

*This report was issued by OCHA Zimbabwe. It covers the period from 01 to 15 July 2009. The next report will be issued on or around 31 July 2009.*

## **I. HIGHLIGHTS/KEY PRIORITIES**

- Health experts predict another cholera outbreak soon.
- Preparations underway to avert another large-scale cholera outbreak.
- Cumulative number of cholera cases since August 2008 as at 15 July 2009 is 98,592, with 4,288 deaths.

## **II. Situation Overview**

The cholera epidemic has reached its tail end as indicated by the plateau in the low number of cases and deaths being reported.

By 15 July 2009, the cumulative number of cases reported since August 2008 was 98,592 compared to 98,531 at the same time in June 2009, representing 61 cases. The number of cumulative deaths was 4,288 representing an increase of six from the 4,282 reported at the same time last month, with 2,631 community deaths in mid-July, which shows an increase by one from 2,630 in mid-June. Between 01 and 15 July 2009, a total of six cases were reported, compared to 90 in the first half of June and 538 cases over the same period in May. The cumulative Case Fatality Rate (CFR) remained high at 4.3%.

As the next rainy season approaches, there are, however, fears of another cholera outbreak because the structural causes of the current epidemic have not been fully addressed. These include broken down and anachronistic water and sanitation infrastructure characterized by burst sewer systems and water pipes, often resulting in sewerage contaminating water before it reaches household level. The challenge of limited safe water and frequent water cuts that force people to resort to unsafe sources including shallow wells, ponds and dams among others, has not been addressed. In the revised Consolidated Appeal for 2009, partners in the water, sanitation and hygiene (WASH) cluster estimate that six million people in Zimbabwe have limited or no access to safe water. Further, some rural areas have extremely low latrine coverage, resulting in unhygienic practices that lead to the contamination of water sources during the rainy season. A combination of these factors increases the risk of populations contracting cholera..

Weaknesses in water and sanitation services are further compounded by a fragile health delivery system. Although the health system has improved since the onset of the outbreak, with more services being available and accessible, it still needs further strengthening. In addition, despite an improvement in health information delivery including the weekly rapid disease notification system, many health facilities still lack quick and easy access to communication equipment for reporting.

Given this scenario, the humanitarian community's focus is on preventing another large-scale cholera outbreak. To this end, Health and WASH partners are currently engaged in various preventative efforts. These include the repair and replacement of communication equipment at health facility level through funding from the Consolidated Appeal Process (CAP). The revitalization of the Village Health Worker (VHW) programme has also begun. Once operational, it should serve as an early warning system for epidemics and a channel for community mobilization. In addition, through the PUSH strategy, logistics for cholera treatment centers (CTC) have been pre-positioned in all districts for treatment of suspected cholera cases to ensure easy and immediate access in the event of an outbreak. Health and WASH clusters are working to update the cholera response plan, with coordination support from OCHA. This will provide direction for the response should it be required.

Further, there has been advocacy for the use of water purification tablets and boiling of water as well as provision of aluminium sulphate and other water treatment chemicals to the water departments of various local authorities, to ensure adequate residual chlorine to reduce the chance of water contamination at household level. Studies and anecdotal information from the field indicate that there has been a marked improvement in knowledge and practices among the community. However, this needs to be maintained through reinforcement.

It is hoped that a combination of these factors will enhance Zimbabwe's preparedness in the event of another cholera outbreak.

### **III. Humanitarian Needs and Response**

#### **Health**

No cholera deaths have been reported over the last two weeks, during which 100% of all centres have reported. As the epidemic is at its tail end, districts have been advised to ensure testing of all suspected cases to ensure that it is indeed cholera and not other winter diarrhoeas.

From 01 to 18 July, the John Marange Apostolic Faith religious group are holding an annual convention in the Manicaland province. It is estimated that between 100,000 and 250,000 people will converge at one location, which may increase the potential risk of a cholera outbreak. The health and WASH clusters are supporting the religious group and the local authority in initiatives to avert a possible outbreak. A team of WASH officers visited the site and reported that although water and latrine facilities are available they could be overwhelmed by the large number of people. Information, Education and Communication (IEC) materials, water purification tablets and emergency supplies for treatment of cholera have been pre-positioned in the area in case of emergency. Ministry of Health and Child Welfare (MoH&CW) officials met with the group's leadership to discuss ways to improve their collaboration. It is hoped that this meeting and others to follow will result in better uptake of health interventions and reduced death in the event of outbreaks.

Following demand to revive the village health worker (VHW) programme in Zimbabwe, a stakeholders' meeting was hosted in Kariba early this month. This is the initial stage of revitalizing the VHWs, who are expected to enhance preparedness and response to epidemics because they play important roles in both early warning and prevention or control of epidemics. Among the issues discussed and agreed upon at the stakeholders' meeting were the contents of the VHW kit, transportation for the workers and numbers to be trained at the initial stage. The revitalized programme will be officially launched in October 2009. It is expected that in the next two years a minimum of 10,000 VHWs will be trained. Stakeholders at the meeting included SCUJK, IMC, GAA Merlin, UNICEF, WHO and MoH&CW.

VHWs are already present in some areas and were mobilized for the response to the epidemic. These will receive refresher training and equipment. The joint health-WASH social mobilization working group has conducted orientation session on epidemic preparedness and response (EPR) from national down to district level to enable proper community mobilization in the event of an epidemic. The orientation reached key people in communities, including teachers, line ministry officials, police officers, medical personnel and councilors, among others.

#### **Water, Sanitation, and Hygiene**

Following the 2009/10 Inter-agency Contingency Planning workshop in June this year, clusters and working groups are drawing up sector-specific preparedness and response plans. In July, the WASH cluster held its Contingency Planning Workshop, which was attended by about 25 members. Comments on emergency scenarios and preparedness activities were captured in the draft WASH Cluster contingency plan, which was forwarded to OCHA for inclusion in the broader plan. On 14 July, the WASH cluster hosted a half day workshop to discuss NFI package composition and distribution strategy.

Efforts are also underway to support local authorities with improving their waterworks. Vitens Evides International, a Dutch consultancy contracted to identify priority areas in Harare's waterworks estimates that an investment of up to US\$2 million could increase flows from Morton Jaffrey water treatment plant to 24 million litres per day and save between \$4 and \$5 million per year in operating costs. The consultancy was contracted by UNICEF to identify top priority emergency works to Morton Jaffrey and Prince Edward water treatment plants.

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The continued reduction in cholera cases presents WASH cluster members with the opportunity to focus on the rehabilitation of water sources and sewage/sanitation activities. Recent activities conducted by the cluster include the rehabilitation of 63 water points, installation of 56 new water points, trucking of 1.5 million litres of water each week, construction of five latrines and removal of 600 tonnes of rubbish. Non food item (NFI) distributions continue, with the dissemination of 617 complete packages. The urban borehole drilling programme has now completed 139 of the targeted 220 boreholes. Training conducted included that of 21 pump minders, 19 Environmental Health Technicians (EHT), 51 village health workers and 22 school teachers. Participatory Health and Hygiene Promotion (PHHP) implementation targeted 2,357 beneficiaries and 49,718 school children in 91 schools. School hygiene kits were distributed to 140 schools and water tanks were installed at seven clinics.

The evaluation of the cluster's response to the 2008/09 cholera outbreak will be completed soon and lessons learnt will be shared with stakeholders. The exercise is being supported by the Center for Disease Control (CDC) and it is hoped that the evaluation will particularly try and map the outbreak progress and WASH cluster interventions in specific areas.

The WASH cluster continues to support the MoH&CW's initiative to revitalize VHVs. Planning continues regarding resource mobilization for the national clean up campaign and all organizations are requested to support this initiative.

#### IV. Coordination

Discussions are underway to update the Joint Cholera Response plan, with the health and WASH clusters being the main players.

#### V. Funding

Following changes to the Emergency Response Fund (ERF) Charter and call for proposals, five funding proposals have been received from implementing partners in various sectors and are currently under review. Areas covered in the proposals include WASH, food aid, education and protection.

*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](mailto:fts@reliefweb.int).*

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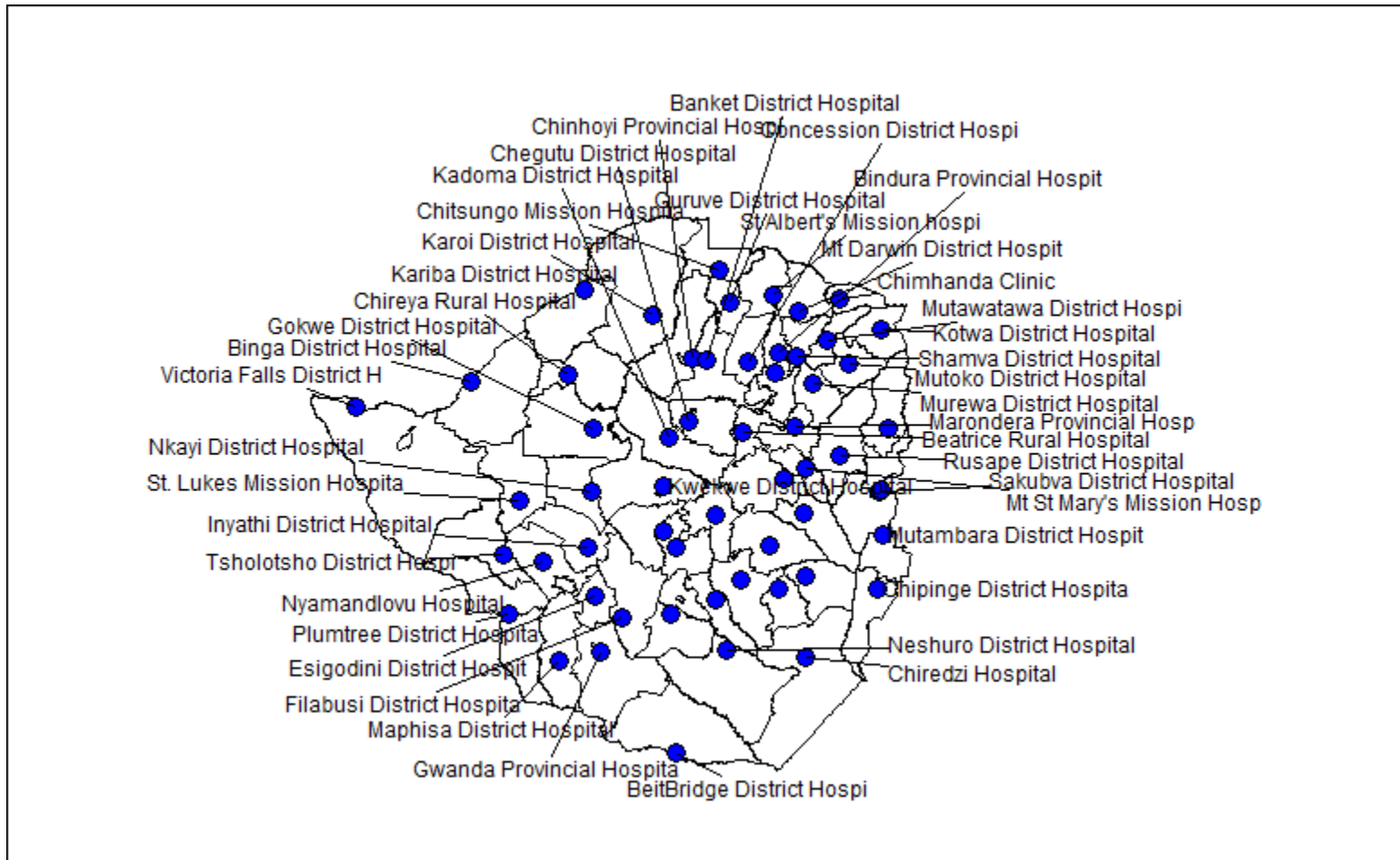
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For more information, please visit <http://ochaonline.un.org/CholeraSituation/tabid/5147/language/en-US/Default.aspx>

To be added or deleted from this SitRep mailing list, please email [muwani@un.org](mailto:muwani@un.org) or visit [www.ochaonline.un.org/Zimbabwe](http://www.ochaonline.un.org/Zimbabwe)

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## Health facilities that have received supplies through the PUSH strategy



Source: WHO

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## Cluster/Sector Membership List, May 2009<sup>1</sup>

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Africare, CARE, CFU, Chiedza, CRS, FAO, FAWEZ, GCN, IOM, Mercy Corps, MOESC, NHF, NRC, PLAN, SCN, SCUJ, SNV, SOS, TDH, UNESCO, UNHCR, UNICEF, WFP, WVI, ZIMTA	Cadec Christian Care, ICRC <sup>2</sup> , IOM, IRC, Mercy Corps, NRC, OXFAM, Australia, Plan, SCN, SCUJ, UNFPA, UNHCR, UNICEF, WVI	Action Aid, ACTION, ADRA, AFRICARE, , Batsirai, CAFOD, CARE, CESVI, CFU, Christian CARE, CONCERN, COSV, CRS, CTAZIM, DACHICARE, FACT, FAO, FCTZ, GAA, GOAL, GTZ, HELPAGE, HKI, IPA, LINKAGE, MDM, MERCYCORPS, MSF-B, MSF-H, MSF-L, MTLC, NHFZ, OXFAM, PLAN, SAFIRE, SC-N, SC-UK, SIRDC, TDH, UNICEF, WFP, WHO, WVI, ZAPSO, ZCCJP, ZRCS, Zvitambo, ZWBTC	ACF, Action Aid, ADRA, Africa 2000, Africare, CADS, CAFOD, CARE, Christian Care, Concern, CRS, CTDT, Dabane Trust, DAPP, Environment Africa, FACHIG, FCTZ, GAA, GOAL, HELP, Help Age, IOM, LEAD Trust, Mercy Corps, ORAP, OXFAM America, Oxfam GB, Plan, Practical Action, PSDC, River of Life, SAFIRE, SAT, SC-UK, WVI, ZCDT, ZRCS	ADRA, CARE, Christian Aid, Christian Care, CRS, FABAZIM, FAO, GOAL, IFRC, IOM, LDS, MTLC, NHF, NPA, NRC, Oxfam GB, Progressio, SCN, UNAIDS, UNDP, UNFPA, UNHABITAT, UNHCR, UNICEF, WFP, WHO, ZPT	ACF, ADRA, Africare, Action Aid, CARE Zimbabwe, CDC, CH, CRS, CWW, DAPP, Elizabeth Glaser Pediatric AIDS Foundation, GAA-Merlin, GOAL, Humedica, ICRC, IFRC, IMC, IOM, MSF, MDM, Plan International, Sysmed, International Red Cross Societies (Japanese, Spanish, Zimbabwe) UNFPA, UNICEF WHO, WVI	ADRA , Africare, CARE, COSV, CRS, Christian Care, Concern, GOAL, HAZ, ICRC, IOM, IPA, Mashambanzou Care Trust, NRC, ORAP, Oxfam-GB, Plan International, SC-UK, WVI,	ACF, Action Aid, ADRA, Africare, ARUP, Ayani, CAFOD, CDC, Christian Aid, Christian Care, Concern, CRS, Dabane, FAO, FCTZ, GAA, GOAL, Help Age, Help Germany, IDEZIM, ICRC, IFRC, IOM, IRC, IWSD, JRC, Lead Trust, Mercy Corps, MSF-A, MSF-B, MSF-L, MSF-S, MTLC, NCA, OXFAM, Padare, Plan, Practical Action, PSI, Pump Aid, SC-UK, UNDP, UNHCR, UNICEF, UZ, WFP, WHO, WVI, WWF, ZCDT, ZINWA,	ACF, Concern, GOAL, IFRC, MDM, NCM, SC-UK, UNICEF, WFP

<sup>1</sup> Please note that this matrix is constantly being updated. Kindly send the names of new member organizations and/or any proposed changes to OCHA.

<sup>2</sup> The ICRC, as a strictly independent humanitarian organisation participates as a standing invitee in cluster meetings to complement and strengthen the coordination for an efficient and effective humanitarian response.

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