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DREF Final Report
Zimbabwe: Cholera

International Federation of Red Cross and Red Crescent Societies

DREF operation n° MDRW005
GLIDE n° EP-2011-000083-ZWE
23 April, 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked 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.

Summary: CHF 226,353 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 8 July 2011 to support the Zimbabwe Red Cross Society in delivering assistance to some 30,000 beneficiaries, and to procure and distribute emergency disaster response stocks.

The operation was initially planned to be implemented over three months, July to September 2011. However a three-month extension until December 2011 was granted to allow some delayed activities to be completed.

Beneficiaries getting clean water at Guzete Borehole in Ukoto B, Ward 24. Photo ZRCS

Zimbabwe experienced an unprecedented cholera outbreak in 2008. The cholera outbreak which began in November 2008, lasting until July 2009 recorded a cumulative total of 98,592 cases and 4,288 deaths with a case fatality rate of 4.5%. Government and non-governmental efforts were effective in curbing cholera cases throughout the country. In Chipinge district, Zimbabwe's Manicaland Province, new cases began resurfacing in December 2010, particularly in Chibuwe and St. Peter's wards. The cholera outbreak presented a serious health hazard, which significantly affected women, children and the highly mobile workers living in the district.

The Zimbabwe Red Cross supported the Government in providing emergency hygiene materials and carrying out community health and hygiene education. The DREF funds were used to procure and distribute non-food items, provide clean water and sanitation facilities and carrying

out hygiene promotion and preventive health activities. The IFRC Country Office provided technical support in all aspects of the DREF Operation.

The intervention was completed by the end of December 2011. All the targets were achieved except for borehole rehabilitation, where 38 water points were rehabilitated instead of 50. The other 12 were rehabilitated by another NGO which was working in the adjacent ward. The achievements were as follows:

- Rehabilitation of 38 water points and fitting with bush pumps
- Rehabilitation of 50 shallow wells (improving water lifting by fitting winch/windlass)
- Construction of 300 latrines (100 at schools and 200 at households)
- Training of 60 volunteers to conduct health and hygiene education
- NFIs (non- food items) were distributed to 4,624 households.

Since the completion of the operation no new cases of cholera were reported.

Challenges

The objectives of the Cholera operation were achieved through coordinated efforts among partners notably the ZRCS, IFRC, the Ministry of Health and Child Welfare, local authorities and technical partners. However, some challenges caused delays in implementation, including:

- Delay in the procurement of cement for latrine construction due to its non-availability on the market.
- Heavy and sporadic rains which slowed down latrine construction and upgrading of wells.
- Unavailability of some community members at health sessions especially the economically active group who were pursuing livelihood activities e.g. working on farms, agriculture and brick moulding along the river bed.

The Canadian Red Cross contributed to the DREF in replenishment of the allocation made for this operation. The major donors and partners of DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the U.S.A., as well as DG-ECHO, the U.K. Department for International Development (DFID), the Medtronic and Z Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the National Society, thanks all for their generous contributions. Details of 2011 contributions to DREF are found at: www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf.

<click here for final financial report (CHF 48,228 balance returned to DREF), or here for contact details>

The situation

Following the 2008/2009 cholera outbreak the National Society with support from the IFRC responded through the deployment of water and sanitation ERUs and mobilisation of trained volunteers in districts throughout the country including Chipinge district. These volunteers also received community-based health and first aid (CBHFA) training and have since been actively involved in health and hygiene promotion within those communities.

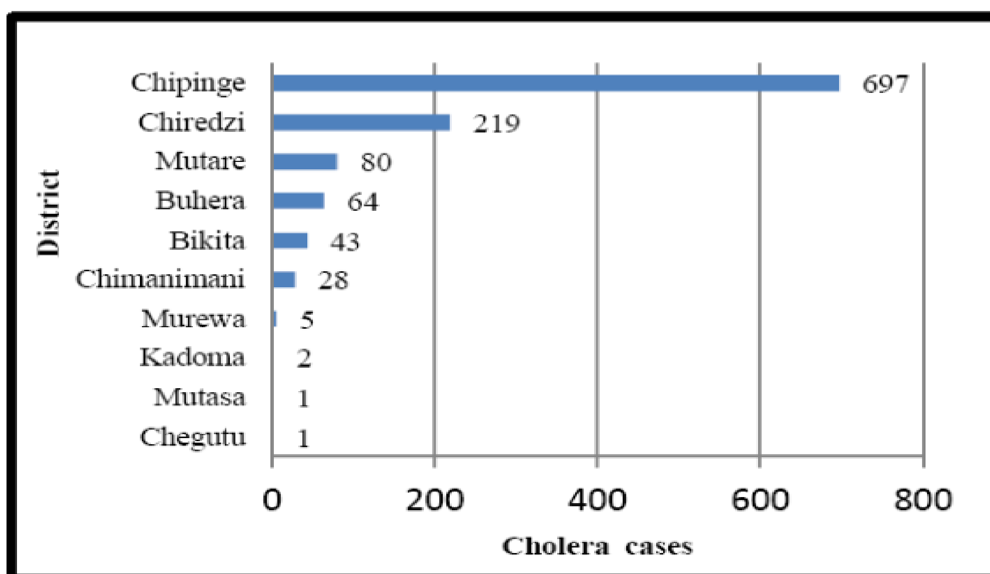
A total of 1,140 cholera cases and 45 deaths were reported nationally by the 17th of July 2011, giving a crude case fatality rate of 4.0%. The majority of cases 870 (76%) were reported from

Manicaland province where 697 (80%) of the cases were reported from Chipinge District (see figure 1) .[1]

Access to safe water supply and basic sanitation in Zimbabwe has worsened over the last few years. Rural communities were particularly hard hit by the cholera outbreak. WASH cluster partners report that over 60% of boreholes are broken down and sanitation coverage is poor at community level and in institutions such as 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 safe environment for children. The underlying causes relate to the lack of safe drinking water, inadequate sanitation and poor hygiene practices. Safe water and sanitation and good hygiene practices are essential to prevention of water-borne diseases, including cholera.

The upsurge in the number of cholera infections showed that access to these services had been severely compromised. In urban areas, the situation was compounded by a shortage of water treatment chemicals, resulting in many areas going without water for extended periods. The flow of effluent in larger cities due to the breakdown of the sewage infrastructure caused contamination of piped water and shallow wells. Many households had been forced to use unprotected contaminated open wells for water for drinking and domestic use.

Figure 1: Cumulative Cholera cases, Jan – July 2011



Summary of Cholera effects, and needs established.

The cholera outbreak affected the majority of rural households in St Peter's and Chibuwe wards since they share the same water sources. A rapid assesment carried out by ZRCS in June 2011 revealed that the main sources of water in the two wards were boreholes, hand dug shallow wells, open pools and water from the Save River. The assessment established the following:

- Most of the shallow wells were not protected, presenting a health hazard.
- Some boreholes were broken down, leaving people to use water from open pools.
- Most livelihood activites take place at the Save river with unsafe water and sanitation facilities.

[1] Ministry of Health and Child Welfare (MoHCW) and WHO Epidemiological report for 17 July 2011

- Sanitation coverage in the two wards is well below 20%. There are inadequate toilets and an improper refuse disposal system at Checheche, a rapidly growing township.
- Generally people are aware of good health and hygiene practices, but there is need to reinforce this behaviour, and demystify cultural and religious beliefs.

Barefoot children at a disfunctional borehole in Ward 20 potentially using the unsafe water in the open pools. Photo ZRCS

Findings of the needs established under the rapid assesment

Intervention	Main Needs
Water and sanitation	Construction of latrines at schools and in the communal areas, well protection and upgrading, borehole rehabilitation.
Health	IEC material distribution, training of volunteer and health and hygiene community and sessions.

Sites of intervention and selection of beneficiaries

In the selection of beneficiries, priority was given to the most vulnerable including pregnant women and and woman-headed households, orphans and vulnerable children (OVC), the elderly and the physically handicapped. The operation intended to assist 30,000 beneficires and the majority were selected on the basis of their proximity to the river basin , perceived threats of the cholera outbreak and number of cases experienced in the villages.

Selection of the sites (households and schools for the intervention was informed by:

- Community stakeholders.
- Socio-economically affected households
- Villages experiencing large number of cases.
- Villages directly accessing raw water from Save River.
- ZRCS capacity at local level
- Needs identified in the monitoring and evaluation report.
- Other partners and Government intervention in the wards.

Red Cross and Red Crescent action

In response to the cholera outbreak, ZRCS Provincial and HQ technical teams and its network of volunteers developed an action plan which comprised relief, health and water and sanitation interventions in two wards of Chipinge district. A district office stationed in the wards was

established to coordinate the activities. The project also built on the already existing structure comprising volunteers trained in CBHFA.

Achievements against outcomes

Relief: Distribution of Non food items.

Below is a table of non-food items (NFIs) sent to the project site for distribution.

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Item	Planned (Quantity)	Actual (Quantity)	Households
Soap bars	40,000	40,000	4,624
Jerry Cans	4,624	4 624	4,624
Water Purification Tablets	10,000	10,800	6,666
Oral Rehydration Salts	10,000	10,000	500
Dust bins	100	100	2 market places
Brooms	30	30	
Water maker sachets	50,000	50,000	4,624

Water Supply

The broader objective of the water supply action was to improve safe water for 30,000 people (6000hhs) by the end of the project timeframe.

Planned Activities	Expected result	Outputs	Comments
Emergency repair of 50 shallow wells and 50 boreholes in schools and communities	Increased use of safe water among the targeted population.	A total of 50 wells (25 in each targeted ward) were upgraded. A total of 38 boreholes (19 in each targeted ward) were rehabilitated.	12 boreholes did not need to be rehabilitated as another NGO operating in adjacent wards had taken on the task.

Impact

Households who benefitted from the repair of boreholes and protection of family wells reported that they can now access clean water, and the lids that are provided protect the wells from contamination, and prevent the risk of falling in.

Mrs. Makaya (pictured with a ZRCS volunteer) lives with her five children. Her husband went to South Africa and she is currently looking after the family.

Through the DREF operation, she was provided with materials and labour for the upgrading and protection of her family well

“Our family well is now protected and complemented with jerry cans and health education we received from Red Cross, we can now access and store clean and safe water for drinking. Surely cholera should be a thing of the past as our neighbours also share this well.” Photo ZRCS

Sanitation

The broader objective was to improve hygiene practices and awareness for 30 000 people in the targeted cholera-affected areas

Planned Activities	Expected result	Outputs
To construct 200 household latrines and 100 at schools. A total of 300 latrines to be constructed	Increased use of sanitation facilities by the targeted population.	100 school latrines have been completed in the 2 wards. 200 latrines constructed at community level.

Impact

Schools that received support in the construction of toilets reported that the operation had benefited their institutions by reducing the number of children per toilet. This was a significant contribution in improving sanitation in the targeted wards. Beneficiaries for the household latrine commented that without Red Cross support, it would have been difficult for them to construct decent facilities since the majority neither have money to buy cement and pay for labour nor available transport to ferry materials.

Pictures below taken in ward 20 show a typical beneficiary who formerly used an open pit covered with old blankets. The DREF operation enabled construction of an improved and safer latrine.

Example of toilet improvement in Ukoto B before (above) and after (below) the DREF Operation;

Health and hygiene education

The objective was to build volunteer and community capacity in prevention, detection, managing and treatment of cholera.

Planned Activities	Expected result	Outputs
Train hygiene promoters in PHHE/PHAST[2] Print and distribute IEC materials for the prevention of cholera. Carry out health and hygiene promotion among the targeted communities.	The affected population are effectively and efficiently sensitized. Improved awareness and uptake of good hygienic practice among 90% of the targeted population, Improved early detection, reporting and referral of suspected cases. Decrease number of deaths due to water born disease in the two wards by end of project.	60 volunteers were trained in PHHE/PHAST. 2,000 pamphlets and posters were printed and distributed to schools, clinics, business centres. An estimated 35,000 people were reached with health and hygiene education information through IEC material and community health sessions.

Impact
A random sample of people interviewed during the field missions revealed that the majority of people received information on good health and hygiene practices. Positive changes are beginning to be noticed. Rubbish pits, pot racks and clean toilets were observed at selected households. In most of the communities, households have been trained on the CBHFA approach and it was only a matter of reinforcing positive behaviour.

Contact information

For further information specifically related to this operation please contact:

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[2] Participatory Hygiene and Sanitation Transformation (PHAST) –known as PHHE in Zimbabwe.

DREF history:

- This DREF was initially allocated on 8 July 2011 for CHF 226,353 months to assist 30,000 beneficiaries.
- Two previous DREF operation updates have been issued.

How we work

All IFRC 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 the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC'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 IFRC'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

International Federation of Red Cross and Red Crescent Societies

MDRZW005 - Zimbabwe - Cholera

Appeal Launch Date: 08 jul 11

Appeal Timeframe: 08 jul 11 to 31 dec 11

Final Report

Selected Parameters	
Reporting Timeframe	2011/7-2012/3
Budget Timeframe	2011/7-12
Appeal	MDRZW005
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	**226,353**					**226,353**
B. Opening Balance	**0**					**0**
Income						
Other Income						
DREF Allocations	*178,125*					*178,125*
C4. Other Income	***178,125***					***178,125***
C. Total Income = SUM(C1..C4)	**178,125**					**178,125**
D. Total Funding = B +C	**178,125**					**178,125**
Appeal Coverage	**79%**					**79%**

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					**0**
C. Income	178,125					**178,125**
E. Expenditure	-178,125					**-178,125**
F. Closing Balance = (B + C + E)	0					**0**

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**226,353**					**226,353**	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	101,956	52,020					**52,020**	**49,936**
Teaching Materials	418							**418**
Utensils & Tools	2,671							**2,671**
Total Relief items, Construction, Su	**105,045**	**52,020**					**52,020**	**53,025**
Logistics, Transport & Storage								
Storage	2,520							**2,520**
Distribution & Monitoring	8,563	8,542					**8,542**	**21**
Transport & Vehicles Costs	8,411	11,440					**11,440**	**-3,029**
Total Logistics, Transport & Storage	**19,494**	**19,981**					**19,981**	**-488**
Personnel								
International Staff	3,134							**3,134**
National Staff	11,080	25,621					**25,621**	**-14,542**
National Society Staff	29,094	19,752					**19,752**	**9,342**
Volunteers		16,237					**16,237**	**-16,237**
Total Personnel	**43,307**	**61,610**					**61,610**	**-18,303**
Consultants & Professional Fees								
Consultants	5,917	1,821					**1,821**	**4,096**
Professional Fees	1,029							**1,029**
Total Consultants & Professional Fe	**6,946**	**1,821**					**1,821**	**5,125**
Workshops & Training								
Workshops & Training	20,104	9,094					**9,094**	**11,010**
Total Workshops & Training	**20,104**	**9,094**					**9,094**	**11,010**
General Expenditure								
Travel		797					**797**	**-797**
Information & Public Relations	5,040	7,284					**7,284**	**-2,244**
Office Costs	2,775	3,378					**3,378**	**-603**
Communications	3,419	895					**895**	**2,524**
Financial Charges	5,510	1,057					**1,057**	**4,454**
Other General Expenses		9,314					**9,314**	**-9,314**
Total General Expenditure	**16,745**	**22,726**					**22,726**	**-5,981**
Indirect Costs								
Programme & Services Support Recov	14,713	10,871					**10,871**	**3,841**
Total Indirect Costs	**14,713**	**10,871**					**10,871**	**3,841**
TOTAL EXPENDITURE (D)	**226,353**	**178,125**					**178,125**	**48,228**
VARIANCE (C - D)		**48,228**					**48,228**	