

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Zimbabwe : Cholera

Emergency appeal n° MDRZW004  
GLIDE n° EP-2008-000218-ZWE  
Operations update n° 2  
30 December 2008

Period covered by this Ops Update:  
3 to 28 December, 2008

Appeal target (current):  
CHF 10,170,233 (USD 9.2m or EUR  
6.6m);

Appeal coverage: 37%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

### Appeal history:

- This Emergency Appeal was initially launched on 23 December, 2008 CHF 10,170,233 (USD 9.2m or EUR 6.6m) for seven months to assist 1.5 beneficiaries.
- **Disaster Relief Emergency Fund (DREF):**
  - CHF 203,302 (USD 177,556 or EUR 139,248) allocated on 11 November, 2008.
  - CHF 200,000 (USD 181,818 or EUR 130,208) allocated on 12 December, 2008.



In response to a cholera outbreak in Kadoma, which had 70 cases in one day on 22 December, Japanese Red Cross arrived and assessed the CTC in Chisangano (Southern part of Kadoma city).

**Summary:** The cholera epidemic continues to spread across the entire country and a cumulative total of 29,131 suspected cases and 1,564 deaths had been reported by 28 December 2008, with a case fatality rate of 5.4 percent. The proportion of death in the community is 44.7 percent. In response, Zimbabwe Red Cross Society (ZRCS) launched an emergency appeal through the International Federation of Red Cross and Red Crescent Societies (IFRC) to support actions in combating the quickly evolving cholera crisis. The actions include support to the National Society in delivering appropriate and timely assistance and relief in water and sanitation (WatSan), health and hygiene promotion sectors. In complementing the efforts of the National Society, IFRC's Emergency Response Units (ERUs) have been deployed as follows; three Basic Health Care (BHC) ERUs from the Finnish, Japanese and Norwegian Red Cross (whose equipment has been adapted for a cholera operation); two Mass Sanitation ERUs from the British and Spanish Red Cross; and two Water and Sanitation ERUs from the German/Austrian and French Red Cross. The Canadian and Austrian Red Cross have contributed technical staff to support the ERU deployment. As of 24 December, ERU moved in greater Harare, Manicaland, Mashonaland West and Midlands Provinces, accompanied by technical counterparts from ZRCS. The IFRC Southern Africa Zone office has also seconded technical staff until the operation team is in place.

## The situation

The cholera outbreak has spread to all ten provinces of Zimbabwe and on 23 December 2008, Matebeleland North province which had been spared of the outbreak, reported cholera in Binga district. The latest cumulative figures as of 28 December are 29,131 suspected cases and 1,564 deaths with a case fatality rate (CFR) of 5.4 percent. This is a significant increase since the last update of 2 December in which 11,536 suspected cases and 471 with a four percent CFR were reported. The cholera is expected to spread further with the intensifying rainy season as well as population movement during the holiday and festive season, where many people leave towns for their rural homes.

**Table 1: Cumulative Number of cholera cases and deaths as of 28 December 2008**

Provinces	Suspected Cholera Cases		Deaths	
	2 December	28 December	2 December	28 December
Harare	6,144	10,712	186	472
Mashonaland West	294	6,617	26	327
Mashonaland East	1,380	2,780	91	216
Mashonaland Central	72	454	12	35
Matebeleland South	3,057	3,714	82	109
Matebeleland North	0	2	0	0
Bulawayo	67	368	6	12
Manicaland	129	2,317	15	165
Midlands	227	446	20	41
Masvingo	166	1,721	33	187
<b>Total</b>	<b>11,536</b>	<b>29,131</b>	<b>471</b>	<b>1,564</b>

*Source OCHA cholera situation report of 23 December 2008*

Zimbabwe has been affected by cholera since 1998 on annual basis but previous outbreak have never reached the current scale. Kadoma in Mashonaland West Province, which has not seen a cholera outbreak in hundred years, has recorded an alarming 1,015 suspected cases and 44 deaths since 14 November 2008.

The main contributing factors to the countrywide cholera outbreak are reported as weakened health and municipal services with local authorities unable to provide adequate reticulation of the water system, waste collection and adequate sanitation facilities in urban centres due to unavailability of water treatment chemicals: irregular refuse collection and inadequate sanitation facilities in addition to lack of materials for repairing damaged sanitation infrastructure; and thus spillage of sewerage within residential areas is a significant contributing factor. This situation is further exacerbated by the deteriorating economic situation and food insecurity in the country.

## Coordination and partnerships

A coordination mechanism has been established at national and provincial levels. ZRCS as the lead agent in this operation is hosting a weekly Red Cross Movement coordination meeting attended by its operations team, representatives from the IFRC, ICRC, ERUs team leaders and sector leaders (health, WatSan and logistics). In the last coordination meeting, technical teams were established and tasked to draft MoU, sectoral guidelines in line with the MoHCW/Health cluster guidelines, sectoral work plans for the next one month (including ERU teams), communication/media guidelines for the operation and mobilization table, which will be regularly updated by the Regional Logistic Unit (RLU) in Dubai. The host National Society, ZRCS leads the planning, implementing and monitoring of the operation.

Stakeholders meetings continue to be held on a regular basis at national and provincial levels, coordinated by MoHCW and in some area by the City Health Department. At provincial level, the ERUs are working through the ZRCS provincial offices and are technically advised by the Ministry of Health and Child Welfare (MoHCW). ZRCS branches are coordinating to varying degrees with the MoHCW, Civil Protection Unit (CPU), the UN cluster system and agencies and other non-governmental organizations (NGOs). Together with UNICEF, WHO, MSF, OXFAM, PSI and German Agro Action, ZRCS continues to intervene in areas with new cases.

The Red Cross and Red Crescent Movement attend coordination meetings of the health and water and sanitation (WASH) clusters, which brings together governmental and non-governmental agencies at a platform to address the cholera emergency. UNOCHA has produced a draft inter-agency Integrated Cholera Response Plan through the health and WASH clusters to be circulated shortly after consolidation of stakeholders' comments. Health cluster meeting was held on 23 December and the agenda included an update on the outbreak, proposed joint WASH and health clusters' action, update on the Cholera Control and Command Centre (C4) and discussions on the way forward in the field.

The IFRC Zone, deputy head of Zone, disaster management coordinator, logistics coordinator, human resources manager and the planning, monitoring, evaluation and reporting (PMER) manager have been seconded to the operation to cover gaps, whilst the operation's team is being recruited. The key operational role of the IFRC is coordination, thus working towards ensuring a coherent and unified response by strengthening the coordination mechanism and activities for the Movement. An operation base has been established at the IFRC Country Representation Office in Harare and Partner National Societies resident in Zimbabwe (Danish, Japanese and Norwegian) are actively involved in coordination meetings and provision of technical assistance.

#### **National Society Capacity Building:**

The stakeholders' efforts to enhance the capacity of the National Society to respond to any health related emergency are on-going. For this reason, ZRCS counterparts in disaster management, health and care, logistics and WatSan have been deployed with the ERUs for the experience from the sector interventions.

In order to ensure maximum utilisation of National Society resources, good leadership and management and thus an effective operation, the ZRCS has established management and coordination structures at all levels. A cholera task force at national level consisting of the national programmes coordinator and all department heads has been established, while lower level structure will be established at provincial level. The role of the task forces will be to review the situation, progress and define actions to be taken; depending on how the situation is unfolding, the task forces will meet at least once a week.

Using its countrywide network of volunteers, ZRCS has conducted higher level training for volunteers in Harare and Chitungwiza through a refresher course, which covered hygiene promotion, active surveillance and case finding, distributing water treatment chemicals and providing oral rehydration solutions (ORS). The rolling-out of the higher level training is on-going focusing on participatory health and hygiene education.

Following the launch of the emergency appeal, the IFRC Zone has since opened positions for the operation team (operations coordinator, WatSan, health, logistics, finance and PMER delegates). The operations team will work closely with their counterparts at ZRCS.

## **Red Cross and Red Crescent action**

### **Overview**

With the support of the DREF, ZRCS conducted a rapid assessment in two of the most affected provinces (Mashonaland Central and Mashonaland East). Major gaps were identified in curative health, social mobilisation, prevention, clean water supply and sanitation facilities, to which high morbidity and mortality rates are attributed to. The results of the assessment tallied the gaps identified by the MoHCW and the health cluster.

In order to cover the identified gaps, Emergency Response Units (ERUs) were deployed in areas allocated by the MoHCW and CPU. The ERU assets include three Basic Health Care (BHC) ERUs from the Finnish, Japanese and Norwegian Red Cross, operating as Cholera Treatment Centres and acting as hubs for volunteer activities; two Mass Sanitation ERUs from the British and Spanish Red Cross facilitating sanitation and hygiene promotion activities and two Water Supply ERUs from the German/Austrian and French Red Cross providing clean water for up to 55,000 people. The Canadian and Australian Red Cross are also contributing with staff to support the ERU deployment. The ERUs are working in close coordination with the local ZRCS branches and the communities they serve, and have been deployed in-country as follows;

Harare	Germany/Austrian	Water and Sanitation
Manicaland	Finnish, German/Austrian	Basic Health Care and Mass Sanitation
Mashonaland West	Japanese and Spanish	Basis Health Care and Mass Sanitation
Midlands	British, Norwegian	Basic Health Care and Mass Sanitation
Midlands	Germany/Austrian	Water and Sanitation

## Progress towards objectives

### Water supply

**Objective: To improve access to safe and adequate water in four provinces reaching at least 280,000 people by the end of the appeal timeframe.**

**Expected result:** Access to safe water is improved for 280,000 households through treatment of household and community level water supplies.

**Activities planned:**

- Provision of clean drinking water for 55,000 affected people to supply CTCs and local communities through two water and sanitation ERUs (M40 and M15).
- Distribution of one million water purification sachets and promotion of correct use to 100,000 people.
- Distribution of 40,000 jerry cans and buckets for storage and transport of water at household's level (Jan – Feb 2009).
- Rehabilitation of 200 water points in four provinces to benefit 100,000 persons (February – April 2009).
- Facilitate water treatment for CTCs and health centres which are near water source or untreated municipal water supply pipeline.
- Drilling of 50 boreholes, equipped with hand pumps or pressure hand pumps to serve the needs of 25,000 people.
- Support local municipalities with water pumps spare parts and diesel/petrol.

**Progress:**

The German/Austrian ERU conducted rapid assessments in Gweru of Midlands Province and in Harare. With the findings, the German/Austrian ERU has deployed M40 equipment to support the Zimbabwe National Water Authorities (ZINWA) at the city water reticulation centre 20 km outside of town. The water treatment facility has not been working due to broken pumps, lack of chemicals for flocculation and dysfunctional sand filtration. The ERU team will provide tanks for chlorination and enhancing storage capacity. The British Red Cross mass sanitation ERU is also operating in Gweru supporting the Norwegian Red Cross BHC.

The Japanese Red Cross BHC and Spanish Red Cross and Mass Sanitation ERU conducted a joint rapid assessment in Karoi and Chirundu in Mashonaland West Province. Basic health and sanitation equipment have been stationed in Karoi to support the CTCs and hospitals. The French Red Cross WatSan ERU has handed over two bladders and tap stands to complement Spanish Red Cross Mass Sanitation ERU in response to the water needs at Karoi Hospital. However, the bladder tanks will be used at the CTCs since UNICEF has already delivered bladder/tanks at the hospital.

Another assessment was conducted in Kadoma (Chidamoyo district) during which were identified are the needs for sanitation activities, upgrade of the water supply system at CTCs and hygiene promotion; activities will be carried out by Spanish Red Cross ERU team. The French Red Cross WatSan ERU will complement the efforts by providing some bladder tanks and tap stands.

In addition, British and Finnish ERU conducted assessments in Mutare, Manicaland Province and plans to establish a service centre are underway. French Red Cross ERU made four assessment trips to Mutare, Gweru district, Musengezi (Chegututu), Karoi and Chirundu (with Japanese RC). The team has yet to identify an appropriate location for its water treatment units.

**Challenges:**

While the water infrastructure exists in most areas, it is not running due to lack of chemicals, power cuts, shortages of fuel and poor maintenance. Another challenge is that areas for which M40 units are most appropriate are covered by other organisations making it uneconomic to deploy such unit. Part of the M40 equipment which is currently not being utilised (tanks, pumps, tap stands) will be used for upgrading existing or planned boreholes with proper long-term installations (distribution points).

**Sanitation and hygiene promotion**

**Objective: Improved hygiene awareness and sanitation for 1,500,000 people (300,000 households) in 8 cholera affected provinces, and increased access to latrines in health centres and schools.**

<p><b>Expected result:</b></p> <ul style="list-style-type: none"> <li>• Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, is provided to affected households over the next seven months.</li> <li>• Disease transmission is reduced through raised awareness of communities and improved hygiene behaviour.</li> <li>• The scope and quality of the Zimbabwe Red Cross Society water, sanitation and hygiene promotion services are improved.</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Provision of hygiene promotion activities to 1,500,000 people through training and activating volunteers at the community level.</li> <li>• Distribution of hygiene kits to 20,000 vulnerable households in cholera affected areas. Hygiene kits are designed for this operation and include soap and other items.</li> <li>• Provision of Sanitation facilities, excreta and solid waste disposal for CTCs and communities. These activities will be supported by the two Mass Sanitation ERUs, which can reach 20,000 people each.</li> <li>• Training of staff and volunteers on cholera response, reporting, and household water purification</li> <li>• Production and distribution of IEC materials in local languages.</li> </ul>
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**Progress:**

British Red Cross Mass sanitation ERU and Norwegian Red Cross BHC ERU have been deployed in Midlands province and their equipment and teams are focused on hygiene promotion and sanitation. In Manicaland Province, Finnish Red Cross BHC is supported by a German Red Cross ERU team (Canadian and Austrian team members) who have conducted a joint assessment focusing on sanitation and hygiene promotion needs in medical institutions, CTC and in rural areas.

Spanish Red Cross Sanitation ERU is covering Mashonaland West province, providing support to the Japanese BHC ERU. The operation base is in Karoi, which is close to various CTCs with strong Red Cross branch and active volunteers, of which the majority are trained in community mobilization. Further assessments will be carried out in other parts of the province to establish the needs and possible support to the CTCs. The planned hygiene promotion campaign at community level is at an advanced stage whilst training of volunteers in underway. Spanish Red Cross ERU also has plans to distribute hygiene kits tailor-made for this operation to cover 20,000 families throughout the country.

**Challenges:**

All the ERU teams are facing communication problems, due to congested telephone/mobile networks and slow internet. Some field teams are using satellite phones, which have provided a vital link to communication between the field and Harare.

**Health and care**

**Objective: To reduce cholera-related morbidity and mortality through a comprehensive health approach including surveillance, case finding, health promotion, ORS distribution and case management and to improve Zimbabwe Red Cross capacity and the resilience of communities.**

<p><b>Expected result:</b></p> <ul style="list-style-type: none"> <li>• Health services are supported to meet the health needs of the population.</li> <li>• The resilience of the community is improved through better health awareness, knowledge and behaviour.</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Provision of 40 volunteer modules of the cholera kits, to support with community based activities at cholera treatment centres and in the community under the Ministry of Health and Child Welfare.</li> <li>• Mitigate the effects of cholera by developing the capacity of eight provincial Red Cross Offices in active case finding correct preparation, use and distribution of Oral Rehydration Solution (ORS) and in surveillance.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Training of volunteers in target branches in Community Based Health and First Aid (CBHFA) and on Epidemic Control for Volunteers training package.</li> <li>• Orientation of 800 volunteers and staff on the correct use and preparation of ORS.</li> <li>• Orientation and reorientation of 30 staff members directly responsible for project implementation.</li> <li>• Develop a first response plan at provincial Red Cross branches, through the establishment of ORS distribution outlets at community level.</li> <li>• Distribution of 80,000 ORS sachets through community level outlets.</li> <li>• Establishing 3 Cholera Treatment Centres (CTCs) using Basic Health Care ERUs with cholera treatment kits that will provide case management for affected population functioning in health facilities and using additional capacity from local health professionals. Those CTCs will also serve as centres for community-based activities performed by ZRCS volunteers.</li> </ul>
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**Progress:**

With the increase of cholera cases in Kadoma town, Mashonaland West Province, part of the Japanese Red Cross ERU supported Spanish Red Cross counterparts in supporting the CTC (distributing tents, beds, blankets, jerry cans, buckets, water purifiers and ORS). As one of the first deployments at the onset of an outbreak, this provided an opportunity to assess the effectiveness of IFRC systems in emergency situation.

In Kadoma, the Red Cross in close collaboration with MSF Spain and MSF Holland are working through the office of the provincial medical director (PMD) and the local ZRCS branch. All cholera cases are referred to the CTC and according to the Germany/Austrian M40 visit to the CTC in Chisangano area near Kadoma, the centre is in need of waste disposal facilities, construction of latrines, installation of additional water pints, improvement on the drainage system, provision of body bags, food, bedding for patients, detergents and protective clothing. The Red Cross volunteers are assisting with hygiene promotion during burial proceedings, which is a potential source for the spread of the disease.



Mr Zuze works for the Ministry of Environment and Health in Kadoma. Normally he is responsible for running the home-based visit to prevent epidemics such as malaria and cholera, including clearing ponds to avoid mosquito breeding. Since the establishment of a CTC in mid-November, Zuze and his team have been helping with clearing the surrounding environment and off-loading equipment for the CTCs. "Cholera is not new to us, but this year, lack of nurses and medicines in the hospital caused the spread of the disease. In the past, cholera is something we could put down within the hospital. The Red Cross brought the big change. Patients are now sleeping on beds. The assistance from Japanese Red Cross is excellent" said Zuze

In other parts of the Mashonaland West Province, the district medical officer (DMO) has indicated the need for intervention in Chirundu, Karoi, Chidamoyo, Nyamakate and Chinerere districts. Assessment visits conducted in Chidamoyo revealed 63 suspected cases and four deaths (in the nearby community) at a missionary hospital with a bed capacity of 60 patients. The hospitals official have since requested for a CTC thus requiring tents, beds, mattresses, gloves, water purifiers, ORS and hygiene promotions material.

### Challenges

The biggest challenge among stakeholders has been paying health staff, both for the state facilities and cholera operation. The MoHCW has proposed a retention package for all health staff in the country to be implemented and supported by donors tentatively by 1 January 2009. The modalities are still under discussion between WHO and MoHCW and all actors are waiting for a formal communication. The Red Cross partners would also want clear guidelines on paying incentives for volunteers and health staff working at the CTCs. The absence of these guidelines and the use of different payment scales by the government and other NGOs has caused health staff working in cholera to 'migrate' from government facilities to those operated by international organisations.

### Logistics

**Objective: To ensure that ERU material is effectively received, customs cleared and delivered to the designated area; that the planned relief items and humanitarian supplies are procured, delivered, and distributed in a timely, transparent and cost-efficient manner; and that standard logistics procedures are followed and reported upon while providing training and advice to host National Society and Federation delegates and staff as needed.**

**Expected result:** logistics support complements and facilitates the activities and assistance planned.

**Activities planned:**

- Set-up supply chain and control supply movements from point of entry to final distribution point.
- Monitor and evaluate the supply chain and provide reporting on performance.
- Mobilization and procurement activities will be coordinated by Dubai Regional Logistics Unit.
- Liaise and coordinate action with the ICRC and any other key actors to ensure that the Federation logistics operation uses all information so as to be as efficient and effective as possible.

As an interim measure before the engagement of operation's logistics coordinator, IFRC Zone logistics coordinator has been deployed in Zimbabwe. All the equipment imported by the ERUs has since been cleared and distributed to the respective sites. The focus now is on strengthening field capacity by mobilising drivers, warehousing staff and training on relief distribution. There is still a need to put into place the full compliment of logistics support staff. The mobilisation table is continuously monitored jointly with the Regional Logistic Unit in Dubai, which will ensure smooth movement of relief items.

### Communications – Advocacy and Public Information

Focal points for communication on the operation in Zimbabwe were discussed and agreed upon (ZRCS Secretary General and IFRC Country Representative). The development of the draft communication guidelines is work in progress and these will be adopted at the next Movement coordination meeting.

Communication with the field has been a major challenge because of poor networks and slow internet connectivity. All the same, the ERU team leaders have been managing to send in reports at least once in two days, if not daily. There are plans to send the IFRC country office information technology officer around the sites programming the radio equipment (of ERU teams) to facility access to the existing Red Cross frequency in Zimbabwe.

Until such a time a PMER delegate for the operation is identified, the Zone PMER manager will cover the gap in monitoring and reporting system.

## How we work

***All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.***

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### **Global Agenda Goals:**

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

**For further information specifically related to this operation please contact:**

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**[<Updated donor response report attached below; click here to return to the title page>](#)**

# International Federation of Red Cross and Red Crescent Societies

## Donor response to appeal MDRZW004 - Zimbabwe - Cholera

TIMEFRAME: 07 Nov 08 to 31 Jul 09

LOCATION: Zimbabwe

TOTAL AMOUNT SOUGHT:	10,170,233
TOTAL RECEIVED TO DATE:	3,769,157
APPEAL COVERAGE TO DATE:	37%

Updated on: 30 Dec 2008

Currency	Amount	Goal 1: Disaster Management CHF	Goal 2: Health and Care CHF	Goal 3: Capacity Building CHF	Goal 4: Principles and Values CHF	Coordination CHF	Total CHF
<b>BUDGET</b>							<b>10,170,233</b>
<b>FUNDING</b>							
<u>Opening Balance</u>							
<b>Income</b>							
<b>Inkind Goods &amp; Transport</b>							
British Red Cross	EUR	138,750	218,607				<b>218,607</b>
Finnish Red Cross	EUR	422,406	665,521				<b>665,521</b>
French Red Cross	EUR	114,115	180,533				<b>180,533</b>
German Red Cross	EUR	204,000	321,412				<b>321,412</b>
Japanese Red Cross	JPY	60,836,506	792,311				<b>792,311</b>
Norwegian Red Cross	NOK	3,080,000	525,741				<b>525,741</b>
Spanish Red Cross	EUR	420,000	661,730				<b>661,730</b>
<b>Total Inkind Goods &amp; Transport</b>			<b>3,365,855</b>				<b>3,365,855</b>
<b>Other Income</b>							
DREF Allocations	CHF	403,302	403,302				<b>403,302</b>
<b>Total Other Income</b>			<b>403,302</b>				<b>403,302</b>
<b>Total Income</b>			<b>3,769,157</b>				<b>3,769,157</b>
<b>TOTAL FUNDING</b>			<b>3,769,157</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,769,157</b>
<b>COVERAGE</b>			<b>37%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>37%</b>