

DREF operation



International Federation
of Red Cross and Red Crescent Societies

Zimbabwe: Cholera Outbreak

DREF operation n° MDRZW004
GLIDE n° EP-2008-000218-ZWE
11 November, 2008

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

CHF 203,302 (USD 177,556 or EUR 139,248) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support Zimbabwe Red Cross Society (ZRCS) in delivering immediate assistance to some 100,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: Zimbabwe has reported a severe outbreak of cholera since August 2008. So far, a total of 1,224 cases have been confirmed, with a total of 42 deaths. The worst affected areas are Harare, Nyamapanda, Chinhoyi and Kariba. The situation is still unfolding as cholera spread to other parts of the country.

This operation is expected to be implemented over two months, and will be completed by 31 December 2008.

[<click here for the DREF budget \(if available\), here for contact details, or here to view the map of the affected area>](#)



Cholera treatment centre at Beatrice Infectious Disease in Harare

The situation

A cholera outbreak has hit the high density suburbs of Harare the capital city of Zimbabwe, border town Nyamapanda in Mashonaland Central Province and Kariba (Mola) in Mashonaland West and provincial town Chinhoyi also in Mashonaland West. An unconfirmed case has been reported in Mutare in Manicaland Province, which is on the border with Mozambique. The first cholera case was reported on 26 August 2008, long before the rainy season which usually starts at the end of October. The cholera outbreak has led to 42 deaths and cumulative total of 1,224 cases throughout the country. Current reports indicate that cholera continues to spread across the country due to high mobility and limited capacity to contain the disease.

Cholera outbreak was initially detected in Chitungwiza town near Harare where it affected 150 people, and caused 17 deaths. The following report was in Chinhoyi urban area, where a total of 75 people were affected, and 12 deaths recorded. The disease then spread to Mola in Kariba, where 44 cases and one death were recorded. Of late, cholera has been reported in Budiriro, a high density suburb in Harare, affecting 885 people and claiming 12 lives, as well as 70 cases reported in Nyamapanda area on the border with Mozambique.

	Cholera Cases	Deaths
Chitungwiza	150	17
Budiriro	885	12
Chinhoyi	75	12
Nyamapanda	70	0
Kariba	44	1
Total	1,224	42

The case fatality rate is more than 3.5 percent, reported to be attributed to several reasons such as an acute shortage of drugs, equipment and material in the health centres. In addition, there is also a shortage of health personnel in state hospitals and local health centres. Patients are being transferred to state hospitals instead of field hospitals, thus leading to further spread of the disease. Burials are also being carried out without supervision from public health authorities, thus creating other avenues for more infections. Poor water and sanitation (WatSan) coverage has also attributed to the rapid spread of the disease. In Budiriro for instance, which is one of the worst hit areas, there are a total of 5,000 wells but only 300 of them have been disinfected. Most of the deaths reported were due to dehydration. The cholera outbreak is expected to increase as we approach the rainy season and is likely to affect most parts of the country, especially in the high density suburbs where sewage facilities are run down and residents are either buying contaminated water or using unprotected shallow wells.

Humanitarian organisations are severely stretched as they have virtually taken over the Government's responsibility in providing drugs, safe water and material to mitigate the cholera outbreak. The priority needs have been identified as for water purifiers, oral re-hydration solution (ORS) and information, education and communication (IEC) material.

ZRCS is targeting an estimated 100,000 beneficiaries initially in Harare. Most of the beneficiaries will be reached with health education and hygiene promotion interventions, as well as through the distribution of water makers. Support will be provided to health centres through the provision of cholera kits and other material such as protective clothing. Proper and more detailed needs assessments will be carried out at provincial level.

Coordination and partnerships

ZRCS supported by the International Federation of Red Cross (IFRC) Country Representation is working in coordination with the United Nations Water and Sanitation and Hygiene (WASH) and health clusters. UNICEF is currently coordinating a cholera taskforce weekly meeting which is attended by a representative from the IFRC Country Representation office. ZRCS will complement the production of information, communication and education (IEC) materials in conjunction with the Ministry of Health and UNICEF, currently producing materials to distributed by Red Cross volunteers.

Red Cross and Red Crescent action

At the request of the ZRCS, the IFRC released CHF 203,302 from its disaster relief emergency funding to assist with procurement and distribution of relief items. The IFRC Zone office in Southern Africa has so far provided two cholera kits, 94,000 sachets of water makers, 50 buckets and bibs to be used by the volunteers for visibility.

ZRCS has mobilized volunteers to help with health education and hygiene promotion activities, active case finding and hospital referrals, super chlorination of wells, distribution of water makers and oral re-hydration salts. Presently, 20 volunteers are assisting at two health centres in Budiriro distributing water makers and IEC material, conducting health education and hygiene promotion activities in the community. In Nyamapanda, Chinhoyi, Mola and Chitungwiza more volunteers are needed to also conduct health education and hygiene promotion activities. An estimated 150 volunteers will be mobilised to ensure that all the affected areas are adequately covered.

The needs

Immediate needs:

- Community hygiene promotion and awareness campaigns.
- Safe water at household level for 100,000 people.
- Provision of protective clothing to volunteers at cholera treatment centres
- Medical supplies to cholera treatment centres.
- Oral rehydration salts to manage rehydration due to diarrhoea
- Deployment of volunteers at health centres to avert the acute human resource shortage.
- Training for Red Cross volunteers on hygiene promotion and the safe use of water makers and chlorine tablets, household water treatment and infection control.

Longer-term needs:

- Provision of safe domestic water e.g. drilling boreholes.
- Sustained community hygiene promotion and sensitization.
- Training of more volunteers in cholera mitigation, prevention and infections control.
- Cholera kits pre-positioned in cholera prone areas.

The proposed operation

Relief (non-food items, water and sanitation, health and hygiene promotion)

Objective: Reduce cholera related morbidity and mortality of 100,000 people in Harare, over the next six months through:

- **Improved access to safe water reaching 20,000 households within next two months;**
- **Improved hygiene awareness reaching 100,000 people;**
- **Improved response capacity of NS at branch and community level to rapidly respond to current and future cholera outbreaks particularly in the area of community based response –rehydration management, active case finding and referrals.**

Activities planned

Health and hygiene promotion

- Establish community-based social mobilisation structures and deployment of 150 volunteers within cholera affected areas.
- Social mobilisation and community education on health and hygiene targeting 20,000 households through 150 volunteers.
- Development and distribution of 5,000 IEC materials as part of community awareness on causes, treatment and prevention of cholera.

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- Promote the use of most effective excreta disposal methods e.g. latrines or toilets within the community
- Advocate with government and partners for the restoration of sewage systems in the affected communities.
- Distribution and promotion of 10,000 ORS to ensure easier community access through established distribution outlets
- Distribution of 10,000 bars of soap to 10,000 households as part of cholera prevention and hygiene promotion
- Distribute two cholera kits to government to support with treatment efforts at the cholera treatment centres.

Improved access to safe water

- Distribute and promote correct use of 200,000 water makers to purify four million litres of water for 13,000 people for a period of 30 days.
- Community education and promotion on the use of household water treatment methods e.g. boiling, filtering as part of social mobilization activities.
- Advocate for long-term water supply programs such as drilling or connection to main water supply system in the affected communities.

Capacity building

- Refresher training for 20 volunteers and staff and basic training of 130 new volunteers on basic facts on cholera, social mobilization, mass hygiene promotion and house to house approaches, basic diarrhoea management including correct use of ORS, household water treatment including the use of chlorine, water makers etc.
- Establish community level surveillance, active case finding and referral systems

Summary Budget

	TOTAL CHF
WatSan Disaster Response Kit 2	120,000
IEC Materials (lump sum)	10,000
ORS sachets	5,000
Protective clothing (including face masks, gloves and protecting shoes)	5,000
Buckets	300
Cholera kits	7,242
Granular chlorine	550
Refuse bags	573
Soap	275
Nap Sack Spray	687
Local staff costs	13,080
Assessment and training cost	17,200
Transportation	10,181
Grand total activity cost	190,087
PSR 6.5%	13,215
Grand total	203,302

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:

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[<DREF budget \(if available\) and map below; click here to return to the title page>](#)



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