

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° 4
3 February 2009

Period covered by this Ops Update:
15 January – 2 February 2009

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

Appeal coverage: 45%; [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 million 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.



Zimbabwe Red Cross volunteers at a cholera treatment centre assisting patients. The centre in Kadoma with 100 beds, has been at over 80 per cent capacity since it opened on 25 December 2008

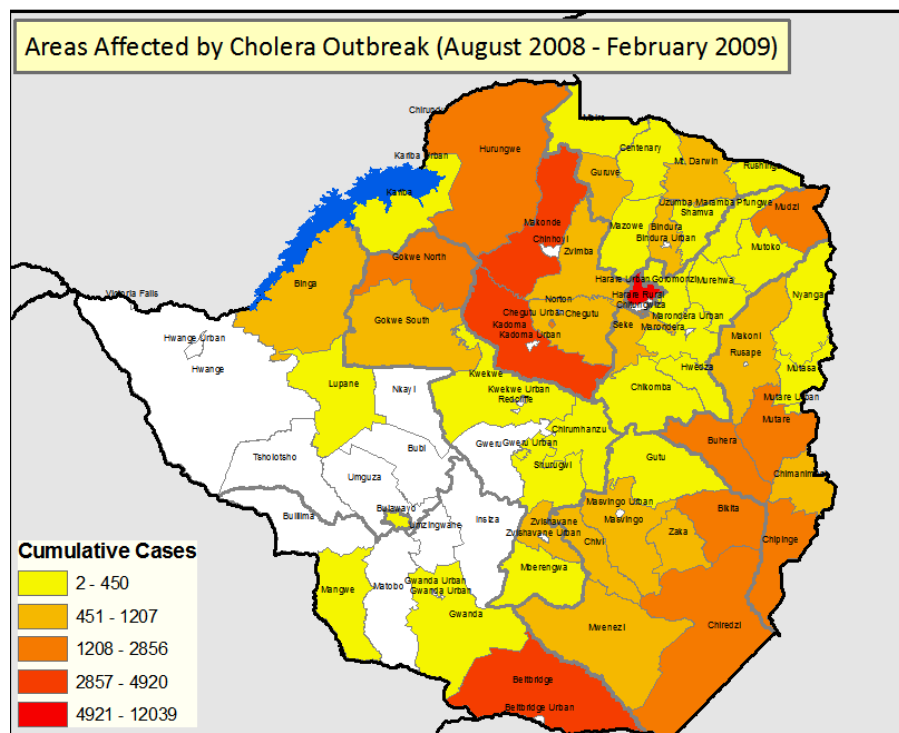
Summary: The cholera epidemic has not been brought under control as the number of cases continues to escalate. The cumulative number of cases reached 64,701 with 3,295 deaths as of 2 February 2009. The case fatality rate (CFR) reached 5.1 percent¹ and on 29 January 2009, the original estimate of 60,000 cases due to the current outbreak in Zimbabwe was exceeded. The Red Cross continues with intervention to control and contain the epidemic. Emergency Response Units (ERUs) from British, Finnish, French, German/Austrian, Japanese, Norwegian, and Spanish Red Cross Societies are still on the ground in Mashonaland West, Midlands, Manicaland and Mashonaland Central Provinces. The ERU teams continue working closely with the Zimbabwe Red Cross Society (ZRCS) and the Ministry of Health and Child Welfare (MOHCW) in a combined effort to reduce the cholera cases and control the outbreak through the provision of safe drinking water, sanitation facilities and improved hygiene practice. A total of 250 cholera treatment centres (CTCs) are operating across the country, of which 51 per cent are run by MoHCW and 49 per cent by other stakeholders.

Despite the seriousness of the humanitarian needs in Zimbabwe, the severity of the cholera outbreak, and the considerable achievements of the ERU's in responding effectively, the operation is at risk of a premature closure due to the limited funding available. Donors are therefore encouraged to contribute so that the gains made (lives saved) are not reversed.

¹ Source: Ministry of Health and Child Welfare Rapid Disease Notification System (Daily Update 2 February 2009)

The situation

All provinces in the country have now recorded cholera cases with 55 out of 62 districts being affected. Provinces with increasing cases include Masvingo, Manicaland, Midlands and Mashonaland West. According to the UN OCHA situation report of 1 February, the epidemic seems to be stabilising in urban areas whereas outbreaks in the rural areas remain high or are on the increase. Approximately 50 per cent of cholera-related deaths are occurring within these communities outside the CTCs catchments areas. This is reflected by the increased proportion of death in the communities, which is now 60.1 per cent, compared to 56.1 percent reported on 14 January. The Cholera Control and Command Centres (C4) instituted by the WHO and MoHCW estimate that if the epidemic continues to spread at the rates that have occurred in the most affected districts, an additional 21,000 to 55,000 cases may result. At these rates, the epidemic has a potential to last for many months and could be exacerbated by the occurrence of other factors such as floods and contamination of water sources.



Source: UNOCHA, Cholera Situation; 2 February 2009

Initial findings of a Knowledge, Attitude and Practice (KAP) survey conducted by UNICEF in Harare indicated that misconceptions about the transmission of cholera still exist. Only half of the respondents reported use of water purifiers. The survey also revealed that access to water purifiers was limited due to the cost. It is therefore imperative that water purifiers continue to be availed free of charge as it is vital that communities have access to safe, clean water.

With the likelihood of flooding in low-lying areas as the rainy season continues, it is also feared that the number of cholera cases will continue to rise. The rains continue to cause further contamination of boreholes, shallow wells and some roads are becoming impassable to vehicles carrying supplies to CTCs. The increase in the number of cases has also necessitated the

increase in of CTCs from 173 to 250 across the country. The humanitarian community continues to support the MoHCW and are putting extraordinary efforts to control the outbreak through coordinated interventions at national, provincial, district and community levels.

Table 1: Cumulative Number of cholera cases and deaths as of 2 February 2009

Provinces	Suspected Cholera Cases		Deaths	
	14 January	2 February	14 January	1 February
Harare	11,916	14,235	391	596
Mashonaland West	10,071	14,620	547	705
Mashonaland East	3,755	4,934	261	348
Mashonaland Central	1,024	4,039	74	159
Matebeleland South	4,392	4,996	142	155
Matebeleland North	202	1,036	26	50
Bulawayo	387	421	12	18
Manicaland	5,200	8,582	357	506
Midlands	1,037	4,122	86	211
Masvingo	4,002	7,716	305	547
Total	41,986	64,701	2,201	3,295

Source OCHA cholera situation report of 2 February 2009

Coordination and partnerships

ZRCS as the Red Cross Movement lead agent in this operation is holding weekly coordination meetings attended by its operations team, representatives from the International Federation of Red Cross and Red Crescent (IFRC), International Committee of the Red Cross (ICRC), ERUs team leaders and sector leaders for health, logistics, and water and sanitation (WatSan). Stakeholders meetings also continue on a regular basis at national and provincial levels, coordinated by the MoHCW. The operations teams with IFRC and ZRCS counterparts have also been attending the Health and WASH cluster meetings on a weekly basis.

The results of a KAP survey undertaken by UNICEF in conjunction with the Harare City Council were released. The survey aimed to examine; existing health infrastructure, availability of supplies and equipment, service delivery, staffing, constraints and bottlenecks or challenges. Some of the findings were that: - there is a shortage of staff in most clinics, health promotion and EPI outreach work is limited and that water supplies are erratic and storage tanks are needed for back-up supplies. Based on these findings, it has been proposed to improve the provision of clean water at community level and to roll-out the distribution of information, education and communication (IEC) materials and activities that focuses on cholera prevention.

Red Cross and Red Crescent action

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 level (Jan – Feb 2009).
- Rehabilitation of 200 water points in four provinces to benefit 100,000 persons (February – April 2009).
- Facilitation of water treatment for CTCs and health centres located near water sources or untreated municipal water supply pipelines.
- 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 French Red Cross Water Supply ERU is in the process of erecting water tanks in Chitungwiza in Harare at Manyame water works and 10,000 people are set to benefit. The German Red Cross Water Supply ERU is also carrying out the same process in Glen View suburb in Harare that will provide water to approximately 50,000 people. The Japanese Red Cross Basic Health Care ERU team assisted in connecting two bladder tanks and tap stands at Chikangwe CTC in Karoi, Mashonaland West Province.

As of 30 January, a total of 650,000 water purifying sachets were distributed (producing indirectly 13 million litres of safe water at household level) through the joint efforts of ZRCS, IFRC and ERU teams. The IFRC Zone office has provided ZRCS cholera operation with two WatSan kits from its pre-positioned stock donated by the Belgium-Flanders Red Cross. Each WatSan kit with among other items water purification tablets, jerry cans, hygiene promotion material and soap benefits 2,000 beneficiaries.

Sanitation and hygiene promotion

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

Expected result:

- Appropriate sanitation, including excreta and solid waste disposal and drainage, is provided to affected households over seven months.
- Disease transmission is reduced through raised awareness of communities and improved hygiene behaviour.
- The scope and quality of ZRCS WatSan and hygiene promotion services is improved.

Activities planned:

- Provision of hygiene promotion activities to 1,500,000 people through training and activation of volunteers at community level.
- Design and distribution of hygiene kits to 20,000 vulnerable households in cholera affected areas.
- Provision of sanitation facilities, excreta and solid waste disposal for CTCs and communities supported by two Mass Sanitation ERUs, which are able to reach 20,000 people each.
- Training of staff and volunteers on cholera response, reporting, and household water purification.
- Production and distribution of IEC materials in local languages.

Progress:

The ZRCS with the support of the German/Austrian/Canadian, Finnish, Spanish and British ERUs organized training on cholera management and prevention for ZRCS volunteers. Consequently, a total of 408 trained ZRCS volunteers have reached 29,102 households with health and hygiene education. The volunteers are continuing with door-to-door education campaigns and distribution of hygiene materials including soap. Hygiene kits have been distributed to 19,416 households. The distribution of IEC materials is having a greater outreach mainly due to the fact that various materials in the form of t-shirts, pamphlets, posters and fliers are being used. Other provinces have started using drama groups as a means of communication, whilst in some cases door-to-door education campaigns are being conducted. To date, 581,214 people have been reached through these strategies with the assistance of trained ZRCS volunteers.



In Hurungwe district, of Mashonaland West Province where the CFR is 4.9 per cent, the Japanese Red Cross jointly with ZRCS and MoHCW embarked on a hygiene promotion campaign. In two locations, the team addressed 350 and 750 people respectively and there are plans to reach all schools in that district.

The British and Spanish Red Cross Mass Sanitation ERUs supported a total of 45 CTCs with construction of latrines, in order to improve sanitation. In addition, temporary mortuaries were constructed at three CTCs and improved drainage systems established in seven CTCs in the Hurungwe district.

Challenges:

Some of the most affected areas such as Gokwe South become inaccessible after heavy rains thus limiting the interventions which could be implemented in those areas.

Health and care	
<p>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>	
<p>Expected result:</p> <ul style="list-style-type: none"> • Health centres are supported to meet the health needs of the population. • Community resilience is improved through better health awareness, knowledge and behaviour. 	<p>Activities planned:</p> <ul style="list-style-type: none"> • Provision of 40 volunteer modules of the cholera kits, to support community-based activities at CTCs and in the community under the MoHCW. • Capacity building of eight provincial Red Cross offices in active case finding and surveillance. • Training in Community Based Health and First Aid (CBHFA) and Epidemic Control for volunteers in targeted ZRCS branches. • Orientation of 800 ZRCS volunteers and staff on the correct use and preparation of ORS. • Orientation and reorientation of 30 staff members directly responsible for project implementation. • Development of a first response plan at ZRCS provincial branches, through the establishment of ORS distribution outlets at community level. • Distribution of 80,000 ORS sachets through community level outlets. • Establishment of three CTCs by Basic Health Care ERUs with supply of cholera treatment kits thus enabling effective case management for affected populations functioning in health facilities and using additional capacity from local health professionals. These CTCs will also serve as centres for community-based activities carried out by ZRCS volunteers.

Progress:

Over 68 clinics and infectious disease hospitals country-wide have benefited from the cholera kits and drugs that were distributed by the Norwegian, Japanese and Finnish Red Cross Basic Health ERUs. A total of 408 ZRCS staff and volunteers received training on use and distribution of oral rehydration solutions (ORS) and active case finding. In some provinces, volunteers are referring suspected cholera cases to health centres, thus assisting in reducing the lead time between contracting the disease and accessing treatment. More than 2,500 ORS sachets have been distributed to CTCs and health centres. Volunteers have also trained households on how to prepare sugar-salt solution (a substitute for ORS) at home. All ERU teams were provided with standardised IEC materials approved by the ZRCS and MoHCW, which they are disseminating alongside other activities.

With the reported increasing cases mainly in the rural areas, the health cluster has put emphasis on improving case definition, management, strengthening surveillance, monitoring and hygiene promotion. In addition, the health cluster continues training the CTC and health staff on the use of intravenous fluids, antibiotics and ORS. At community level, ZRCS is scaling-up on social mobilisation and community awareness on the prevention of cholera, as well as preparation of home-made ORS.

Challenges:

- In addition to shortages of health staff, access to health facilities is still limited in some rural areas. The human resources situation in the health sector is crucial and effort should be made to keep the staff motivated.

- In adequate supplies and food at the health facilities. It has been reported that food for patients and nurses who are working in CTCs located in remote areas is a major problem, especially for in-patients trying to regain strength before discharge.
- Reaching some of the rural communities is also a challenge because areas are sparsely populated, therefore volunteers have to travel distances of up to 15km on foot to carry out health and hygiene education campaigns.
- Some religious sects that do not believe in visiting health centres for treatment have exacerbated the cholera situation. Despite the social mobilisation efforts as well as other motivational strategies to encourage the religious sect to take up medical services, the response has been minimal.

Logistics

Objective: To ensure that effective receipt, customs clearance, delivery and distribution of ERU materials (relief and humanitarian supplies) is done in a timely, transparent and cost-efficient manner; standard logistics procedures are followed and reported upon while providing training and advice to ZRCS and IFRC 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.

A logistics delegate for the operation has been engaged and is currently working together with the IFRC and ZRCS logistics coordinator in a hand-over process. The procurement process continues and all equipment that entered the country on emergency temporary clearance arrangements has been fully cleared, thus there is no ERU equipment with outstanding clearance. The operation is also expecting more vehicles to be leased to the ERU teams, and some ten vehicles are waiting for clearance at the border post. So far the management of fleet has been efficient with all needs of the ERU teams adequately met.

Communications – Advocacy and Public Information

The ZRCS communication department issued a media advisory to all ERU team leaders and Red Cross Movement, outlining the following:

- The appointments of key spokespeople for ZRCS, IFRC and Partners;
- The accreditation procedure for future visits by communication teams from PNS;
- Logistics and protocol when it comes to field visits.

The ZRCS communication officer visited the ERUs in the three provinces and gathered information with raw footage, for the seven ERUs and other ZRCS activities such as on food security and HIV and AIDS programmes. The ZRCS communication department edited photographs for all the ERU and ZRCS activities, including case studies, quotes, interviews, and profiles. All these materials were sent to the IFRC media team in Geneva for editing and distribution to Partner National Societies (PNS), stakeholders and media agencies.

The ZRCS communication department also facilitated the accreditation of the Japanese Red Cross Communications team and accompanied them to Mashonaland West for communication activities – filming and photography. Two media releases for international media were widely disseminated. A tour of Chitungwiza and Budiriro Water Projects was conducted together with reporters and photographers from Associated Press, which resulted in stories being widely published. Plans are underway to visit six provinces to profile the work of the Red Cross and fact finding on gaps in humanitarian assistance against a background of the appeal which is only 45 per cent funded thus far.

The communications managers for the ZRCS and the IFRC Southern Africa Zone office began travelling around Zimbabwe on 30 January 2009, for ten days, aiming to cover the worsening cholera and food crises. The focus of the trip is two-fold:

- to highlight the invaluable efforts of ZRCS and the wider Red Cross Red Crescent Movement components in containing and controlling the cholera situation; and to provide assistance to tens of thousands of people without access to food.
- to show the continued need for humanitarian assistance, and to reiterate recent calls for sustained and substantial funding for the operation.

The communications team will be gathering a range of products for use with the media and donors, which includes footage on Red Cross Red Crescent operations, as well as on the reality faced by Zimbabweans affected by this crisis; high resolution photos; an opinion-piece written from the perspective of someone working on the ground, case studies and profiles of ZRCS volunteers, international aid workers and beneficiaries, web stories; and a daily diary. The BBC Online has agreed to publish this from 30 January 2009, and other online news outlets are being approached to carry it in other languages.

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:	4,596,147
APPEAL COVERAGE TO DATE:	45%

Updated on: 02 Feb 2009

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
BUDGET							10,170,233
FUNDING							
Opening Balance							
Income							
Cash contributions							
American Red Cross	CHF	-586	-586				-586
Irish Red Cross	EUR	9,985	15,732				15,732
Italian Govt Bilateral Emergency Fund	EUR	300,000	448,967				448,967
New Zealand Red Cross	CHF	19,980	19,980				19,980
Norwegian Red Cross	NOK	791,262	134,800				134,800
Swedish Red Cross	SEK	1,400,000	189,897				189,897
Total Cash contributions			808,790				808,790
Inkind Goods & Transport							
British Red Cross	EUR	138,750	218,607				218,607
Finnish Red Cross	EUR	422,406	665,521				665,521
French Red Cross	EUR	114,115	180,533				180,533
German Red Cross	EUR	204,000	321,412				321,412
Japanese Red Cross	JPY	60,836,506	792,311				792,311
Norwegian Red Cross	NOK	3,080,000	525,741				525,741
Spanish Red Cross	EUR	420,000	661,730				661,730
Total Inkind Goods & Transport			3,365,855				3,365,855
Inkind Personnel							
Finnish Red Cross	CHF	18,200	18,200				18,200
Total Inkind Personnel			18,200				18,200
Other Income							
DREF Allocations	CHF	403,302	403,302				403,302
Total Other Income			403,302				403,302
Total Income			4,596,147				4,596,147
TOTAL FUNDING			4,596,147	0	0	0	4,596,147
COVERAGE			45%	0%	0%	0%	45%