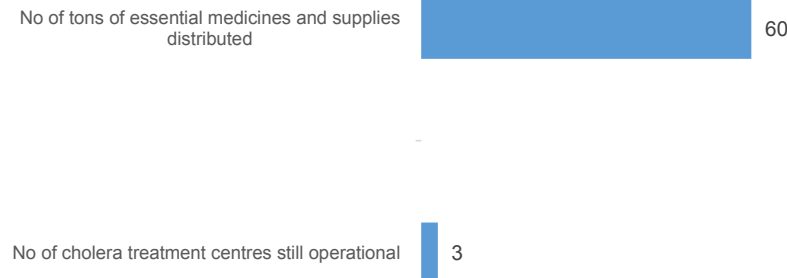
### South Sudan

- Strengthen coordination of cholera preparedness and response
- Preposition cholera buffer stocks and other medical supplies
- Enhance surveillance and case investigation at all levels
- Improve adherence to case management and infection control protocols at treatment sites
- Complementary use of safe and effective oral cholera vaccines in identified hotspot areas



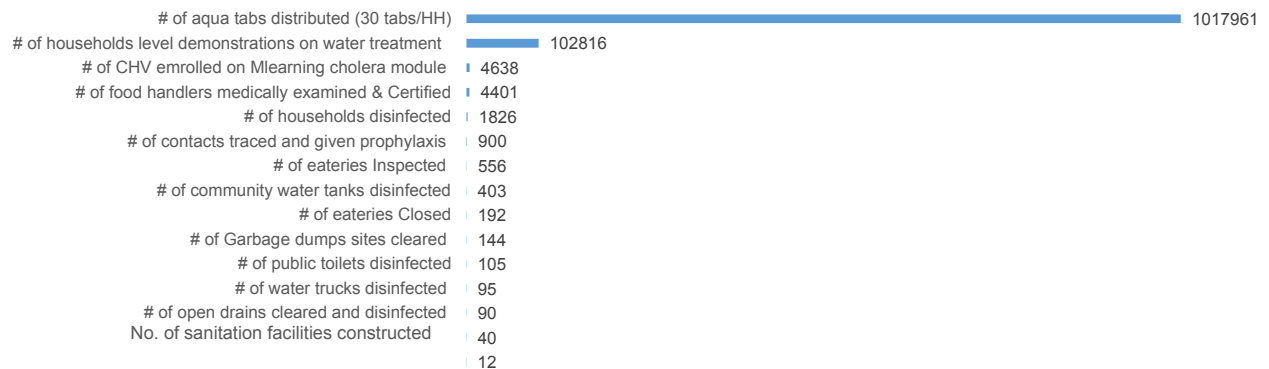
### Somalia

- Increase the number of CTCs, CTUs and ORP in affected areas
- Increase access to adequate amounts of safe water and appropriate sanitation
- Conduct cholera vaccinations in hotspot areas
- Engage community based integrated emergency response team in active case finding
- Adopt standardized case management and infection prevention and control protocols
- Provide integrated training in WASH and health at treatment sites
- Provide infection control materials at treatment sites
- Targeted regular water quality testing
- Behaviour change that integrates WASH and Health messages
- Orientation of food handlers to adhere to public health standards



### Kenya

- Enhance multi-sector co-ordination through existing structures and resources
- Strengthen district capacity for prompt case detection, confirmation and management
- Ensure the availability of safe water and safe human waste disposal
- Strengthen cholera prevention and health promotion in high risk areas



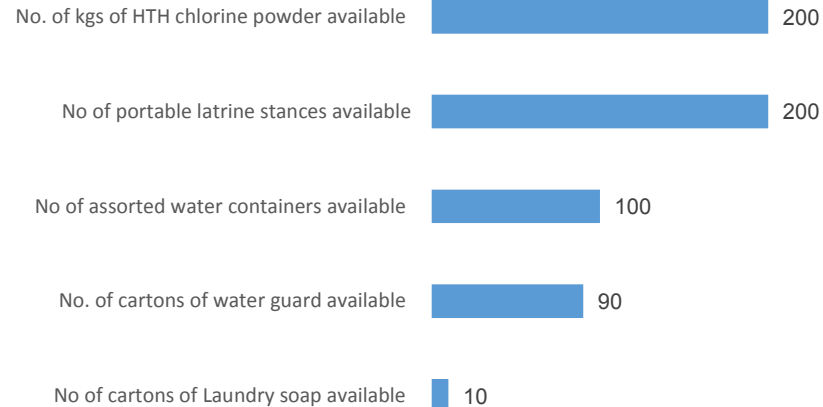
# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

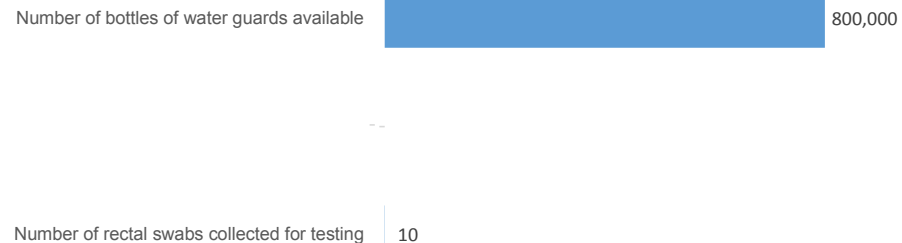
### Malawi

- Training, supervision and mentoring of health workers in CTUs
- Maintain adequate stock level of supplies and staff in CTUs
- Orientation of health workers and district Teams (DHMTs) on data management
- Ensure quality case management in CTUs
- Conduct mass hygiene promotion and cholera prevention campaign
- Conduct Oral Cholera Vaccine (OCV) Immunization in hot spot areas
- Provide WASH supplies in CTCs, health centers, communities and schools
- Construct appropriately located diarrhea /vomit disposal pits
- Promote construction and use of community latrines through CLTS



### Tanzania

- Advocacy and partnerships for resource mobilization
- Capacity building of sub-national partners on WASH related aspects of cholera planning and management
- Provision of critical supplies like chlorine products, ORS and IEC materials in most at risk regions
- Social Mobilisation to prevent and control cholera



### Burundi

- Improve case management and water supply

- A water tank with a capacity of 10,000 litres was installed in the (CTC) located near Bukeye Heath center
- Water trucking
- Water supply system in Nyanza Lac center was repaired
- Social mobilization was conducted to prevent cholera

## Upcoming Activities

- A planned epidemiological study on cholera hotspots and epidemiological basins in the East and Southern Africa Region (ESAR). The objective of the study is to gain a thorough understanding of the epidemiological information on cholera epidemics in the East and South Africa Region, with an initial focus on Horn of Africa basin (South Sudan, Kenya and Somalia) and the Zambezi Basin (Mozambique, Angola, Malawi, Zambia and Zimbabwe)
- UNICEF, WHO and Government of Zanzibar are planning to develop a Multi-Sectoral Cholera Elimination Plan 2018-2027. The effort will be led by WHO and MoH with UNICEF supporting the community component

# Annex 1: Distribution of Cholera/AWD outbreaks in the Horn of Africa - 31 August 2017

## Kenya: Challenges

- More sub-optimal coordination in responding to outbreaks
- Limited resources such as water treatment chemicals
- Limited laboratory capacity in some Counties for Cholera confirmation
- Limited capacity in response as majority of the Rapid Response Teams especially at county level are not trained
- Limited resources for health promotion and community engagement
- Insecurity in various parts of the country including; Garissa

## Somalia: Challenges

- Insecurity
- Inaccessibility of the most affected areas in Bay, Bakol, Gedo and Lower Shabelle
- Drivers of the current epidemic include limited access to safe water and poor sanitation in IDP settlements in all the affected regions

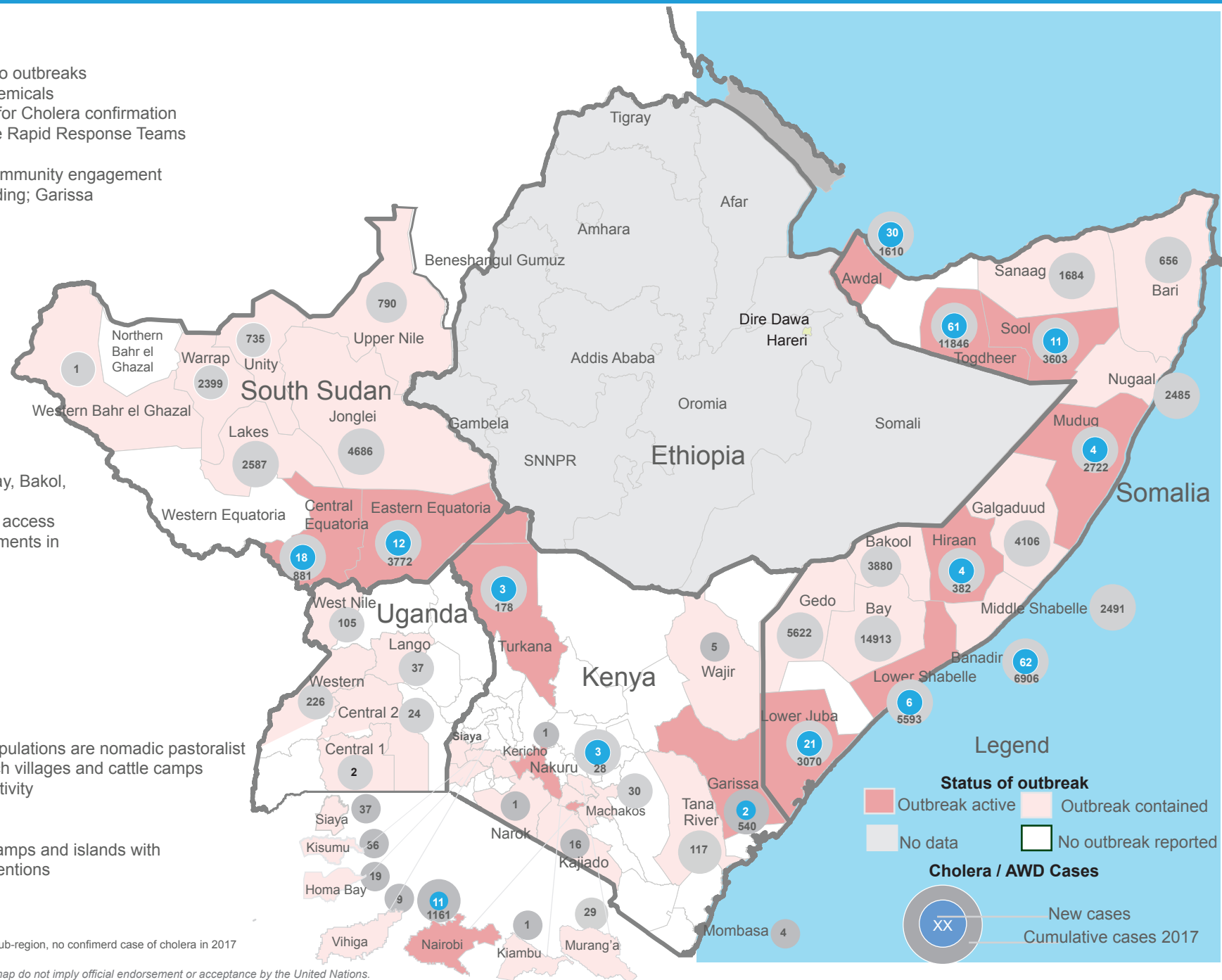
## South Sudan: Challenges

- A significant section of the cholera affected populations are nomadic pastoralist and communities living in remote, hard to reach villages and cattle camps
- Poor road networks and lack of phone connectivity
- Unpredictable movement of cattle keepers
- Prolonged conflict and insecurity
- Population displacements into crowded IDP camps and islands with limited humanitarian access to optimize interventions

\*\*\*Cases for Uganda are Acute Watery diarrhoea and are mapped by sub-region, no confirmed case of cholera in 2017

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 31 August 2017



Sources: Ministries of Health and WHO

# Annex 2: Distribution of Cholera/AWD outbreaks in Southern Africa - 31 August 2017

## Challenges: Angola

- Continuous threat of transmission of cholera infections along the lower Congo River Basin that is shared by both Angola and the Democratic Republic of Congo
- Limited stocks of RDT in Lunda Norte, where there is presence of refugees from DRC
- Gaps in infection control in Soyo and Cabinda

## Challenges: Malawi

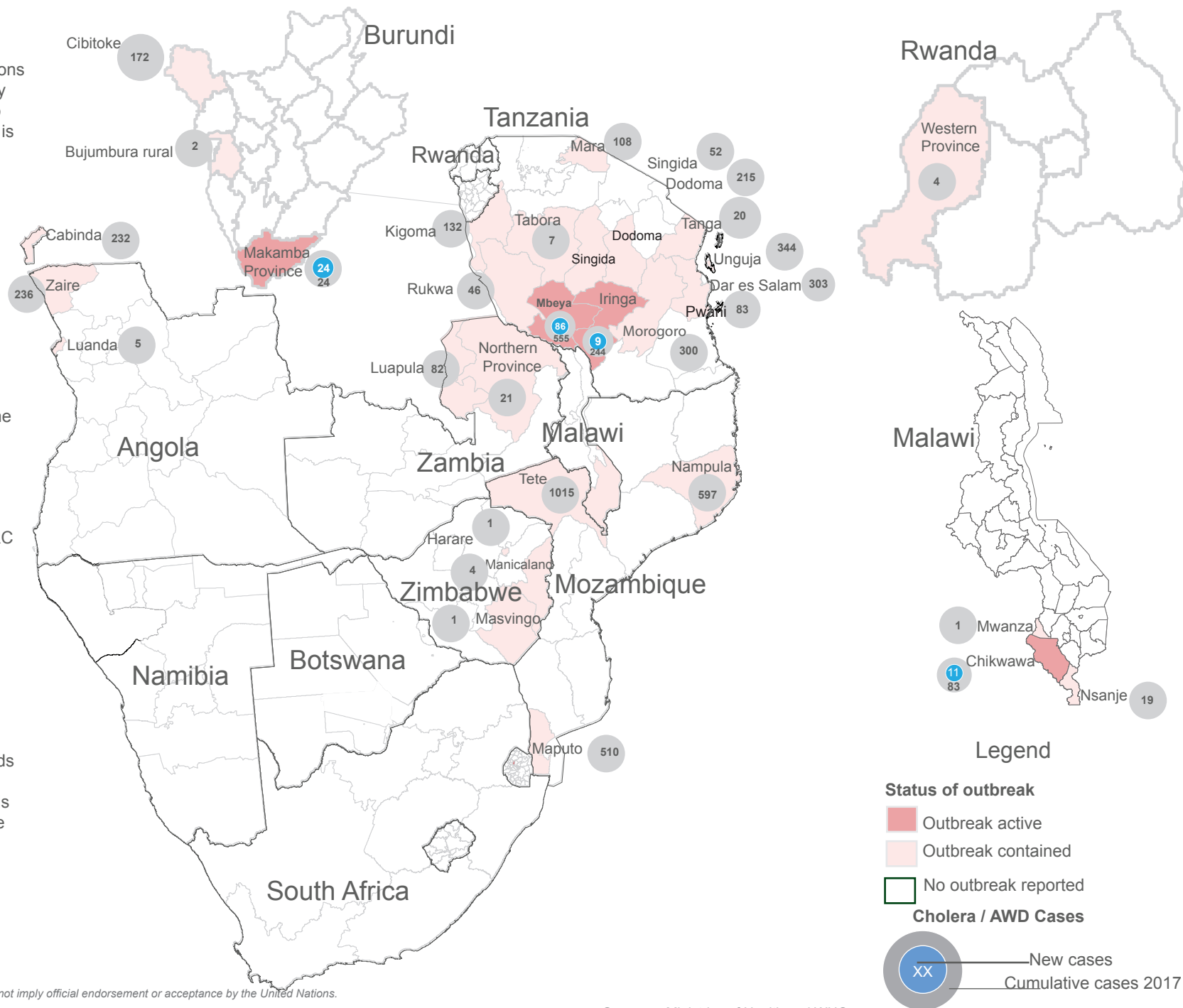
- Cross border movements between Mozambique and Malawi influence the evolution of outbreaks
- Poor access to safe water
- Low sanitation coverage
- Poor hygiene practices especially hand washing with soap at critical times
- Boreholes in Kasisi and Katunga locations are saline

## Challenge: Burundi

- Cross border movements between Burundi and DRC
- Low Sanitation coverage
- Insufficient access to safe water in the city centre

## Challenges: Tanzania

- Treatment of water by boiling or using aqua tabs is not a common practice to over 80% of households
- Low level of knowledge on control and prevention
- Huge issues on water quality. Water from deep wells and pipelines has tested positive for vibrio cholerae
- Low coverage on improved sanitation facilities and practicing open defecation
- Rampant street food vending in Zanzibar





# Annex 3: Distribution of Acute Watery Diarrhea / Cholera in the Horn of Africa (Jan to Aug 2017) and Integrated Food Security Phase Classification for (June - September 2017)

## Somalia Country Priorities

- Increasing the number of CTCs, CTUs and ORP, in affected areas
- Increasing access to adequate amounts of safe water and appropriate sanitation
- Conducting cholera vaccinations in hotspot areas
- Using community based integrated emergency response team (IERT) in active case finding
- Adopting standardized case management and infection prevention and control protocols
- Providing integrated training in WASH and health at treatment sites
- Providing adequate amounts of infection control materials at treatment sites
- Targeted regular water quality testing
- Behaviour change approaches that integrate WASH and Health messages
- Orientation of food handlers to ensure adherence to public health standards

## South Sudan Country Priorities

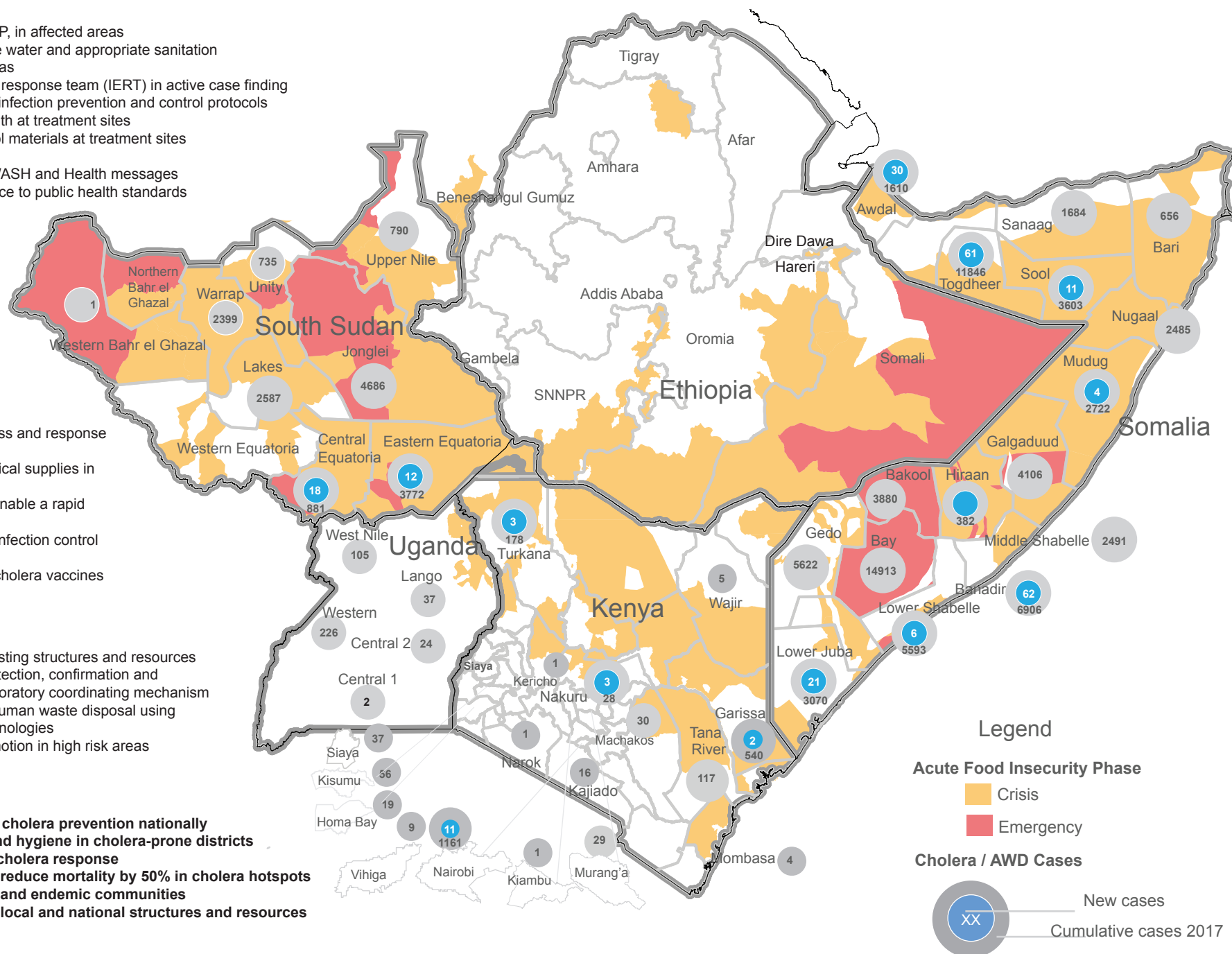
- Strengthen coordination of cholera preparedness and response activities at all levels
- Preposition cholera buffer stock and other medical supplies in affected areas
- Enhance surveillance activities at all levels to enable a rapid response to cholera
- Improve adherence to case management and infection control protocols at treatment sites
- Complementary use of safe and effective oral cholera vaccines in identified hotspot areas

## Kenya Country Priorities

- Enhance multi-sector co-ordination through existing structures and resources
- Strengthen district capacity for prompt case detection, confirmation and management by strengthening the National Laboratory coordinating mechanism
- Ensure the availability of safe water and safe human waste disposal using appropriate locally feasible and acceptable technologies
- Strengthen cholera prevention and health promotion in high risk areas

## Uganda Country Priorities

- Raise awareness and promote practices for cholera prevention nationally
- Increase access to safe water, sanitation, and hygiene in cholera-prone districts
- Strengthen weekly surveillance to improve cholera response
- Improve the quality of case management to reduce mortality by 50% in cholera hotspots
- Implementation of OCV in cholera hotspots and endemic communities
- Enhance multi-sector coordination through local and national structures and resources at National and district level



# Annex 4: Distribution of Acute Watery Diarrhea / Cholera in the Horn of Africa (January-Aug 2017) and Displacement Tracking Matrix Flow Monitoring for June 2017

## Kenya: Challenges

- More sub-optimal coordination in responding to outbreaks
- Limited resources such as water treatment chemicals
- Limited laboratory capacity in some Counties for Cholera confirmation
- Limited capacity in response as majority of the Rapid Response Teams especially at county level are not trained
- Limited resources for health promotion and community engagement
- Insecurity in various parts of the country including; Garissa

## Somalia: Challenges

- Insecurity
- Inaccessibility of the most affected areas in Bay, Bakol, Gedo and Lower Shabelle
- Drivers of the current epidemic include limited access to safe water and poor sanitation in IDP settlements in all the affected regions

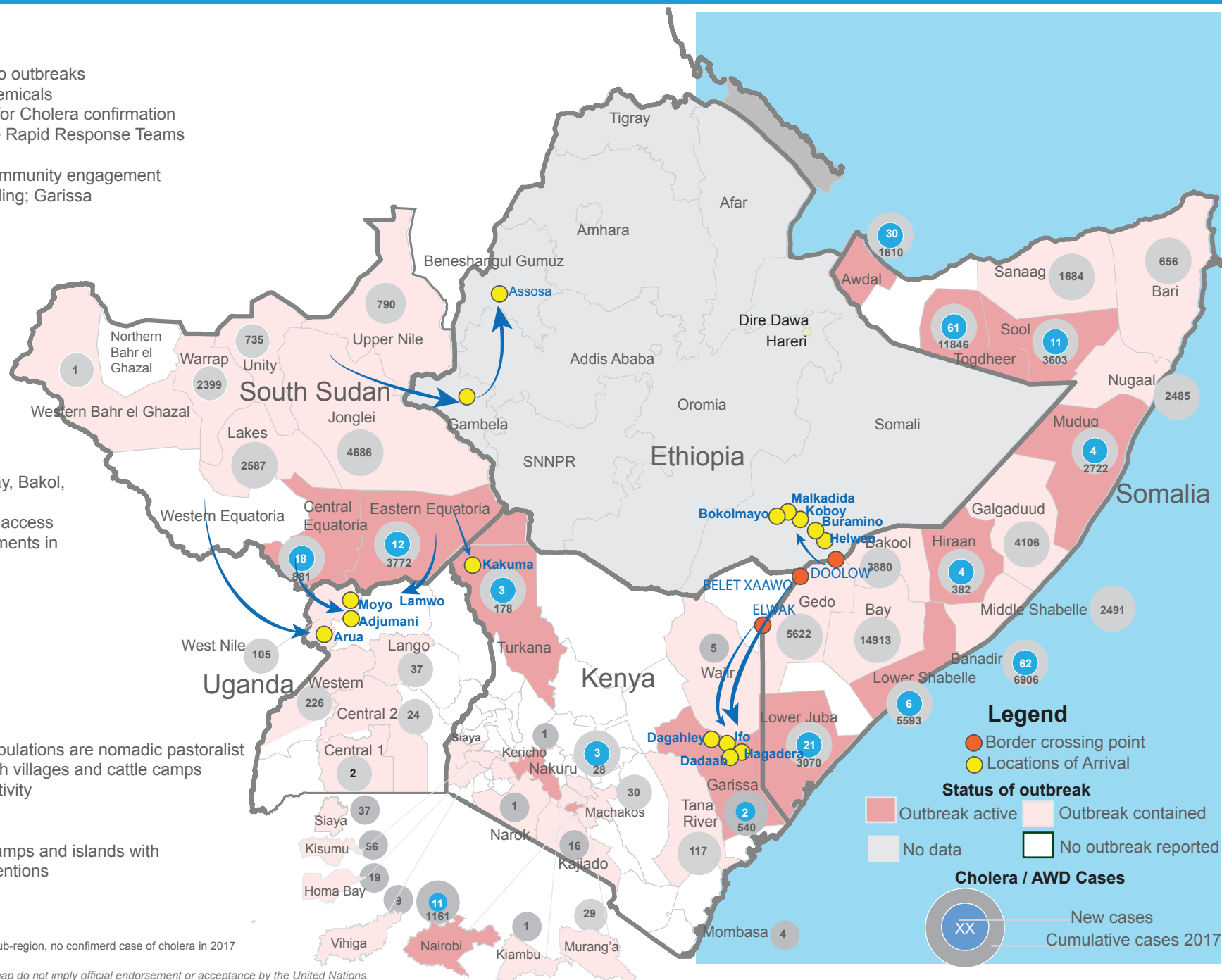
## South Sudan: Challenges

- A significant section of the cholera affected populations are nomadic pastoralist and communities living in remote, hard to reach villages and cattle camps
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Sources: Ministries of Health and WHO

Annex 5: Weekly Reported Cholera / AWD Cases and Deaths for Countries in Eastern and Southern Africa

Country	Wk 1 to Wk 29		Week 30		Week 31		Week 32		Week 33		Week 34		2017 Cumulative			Cumulative since the beginning of the outbreak		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR	Cases	Deaths	CFR
Somalia	58,367	830	306	2	321	2	282	0	222	0			77,148	1115	1.4%	92,848	1,663	1.8%
Kenya	834	9			63	2	69	0	19	0			2232	33	1.5%	2332	37	1.6%
South Sudan	5,910	182	109	3	102	1	30	0					15,851	274	1.7%	19,749	355	1.8%
Tanzania	1,886	29			198	4	94	0	67	0	102	0	2,199	39	1.8%	26,199	411	1.6%
Burundi	5	0	0	0	0	0	0	0	13	0	24	0	211	0	0	211	0	0
Malawi	90	1	0	0	0	0	0	0	2	0	11	0	103	1	1.1%	1895	47	2.5%
Zimbabwe	6	3	0	0	0	0	0	0					6	3	50%	16	4	25%
Mozambique	0	0	0	0	0	0	0	0					2,122	4	0.2%	2,122	4	0.2%
Uganda	412	0											412	0	0%	412	0	0%
Angola	0	0			0	0	0	0	0	0			389	26	6.6%	468	26	5.5%
Zambia	101	0			0	0	0	0	0	0			103	1	1%	1482	33	2.2%
Rwanda	0	0					0	0	0	0	0	0	4	0	0%	4	0	0.0%
Madagascar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Comoros	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Swaziland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0	0%
Botswana																		
Eritrea																		
Lesotho																		
Namibia																		
South Africa																		
TOTAL													100,780	1496	1.5%	147,738	2580	1.8%

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