

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° 7
27 May 2009

Period covered by this
Operations Update: 30 March –
21 May 2009.

Appeal coverage: 52%; [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 for CHF 10,170,233 (USD 9.2m or EUR 6.6m) for seven months to assist 1.5 million beneficiaries.



A cholera treatment centre dispensing purified water and rehydration salts

- **Disaster Relief
Emergency Fund (DREF):**

A total of CHF 403,302 was allocated to support this operation; CHF 203,302 (USD 177,556 or EUR 139,248) on 11 November, 2008, and CHF 200,000 (USD 181,818 or EUR 130,208) on 12 December, 2008.

Summary: The protracted cholera crisis in Zimbabwe was triggered by weakened public health and municipal services, with local authorities unable to provide safe, adequate water, waste collection and proper sanitation. The situation appears to be stabilizing; however, until the underlying causes are addressed, for which there is a serious lack of funding, the crisis will persist.

Although humanitarian needs in the country remain significant, the Zimbabwe Red Cross Society (ZRCS) cholera response operation has been seriously affected by the low level donor response to the appeal. Prospects for additional support are not promising and available funding has been exhausted, and ZRCS/IFRC will be forced to terminate the cholera operation. ZRCS intervention covered almost 60 percent of the total cholera caseload countrywide, which has been a major contributor to the national cholera response operations in the country. The withdrawal of the National Society response from these operations would therefore create a substantial gap.

The situation

Cholera has become endemic in Zimbabwe. In August 2008, sporadic cases were reported around Harare but from October 2008, a rapid increase in cholera cases in nine of the country's ten administrative provinces occurred. The high case fatality rate (CFR) in Zimbabwe averaging between 4 and 5 percent can be attributed to the acute shortage of health personnel, drugs and medical supplies in state hospitals and clinics. Since cholera is preventable and treatable, the case fatality rate (CFR) should be less than one percent when cholera is under control. In addition, the high CFR is a clear indication of the need for continued humanitarian intervention. Community deaths also remain very high at 61.4 percent.

Despite a decline in the daily reported new cholera cases and deaths, and an apparent stabilization of the situation, cases are flaring up in areas such as Harare and other urban centres without adequate water supplies.¹ Further monitoring of the situation and implementation of water and sanitation (WatSan) interventions is required to ensure that the outbreak remains under control. By 20 May 2009, the cumulative total of cases reported since the beginning of the cholera epidemic had reached 98,309, with 4,283 deaths and a CFR of 4.4 percent. Of the total amount of cholera-related deaths, 61.3 percent (2,626) occurred outside cholera treatment centres (CTCs). WHO has projected that the cholera outbreak will continue until the end of 2009.

ZRCS and the International Federation of Red Cross and Red Crescent Societies (IFRC), together with Partner National Societies (PNS), scaled-up their response to the cholera outbreak and to the subsequent recovery and reconstruction needs throughout the country. Manicaland, Midlands, Mashonaland West and Harare were prioritised as they were worst affected. Operating with a limited capacity, the emphasis was on the promotion of hygiene practices and the distribution of hygiene kits, while addressing the immediate rehabilitation of water supply infrastructure. Utilizing its community mobilisation capacity through its extensive network of branches and volunteers, ZRCS empowered communities to mitigate the current and future effects of cholera. WHO and the Ministry of Health and Child Welfare (MoHCW) have appreciated the value added by the Red Cross volunteers in empowering communities to prevent and control the effects of cholera.

Coordination and partnerships

ZRCS hosted the bi-monthly Red Cross Movement cholera coordination meetings throughout the operation, attended by health, logistics and WatSan representatives from ZRCS, IFRC, ICRC and Emergency Response Units (ERUs). ZRCS had continued to participate in sector meetings coordinated by MoHCW and other stakeholders such as the UN WASH/health cluster to share information and sharing responsibilities.

National Society Capacity Building

All ERUs have phased out and handed over their operations and resources to the ZRCS:

- The British Red Cross Mass Sanitation ERU handed over at the end of March after conducting epidemic control training for 25 new ZRCS volunteers.
- The German/Austrian Red Cross Water and Sanitation ERU handed over their equipment to ZRCS on 24 April 2009 to continue with WatSan and hygiene promotion activities in Manicaland, Midlands and Mashonaland West Provinces.
- The Finnish, Japanese and Norwegian Red Cross ERUs have phased out and handed over all their activities to ZRCS.
- The French Red Cross Mass Sanitation ERU has supported ZRCS in safe water distribution in Chitungwiza. This activity will continue until a permanent solution for the rehabilitation of the water treatment plant at Prince Edward is concluded. However, assistance from French Red Cross continues on a bilateral basis.

Red Cross and Red Crescent action

ZRCS/IFRC, with the support of the ERUs provided emergency assistance to over a million people throughout the country. This consisted of the provision of non-food assistance, health care, water and sanitation facilities, hygiene promotion, technical support to national health services, and capacity building to the ZRCS. In April 2009, after winding down relief activities from early March, the focus shifted to medium- and long-term activities on recovery, rehabilitation and reconstruction within the affected communities.

ZRCS still has in-stock relief items including soap, buckets, water purifiers (sachets and tablets), and vehicles and human resources to carry out hygiene promotion and safe water production. Should funding become available, ZRCS would like to expand and/or continue with hygiene promotion in areas that have been overwhelmed by the cholera pandemic. Nevertheless, activities on preventive and curative interventions continued to the end of April, spearheaded by the wide network of trained volunteers in all provinces.

¹ Source: WHO Epidemiological Bulletin - 20 May 2009.

An evaluation of the cholera response operation is planned for June 2009 though funding support is still being sourced. The objectives of the review are to examine the extent to which the operation has and is achieving its goals and expected results; assess key achievements and challenges as well as areas for improvement; and make recommendations to improve and inform future programming. This review will also identify lessons learned and good practices for sharing and replication, primarily focusing on the four provinces in which the ZRCS/IFRC/ERU were operational. The review team may also visit ZRCS/ICRC areas of operations to look at cooperation or coordination matters.

Progress towards objectives

Water supply	
Objective: 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	Activities planned
<ul style="list-style-type: none"> Access to safe water is improved for 280,000 people through treatment of household and community level water supplies. 	<ul style="list-style-type: none"> Provide clean drinking water for 55,000 affected people to supply CTCs and local communities through two water and sanitation ERUs (M40 and M15). Distribute one million water purification sachets and promote its correct use to 100,000 people. Distribute 20,000 jerry cans and 20,000 buckets for storage and transport of water at household level (Jan – Feb 2009). Rehabilitate 200 water points in four provinces to benefit 100,000 persons (February – April 2009). Facilitate water treatment for CTCs and health centres that are near water sources or untreated municipal water supply pipelines. Drill 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.

Sanitation and hygiene promotion	
Objective: Improved hygiene awareness and sanitation for 1,500,000 people (300,000 households) in 8 cholera affected provinces, and increased access to latrines in health centres and schools.	
Expected result:	Activities planned:
<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 hygiene awareness of communities and improved hygiene behaviour. The scope and quality of ZRCS water, sanitation and hygiene promotion services are improved. 	<ul style="list-style-type: none"> Provide hygiene promotion activities to 1,500,000 people through training and mobilising volunteers at the community level. Distribute hygiene kits to 20,000 vulnerable households in cholera-affected areas. Hygiene kits are designed for this operation and include soap and other items. Provide 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. Train staff and volunteers on cholera response, reporting, and household water purification. Produce and distribute information, education and communication (IEC) materials in local languages.

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	Activities planned
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Provide 40 volunteer modules of the cholera kits, to support community-based activities at CTCs in the affected community under MoHCW. • Mitigate the effects of cholera by developing the capacity of eight provincial Red Cross Offices in active case finding, surveillance, and the correct preparation, use and distribution of ORS. • Train volunteers in target branches in community-based health and First Aid (CBHFA) and on epidemic control. • Orientate 800 volunteers and staff on the correct use and preparation 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. • Distribute 80,000 ORS sachets through community level outlets. • Establish three CTCs using Basic Health Care ERUs with cholera treatment kits that will provide case management for the affected population functioning in health facilities, and use additional capacity from local health professionals. Those CTCs will also serve as centres for community-based activities performed by ZRCS volunteers.

Logistics

Objective: To ensure that ERU materials are effectively received, cleared through customs and delivered to the designated areas; 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 IFRC delegates and staff as needed.

Expected result	Activities planned
<ul style="list-style-type: none"> • Logistics support complements and facilitates the activities and assistance planned. 	<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. • Dubai Regional Logistics Unit will coordinate mobilization and procurement activities. • Liaise and coordinate action with the ICRC and any other key actors to ensure that the IFRC logistics operation uses all information so as to be as efficient and effective as possible.

Progress

A cumulative total of 55,500 people are accessing clean water on daily basis through ERU interventions since the operation started in December 2008. Approximately 700,000 water purification sachets have been distributed to over 35,000 households (175,000 people) throughout the affected provinces. A total of 1,620 jerry cans and 10,000 water containers were also distributed. A total of seven (5,000-litre) water harvest tanks were set up in Hurungwe District, Mashonaland West and a water treatment plant was set up at Kadoma CTC. Hurungwe Rural Council was assisted with water pump spare parts. A borehole was also rehabilitated at Mutungagore Clinic in Mount Darwin.

Over 250,000 people have been directly reached with hygiene promotion activities and 6,000 households (over 31,000 people) receive hygiene kits. A total of 58 latrines, eight waste disposal pits, and four incinerators were constructed at CTCs in Mashonaland West Province. Cumulatively, 1,170 staff and volunteers were trained in hygiene promotion. During the period under review 69,000 people were reached through different (IEC) materials, cumulatively reaching over 700,000 people.

A total of 74 hospitals, clinics and CTCs received cholera kits throughout the operation. Training on the use, distribution of ORS and active case finding was provided to 665 ZRCS staff and volunteers. A total of 11,840 ORS sachets were distributed to CTCs and clinics. Through the door-to-door campaigns, volunteers educated the affected communities on the preparation of sugar and salt solution, used at household level for rehydration.

Challenges

The low funding support for the cholera operation will primarily lead to the cessation of activities under the appeal. The delivery of relief items from the warehouse is pending due to a lack of funds for distribution. However, efforts are still being made to source funds to support ZRCS to continue with the implementation of priority activities identified by the WASH cluster i.e. urban WASH (clean water supply through the provision of chemicals and alternative water sources); WASH in health institutions; rehabilitation and repairing of water facilities in rural areas; provision of emergency sanitation facilities; water and sanitation in schools, particularly linked with school-based feeding; and to increased hygiene promotion and distribution of hygiene materials until the cholera situation is contained in-country.

Communications – Advocacy and Public Information

In a final effort to motivate donors and refocus media attention on the still unfolding crisis, the ZRCS and IFRC communications teams have designed a proactive 'push' for 26 May, highlighting the 100,000th case of cholera. A short advocacy report will be issued, complemented by the reissuing of video footage and proactive engagement with international and regional media. The push is tied directly to resource mobilization, emphasizing the importance of mid- to long-term recovery and rehabilitation activities. For more information, please visit www.ifrc.org/zimbabwe.

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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International Federation of Red Cross and Red Crescent Societies

MDRZW004 - Zimbabwe - Cholera

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/11-2009/7
Budget Timeframe	2008/11-2009/7
Appeal	MDRZW004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	10,170,233					10,170,233
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
American Red Cross	111,371					111,371
British Red Cross	8,675					8,675
Canadian Red Cross	48,978					48,978
France - Private Donors	1,463					1,463
Icelandic Red Cross	30,000					30,000
Irish Red Cross	52,405					52,405
Italian Govt Bilateral Emergency Fund	448,967					448,967
Monaco Red Cross	14,661					14,661
New Zealand Red Cross	19,980					19,980
Norwegian Red Cross (from Norwegian Government)	135,965					135,965
On Line donations	1,582					1,582
Private Donor	143					143
South Africa - Private Donors	1,269					1,269
Swedish Red Cross (from Swedish Government)	190,681					190,681
Swiss Red Cross (from Swiss Government)	100,000					100,000
Taiwan Red Cross Organisation	16,756					16,756
United Arab Emirates Red Crescent	11,258					11,258
C1. Cash contributions	1,194,155					1,194,155
<u>Outstanding pledges (Revalued)</u>						
British Red Cross	25,961					25,961
Finnish Red Cross	2,475					2,475
Finnish Red Cross (from Finnish Government)	14,025					14,025
C2. Outstanding pledges (Revalued)	42,461					42,461
<u>Inkind Goods & Transport</u>						
British Red Cross	376,964					376,964
Finnish Red Cross	651,158					651,158
French Red Cross	171,550					171,550
German Red Cross	322,734					322,734
Japanese Red Cross	752,681					752,681
Norwegian Red Cross	45,541					45,541
Private Donor	3,729					3,729
South Africa - Private Donors	19,525					19,525
Spanish Red Cross	1,568,930					1,568,930
C3. Inkind Goods & Transport	3,912,812					3,912,812
<u>Inkind Personnel</u>						
Finnish Red Cross	18,807					18,807
C4. Inkind Personnel	18,807					18,807
C. Total Income = SUM(C1..C5)	5,168,234					5,168,234
D. Total Funding = B + C	5,168,234					5,168,234
Appeal Coverage	51%					51%

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II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	5,168,234					5,168,234
E. Expenditure	-5,040,758					-5,040,758
F. Closing Balance = (B + C + E)	127,476					127,476

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		10,170,233					10,170,233	
Supplies								
Clothing & textiles	23,598						23,598	
Food		860				860	-860	
Water & Sanitation	1,352,650	429,142				429,142	923,508	
Medical & First Aid	96,802	140,905				140,905	-44,103	
Teaching Materials	100,000	1,178				1,178	98,822	
Utensils & Tools	286,400	196,305				196,305	90,095	
Other Supplies & Services	6,232,545	5,500				5,500	6,227,045	
ERU		3,381,255				3,381,255	-3,381,255	
Total Supplies	8,091,995	4,155,144				4,155,144	3,936,851	
Land, vehicles & equipment								
Land & Buildings	11,200						11,200	
Computers & Telecom	32,420	26,036				26,036	6,384	
Office/Household Furniture & Equipm.	7,200						7,200	
Total Land, vehicles & equipment	50,820	26,036				26,036	24,784	
Transport & Storage								
Storage	252,281	6,517				6,517	245,763	
Distribution & Monitoring	66,547	254,644				254,644	-188,097	
Transport & Vehicle Costs	176,400	61,209				61,209	115,191	
Total Transport & Storage	495,228	322,370				322,370	172,858	
Personnel								
International Staff	329,400	99,760				99,760	229,640	
National Staff	210,723	11,746				11,746	198,977	
National Society Staff	241,700	226,547				226,547	15,153	
Total Personnel	781,823	338,053				338,053	443,769	
Workshops & Training								
Workshops & Training	69,200	21,104				21,104	48,096	
Total Workshops & Training	69,200	21,104				21,104	48,096	
General Expenditure								
Travel	99,854	38,488				38,488	61,367	
Information & Public Relation	12,000	13,091				13,091	-1,091	
Office Costs	75,600	9,332				9,332	66,268	
Communications	24,150	12,620				12,620	11,530	
Professional Fees	15,000	5,765				5,765	9,235	
Financial Charges	14,833	-11,252				-11,252	26,085	
Other General Expenses	20,840	2,475				2,475	18,364	
Total General Expenditure	262,277	70,520				70,520	191,758	
Programme Support								
Program Support	418,891	81,757				81,757	337,133	
Total Programme Support	418,891	81,757				81,757	337,133	
Services								
Services & Recoveries		12,926				12,926	-12,926	
Total Services		12,926				12,926	-12,926	
Operational Provisions								
Operational Provisions		12,847				12,847	-12,847	
Total Operational Provisions		12,847				12,847	-12,847	
TOTAL EXPENDITURE (D)	10,170,233	5,040,758				5,040,758	5,129,475	
VARIANCE (C - D)		5,129,475				5,129,475		

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IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
Goal 1: Disaster Management							
PZW017	Zimbabwe Cholera 08	0	5,168,234	-5,040,758	127,476	10,170,233	5,129,475
Sub-Total Goal 1: Disaster Management		0	5,168,234	-5,040,758	127,476	10,170,233	5,129,475
Total	Zimbabwe - Cholera	0	5,168,234	-5,040,758	127,476	10,170,233	5,129,475