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

Zimbabwe – Cholera Outbreak

Fact Sheet #10, Fiscal Year (FY) 2009 February 26, 2009

Note: The last fact sheet was dated February 18, 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 25, more than 83,600 reported cases of cholera had caused nearly 3,900 deaths, according to the U.N. World Health Organization (WHO). On February 21, the reported number of cases entered the lower range of WHO's worst-case scenario, most recently estimated at 81,000 to 115,000 cases.
- On February 25, WHO reported an overall case fatality rate (CFR) of 4.6 percent. Since the CFR peaked at 5.7 percent on January 21, WHO has reported a continuing decline in the CFR, likely due to improved case management and to social mobilization programs emphasizing early treatment, funded in part by USAID/OFDA.
- From February 21 to 25, a visiting U.N. delegation led by Assistant Secretary-General for Humanitarian Affairs Catherine Bragg met with Zimbabwe's president and prime minister, Government of Zimbabwe (GOZ) cabinet ministers, and relief agencies to ascertain methods of strengthening the humanitarian response to the cholera outbreak.
- In response to the cholera outbreak, USAID/OFDA has committed more than $7 million in emergency assistance, exceeding USAID/OFDA's initial pledge of $6.8 million.

NUMBERS AT A GLANCE		SOURCE
Total Reported Cholera Cases in Zimbabwe	83,631	WHO – February 25, 2009
Total Reported Cholera Deaths in Zimbabwe	3,879	WHO – February 25, 2009

FY 2009 HUMANITARIAN FUNDING

Total USAID Humanitarian Assistance to Zimbabwe for the Cholera Outbreak $7,050,884

CURRENT SITUATION

- On February 20, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported that the outbreak remained uncontrolled. OCHA noted that approximately 68 percent of total cases reported to date have originated in Harare, Manicaland, Mashonaland West, and Masvingo provinces, in Zimbabwe's northern and southeastern regions.
- On February 24, the International Organization for Migration (IOM) reported that Zimbabwean migrants in the town of Musina, near the Zimbabwean border in Limpopo Province, South Africa, lack sufficient access to water and sanitation facilities. Inadequate water and sanitation could potentially result in further spread of cholera, according to IOM. On February 9, OCHA reported 3,525 cholera cases and 16 cholera deaths in Limpopo Province since November 15, 2008. The overall CFR in Limpopo Province remains below relief agencies' emergency threshold of 1 percent. To date in FY 2009, USAID/OFDA has provided $400,000 for water, sanitation, and hygiene (WASH) programs to assist Zimbabwean migrants in Limpopo Province and help prevent further spread of the disease.
- On February 22, the Government of Malawi (GOM) Ministry of Health (MOH) reported more than 3,700 cholera cases, resulting in 86 deaths, since November 15, 2008. Although the GOM MOH has reported a decline in Malawi's overall cholera CFR over the past four weeks, the CFR remains above relief agencies' emergency threshold. WHO reported nearly 5,700 cholera cases, resulting in 52 deaths, in Mozambique between January 1 and February 14.
- In cooperation with USAID missions, the U.N. Children's Fund (UNICEF), and respective national ministries of health, USAID/OFDA regional staff will continue to monitor cholera data in Malawi, Mozambique, and other southern African nations. USAID/OFDA regional staff note that countries in southern Africa tend to experience seasonal, endemic cholera outbreaks every year.

Humanitarian Coordination and Information Management

- On February 20, the USAID Disaster Assistance Response Team (USAID/DART) reported that the U.N. humanitarian coordinator for Zimbabwe and interagency standing committee in Zimbabwe had endorsed the use of an interagency, real-time, standardized evaluation process to further improve humanitarian coordination, needs assessment, and information management.

- On February 19, UNICEF noted that work continues to finalize cholera prevention talking points for community health workers and assessment tools for community-level training programs.
- 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. In addition, USAID/OFDA continues to support UNICEF's role as U.N. WASH cluster coordinator, including support for information management and reporting on WASH partners' activities by region, helping to facilitate a more robust response.

WASH

- On February 23, UNICEF reiterated the importance of hygiene promotion activities, noting a particularly acute need in Mwenezi District, Masvingo Province, and Gwanda District, Matabeleland South Province, both bordering heavily affected Beitbridge District, Matabeleland South Province. UNICEF reported popular misconceptions among individuals regarding cholera prevention in Makoni District, Manicaland Province, underscoring the continued need for coordinated and standardized cholera risk and transmission awareness programs.
- In addition, UNICEF noted the need for increased hygiene promotion and cholera awareness programming in Hwange District, Matabeleland North Province, a district as yet unaffected by cholera but bordering Binga District, site of more than 1,000 cholera cases to date. On February 20, OCHA reported that less than 5 percent of Binga's population had access to adequate WASH facilities.
- On February 23, U.N. agencies and humanitarian partners met with the GOZ Minister of Education to stress the importance of adequate WASH facilities in schools. According to international media reports, schools are scheduled to reopen on March 2. On February 23, the U.N. social mobilization working group noted that the GOZ and relief agencies should emphasize social mobilization and hygiene promotion activities directed at both teachers and students, as well as pre-positioning of health and relief supplies in schools.
- Since the beginning of FY 2009, USAID/OFDA has committed nearly $5.9 million to UNICEF and other humanitarian partners for WASH programs, including hygiene promotion, home-based water treatment, and cholera risk and transmission awareness activities. Programs target locations in and around areas with high reported cholera rates and areas vulnerable to the spread of the disease due to poorly maintained water and sanitation infrastructure.

Health

- On February 20, OCHA reported that following improvements in epidemiological reporting and analysis, WHO and health authorities plan to test samples from all children aged two years or less suspected of having cholera. The data refinement will allow for a more targeted response if necessary, according to USAID/OFDA staff.
- Since January 18, the reported weekly CFR in health facilities, cholera treatment centers (CTCs), and cholera treatment units (CTUs) has ranged between 1 and 2 percent, above relief agencies' emergency threshold of 1 percent. In addition, the ongoing high proportion of weekly cholera deaths outside health facilities, CTCs, and CTUs—approximately 61 percent of total cholera deaths between February 15 and 21—underscores the need to expand access to treatment, according to USAID/OFDA staff.
- Continuing USAID/OFDA support of the cholera command-and-control center helps WHO staff and health authorities compile epidemiological reports, conduct case management training, establish early warning mechanisms, and respond rapidly to reports of caseload increases at the district level.

Emergency Relief Supplies

- On February 18, UNICEF announced the delivery in the coming weeks of buckets, water purification tablets, and oral rehydration solution packets, valued at approximately $7 million, to benefit approximately 3 million people in 16 districts of particular concern. UNICEF plans to consign the emergency relief supplies through U.N. World Food Program warehouses for distribution to affected communities.
- 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. On January 29, USAID/OFDA consigned the soap to UNICEF for distribution. In addition, WASH commodities procured by UNICEF with USAID/OFDA support include 10 million water purification tablets, 30,000 water containers, and 30,000 buckets. USAID/OFDA support has also provided for procurement and distribution of 20 million water purification tablets through other humanitarian partners.

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 million in emergency assistance for Zimbabwe's cholera outbreak, exceeding USAID/OFDA's original pledge of $6.8 million. USAID/OFDA assistance continues to prioritize 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 $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

Implementing Partner	*Activity*	*Location*	*Amount*
USAID/OFDA ASSISTANCE[1]			
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	$4,964,630
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			**$7,050,884**
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE FOR THE CHOLERA OUTBREAK IN FY 2009			**$7,050,884**

[1] USAID/OFDA funding represents anticipated or actual obligated amounts as of February 26, 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