

Zimbabwe: Cholera

16 July, 1999.

appeal no. 12/99

situation report no. 1

period covered: 12th May to 30th June, 1999

All the measures listed as appeal objectives are being implemented -- health education, water purification, water point rehabilitation or construction, and latrine construction, with family participation. More funding is needed, especially as the epidemic has spread further since the launching of the appeal .

The context:

An outbreak of cholera in Zimbabwe in mid - January 1999 has affected 52 villages in Mudzi District, Mashonaland East Province in Eastern Zimbabwe (bordering Mozambique). A total of 510 confirmed cases and 53 deaths have been reported to-date. In an initial response, and in co-ordination with the Government, the Zimbabwe Red Cross Society with support from the Federation concluded a needs assessment in late February and its findings served as a basis for this appeal. The district in question is one of the poorest in Zimbabwe) and has a particularly low coverage of safe water and sanitation facilities. These factors and the district's proximity to Mozambique, which was particularly hard hit by cholera this year, make it the worst hit area in the country, accounting for over 35% of all cholera cases and mortality.

Latest events:

The first signs of a reduction in the number of cases since the outbreak in January are emerging, although new cases are still occurring, making the epidemic the most serious of this decade.

Curative activities are mainly carried out by the Ministry of Health at temporary treatment centres in the worst areas or at established rural clinics and the district hospital, but lack of resources and staff severely hampers the preventive measures required to reduce the epidemic and to address the mid to long-term needs of the most vulnerable.

The Red Cross intervention, auxiliary to Government efforts, commenced on 10 March and is now fully operational.

Red Cross/Red Crescent action

A total of 42 affected villages with 2,047 households were initially identified , but this number has now increased to 53 -- verified by field visits and indications from clinical records. Good co-operation from the Government has been evident both at district and, especially, field level.

Three extra volunteers have been added to the Health education team of 12 Red Cross Volunteers and a team leader that was set up. The team received a brief refresher course on community based health care particularly related to cholera and were supplied with camping equipment and bicycles. To-date, over 53 villages and 1,983 households have been visited, or about 90% of the target. Each family initially received chlorine for the treatment of 500 litres of drinking water ; the quantity has since been increased to cover the disinfecting of 1,500 litres. As foreseen in the appeal, a Youth Drama group is attending the village level meetings to promote cholera control awareness.

Three community trained builders were recruited and integrated into the Blair latrine construction team. Demonstration latrines were first constructed, followed by 62 family latrines, giving a total of 87 Blair latrines (87% of the appeal target of 100 latrines for families whose latrine has collapsed). Encouraged by the team, families are providing labour and local materials for this project, and it is hoped that through this input the latrine construction target can be increased from 100 to 150 units or more.

Sites for the construction of water points have been identified, as have water points needing rehabilitation, and the geophysical work to establish the best sites for drilling has been done. Drilling is under way.

Regular monitoring of the operation by Federation WatSan staff is on-going.

Outstanding Needs:

Further funding is needed to enable the project to meet all its goals entirely.

An internal assessment of the impact of the Health Education campaign needs funding. A Red Cross volunteer from Namibia, who works for the Namibia Ministry of Health has been identified to carry this out in July.

External Relations - Government/UN/NGOs/Media:

The operation is benefiting from good co-operation from both the Government and the community.

The Project Co-ordinator attended District Development Meetings to meet with other humanitarian organisations active in the District and to strengthen the overall co-ordination of activities, after the group recommended that health education be extended to villages adjacent to the affected villages and should also cover the whole of the wards (an administrative unit) with affected villages, as well as include villages along the border with Mozambique.

Local and National newspaper and radio coverage has been established.

Contributions:

See Annex 1 for details.

Conclusion

The project is proceeding as planned but requires further funding to complete its goals. Health education/awareness efforts are being pursued but require more in-depth assessment. Participatory latrine construction is proving cost effective. Water point construction and rehabilitation needs to catch up with its schedule, hopefully over the next few days.

For any information please contact Richard Hunlédé, Teamleader Southern Africa region, direct line /+4122) 730 43 14 or through e-mail hunlede@ifrc.org.

Thank you for your attention and your continuous support.

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