

This report was issued by OCHA Zimbabwe. It covers the period from 03 to 09 April 2009. The next report will be issued on or around 01 May 2009.

I. HIGHLIGHTS/KEY PRIORITIES

- Continuous decline in cholera cases reported in all affected districts, except Harare and Mashonaland West provinces which still account for the bulk of cases.
- Cumulative number of cholera cases since August 2008 as at 08 April 2009 is 95, 520, with 4,152 deaths.
- Currently 60 out of 62 districts in all 10 provinces are affected.

II. Situation Overview

The cholera epidemic has been on a steady decline over the last two months, except in Harare (including Chitungwiza) and Mashonaland West provinces. The two provinces account for the majority of reported cases at 68% of the total. By 08 April 2009, the cumulative number of cases reported since August 2008 stood at 95, 520 with 4,152 deaths. To date, 60 out of 62 districts in all 10 provinces have been affected, representing 91,7%.

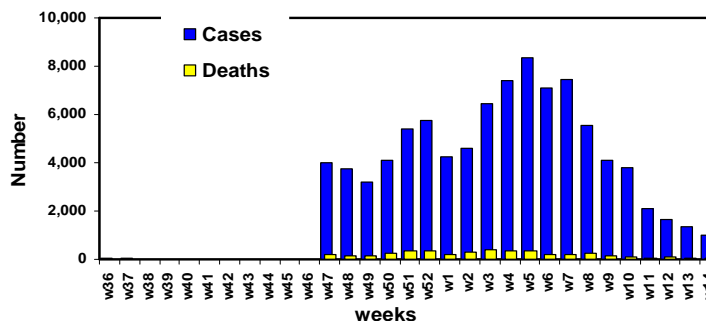
The cumulative crude Case Fatality Ratio (CFR) remains at 4.4% and community deaths remain high at 61.4% of the total. The districts reporting a high number of community deaths include Shamva, Kadoma, Makoni and Harare. However, the increase in institutional deaths at 1.6% during week 13 compared to 2.7% during week 14 is of concern. This has been mainly attributed to the high number of cholera cases with co-morbidities and poor health seeking behaviour in some communities. In order to better analyse the co-morbidities, it has been suggested that staff at cholera treatment centres (CTC) be reoriented to collect detailed notes on co-morbidities, with Harare and Chitungwiza serving as sentinel sites for analysis. This information will be used to inform policy within the Ministry of Health and Child Welfare (MoHCW).

Masvingo, Midlands and Bulawayo provinces have experienced reductions in case loads, with Bulawayo reporting zero cases for two weeks. However, Binga district in Matabeleland North province and Beitbridge district in Matabeleland South province reported higher caseloads this last week.

There has, however, been a reduction in reporting, which has been largely attributed to communication challenges caused by power outages, particularly in Mashonaland Central province.

There is need for continued surveillance and verification of reports throughout the country. While the decline is a positive development, the high number of cases in Harare and Mashonaland West as well as resurgence in Binga, shows the need for continued vigilance in surveillance.

Cholera in Zimbabwe
17 Aug 08 to 4th April 2009



III. Humanitarian Needs and Response

Health

Over the last weeks, there have been reports of cases from prison, for example in Bindura, resulting in the setting up of two CTCs and the provision of water treatment chemicals by the WASH cluster to Bindura Town Council which was experiencing shortages. The resurgence of cases in Beitbridge and Binga is also a cause for concern. In response to the upsurge in cases in Binga, the logistics team sent emergency supplies for treatment of cholera, disinfectant and chlorine to Binga District Hospital as part of the push strategy.

The Cholera Command and Control Centre (C4) conducted a case management workshop for health workers, including doctors and nurses from Mashonaland West as well as the medical services team from the uniformed forces. A total of 53 participants attended the workshop, which is the last in a series of case management workshops at provincial level. Members of the team from the International Centre for Diarrhoeal Diseases Research (ICDDR), Bangladesh and other members of the C4 case management team facilitated the training.

In light of the cholera cases being reported in prisons, the Director of Epidemiology and Disease Control in the MoHCW met with the Director of Medical Services in Prisons to discuss the need to stop putting remandees with regular prisoners as this caused the spread of cholera in the prisons. Prisons that have been affected in the past few weeks include, Chimanmani, Chipinge and most recently Bindura.

A C4 investigative team visited some CTCs across the country including Seke South in Chitungwiza, Beatrice Road Infectious Diseases Hospital (BRIDH) as well as Chinhoyi and Kadoma prisons. Of the 40 stool samples taken over 80% were positive for cholera.

Education

The Education Working Group remains active in developing teacher training materials, interactive classroom activities and appropriate information, education and communication (IEC) as well as hygiene materials. The sub-committee responsible for hygiene in schools has been working on teacher training sessions based largely on the social mobilisation 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 mobilisation 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.

Logistics

Since the beginning of the WFP-led Logistics Working Group (LWG) operation, an estimated 250 MT of non food items (NFI) have been moved through the working group while 2200 m² of transshipment storage space is currently being used to store much needed cholera response items such as oral rehydration salts, water purification tablets, diarrhoeal disease kits, intravenous (IV) fluids, buckets, soap, etc. During the last two weeks, transportation of cholera prevention and curative supplies was provided to 23 CTCs in different parts of the country.

The LWG offers warehouse storage space in five hubs in Zimbabwe, namely Harare, Mutare, Gweru, Beitbridge and Bulawayo. The cluster warehouses are instrumental in providing additional warehouse space for NFI supplies. If needed, extra storage space can be made available in Harare.

Arrangements for the installation of an extra storage tent of 320 m² in Mutare have been finalized and the work is expected to be completed in 10 days. This extra capacity will provide additional space for large quantities of NFI being received directly from neighbouring South Africa.

Following the decline in cholera cases, the LWG is discussing the future services of the working group with its stakeholders. Unless the positive trends change, it is expected that the provision of free transportation will be discontinued by end of April or mid-May at the latest. However, the warehousing services in the five hubs are expected to continue as large amounts of cholera response supplies are still being received in the country.

Water, Sanitation, and Hygiene

With the increase in cases occurring in Harare and Chitungwiza the Water, Sanitation and Hygiene (WASH) cluster has increased its efforts in distributing hygiene kits. As at the second week of April 2009, over 56,000 kits have been distributed in Harare and 9,500 in Chitungwiza. Trucking of 50,000 litres of water per day continues to those areas of Chitungwiza without water, bringing the total amount delivered to 300,000 litres to date. Ninety nine boreholes have now been completed in Harare, Norton and Chegutu. Implementing partners continue to conduct training, distribute NFI kits and to rehabilitate water points in all cholera affected districts.

The WASH cluster has completed the Terms of Reference for an evaluation of the cholera response in 2008/09 and the development of a preparedness plan.

Cross-Cluster/Sector Issues

The Social Mobilisation Task Force has now formally merged with the WASH cluster's Community Based Management (CBM) Working Group, with the objective of not only reducing the number of meetings but also creating a synergy for community based hygiene promotion and WASH management initiatives.

Following the national training of trainers (TOT) workshop for provincial health promotion focal points, the Social Mobilisation Task Force is working on plans to cascade the training to districts and ward level. The first six districts will begin training in the next two weeks. The Social Mobilisation Task Force plans to meet with Members of Parliament soon to advocate for their support and commitment in the cholera response and an information package for the meeting is being developed. The working group has also issued an alert for travelers and tourists for the Easter season. It is to be run in all the major newspapers in English, Shona and Ndebele.

IV. Coordination

The joint Health-WASH clusters continue to meet on a bi-monthly basis. These meetings enable the two clusters to jointly address the many cross-cutting areas in outbreak response including, but not limited to, social mobilisation and access to safe water.

The multi-sectoral C4 monitoring and evaluation visits to provinces, districts and CTCs are continuing. These are intended to inform C4 decisions including gap filling, plans for capacity building as well as monitoring coordination mechanisms at lower levels. The C4 continues to meet bi-weekly and will meet on an ad hoc basis if the need arises.

V. Funding

The Joint Cholera Response plan was launched in January 2009 and the cholera-related projects in this plan were subsequently included into the Zimbabwe CAP 2009 to form an integral part of the overall humanitarian response framework in Zimbabwe. The table below shows a brief funding overview of the projects submitted under the Cholera Response Plan (grouped by sector). An additional \$7.8 million has been contributed to the projects outside the CAP/Cholera Response Plan framework throughout the first quarter of 2009.

Sector	Project request (USD)	Funding (USD)	% Funding coverage
Coordination & Support Services	1,000,000	433,350	43%
Health	19,882,000	8,246,644	44%
Water, Sanitation & Hygiene	30,919,280	17,953,525	58%
Total:	51,801,280	27,133,519	52%

Over 2008 donors contributed some US\$40 million in response to the cholera epidemic that erupted in August 2008 in Zimbabwe.

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.

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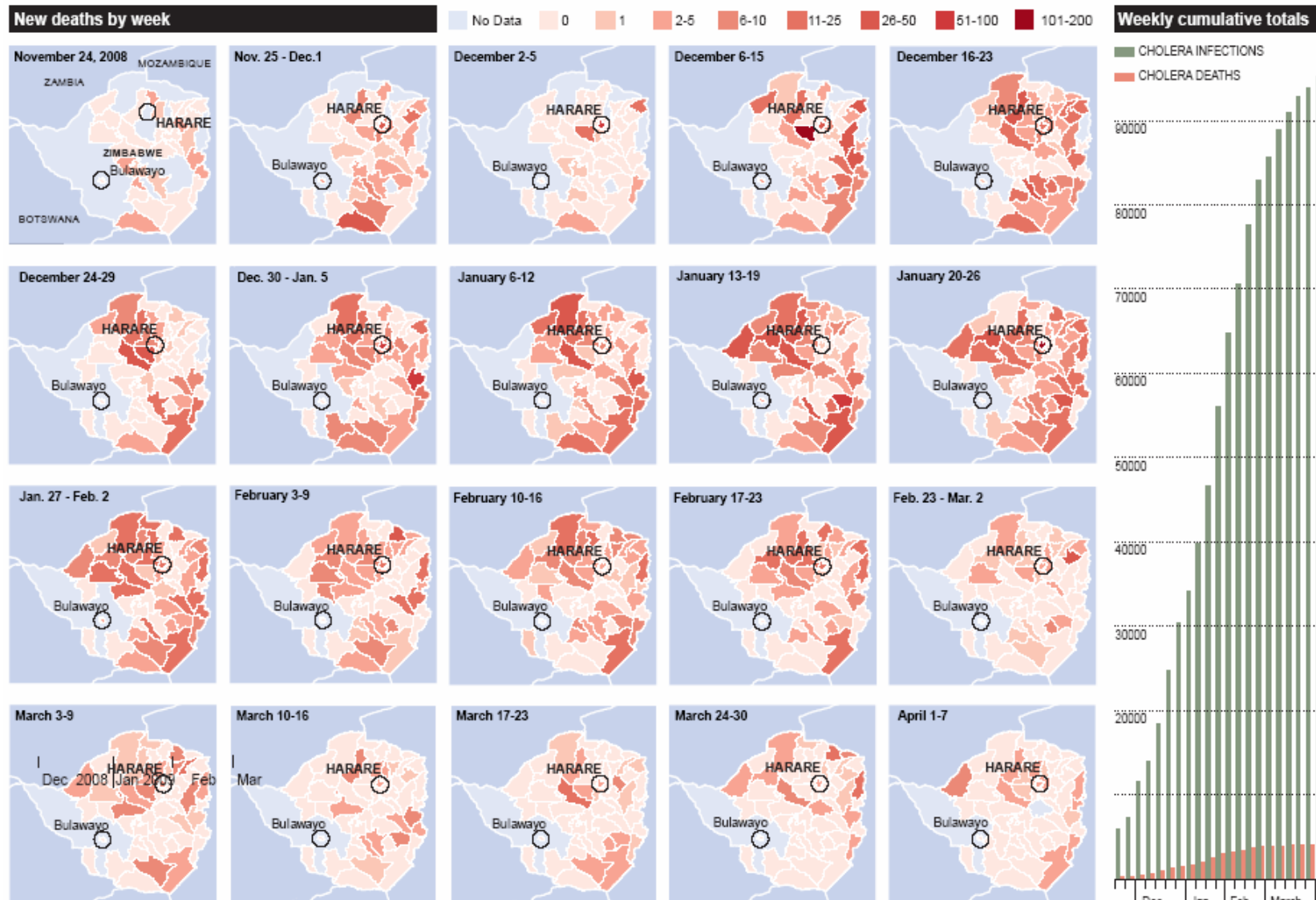
For more information, please visit <http://ochaonline.un.org/CholeraSituation/tabid/5147/language/en-US/Default.aspx>

To be added or deleted from this SitRep mailing list, please email muwani@un.org or visit www.ochaonline.un.org/Zimbabwe

Cholera outbreak claims 40 lives in past week



The cholera outbreak in Zimbabwe has infected 95,520 people and claimed 4,152 lives since August 2008.



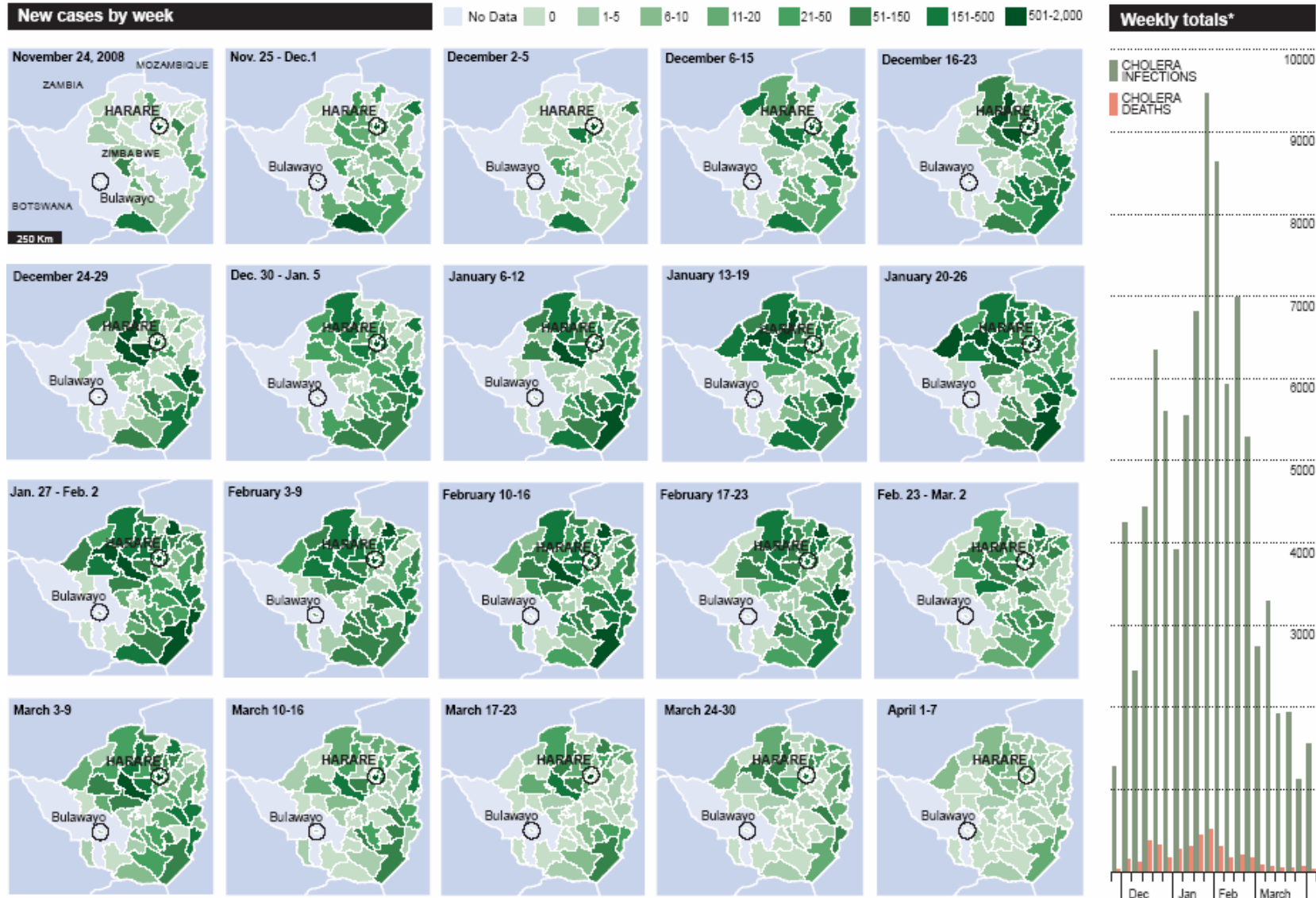
SOURCE: WORLD HEALTH ORGANISATION DAILY CHOLERA UPDATE

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

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Cholera outbreak infects 1,584 people in past week

The cholera outbreak in Zimbabwe has infected 95,520 people and claimed 4,152 lives since August 2008.



SOURCE: WORLD HEALTH ORGANISATION DAILY CHOLERA UPDATE

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