

This report was issued by Zimbabwe Country Office. It covers the period from 13 February 2009 to 20 February 2009. The next report will be issued on or around 27 February 2009.

I. Highlights/Key Priorities

- The Cholera epidemic is still not under control
- Cumulative number of Cholera cases since August 2008 as of 19 February 2009 is 80,250
- Cumulative number of Cholera deaths since August 2008 as of 19 February 2009 is 3,759
- WHO reports that decrease of the crude case fatality rate and proportion of community deaths in the week 1–7 February 2009 suggest a continuing improvement in case attendance to health facilities as a result of social mobilization activities and decentralization of care close to the affected community.

II. Situation Overview

Table 1: Cholera impacts by Province (For the week from 12-19 February 2009).

Province	Cases in week	Deaths in week	CFR for week
Harare	366	4	1.1
Mashonaland Central	1288	47	3.6
Mashonaland East	493	12	2.4
Mashonaland West	1795	53	3.0
Manicaland	1689	45	2.7
Matabeleland South	48	0	0.0
Masvingo	661	44	6.7
Bulawayo	3	0	0.0
Midlands	507	30	5.9
Matabeleland North	15	0	0.0
Total	6865	235	3.4

Source: WHO/MoHCW. See <http://ochaonline.un.org/CholeraSituation/tabid/5147/language/en-US/Default.aspx>

It is important to note that while every effort has been made to verify data and to improve data collection and reporting, WHO emphasises that a lack of reliable and detailed data means that it is impossible to draw out clear national trends.

Harare	15,204
Mashonaland West	17,579
Manicaland	11,184
Masvingo	10,053
Cumulative total for 4 provinces	54,020
Cumulative National Total	79,613
Proportion	68%

It is worth highlighting that of the cumulative cases since August 2008, 68% are from 4 provinces out of a total of 10 provinces based on data from February 18th 2009. .

A total of 372 Cholera Treatment Centres (CTC) and Cholera Treatments Units (CTU) have been activated during this response, of which 319 are believed to be active as at 14 February 2009 with 53 closed.

FIELD REPORT

On 18 February 2009 OCHA staff undertook a field visit in Harare with Oxfam staff to see WASH activities in the high-density areas of Budiriro and Glenview. In these two Harare suburbs Cholera first emerged and the highest number of cases in the city registered. While the number of weekly cases has reduced in these locations, still 20 cases were recorded in Budiriro 17 February 2009.

In Glenview the team visited a site where Oxfam has rehabilitated a borehole and provided two 5,000 litre storage tanks at an institute for the mentally ill (pictured above). The tanks provide 20,000 litres of safe water to hundreds of families in the area. As the water source is reliable and safe some residents walk as far as 5 kilometres to gather water for the household.

In Budiriro there are open sewage channels running past houses and past the high school visited there. Oxfam have started implementation of ERF funds and will drill a borehole, install a tank and provide clean water to the school and to residents around the school. The high school has 1,200 students and a staff of sixty teachers and six ancillary staff. Currently the school only has water from an unsafe shallow well and when water is not available students are sent home.



5,000 litre water tank in Glenview, Harare, Oxfam

At the bottom end of Budiriro, near the high school, there is a sewage treatment centre which is currently barely functioning. In this particular case the design of the facility was such that fully treated water from the sewage treatment centre would be released back into the water course in the area and in effect be recycled. Now that water treatment and sanitation facilities are effectively non-functioning in effect untreated sewage is leaking back in to the system. Until and unless the sewage treatment facilities in the area are repaired (estimated cost US\$400,000) it can be virtually guaranteed that Cholera will continue to blight the community. Across Harare and in other urban areas of Zimbabwe repair of dilapidated sewage systems need to be seen as a priority by the donor and humanitarian community: now and during the crucial 'recovery' months (May-August) before the next rainy season arrives.

A recent field trip by UNICEF WASH staff to Binga district noted several interesting points. There has been a dramatic reduction in new cases of cholera, but now an upsurge of Malaria cases is being seen. Binga was also noted to be one of the districts with very low water and sanitation coverage, i.e. less than 5%, with many people collecting river water. This is worth highlighting as recent national assessments of WASH have at times reported access to safe water and improved sanitation at much higher rates. It needs to be borne in mind that different districts have different coverage, access and standards of WASH.

III. Humanitarian Needs and Response

Health

• Needs

Reports indicate that health staff remain demoralised due to non-payment of allowances. There is still refining of the case definition for Cholera so now all suspected cases of Cholera in under-two-year-olds will be sent for laboratory testing and confirmation. Previously the Cholera case definition excluded under-two's.

• Response

Since August 2008 MSF has treated almost 45,000 people, an estimated 75% of the total number of cases in the current cholera outbreak¹.

- **Gaps**

There is still only a small number of international organisations working in the health sector. The breakdown of the health system prior to the Cholera outbreak has further hampered the response as a large percentage of health personnel were not attending clinics due to lack of salary payment. The health response has further been compounded by a serious lack of drugs and equipment and a lack of basic services at clinics, including clean water supplies, telephones and electricity.

Water, Sanitation, and Hygiene

- **Needs**

Recent evaluations and field reports within the cluster indicate that boreholes have not been maintained and in some areas up to 60% of boreholes are not functioning due to small breaks or malfunctions, which could be repaired in an economical and timely fashion.

One recommendation from the Health Cluster is for more food outlets to be given training on hygiene in the workplace to reduce the risk of transmission.

As has been reported before, there is a growing need for food at CTCs for both MoHCW staff and patients.

There is a need to now undertake analysis of the data captured by the WASH Cluster under their Who What Where and When (4W) database in tandem with the Health Cluster to identify high priority areas for response.

Seeking early treatment and ORS points on route to the health centres appear to be key factors towards recovery and reducing the CFR.

Where Environmental Health Technicians (EHTs) are present and mobile, hot spots in rural areas are more likely to receive quick outreach response, including hygiene promotion and intervention, i.e. funerals are supervised, and health and WASH needs can be quickly assessed and reported back to districts.

Building on existing community organisation, such as health clubs, voluntary health workers, community health workers, community volunteers, home-based care givers, church groups, etc., ensures key Cholera- related messages reach rural areas that would otherwise be difficult to access by NGOs and other agencies.

- **Response**

There has been a concerted effort over the week to roll out additional WASH activities. Water tankering delivered 236,000 litres of water to communities and 305,000 litres to health facilities in the past week. Given the high cost of trucking, this type of intervention is not considered sustainable but is often crucial in the current context. Donors have raised concerns about the cost of this activity and the need to find more permanent and cost-effective approaches to safe water supply.

Over 2,400,000 water treatment tablets have been distributed in the country to date, however this is still far short of the target of 6.4 million.

Large quantities of IEC materials (over 310,000 flyers and 14,000 posters) have been distributed and Public Health and Hygiene Promotion (PHHP) training delivered to over 250,000 people.

Oxfam will establish operations in Mt. Darwin in collaboration with MoHCW, whereas World Vision Zimbabwe will address a recent upsurge in Cholera cases in the area.

- **Gaps**

The quantity of non-food items (including buckets, jerry cans, soap) distributed to date is still far below the ideal amount for a crisis of this scope, which has been mostly due to production constraints on the suppliers' side. By now, most supplies have been brought into the country and are currently being distributed covering a total of 750,000 households.

¹ http://www.msf.org/msfinternational/invoke.cfm?objectid=7EF14D66-15C5-F00A-25F12D3B45950A10&component=toolkit.pressrelease&method=full_html

The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

IV. Coordination

WASH

Most WASH partners responding to cholera have received and started actively using the WASH 4W (Who, What, Where, When) information management tool. The tool now has a great deal of data down to the district level on the number and type of WASH interventions which will be invaluable for coordination of the sector. This week information on planned and implemented WASH activities was received for **51/62** districts (compared to 50 last week), and a total of **57** partners participated in the data collection exercise.

Health

This week the roll-out of the C4 structure to the district level has continued in Bulawayo. It is anticipated that this will improve coordination at the field level. However, this intervention is unfunded and therefore relies on existing cluster participants using their own resources, which means that the sustainability aspect will need to be addressed by the cluster.

There is still a huge demand for more IEC materials throughout the districts. IEC materials have been posted on OCHA website: <http://ochaonline.un.org/Default.aspx?alias=ochaonline.un.org/zimbabwe>

V. Funding

The 2009 CAP (including cholera-related response activities) is 18% FUNDED at US \$101 M on 17 Feb 2009. This is about the same commitment level at the same time last year for the 2008 CAP. Cholera and food aid dominate current CAP commitments. The majority of the current commitment (USD 101 M) to the CAP 2009 is for food aid (over 79%) and Cholera (17% - from CERF RR in Jan 2009). All other sectors have received very limited funds to date. The Financial Tracking Service (FTS) reports 40% donor commitments to the revised Cholera Response Plan for 2009 (which is an integrated part of the 2009 CAP). These funds come on top of approximately US\$50 million released by donors in 2008 for response to the cholera outbreak that started already in August 2008.

All humanitarian partners including donors and recipient agencies are encouraged to inform FTS of cash and in-kind contributions by sending an email to: fts@reliefweb.int.

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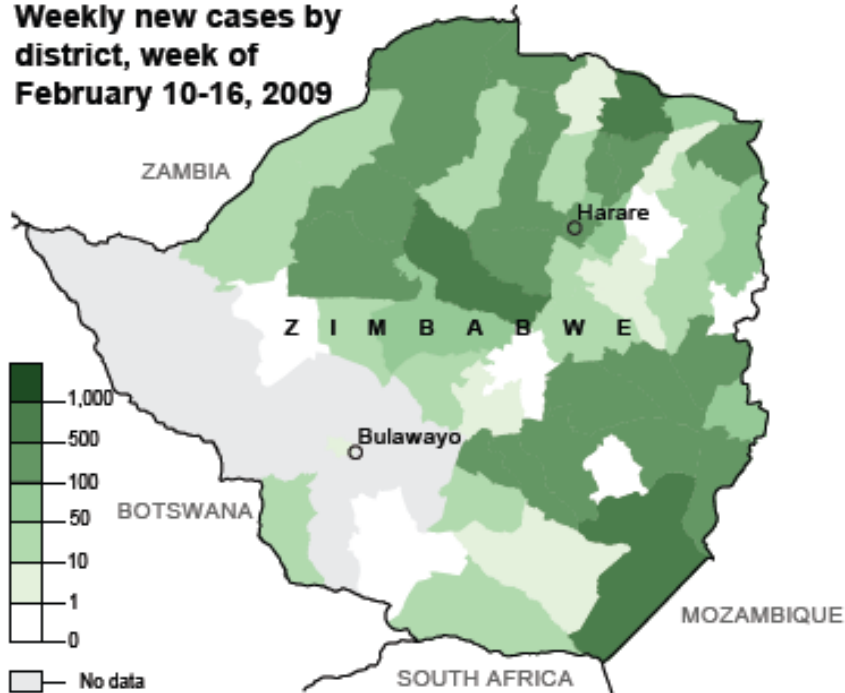
For more information, please visit <http://ochaonline.un.org/CholeraSituation/tabid/5147/language/en-US/Default.aspx>.

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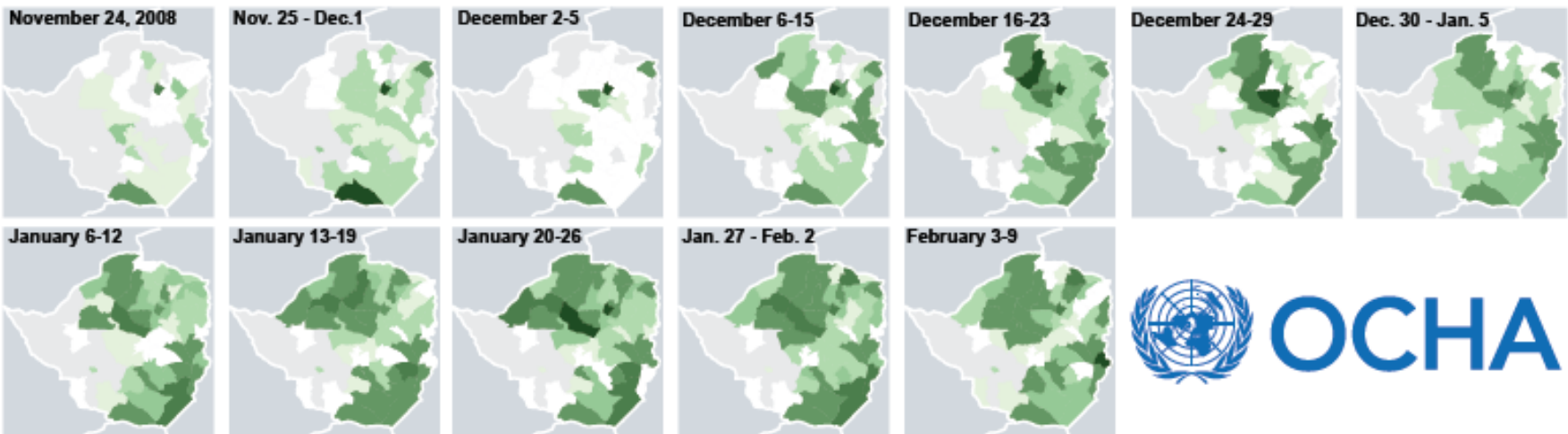
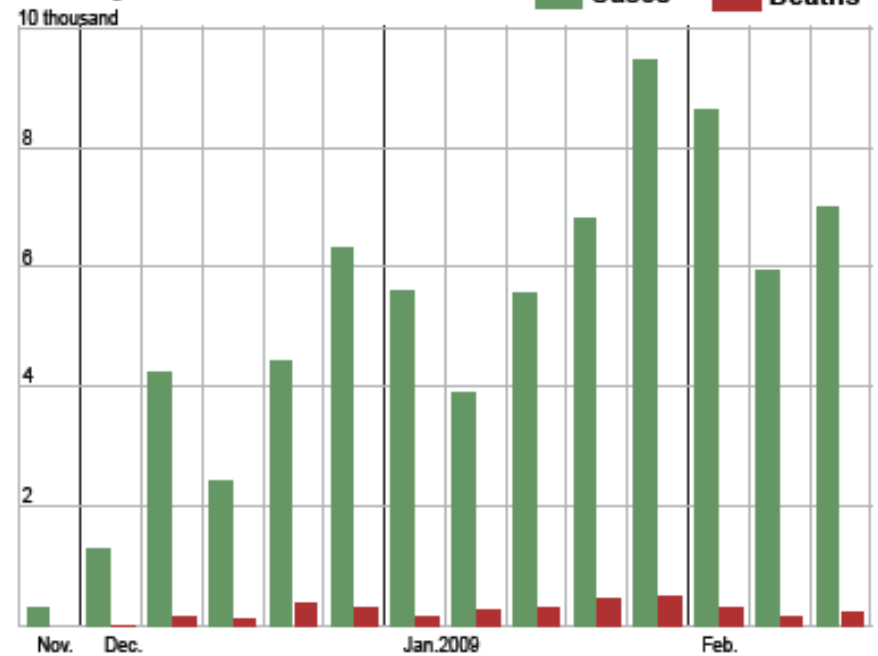
Zimbabwe's Cholera Outbreak Infects 6,996 People In Past Week

The cholera outbreak in Zimbabwe has infected 77,650 people and claimed 3,699 lives since November.

Weekly new cases by district, week of February 10-16, 2009



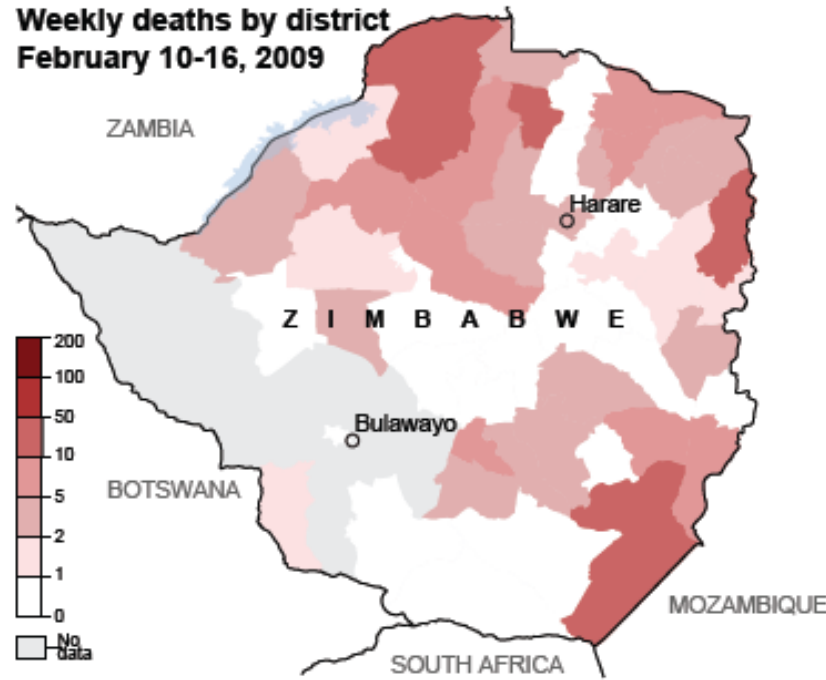
Weekly totals



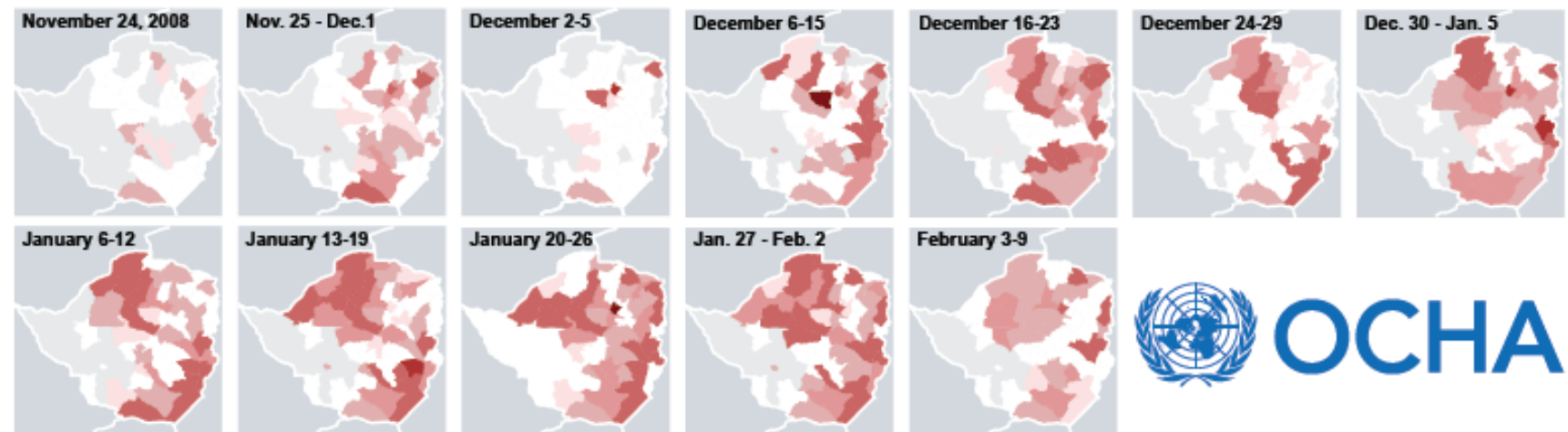
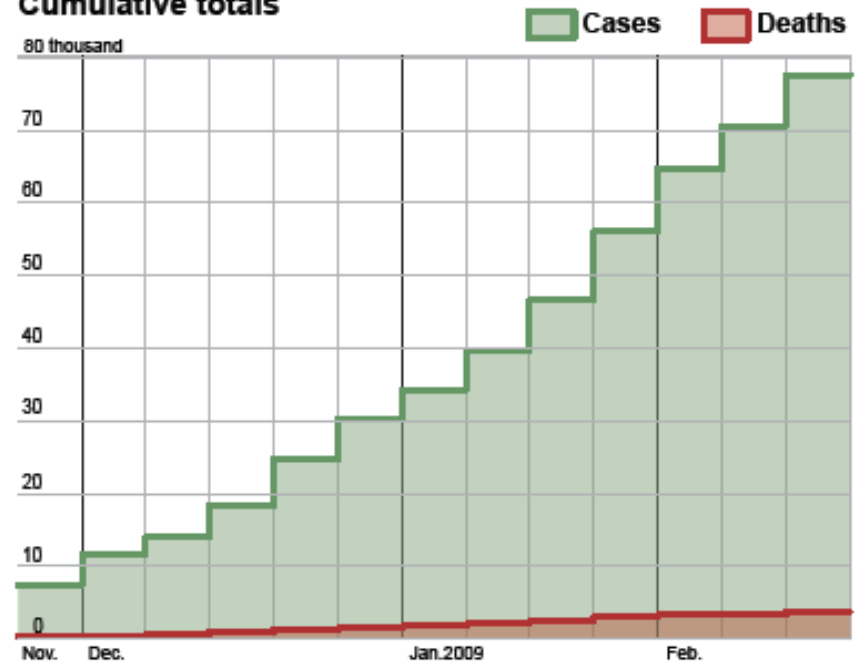
Zimbabwe's Cholera Outbreak Claims 221 Lives In Past Week

The cholera outbreak in Zimbabwe has infected 77,650 people and claimed 3,699 lives since November.

**Weekly deaths by district
February 10-16, 2009**



Cumulative totals



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