

This report was issued by OCHA Zimbabwe. It covers the period from 20 to 27 March 2009. The next report will be issued on or around 03 April 2009.

I. HIGHLIGHTS/KEY PRIORITIES

- Downward trend in cholera cases continues, except in Harare, Chitungwiza and Kadoma.
- Cumulative number of Cholera cases since August 2008 as at 26 March 2009 is 93 274, with 4 090 deaths.
- There is still need to maintain vigilance in the cholera response.

II. Situation Overview

The declining trend in the number of cholera cases reported continued throughout the country, except in parts of Harare and Mashonaland West. Kadoma district, in the Mashonaland West province reported an increase in the number of cases, while Umzingwane district in the Matabeleland South province was the latest to be affected. Harare and Chitungwiza continued to report a high number of cases.

On a daily basis, Harare recorded more than 35 cases and Chitungwiza more than 25 cases during the week of reporting. An upsurge in the number of cases reported in Kadoma peaked at 106 on Sunday and averaged 23 cases per day throughout the week.

According to WHO, a total of 2110 cases were reported in the period from 20 to 26 March, reflecting a decrease from the 2 237 cases last week and 3 812 cases the week before. The decrease represents a 5.6% reduction from last week. However, the number of deaths during the week of reporting increased to 53, compared to 50 and 79 respectively in the previous two weeks.

The cumulative number of cholera cases since August 2008 as at 26 March 2009 is 93 274, with 4 090 deaths. The cumulative CFR remained at 4.4 and the proportion of cumulative deaths remains high at 61.7%. A total of 57 districts out of the 62 in the country have been affected, representing 91.9%.

The steady decline is a positive trend, but the increase in cases in Harare, Chitungwiza and Kadoma as well as the newly affected district of Umzingwane, shows the need for continued vigilance in monitoring and response activities. There is need for continued surveillance and verification of reports throughout the country, despite the downward trend.

III. Humanitarian Needs and Response

Health

A total of 93 274 cases and 4 090 deaths has been reported since August 2008. The high number of cases in Chitungwiza and Harare has been attributed to interruptions in water supply, chronic water shortages and poor waste disposal. However, the cause for the increase in cases in Kadoma is being investigated and a C4 multi-sectoral monitoring team comprising epidemiologists, social mobilization, case management and logistics experts visited the area to verify and investigate the upsurge in cases.

A number of guidelines for the management of cholera have been finalized and are being circulated. These include guidelines for infection control at CTCs and for ORS utilization. A revision of the national cholera management guidelines is underway. Flow charts for cholera management at CTCs are also being developed. All these guidelines will be compiled in the new cholera guidelines and circulated widely.

During the week of reporting, the IOM held Health and Hygiene Promotion workshops for 410 community health volunteers in Kariba and Zvimba. The organization conducted surveillance activities in Chiredzi,

visiting 14 clinics, four of which were active CTCs and distributed disinfectant supplies and IEC material to district hospitals. Mainstreaming health and hygiene promotion through mobile clinic outreach services and supporting case finding and management for MVPs is being conducted on an ongoing basis.

Two prisons, Chimanimani and Chipinge, in the Manicaland province reported cholera outbreaks and were assisted by the Finnish and Zimbabwe Red Cross teams, MDM and ACF, who distributed cholera kits and IEC materials for prisons.

Owing to a poor response to the IFRC Cholera Appeal, a number of delegates under the banner of the International Federation of the Red Cross and Red Crescent (IFRC), who were in Zimbabwe to assist with the cholera emergency, are reported to be scaling down their operations and handing over equipment used during the cholera response to the Ministry of Health and Child Welfare (MOHCW) and the Zimbabwe Red Cross Society (ZRCS).

Despite the downward trend, there is need for continued surveillance and verification of reports throughout the country. The decline is a positive development, but the increase in cases in Chitungwiza, Harare and Kadoma and the new case in Umzingwane show the need to continued vigilance in response activities.

Water, Sanitation, and Hygiene

Fifty boreholes have now been commissioned in Harare and are in use by the communities. Results from water quality testing of the recently drilled boreholes in Harare by both Government and a private laboratory have shown all boreholes have safe water, except one in Hatcliffe which is being disinfected. A team from the National Microbiology Reference Laboratory and the International Centre for Diarrhoeal Diseases (ICDDR) - Bangladesh collected samples from water sources in Chitungwiza this week and will share results from the analysis soon. Ten boreholes were drilled in Norton and the two drilling rigs have now moved to Chegutu. Drilling of boreholes in Chitungwiza has been a challenge but suitable sites are still being sought.

WASH activities are planned in schools where water tanks should be availed in institutions without nearby boreholes since school feeding is about to start. Blanket distribution of Non Food Items (NFIs) has commenced in Harare and continues in Binga, Beitbridge, Mount Darwin, Mutare and Guruve

The French Red Cross Emergency Response Unit (ERU) completed installation of water treatment plants at Chikurubi Maximum Security prison and handed over to the prison authority. The same has been done in Chitungwiza in addition to the unit's water treatment equipment being given to the local authority.

Education

The Education Working Group continues to develop teacher training materials, interactive classroom activities and appropriate IEC/hygiene materials. The sub-committee responsible for hygiene in schools has been working on teacher training sessions based largely on the social mobilization materials and roll-out plan. Discussions are on-going with the ministries of Health and Child Welfare as well as Education, Sports and Culture to ensure linkages with the community-based social mobilization training in provinces. The final School Hygiene Kit list was shared with partners and funding sourced for a rapid procurement of these essential supplies. IEC materials targeting younger children have been printed and will soon be made available for school-level distribution. This addresses concerns on the exclusion of children from awareness campaigns in the initial cholera response.

Logistics

The WFP-led logistics cluster support to the cholera humanitarian assistance is currently on-going as previously reported. Warehousing services are provided in Harare, Beitbridge, Gweru and Mutare for UNICEF and WHO. This week, cargo movement requests were received from IOM, WHO, the Ministry of Health and Save the Children. Secondary transportation requests are also being addressed. The distribution of NFIs continues.

While cholera response operations are still on-going for all partners, several organizations informed that their activities would be scaling down with the closure of some CTCs. The last logistics cluster meeting took place on the 25th of March and was attended by representatives of WFP, Goal Ireland, IFRC, USAID/OFDA, Concern Worldwide, ACF, MDM, SC(UK), NCM and OCHA. The logistics cluster partners acknowledged the current declining trend of the cholera cases.

Most cholera items which were being awaited for had arrived in country and were being sent to the field for distribution to beneficiaries although more are expected next week from Johannesburg. IOM is formulating a distribution plan for 11,000 cholera NFI kits, to be distributed in Mutare, Makoni, Chiredzi and Zvimba.

Cross-Cluster/Sector Issues

The joint WASH/Health Cluster social mobilization task force organized Training of Trainers in Community Mobilization for Cholera Response and Mitigation in Bulawayo for health promotion focal points and partners from southern provinces from 26 to 27 March. A successful workshop for Northern provinces was held in Harare (19-20th March). Fifty five participants from government and partners, including NGOs and CBOs, attended the workshop. Activities at the workshop included sharing new IECs on areas such as funeral management and cultural/religious practices. The social mobilization guidelines for the cholera response were also shared with participants. The next stage will be roll out to districts.

The environmental health team carried out the last provincial level training for environmental health focal points in Bulawayo last week. The team has now trained focal points from all 10 provinces. They are expected to start water quality monitoring at district level. Plans are underway to supply district focal points with consumables to carry out tests.

IV. Coordination

The social mobilization task force chaired by Unicef and co-chaired by WHO meets every Tuesday at 10am at Unicef. For more information please contact pmathenge@oxfam.org.uk

The WASH cluster will continue meeting on the last Friday of the month at UNICEF. For more information please contact bhenson@unicef.org

WASH and Health Cholera crisis meetings were merged and take place every two weeks Wednesdays from 09:00am to 11:00am in the WHO meeting room at Parirenyatwa Hospital. The next meeting is on 01 April. For more information, please contact oluo@zw.afro.who.int and bhenson@unicef.org

V. Funding

The IFRC and ZRCS have started to downscale activities in the cholera response due to low funding levels.

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>

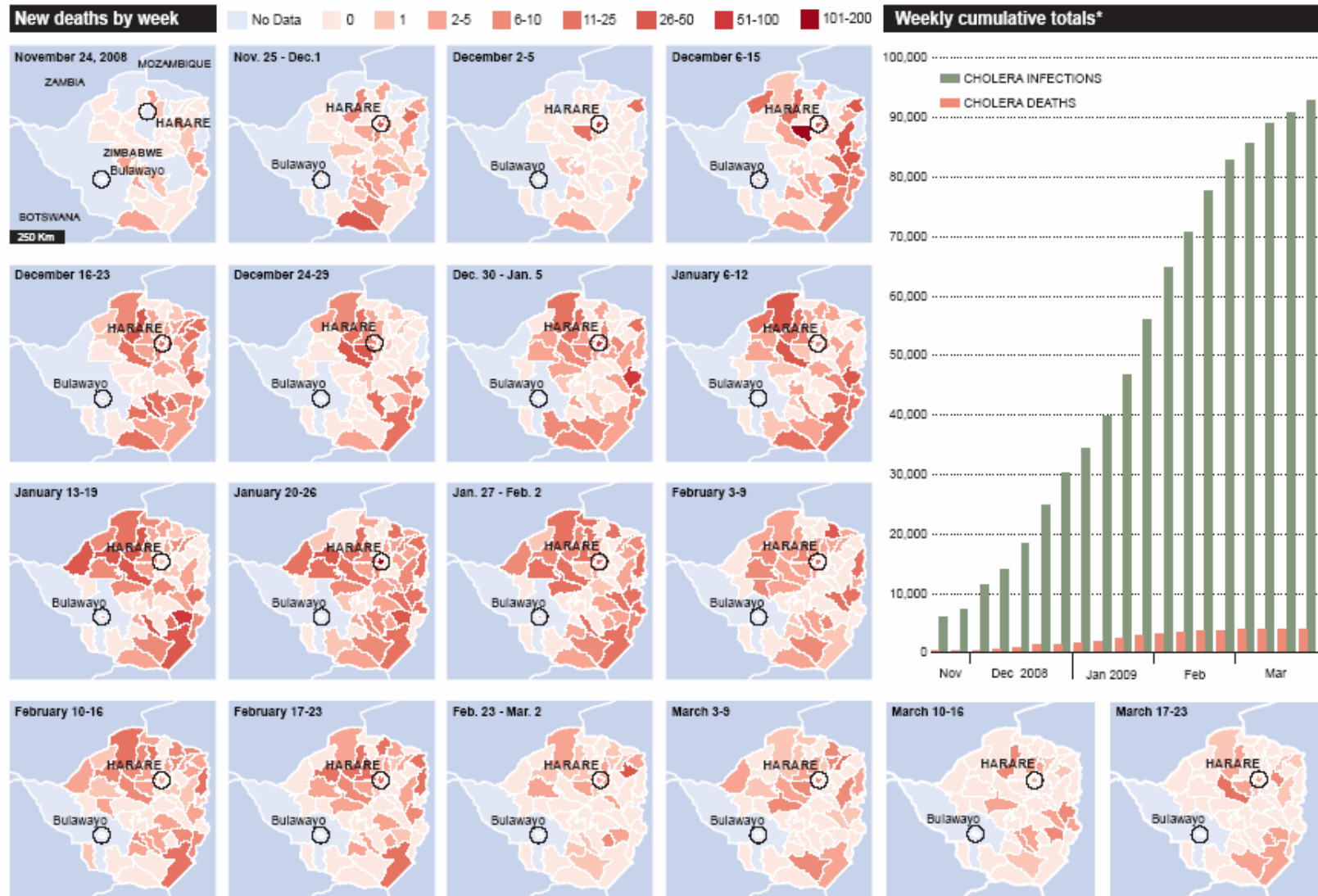
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The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

Cholera outbreak claims 55 lives in past week



The cholera outbreak in Zimbabwe has infected 92,811 people and claimed 4,072 lives since August.



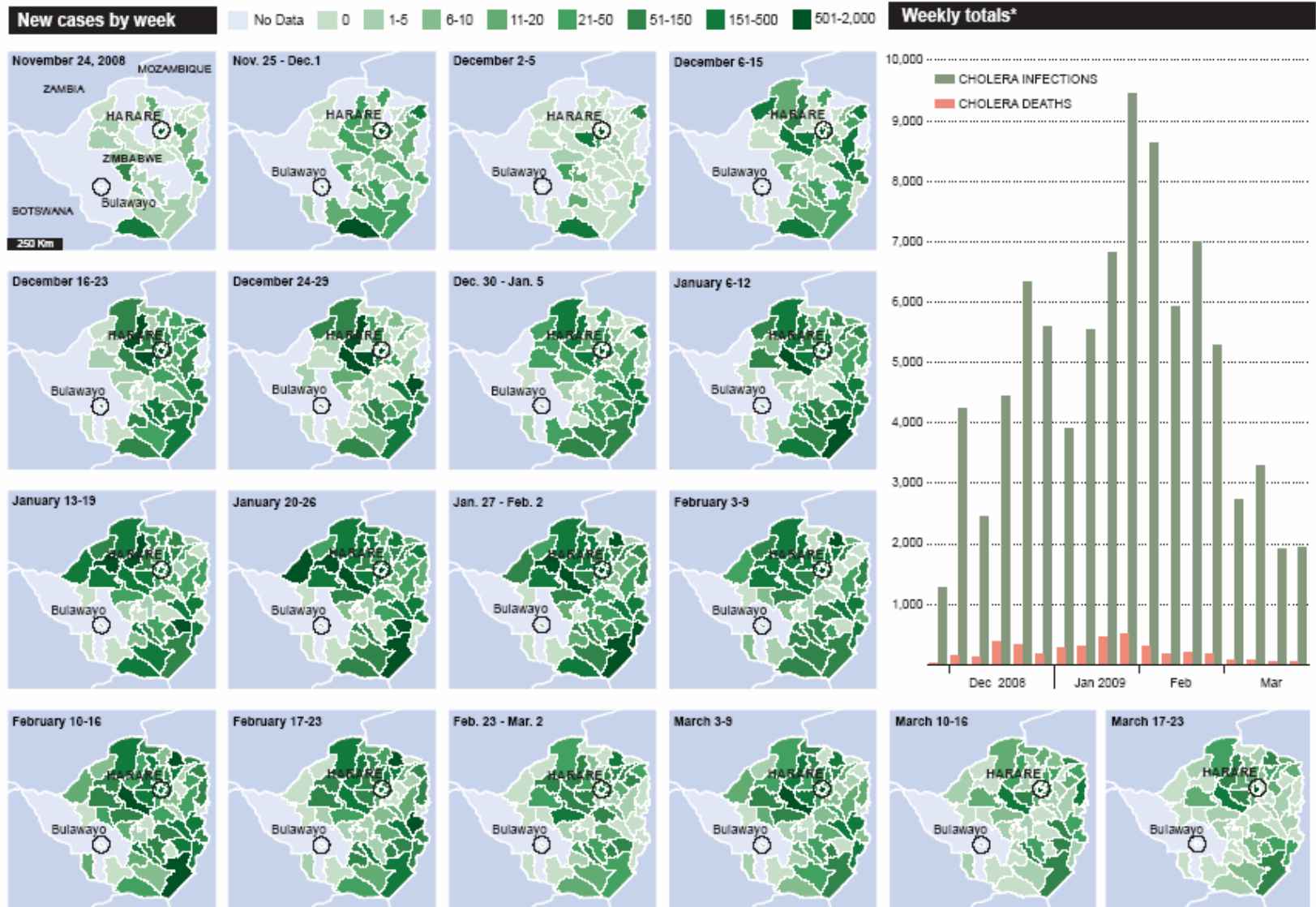
SOURCE: WORLD HEALTH ORGANISATION DAILY CHOLERA UPDATE

*NOTE: May not be exactly seven days in some cases

Cholera outbreak infects 1,936 people in past week



The cholera outbreak in Zimbabwe has infected 92,811 people and claimed 4,072 lives since August 2008.



SOURCE: WORLD HEALTH ORGANISATION DAILY CHOLERA UPDATE

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