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DREF operation update Zimbabwe: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRW005
GLIDE n° EP-2011-000083-ZWE
Update n° 2: 14 October 2011

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.

Period covered by this update: 1 September to 30 September 2011.

Summary: CHF 226,353 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 8 July 2011 to support the National Society in delivering assistance to some 30,000 beneficiaries, or to replenish disaster preparedness stocks.

This operation was expected to be implemented in three months, and completed by 30 September 2011. A three months extension has been effected to allow for the procurement of cement and latrine construction materials. In line with Federation reporting procedures, the Final Report (narrative and financial) is due 90 days after the end of the operation (by 31 March 2012).



Distributions of non-food items in Chibuwe Ward/ Photo ZRCS

This update details the progress made in the month of September 2011. Cholera is still a major concern in Chipinge district due to the low sanitation coverage and poor health and hygiene practices in the targeted wards. WASH cluster partners have been advised of a confirmed case of cholera at Vheneka Clinic in Chipinge on 22 September 2011.

The temporary unavailability of cement from suppliers delayed starting construction of wells and latrines.

The Zimbabwe Red Cross Society (ZRCS) continues to work with the Ministry of Health and Child Welfare in training volunteers on health and hygiene education using the Participatory Health and Hygiene Promotion (PHHP) and also distributed non-food items to complement health and hygiene promotion activities.

Canadian Red Cross has contributed CHF 12,760 to the replenishment of this DREF operation. Details of all contributions to the DREF can be found on: www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf

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The situation

Since the previous Update provided in September, the Ministry of Health and Child Welfare (MoHCW) in Chipinge has confirmed one case of cholera at Vheneka Clinic. The samples were taken to St. Peter's hospital for laboratory analysis and were confirmed positive. Partners in the area are taking appropriate measures. The affected ward is outside the two wards Red Cross is working in (20 and 24), thus Action Contre la Faim (ACF) deployed its rapid response. An assessment was undertaken with the Ministry of Health (MoH) and Médecins du Monde (MDM)

The confirmed case comes from ward 27 that covers Vheneka from village Chijomana. This village was covered in the last response in April 2011 on PHHP and NFI distribution. The case history was non-conclusive regarding the possible source of the infection, but the patient mentioned drinking water from an 'unknown source' and the household takes water from the Save River for washing and irrigation and from unprotected wells for drinking water (without treating the water).

The reference clinic – Vheneka has been covered by rehabilitation works by ACF during the recent cholera response. Their water supply system is working and they are chlorinating the water at the clinic. The local emergency health team (EHT) trained during the recent cholera response in the ward, has been provided with HTH (calcium hypochlorite) and will undertake shock chlorination of 6 identified wells in the community. There are no boreholes in the community – only wells and the river. Essential non-food items were given to the affected households and PHHP provided on their use. It is not considered necessary to undertake wider NFI distribution or PHHP at this stage.

Coordination and partnerships

An inter-agency coordination committee is operational in the district and province to manage the situation and coordinate the actions of all humanitarian stakeholders. The Provincial Medical Directorate (PMD) continues to provide relevant guidance and support to health structures in responding to the outbreak despite limited financial and material resources. Other relief organisations working in the area are ACF and Mercy Corps who have also assisted in the cholera treatment centres (CTCs)

The Red Cross continues to participate in the health and WASH clusters. Coordination is vital for this intervention and the Red Cross is represented and participates in all coordinating forums at provincial and district levels. At national level, the ZRCS is coordinating 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 IFRC through its Southern Africa Regional and Country Representation Offices is following up the situation and provides technical support to the ZRCS

Red Cross and Red Crescent action

Chipinge district in Manicaland is one of the areas where cholera has remained endemic and there is always danger that an outbreak might occur. The ZRCS operation is targeting 16 wards particularly two wards in St Peter's and Chibuwe, where these two wards recorded a cumulative case total of 349 of the 554 cases. Zimbabwe Red Cross Society through its trained CBHFA volunteers is involved in health and hygiene promotion at the community level.

The activities were boosted by the injection of DREF funds from the IFRC under which volunteers have been trained in cholera prevention and management. Below is a table of non-food items (NFIs) sent to the project site for distribution.

| Item | Quantity Distributed | Number of Beneficiaries |
|----------------------------|----------------------|--------------------------------|
| Soap bars | 39,996 | 6,666HH (33,330) |
| Jerry Cans | 4,224 ¹ | 4,224 HH (21,120) |
| Water Purification Tablets | 40,320 | 2,016 HH (10,080) |
| Water maker sachets | 50,000 | 5,000 HH (25,000) ² |

¹ Please note that only 5000 jerry cans had been planned because some beneficiaries had benefitted from the previous distributions done by other organizations and Zimbabwe Red Cross before the project started

² 2016 HHs which received Watermakers, also received water purification tablets

Progress towards outcomes

| Water Supply | | | |
|--|---|---|--|
| Outcome: To improve access to safe water for 30,000 people (6,000 households) by the end of the project timeframe. | | | |
| Expected Result: | | | |
| <ul style="list-style-type: none"> • Increased use of water amongst the target population. • Increased use of sanitation facilities by the target population | | | |
| Outputs and activities planned: | | | |
| Activities Planned | Performance indicator /outcomes | Progress | Remarks |
| Emergency repair of 50 shallow wells and 50 boreholes in schools and communities. | <ul style="list-style-type: none"> • No of people accessing clean drinking water • Water points rehabilitated • People benefitting | Households have been identified for protection of wells | Identification of beneficiaries was done with the help of environmental health technicians working with water point committees. |
| Distribution of 10,000 water treatment chemicals (sachets and aqua tabs) for 6,000 households for three months. | <ul style="list-style-type: none"> • No of water purification sachets distributed • Households reached | 50,000 watermakers and 40,320 water purification tablets were distributed in the two wards benefitting 5,000HHs | A total of 5,000 households benefited. |
| Distribution of 5,000 jerry cans to households | <ul style="list-style-type: none"> • No of jerry cans distributed • Households reached | 4,542 jerry cans were distributed. 458 are yet to be delivered to the project site for distribution to 458 families | Each household received one jerry can. |
| Train community members on household water treatment techniques and safe use of water treatment chemicals. | <ul style="list-style-type: none"> • No of households trained on household water treatment techniques and safe use of water treatment chemicals. | Household representatives were trained on the use of water treatment chemicals | Representatives from the 4,224 households were trained during the NFI distribution. This training is being reinforced by PPHP trained volunteers during health and hygiene visits. |
| Sanitation, and hygiene promotion | | | |
| Outcome: Improved hygiene practices and awareness for 30,000 people in the targeted cholera affected areas. | | | |
| Expected result: | | | |
| <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 targeted population.

Outputs and activities planned:

| Activities Planned | Performance indicator /outcomes | Progress | Remarks |
|---|---|---|--|
| Support the construction of 200 household latrines and 100 latrines in schools. | <ul style="list-style-type: none"> • No. and location of latrines constructed. • People benefitting | <ul style="list-style-type: none"> • Fourteen schools for the construction of 100 latrines and 200 households have been identified for the construction of latrines. The process had delayed due to the non-availability of cement. However since the first batch of 600 bags of cement had been received in Checheche, it was agreed that construction would start in the third week of September based on those who complete digging their pits first getting priority when cement is distributed. Contract Forms for builders were availed to the province. • Two schools namely Chibuwe primary School and Mutovhoti Primary were visited and they had started on the digging of the pits with Mutovhoti primary school pits almost complete. • Pump spare parts were received last week and | Beneficiaries are awaiting cement and other materials. |

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| | | <p>preparations to start borehole rehabilitations are in progress. District Development Fund (DDF) requested for the presence of their technician during the exercise for the purpose of documentation. The village pump minders will be responsible for the repairs assisted by the community through water point committee. It was agreed that the DDF be involved in the monitoring and certification of the rehabilitations as per the requirements. Borehole rehabilitations will also commence in the 3rd week of September.</p> <ul style="list-style-type: none"> • SHALLOW WELL PROTECTION <p>Delays in cement distribution from the suppliers also cause a delay in starting this process. However it was agreed that for those who had put all their materials in place, they would be allocated the available cement, so as to minimize delays. The team inspected one well that was nicely lined and awaiting installation of the lifting devise a wind lass, bucket and chains.</p> | |
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| | | <ul style="list-style-type: none"> • CASCADING OF PHAST <p>Hygiene promotion by the 60 volunteers who were trained has been going on in the two wards. So far 19,200 people have been reached. A village health worker indicated that since they had started the hygiene promotion, there are now fewer cases of children suffering from diarrhoeal diseases.</p> | |
| Carry out health and hygiene education and promotion among two communities using PHAST in emergency methodology | <ul style="list-style-type: none"> • People reached by hygiene promotion activities | 19,200 people were reached | |
| Hygiene promoters carry out house to house visits for 2,160 volunteer days. | <ul style="list-style-type: none"> • Hygiene kits distributed • Households reached | Cascading of hygiene education is in progress. | |
| Carry out refresher training for 60 hygiene promoters in the PHAST methodology and ECV manuals and tools | <ul style="list-style-type: none"> • No of trainings carried. • No of HP who received the trained by gender | 60 volunteers were trained in PHHP | Facilitation was done by Ministry of Health staff and EHTs. |
| Print and distribute IEC materials for the prevention of cholera | <ul style="list-style-type: none"> • Quantity and nature of IEC material produced and distributed • People reached by IEC material. | 2,000 pamphlets were distributed to six schools. | The IEC material was taken from health programme stocks |
| Refresher training for 15 school health facilitators, ten church leaders and 20 village heads | <ul style="list-style-type: none"> • No. of training • Nature of training • Targeted group by gender | Training for the school health masters was done and 28 participants were trained from 14 schools | |
| Promote school health clubs in 15 schools | <ul style="list-style-type: none"> • No of school health clubs established. • Gender composition of clubs. • Activities carried out by health clubs. | 15 schools were selected and the teachers leading the clubs were trained | Teachers trained at the end of the second school term holidays. |
| Distribute soap for hand washing and general hygiene | <ul style="list-style-type: none"> • Quantity of soap distributed | 39,996 bars of soap were distributed to 6,666 households Each household received 6 bars of soap due to the size of the pieces | 6,666 households received soap. |

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| Provision of materials for waste disposal (brooms and bins) at two market centres. | <ul style="list-style-type: none"> Quantity of materials distributed People benefiting | 100 dust bins and 30 brooms were dispatched to the project area and have been distributed | |
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Health and Care

Outcome: To strengthen household level case detection, management and referrals to health facilities.

Expected results:

- Improved early detection, reporting and referral of suspected cases.
- Increased use of ORS for the treatment of mild cases
- Decrease number of deaths in the two wards at the end of the project timeline.

Outputs and activities planned:

| Activities Planned | Performance indicator /outcomes | Progress | Remarks |
|--|--|--|--|
| Train 60 community based volunteers on symptom identification and symptoms of severity using the IFRC ECV manuals for volunteers | <ul style="list-style-type: none"> Number of volunteers trained on symptom identification and symptoms of severity using the IFRC ECV manuals for volunteers | 60 people were trained | Training the included PPHP approaches. |
| Establish referral in collaboration with local health authorities. | <ul style="list-style-type: none"> Number of referrals established People referred. | Two advocacy meetings were held in ward 20 and Ward 24. A total of 42 participants attended the two meetings which were mainly comprised of village heads. | |
| Train household members on preparation and use of ORS | <ul style="list-style-type: none"> Number of household members trained on preparation and use of ORS Number ORS distributed Households benefiting | 10,000 ORS sachets distributed and recipients were trained in the preparation of the solution. | |

Challenges

Materials for the construction (cement) of latrines and wells have been delayed in terms of delivery from the supplier due breakdown of production in the manufacture facility, thus compromising on the timeframes set for the programme's implementation.

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DREF history:

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



[Click here](#)

1. Click [here](#) to return to the title page

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 (NGOs) 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.

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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