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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 #3, Fiscal Year (FY) 2009

December 31, 2008

Note: The last fact sheet was dated December 19, 2008.

KEY DEVELOPMENTS

- Since the outbreak began in August 2008, cholera has spread to all of Zimbabwe’s 10 provinces and 53 of Zimbabwe’s 62 districts. On December 26, the U.N. World Health Organization (WHO) reported cholera cases in Matabeleland North Province, previously the only province without any reported cases. To date, the highest caseloads have been reported in Harare, Beitbridge, Makonde, and Chegutu districts, with a recent surge in the number of reported cases in Manicaland Province.
- As of December 30, cholera had caused more than 1,550 deaths, with nearly 31,000 cases reported, according to WHO. The reported figures represent an approximate doubling of both cases and deaths during the past three weeks. Currently, the U.N. health cluster is planning based on a worst-case scenario of 60,000 cases nationwide.
- On December 16, 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 Disaster Assistance Response Team (USAID/DART) on December 10 to evaluate response effectiveness, conduct field assessments, participate in U.N. cluster meetings, and identify humanitarian needs and gaps for the cholera outbreak.
- In WHO’s second epidemiological report on Zimbabwe’s cholera outbreak, dated December 20, the organization reported that cholera deaths outside cholera treatment centers (CTCs) and cholera treatment units (CTUs) from December 14 to December 20 ranged from 22 percent to 48 percent of total cholera deaths, depending on the province. The figures indicate significant difficulties in providing cholera-affected populations sufficient access to treatment.

NUMBERS AT A GLANCE	SOURCE	
Total Reported Cholera Cases in Zimbabwe	30,938	WHO – December 30, 2008
Total Reported Cholera Deaths in Zimbabwe	1,551	WHO – December 30, 2008
Reported Cholera Case Fatality Rate (CFR) in Zimbabwe	5.0 percent	WHO – December 30, 2008

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

- According to USAID/DART staff and relief agencies, a breakdown in water and sanitation infrastructure due to lack of maintenance has exacerbated Zimbabwe’s cholera outbreak, and the nation’s collapsed health system is unable to respond adequately. The current cholera crisis is compounded by a dire country-wide food security situation, raising serious malnutrition concerns. On December 3, the Government of Zimbabwe Ministry of Health and Child Welfare (MOHCW) requested international assistance to respond to the cholera outbreak.
- The USAID/DART public health advisor and water, sanitation, and hygiene (WASH) advisor report that the cholera outbreak was likely caused by contamination of the main water supply in high-density urban areas. The outbreak spread via population movement and traditional funeral practices, including washing corpses. The outbreak is characterized by widespread geographic occurrence, with periodic spikes in caseload numbers in high-density urban and peri-urban areas for two to five days, when most cholera deaths occur.
- USAID/DART staff note that the high mortality rates reported during the outbreak’s early phase underscore the need for an early warning and rapid response system. On December 30, the USAID/DART program officer met with WHO personnel working to establish WHO’s cholera command-and-control center to clarify proposed early warning and rapid response activities.
- According to WHO, the outbreak has affected border areas of neighboring countries, with confirmed cholera cases reported in Botswana, Mozambique, Zambia, and South Africa, primarily among Zimbabwe nationals.

Humanitarian Coordination and Information Management

- As of December 29, USAID/DART personnel reported that the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) daily updates now include information on cases reported daily by district and note districts for which recent information is not available and which require further investigation. In addition, the U.N. health cluster reported the establishment of a toll-free telephone number for provincial and district health officials to report daily cholera data to WHO's cholera command-and-control center.
- OCHA's cholera web portal now provides links to epidemiological updates, situation reports, donor funding information, and maps, including maps of U.N. health and WASH cluster activities by organization and an interactive map of CTCs and CTUs. In addition, USAID/DART staff expect the newly released OCHA matrix representing response efforts by organization, location, and activity to improve overall humanitarian coordination.
- USAID/OFDA will continue to support information coordination through the U.N. clusters to improve data collection, analysis, and dissemination, enabling humanitarian organizations to direct expertise and resources where most needed.

WASH

- According to relief agencies, the breakdown of Zimbabwe's water, sewage, and sanitation systems due to aging and poorly maintained infrastructure is further exacerbating the spread of cholera. USAID/DART personnel report that many high-density urban areas lack safe drinking water for months at a time and that residents obtain drinking water from shallow, hand-dug wells that individuals would otherwise use only for washing and bathing. Many of the wells are prone to surface runoff or subsurface contamination, particularly with increased rains in recent weeks. While humanitarian agencies have not yet identified whether the wells played a contributing role in the cholera outbreak, USAID/DART staff report that the risk of contamination is evident.
- USAID/OFDA has committed nearly \$2.6 million for public health programs, including hygiene promotion and home-based water treatment, in response to Zimbabwe's cholera outbreak. USAID/OFDA-funded WASH activities are targeting areas with high reported cholera rates and areas highly prone to the spread of the disease, particularly high-density, peri-urban districts.

Health

- According to a December 20 WHO report, the spread of cholera is not decreasing. In addition, WHO noted that the currently reported CFR may underestimate actual conditions, given the continued difficulty of collecting accurate information in rural districts.
- WHO also warned on December 20 of the risk of further spread of the disease over Christmas holidays, due to the quantity of individuals travelling home, predominantly from urban to rural areas.
- USAID/DART staff report that case management at CTCs ranges from placing all patients on intravenous fluids, to sending every individual home with oral rehydration solution packets and an assortment of antibiotics, to providing no antibiotics. USAID/DART team members did not observe MOHCW and WHO standard cholera treatment protocols posted in CTCs for health staff use.

Emergency Relief Supplies

- On December 22, USAID/OFDA partner the U.N. Children's Fund (UNICEF) announced the successful airlift of 140 metric tons (MT) of medical supplies to Zimbabwe, including intravenous and oral rehydration supplies and midwifery kits. On December 24, OCHA reported a recent WHO airlift of 21 MT of medical supplies to Harare, including diarrheal disease kits.
- USAID/OFDA has committed nearly \$300,000 for procuring soap for use in hygiene promotion programs in Zimbabwe. USAID/DART staff report that the first shipment, to be distributed by UNICEF, is scheduled to arrive in January.

Protection

- According to USAID/DART staff, humanitarian organizations have noted that children, women, mobile and vulnerable populations in high-density urban areas, and individuals in orphanages and prisons are particularly vulnerable to protection risks during an outbreak of disease such as the current one. USAID/OFDA will support efforts in the U.N. clusters to address Zimbabweans' potential protection needs.

USAID HUMANITARIAN ASSISTANCE FOR ZIMBABWE’S CHOLERA OUTBREAK

- USAID/OFDA has committed \$6.8 million in emergency assistance for Zimbabwe’s cholera outbreak. USAID/OFDA’s assistance will target provision of emergency relief supplies for affected populations, humanitarian coordination and information management, and WASH interventions.
- USAID/OFDA’s support is in addition to the more than \$4 million that USAID/OFDA has provided for emergency WASH programs in Zimbabwe since October 2007. The U.S. Government has provided more than \$226 million in humanitarian assistance for Zimbabwe’s ongoing health and food crisis 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	\$3,889,057
Multiple	Water, Sanitation, and Hygiene	Affected Areas	\$2,594,724
UNICEF	Emergency Relief Supplies	Affected Areas	\$299,180
	Administrative Support and Travel	Zimbabwe	\$17,039
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 December 31, 2008.

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, warehouse space, etc); 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