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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 #9, Fiscal Year (FY) 2009

February 18, 2009

Note: The last fact sheet was dated February 10, 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 February 17, nearly 78,900 reported cases of cholera had caused more than 3,700 deaths, according to the U.N. World Health Organization (WHO). If current daily cholera rates continue, the total caseload could enter the lower range of WHO's worst-case scenario, currently estimated at 81,000 to 115,000 cases, in less than one week.
- Between February 8 and 14, WHO reported a slight increase in new cholera cases and a slight decrease in cholera deaths compared to the previous week, consistent with regular increases in the weekly numbers of new cholera cases recorded throughout January. Although WHO reported a 15 percent decrease in new cholera cases and a 35 percent decrease in cholera deaths between February 1 and 7 compared to the previous week, the organization noted that the decreases may have resulted from a lack of reporting from several districts rather than an actual decline in new case and death numbers.
- WHO has reported a consistent decline in the overall case fatality rate (CFR) since noting an overall CFR of 5.7 percent on January 21. As of February 17, WHO reported an overall CFR of 4.7 percent, likely due to continued improvements in case management and social mobilization programs emphasizing the need to seek care.

NUMBERS AT A GLANCE		SOURCE
Total Reported Cholera Cases in Zimbabwe	78,882	WHO – February 17, 2009
Total Reported Cholera Deaths in Zimbabwe	3,712	WHO – February 17, 2009

FY 2009 HUMANITARIAN FUNDING

Total USAID Humanitarian Assistance to Zimbabwe for the Cholera Outbreak\$6,800,000

CURRENT SITUATION

- On February 13, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported that the outbreak remained uncontrolled. In addition, OCHA noted that while new case rates in many urban districts appear to have stabilized in recent weeks, rates in rural areas continue to increase. Manicaland, Mashonaland Central, Mashonaland West, and Midlands provinces reported significant new caseloads between February 8 and 14.
- On February 9, OCHA reported suspected or confirmed cholera cases in eight additional southern African nations, although USAID/OFDA regional staff note that countries in southern Africa tend to experience seasonal endemic outbreaks every year. OCHA noted that ministries of health in a majority of the affected nations continue to respond adequately to the increased caseload, in cooperation with WHO and OCHA.
- On February 9, OCHA reported concerns regarding increasing cholera case numbers, accurate reporting of cholera case figures, and emergency relief supply distribution in Malawi. While the outbreak in Malawi is likely not related to Zimbabwe's outbreak, USAID/OFDA regional staff and USAID/Malawi will continue to monitor the situation in cooperation with humanitarian partners.
- On February 13, USAID/Mozambique staff reported high cholera rates in several provinces in Mozambique, including Manica and Tete provinces, bordering Zimbabwe and Malawi. USAID/OFDA regional staff will continue to monitor the developing cholera situation in Mozambique in coordination with USAID/Mozambique, the U.N. Children's Fund (UNICEF), WHO, and the Government of Mozambique Ministry of Health.

Humanitarian Coordination and Information Management

- On February 11, the USAID Disaster Assistance Response Team (USAID/DART) reported that WHO plans to build the capacity of operational support teams (OSTs) in each Zimbabwean province. The OSTs will supplement the work of the WHO-staffed cholera command-and-control center at the provincial level. WHO conducted an OST workshop on February 12 and 13 and scheduled another for February 19 and 20 to train Government of Zimbabwe Ministry of Health and Child Welfare provincial and district staff.

- As of February 18, humanitarian organizations working in 51 districts had provided standardized weekly data regarding water, sanitation, and hygiene (WASH) interventions, according to USAID/DART staff. UNICEF plans to continue mapping the reported WASH interventions against district-level epidemiological data to better determine needs and gaps in the current response.
- The USAID/DART reports that the U.N. social mobilization taskforce has finalized guidelines for funeral practices and continues to develop participatory health and hygiene education monitoring tools.
- USAID/DART staff report that delayed reporting from certain districts during the past two weeks may have slightly impeded accurate epidemiological analysis. However, the USAID/DART notes that WHO staff at the cholera command-and-control center follow up regularly with districts of concern to ensure that figures are as accurate and current as possible.
- 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.

WASH

- On February 17, the U.N. WASH cluster reiterated the importance of hygiene promotion and social mobilization programs, noting that education regarding the need to seek early treatment reduces the cholera CFR. In addition, the WASH cluster noted that working with community organizations increases awareness of cholera risk and transmission in rural areas difficult for relief agencies to reach.
- The U.N. WASH cluster reported that cholera in Zvimba District, Mashonaland West Province, appears to be spreading along major rivers, underscoring the need for home-based water treatment to prevent use of contaminated water supplies.
- Since the beginning of FY 2009, USAID/OFDA has committed more than \$5.4 million for WASH programs, including hygiene promotion, home-based water treatment, and cholera risk and transmission awareness programs. Programs target locations with high reported cholera rates as well as areas prone to the spread of the disease due to poorly maintained water and sanitation infrastructure.

Health

- On February 17, UNICEF noted that relief agencies' ongoing concerns include inadequate food supplies for patients and staff at health facilities, cholera treatment centers (CTCs), and cholera treatment units (CTUs); a lack of adherence to disinfection procedures by health staff moving between regular wards and cholera wards; and inadequate follow-up with discharged patients.
- WHO reported that 55 percent of deaths between February 8 and 14 occurred outside health facilities, CTCs, and CTUs, an increase from the previous week's figure of 44 percent. Although the USAID/DART reported 319 operational CTCs and CTUs as of February 18, the continued high proportion of deaths outside health facilities, CTCs, and CTUs underscores the importance of expanding access to care.
- Continuing USAID/OFDA support of the cholera command-and-control center assists WHO in compiling epidemiological reports, conducting case management training, establishing early warning mechanisms, and responding rapidly to reports of caseload increases at the district level.

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/DART 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 pledged \$6.8 million in emergency assistance for Zimbabwe's cholera outbreak. USAID/OFDA assistance will continue to target 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 nearly \$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	Emergency Relief Supplies; Humanitarian Coordination and Information Management; Water, Sanitation, and Hygiene	Affected Areas	\$235,826
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	\$5,400,126
UNICEF	Emergency Relief Supplies	Affected Areas	\$299,180
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			\$6,800,000
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE FOR THE CHOLERA OUTBREAK IN FY 2009			\$6,800,000

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of February 18, 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