

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° 6
30 March 2009

Period covered by this Ops Update: 18
February to 29 March, 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.
- **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.



ZRCS volunteers and British ERU Members carrying out Health and hygiene education in Midlands

Summary: The cholera crisis is still not under control, and the consensus from most stakeholders is that the situation will not be fully resolved until large-scale water supply and sewage infrastructure repair projects are underway. This health crisis was triggered by the weakened public health and municipal services, with local authorities unable to provide potable water, waste collection and adequate sanitation. Given the time required for the necessary large engineering works and the lack of adequate funding for this type of intervention, this situation will take a long time to normalise. For this reason, it is feared that cumulative cholera cases may reduce but are unlikely to be curbed and will almost certainly reoccur through the year.

While the operational humanitarian agencies are unanimous that the current cholera crisis will not be brought under control in the short and medium-term, and that the humanitarian needs in the country remain significant, the operation is seriously threatened by severe funding limitations. The level of donor support to this operation has been disappointingly low and slow. Current in-kind contributions total CHF 3.7 million (some 36%) while cash contributions total CHF 1.5 million (some 15%) for an overall appeal coverage of some 51%.

The Federation and ECHO have been involved in discussions related to funding support for the vital Emergency Response Unit (ERU) component. ECHO has indicated that it is unlikely that funding, even if it is approved, will exceed EUR 1 million, and if this materializes it will most probably be intended for longer-term recovery and rehabilitation work. Given this, the actual dire funding situation, and the prospects for additional support, the Federation has carried out a strategic analysis and concluded that the only viable alternative is a

significant scale-down of activities and the related plans, including a possible premature closure of the operation. The following three planning scenarios have served as the basis for discussions:

- **Worst case:** Status quo, with no funds committed (ECHO or otherwise). With no additional income to augment the current pool of funds, and in view of the potential deficit if the operation continues, it is considered only prudent to either scaling-down drastically or terminate the operation prematurely. If the operation is scaled-down, the level of activity plans will be determined by the level of funding available at hand. If the operation is terminated prematurely, the Federation will need to engage with the local government authorities and other humanitarian agencies with a view of handing over cholera caseloads and operational activities. ZRCS intervention covers almost 60 percent of total cholera caseload countrywide. This is a massive contribution to the overall cholera response operations in the country and a premature withdrawal will leave a massive gap. The possible repercussions are that this may result in a serious setback and may affect ZRCS relationship with local government authorities and the humanitarian community in Zimbabwe. ZRCS image and profile may be seriously affected at a time when they were beginning to restore lost credibility. This will also have implications on staffing (both ZRCS and the Federation) and general operational capacities.
- **Best case:** ECHO funds committed (or funds committed from other sources). Irrespective of 'new funds' made available (ECHO and or other sources), it is recommended that the current appeal and plan of action be revised to cover for both medium and longer- term activities, recovery and rehabilitation work. ECHO is also willing to support long-term recovery and rehabilitation work under a separate Call for Proposals expected in April 2009. The ZRCS, supported by the Federation, will be encouraged to submit a request for funding.
- **Most likely:** With the planned departure of the ERUs, the ZRCS has a crucial role and responsibility in continuing the assistance. Given the existing poor state of health provision, and the water and sanitation infrastructure in Zimbabwe, and with the limited response capacity in addressing the above long-term needs, the ZRCS (supported by the Federation) should now focus on recovery and rehabilitation through empowering communities to mitigate current and future effects of cholera outbreaks. The ZRCS interventions fit in well within the Ministry of Health and Child Welfare (MoHCW) and World Health Organisation (WHO) framework for cholera intervention both for medium and long term recovery and rehabilitation.

A revised plan of action has been developed and is available. Following the departure of the ERUs, a transition strategy has been developed and shared with partners. ERU hand-over procedures are underway, with the last ERU team expected to phase-out by mid-to-late April 2009.

The situation

The overall trend of new cholera cases and deaths is on the decrease and the situation is stabilizing in country. Despite the reduction in case fatality rates, high cases are still being reported in Harare and surrounding areas. By 29 March 2009, the total number of cases reported since the start of the cholera epidemic had reached 93,849, with 4,111 deaths and a case fatality rate (CFR) of 4.4%. The proportion of cholera related deaths occurring outside cholera treatment centres was 61.5%. Some parts of Harare still lacked water supplies in this reporting period (Source: Ministry of Health). The emphasis in the cholera response has been to adequately reach areas around the country with hygiene promotion awareness, and to distribute the necessary hygiene kits while addressing the immediate rehabilitation of water supply infrastructure. There has been no clear analysis done on gender disaggregation in this cholera outbreak, but anecdotal evidence from several agencies indicates that the distribution of cholera cases and deaths is fairly equal among women and men.

Out of the 448 Cholera Treatment Centres/Units (CTC/Us) that have been operational since the start of the current cholera outbreak in August 2008, 329 CTC/Us are still operating, most of which are located in Manicaland, Mashonaland West and Masvingo Provinces (OCHA, Situation Report no. 15).

Table 2: Cumulative Number of cholera cases and deaths as at 29 March 2009

Provinces	Cumulative cases	Cumulative Deaths	Cumulative CFR (%)
Bulawayo	443	18	4.1
Harare	18,112	646	3.6
Manicaland	12,988	619	4.8
Mashonaland Central	10,021	285	2.8
Mashonaland East	6,304	432	6.8
Mashonaland West	21,093	900	4.3
Masvingo	11,489	676	5.9
Matabeleland North	1,136	65	5.7
Matabeleland South	5,246	159	3.0
Midlands	7,017	311	4.4
Total	93,849	4,035	4.4

Source: WHO, Epidemiological bulletin 129 March 2009

Coordination and partnerships

The Red Cross Movement coordination meetings hosted by ZRCS and attended by the operations team representatives (ZRCS, the Federation and ICRC) and ERU team leaders and sector leaders (health, WatSan and logistics) are now being held twice a month. Meetings with other stakeholders continue on a regular basis at national and provincial levels, coordinated by the Ministry of Health and Child Welfare (MoHCW).

ZRCS branches continue coordination with the (MoHCW), Civil Protection Unit, UNICEF, WHO, MSF, OXFAM, CESVI, PSI and German Agro Action and other non-governmental organizations (NGOs) and continuously intervene in areas where new cases are identified. ERUs still in-country (British, Norwegian, Finnish, French, German/Austrian and Spanish) continue to give technical advice where needed. All ERUs however, are working on their transition phase strategies, thus paving the way for developmental contracts. The Japanese ERU left the country on the 17th of March. The Spanish ERU has handed over the operation to ZRCS but is continuing with hygiene promotion activities up to the 12th of April 2009 on bilateral basis.

ERU exit plan and schedule

Name of ERU	Exit Date	Comments
French M15	5 March	Continue on bilateral basis
Austrian/German M40	30 April	Continue with training until mid-June
British MSM20	15 March	Continue to June 2009 through support with one delegate
Spanish MSM 20	28 February	Continue with one delegate working with ZRCS on BHC
Finnish BHC	30 March	Continue on bilateral basis
Norwegian BHC	15 April	Phase-out, any further support will be through the Emergency Appeal
Japanese BHC	15 March	Total phase-out

Red Cross and Red Crescent action

The Red Cross and Red Crescent Movement have been working to alleviate the suffering and maintain the dignity of those affected by the cholera epidemic and activities implemented thus far have had a positive impact. The efforts of the Red Cross are aimed at ensuring that sanitation and hygiene promotion reaches most of the targeted communities, and that there is an improvement in water supply and health and care.

Communication with the field was reported as a major challenge by the health cluster; field workers find it expensive to call and report cases and are proposing that a toll-free number be made available to them if possible. There is still however need to streamline the flow of information from the field, at the same time ensuring that ERU teams are sharing reports with ZRCS and the operations coordinator. The Federation country representation and the National Society are working on a transition strategy following the exit of ERUs.

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: Access to safe water is improved for 280,000 people 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). • Distribution of one million water purification sachets and promotion of correct use to 100,000 people. • Distribution of 20,000 jerry cans and 20,000 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). • Facilitate water treatment for CTCs and health centres which are 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 diesel/petrol.

Progress: A cumulative total of 55,500 people have accessed clean water since the response by the ERUs started in December 2008. More than 353,649 water purification sachets have been distributed to 33, 728 households (168, 640 people). A total of 1,620 jerry cans and 182 buckets were also distributed. A total of seven (5000 litre) water harvest tanks were set up in Hurungwe District, Mashonaland West. A water treatment plant was set up at Kadoma CTC with the assistance of the Spanish ERU. One borehole was also rehabilitated at Mutungagore Clinic in Mount Darwin assisted by the Federation under EU-ACP. Hurungwe Rural Council was assisted with water pump spare parts

Challenges: Some places were difficult to access due to poor road networks. Equipment, materials, vehicles remain a constant challenge as well as communication (phones, internet) in some provinces. There is a serious knowledge gap due the absence of hygiene promotion from the stakeholders.

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: <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 the Zimbabwe Red Cross Society water, sanitation and hygiene promotion services are improved. 	Activities planned: <ul style="list-style-type: none"> • Provision of hygiene promotion activities to 1,500,000 people through training and mobilising volunteers at the community level. • Distribution of hygiene kits to 20,000 vulnerable households in cholera affected areas. Hygiene kits are designed for this operation and include soap and other items. • 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, reporting, and household water purification • Production and distribution of IEC materials in local languages.

Progress: A total of 248,198 people have been directly reached with hygiene promotion activities. Hygiene kits have been distributed to 29,587 households. A total of 58 latrines, eight waste disposal pits, and four incinerators were constructed at CTCs in Mashonaland West Province.

A cumulative figure of 1,170 staff and volunteers were trained in hygiene promotion. During the period under review, 68, 777 people were reached through different IEC materials, cumulatively reaching a total of 649, 991 people to date.

Challenges: Inadequate material resources are compromising the continued production of IEC materials.



Care Facilitators entertaining beneficiaries with a cholera drama before food distribution at Chigwikwi Clinic, in Masvingo.

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 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. 	<p>Activities planned:</p> <ul style="list-style-type: none"> • Provision of 40 volunteer modules of the cholera kits, to support with community-based activities at cholera treatment centres in the affected community under the Ministry of Health and Child Welfare. • Mitigate the effects of cholera by developing the capacity of eight provincial Red Cross Offices in active case finding correct preparation, use and distribution of Oral Rehydration Solution (ORS) and in surveillance. • Training of volunteers in target branches in Community Based Health and First Aid (CBHFA) and on Epidemic Control. • Orientation of 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. • Distribution of 80,000 ORS sachets through community level outlets. • Establishing 3 Cholera Treatment Centres (CTCs) using Basic Health Care ERUs with cholera treatment kits that will provide case management for 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.

Progress: An additional six institutions benefited through the cholera kits received during the period under review thus cumulatively 74 hospitals, clinics and CTCs have benefited. A cumulative total of 665 ZRCS staff and volunteers have been trained on the use and distribution of Oral Rehydration Solution and active case finding. A cumulative total of 11,840 ORS sachets have been distributed to CTCs and clinics. In their door to door campaigns, volunteers are also providing education to affected communities on the preparation of sugar and salt solution. ZRCS and ERUs continue to support the CTCs which are still operational.

Logistics

Objective: To ensure that ERU materials are effectively received, customs cleared 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 Federation 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.

Progress: Most of the relief items pending delivery arrived in the country and have been dispatched from the IFRC/ZRCS warehouse to the field. In addition the vehicles which were ordered for the operation have also been delivered and registered. The IFRC country Representation office will officially hand over to ZRCS by end of the month.

Communications – Advocacy and Public Information

Publicity of the Red Cross' work is being channelled through the ZRCS, the Federation Country Representation and the Zone office to both print and electronic media. Communication department of both the IFRC and ZRCS are putting more emphasis on resource mobilisation message to help improve funding for the operation; at the same time highlighting the plight of the affected and population at risk.

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
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- In **Southern Africa Zone**: Françoise Le Goff, Head of Zone Office, Johannesburg; Email francoise.legoff@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230
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- 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

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[<Updated standard appeal financial report attached below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRZW004 - Zimbabwe - Cholera

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/11-2009/2
Budget Timeframe	2008/11-2009/07
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
Irish Red Cross	15,732					15,732
Italian Govt Bilateral Emergency Fund	448,967					448,967
New Zealand Red Cross	19,980					19,980
Norwegian Red Cross (from Norwegian Government)	135,965					135,965
On Line donations	1,529					1,529
Swedish Red Cross (from Swedish Government)	190,681					190,681
C1. Cash contributions	924,225					924,225
<u>Outstanding pledges (Revalued)</u>						
Icelandic Red Cross	30,000					30,000
Irish Red Cross	37,191					37,191
Monaco Red Cross	14,877					14,877
Swiss Red Cross (from Swiss Government)	100,000					100,000
Taiwan Red Cross Organisation	16,770					16,770
C2. Outstanding pledges (Revalued)	198,838					198,838
<u>Inkind Goods & Transport</u>						
British Red Cross	213,166					213,166
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
Spanish Red Cross	1,568,930					1,568,930
C3. Inkind Goods & Transport	3,725,760					3,725,760
<u>Inkind Personnel</u>						
Finnish Red Cross	9,507					9,507
C4. Inkind Personnel	9,507					9,507
<u>Other Income</u>						
Voluntary Income	403,302					403,302
C5. Other Income	403,302					403,302
C. Total Income = SUM(C1..C5)	5,261,632					5,261,632
D. Total Funding = B + C	5,261,632					5,261,632
Appeal Coverage	52%					52%

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	5,261,632					5,261,632
E. Expenditure	-4,529,960					-4,529,960
F. Closing Balance = (B + C + E)	731,672					731,672

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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	350,211				350,211	1,002,439	
Medical & First Aid	96,802	46,730				46,730	50,072	
Teaching Materials	100,000	1,178				1,178	98,822	
Utensils & Tools	286,400	51,988				51,988	234,412	
Other Supplies & Services	6,232,545	122,446				122,446	6,110,099	
ERU		3,381,255				3,381,255	-3,381,255	
Total Supplies	8,091,995	3,954,667				3,954,667	4,137,328	
Land, vehicles & equipment								
Land & Buildings	11,200						11,200	
Computers & Telecom	32,420	29,892				29,892	2,528	
Office/Household Furniture & Equipm.	7,200						7,200	
Total Land, vehicles & equipment	50,820	29,892				29,892	20,928	
Transport & Storage								
Storage	252,281	1,559				1,559	250,721	
Distribution & Monitoring	66,547	190,722				190,722	-124,175	
Transport & Vehicle Costs	176,400	41,704				41,704	134,696	
Total Transport & Storage	495,228	233,985				233,985	261,242	
Personnel								
International Staff	329,400	41,273				41,273	288,127	
National Staff	210,723	6,188				6,188	204,535	
National Society Staff	241,700	27,858				27,858	213,842	
Total Personnel	781,823	75,319				75,319	706,504	
Workshops & Training								
Workshops & Training	69,200	3,983				3,983	65,217	
Total Workshops & Training	69,200	3,983				3,983	65,217	
General Expenditure								
Travel	99,854	25,129				25,129	74,725	
Information & Public Relation	12,000	12,949				12,949	-949	
Office Costs	75,600	468				468	75,132	
Communications	24,150	6,993				6,993	17,157	
Professional Fees	15,000	3,598				3,598	11,402	
Financial Charges	14,833	23				23	14,810	
Other General Expenses	20,840	1,951				1,951	18,889	
Total General Expenditure	262,277	51,112				51,112	211,165	
Programme Support								
Program Support	418,891	51,485				51,485	367,405	
Total Programme Support	418,891	51,485				51,485	367,405	
Services								
Services & Recoveries		2,608				2,608	-2,608	
Total Services		2,608				2,608	-2,608	
Operational Provisions								
Operational Provisions		126,909				126,909	-126,909	
Total Operational Provisions		126,909				126,909	-126,909	
TOTAL EXPENDITURE (D)	10,170,233	4,529,960				4,529,960	5,640,274	
VARIANCE (C - D)		5,640,274				5,640,274		