

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° 5
18 February, 2009

Period covered by this Ops Update:
14 January – 17 February 2009

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

Appeal coverage: The donor response is updated regularly, as of 19 February the coverage is 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 volunteer during hygiene promotion.

Summary: The past few weeks have seen an increase in the number of cases reported in rural areas, whilst urban cases have declined. The epidemic can now clearly be characterized as predominantly rural, a reality that brings with it unique and complex operational challenges. By 17 February 2009, cumulative cases and deaths stood at 78,882 and 3,712 respectively. Interestingly, the case fatality rate has dropped below five per cent for the first time since early December and stands at 4.7 per cent, indicating increased impact on behalf of humanitarian organizations and public health authorities. However, the proportion of deaths reported in the community has risen from 60.1 per cent on 3 February to 61.3 per cent¹, showing that many of those affected remain unable to access treatment and support even in districts where it exists.

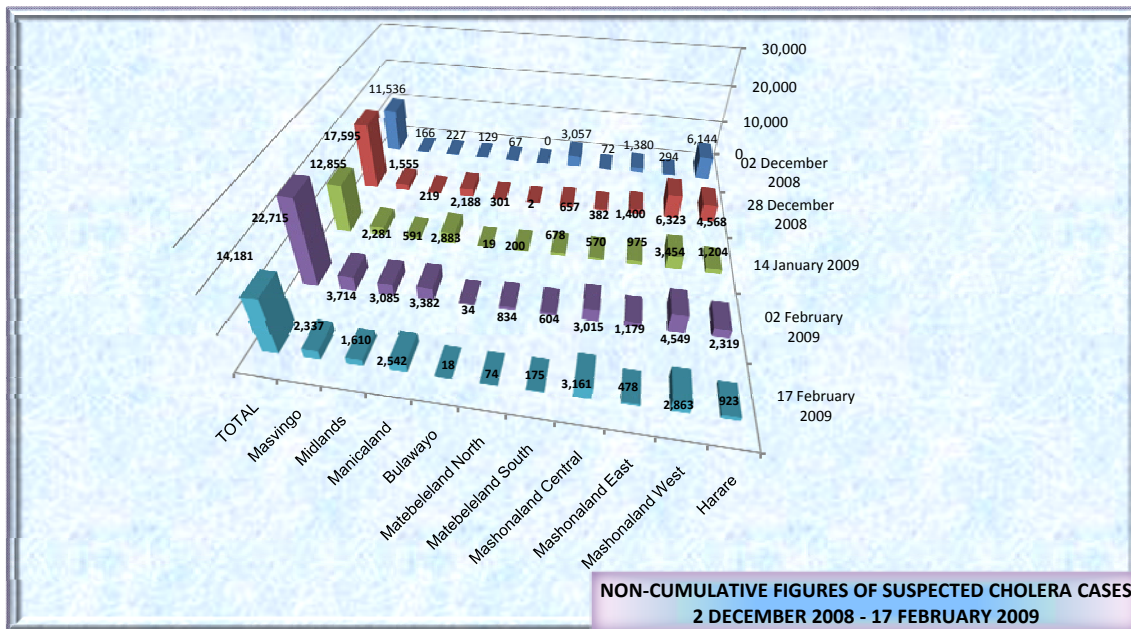
The Zimbabwe Red Cross Society (ZRCS) is leading Red Cross Red Crescent efforts to provide safe drinking water and sanitation, disseminate hygiene messages and to distribute essential relief items and supplies. This is being coordinated with the Ministry of Health and Child Welfare (MoHCW). Globally, the International Federation of Red Cross and Red Crescent Societies (IFRC) has deployed seven emergency response units to support the work of the ZRCS. Most of these ERU units are now winding down their operations, focusing on building the capacity of local National Society structures to continue their work.

This operation remains dangerously underfunded, and is at risk of being significantly scaled back at a time when it is clear that humanitarian operations in Zimbabwe need to be on the increase. The IFRC's urgent call for additional and substantial donor support is therefore repeated.

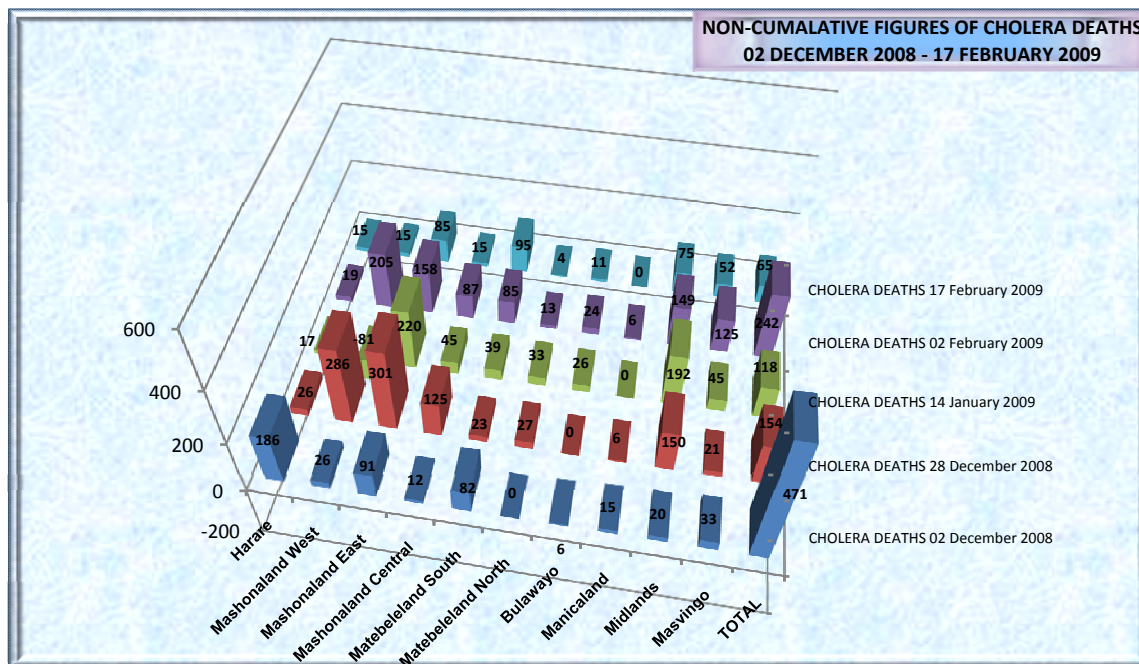
¹ Source: Ministry of Health and Child Welfare Rapid Disease Notification System – Daily Cholera Update and Alerts 16 February 2009.

The situation

Approximately 90 per cent of the country is now affected by the cholera outbreak – the largest in Africa for more than 15 years. Despite the efforts of public health authorities and humanitarian organizations, the number of cases and deaths continue to increase, driven by a poor or non-existent water supply, inadequate sanitation facilities and limited health services. USAID has reported the spread of cholera to rural areas and the very high rates of community deaths (61.3 per cent) are probably due to inadequate and unaffordable transportation to health facilities.



Humanitarian efforts are, however, yielding important results. The case fatality rate (CFR) has dropped below 5 per cent for the first time since early December; though at 4.7 per cent it remains unacceptably high (a controlled outbreak is defined by a CFR of 1 per cent or below). The MoHCW is also reporting a reduction in cases in urban areas, where the disease was initially detected.



The rate at which people are accessing treatment has improved. In urban areas, 20 per cent of patients are using oral rehydration solutions (ORS) and are being educated in the importance of using safe water. That said, these important lessons continue to be undermined by a lack of access to clean water supplies. Case management in cholera treatment centres (CTCs) has improved as well, though the need for greater follow up work by health workers in communities remains.

Table 1: Cumulative Number of cholera cases and deaths as of 17 February 2009

Provinces	Suspected Cholera Cases		Deaths	
	2 February	17 February	2 February	17 February
Harare	14,235	15,158	596	611
Mashonaland West	14,620	17,483	705	790
Mashonaland East	4,934	5,412	348	363
Mashonaland Central	4,039	7,200	159	254
Matebeleland South	4,996	5,171	155	159
Matebeleland North	1,036	1,110	50	61
Bulawayo	421	439	18	18
Manicaland	8,582	11,124	506	581
Midlands	4,122	5,732	211	263
Masvingo	7,716	10,053	547	612
Total	64,701	78,882	3,295	3,712

Source: OCHA cholera situation report of 17 February 2009

The past week has seen an increase in a number of districts across the country, most notably Bitika district in Masvingo Province (2,388 cases/7 per cent CFR); Kadoma (4,592/3.9 per cent) and Makonde (4,544/3.6 per cent) districts in Mashonaland West Province; and Gokwe North (2,358/4.2 per cent) in Midlands Province.

Having passed the December 2008 worse-case scenario of 60,000 infections, the UN has revised its projections and now estimates that between 21,000 and 55,000 additional cases will be reported. The new worse-case scenario stands at 115,000. UN OCHA will be coordinating the revision of the Cholera Response Plan based on these new numbers.

The MoHCW has updated its plan on the integration of nutrition into the cholera response. It now recommends that all patients be screened for malnutrition on admission to CTCs to ensure that the severely malnourished receive appropriate support. Common information, education and communication (IEC) materials on infants and children affected by diarrhoea and cholera have been developed and field tested and now await final approval from the MoHCW.

Coordination and partnerships

Representatives from ZRCS and the IFRC attended a UN WASH cluster meeting where they highlighted the increasing rates of cholera in rural contexts, the need for the response to be sustained as well as advocating for improved hygiene promotion.

The seven ERU teams remain operational at the request of ZRCS and are being coordinated by ZRCS and IFRC. At the field level, ZRCS provincial managers are responsible for managing and coordinating these operations. Regular in-country Red Cross Red Crescent coordination meetings that address technical issues as well as broader topics have continued.

In the response to the need for food within the CTCs, WFP and Plan international in conjunction with Finnish Red Cross and ZRCS commenced food distribution to patients and staff in Mutare district.

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: <ul style="list-style-type: none"> • Access to safe water is improved for 280,000 households through treatment of household and community level water supplies. 	Activities planned: <ul style="list-style-type: none"> • 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) in Gweru, Chikurubi Maximum security prison and in four locations of Harare. • 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 near water sources 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 fuel.

Progress:

The French Red Cross Mass Sanitation ERU team is producing five thousands litres of safe water per hour for communities in high density suburbs in and around Harare. This will continue for at least another month whilst a more sustainable solution is identified.

The team is training selected ZRCS volunteers on the erection and maintenance of the water treatment facilities in anticipation of an eventual handover to the National Society. The French Red Cross is also working with the German/Austrian ERU team to erect five water tanks in Harare and Chitungwiza. The German/Austrian ERU has continued its support at ZINWA's white water treatment plant in Gweru, providing tanks and chemicals.

The Norwegian Red Cross Basic Health Care ERU has delivered a new scan water facility to the CTC in Kadoma, ensuring an uninterrupted supply of safe drinking water for the country's largest ad hoc treatment facility.

Challenges:

Planned longer term solutions, including the drilling of 50 new boreholes and the rehabilitation of 200 non-functioning water facilities, has been delayed by the continued lack of donor support for this operation. Logistical and transport challenges have also been a factor; the current rainy season having effectively isolated remote rural areas.

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: <ul style="list-style-type: none"> • Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, is provided to affected households over the next seven months. • Disease transmission is reduced through raised awareness of communities and improved hygiene behaviour. • The scope and quality of the Zimbabwe Red Cross Society water, sanitation and 	Activities planned: <ul style="list-style-type: none"> • Provision of hygiene promotion activities to 1,500,000 people through training and activation of volunteers at the community level. • Distribution of hygiene kits designed for this operation including soap and other items to 20,000 vulnerable households in cholera affected areas. • 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. • Training of staff and volunteers on cholera response,

hygiene promotion services are improved.	reporting, and household water purification <ul style="list-style-type: none"> • Production and distribution of IEC materials in local languages.
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Progress:

ZRCS volunteers promoted hygiene at community level and consistently monitored the surroundings of the CTCs to ensure hygienic use of the latrines and waste disposal sites. In other areas, the volunteers have advised on waste management, drainage maintenance, sewage disposal and control of vectors. The construction of latrine facilities continued with the support of the British Red Cross Mass Sanitation ERU team in Gokwe North and South, while in Kadoma ten squatting hole latrines were completed to meet the increasing demand for facilities. At Nyamakate CTC, a rain water harvesting facility has been installed to provide water for sanitation purposes.

The Spanish Red Cross Mass Sanitation ERU team supported ZRCS in carrying out a baseline survey on hygiene practices in Mashonaland Province, the area most affected by cholera. The baseline information will be used to model hygiene promotion aimed at containing the spread of cholera. ZRCS is also being assisted by the Mass Sanitation ERU teams in developing guidelines for use by volunteers on the proper maintenance and cleaning of sanitation facilities at CTCs.

ZRCS supported by German/Austrian Red Cross Water and Sanitation ERU team distributed 14,600 bars of laundry soap and 231,500 sachets of water purifier (purifying a total of 4,630,000 litres of water) in Manicaland and Mashonaland Provinces. A total of 216 volunteers have been trained on cholera response, reporting and household water purification. More than 22,500 copies of information, education and communication (IEC) materials on hygiene promotion were distributed in the two provinces.



It has become apparent that the use of drama and song in disseminating hygiene practice is effective, attracting large audiences at community level. ZRCS coordinated street theatre is therefore producing T-shirts, posters and banners, including 5,000 IEC materials, for distribution to audiences.

Health and care

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

Expected result:

- Health services are supported to meet the health needs of the population.
- The resilience of the community is improved through better health awareness, knowledge and behaviour.

Activities planned:

- 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 MoHCW.
- Mitigate the effects of cholera by developing the capacity of eight provincial Red Cross Offices in active case finding correct preparation, use and

	<p>distribution of ORS and in surveillance.</p> <ul style="list-style-type: none"> • Training of volunteers in target branches in Community Based Health and First Aid (CBHFA) and on Epidemic Control for Volunteers training package. • Orientation of 800 volunteers and staff on the preparation and correct use of ORS. • Orientation and reorientation of 30 staff members directly responsible for project implementation. • Develop a first response plan at provincial Red Cross branches, through the establishment of ORS distribution outlets at community level. • Distribution of 80,000 ORS sachets through community level outlets. • Establishing three CTCs using Basic Health Care ERUs, providing cholera treatment kits for use in case management for affected population, making use of functioning 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.
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Progress:

Two new CTCs were opened in Manicaland Province, and three clinics were added to the surveillance routes/sites, with support of the Finnish Red Cross Basic Health ERU team, which also provided treatment kits for the new CTCs, clinics, prisons and tertiary institutions in Mutare district. An additional 20 volunteers have been trained on rehydration in Mutare urban and have visited a total of 8,569 households administering ORS. So far 8,450 ORS sachets have been distributed in the province.

In Midlands Province, ZRCS and Norwegian Red Cross Basic Health Care ERU team ZRCS in collaboration with the MoHCW conducted workshops for medical professionals to “train as trainers”. The goal is to improve the surveillance, reporting and management of cholera patients in all districts. The ZRCS provincial branch, jointly with the local MoHCW, developed a response plan aimed at expediting ORS distribution at community level and the establishment of CTCs. In this province, a total of 82 volunteers were trained in cholera prevention, ORS preparation and administration, with support from the British Red Cross Mass Sanitation and Norwegian Red Cross Basic Health ERU teams.

Challenges

Clean water and sanitation for CTCs are one of the greatest challenges, particularly in Mutare district as most clinics lack these facilities.

Logistics

<p>Objective: To ensure that ERU materials are 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.</p>	
<p>Expected result:</p> <ul style="list-style-type: none"> • Logistics support complements and facilitates the activities and assistance planned. 	<p>Activities planned:</p> <ul style="list-style-type: none"> • 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.

Progress:

The IFRC Country Representation office has facilitated the leasing of 23 vehicles to the seven ERU teams, with 19 vehicles being used in the field. All ERU drivers will receive training on safe driving.

The warehouse, which has approximately 25-30% free space, is stocked with shelter kits, blankets, soap and ERU equipment. The ZRCS logistic staff are working on improving stock management in the warehouse as the current system is inefficient.

Challenges

A warehouse manager and additional drivers are needed to augment staffing.

Communications – Advocacy and Public Information

Communication efforts in recent weeks have contributed to a marked increase in media coverage of the ZRCS/IFRC response to the cholera crisis. Messaging has centred on resource mobilization: "Cholera escalates as funding falls." All major media have covered this outreach, including Reuters, AFP, AP, France 24, DPA, BBC and VOA. There was also a particular 'global' coverage with especially big pick up in North America, Asia and Africa.

Video footage of the response was distributed via APTN's video wire service, reaching more than 500 television news rooms worldwide, with the images used by BBC, ITN, eNews (South Africa) and SABC (Africa). National Societies have also reported excellent pick up by national media. Efforts are now underway to reinvigorate communications on this issue as Zimbabwe threatens to fall once again off the international news agenda.

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:

- In **Zimbabwe**: Emma Kundishora, Secretary General Email zrcs@ecoweb.co.zw; ekundishora@comone.co.zw; Phone: Tel: +263.4.332638; +263.4.332197; Fax +263.4.335490
- In **Southern Africa Zone**: Françoise Le Goff, Head of Zone Office, Johannesburg; Email françoise.legoff@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230
- In **Southern Africa Zone**: Disaster Management Department: Farid Aiywar; Email farid.aiywar@ifrc.org; Phone: Mobile: +27.83.440.0564 Tel: +27.11.303.9700; +27.11.303.9721; Fax: +27.11.884.3809; +27.11.884.0230
- In **Geneva**: John Roche, Operations Coordinator, Email: john.roche@ifrc.org; Phone: +41.22.730.4400, Fax: +41.22.733.03.95

For pledges towards this cholera operation:

- In **Southern Africa Zone**: Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; Email zonerm.southafrica@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

For media enquiries:

- In **Southern Africa Zone**: Matthew Cochrane; Communication Coordinator, Johannesburg; Email matthew.cochrane@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.395.5266; Fax: +27.11.884.3809; +27.11.884.0230

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

Donor response to MDRZW004 - Zimbabwe - Cholera

TIMEFRAME: 07 Nov 08 to 31 Jul 09

LOCATION: Zimbabwe

TOTAL AMOUNT SOUGHT:	10,170,233
TOTAL RECEIVED TO DATE:	4,569,805
APPEAL COVERAGE TO DATE:	45%

Updated on: 20 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 (received and pledged)							
American Red Cross	USD	100,000	111,371				111,371
Icelandic Red Cross	CHF	30,000	30,000				30,000
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 (from Norwegian Government)	NOK	791,262	135,965				135,965
On Line donations	CHF	932	932				932
Swedish Red Cross (from Swedish Government)	SEK	1,400,000	190,681				190,681
Swiss Red Cross (from Swiss Government)	CHF	100,000	100,000				100,000
Total Cash contributions			1,053,628				1,053,628
Inkind Goods & Transport (pledged)							
British Red Cross	EUR	138,750	218,607				218,607
British Red Cross	USD	114,180	132,122				132,122
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			3,497,977				3,497,977
Inkind Personnel (pledged)							
Finnish Red Cross	CHF	18,200	18,200				18,200
Total Inkind Personnel			18,200				18,200
Total Income			4,569,805				4,569,805
TOTAL FUNDING			4,569,805	0	0	0	4,569,805
COVERAGE							45%