

DREF operation



International Federation
of Red Cross and Red Crescent Societies

Zimbabwe: Cholera

DREF operation n° MDRZW005
EP-2011-000083-ZWE
12 July 2011

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of unearmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 226,353 has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 30,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: This DREF is being allocated to enable the Zimbabwe Red Cross Society (ZRCS) to mitigate against the alarming increase in the number of cholera cases in the Chipinge district of Zimbabwe. Proposed interventions are focused on supporting the National Society to deliver appropriate and timely action specifically related to water and sanitation, health and hygiene promotion to a target population of 30,000 beneficiaries. This DREF application will assist the National Society carry out these interventions in 2 affected wards of Chipinge by training and mobilizing 60 volunteers.

This operation is expected to be implemented over three months starting 01 July 2011. A final report will be made available three months after the operation (by 31 December 2011).

[<Click here for the DREF budget, here for contact details, or here to view the map of the affected area>](#)

The situation

Over recent Zimbabwe has been repeatedly affected by serious cholera outbreaks. The most severe recent outbreak occurred in early August 2008. By mid June 2009, the outbreak had affected 55 of 62 districts in Zimbabwe with 98,531 cholera cases and leaving 4,282 dead¹ a case fatality rate of 4.5%, well above the normal emergency threshold of 1% by international standard. The National Society through the support of the Federation responded to the emergency through the deployment of Water and Sanitation Emergency Response Units (ERUs) and mobilized large numbers of trained volunteers to carry out social mobilization activities nation-wide, including in the district of Chipinge. The trained volunteers have received further *community-based health and first aid* (CBHFA) training and have been actively involved in Health and Hygiene promotion within the communities.

However as of June 2011, 670 cumulative cases of cholera have been reported in Chipinge with 19 deaths recorded which surpassed the June 2010 figures of 39 cases with 2 deaths. This has overwhelmed the capacity of the response thereby making it difficult to control. The underlying causes relate to the lack of safe drinking water and inadequate sanitation and poor hygiene practices. Access to a safe water supply and basic sanitation in Zimbabwe has declined significantly over the last few years. Water and sanitation and good hygiene practices are essential barriers to prevention of water borne diseases. Cholera and the upsurge in number of infections is an indication that access to these services has been severely compromised. In urban areas, the situation was compounded by a shortage of water treatment chemicals resulting in many suburbs and small towns going without water for long periods. Effluent was noticeable in

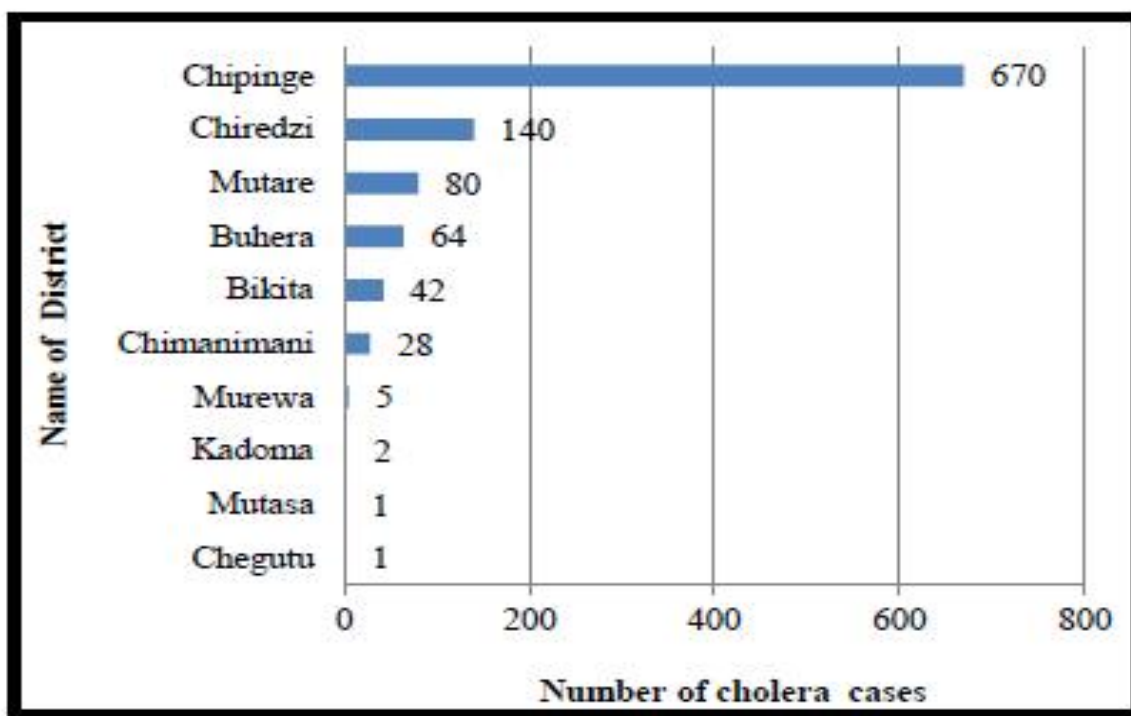
¹ Ministry of Health and Child Welfare (MoHCW), C4 Epidemiological report for 13 June 2009.

big cities due to the breakdown of the sewage infrastructure, subsequently causing cross contamination of piped water and shallow wells. Many households have been forced to resort to the use of unprotected contaminated open wells for water for drinking and domestic use.

Rural communities have also been hard hit by the cholera outbreak. The WASH cluster partners report that over 60% of boreholes are broken down and sanitation coverage is poor at community level and institutions - clinics and schools. In schools the WASH situation requires urgent attention in order to protect children from diarrhoeal diseases, including cholera. It is critical to ensure that schools provide a protective and safe environment to children.

Since the beginning of January 2011, ten out of the country's 62 districts, namely Bikita, Buhera, Chimanimani, Chegutu, Chipinge, Chiredzi, Kadoma, Murewa, Mutare and Mutasa, have reported cholera cases. A total of 1,134 cholera cases and 45 deaths were reported by the 12th of June 2011, giving a crude case fatality rate of 4.0%. Of the total reported cases, 320 were confirmed positive by laboratory tests. The majority of cases (870, or 77%) were reported from Manicaland province where 80% of reported cases (697) were from Chipinge. Chiredzi and Chipinge districts reported cholera cases in the last three weeks of June 2011. Surveillance continued in all districts.²

Figure 1: Cumulative Cholera cases, Jan – June 2011



Zimbabwe WHO weekly Epidemiological bulletin No.14

Coordination and partnerships

Coordination mechanisms currently exist and inter-agency coordination committee is operational in the district and province to manage the situation and to coordinate the actions of all humanitarian partners in the field. The Provincial Medical Directorate (PMD) has continued to give the necessary guidance and support to the health structure in responding to the outbreak despite limited financial and material resources. Other relief organisations working in the area are Action Faim and Mercy Corps who have also assisted in the cholera treatment centers (CTCs) providing non-food items such as soap, jerry cans and medication apart from the material support from the ZRCS which was channeled through the PMD.

The Red Cross is active in the health and WASH cluster. Coordination is crucial for this intervention and the Red Cross is represented and participates in all coordinating forums at the provincial and district levels. At

² From Ministry of Health and Child Welfare (MoHCW) and World Health Organisation (WHO), June 2011 report.

national level, the ZRCS is actively participating in coordination and this will continue with the MoHCW, the health and WASH cluster and other stakeholders. The ZRCS has capacity to carry out community mobilization, water, sanitation and hygiene promotion activities through its network of branches and volunteers.

The Federation through its Southern Africa Regional Office has been following up the situation and providing technical support to the ZRCS

Red Cross and Red Crescent action

In Manicaland, Chipinge district is one of the areas where cholera has remained endemic; the cholera outbreak has gone unabated for some time. Chipinge district has been the hardest hit. The outbreak covers 16 wards but the most affected are two wards in St Peters and Chibuwe. The two wards recorded a cumulative case rate of 349 of the 554 cases. Zimbabwe Red Cross Society through its trained CBHFA volunteers are involved in health and hygiene promotion at the community level. These activities are carried out with limited financial resources due to financial constraints. The volunteers are working in collaboration with the environmental health and the curative departments of the Ministry of Health who both lack financial capacity in dealing with the outbreak. The Zimbabwe Red Cross Society has provided non-food items (NFIs) to the affected areas through the provincial office. These have been channelled through Ministry of Health and Child Welfare for distribution.

It is against this background that a rapid cholera assessment was carried out in Chipinge district from 7 - 11 June 2011. Areas visited were the Manicaland Provincial Health Office, Chipinge district administrator and health offices as well as a field visit to St Peters Hospital and Chibuwe clinic. The assessment team comprised staff from the ZRCS national and provincial offices. Key informant Interviews were conducted with the following – PEHO, District Administrator, AGRITEX, DEHO, District Health Administration Officers, District Health Information Officer, Lab Technicians and other health staff, EHTs and nurses. Focus Group Discussions (FGDs) held at St Peters Hospital involved church representatives, headmasters, volunteers, teachers, nurses and health staff, EHTs, Agritex, Ministry of Health, DPC, ZRCS staff (field officer, PPO, PMER assistant, WatSan coordinator).

Summary of assessment findings

Water supply

- The main sources of water supply in Chipinge are boreholes, hand dug shallow wells, open pools and sand abstracted water. In Chibuwe, main sources of water are boreholes, wells and open pools. It was noted that communities along the Save River Basin normally access raw water from the river which they use for both drinking and domestic use. A few households in Checheche and Chibuwe Township are connected to piped water but the majorities do not have piped water since it is expensive to connect.
- Most of the shallow wells are not protected and these wells are open to contamination.
- A lot of livelihood activities for the community take place along the Save river, these include brick molding, gardening etc. People spend a lot of their time along the river without safe water, thus they are forced to drink unsafe water from the river which may be contaminated and there is likelihood of the community members carrying out open defecation.

Hygiene and sanitation

- Latrine coverage for schools and the community was estimated at 20%. The inadequacy of the sanitation and safe water supply in institutions is seen as the major contributory factor to the spread of cholera in Chipinge.
- It was concluded from FGDs that people are generally aware of the importance of toilets but some lacked the resources to construct, while some were frustrated by continuously setting up temporary structures which would fall in rainy seasons. Some CBHFA volunteers who have been implementing public health awareness reported that they faced resistance from some sections of the community.
- The district is well serviced with clinics and schools but safe water supply and sanitation is not adequate for these institutions.
- Growth points such as St Peter's and Checheche do not have proper refuse disposal systems.
- The prevalence of traditional and cultural beliefs in Chipinge has mystified some health issues in the area. Most households prefer to go to traditional healers as compared to modern medicines found in health institutions and this belief has also an effect on the preventative measures.

The needs

The social mobilization activities of the ZRCS will be targeting 30,000 people from the most affected areas.

Wards	Total population	Number of house-holds
St Peters	13,838	2,741
Chibuwe	16,150	3,273

Immediate needs:

- The best eight volunteers will be selected after PHAST training and will be engaged as supervisors
- Training of volunteers in cholera prevention, mitigation and infection control using IFRC Epidemic Disease for Volunteers tool kits.
- Strengthening community disease surveillance and monitoring.
- Increasing the availability of oral rehydration solution and water treatment tablets at community level; Non food items: Buckets, jerry cans, soap, chloride of lime, ORS sachets.
- Water point rehabilitation equipment/material.
- Information, education and communication material.
- Intensifying social mobilization and community awareness.

Longer-term needs:

- Provision of safe drinking water and sanitation facilities.
- Sustained community health and hygiene promotion.

The proposed operation

The ZRCS will focus on a comprehensive approach to cholera epidemic prevention and proposes a three-month Intervention in the two most affected wards. The focus will be on ensuring access to safe water supply, hygiene sanitation facilities and promotion of good hygiene behavior. Volunteers will also support government case management efforts to disseminate key messages related to cholera prevention and ensure early detection of cases and subsequent referral to health facilities. A *regional disaster response team* (RDRT) health specialist will be deployed for a period of two weeks to support the National Society in carrying out ECV training and additional refresher training on cholera response and ensure good start up of the operation.

Emergency Health/water and Sanitation

Outcome 1: Improved access to safe water and sanitation for 30,000 people (6,000 households) by the end of the project timeframe.	
Outputs	Activities planned
<ul style="list-style-type: none"> • Increased use of safe water amongst the target population. • Increased use of Sanitation facilities by the target population. 	<ul style="list-style-type: none"> • Eemergency repair of 50 shallow wells and 50 boreholes in schools and communities. • Distribution of 10000 water treatment chemicals (sachets and aqua tabs) for 100 HH for 3 months. • Distribute 5,000 Jerry cans to households • Train communities members on House hold water treatment techniques and safe use of water treatment chemicals. • Support the construction of 200 household latrines and 100 latrines in schools.
Outcome 2: Improved hygiene practices and awareness for 30,000 people in the targeted cholera affected areas.	
Outputs	Activities planned
<ul style="list-style-type: none"> • The affected population are effectively and efficiently sensitized • Improved awareness and uptake of good hygienic practice amongst 90% of the target population. 	<ul style="list-style-type: none"> • Carry out health education and promotion among 2 communities using PHAST in emergencies methodology. • Hygiene promoters carry out house to house visits for 2160 volunteer days. • Carry out refresher training for 60 Hygiene Promoters in the PHAST methodology and ECV manual/tools. • Print and distribute IEC materials for the prevention of cholera. • Refresher training for 15 school health facilitators, 10 church leaders and 20 village

	heads. <ul style="list-style-type: none"> • Promote school health clubs in 15 schools. • Distribute soap for hand washing and general hygiene. • Provision of materials for waste disposal (brooms and bins) at 2 market centers.
Outcome 3: Strengthened household level case detection, management and referrals to Health facilities	
Outputs	Activities planned
<ul style="list-style-type: none"> Ø Improved early detection, reporting and referral of suspected cases. Ø Increased use of ORS for the treatment of mild cases. Ø Decrease number of deaths in the two wards at the end of the project timeline. 	<ul style="list-style-type: none"> • Train 60 community based volunteers on symptom identification and symptoms of severity using the IFRC ECV manuals for volunteers. • Establish referral in collaboration with local health authorities. • Train household members on preparation and use of ORS.

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 vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The International Federation's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this operation please contact:

- **In Zimbabwe:** Emma Kundishora, Secretary General Email zrcs@ecoweb.co.zw ; ekundishora@yahoo.com, emmak@redcrosszim.org.zw. Phone: Tel: +263.4.332638; +263.4.332197; Fax +263.4.335490
- **In Zimbabwe:** Oforbuike Nwobodo; Country Representative, Zimbabwe Country Representation, Harare; Email oforbuike.nwobodo@ifrc.org Phone: Tel: +263.4.705166; +263.4.720315, Fax +263.4.708784
- **In IFRC Africa Zone:** Alasan Senghore, Director of Zone Office, Email : alasan.senghore@ifrc.org ; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230

For pledges towards the programmes:

- In IFRC Africa Zone: Ed Cooper; Performance and Accountability and Resource Mobilisation Coordinator, Johannesburg; Email: ed.cooper@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

For Performance and Accountability (Planning, Monitoring, Evaluation and Reporting) enquiries:

- **In IFRC Africa Zone:** Robert Ondrusek, PMER Manager, Johannesburg; Email: robert.ondrusek@ifrc.org ; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

[<DREF budget and map below; click here to return to the title page>](#)

DREF OPERATION

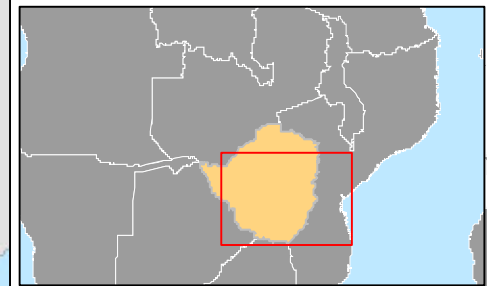
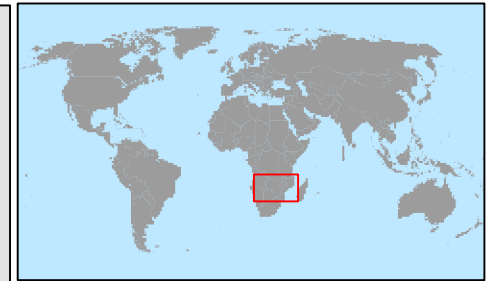
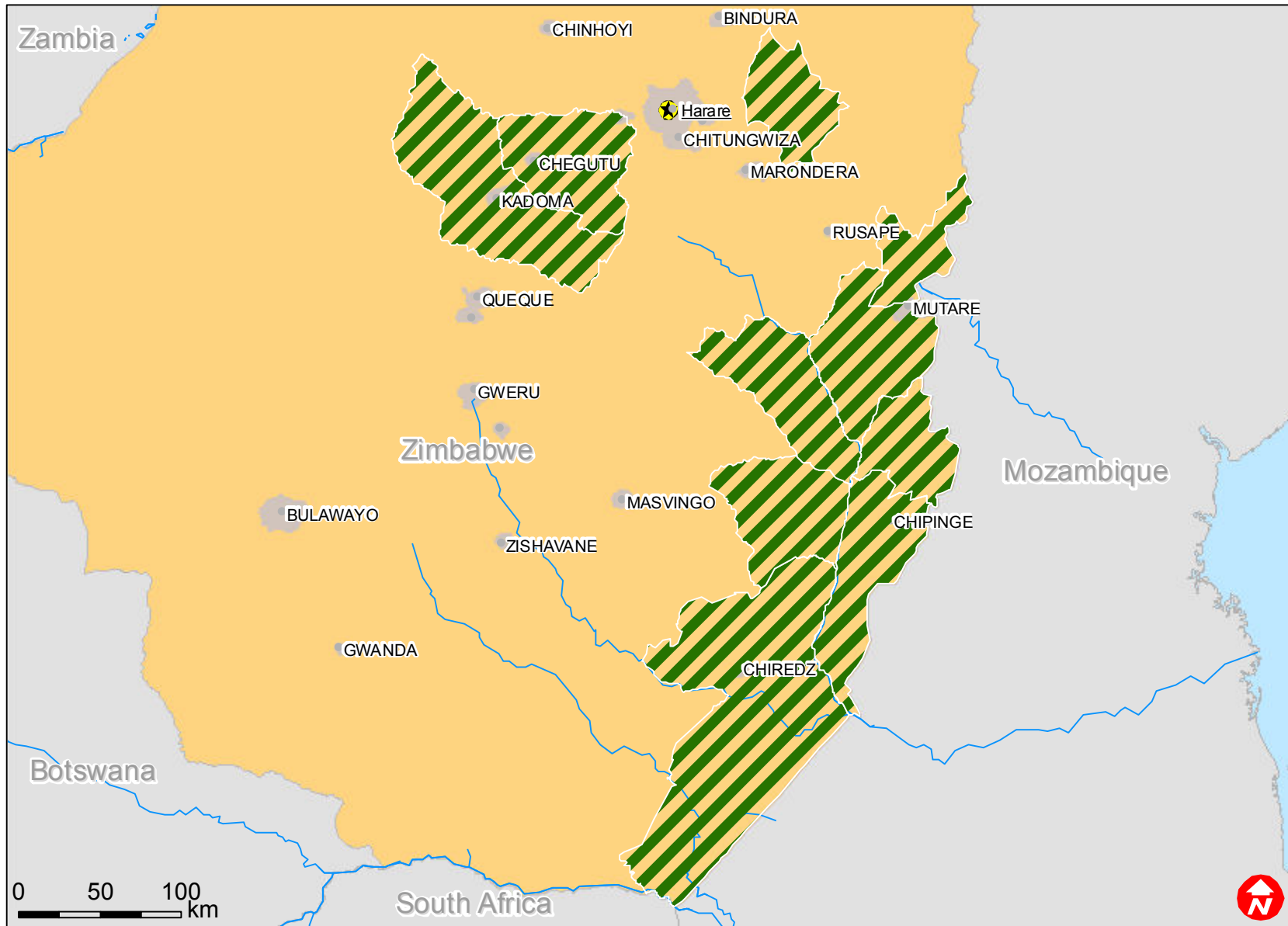
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ZIMBABWE. CHOLERA

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	101,976
Medical & First Aid	
Teaching Materials	418
Ustensils & Tools	2,671
Other Supplies & Services	
Emergency Response Units	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	105,065
Land & Buildings	
Vehicles Purchase	
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	2,520
Distribution & Monitoring	8,563
Transport & Vehicle Costs	7,398
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	18,480
International Staff	3,134
National Staff	4,360
National Society Staff	27,721
Volunteers	8,064
Total PERSONNEL	43,278
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	19,320
Total WORKSHOP & TRAINING	19,320
Travel	
Information & Public Relations	840
Office Costs	756
Communications	252
Financial Charges	5,510
Other General Expenses	
Shared Support Services	19,037
Total GENERAL EXPENDITURES	26,395
Programme and Supplementary Services Recovery	13,815
Total INDIRECT COSTS	13,815
TOTAL BUDGET	226,353



Zimbabwe: Cholera Outbreak



 Affected districts