



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 #13, Fiscal Year (FY) 2009

April 2, 2009

Note: The last fact sheet was dated March 19, 2009.

KEY DEVELOPMENTS

- Since the cholera outbreak began in August 2008, the disease has spread to 60 of Zimbabwe's 62 districts. As of April 1, nearly 94,300 reported cases of cholera had caused more than 4,100 deaths, according to the U.N. World Health Organization (WHO). On March 21, the total caseload exceeded 92,000 cases, the previous WHO estimate of the outbreak's likeliest overall scope.
- On April 1, WHO reported a sustained decline in the rates of cholera deaths and new cases over the past eight weeks. On March 27, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) stressed the ongoing need for vigilant surveillance and robust response activities despite the declining caseload countrywide.
- On March 24, WHO recorded the first cholera case in Umzingwane District, Matabeleland South Province. To date, however, the organization has not reported additional cases in the district.

NUMBERS AT A GLANCE		SOURCE
Total Reported Cholera Cases in Zimbabwe	94,277	WHO – April 1, 2009
Total Reported Cholera Deaths in Zimbabwe	4,127	WHO – April 1, 2009

FY 2009 HUMANITARIAN FUNDING

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

CURRENT SITUATION

- On March 30, WHO reported that the outbreak remained uncontrolled, despite the nationwide decline in the weekly rates of cholera deaths and new cases. Between March 22 and 29, WHO recorded a decline of 16 percent in the weekly rate of cholera deaths compared to the previous week and a decline of 17 percent in the weekly rate of new cholera cases.
- Throughout late March, WHO noted ongoing high caseloads in the capital, Harare, and the nearby high-density suburb Chitungwiza, where the outbreak first began. WHO also recorded an increased caseload in Kadoma District, Mashonaland West Province. According to WHO, cases in Harare city and Chitungwiza and Kadoma districts accounted for more than 67 percent of new cases reported from March 22 to 29.
- On March 27, humanitarian partners reported ongoing concerns regarding the potential vulnerability to increased cholera caseloads of areas with low disease attack rates but high population density—risk factors similar to conditions in heavily-affected districts. Relief agencies noted particular concern regarding towns in Mt. Darwin, Shamva, and Bindura districts in Mashonaland Central Province.

Humanitarian Coordination and Information Management

- In late March, a multi-sectoral team from the WHO-staffed cholera command-and-control center conducted an assessment in Kadoma District, Mashonaland West Province. Epidemiologists, medical case managers, social mobilization experts, and logistics officers conducted investigations to verify data and determine the cause of the recent caseload increase.
- On March 20, the U.N. water, sanitation, and hygiene (WASH) cluster's strategic advisory group produced draft terms of reference for an evaluation of the overall WASH response to the outbreak. USAID/OFDA staff stress the importance of a comprehensive analysis—particularly of humanitarian coordination, needs assessment, and information management—to help prepare relief agencies for potential future cholera responses.
- 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 support for the role of the U.N. Children's Fund (UNICEF) as U.N. WASH cluster co-coordinator helps to enable detailed reporting on partner activities by region, thus facilitating a more robust response.

WASH

- On March 30, the U.N. WASH cluster reported ongoing misunderstandings at the community level regarding the correct preparation of salt–sugar solution and oral rehydration solution (ORS) to treat cholera. In addition, following assessments in Norton District, Mashonaland West Province, and Beitbridge District, Matabeleland South Province, the cluster reported insufficient recognition by potential beneficiaries of either water purification tablets or ORS packets. USAID/OFDA staff note the ongoing need for hygiene promotion and social mobilization activities to raise awareness of cholera prevention methods at the community level.
- In late March, the U.N. health and WASH clusters organized orientation workshops for 105 health promotion and social mobilization trainers in Harare and Bulawayo cities. Representatives from relief agencies and the Government of Zimbabwe Ministry of Health and Child Welfare trained district and provincial health officers in social mobilization techniques and hygiene guidelines, including guidelines for funerals and other cultural and religious practices, for dissemination to districts and communities.
- Since the start of FY 2009, USAID/OFDA has provided more than \$6.1 million to humanitarian partners, including UNICEF, for such WASH programs as hygiene promotion, home-based water treatment, and cholera risk and transmission awareness-raising 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

- On March 27, a team from the International Center for Diarrheal Disease Research, Bangladesh (ICDDRDB), announced plans to develop guidelines for the closure of cholera treatment centers (CTCs) once relief agencies and local health authorities deem the outbreak under control.
- In late March, a multi-sectoral team from the cholera command-and-control center conducted assessments of CTCs in Harare city and the nearby high-density suburb Chitungwiza. Command-and-control center staff noted inappropriate case management procedures, including delayed provision of antibiotics to cholera patients.
- On March 25, the U.N. health cluster announced ongoing work by the cholera command-and-control center's case management and environmental health working groups to finalize infection control guidelines for CTC use. In addition, the ICDDRDB team continues to develop case management guidelines and CTC organizational flow-charts.
- 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 27, OCHA reported that while relief agencies' response activities continue, several organizations intend to scale back delivery of emergency relief supplies in the coming weeks due to the ongoing cholera caseload decline.
- On March 30, the U.N. WASH cluster announced increased distribution of hygiene supplies in Harare city and Harare's high-density suburb Chitungwiza, both sites of continuing high caseloads, and Kadoma District, Mashonaland West Province, site of a recent caseload increase.
- 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 Disaster Assistance Response Team 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

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of April 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:
 - o USAID: www.usaid.gov – Keyword: Donations
 - o The Center for International Disaster Information: www.cidi.org or (703) 276-1914
 - o 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/