ZIMBABWE: CHOLERA

appeal no: 12/99
12 May 1999

THIS APPEAL SEEKS CHF 155,000 IN CASH, KIND AND SERVICES TO ASSIST 22,000 BENEFICIARIES FOR 6 MONTHS

Summary

An outbreak of cholera in Zimbabwe in mid-January 1999 affected 42 villages in the eastern part of the country (Mudzi District and Mashonaland East Province bordering Mozombique). A total of 490 confirmed cases and 43 deaths have been reported. The Zimbabwe Red Cross Society (ZRCS) and the Federation have responded in coordination with the Government of Zimbabwe by proposing a 6-month reduction and prevention strategy to mitigate the impact of the disease, specifically by introducing intensive health education and sanitation activities at the village level; the construction of water points in target villages; participatory construction of collapsed village latrines in targeted villages; and community training in hand pump maintenance and community-based management of water points.

The Disaster

According to Zimbabwe Ministry of Health officials, the cholera epidemic started on 18 January, 1999 in Makosa village when reports indicate a person died after exhibiting symptoms associated with cholera. Following the funeral, numerous cases were reported in Makosa village as well as adjacent villages of Marovha, Nyandare and Mukombwe. The outbreak has now spread to Nyamapanda business centre, Nyaruwe centre, Tsonga, Botso and around most of the District's villages.

The need for the cholera outbreak intervention was formally acknowledged at a meeting held with the Ministry of Health at the district, provincial and national level following the number of cholera cases in

the district. This has caused an increase in the demand for health care, health education, and mitigation activities. The government and non-governmental organisations including Zimbabwe Red Cross Society have agreed that the outbreak is a major cause for concern, and that a combined response is needed.

The Response so far

Government Action •
The Ministry of Health has established 9 field camps in the most effected areas where nurses and health technicians have been assigned to deal with the curative aspects of the outbreak. A shortage of personnel and materials have been noted. Preventative measures are a secondary activity to these teams as they are under pressure dealing purely with the curative activities.

Red Cross/Red Crescent Action •
The Zimbabwe Red Cross, with support from the Federation, concluded a needs assessment during the week of 22 February, the result of which form the basis for this proposal. ZRCS has begun mobilising available Red Cross volunteers in the area and have sourced Chlorine tablets for water supply disinfecting from the emergency stocks of the International Federation of Red Cross and Red Crescent Societies Regional Delegation in Harare. A shipment of 50 boxes which can disinfect 15,000,000 Litres of raw water has been dispatched. It is planned to use Red Cross volunteers and Government Health technicians to distribute the chlorine and train end-users in how to use the tablets.

Co-ordination •
Close coordination with the Government has already been established and it is expected that the Government will take its usual role of overall coordinator. Other humanitarian agencies will be kept informed to avoid duplication of efforts. Other international organisations (both UN and NGO's) will be kept informed.

The Intended Operation

Assessment of Needs •
The micro-organism that causes cholera depends on dirt, flies, inadequate drainage, exposed faeces and unsafe water sources. The epidemic thrives and spreads fast in a crowded and unhygienic environment, and because it is more resistant and remains viable longer in unsafe drinking water it is easily transmitted by flies through water/food. The disease is acquired by the ingestion of food or water contaminated with the cholera vibrios coming from the excreta of infected persons.

It is therefore considered that the primary contributory factors to the spread of the disease are:
a) the use of unsafe water supplies
b) unavailability of family latrines (the few that do exist were significantly reduced in number due to collapse during the recent heavy rains)
c) poor hygienic practices and lack of knowledge about cholera transmittance or control.

On the basis of these conclusions, the following data was collected in the villages most effected by the out break:

Total number of villages affected	42
Total number of households: 2,047 (therefore estimated population of about 15-20,000)	2,047
Total number of households with functional latrines	292 (14.26% coverage)
Total number of households with collapsed latrines	116
Total number of functional water points	16 (38% coverage)
Total number of nonfunctional water points	6

Red Cross Objectives •

◆ Intensive health awareness campaign to be provided by Red Cross volunteers in close collaboration with the Ministry of Health. Primarily through village meetings and house to house visits. This combined with the distribution of chlorine tablets and instructions on use.
◆ Deployment of a Red Cross volunteer drama group to tour villages and provide health education plays related to the cholera outbreak;
◆ Participatory construction of latrines with 100 families whose latrines have collapsed;
◆ Construction of 15 new water points;
◆ Rehabilitation of 6 existing water points;
◆ Community training in management of Water Supplies and handpump maintenance.

National Society/Federation Plan of Action

The time-frame for this project is projected at 26 weeks from the official go-ahead, and availability of funds and agreements entered into. The project will be implemented by the ZRCS, subject to a formal agreement between the Federations Regional Delegation and the National Society. Financial regulations will apply according to the Federation Rules and Regulations. Tenders and purchases will be under the supervision of the Regional Delegation as will Technical authority related to engineering works.

The National Society will be responsible for submitting monthly reports and final reports. A midterm review will be carried out jointly by the NS and the Federation to ensure the project is meeting with deadlines and objectives. A Federation regionally sourced engineer will be attached to the project when required to give 'on-site' advice and monitoring.

The WatSan Field Officer will manage and supervise the project implementation, supervised and reporting to the ZRCS Health Program Officer, and ultimately to the Secretary General of the ZRCS. Technical issues and decisions will be referred to the Regional WatSan Delegate of the Federation in Harare. The borehole construction and rehabilitation will be carried out by private contractors. Latrine construction will be undertaken by a small team of locally employed staff supervised by the WatSan Field officer.

Capacity of the National Society •

The National Society's Health Programme Co-ordinator will provide the day-to-day and final reporting, monitoring and evaluation of the Project while liaising with the Federation Regional Delegation and the Government in Harare. The National Society, from its Provincial Office in Marondera, will provide the vehicles and administrative support to the project which will be led by the WatSan Field Officer and the Provincial Branch staff and volunteers.

Present Capacity of the Federation in Zimbabwe •

The Regional WatSan Programme as well as the Regional Health Programme office will provide technical support in the form of a designated Technical Advisor from the region who will be attached to the project for short periods during the duration of the operation. Field missions will also be carried out by the Regional WatSan Delegate and Programme Officer.

Evaluation and Reporting •

A mid-term and final evaluation will be conducted, and reports will be submitted on a quarterly basis.

Budget summary

See Annex 1 for details.

Should you need further information, please contact Richard Hunlede, Team Leader for Southern Africa Tel.: (4122) 730 43 14; e-mail: hunlede@ifrc.org and/or Jerry Talbot Head of Regional Harare, e-mail ifrczw01@ifrc.org

Thank you in advance for your support.

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