OVERVIEW

- Cholera situation update
- Cholera Command and Control Centre update
- Zimbabwe government community mobilization campaign
- Support from partners
- Health Cluster weekly meetings
- Floods preparedness

SITUATION UPDATE AND HEALTH ASSESSMENT

As of 11 January, 2009 cholera has caused 1937 deaths with 38334 suspected cases in 55 of Zimbabwe’s 62 districts. The case fatality rate (CFR) is 5.1%. Harare has registered the highest number of cases and deaths since the onset of the epidemic in August (10 813 cases and 238 deaths - CFR 2.2%), followed by Beitbridge (4254 cases and 134 deaths - CFR 3.1%), Makonde (3023 cases and 102 deaths - CFR 3.4%) and Chegutu Urban (2210 cases and 140 deaths - CFR 6.3 %.)


There is concern over the number of community deaths, which has been ranging from 44.6% to 54.2% of the cumulative deaths in the first week of January 2009. On 8 January, Mutare and Chitungwiza recorded the highest numbers of community deaths (112 and 111 respectively). In addition, the communication challenges and staff facing the districts contacts has affected the daily information received, about half of the districts send data. Data managers are constantly cleaning data, resulting in fluctuation of figures daily, e.g. the cumulative deaths on 29 December, 2008 were at 330 and after data cleaning on January 8, 2009 the figure is 235.

ZIMBABWE GOVERNMENT COMMUNITY MOBILIZATION CAMPAIGN

The Ministry of Health and Child Welfare (MoHCW) of Zimbabwe held a stakeholder briefing on 5 January to upscale community mobilization activities against cholera countrywide. The briefing spearheaded by the Reserve Bank of Zimbabwe was supported by a multi sectoral group comprising Civil Protection Unit (CPU), Ministries of Local Government, Public Works and Urban Development, nongovernmental organizations (NGOs), religious organizations, embassies and UN agencies, including WHO.

MOHCW recognised community-based organisations for ongoing activities to combat cholera and urged them to redouble efforts and work in a coordinated manner with the Government of Zimbabwe. The campaign will use existing community-based structures to reach every district with cholera prevention and management information.
The decentralised campaign will be headed by the Civil Protection Unit at national level, the provincial governors at provincial level, the district administrator at district, and the ward health worker at ward level, according to the MoHCW. A multi-sector approach to the campaign will be employed and community level players will be invited to participate.

The following challenges were cited in fighting cholera outbreaks; flooding during the current rainy season, travelling, funeral handling and water and sewage problems in urban and rural areas. While Zimbabwe is the epicentre of the cholera outbreak in the Southern African region, cholera cases have been reported in neighbouring South Africa, Mozambique, Zambia and Malawi.

**DONATIONS AND PLEDGES TOWARDS CHOLERA FIGHT**

- Donations through WHO:
  - South Korean government donated US$100,000
  - Botswana government donated US$151,000
  - Greek government donated US$370,000
  - UK’s Department for International Development (DFID) signed an MoU with WHO to provide US$750,000 financial support for implementing the MoHCW-WHO Cholera Command and Control Centre (C4).
- Venezuelan government donated 74 tons of food, water and medicine
- Econet Wireless, a local mobile phone service provider, donated 12 toll-free lines to provincial surveillance teams and at the MoHCW worth US$5,000

**HEALTH CLUSTER COORDINATION**

The weekly Health Cluster coordination meeting was held 6 January and the following were tabled:

- Recommendation for an effective role of the C4 by all partners.
- Coordination strengthening in the field (provincial and district level).
- An objective of the Cholera Preparedness Response Plan will include concerted efforts on flood-preparedness. OCHA is to share the plan with partners.
- Prevention and management of cholera during outbreaks in context of funerals and large gatherings.
- Social mobilization activities to focus on behaviour change and creating awareness.
- Distribution and instruction on using Oral Rehydration Salts (ORS) in communities should be increased. Village health workers should be trained to manage cholera patients.

**Cholera outbreak and implications on opening schools**

The impending opening of schools on January 27, 2009, is a cause for concern, especially in schools without running water nor working toilets. Measures needed include:

- To approach the MoHCQW to use its mandate to assess health worthiness of schools to avoid cholera outbreaks.
- Cholera treatment centres (CTCs) should not be set up at or near schools.
- Development is needed for schools of a cholera prevention and management package using information, education and communications (IEC) materials.
- MoHCW and health partners need a contingency plan for schools, at least at provincial level.

**Health Staff retention incentives**

- Crown Agents will manage DFID’s healthcare human resources retention scheme for 20,000 health workers. The incentive packages will be backdated to December 2008 and focus on supporting Mudzi, Chitungwiza, Beitbridge and Harare.
- The scheme aims to encourage workers to report for duty during the outbreak.

**World Health Organization**

- As Health Cluster coordinator, WHO is supporting roll out of the C4 and linking with partners for alert investigation and rapid response.
- WHO is supporting the MoHCW for the coming campaign.
- WHO is supporting the MoHCW and Health Cluster partners with supplies management and distribution.
WHO has deployed new experts to replace outgoing epidemiologists, social mobilization officers and health environmental engineers.

GOAL Zimbabwe
- Goal has increased staff to strengthen capacity to support CTCs in the week beginning 12 January 2009, targeting rural CTCs in Hurungwe (Mashonaland West), Makoni and Nyanga in Manicaland,
- Carried out non food items (NFI) distribution and health and hygiene promotion in Hatcliffe Harare, reaching 2200 households.

UNICEF
- UNICEF continues to provide logistic, technical and material support to CTCs and cholera response efforts, and coordinates the WASH Cluster.
- UNICEF supports the ongoing psychosocial activities of the Women’s Action Group in Chegutu.
- Conducted a field visit to assess situation at Msengezi and Chinengundu CTCs on 30 December, 2008.
- UNICEF is planning to intensify social mobilization and hygiene promotion by distributing NFIs in Msengezi area and targeting 1000 households.

Zimbabwe Red Cross (ZRC) and the International Federation of Red Cross and Red Crescent (IFRC)
- In collaboration with the Zimbabwe Red Cross (ZRC) the (IFRC) is supporting Health and WASH interventions in the field with different teams from National Red Cross Societies (Austrian/British/French/German/Japanese/Norwegian/Spanish RC) as well as the IFRC Emergency Rapid Unit (ERU). They are involved in conducting assessments in water supply, sanitation and CTCs in Harare, Manicaland, Mashonaland West, Midlands and Matabeleland North.

MSF (Holland: Harare, Mashonaland East, Assessment in Mashonaland Central and West; Luxemburg: Manicaland and Masvingo; Spain: Matebeleland South, Mashonaland west)
- While managing or supporting some CTCs, MSF Teams have been supporting alert investigation and rapid response in several districts, supporting where needed to set up care management units providing supplies and training health workers. They have been working closely with the Health Cluster Coordinator and the C4 team.

Celebration Health
- Celebration Health has been involved in Alert investigation and support to case management with a medical team comprising of medical doctors and nurses in Mashonaland West and Manicaland.

Update on the Cholera Command and Control Centre
The Cholera Command and Control Centre (C4) in Zimbabwe chaired by MoCHW and co-chaired by WHO enters its implementation phase with the formal agreement of the Ministry Of Health and Child Welfare (MoHCW) in late December, 2008.
- **Objective**: The C4’s objective is to strengthen technical coordination in responding to the cholera outbreak to reduce mortality.
- **Mandate**: Its mandate is to coordinate the technical support provided to Zimbabwe’s National Health Service and other health providers to implement activities related to the Cholera Preparedness and Response Operational Plan to control the epidemic as soon as possible.

The C4 will focus on providing technical guidance mainly in the areas of:
- surveillance
- laboratory and operational research
- management of media relations
- case management
- WASH
- social mobilization
- logistics, including supplies forecasting.

- **Support to Clusters**: The C4 will provide technical recommendations to the Health, WASH and other Clusters for onward implementation.
Health, WASH and Logistic Clusters will work closely with C4 to implement technical recommendations based on a comprehensive analysis of the situation. Contribution from Clusters’ Members in the field is important to ensure contribution to information management, alert system, case investigation, rapid response and case investigation. The OST with cluster members will help in having this regional capacity and also building capacity at district level.

MOHCW with WHO & GOARN technical support
Operational Support Teams (OST) x 10 Provinces
Support (surge: rapid response; capacity building) PMD and City Health in the areas of:
- Surveillance / Lab
- Case Management
- Water Sanitation and Hygiene (WASH)
- Social mobilization
- Supply forecasting

C4 & Health, WASH, Logistic, Nutrition Clusters*

(*) C4 is the “technical arms of the clusters,” making recommendations based on the situation and standards to support clusters’ interventions

Health, WASH, Logistic... Cluster’ Partners
- Supporting local authorities (surge; technical advice, training in data management, case management; infection control);
- Medical supplies mobilization

Support to districts:
Surge: including field presence and capacity building (alert, investigation, rapid response, social mobilization)
Supplies provision

Zimbabwe Health Cluster Weekly Bulletin No. 5 - 12 January 2009
• **Support to provinces/districts:** The C4 will decentralize support to provincial levels by building and making available technical capacity to support districts so they can respond to alerts and set up a rapid response team. The C4, in collaboration with the Health and WASH Clusters, will help strengthen provincial and district coordination by using provincial and district focal points who support health authorities.

**Way forward**
- Plan to merge the Health and WASH crisis meetings.
- A draft of standard reporting format for cholera alert/outbreak assessment and monitoring has been shared with partners.
- C4 roll out and strengthening of provincial and district teams for coordination and rapid response.
- Community-based interventions to reduce community deaths
- Support Government of Zimbabwe’s MoHCW.

*Please send contributions for next edition by cob on each Wednesday to Ms Zora Machekanyanga at machekanyangaz@zw.afro.who.int*