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**BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

Zimbabwe – Cholera Outbreak

Fact Sheet #11, Fiscal Year (FY) 2009

March 6, 2009

Note: The last fact sheet was dated February 26, 2009.

KEY DEVELOPMENTS

- Since the cholera outbreak began in August 2008, the disease has spread to all of Zimbabwe's 10 provinces and 56 of Zimbabwe's 62 districts. As of March 5, nearly 88,000 reported cases of cholera had caused nearly 4,000 deaths, according to the U.N. World Health Organization (WHO). If current daily cholera rates continue, the total caseload could exceed WHO's assessment of the outbreak's likeliest overall scope, currently estimated at 92,000 cases, in the coming weeks.
- On March 5, WHO reported an overall case fatality rate (CFR) of 4.5 percent. Since the CFR peaked at 5.7 percent on January 21, WHO has recorded a continuing decline in the CFR. WHO attributes the decline to improved case management and to social mobilization programs emphasizing early treatment, funded in part by USAID/OFDA.
- Following a visit to Zimbabwe from February 21 to 25, U.N. Assistant Secretary General for Humanitarian Affairs Catherine Bragg and other senior U.N. officials reported that Zimbabwe's humanitarian situation remained grave. The delegation noted the importance of further expanding cholera treatment to rural areas and intensifying social mobilization and hygiene promotion programs.
- On March 5, the Government of Zimbabwe (GOZ) prime minister noted in an address to health officials and representatives of international aid donors that the number of cholera cases and deaths recorded to date potentially underestimates the actual scope of the outbreak.

NUMBERS AT A GLANCE		SOURCE
Total Reported Cholera Cases in Zimbabwe	87,998	WHO – March 5, 2009
Total Reported Cholera Deaths in Zimbabwe	3,975	WHO – March 5, 2009

FY 2009 HUMANITARIAN FUNDING

Total USAID Humanitarian Assistance to Zimbabwe for the Cholera Outbreak\$7,050,884

CURRENT SITUATION

- On February 27, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported that the cholera outbreak remained uncontrolled. However, from February 22 to 28, WHO recorded a significant decline in the weekly rates of reported cholera deaths and new cases compared to the previous week. WHO noted that the figures confirmed the recent trend of a declining number of new cases reported nationwide, despite increased weekly caseloads in Mashonaland East and Midlands provinces.
- On March 3, the International Center for Diarrheal Disease Research, Bangladesh (ICDDRDB), presented preliminary findings from an assessment trip to Zimbabwe in January. Following investigations at 16 sites in rural locations and the cities of Harare, Bulawayo, and Mutare, the ICDDRDB identified 30 different cholera strains nationwide, underscoring the complexity and large scope of the outbreak. In addition, the ICDDRDB team observed elevated amounts of cholera coliform in every water source tested in Harare's heavily-affected suburb Budiro, suggesting widespread water contamination.
- On March 4, relief agencies expressed concern regarding the recent decision by the Government of South Africa (GOSA) to close the transit areas for Zimbabwean migrants in Musina town, Limpopo Province, near the Zimbabwean border, without the GOSA clearly outlining alternative facilities. Humanitarian organizations noted that Zimbabwean migrants could disperse and not seek medical treatment for fear of deportation, potentially leading to the further spread of cholera. In FY 2009, USAID/OFDA has provided \$400,000 for water, sanitation, and hygiene (WASH) programs to assist Zimbabwean migrants in Limpopo Province and prevent the disease from spreading.
- USAID/OFDA regional staff note that southern African countries tend to experience annual, endemic cholera outbreaks. On March 5, WHO reported that cholera is becoming endemic in Mozambique, as well. In cooperation with USAID missions, the U.N. Children's Fund (UNICEF), and respective national ministries of health, USAID/OFDA regional staff will continue to monitor cholera data in Malawi, Mozambique, South Africa, and other southern African nations.

Humanitarian Coordination and Information Management

- On February 27, OCHA reported that the U.N. health cluster is developing standardized weekly data reporting procedures for health agencies involved in the cholera response. The health cluster seeks to model the procedures on a U.N. WASH cluster tool that outlines activities by organization and location. Health cluster staff plan to analyze the data to determine response gaps.
- In FY 2009, USAID/OFDA has contributed \$750,000 to WHO for improved data collection and information dissemination through the cholera command-and-control center, enabling humanitarian organizations to direct expertise and resources where needed most. In addition, USAID/OFDA continues to support UNICEF's role as U.N. WASH cluster coordinator, including support for information management and reporting on WASH partners' activities by region, helping to facilitate a more robust response.

WASH

- On February 27, OCHA noted the concerns of the U.N. social mobilization working group and relief agencies regarding the GOZ's decision to re-open schools on March 2. According to OCHA, assembling children in schools without adequate WASH infrastructure could exacerbate the outbreak. OCHA reported that the U.N. social mobilization working group has developed hygiene promotion materials and is working to procure hygiene kits for school distribution.
- Since the beginning of FY 2009, USAID/OFDA has committed nearly \$5.9 million to UNICEF and other humanitarian partners for WASH programs, including hygiene promotion, home-based water treatment, and cholera risk and transmission awareness activities. Programs target locations in and around areas with high reported cholera rates and areas vulnerable to the spread of the disease due to poorly maintained water and sanitation infrastructure.

Health

- On March 3, the ICDDRБ presented preliminary findings following January 16 to 19 assessments in Mashonaland West, Matebeleland North, Matebeleland South, and Masvingo provinces. The ICDDRБ noted that in the cholera treatment centers (CTCs) visited, staff over-administered intravenous (IV) fluids, administered IV fluids incorrectly, and under-administered oral rehydration solution (ORS) packets. In addition, the ICDDRБ found that CTC staff often over-classified dehydration levels and failed to inform patients of proper health and hygiene promotion procedures.
- Since January 18, WHO has reported a weekly CFR in health facilities, CTCs, and cholera treatment units (CTUs) between 1 and 2 percent, indicating improvements in case management since the ICDDRБ assessment.
- Ongoing USAID/OFDA support to the cholera command-and-control center helps WHO staff and health authorities compile epidemiological reports, conduct case management training, establish early warning mechanisms, and respond rapidly to caseload increases at the district level.

Emergency Relief Supplies

- Limited production capacity of South African and other regional suppliers resulted in late-February delays in the provision of hygiene supplies, including ORS packets, according to OCHA. In addition, OCHA reported transport delays of up to three weeks in the city of Beitbridge, Matabeleland South Province, the primary entry point for supplies being transported by road from South Africa.
- However, OCHA noted that UNICEF-procured buckets, water purification tablets, and ORS packets, valued at approximately \$7 million, are currently arriving in Zimbabwe and will benefit approximately 3 million people in 16 districts of particular concern. UNICEF plans to consign the emergency relief supplies through U.N. World Food Program warehouses for distribution via humanitarian partners to affected communities.
- To date, USAID/OFDA has committed more than \$360,000 for the procurement and transport of 400 metric tons of soap for use in hygiene promotion programs in Zimbabwe. On January 29, USAID/OFDA consigned the soap to UNICEF for distribution. In addition, WASH commodities procured by UNICEF with USAID/OFDA support include 10 million water purification tablets, 30,000 water containers, and 30,000 buckets. USAID/OFDA has also supported the procurement and distribution of 20 million water purification tablets through other partners.

USAID HUMANITARIAN ASSISTANCE FOR ZIMBABWE'S CHOLERA OUTBREAK

- On December 16, 2008, U.S. Chargé d'Affaires a.i. Katherine S. Dhanani declared a disaster due to the effects of the cholera outbreak. As part of ongoing response efforts, USAID/OFDA activated a USAID Disaster Assistance Response Team to identify humanitarian needs, evaluate response effectiveness, conduct field assessments, and participate in U.N. health, education, logistics, nutrition, and WASH cluster meetings.
- To date, USAID/OFDA has committed more than \$7 million in emergency assistance for Zimbabwe's cholera outbreak. USAID/OFDA assistance has supported the provision of emergency relief supplies for affected populations, humanitarian coordination and information management, health activities, and WASH interventions.

- USAID/OFDA support for the current response supplements the more than \$4 million that USAID/OFDA provided for emergency WASH programs in Zimbabwe in FY 2008. The U.S. Government has provided more than \$262 million in humanitarian assistance for Zimbabwe's ongoing complex emergency since October 2007.

USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE FOR THE CHOLERA OUTBREAK IN FY 2009

<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/OFDA ASSISTANCE¹			
Multiple	Water, Sanitation, and Hygiene	Beitbridge, Bulawayo, Chegutu, Chirumanzu, Gweru, Harare, Hwange, Kadoma, Masvingo, Mutoko, Mudzi, and Mutare districts, Zimbabwe, and Limpopo Province, South Africa	\$4,964,630
UNICEF	Emergency Relief Supplies; Humanitarian Coordination and Information Management; Water, Sanitation, and Hygiene	Affected Areas	\$1,221,386
WHO	Health; Humanitarian Coordination and Information Management	Affected Areas	\$750,000
	Transport of Emergency Relief Supplies	Affected Areas	\$65,632
	Administrative Support and Travel	Countrywide	\$49,236
TOTAL USAID/OFDA			\$7,050,884
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE FOR THE CHOLERA OUTBREAK IN FY 2009			\$7,050,884

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of March 6, 2009.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for cholera response efforts in Zimbabwe can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - o USAID: www.usaid.gov – Keyword: Donations
 - o The Center for International Disaster Information: www.cidi.org or (703) 276-1914
 - o Information on relief activities of the humanitarian community can be found at www.reliefweb.int

USAID/OFDA bulletins appear on the USAID web site at http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/