



USAID
FROM THE AMERICAN PEOPLE

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

Zimbabwe – Cholera Outbreak

Fact Sheet #2, Fiscal Year (FY) 2009

December 19, 2008

Note: The last fact sheet was dated December 12, 2008.

KEY DEVELOPMENTS

- Since August 2008, cholera has spread through 9 of Zimbabwe’s 10 provinces, with the highest caseloads in Harare, Beitbridge, and Mudzi districts. As of December 18, cholera had caused more than 1,100 deaths, with nearly 20,900 cases reported, according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA). The reported figures represent an increase of nearly 2,500 cases and more than 140 deaths since December 15. The U.N. health cluster is planning for a worst-case scenario of 60,000 cases nationwide.
- According to the U.N. World Health Organization (WHO), the cholera outbreak has affected border areas of neighboring countries, with confirmed cases reported in Botswana, Mozambique, Zambia, and South Africa, primarily among Zimbabwe nationals.
- On December 16, U.S. Chargé d’ Affaires Katherine S. Dhanani declared a disaster due to the effects of the cholera outbreak. To augment ongoing response efforts, USAID/OFDA activated a five-person Disaster Assistance Response Team (USAID/DART) on December 10. The USAID/DART continues to evaluate the effectiveness of the response to date; conduct field visits; participate in U.N. water, sanitation, and hygiene (WASH) and health cluster meetings; and review proposals from humanitarian partners to program the \$6.2 million committed by USAID/OFDA in response to the cholera outbreak.
- In discussions with partners, USAID/DART staff have encouraged approaches such as prioritization of an early warning system to alert humanitarian organizations to new outbreaks, increased hygiene promotion in areas with rising cholera caseloads, and additional monitoring in areas at potential risk for outbreaks, including high-density urban and peri-urban areas lacking adequate WASH infrastructure.

NUMBERS AT A GLANCE	SOURCE	
Total Reported Cholera Cases in Zimbabwe	20,896	OCHA – December 18, 2008
Total Reported Cholera Deaths in Zimbabwe	1,123	OCHA – December 18, 2008
Reported Cholera Case Fatality Rate (CFR) in Zimbabwe	5.4 percent	OCHA – December 18, 2008

FY 2009 HUMANITARIAN FUNDING PLEDGED TO ZIMBABWE FOR THE CHOLERA OUTBREAK

USAID/OFDA Assistance to Zimbabwe\$6,200,000
Total USAID Humanitarian Assistance to Zimbabwe for the Cholera Outbreak\$6,200,000

CURRENT SITUATION

- According to USAID/DART staff and relief agencies, a breakdown in water and sanitation infrastructure has exacerbated Zimbabwe’s cholera outbreak, and the nation’s collapsed health system is unable to respond adequately. On December 3, the Government of Zimbabwe Ministry of Health and Child Welfare (MOHCW) requested international assistance to respond to the cholera outbreak.
- As of December 18, OCHA had reported a CFR of 5.4 percent in Zimbabwe, substantially above relief agencies’ accepted norm of 1 percent. USAID/DART staff and relief agencies have expressed concern that cholera rates may rise with the onset of the rainy season in the coming weeks, as rains typically exacerbate the spread of waterborne diseases such as cholera.
- On December 16, WHO published the first epidemiologic report of the cholera situation in Zimbabwe. The report analyzed trends since the beginning of the outbreak in the Harare suburb of Chitungwiza on August 20. Following a late October outbreak in the Harare suburb of Budiriro, cholera quickly expanded to an additional 46 districts from November 1 to 15.
- On December 12, the U.S. Embassy in Gaborone reported five confirmed cholera deaths in Botswana, all among Zimbabwe nationals. As of December 12, the Government of South Africa reported 11 cholera deaths and 859 cases, with a CFR of 1.2 percent, primarily in Vhembe District, Limpopo Province. On December 11, the Limpopo provincial government declared a disaster due to the cholera outbreak.

Humanitarian Coordination and Information Management

- The USAID/DART reports that insufficient information flow has prevented a targeted and effective humanitarian response to the cholera outbreak. On December 18, USAID/DART staff noted that the U.N. health cluster is creating an interactive map that outlines relief agencies' activities by location to improve coordination.
- USAID/OFDA will 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 exacerbating the spread of cholera. USAID/DART staff report that many high-density urban areas lack clean water for months at a time and that residents obtain drinking water from contaminated shallow wells.
- USAID/OFDA's WASH interventions emphasize community health and hygiene promotion and education activities, distribution of water purification tablets, provision of clean water through water tankering, and rehabilitation of boreholes. USAID/OFDA's WASH activities target areas with high reported cholera rates and areas highly prone to the spread of the disease, particularly high-density, peri-urban districts. In addition, USAID/OFDA is supporting hygiene promotion activities at the national level to mitigate the spread of the disease.

Health

- According to USAID/DART staff and humanitarian organizations, Zimbabwe's health care system remains unable to cope adequately with the outbreak due to collapsing infrastructure, lack of salaries for medical staff, and inadequate food and soap for medical staff and patients. USAID/DART staff report that Harare's hospitals have closed and that additional urban hospitals lack sufficient resources, resulting in residents traveling to rural health facilities and potentially transmitting cholera to new areas.
- As of December 18, WHO reported that humanitarian organizations, including relief agencies supported by USAID/OFDA, had transported 22 metric tons of medical supplies to Zimbabwe during the first week of December in response to the cholera outbreak.

Emergency Relief Supplies

- On December 18, USAID/DART staff noted that the U.N. logistics cluster is planning to utilize the U.N. World Food Program logistics system to transport emergency relief supplies to beneficiaries at the provincial level. In addition, participants at the December 16 U.N. health cluster meeting noted that the MOHCW has approved the use of oral rehydration solution packets at the provincial level.
- USAID/OFDA will provide emergency relief supplies, including soap, for individuals with cholera.

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 a cholera outbreak. In addition, humanitarian staff have noted the need for age- and sex-disaggregated data to inform humanitarian agencies' response to the outbreak.
- USAID/OFDA will support efforts in the U.N. clusters to address beneficiaries' potential protection needs.

USAID HUMANITARIAN ASSISTANCE FOR ZIMBABWE'S CHOLERA OUTBREAK

- USAID/OFDA is planning to commit \$6.2 million in emergency assistance for Zimbabwe's cholera outbreak. USAID/OFDA's assistance will target provision of emergency relief supplies to affected populations, humanitarian coordination and information management, and WASH interventions.
- USAID/OFDA's support is in addition to the more than \$4.6 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	\$6,200,000
TOTAL USAID/OFDA			\$6,200,000
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE FOR THE CHOLERA OUTBREAK IN FY 2009			\$6,200,000

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of December 19, 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

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