

Emergency Aid Cholera in Zimbabwe



Beneficiary explains how to measure the ceramic filter, Harare, Zimbabwe 2009

***30-12-2008 till 30 April 2009
Development Aid from People to People Zimbabwe
Supported by Cordaid mensen in Nood
NARRATIVE REPORT FORM***

1. NOMINAL DATA

- Name of the organisation: *Development Aid from People to People Zimbabwe*
- Title of project: *Emergency Aid Cholera*
- Starting date: *30 December 2008*
- Project duration: *4 months*
- On the project budget (in local currency, EURO or USD)

| | |
|---------------------------------------|----------|
| Total budget of the project | € 50.000 |
| Local contribution | - |
| Total amount of contract other donors | - |
| Total amount of Cordaid contract | € 50.000 |

Status of the report: *Final*

Period covered by this report: *4 months*

Date of present report: *8 June 2009*

2. INFORMATION ON CONTEXT

Describe any changes in the context or in the humanitarian crisis which has affected the project and its implementation

The health delivery system of Zimbabwe has been continuing to collapse, a number of health staff left the profession. The health sector has been facing and is still facing a number of challenges in service delivery to the people of Zimbabwe. Most affected is the sewerage delivery as well as water and sanitation reticulation. The availability of medical supplies has dwindled beyond coping with demand at district, provincial and the national hospital levels. Essential drugs and medical equipment are missing. The unavailability of water purification chemicals made it difficult to achieve a safe and clean delivery of water which is free from human waste contamination.

Continuous rainfall all over the country eventually created a fertile ground related to the spread of the cholera disease as the contagious disease transmitted at a faster rate due to exposure to unhygienic and unprotected stagnant water. The majority of the urban residents are consuming water from open wells which run dry due to high demand of water use. Considering the contamination of the water table with the sewerage collecting underground a great danger of cholera outbreak was enabled.

However since the end of March the cholera epidemic have been reported by the World Health Organisation in Zimbabwe to be on a decline despite reaching a peak of slightly more than 4.000 deaths and close to 90.000 cholera cases.

3. IMPLEMENTATION OF THE PROJECT

a) On the target group

- Describe any change in the situation of the target group (composition, location, needs) which has affected implementation of the project

Initially the application had estimated the distribution to be based on the general demographics; 37% children under 15 years of age and 63% youth and adults above 15 years of age.

These are the people assumed to be falling under a dangerous threat in getting the cholera infection. However due to close co-operation with the local leadership and other interested stakeholders a target group was agreed upon.

Most captured within the water filter beneficiaries were the women headed households, the child headed families, handicapped people, HIV Positive and chronically sick and economically deprived members of the community. There were not much remarkable changes in the target group during the program implementation. The distribution of the water filters was done in connection with the general cholera awareness campaigns in the areas.

However the outbreak occurred during the time when the schools were closed and as the schools were opened in early February 2009, a number of schools were targeted in cholera awareness and prevention campaigns. Many children in rural areas of Bindura, Mazowe, Shamva as well as suburbs of Harare were given group education on good health and hygienic practises in preventing cholera spreading and this was carried out in conjunction with Ministry of Health and Child Welfare local staff. The age group of the school going students targeted falls within the age range of 8 years to 20 years old.

b) On the objective(s) of the project

- Describe to what extent the project –according to the indicators stated in the original proposal - has accomplished the specific objective of the project

The objectives were to stop the spread of cholera in Mashonaland Central and Harare suburbs, to provide access to clean drinking water to households deprived of it. Each of the benefiting family has managed to get a safe water supply of 45 litres of water for drinking and cooking purposes. The 45 litres of water have been supplying an average of 7 family household members. By proper use, the filters can provide clean drinking water for at least one year. The 8.298 water filters distributed managed to promote water purification among the 8.298 benefiting families, a water filter was seen to assist a household per day with clean and safe water. Hence a **total of 58.086 people** have managed to **get access to clean water due to the availability of water filters. Among the 8.298 families, comprising in total 58.086 only a few of cholera suspected cases were reported.** The cases were due to some visits of benefiting family members to other households which were on the threshold of cholera infection.

A number of community members have managed to get prevention and awareness information concerning cholera infection and prevention. Over 200.000 cholera prevention pamphlets were distributed among the general population of Bindura, Shamva, Mazowe including Mabvuku-Tafara and Glen Norah/Glen-View in Harare.

During the period of the program implementation starting December 30 2008 until 30 April 2009 the families which received educative cholera information started to practise hygiene in their food preparation, water use as well as promoting awareness at public gatherings and community funerals.

56 water filter beneficiaries education and refresher courses were carried out in the April in informing the beneficiaries on the need to measure the ceramic cylindrical casing in affirming the capacity of the water filter on purifying 100% the contaminated water as well as in time replacement of it with a new casing.

c) On the results obtained

- Describe the results obtained in terms of goods or services supplied to the beneficiaries

8 414 water filters were bought. Out of these 8.298 were distributed as follows:

| | |
|--------------------------|--------------|
| - Mabvuku-Tafara ... | 1.523 |
| - Glen-Norah.... | 1.322 |
| - Mazowe, Glendale | 1.700 |
| - Shamva | 1.676 |
| - Bindura | <u>2.077</u> |
| Total: | 8.298 |

The balance of 116 water filters are not distributed to the beneficiaries because they had faults. Of these, 79 had no ceramic housing (the plastic bottle), 16 were deformed and 21 were broken. The problem of the 95 filters without ceramic housing and deformed filters will be discussed with the supplier Basic Water Needs.

2.500 information pamphlets on water filter use were produced and distributed. Over 100.000 cholera prevention pamphlets were disseminated to over 60.000 households in the 5 Emergency Aid Cholera operational areas.

20% of the 8.298 benefiting households were covered by the household monitoring and evaluation exercise carried out by DAPP Zimbabwe staff. The activities mentoring process managed to realise strengthening of water purification with focus on hygiene and as safe storage of the water filter in each household. Humana Holland as well gave a visit to the beneficiaries of the water filters' 10 households in Mabvuku-Tafara residential area in Harare. The Humana Holland visit managed to realise a need to set in place in the last month of the project a gathering of the benefiting families and inform them on the importance of measuring the ceramic casing, using a measuring gadget which is part of the water filter. The measuring of the ceramic cylindrical casing volume helps to check the capacity of the water filter in providing clean and uncontaminated water as well as timely replacement of the ceramic casing. The findings were addressed through a volunteer refresher training and water filter beneficiaries gathering with education directed on the ceramic measurement and some system of control for each household were agreed upon. The training emphasized the importance of peer education and households are stimulated to explain other households how to use the filter correctly. Each benefiting family is measuring the ceramic cylindrical tube after every week with the plastic measuring rod. In addition the 8.298 families are as well managing to get 45-55 litres of safe and clean water due to the water filter purification.

- Indicate and justify whether the results obtained are different to those described in the original proposal

The results are inline to what have been grossly captured in the application for funding. However the people who benefited from the water filters were chosen along the lines of lack of access to clean and safe drinking water. This resulted in having 50% of water filters given to most at risk groups. Most at risk groups were defined as HIV Positive people, women headed households, and child headed households, economically deprived families and the handicapped members of the community. The other 50% constitute the general population which is denied access to safe drinking water as well. One other difference is the number of households reached. The idea was to provide one filter for every one or two households. Due to the size of the households, seven people on average, it became clear that one filter could not produce sufficient water for 14 people. Besides this if one water filter is restricted to a single household; hygienic practises are easier to manage and control. This is why the households are now 8.298 (similar to the number of disseminated filters) instead of 12.447 (1.5 households per filter).

d) On the activities undertaken

- Describe the activities undertaken

Selection of the beneficiaries

The beneficiaries were chosen in close co-operation with the local support groups which are implementing different activities on community development, local leadership considerations, local health authorities as well as DAPP Zimbabwe staff. The families were chosen on how vulnerable they are to cholera infection. All in all the selection realised 1.268 in Mabvuku-Tafara, 781 in Glen Norah, 833 in Mazowe, 856 in Shamva and 471 in Bindura. These figures relate to the most at risk households who are caring for at least a family member with vulnerability traits in his/her life.

The majority of the families who benefited were selected on the lines of whether they are having running water in their households, whether they have burst sewerage pipes which exposes them to cholera infection as well as cases on cholera spread per given area of the neighbourhood.

Training

A total of 2.500 volunteers were trained on how they can train the local water filters beneficiaries on getting an understanding on using the equipment. The volunteers attended a three hour session where they get to understand the practical part of knowing the water purification using the water filter. On the second note the volunteers received training on understanding the manuals which were part and parcel of the water filters distribution and the finer details which accompany it. On average each volunteer was responsible for at least 3 water filters benefiting households. The ratio was realised due to the need to have a closer check on the ground which will result in high alert on cholera prevention as well as continuity of the program as a measure of the sustainability of the intervention in the long run.

Distribution of the water filters

A total of 8.298 water filters were distributed among the benefiting families. This constituted 4.173 most at risk classified households. Among these 'most at risk households' they are as follows:

| | |
|--------------------------------------|--------------|
| • Women headed households ... | 692 |
| • Economically deprived families ... | 1.062 |
| • HIV positive people ... | 1.095 |
| • Child headed households ... | 459 |
| • Chronically ill patients ... | 664 |
| • Handicapped members of society ... | <u>201</u> |
| Total | 4.173 |

The remaining water filters have been distributed on the grounds of exposure to getting cholera disease. Each of the 8.298 water filters was accompanied by a clear and elaborate explanation of how to use the water filter in order to get safe and cholera bacteria free drinking water. In addition each selected household got an instruction manual which was a referral for further cross-checking a good practical purification of the water from the filter.

- If applicable, justify any changes compared to the original proposal

In the proposal was presented that 8.500 water filters will be bought and distributed however only 8.414 water filters were bought and due to some shortcomings 8.298 are distributed.

e) On difficulties arisen during the implementation

- Describe the arisen difficulties and describe the measures taken to meet these problems

Central to the cholera epidemic is the rain season which created a fertile ground of cholera spreading. The development was coupled by the electricity shortages which forced people to use firewood in the process making fireplaces in an open space mostly between the toilet and the bathroom during wet period. Due to the lack of running water in households as well as bursts in sewer system it became very dangerous to adequately control cholera as the social structures collapse have forced the people to survive in very much compromised circumstances.

The co-operation with the Ministry of Health as well as the community based environmental health technicians helped to provide better education on how to practise good hygienic standards during food preparation as well as daily domestic chores.

The urban population in the area of Mabvuku/Tafara is a mobile populace. The economic hardships, basically high cost of accommodation, transport and cost of living in general, made it a difficult task to get the exact registered people on the identification list to be accordingly given the water filters.

Hence the distribution team identified new recipients in some instances to replace the shortfall from people moving out of the area. These new people can be found within the beneficiary signed papers (see attachment) when one compares with the Identification List. This is the case for approximately 30 households.

The data captured on the identification list was collected from the predefined surveys and identification of the people falling within the vulnerable categories. The numbering on the Identification List differs for some cases compared to the signed beneficiary papers. On the

signed beneficiary lists there are some repetition of numbers, which were later corrected in the identification list, but which could not be corrected in the lists signed by the beneficiaries. This is a data capturing error, which does not affect the number of water filters distributed and is only the case for 32 beneficiaries in Mabvuku/Tafara.

- Describe further modification(s) proposed in relation to project implementation

The purification of the water filters demands the availability of two buckets; the first bucket holding the dirty water and the second bucket collecting water after the purification exercise. It will be a good consideration to distribute the two buckets as well as a water filter as a package to beneficiaries in the future endeavours.

f) On evaluation

- If applicable, please attach a copy of the (mid-term or final) evaluation report.
Not applicable.

4. SPECIFIC ISSUES

a) Co-ordination

- Describe progress and/or changes with respect to co-ordination with national/local authorities, international organisation and local NGOs and/or church organisations.

The project Emergency Aid Cholera got huge co-operation from the local government authorities in all geographical operation areas. The ministry of health was of much help in providing technical assistance to the health and hygiene education as well as attending to the cases of the cholera. UNICEF provided 45 litre jerry cans to DAPP Zimbabwe in building on to the provision of water filters. The development helped in securing the smooth purification of water among the benefiting families. The Salvation Army Church was one of the church organisations who cooperated with DAPP Zimbabwe during cholera prevention campaigns as well as opening up for accommodating some information dissemination among their church members.

b) Hand-over and/or exit strategy

- Describe changes, if applicable, in the hand-over and/or exit strategy with regard to the project.

The DAPP Zimbabwe has a HOPE Harare station which is based in Mabvuku-Tafara another HOPE station in Bindura as well as Child Aid Bindura-Shamva. These projects are under DAPP Zimbabwe and covers to a large extent all the areas which have the water filters recipients. The water filters distribution has been mainstreamed among the existing structures of these projects. The projects will secure further assistance to the program beneficiaries due to the proximity of the local staff. The 2.500 volunteers will continue to assist beneficiaries and carry on with the cholera prevention campaigns as well as checking if the ceramic casing needs replacement and the accompanying challenges after the project life span.

5. FINANCIAL ASPECTS

a) State of execution of budget

- Overview of expenditure in relation to the budget

Proposed Budget

| Budget Lines | Costs in € |
|--|-------------------|
| 8.500 siphon water filters (including international transport India - Zimbabwe and handling costs) | € 46.000 |
| Instruction leaflet beneficiaries | € 1.500 |
| Transport/national distribution | € 2.500 |
| Total | € 50.000 |

Actual expenditure met by budget (exchange rate of € 1 = 1.387 usd)

| Expenditure realised | Costs in € |
|--|-------------------|
| 8 414 siphon water filters (including international transport India-Zimbabwe and handling costs) | 44.594 |
| Storage costs at Harare International Airport | 865 |
| Customs service payments | 231 |
| Film production | 555 |
| Transport/national distribution water filters | 1.334 |
| Instruction leaflet beneficiaries | 2.421 |
| Total expenditure realised | 50.000 |

- Provide a financial analysis on the status of expenditure

Emergency Aid Cholera program managed to secure a total of **8.414 siphon water filters** from India at a **total cost of € 44.594**. This is translated to a cost of **€ 5.30 including freight charges per each water filter**. The clearing of the water filters was prolonged for 2 weeks due to the industrial action of the ZIMRA workers at the Airport and this resulted in the emergency of the unbudgeted expense of the storage cost being € 865. Despite securing a rebate letter from the government the second consignment of the water filters was made to pay a total of € 231 which covered part of entry clearing costs.

As a measure to publicise the good work of the CORDAID partnership and the use of water filters to address water treatment a film was produced to mobilise the stakeholders the people at large of how the program is reaching out for addressing the cholera pandemic. The whole process realised a total of € 555 this incorporated film script writing, editing, filming and 10 DVDs production. Transportation of the water filters from the main airport to main-warehouse as well as the five focal points of distribution centres cost a total of € 1.334. The 8.414 water filter use instruction leaflets produced as well as the 2.500 volunteer education materials produced and printed realised an expense of € 2.421.

- State any changes proposed as compared to original budget
8.414 water filter were purchased, is a little bit less than the 8.500 planned. The program added in a factor cost of filming as well as the customs clearance and storage costs. These expenses were not budgeted for in the primary proposal. The transport costs were realised at a lower value as the transportation was mainstreamed within the DAPP Zimbabwe-UNICEF mobilisation against cholera actions which were underway since December 2008 and will finish in June 2009. The development managed to see over a € 1.000 being contributed by the distribution of the hygienic materials in the same operational area where water filters were handed out. The production and printing of the water filter use instructions consumed an excess of € 921. This was essential because each household needed an instruction explaining how to use the filter and the 2.500 volunteers received an instruction how to follow up in ensuring the water purification is being done properly.

b) Co-financing

- In the event of co-financing, state the identity of other donors that have participated in the financing of the operation as well as the level of their respective contribution.

There was no co-financing from other donors.

6. CONCLUSION

a) General conclusion on the project.

*The water filters have managed to cushion the benefiting households from cholera prevention. **All most every household appreciated the water filter as compared to water tablets which have a strong smell that detracts one from drinking the treated water.** Only a few cholera cases were reported among the water filter using families. Due to the simple instructions which have to be adhered to helped in realising the 100% purification of water. The development has been a great improvement among the 8.298 benefiting households and secures them of safe water for a whole year. In addition the co-operation of the local structures made it very easy for the implementation of the Emergency Aid program in all the operational areas. More refresher courses are important in cross checking how the community members are systematically identifying themselves with what it takes to realize clean and safe water. This was noted due to variations in literacy among some family units.*

b) What are the lessons learned, i.e. how does the organisation include experiences gained during the project into future approach and activities?

In the future it will be good to have some funds for monitoring and evaluation, group education of the community members who are not covered by the program. Giving the other community members some information on water filter use will help them to get mobilised to find a way out on buying for themselves one. The supporting containers securing in terms of buckets will be necessary in guaranteeing safe water collection at the end. Finally, in order to secure clean drinking water, more attention must be paid on the explanation how to measure the ceramic filter.

Imagines



Receiving a water filter



Training in use and maintenance of the filter