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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 #12, Fiscal Year (FY) 2009

March 19, 2009

Note: The last fact sheet was dated March 6, 2009.

KEY DEVELOPMENTS

- Since the cholera outbreak began in August 2008, the disease has spread to 56 of Zimbabwe’s 62 districts. As of March 17, nearly 91,200 reported cases of cholera had caused more than 4,000 deaths, according to the U.N. World Health Organization (WHO). The total caseload has now nearly equaled WHO’s assessment of the outbreak’s likeliest overall scope, currently estimated at 92,000 cases.
- On March 17, WHO reported an overall case fatality rate (CFR) of 4.4 percent. Since the CFR peaked at 5.7 percent on January 21, WHO has recorded a steady decline in the CFR. WHO attributed the decline to improved case management and to social mobilization programs emphasizing early treatment, funded in part by USAID/OFDA.
- From March 1 to 7, WHO reported a weekly institutional CFR—measuring deaths in health facilities, cholera treatment centers (CTCs), and cholera treatment units (CTUs)—of 0.8 percent, below relief agencies’ emergency threshold of 1 percent. Until the reporting period of March 1 to 7, WHO had not recorded a weekly institutional CFR below 1 percent since the organization began tracking the outbreak’s epidemiological data.

NUMBERS AT A GLANCE	SOURCE	
Total Reported Cholera Cases in Zimbabwe	91,164	WHO – March 17, 2009
Total Reported Cholera Deaths in Zimbabwe	4,037	WHO – March 17, 2009

FY 2009 HUMANITARIAN FUNDING

Total USAID Humanitarian Assistance to Zimbabwe for the Cholera Outbreak\$7,305,529

CURRENT SITUATION

- On March 17, the U.N. health cluster in Zimbabwe reported that the outbreak remained uncontrolled. However, from March 8 to 14, WHO recorded a significant decline in the weekly rates of reported cholera deaths and new cases compared to the previous week. According to WHO, the figures confirmed the trend in recent weeks of a declining number of deaths and new cases reported nationwide.
- Despite declining weekly rates of new cholera cases and deaths, WHO continues to report high caseloads in several provinces. Between March 8 and 14, cases in Harare and Mashonaland West provinces accounted for more than 50 percent of all new cases.
- As of March 17, the U.N. health cluster reported increasing rates of new cholera cases in several high-density suburbs in recent weeks. According to the USAID Disaster Assistance Response Team (USAID/DART), the changing trend indicates the possibility of cholera reinfection in urban areas, where the cholera outbreak began.

Humanitarian Coordination and Information Management

- On March 16, the U.N. water, sanitation, and hygiene (WASH) cluster reported plans to hold a workshop in May presenting assessment findings from the overall WASH response to the cholera outbreak. USAID/DART staff noted that an evaluation of the current response would help strengthen potential future responses, particularly due to lessons learned in humanitarian coordination, needs assessment, and information management. The WASH cluster also reported that several cluster members had completed program evaluations in recent weeks.
- On March 17, the U.N. health cluster announced that two additional epidemiologists would arrive in the coming days at the WHO-staffed cholera command-and-control center. According to the health cluster, the epidemiologists will work to strengthen cholera surveillance activities and data analysis in order to adjust current response activities as appropriate.
- In FY 2009, USAID/OFDA has contributed \$750,000 to WHO for improved data collection and information dissemination through the command-and-control center, enabling humanitarian organizations to direct expertise and resources where needed most. In addition, USAID/OFDA continues to support the role of the U.N. Children’s Fund (UNICEF) as U.N. WASH cluster co-coordinator, including support for information management and reporting on partner activities by region, helping to facilitate a more robust response.

WASH

- On March 17, USAID/DART staff visited partners in Harare's heavily-affected Budiriro suburb, the site of approximately 10 percent of the total cholera cases to date, to observe hygiene promotion activities and distribution of emergency relief commodities. USAID/DART staff noted the continued importance of distributing water containers with spouts in order to avoid potential water contamination from cholera-infected water extraction devices, such as cups, or from the hands of cholera-infected individuals.
- The U.N. health cluster announced plans to conduct workshops to train provincial health promotion and social mobilization trainers in Harare on March 19 and 20 and in Bulawayo on March 26 and 27. According to the health cluster, participants will work to standardize hygiene promotion training activities throughout Zimbabwe's 10 provinces.
- Since the beginning of FY 2009, USAID/OFDA has committed more than \$6.1 million to humanitarian partners, including UNICEF, for WASH programs, including hygiene promotion, home-based water treatment, and cholera risk and transmission awareness activities. Programs target individuals in and around areas with high reported cholera rates and populations vulnerable to the spread of the disease due to poorly maintained water and sanitation infrastructure.

Health

- Following a March 17 visit to a CTU in Budiriro District, Harare Province, USAID/DART staff reported significant readmission rates in the CTU, indicating potentially high cholera reinfection rates. The USAID/DART stressed the importance of providing patients with adequate hygiene supplies upon discharge to prevent reinfection.
- On March 17, the U.N. health cluster reported that a team from the International Center for Diarrheal Disease Research, Bangladesh (ICDDR), has returned to Zimbabwe to follow up on case management and surveillance training the ICDDR conducted in January.
- On March 17, the U.N. WASH cluster reported that the WASH and health clusters had finalized guidelines for allocating oral rehydration solution (ORS) packets. The guidelines identify several mechanisms for distributing ORS packets in communities, at oral rehydration points, and in health facilities, CTCs, and CTUs.
- USAID/OFDA provides ongoing support to the cholera command-and-control center to help 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

- On March 17, the U.N. health cluster noted that conditions for distributing emergency relief supplies have improved in recent weeks due to greater availability of foreign currency, fuel, warehouse space, and commercial transport options.
- On March 9, the U.N. WASH cluster reported that implementing partners had distributed thousands of basic hygiene kits procured by UNICEF to households in priority districts, including Guruve, Mount Darwin, Mutare, and Binga. In addition, the U.N. health cluster reported recent distribution of emergency relief supplies in Masvingo, Shamva, Mutoko, Bindura, Gokwe, Mudzi, and Gweru districts.
- 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. In addition, USAID/OFDA has supported the procurement and distribution of 30 million water purification tablets, 30,000 water containers, and 30,000 buckets.

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 committed more than \$7.3 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 \$297 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	\$5,219,275
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			\$7,305,529
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE FOR THE CHOLERA OUTBREAK IN FY 2009			\$7,305,529

¹USAID/OFDA funding represents anticipated or actual obligated amounts as of March 19, 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:
 - USAID: www.usaid.gov – Keyword: Donations
 - The Center for International Disaster Information: www.cidi.org or (703) 276-1914
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int