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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 #7, Fiscal Year (FY) 2009

February 2, 2009

Note: The last fact sheet was dated January 23, 2009.

KEY DEVELOPMENTS

- Since the cholera outbreak began in August 2008, the disease has spread to all of Zimbabwe’s 10 provinces and 55 of Zimbabwe’s 62 districts. As of February 1, cholera had caused more than 3,200 deaths, with more than 62,900 cases reported and a case fatality rate (CFR) of 5.1 percent, according to the U.N. World Health Organization (WHO).
- On January 29, the cumulative number of reported cases exceeded WHO’s earlier worst-case projection of 60,000 cases, prompting WHO to increase the worst-case projection, now ranging from 81,000 to 115,000 cases. WHO noted that upcoming seasonal floods have the potential to exacerbate the outbreak, which could continue for several months.
- From January 18 to 24, WHO reported a third consecutive weekly increase in new cholera cases, but a decrease in both weekly cholera deaths and the weekly CFR. The weekly institutional CFR, measuring only cholera deaths in health facilities, cholera treatment centers (CTCs), and cholera treatment units (CTUs), declined to 1.3 percent, likely indicating improvements in case management.

NUMBERS AT A GLANCE	SOURCE	
Total Reported Cholera Cases in Zimbabwe	62,909	WHO – February 1, 2009
Total Reported Cholera Deaths in Zimbabwe	3,229	WHO – February 1, 2009

FY 2009 HUMANITARIAN FUNDING PLEDGED TO ZIMBABWE FOR THE CHOLERA OUTBREAK

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

CURRENT SITUATION

- As of January 29, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported that the outbreak in Zimbabwe remained uncontrolled. OCHA noted that while newly reported case rates in urban areas appeared to have stabilized, rates in rural areas continued to increase. Cases in Mashonaland West, Masvingo, and Midlands provinces composed 57 percent of new cholera cases reported from January 18 to 24, according to WHO.
- WHO noted that 71 percent of cholera deaths between January 18 and 24 occurred outside health facilities, CTCs, and CTUs, a slight increase from the previous week’s figure of nearly 70 percent. On January 24, WHO reported that the increasing percentage of deaths outside health facilities, CTCs, and CTUs likely represents deteriorating access to adequate care but may also result from improvements in the institutional CFR, since weekly deaths outside health facilities, CTCs, and CTUs decreased from January 18 to 24. According to USAID Disaster Assistance Response Team (USAID/DART) staff, the spread of cholera to populations in remote areas without adequate or affordable transportation may also account for the increasing percentage of deaths outside health facilities, CTCs, and CTUs.
- On January 23, OCHA reported continued cholera cases or suspected cases in eight other Southern African nations, including the first reports of confirmed cases in Namibia and suspected cases in Swaziland. However, OCHA noted that ministries of health in Angola, Botswana, Mozambique, South Africa, and Zambia, in cooperation with WHO and OCHA, continue to respond adequately to the increased caseload. OCHA reported concerns about adequate reporting of case figures and distribution of emergency relief supplies in Malawi.

Humanitarian Coordination and Information Management

- USAID/DART staff note that high daily and weekly CFRs in recent weeks may have resulted from improved collection of delayed death and case numbers. USAID/DART staff attribute recent reporting improvements to the WHO-staffed cholera command-and-control center established by the Government of Zimbabwe Ministry of Health and Child Welfare (MOHCW).
- To date in FY 2009, USAID/OFDA has contributed \$750,000 to WHO for humanitarian coordination and information management through the cholera command-and-control center. USAID/OFDA support aims to assist in improving data collection, analysis, and dissemination, enabling humanitarian organizations to direct expertise and resources where most needed.

Water, Sanitation, and Hygiene (WASH)

- On January 27, the USAID/OFDA principal regional advisor for Southern Africa and USAID/DART staff visited a USAID/OFDA-funded hygiene program in the city of Bulawayo. Initiated in 2007 in response to water shortages and a diarrheal disease outbreak, the program's WASH activities, including installation of community water tanks, hygiene education, and hygiene supply distribution, may have contributed to Bulawayo's relatively low cholera rate during the current outbreak. As of February 1, WHO reported 419 cholera cases to date in Bulawayo, Zimbabwe's second-largest city. In contrast, WHO reported nearly 14,200 cholera cases to date in Harare and nearby suburbs.
- On January 26, the USAID/OFDA principal regional advisor for Southern Africa and the USAID/DART WASH specialist visited the hospital and water and sewer systems in the city of Beitbridge, Matabeleland South Province, located near the border with South Africa. As of February 1, WHO reported more than 4,900 cumulative cases in Beitbridge. USAID staff reported that the Government of South Africa was repairing the water and sewer systems and that the water treatment plant was providing safe drinking water. In addition, the USAID/DART WASH specialist conducted a technical assessment of sanitation conditions for recent Zimbabwean migrants in Musina, Limpopo Province, South Africa, located near the border with Zimbabwe.
- In FY 2009, USAID/OFDA has committed more than \$5.4 million for WASH programs, including \$400,000 to assist individuals in cholera-affected areas in Limpopo Province, South Africa. USAID/OFDA-funded WASH activities include hygiene promotion, cholera risk and transmission awareness programs, and home-based water treatment. The programs target locations with high reported cholera rates and areas prone to spread of the disease, particularly high-density, peri-urban districts.

Health

- On January 24, WHO attributed the recent decrease in the weekly institutional CFR in part to the increased presence of health professionals involved in the response to the cholera outbreak. WHO reported that staff from the International Center for Diarrheal Disease Research, Bangladesh, had conducted training sessions for health staff in Mashonaland West, Matabeleland North, Harare, and Bulawayo provinces to improve case management.
- WHO noted that cholera transmission in rural areas results primarily from person-to-person contact, emphasizing the need for continued active case-finding and participatory health and hygiene education to encourage affected individuals to seek early treatment.
- USAID/DART staff note that weekly reported new cases at the CTC in Kadoma District, Mashonaland West Province, increased by more than 200 percent from January 19 to 25, likely due to water source contamination. However, the USAID/DART notes that, due to the work of MOHCW and international humanitarian staff to provide care, improve CTC water and sanitation, and maintain infection control, Kadoma reported an institutional CFR of 0.8 percent for the week, below WHO's accepted emergency threshold of 1 percent.
- 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 new alerts.

Emergency Relief Supplies

- On January 29, U.S. Ambassador James D. McGee visited the U.N. Children's Fund (UNICEF) warehouse in Harare to officially present USAID/OFDA-funded hygiene supplies, including 400 metric tons of soap, 10 million water treatment tablets, 30,000 water containers, and 30,000 buckets. The USAID/Zimbabwe deputy mission director, the USAID/DART, the USAID/OFDA principal regional advisor for Southern Africa, U.S. Embassy staff, and members of the local and international media also attended the ceremony. Following the event, the group visited a hygiene education program and distribution of supplies in the Harare-area suburb of Budiriro, as well as the Budiriro CTC.
- In response to the current cholera outbreak, USAID/OFDA has committed more than \$360,000 for the procurement and transport of hygiene supplies for use in hygiene promotion programs in Zimbabwe.

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 five-person 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 more than \$264 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	\$236,696
Multiple	Water, Sanitation, and Hygiene	Bulawayo, Chegutu, Chirumanzu, Gweru, Harare, Hwange, Kadoma, 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	\$48,366
TOTAL USAID/OFDA			\$6,800,000
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE FOR THE CHOLERA OUTBREAK IN FY 2009			\$6,800,000

¹USAID/OFDA funding represents anticipated or actual obligated amounts as of February 2, 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