

# Final report



International Federation  
of Red Cross and Red Crescent Societies

## Zimbabwe - Cholera

Preliminary Final Report  
Emergency Appeal No. MDRZW004  
GLIDE n° EP-2008-000218-ZWE  
14 February, 2010

**Period covered by this Final Report:**  
23 December 2008 to 31 July 2009

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

**Final Appeal coverage:** 68%;

### Appeal history:

- This Emergency Appeal was 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.
- 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.



Cholera patients receiving treatment at a cholera treatment centre

**Summary:** The cholera outbreak that began in November 2008 recorded a cumulative total of 98,592 cases and 4,288 deaths by 31 July 2009. Harare, together with the Manicaland, Midlands and Mashonaland West Provinces were prioritized after being identified as the worst affected. Zimbabwe Red Cross Society (ZRCS) supported by the International Federation of Red Cross and Red Crescent (IFRC) through its Country Representation office in Harare, and with the technical support of the emergency response units (ERUs) reached over one million people throughout the country. The areas of focus included the provision of non-food relief, health and care service, safe water and sanitation facilities, and technical support to national health services. The operation was a joint effort of various stakeholders, which enhanced the response capacity of the National Society. The operation was scaled-down in April 2009 when the cholera cases started decreasing, whilst focus was shifted to medium- and long-term activities on recovery and rehabilitation.

Although the humanitarian needs in the country were significant, the Red Cross cholera response was seriously affected by low levels of donor response to the appeal launched by the IFRC. Prospects for additional support were poor and available funding exhausted, and in order to minimise the deficit, the operation was prematurely closed in May 2009. The balance of funds from the operation will be used for on-going health and care activities in Zimbabwe. This report is issued in the interim whilst the National Society consolidates a report from all the provinces.

[<click here to go directly to the preliminary final financial report, or here to view the contact details>](#)

## The situation

Zimbabwe has been affected by cholera on annual basis since 1998, although the protracted 2008/2009 cholera crisis was unprecedented. The last cholera outbreak was a result of weakened public health and municipal services, with local authorities unable to provide adequate access to safe water, waste disposal and sanitation. In the revised UN Consolidated Appeal for 2009, partners in the water, sanitation and hygiene (WASH) cluster estimated that six million people in Zimbabwe had limited or no access to safe water. This was largely due to the unavailability of water treatment chemicals, irregular refuse collection and inadequate sanitation facilities, in addition to the lack of resources to repair damaged infrastructure.

Leaking sewage facilities in some urban residential areas and low latrine coverage in many rural areas resulted in unhygienic conditions and practices that led to the contamination of water sources, which contributed significantly to the outbreak. The situation was further exacerbated by the deteriorating socio-economic conditions and food insecurity in the country, which necessitated increased humanitarian intervention.

By the end of July 2009, 98,592 cases of cholera were reported, with 4,288 deaths and a cumulative case fatality rate (CFR) of 4.3 percent. The CFR once reached levels as high as 5.4 percent, which is unacceptably high (a controlled outbreak is defined by a CFR of 1 percent or below). The ZRCS/ IFRC cholera operation was thus significant in contributing to the national cholera response and achieving the IFRC's Global Agenda Goals particularly Global Agenda 2 - *Reducing the number of deaths, illnesses and impact from diseases and public health emergencies*. The combined humanitarian efforts of all stakeholders yielded significant results in reducing the CFR and eventually bringing the outbreak to an end. The cholera response operation also considerably raised the profile of the National Society. However, funding gap led to the premature cessation of cholera response activities under the emergency appeal.

## Red Cross and Red Crescent action

The IFRC, in close collaboration with ZRCS and the Ministry of Health and Child Welfare (MoHCW), deployed seven ERUs to support the response operation. The ERUs coordinated their activities with MoHCW at the provincial and district levels and, in the process, reinforced the work of the National Society. Utilizing its community mobilisation capacity through an extensive network of branches and volunteers, ZRCS empowered communities to mitigate the current and future effects of cholera.

The ERUs were deployed as follows:

- Japanese Red Cross: Basic Health Care Unit in Mashonaland West Province;
- Norwegian Red Cross: Basic Health Care Unit in Midlands Province;
- Finnish Red Cross: Basic Health Care Unit in Manicaland Province;
- British Red Cross: Mass Sanitation in Midlands Province;
- Spanish Red Cross: Mass Sanitation in Mashonaland West Province;
- French Red Cross: Water and Sanitation in Harare (Chikurubi Maximum Prison); and
- German/Austrian Red Cross: Water and Sanitation in Midlands Province, Manicaland and Harare;
- The Canadian and Austrian Red Cross Societies contributed technical staff to support the ERU deployment.

In the event of a number of stakeholders responding to the cholera operation, ZRCS focussed on addressing gaps in clean water supply, sanitation, hygiene practice, as well as engaging in community level surveillance systems. The focus was subsequently shifted to recovery and rehabilitation, particularly in Harare, and Manicaland, Midlands and Mashonaland West Provinces. ZRCS implemented preventive and curative interventions until the end of April 2009, spearheaded by the wide network of trained volunteers. The ZRCS being the major stakeholder, its interventions covered almost 60 percent of the total cholera caseload.

Nevertheless, prospects for additional support were not promising and a decision was made to prematurely terminate all response activities under the cholera operation in May 2009, as funding was exhausted. As there were huge operational costs, this decision was made to cushion the National Society and IFRC from incurring a deficit. The remaining relief stock including soap, buckets, water purifiers (sachets and tablets) and vehicles have been prepositioned in preparedness for future health emergencies.

Water Supply	
<b>Objective:</b> Improve access to safe and adequate water in four provinces reaching at least 280,000 people by the end of the appeal timeframe.	
Expected results	Activities planned
<ul style="list-style-type: none"> <li>Access to safe water is improved for 280,000 people through treatment of household and community level water supplies.</li> </ul>	<ul style="list-style-type: none"> <li>Provide clean drinking water for 55,000 affected people, to supply CTCs and local communities through two water and sanitation ERUs (M40 and M15).</li> <li>Distribute 1 million water purification sachets and promote its correct usage to 100,000 people.</li> <li>Distribute 20,000 jerry cans and 20,000 buckets for storage and transport of water at household level (Jan – Feb 2009).</li> <li>Rehabilitate 200 water points in four provinces to benefit 100,000 persons (February – April 2009).</li> <li>Facilitate water treatment for CTCs and health centres that are near water sources or untreated municipal water supply pipelines.</li> <li>Drill 50 boreholes equipped with hand pumps or pressure hand pumps to serve the needs of 25,000 people.</li> <li>Support local municipalities with water pumps spare parts and diesel/petrol.</li> </ul>

Sanitation and Hygiene Promotion	
<b>Objective:</b> Improve hygiene awareness and sanitation for 1,500,000 people (300,000 households) in eight cholera affected provinces, and increase access to latrines in health centres and schools.	
Expected results	Activities planned
<ul style="list-style-type: none"> <li>Appropriate sanitation, including excreta disposal, solid waste disposal and drainage is provided to affected households over the next seven months.</li> <li>Disease transmission is reduced through raised hygiene awareness of communities and improved hygiene behaviour.</li> <li>The scope and quality of the ZRCS water, sanitation and hygiene promotion services are improved.</li> </ul>	<ul style="list-style-type: none"> <li>Provide hygiene promotion activities to 1,500,000 people through training and mobilising volunteers at the community level.</li> <li>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.</li> <li>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.</li> <li>Train staff and volunteers on cholera response, reporting, and household water purification</li> <li>Produce and distribute information, education and communication (IEC) materials in local languages.</li> </ul>

## Emergency health

**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 ZRCS capacity and the resilience of communities.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>Health services are supported to meet the health needs of the population.</li> <li>The resilience of the community is improved through better health awareness, knowledge and behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>Provide 40 volunteer modules of the cholera kits to support community-based activities at CTCs in the affected community under MoHCW.</li> <li>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.</li> <li>Train volunteers at target branches in community-based health and First Aid (CBHFA) and on epidemic control.</li> <li>Orientate 800 volunteers and staff on the correct use and preparation of ORS.</li> <li>Orientate and re-orientate the 30 staff members directly responsible for project implementation.</li> <li>Develop a first response plan at provincial Red Cross branches, through the establishment of ORS distribution outlets at community level.</li> <li>Distribute 80,000 ORS sachets through community level outlets.</li> <li>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 using additional capacity from local health professionals. Those CTCs will also serve as centres for community-based activities performed by ZRCS volunteers.</li> </ul>

## 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 results	Activities planned
<ul style="list-style-type: none"> <li>Logistics support complements and facilitates the activities and assistance planned.</li> </ul>	<ul style="list-style-type: none"> <li>Set-up supply chain and control supply movements from point of entry to final distribution point.</li> <li>Monitor and evaluate the supply chain and provide reporting on performance.</li> <li>Dubai Regional Logistics Unit will coordinate mobilization and procurement activities</li> <li>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.</li> </ul>

### Impact:

Approximately 700,000 water purification sachets were distributed to over 35,000 households (175,000 people) throughout the affected provinces, along with 1,620 jerry cans and 10,000 water containers. A total of seven (5,000-litre) water harvest tanks were erected in Hurungwe District, Mashonaland West and a water treatment plant was set up at Kadoma cholera treatment centre (CTC). Hurungwe Rural Council was also provided with spare parts for the water in order to ensure sustainable maintenance. ZRCS also rehabilitated five boreholes in Mashonaland West and Mashonaland Central provinces, which are among the provinces with the most affected districts.

The hygiene promotion activities reached approximately 250,000 people directly, and left them with improved practices on water storage and use of latrines. Approximately 6,000 households (over 31,000 people) were provided with hygiene kits through the joint efforts of ZRCS and the ERU teams. The National Society constructed 58 latrines for household and communal use, dug eight waste disposal pits, and constructed four incinerators at CTCs in Mashonaland West Province.

Working with the ERU teams, ZRCS trained 1,170 staff and volunteers on hygiene promotion. Alongside the hygiene promotion activities, the Red Cross volunteers distributed information, education and communication (IEC) material on hygiene, which is estimated to have reached over 700,000 people.

In support of the local authorities, some cholera kits were distributed to a total of 74 hospitals, clinics and CTCs throughout the country. Subsequently, the National Society trained 665 volunteers on the administration of oral rehydration solutions and in collaboration with health workers, the volunteers distributed 11,840 ORS sachets at CTCs and clinics. Through door-to-door campaigns, the volunteers educated communities on the preparation of sugar and salt solution, used at household level for rehydration.



One of the temporary latrines constructed at the CTCs

## Conclusion

The cholera outbreak appears to have abated; however, the clean water supply is still poor and erratic in most urban areas. The water and sanitation infrastructure throughout the country is generally dilapidated. In addition, the frequent water supply cuts force many people to resort to using unsafe sources such as shallow wells, rivers and dams. Weaknesses in water and sanitation services are exacerbated by a fragile health delivery system. A combination of these factors is envisaged to increase the risk of a cholera outbreak. Therefore, the humanitarian sector remains on high alert for new outbreaks of cholera as the rainy season approaches given that the structural causes of the 2008/2009 outbreak have yet to be fully addressed. The focus is on preventing another large-scale cholera outbreak, but ensuring sustainable health education and hygiene promotion throughout the country.

The deployment of the ERUs was the largest ever in the region and as such, the IFRC through its performance and accountability unit at the Southern Africa regional office commissioned an evaluation conducted in August 2009. The result should further advise the IFRC and partners on the impact of the ERU support. More information on the operation is available on the IFRC website through the following link <http://www.ifrc.org/where/country/cn6.asp?countryid=13>

## 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, Zimbabwe Red Cross Society, Email: [zrcs@ecoweb.co.zw](mailto:zrcs@ecoweb.co.zw); [ekundishora@comone.co.zw](mailto:ekundishora@comone.co.zw), Phone: Tel: +263.4.332638; +263.4.332197; Fax +263.4.335490
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### For performance and accountability enquiries:

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# International Federation of Red Cross and Red Crescent Societies

MDRZW004 - Zimbabwe - Cholera

Preliminary Final Financial Report

Selected Parameters	
Reporting Timeframe	2008/11-2009/12
Budget Timeframe	2008/11-2009/12
Appeal	MDRZW004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>10,170,233</b>					<b>10,170,233</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<b><u>Cash contributions</u></b>						
American Red Cross	111,371					111,371
Australian Red Cross (from Australian Government)	35,149					35,149
British Red Cross	161,704					161,704
Canadian Red Cross	106,025					106,025
Danish Red Cross	5,466					5,466
Finnish Red Cross	5,679					5,679
Finnish Red Cross (from Finnish Government)	21,250					21,250
France - Private Donors	1,463					1,463
Icelandic Red Cross	30,000					30,000
Irish Red Cross	59,982					59,982
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	1,794					1,794
Private Donor	143					143
South African Red Cross (from Anglo American)	61,181					61,181
Sweden 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
<b>C1. Cash contributions</b>	<b>1,539,474</b>					<b>1,539,474</b>
<b><u>Outstanding pledges (Revalued)</u></b>						
Finnish Red Cross	1,615					1,615
Finnish Red Cross (from Finnish Government)	9,154					9,154
<b>C2. Outstanding pledges (Revalued)</b>	<b>10,769</b>					<b>10,769</b>
<b><u>Inkind Goods &amp; Transport</u></b>						
Austrian Red Cross	161,361					161,361
British Red Cross	823,552					823,552
Danish Red Cross	91,392					91,392
Finnish Red Cross	735,826					735,826
French Red Cross	171,550					171,550
Germany Red Cross	781,218					781,218
Japanese Red Cross	752,681					752,681
Norwegian Red Cross	942,109					942,109
Private Donor	3,729					3,729
South Africa - Private Donors	19,525					19,525
Spanish Red Cross	867,811					867,811
<b>C3. Inkind Goods &amp; Transport</b>	<b>5,350,755</b>					<b>5,350,755</b>
<b><u>Inkind Personnel</u></b>						
Finnish Red Cross	18,807					18,807
<b>C4. Inkind Personnel</b>	<b>18,807</b>					<b>18,807</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>6,919,805</b>					<b>6,919,805</b>
<b>D. Total Funding = B + C</b>	<b>6,919,805</b>					<b>6,919,805</b>
<b>Appeal Coverage</b>	<b>68%</b>					<b>68%</b>

**International Federation of Red Cross and Red Crescent Societies**

MDRZW004 - Zimbabwe - Cholera

Preliminary Final Financial Report

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**II. Balance of Funds**

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0					<b>0</b>
<b>C. Income</b>	6,919,805					<b>6,919,805</b>
<b>E. Expenditure</b>	-6,848,684					<b>-6,848,684</b>
<b>F. Closing Balance = (B + C + E)</b>	71,120					<b>71,120</b>

# International Federation of Red Cross and Red Crescent Societies

MDRZW004 - Zimbabwe - Cholera

Preliminary Final Financial Report

Selected Parameters	
Reporting Timeframe	2008/11-2009/12
Budget Timeframe	2008/11-2009/12
Appeal	MDRZW004
Budget	APPEAL

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## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>10,170,233</b>					<b>10,170,233</b>	
<b>Supplies</b>								
Clothing & textiles	23,598	29,673				29,673	-6,075	
Food		95				95	-95	
Water & Sanitation	1,352,650	510,486				510,486	842,164	
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	224,899				224,899	61,501	
Other Supplies & Services	6,232,545	97,398				97,398	6,135,147	
ERU		4,643,137				4,643,137	-4,643,137	
<b>Total Supplies</b>	<b>8,091,995</b>	<b>5,647,771</b>				<b>5,647,771</b>	<b>2,444,224</b>	
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	11,200						11,200	
Computers & Telecom	32,420	26,036				26,036	6,384	
Office/Household Furniture & Equipm.	7,200	7,032				7,032	168	
<b>Total Land, vehicles &amp; equipment</b>	<b>50,820</b>	<b>33,068</b>				<b>33,068</b>	<b>17,752</b>	
<b>Transport &amp; Storage</b>								
Storage	252,281	12,497				12,497	239,783	
Distribution & Monitoring	66,547	345,535				345,535	-278,988	
Transport & Vehicle Costs	176,400	114,161				114,161	62,239	
<b>Total Transport &amp; Storage</b>	<b>495,228</b>	<b>472,193</b>				<b>472,193</b>	<b>23,034</b>	
<b>Personnel</b>								
International Staff	329,400	86,073				86,073	243,327	
National Staff	210,723	23,059				23,059	187,664	
National Society Staff	241,700	308,227				308,227	-66,527	
<b>Total Personnel</b>	<b>781,823</b>	<b>417,360</b>				<b>417,360</b>	<b>364,463</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	69,200	24,818				24,818	44,382	
<b>Total Workshops &amp; Training</b>	<b>69,200</b>	<b>24,818</b>				<b>24,818</b>	<b>44,382</b>	
<b>General Expenditure</b>								
Travel	99,854	45,868				45,868	53,986	
Information & Public Relation	12,000	13,139				13,139	-1,139	
Office Costs	75,600	16,267				16,267	59,333	
Communications	24,150	13,570				13,570	10,580	
Professional Fees	15,000	5,818				5,818	9,182	
Financial Charges	14,833	16,068				16,068	-1,234	
Other General Expenses	20,840	5,772				5,772	15,067	
<b>Total General Expenditure</b>	<b>262,277</b>	<b>116,502</b>				<b>116,502</b>	<b>145,775</b>	
<b>Programme Support</b>								
Program Support	418,891	121,006				121,006	297,885	
<b>Total Programme Support</b>	<b>418,891</b>	<b>121,006</b>				<b>121,006</b>	<b>297,885</b>	
<b>Services</b>								
Services & Recoveries		14,244				14,244	-14,244	
<b>Total Services</b>		<b>14,244</b>				<b>14,244</b>	<b>-14,244</b>	
<b>Operational Provisions</b>								
Operational Provisions		1,722				1,722	-1,722	
<b>Total Operational Provisions</b>		<b>1,722</b>				<b>1,722</b>	<b>-1,722</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>10,170,233</b>	<b>6,848,684</b>				<b>6,848,684</b>	<b>3,321,549</b>	
<b>VARIANCE (C - D)</b>		<b>3,321,549</b>				<b>3,321,549</b>		