

# Emergency appeal



International Federation  
of Red Cross and Red Crescent Societies

## Zimbabwe: Cholera

Emergency appeal n° MDRZW004  
GLIDE n° EP-2008-000218-ZWE  
23 December 2008

This Emergency Appeal seeks 10,170,233 (USD 9.2m or EUR 6.6m) in cash, kind, or services to support the Zimbabwe Red Cross Society (ZRCS) to assist 1.5 million beneficiaries. This seven-month operation will be completed by end-July 2009.

A total of CHF 403,302 (USD 359,372 or EUR 269,456) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support this operation.

- CHF 203,302 (USD 177,556 or EUR 139,248) allocated on 11 November, 2008.
- CHF 200,000 (USD 181,818 or EUR 130,208) allocated on 12 December, 2008.



A Red Cross volunteer visiting a cholera patient at a cholera treatment centre.

**Summary:** This Emergency Appeal responds to a request from the Zimbabwe Red Cross Society (ZRCS) to respond to a quickly evolving cholera crisis in the country, and focuses on supporting the National Society to deliver appropriate and timely action in providing assistance and relief in the water and sanitation (WatSan), health, and hygiene promotion sectors. A vital component of the operation are the Federation's Emergency Response Units (ERUs), as follows: three Basic Health Care (BHC) ERUs from the Finnish, Japanese and Norwegian Red Cross, two Mass Sanitation ERUs from the British and Spanish Red Cross, and two Water Supply ERUs from the German/Austrian and French Red Cross. The Canadian, Croatian, and Australian Red Cross are also contributing with technical staff to support the ERU deployment.

A Final Report will be made available by October 2009 (three months after the end of the operation).

[<click here to view the attached Emergency Appeal Budget;](#)  
[here to link to a map of the affected area; or here to view contact details>](#)

## The situation

Over the past few years, cholera has become endemic in Zimbabwe. Since February 2008, sporadic cases have been reported around Harare. Cholera cases increased rapidly in nine of the ten provinces since October 2008. Health organisations warn that the onset of the rainy season will exacerbate an already precarious situation.

According to UN-OCHA reports, by 10 December 2008 the national cumulative figure recorded was 16,403 cases, with 777 deaths (a 4.8 percent case fatality rate, or CFR). This reflected an increase of over 75 percent in both cases and mortality in one week. By 18 December 2008, cholera cases had increased to 20,896, with 1,123 deaths (a CFR of 5.4 percent).

The cholera outbreak has been reported to be triggered by weakened health and municipal services with local authorities unable to provide potable water, waste collection and adequate sanitation. This situation is further exacerbated by the deteriorating economic situation and food insecurity in the country. Table 1 below summarises the breakdown of suspected cholera cases, reported deaths and the CFR per province, based on a UN-OCHA report of 18 December 2008.

**Table 1: Cumulative number of cholera cases and deaths as of 18 December 2008.**

Provinces	Suspected Cholera Cases	Deaths	Case fatality (%)
Harare & Mashonaland Central (Harare)	10,052	359	4
Bulawayo & Matebeland South (Beitbridge)	3,815	111	3
Mashonaland East (Mudzi)	2,244	175	8
Mashonaland West (Chegutu)	1,923	190	10
Manicaland (Mutare)	1,668	136	8
Midlands (Gweru)	394	34	9
Masvingo (Masvingo)	800	118	15
<b>Total</b>	<b>20,896</b>	<b>1,123</b>	<b>5.4</b>

*\*The most affected areas are indicated in brackets*

Cholera is a preventable and treatable disease, and CFR should normally be less than one percent when cholera is under control. The high CFRs indicated in Table 1 above (with a nation-wide average of 5.4 percent, with some areas as high as 30 percent) is attributed to the prevailing acute shortage of drugs, equipment, material and health personnel in state hospitals and clinics. In addition, various reports indicate 'mortality in the community' reaching 20 to 50 percent in various provinces, thus indicative of low access to treatment facilities.

The limited access to clean water supplies, proper sanitation facilities, health education and information continues to be one of the main causes of the rapid spread of the cholera. A poor awareness of hygiene practices among the general population and inadequate capacity to mobilize communities at district and community levels also characterize the gaps in the current operation.

Given the above conditions, the number of new cases is expected to increase and spread throughout the country. The rapid increase in the number of those affected by the outbreak (see Table 2 below) could be exponential, if rapid and urgent emergency action is not taken. The UN's World Health Organisation (WHO) is leading the "health cluster" bringing governmental and non-governmental agencies together to provide a platform to address the cholera emergency. The Red Cross and Red Crescent Movement is active in this health cluster and in the water and sanitation cluster. According to the WHO the worst case scenario may well see cases rising to over 60,000 in the next few months.

**Table 2: Comparison of figures from UN-OCHA reports, dated 10 and 18 December 2008.**

	Reported Cases	Suspected Deaths	CFR
10/12/2008	16,403	783	4.8 %
18/12/2008	20,896	1,123	5.4 %
Percentage Change	27%	43%	0.6 %

According to Zimbabwe's Ministry of Health and Child Welfare (MOHCW) and the health cluster, the remaining gaps in the overall response to the cholera epidemic are:

- Improving case management and strengthening disease surveillance and monitoring;
- Ensuring coordination among health partners;
- Increasing the availability of oral rehydration solution (ORS) at district level;
- Intensifying social mobilization and community awareness ahead of the holiday period and the possible increase in population movements.

Preventing further infection is key to limiting the spread of cholera, and the WHO and the Government MoHCW have emphasised the value of Red Cross volunteers in empowering communities through the dissemination of health and hygiene messages and distribution of water treatment chemicals and ORS at the community level. The ZRCS has capacity in community mobilisation including water supply and sanitation activities through its extensive network of branches and volunteers. The ZRCS is already

active in dealing with many of the needs associated with the current cholera epidemic. Given the reported poor state of health provision, water and sanitation infrastructure in Zimbabwe and with the limited response capacity in addressing the above long-term needs, more focus will be placed on empowering communities to mitigate the effects and impact of cholera.

## Coordination and partnerships

Coordination mechanisms currently exist to varying degrees in each of the provinces, with the MoHCW, the provincial Civil Protection Units, the cluster system, UN agencies and other non-governmental organizations. Coordination is crucial for this intervention and the ZRCS's presence in all provinces and districts will ensure that the Red Cross is represented and participates in all coordinating forums. On the national level, coordination will continue with the MoHCW, the UN and other key partners. This will ensure cooperation and coordination and avoid duplication of activities with other actors on the ground.

The Federation's Country Representative Office in Zimbabwe is coordinating activities with the Zone Office, Geneva Secretariat, Partner National Societies and the ICRC. The Federation's Country Office will continue to support the ZRCS in the implementation of this operation with a view to strengthening the capacity of the National Society to face future emergencies, especially in health related emergencies. The Federation's Southern Africa Zone Office (SAZO) will continue to support the operation by making support and specialist available as needed in the areas of disaster management, health and care, water and sanitation, logistics, finance, reporting, monitoring and evaluation.

## Red Cross and Red Crescent action

The International Federation's Disaster Relief Emergency Fund (DREF) has provided vital support to this operation, with CHF 203,302 to assist with the initial cholera response targeting 20,000 households (100,000 people) in the form of providing materials from existing disaster stocks including cholera kits, household water treatment chemicals, sanitary platforms (SanPlats), soap, jerry cans and blankets. A second DREF of CHF 200,000 was released on 12 December to scale-up the operation. From 11 to 25 November 2008, the ZRCS reached over 11,000 people with health and hygiene awareness messages in seven provinces. The ZRCS produced 40,000 cholera information pamphlets in English and Shona (vernaculars), which are being distributed alerting vulnerable communities to the risk of cholera and the precaution they need to take to prevent infection as well as the treatment required. The ZRCS also distribute 500,000 sachets of water purification chemicals, two cholera kits, and the following support in the provinces and districts:

- **Mashonaland Central (covering Budiriro, Chitungwiza and Shamva districts)** – the ZRCS has distributed two cholera kits for 300 patients each, 60,000 water purification sachets to purify a total of 1.2 million litres of water, 500 bars of soap (0.5 kg), 500 jerry cans (20 Litres), 500 bottles of household bleach.
- **In Midlands (covering Gweru, Mberengwa, Zvishavane, Shurugwi districts)** - the National Society seconded volunteers to the cholera treatment centres (CTCs) managed by the MoHCW and provided 500 pairs of latex gloves, 200 disposable masks, 500 water purification sachets (enough to treat 10,000 litres), ten (20 litre) jerry cans, 20 buckets and 680 IEC materials.
- **In Matebeleland South covering Beitbridge and Gwanda district** – the National Society is conducting health and hygiene promotion, home disinfection particularly where cholera related deaths were reported, distribution of IEC materials and has supplied 1,000 latex gloves, and bottles of bleach to the CTCs.
- **In Masvingo, Manicaland, and Mashonaland West Provinces** – the ZRCS is conducting health and hygiene promotion using house to house visits, distribution information, education and communication (IEC) materials and spreading messages in community gatherings and funerals.

The ZRCS supported by the Federation's Country WatSan Coordinator conducted a rapid assessment in two of the most affected provinces (Mashonaland Central and Mashonaland East). Major gaps were identified in curative health, social mobilisation, prevention, clean water supply and sanitation facilities, which are the most important contributing factors to the increase in morbidity and mortality rates due to cholera.

## The needs

The joint Federation / ZRCS assessment confirmed the gaps identified by the MoHCW and the UN health cluster, and identified the following immediate needs:

### Immediate needs:

- Improving case management and strengthening disease surveillance and monitoring;
- Ensuring coordination among health partners;
- Increasing the availability of oral rehydration solution at community level;
- Intensifying social mobilization and community awareness ahead of the holiday period and the possible increase in population movements.

### Longer-term needs:

- Provision of safe drinking water and sanitation facilities for at least 46 percent (six million people) of the population across the country in both rural and urban areas;
- Sustained community health and hygiene promotion;
- Training of volunteers in cholera prevention, mitigation and infection control.

## The proposed operation

The ZRCS cholera operation will focus on a comprehensive approach to cholera epidemic management including surveillance and active case finding, provision of ORS and cholera kits at the community level, case management, health and hygiene promotion, safe water supply, and sanitation facilities.

Volunteers will be a major force in achieving the needed link between health facilities and the community. By implementing a strong community outreach component into the operation, Red Cross volunteers will provide individuals and communities with the capacity to address the current epidemic and enhance resilience to face future outbreaks. This will happen by enabling volunteers to conduct active surveillance, find and refer cases, disseminate health and hygiene messages, distribute water treatment chemicals and hygiene items and provide ORS within communities. ZRCS will intensify volunteer training in order to empower them for active participation throughout the operation. The National Society will also make use of the IFRC disaster management tools and facilities in enhancing the capacity of volunteers.

To achieve the above, Emergency Response Units (ERUs) have been deployed by the Federation and Partner National Societies. The initial areas of deployment have been agreed with the Ministry of Health and the Civil Protection Unit. They are working in close coordination with ZRCS branches and the communities that they serve. The ERU assets include three Basic Health Care (BHC) ERUs from the Finnish, Japanese and Norwegian Red Cross, operating as Cholera Treatment Centres and acting as hubs for volunteer activities; two Mass Sanitation ERUs from the British and Spanish Red Cross facilitating sanitation and hygiene promotion activities and two Water Supply ERUs from the German/Austrian and French Red Cross providing clean water for up to 55,000 people. The Canadian and Australian Red Cross are also contributing with staff to support the ERU deployment.

### Beneficiary selection:

This Emergency Appeal will focus on reaching approximately 1.5 million beneficiaries through social mobilization activities including the distribution of information, education and communication material; provision of safe and adequate water supply and sanitation and the provision of health services both through ERU structures and through community outreach by distributing ORS at the community level.

Approximately 155,000 people will be provided with a safe and adequate water supply in four provinces through water and sanitation ERUs (the M40 module can provide safe water for approximately 40,000 people, and the M15 for 15,000 people). In addition, safe water will be supplied to 100,000 people through rehabilitating 200 boreholes and 25,000 beneficiaries reached through the drilling of 50 new boreholes. The distribution of water purification sachets will help to reach a further 100,000 beneficiaries. This population will mainly be in the three provinces of Mashonaland West, Manicaland,

and Midlands. However, ZRCS volunteers will be able to support health and hygiene promotion activities in other provinces to bridge the gaps.

### Water supply

**Objective: To 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 households through treatment of household and community level water supplies.

**Activities planned:**

- 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 1 million water purification sachets and promotion of correct use to 100,000 people.
- Distribution of 40,000 jerry cans and buckets for storage and transport of water at household's level (Jan – Feb 2009).
- Rehabilitation of 200 water points in 4 provinces to benefit 100,000 persons (February – April 2009).
- Facilitate water treatment for CTCs and health centres which are near water source 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.

### 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:**

- 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 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:**

- Provision of hygiene promotion activities to 1,500,000 people through training and activating 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 ERU's 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.

### Health and care

**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**

<b>communities.</b>	
<b>Expected result:</b> <ul style="list-style-type: none"> <li>• Health services are supported to meet the health needs of the population.</li> <li>• The resilience of the community is improved through better health awareness, knowledge and behaviour.</li> </ul>	<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Provision of 40 volunteer modules of the cholera kits, to support with community based activities at cholera treatment centres and in the community under the Ministry of Health and Child Welfare.</li> <li>• 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.</li> <li>• Training of volunteers in target branches in Community Based Health and First Aid (CBHFA) and on Epidemic Control for Volunteers training package.</li> <li>• Orientation of 800 volunteers and staff on the correct use and preparation of ORS.</li> <li>• Orientation and reorientation of 30 staff members directly responsible for project implementation.</li> <li>• Develop a first response plan at provincial Red Cross branches, through the establishment of ORS distribution outlets at community level.</li> <li>• Distribution of 80,000 ORS sachets through community level outlets.</li> <li>• 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.</li> </ul>

## Logistics

<b>Objective: To ensure that ERU material is effectively received, customs cleared and delivered to the designated area; 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 &amp; advice to host National Society and Federation delegates and staff as needed.</b>	
<b>Expected result:</b> logistics support complements and facilitates the activities and assistance planned.	<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Set-up supply chain and control supply movements from point of entry to final distribution point.</li> <li>• Monitor and evaluate the supply chain and provide reporting on performance.</li> <li>• Mobilization and procurement activities will be coordinated by Dubai Regional Logistics Unit.</li> <li>• 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.</li> </ul>

### **Exit Strategy**

- As part of the exit strategy the National Society will integrate some of the activities such as health and hygiene, water and sanitation in its ongoing developmental programmes.
- Sufficient local staff and volunteers will be trained in each province and at headquarters in order to ensure the capacity for response to future epidemics.
- Sufficient emergency stocks will be replenished through this appeal and pre-positioned in cholera hotspots for immediate response.
- A detailed exit strategy and handover plans will be formulated for ERUs by the Federation and respective ERU team leaders.

### **Capacity of the National Society**

The strength of Red Cross and Red Crescent National Societies lies in the comparative advantage of volunteers and their capacity to mobilise communities. This applies to ZRCS which has volunteers around the country that come from the community and are trained and prepared to implement activities that make a real difference.

The ZRCS has offices in every province of Zimbabwe. The offices are run by provincial programmes officers supported by field officers designated to different programmes. The programmes that the ZRCS runs include water & sanitation, disaster management, food security and livelihoods, and HIV and AIDS. All programmes are integrated with the HIV and AIDS home-based care projects. Volunteers and policy makers form the broader base of the operations in the districts, and are coordinated by the provincial secretariat members.

In order to ensure an effective operation and coherent utilisation of National Society resources as well as directing good leadership and management, the ZRCS will establish management and coordination structures at all levels: A Cholera Task Force at national level consisting of the National Programmes Coordinator and all department heads will be established, while similar structure will be established at provincial level. The role of the task force will be to review the situation, progress and execute key actions to be taken. Depending on the state of the emergency the task force will meet at least once every week.

The implementation of this plan at the National Society level will be coordinated under the National Society disaster management department through the national programmes coordinator, with the technical support of the water and sanitation and the HIV and AIDS departments. The National Society water & sanitation coordinator will be the main focal person assisted by a newly recruited health / water & sanitation assistant, and the finance assistant at headquarters level. At the provincial level, eight health / water & sanitation officers supported by 800 volunteers will be responsible for direct implementation of this plan. Additionally, the ZRCS will request the secondment of government-employed staff involved in the health and water & sanitation services at the national and provincial level through a Memorandum of Understanding.

### **Capacity of the Federation**

The Federation's Country Office in Zimbabwe will continue to provide the necessary technical support during the cholera response operation particularly through the Water and Sanitation and logistics and reporting departments. To insure a coordinated and coherent support to the National Society, the country office will provide a mechanism to support ERU coordination, to facilitate the appeal management and the channelling of funds by strengthening its structure with a head of operations, health coordinator, water and sanitation coordinator, logistics delegate, finance delegate and reporting delegate.

The Southern Africa Zone Office will give technical support to the operation from Johannesburg through its disaster management, health and care (including water & sanitation); logistics; finance and reporting and monitoring and evaluation personnel. We will also support the capacity building aspects of the operation by lending assistance to ZRCS through our Zone Organizational Development Programme.

## Monitoring and Evaluation

Given the short timeframe of this project, the indicators to be monitored will be process indicators, taken from the action plan. Volunteers and provincial and national staff will receive orientation on reporting formats and the use of data for decision-making. At the end of project, staff will assess community and partner-defined quality of volunteer and ZRCS response.

As this appeal includes the largest ERU deployment in Southern Africa, an evaluation to consider lessons learned will be conducted at the end of the operation as well as the usual operation review which is the good practice after each disaster.

## Budget summary

Please refer to Annex 1 for the Appeal budget.

Thomas Gurtner  
Director  
Coordination and Programmes Division

Bekele Geleta  
Secretary General

## 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](mailto:zrcs@ecoweb.co.zw); [ekundishora@comone.co.zw](mailto: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](mailto: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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[<Emergency Appeal budget and map below; click here to return to the title page>](#)

## **APPEAL BUDGET SUMMARY**

Zimbabwe Cholera

MDRZW004

ORIGINAL

### **RELIEF NEEDS**

Shelter	
Construction Materials	
Clothing & Textiles	24,000
Food	
Seeds & Plants	
Water & Sanitation	1,524,200
Medical & First Aid	96,400
Teaching Materials	100,000
Utensils & Tools	286,400
Other Supplies & Services	273,600
Emergency Response Units (ERUs)	5,614,742
<b>Total Relief Needs</b>	<b>7,919,342</b>

### **CAPITAL EQUIPMENT**

Land & Buildings	
Vehicles Purchase	11,200
Computers & Telecom Equipment	39,620
Office/Household Furniture & Equip.	
Medical Equipment	
Other Machinery & Equipment	

### **TRANSPORT, STORAGE & VEHICLES**

Storage - Warehouse	167,500
Distribution & Monitoring	290,600
Transport & Vehicles Costs	

### **PERSONNEL**

International Staff	329,400
Regionally Deployed Staff	3,000
National Staff	73,356
National Society Staff	375,500
Consultants	

### **WORKSHOPS & TRAINING**

Workshops & Training	69,200
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### **GENERAL EXPENSES**

Travel	100,100
Information & Public Relations	12,000
Office running costs	75,600
Communication Costs	24,150
Professional Fees	15,000
Financial Charges	3,600
Other General Expenses	
Depreciation	
Shared Services	

### **PROGRAMME SUPPORT**

Programme Support - PSR	661,065
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### **SERVICES & RECOVERIES**

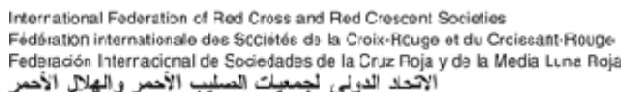
Services & Recoveries	
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<b>Total Operational Needs</b>	<b>2,250,891</b>
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<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>10,170,233</b>
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<b>Available Ressources</b>	
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<b>Net Request</b>	<b>10,170,233</b>
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EP-2008-000218-ZWE

23 December 2008

# Zimbabwe: Cholera



## Suspected Cases

-  0 - 170  
 171 - 700  
 701 - 1,550  
 1,551 - 3,550  
 3,551 - 9,100
-  River  
 Lake  
 Affected areas  
 Urban zone  
 Capital

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, UN, OCHA, International Federation - Zimbabwe-Cholera.mxd