

Situation Report on Cholera in Zimbabwe

Issue Number 10

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Summary

The Cholera outbreak has not yet been brought under control, as the number of cases continued to rise during the reporting period:

- Cumulative number of reported cases in Zimbabwe since the beginning of the outbreak **48,623**
- Number of reported deaths in Zimbabwe since the beginning of the outbreak **2,755**
- Case fatality rate continues to rise to **5.7%** against the target of less than 1%

I. Situation analysis

- Many Cholera Treatment centres still lack food, medicines, equipment and staff
- UN agencies and INGOs report difficulties in providing support due to logistical difficulties

Table 1: Cholera impacts by Province (21st January 2009).

Province	Cumulative Cases	Cumulative Deaths	Case Fatality Rate (CFR) (%)	Community Deaths (part of total)	Community Deaths as % of total
Harare	12,326	572	4.6%	131	51.2%
Mashonaland Central	2094	99	4.7%	82	82.8%
Mashonaland East	4245	309	7.3%	193	62.5%
Mashonaland West	11634	593	5.5%	306	47.4%
Matabeleland North	416	36	9%	0	0%
Matabeleland South	4556	150	3.3%	51	34%
Manicaland	6064	393	6.5%	320	81.4%
Masvingo	4876	403	8.3%	293	72.7%
Bulawayo	407	14	3.4%	9	64.3%
Midlands	2005	134	6.7%	108	80.6%
Grand Total	48623	2755	5.7%	1655	60.1%

Source: WHO/MoHCW

Much higher figures have been reported this week than in previous weeks, which might be a result of gaps in previous reporting as figures are consolidated and forwarded to WHO.

There continue to be difficulties in collecting daily data from all districts due to staff shortages and communications difficulties.

Completeness of district reporting:

- *On average 45% of districts reported each day, with particularly poor on Sunday (27%).*
- *At time of reporting, reports were:*
 - *complete : 45% of districts*
 - *missing for 1 to 2d : 29%*
 - *missing for 3 to 6d: 22%*
 - *missing completely: 3%*

Districts reported with increased cases include Gokwe North, Gokwe South, Guruve, Mt. Darwin, Seke, Murehwa, Nyanga, Buhera, Chipinge and Chiredzi. Hotspots are Masvingo, Manicaland, Midlands, and Mashonaland West

Given the current levels of average to above average rainfall and meteorological forecasts of more rain to come, concerns are mounting over the risks of flooding and the effect this would likely have to exacerbate the current Cholera crisis.

This week UNICEF released the initial findings of a KAP (Knowledge Attitude Practice) survey undertaken with the Harare City Council in December of 2008 which aimed to examine; Existing health infrastructure, Availability of supplies and equipment, Service delivery, Staffing, and Constraints and bottlenecks.

Main findings:

- Staff de-motivated; high attrition due to low salaries, transport and other incentives and/or limited resources
- Shortage of staff to maintain even a skeleton service in most clinics
- Supplies of essential drugs, including cholera response supplies and protective clothing are limited, although some clinics currently receiving support through ICRC and German Aid
- Health promotion and EPI outreach work is limited
- Water supplies are erratic and storage tanks needed for back up supplies
- Electricity supply erratic - especially threatening vaccine storage and lighting in maternity sections of polyclinics
- Poor sanitation facilities in most facilities; need for maintenance
- Erratic refuse collection
- Facility infrastructure is declining; many facilities without linen, beds and minimum equipment

Addition findings:

- Cholera awareness is high in the city of Harare and the disease is perceived to be severe in Zimbabwe
- Misconceptions about transmission still exist - mainly among the less educated; these concern issues around sex, eating mazhanjes (seasonal fruit) and coughing and sneezing
- **Risk Perception:** about one third of respondents perceived themselves to be at personal risk of the disease
- Personal risk perception is generally lower in respondents with less education and less exposure to affected persons
- **Attribution:** Among those respondents who attributed the cause of cholera to exogenous factors, over 25% respondents indicated that they could do nothing to help themselves as the solution was out of their hands and they blamed the country's high inflation and government
- Preventive Behaviours: Poor water supply and poor sanitation are clearly perceived to be the main barriers to prevention. Only half the respondents ever used aqua tablets; this practice varies by area and non-availability and expense were cited as barriers to use
- Respondents with secondary education and above were more likely to cite correct prevention methods when compared with respondents with primary education and below
- **Way forward:** Get clean water back into the community. Facilitate widespread free distribution of aqua tablets, with clear instructions for use. Utilize existing cadres and volunteers to distribute ORS and Aqua tablets in the community.

- Continue to saturate the population with cholera IEC materials and activities that carry clear messages of prevention. Recognize the need to address varying levels of literacy through simple, user friendly methods of information dissemination.

Key findings of the WHO rapid preliminary results of assessment and Support of Cholera Treatment Centres (CTC) in Makonde District of Mashonaland, West Province 16-19 January 2009:

- Case management, Training, and Technical support at the Field level should be a continuous activity, preferably directly involving senior and experienced staff.
- All efforts should be made to address the non-medical challenges (Human Resources, Food, Fuel, Staff Allowances).
- Training activities and refresher courses are of utmost importance (assessment of dehydration, correct use of oral or intravenous fluids, and use of antibiotics).
- Patients upon discharge could be used as health promoters in their own communities.

II. International Response

Health cluster

The total number of Cholera Treatment Centres (CTCs) has now increased from 173 to 235.

On 17 January 2009 – UNICEF Executive Director Ann M. Veneman visited Zimbabwe and announced that the United Nations will make available \$5 million for the health sector in Zimbabwe.

Daily alert system provided identification of hot spots, follow-up was done by the SOP. Partners reported and were sent supplies accordingly in a number of districts.

Experts from ICCDRB (Bangladesh) arrived and were deployed to Mashonaland West and a (hotspot In Binga) Matabeleland North and Matabeleland South to assess and advise on case management.

NatPharm has been strengthened with logistical support (including computers, etc) in order to distribute supplies.

Laboratory teams (supported by ICCDRB experts) have taken samples from a number of CTUs and have confirmed cases and begun antibiotic resistance profiling.

WASH cluster

Highlights:

- Provision of clean water (e.g. through new boreholes and borehole rehabilitation) remains a key issue.
- Hygiene promotion continues by various partners in cholera-affected districts.

Other activities included:

- Training for hygiene promoters and NFI distribution
- Water trucking by UNICEF
- Borehole rehabilitation
- Clean up campaigns launched
- IEC materials distributed
- Food distribution to CTCs
- Sewer cleaning

Education cluster

The Education Cluster is concerned that there are still schools used as CTCs, with the school year likely to start soon this issue will need to be addressed prior to resumption of the school year.

III. Gaps

Many UN agencies and INGOs report delays and difficulties in procuring, transporting and clearing essential relief items, which in turn delays an effective response.

WASH

The continuing rise in number of cases and fatalities indicates that public health and hygiene messages are not being broadly taken up by the population.

- Sanitation activities in Nyanga not in progress.
- Increased cases in Mbire and Bindura called for urgent needs for NFIs.
- Discovery of contaminated boreholes in Norton.
- Breakdown of water supply system in urban areas (eg. Kotwa in Mudzi).
- ZESA supply remains a major challenge to provide safe water and fill bladders/water tanks.
- Nyanga - Borehole rehabilitation for high yield boreholes required.
- IEC materials and borehole rehabilitation in Mbire required.
- Borehole drilling in Kariba, Chipinge and Makoni required.

IV. Coordination

The following arrangements have been put in place by the IASC to facilitate effective humanitarian coordination:

- The cholera emergency focal points for all agencies need to be reachable at all times
 - Coordinated response to the emergency need to be enhanced
 - Logistical capacities of responding agencies need to be continually assessed for effective and reliable response
1. WASH and Health clusters mobilised and taking the lead in coordinating the response
 2. WFP to coordinate local logistical support to the cholera response
 3. Weekly IASC CT Cholera meetings every Wednesday at 11:00am - Bi-weekly Donor/IASC CT Cholera meetings - Weekly Inter-Cluster Task Force meetings led by OCHA
 4. Increased capacity in WASH Cluster coordination as an information manager and a Logistic support person have joined the team
 5. The WASH and Health clusters are to be decentralised to the Provincial and District levels as provincial and District focal points have been appointed.
 6. UNICEF/WHO/MOHCW formed a

Upcoming coordination meetings - Harare			
Meeting	Contact	January	February
Donor/IASC	Marcel Vaessen OCHA	23, 1030 9 nd F, Takura Hse	6, 20, 1030 9 nd F, Takura Hse
IASC CT	Marcel Vaessen C. Bvunzawabaya OCHA	21, 28 1100hrs 9 th F, UN Takura	4, 11, 18, 25 1100 hrs 2 nd F, Takura Hse
Inter Cluster	Marcel Vaessen OCHA	27 1600 9 nd F, Takura Hse	3, 10, 17, 24 1600 9 nd F, Takura Hse
Humanitarian Technical Coordination	Pios Ncube OCHA	19 1400 – 1600 UNICEF	2,16 1400 – 1600 UNICEF
Protection WG	Mustafa Omer OCHA		4 1100-1300 2 nd F, Takura Hse
Logistics WG	Bahre Gessesse WFP	14 1430-1600 WFP	11 1430-1600 WFP
WASH Cluster	O. Sow UNICEF& OXFAM Peninnah Wangari	30 900-1130 UNICEF	27 900-1130 UNICEF
Nutrition TCG Cluster	Dianne Stevens UNICEF & HKI Dora Panagides	9 0930 UNICEF	6 900-1100 UNICEF
Health Cluster IACCH	Stephen Maphosa WHO	5 1430-1600 WHO	2 1430-1600 WHO
Education WG	Louise Mvono UNICEF	14 9-11am, 18 th fl Ambassador Hse	11 9-11am, 18 th fl Ambassador Hse
Agricultural Cluster	Constance Oka FAO	29 900-1200 Celebration C	26 900-1200 Celebration C
Food Aid WG	Jaspal Gill WFP	15 0930 WFP	19 0930 WFP
Mobile & Vulnerable Populations WG	Richard Machokolo IOM	14 1000 IOM Boardroom	26 1000 IOM Boardroom

committee to receive requests from partners to avoid duplication of responding to requests.

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ZIMBABWE Cholera Daily Alert Map 21 January 2009



