



Zanzibar Comprehensive Cholera Elimination Plan (ZACCEP) Eliminating Cholera by 2027

**3rd GTFCC WASH working Group Meeting
27-28th Feb. 2018**

Outline

- Zanzibar Cholera Situation
- Cholera Hotspots
- Key WASH Challenges
- Lessons Learnt from Previous Initiatives
- Zanzibar Plan for Cholera Elimination
 - Objectives
 - Key Strategic Interventions
 - Partnerships on the Ground
 - Estimated Budget
 - Next steps



Zanzibar



UNGUJA

- ❖ Semi-autonomous part of United Republic of Tanzania (URT)
- ❖ Total population 1,347,569
- ❖ Unguja 900,721 /1,464 sq.km
- ❖ Pemba 446,848/ 864 sq.km
- ❖ Subdivided into 11 districts within 5 regions with
- ❖ 289 small administrative divisions called Shehias



PEMBA



Cholera Situation

Recurrent seasonal cholera outbreaks:

- Predictable, Following heavy rains (Mar-Jun & Oct-Dec),
- About **17 major outbreak since 1978**
- All 11 districts are affected
- Most recent: Mar-Jul 2016, 345 cases and 4 deaths (CFR=1.1%); largest: 2015/16, 4,330 cases and 68 deaths (CFR=1.6%)

Most affected populations

- Areas with chronic shortage of water and poor access to WASH facilities (Peri-Urban and Northern and Central Districts for Unguja and Northern Region Pemba)
- Mobile fishing populations in small islets and other coastal areas



Cholera Hotspots

About 28 areas, 18 Unguja, 10 Pba

❖ Unguja:

- Peri-urban (West District)
- Urban District
- Fishing villages and islets

❖ Pemba:

- Northern districts - Micheweni and Wete Districts)
- Central district - Chake- District

Legend

Indian Ocean

Case by shehia

No case

1

2

3

5



Key WASH Challenges

- Poor WASH infrastructures especially in the periurban areas
- About 30% of the population have no access to clean and safe water
- Only Less than 40% of the piped water is pre-treated at source
- Inadequate Integration and coordination of WASH strategies
- Inadequate enforcement of WASH regulations
- 16.3% (61.9% in some areas) has no latrine (*HBS 2014/15*)
- Fast growing population in Peri-urban areas



Inadequate WASH behaviours change and practices



Lessons learnt from previous initiatives

- Need for sustained **multi-sectorial collaboration**
- **Prime focus on** strengthening Water and Sanitation standards
- Mass cholera **vaccination** can be coupled while sustaining WASH and **social & behavioural changes (? 5 years breather)**
- **High political commitment of RGoZ and Community**
- Successful partnership btn RGoZ and local & International Agencies Eg. **Malaria Elimination, Schistosomiasis control**



Zanzibar Comprehensive Cholera Elimination Plan (ZACCEP)

**10 years program
to eliminate indigenous transmission of cholera
& promote a healthy and clean environment**

Under the leadership of Second Vice President's Office

Ministry of Health as Secretariat

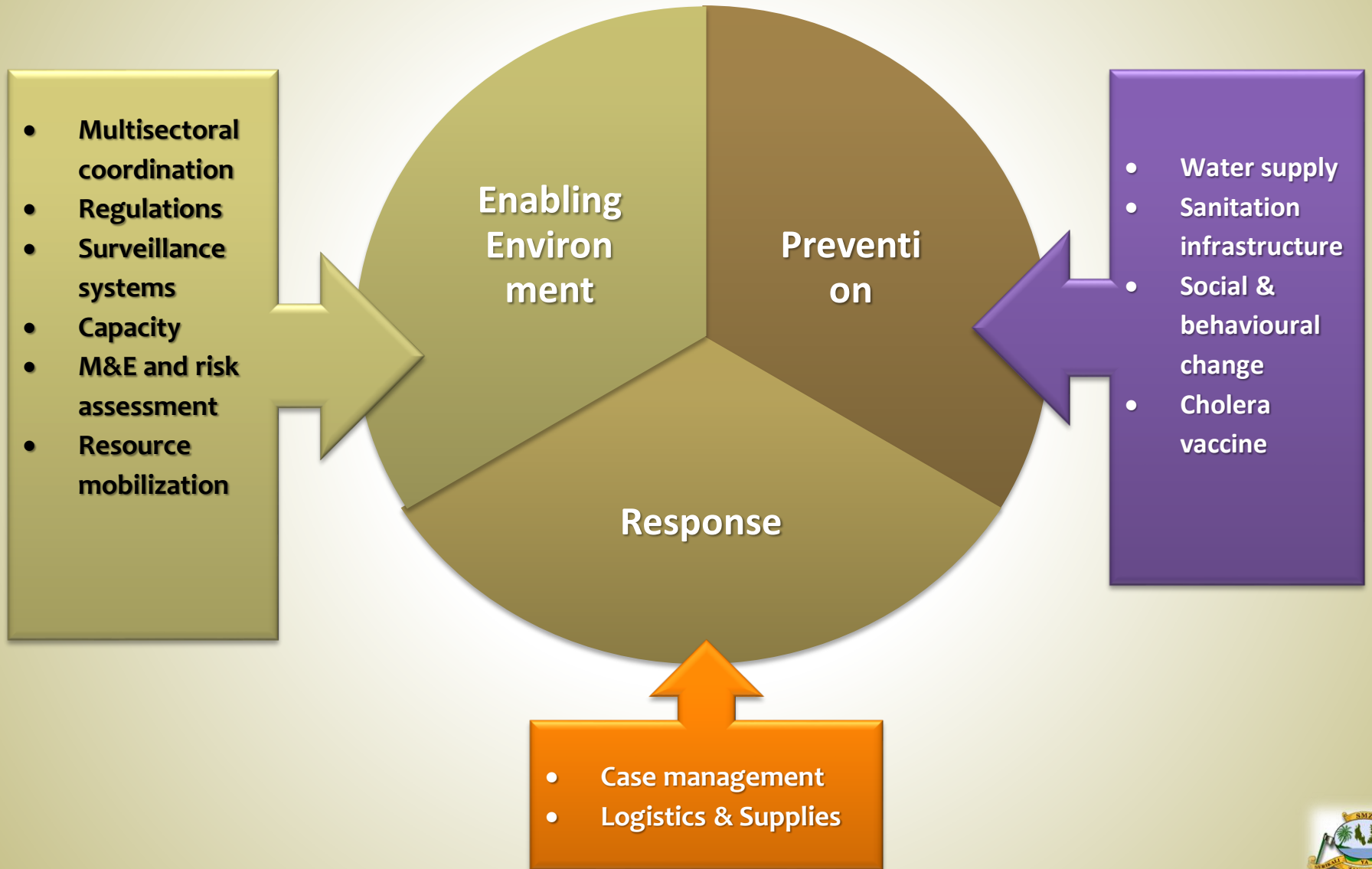


Objectives

- Ensure effective multisectorial coordination to eliminate local cholera transmission in Zanzibar.
- Increase access to clean, safe and sustainable water supply at household level from 80 to 90% in urban and 60% to 75% in rural areas
- Increase access to basic sanitation facilities from 83% (2014) to 90% at household level, schools, health facilities & other public spaces
- Achieve at least 75% Oral Cholera Vaccination coverage (2 doses), in 2 rounds, targeted populations: above 1 year of age (excluding pregnant women) 1,274,000.
- Strengthen existing IDSR data collection & monitoring system,
- Regular monitoring and follow-up of WASH and Environmental Health Indicators for evidence based strategies



ZACCEP Key Strategies

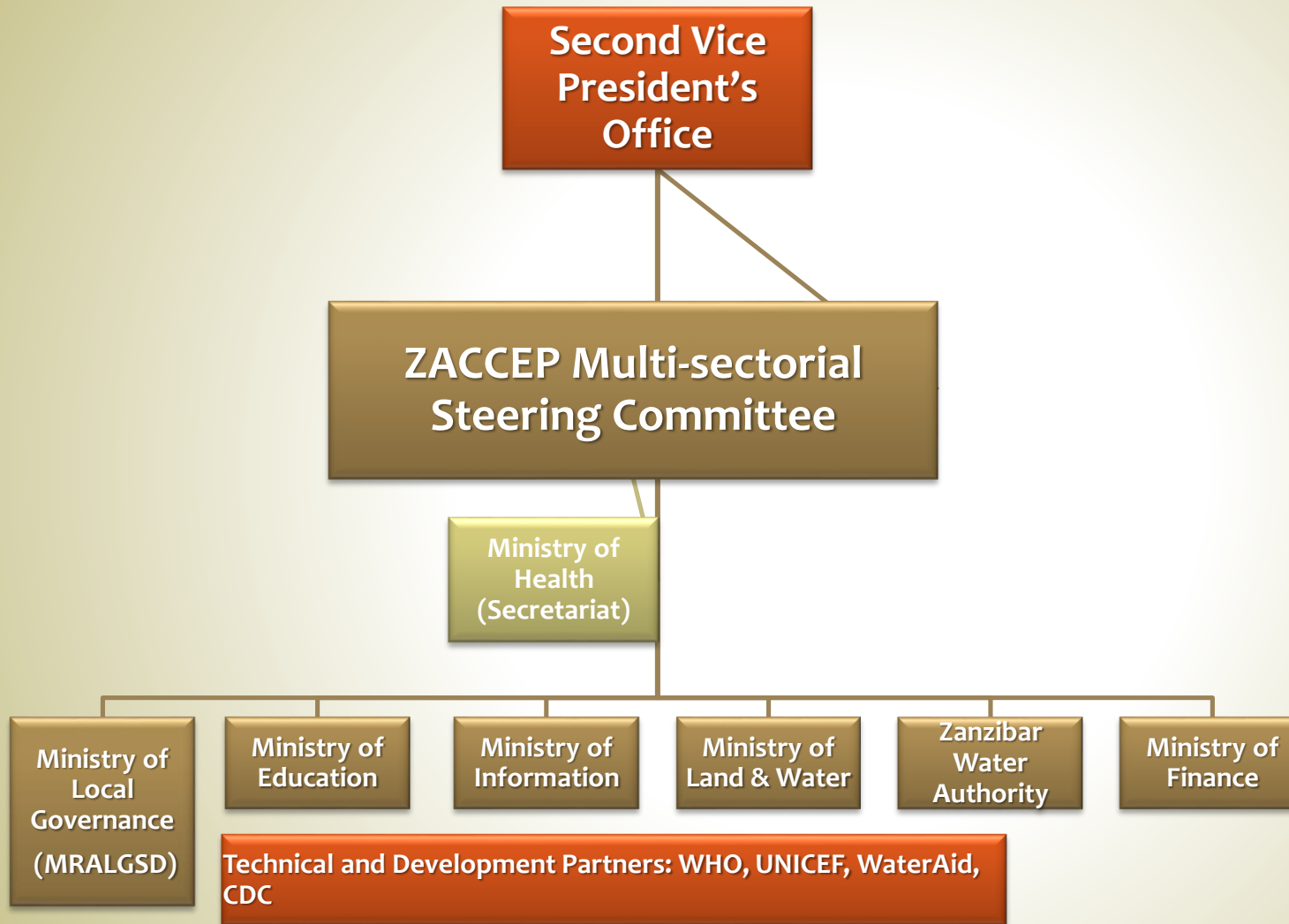


Strategic Interventions

- Increase **access to safe water and sanitation** in communities, health facilities and schools:
Special emphasis to underserved & at-risk areas: 160 schools and 560,000 population (40% of the total population)
- **Social & Behavioral Change interventions** and community mobilization
- **Improve detection & follow-up cases** by strengthening IDSR, implement rapid response system, focus on community surveillance, Laboratory capacity etc.
- Integrate the cholera Elimination plan into Annual Sectorial plans
- Reinforce sanitation & environmental health **regulations**
- **Proper case management** for mortality reduction and infection prevention
 - Training diagnostic, management, infection prevention and control measures
 - Availability of medicines, supplies and logistic needs
- **OCV pre-emptive vaccination** of all population above 1 year of age
- **Monitoring** of timely implementation of interventions, annual/mid-term/final review of progress by **multi-sectoral technical committee**



ZACCEP Coordination



Partnership on the ground



Technical expertise, supplies, monitoring



Technical & financial support, supplies, SWASH, CLTS, SBCC



WASH in Health facilities, SBCC



Vaccines & operational support



Technical & operational support



Soft loans



Urban water infrastructure



Others: Ivo de Carneri Foundation, Red Cross, ZAPHA+, PIRO for social mobilization, Milele Zanzibar Foundation: School WASH, Communities



Draft Estimated Budget

Enabling Environment:	296,000
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Includes: coordination and resource mobilization, Strengthening surveillance systems, capacity building, M&E and risk assessment

Prevention:	45,040,000
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Includes: water supply, sanitation and hygiene infrastructures (community and schools WASH), social & behavioural change, mass cholera vaccine

Response:	4,985,000
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Includes: case management, logistics and supply

Total	50,321,000
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Next Steps

- Fine-tuning with final technical inputs – WASH, budget, Geo mapping of hotspots
- Finalize the plan document – End of March
- Advocacy meetings with all stakeholders
- Endorsement of the plan by the 2nd VPO – 1st week of April



**Thank you for
supporting Zanzibar
to end cholera by
2027 and provide a
better future to her
population**

