

INFORMATION BULLETIN



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ZIMBABWE: CHOLERA OUTBREAK

6 January 2006

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries.

In Brief

This Information Bulletin (no. 1/2006) is being issued for information only. The Federation is not seeking funding or other assistance from donors for this operation at this time.

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The Situation

With the onset of the rain season in Zimbabwe, there has been an outbreak of cholera in Gundo Village in Sadza communal area in Chikomba district of Mashonaland East province. Chikomba district is about 150km south-east of Harare while Buhera, where people died of cholera, is more than 200km further south-east of the capital. The first incident was reported on 10 December 2005 in Gundo Village of Chikomba. The cholera outbreak in south-eastern Zimbabwe, that began just days before Christmas, has so far claimed at least seven lives in yet another example of mounting humanitarian problems in the southern African country.

171 cases have been identified so far. It is suspected that the cases are coming from many areas, including Murambinda. Six people who were admitted for confirmed cholera cases have since been discharged to recover at home.

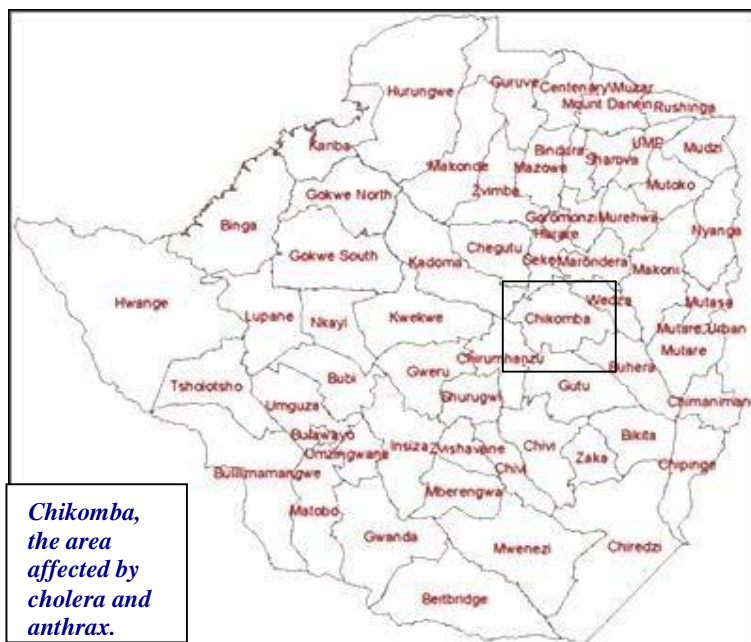
Anthrax has also been reported in the Masasa area in the same district (Chikomba) and has killed a number of cattle and one person. 25 cases of human beings affected have been reported while 39 animal cases have been reported.

The Ministry of Health also confirmed cases of cholera in Chikomba which have been caused by dirty floodwaters from the rains that fell across much of Zimbabwe in recent weeks. The rains have contaminated unprotected wells and other sources of drinking water in rural areas such as the two districts of Chikomba and Buhera.

Cholera, a gastrointestinal disease that is contracted by human beings mainly through drinking contaminated water, was almost eradicated in Zimbabwe. But the disease is on the resurgence, alongside malnutrition-related illnesses such as kwashiorkor. This is attributed to Zimbabwe's crumbling health system and social infrastructure following six years of severe economic recession. Collapsing drinking water and sewer reticulation systems have raised the risk of cholera and typhoid outbreaks in Harare and other urban centres, while long-running food shortages have seen a rise in malnutrition in Zimbabwe.

Buhera area is dominated by the Apostolic Faith sect (religious group) whose followers do not believe in seeking medical treatment. A combination of shortages of drugs and the fact that some of the people in Buhera, who were infected with the disease, simply chose not to go for treatment might have contributed to the high number of deaths. With the death toll at seven within one village, it is feared that without an effective and rapid response the outbreak will become an epidemic. The government of Zimbabwe, through the Ministry of Health, has already responded to some of the challenges. The strategy of the Ministry of Health is to deal with cholera and anthrax simultaneously and to establish camps as well as to carry out intensive social mobilization in the affected areas. The Minister of Health and Child Welfare visited the treatment camps and addressed the community leadership and members on the control of the disease.

Red Cross and Red Crescent action



The Zimbabwe Red Cross Society disaster management and water and sanitation (WatSan) officers were on the ground conducting a rapid assessment to identify the needs. The local Red Cross branch will continue monitoring the situation in conjunction with the relevant government ministry.

The national society recommends the need for health and hygiene education intervention in the affected areas as a long-term prevention measure. In a bid to curb the spread of the disease, the government health officials are conducting visits to the affected villages and also to adjacent wards.

The Zimbabwe Red Cross Society plans to marshal resources for volunteer mobilization to conduct health and

hygiene education in the affected areas. Some of the health personnel are Red Cross provincial board members and are mobilizing other volunteers at community level.

The Federation regional delegation has established a Disaster Management Task Force to address the current situation. The task force convened the first meeting on the 4 January 2006 and agreed on the following:

- The second Information Bulletin will be issued as soon as more information from the assessment is received. A DREF request will be based on the needs identified after the assessment;
- To collaborate with the national society in conducting assessment in the affected areas;
- Ensuring emergency stocks are available and processing all logistical requirements for transporting relief items, as needed.

The needs

The following sets of requirements have been identified and are mostly covered by all the sector agencies:

- Beds, linen and blankets;
- Social mobilization, water and sanitation (hygiene) pamphlets;
- Tents;
- Clean and safe water;
- Cooler boxes;
- Two-way radio communication;
- Generators;
- Gas lamps and gas stoves;
- Chloride of lime (large quantities);
- Protective clothing (boots and gowns);
- Paraffin- for lighting and burning carcasses;
- Glucose tablets;
- Blair toilets and boreholes;
- Food at camping sites.

Red Cross and Red Crescent action

The Zimbabwe Red Cross Society¹ provided water purification tablets- '*aqua tabs*'- for families drawing water from unprotected sources. The health officials work closely with the affected villages and distribute water purification tablets according to need. This is an immediate intervention but in the long-term, the area will require sinking of new boreholes and rehabilitation of existing ones so as to ensure sustainable provision of safe water. The Zimbabwe Red Cross Society provincial branch has pre-positioned four family tents, two bales of blankets, five sanitary platforms, two plastic sheeting and other medical materials such as latex gloves and disinfectant, in preparation for the possible spread of the disease.

Coordination

The Ministry of Health has established two health camps at Mushipe and Popoteke clinics in Sadza communal area in order to provide immediate attention to reported cases. In addition to the two health camps, the government is conducting community sensitization, mainly on refraining people from travelling from the affected areas until the disease is under control.

The World Health Organization (WHO) donated medical materials, tents and camping material and has pledged further funding for the response operation. Médecins Sans Frontières (MSF) is providing safe drinking water for the affected families and other community members.

The National Aids Council has provided food items for the treatment camps. The Civil Protection Unit scheduled a multi-sectoral meeting for 3 January 2006 at the Provincial Governor's office and Zimbabwe Red Cross Society was to attend. The multi-sectoral meeting, to assess and map a way forward, was held on 5 January 2006 and was attended by the Zimbabwe Red Cross Society, Oxfam America, the Widows Association and the Ministry of Health. The major out come of the meeting was to rally resources towards community mobilization initiatives. The need for transport to from the treatment camps to the affected areas was also highlighted.

Expected Result

The expected impact of the action is the prevention and control of cholera and anthrax to the extent that there are no epidemics.

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¹ Zimbabwe Red Cross Society- <http://www.ifrc.org/where/country/check.asp?countryid=13>