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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 #6, Fiscal Year (FY) 2009

January 23, 2009

Note: The last fact sheet was dated January 16, 2009.

KEY DEVELOPMENTS

- Since the outbreak began in August 2008, cholera has spread to all of Zimbabwe's 10 provinces and 55 of Zimbabwe's 62 districts. As of January 22, cholera had caused more than 2,770 deaths, with more than 50,000 cases reported and a case fatality rate (CFR) of 5.5 percent, according to the U.N. World Health Organization (WHO).
- Updated January 22 WHO figures included 65 cholera deaths and 1,380 new cases, an increase from 38 deaths and 1,125 new cases reported on January 21. From January 11 to 17, WHO reported 420 cholera deaths and 6,466 new cases, the highest weekly totals to date, and a weekly CFR of 6.5 percent.
- According to WHO, Masvingo Province accounted for more than 1,850 new cholera cases between January 11 and 17, or nearly 30 percent of total new cases for the week. In addition, WHO reported more than 1,200 new weekly cases in Mashonaland West Province. Harare and Mashonaland West provinces continue to register nearly 50 percent of total cases reported.
- For the same week, WHO reported 385 new cases in Binga District, Matebeleland North Province. The province had previously accounted for only two reported cases.

NUMBERS AT A GLANCE		SOURCE
Total Reported Cholera Cases in Zimbabwe	50,003	WHO – January 22, 2009
Total Reported Cholera Deaths in Zimbabwe	2,773	WHO – January 22, 2009
Reported Cholera CFR in Zimbabwe	5.5 percent	WHO – January 22, 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

- On January 17, WHO reported that the outbreak remained uncontrolled. According to the USAID Disaster Assistance Response Team (USAID/DART), the recent increase in reported rural deaths and new cases likely results from December holiday travel between cholera-affected urban areas and urban residents' villages of origin.
- USAID/DART staff attribute recent reporting improvements to the establishment of the WHO-staffed cholera command-and-control center by the Government of Zimbabwe Ministry of Health and Child Welfare (MOHCW). Improvements suggest previous underreporting of deaths, new cases, and CFRs during the outbreak's early stages from August to November. In addition, USAID/DART staff note that high recent daily and weekly CFRs may result in part from improved collection of delayed death and case numbers.
- Between January 11 and 17, nearly 70 percent of new cholera deaths occurred outside health facilities, cholera treatment centers (CTCs), and cholera treatment units (CTUs). According to USAID/DART staff, the spread of cholera to populations in remote areas without adequate or affordable transportation likely accounts for the increasing number of deaths outside health facilities, CTCs, and CTUs.

Humanitarian Coordination and Information Management

- According to USAID/DART staff, the U.N. Children's Fund (UNICEF) has deployed an international water, sanitation, and hygiene (WASH) information management specialist to improve coordination and reporting at the district level. At the January 21 joint U.N. health and WASH cluster meeting, the specialist presented a standardized weekly reporting form for humanitarian organizations involved in the response. Command-and-control center staff plan to use collected data in conjunction with epidemiological reporting to develop a map outlining response activities by organization and location to determine remaining response gaps.
- On January 19, USAID/DART staff reported that the U.N. nutrition cluster plans to finalize educational materials on infant feeding during cholera outbreaks in the coming days. In addition, the nutrition cluster continues to prepare guidance for rehydration of severely malnourished children.

- On January 15, USAID/DART staff attended the monthly U.N. education cluster meeting. With schools scheduled to reopen on January 27, humanitarian staff noted the need for an immediate survey of school water systems, followed by school social mobilization campaigns and distribution of hygiene supplies to students and teachers.
- USAID/OFDA continues to support information coordination through U.N. clusters in order to improve data collection, analysis, and dissemination, enabling humanitarian organizations to direct expertise and resources where most needed.

WASH

- At the January 21 joint U.N. health and WASH cluster meeting, a UNICEF team presented findings from a recent cholera knowledge, attitudes, and practices survey of more than 1,400 people in Harare and surrounding suburbs. Survey results indicated a near-universal awareness of cholera and noted the majority of respondents clearly identified a lack of clean water and functioning sanitation facilities as the primary barriers to cholera prevention.
- On January 15, the social mobilization working group, composed of non-governmental organizations, the MOHCW communicable diseases division, and city of Harare municipal staff, circulated two WHO resources containing guidelines for funerals and large gatherings and announced plans to finalize standardized monitoring tools for hygiene promotion.
- In FY 2009, USAID/OFDA has committed more than \$4.8 million for WASH activities, including hygiene promotion, cholera risk and transmission awareness programs, and home-based water treatment. USAID/OFDA-funded WASH activities target locations with high reported cholera rates and areas prone to spread of the disease, particularly high-density, peri-urban districts.

Health

- At the January 21 joint U.N. health and WASH cluster meeting, cluster leads noted that WHO and the International Center for Diarrheal Disease Research, Bangladesh (ICDDR), had deployed staff to Mashonaland West, Matebeleland North, Matebeleland South, and Masvingo provinces to provide additional case management support.
- From January 16 to 19, the ICDDR team visited three CTCs, including two in remote areas. The team reported that CTC staff correctly classified dehydration levels but over-administered intravenous fluids and antibiotics and under-administered oral rehydration solution packets. Although the ICDDR team reported adequate WASH infrastructure and infection control measures at CTCs, staff lacked adequate food, fuel, and financial incentives, resulting in staff shortages and strikes.
- At the January 19 U.N. humanitarian coordination meeting, humanitarian organizations cited reports of CTC staff charging informal fees to patients for services. An MOHCW representative stated that the ministry would investigate.
- USAID/OFDA plans continued support for data collection, the establishment of early warning mechanisms, and rapid response to new alerts.

Emergency Relief Supplies

- In response to the current cholera outbreak, USAID/OFDA has committed more than \$360,000 for the procurement and transport of 400 metric tons (MT) of soap for use in hygiene promotion programs in Zimbabwe. USAID/DART staff report that the first shipment of nearly 100 MT, consigned to UNICEF, arrived in Zimbabwe on January 12.

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, logistics, 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, and WASH interventions.
- USAID/OFDA support for the current response adds 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 \$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	\$1,544,212
Multiple	Water, Sanitation, and Hygiene	Bulawayo, Chirumanzu, Gweru, Harare, Kadoma, and Mutare Districts	\$4,843,020
UNICEF	Emergency Relief Supplies	Affected Areas	\$299,180
	Transport of Emergency Relief Supplies	Affected Areas	\$65,632
	Administrative Support and Travel	Countrywide	\$47,956
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 January 23, 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