

Rapid Response Fund (RRF)

Section 1: Overview of response																	
Zimbabwe	Cholera Emergency Response																
Summary	Methodist Development And Relief Agency (MEDRA)																
Implementation period	27 September 2018 27 December 2018 3 (months)																
Geographical area	Harare, Masvingo and Gweru																
Sectors of response	<input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Protection/ psychosocial <input type="checkbox"/> Health <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Food Security																
Targeted beneficiaries (per sector)	<table border="1"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>School Children</td> <td>15,400</td> <td>18,200</td> <td>33,600</td> </tr> <tr> <td>Adults</td> <td>16,100</td> <td>20,300</td> <td>36,400</td> </tr> <tr> <td></td> <td>31,500</td> <td>38,500</td> <td>70,000</td> </tr> </tbody> </table> <p>Target beneficiaries will be school children (from 30 schools) and households (350) located within affected suburbs in Harare. These include Glen View, Budiro, Mufakose, Gweru (Mkoba) and Masvingo (Mucheke).</p>		Male	Female	TOTAL	School Children	15,400	18,200	33,600	Adults	16,100	20,300	36,400		31,500	38,500	70,000
	Male	Female	TOTAL														
School Children	15,400	18,200	33,600														
Adults	16,100	20,300	36,400														
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Requested budget (USD)	60 000 (USD)																
Is there an updated ACT Forum EPRP?	No																
Section 2: Narrative Summary																	
<p>Background</p> <p>On the morning of Tuesday, the 4 September 2018, the city of Harare in Zimbabwe, was hit by an outbreak of cholera. The Government of Zimbabwe declared a state of emergency after cholera and typhoid spread fast killing 28 people in 2 weeks and infecting over 7,000. Harare high-density suburbs have poorly access to clean water, poor maintained drains and lack of proper sewage disposal. The situation is compounded by the fact that there is uncollected garbage and unsafe hygiene practices that have continued to spread the disease.</p> <p>Cholera has resulted in increased morbidity and mortality rates as Zimbabwe central and local government are short of funds to procure medication. World Health Organization has also reported that the strain has proven to be resistant to the first line of antibiotics, further compounding the problem.</p> <p>As a measure to access clean water, residents have dug shallow water wells and boreholes that unfortunately been proven to contain cholera. The epidemic has resulted to migration of people to the province of Manicaland and Masvingo where cholera cases are now being reported. To curb the spread, Zimbabwe government has since set aside treatment centres as they seek to quarantine infected persons. Cholera occurred in 2008, killing more than 4,000 people as reaction to curb the epidemic was slow.</p>																	

Humanitarian Needs

The most urgent humanitarian needs are access to safe water, basic health services and properly maintained drains and sewage disposal.

The World Health Organisation, UNICEF and Oxfam are responding by providing basic health services and medication.

In collaboration with relevant stakeholders, Zimbabwe ACT forum has identified access to safe water as a gap. In addition, they intend to provide hand sanitisers, conduct water purification, and mobilize the communities to clear garbage while providing information on preventing and managing cholera. If needs are not met, the disease will continue to spread unabated. Furthermore, ACT Alliance will engage in advocacy at national and international levels to ensure that those areas most likely to be exposed are heard to prevent a re-occurrence and that living conditions within Harare suburbs do not put them at risk of the epidemic in future.

Capacity

The requesting member, MeDRA has been involved in health and hygiene intervention for more than 8 years. It works with more than 24 community health clubs in 2 districts on personal and environmental hygiene and water/food handling.

During the epidemic in 2008, MeDRA partnered with the local city council and responded by distributing non-food items and conducting clean up campaigns. MeDRA staff are trained disaster preparedness and response. MeDRA will also monitor and evaluate the project. MeDRA will be supported by other ACT members who are also present in affected communities to identify the most affected.

Proposed response

Overall Goal:

To contribute to the reduction of morbidity and mortality of cholera epidemic in Zimbabwe

Objectives:

1. To improve community's access to clean and safe water targeting the most affected areas.
2. To prevent new cholera infection cases through promotion of intensive hygiene education and sanitation.
3. To improve health and hygiene practices of those most at risk of cholera.
4. To reduce cholera morbidity and mortality through awareness raising, early detection and reporting.

Activities:

1. Provision of safe water delivered using water bowsers in 4 areas of Glen View, Budiro, Mufakose and Chitungwiza.
2. Provision of 800 sanitiser bottles for hand cleaning.
3. Provision of water treatment chemicals to schools and boreholes.
4. Distribution of IEC materials (posters and fliers) with information on control, prevention and early detection of Cholera.
5. Conduct 6 clean up campaigns in public places, markets and drains.
6. Provision of ORS to target beneficiaries for hydration in case of fluid loss
7. Submit a press statement as an advocacy tool targeting Zimbabwe Ministry of health and other stakeholders to put measures in place to prevent subsequent cholera outbreaks.
8. Training community volunteers on good hygiene practices

Beneficiaries:

The target population include women, men, boys and girls who reside or attend school in the target areas.

Expected Results:

- ✓ Increased awareness and knowledge of issues of personal health and hygiene and cholera prevention measures
- ✓ Reduced morbidity and mortality related to cholera
- ✓ Improved hygiene practices among high risk populations
- ✓ Increased access to clean safe water
- ✓ Reduced further spread of Cholera

Does the proposed response honour ACT's commitment to Child Safeguarding? Yes No

Target beneficiaries	70 000 people will benefit from the intervention disaggregated as follows:
Specific objective(s)/ Outputs	To empower communities with the knowledge and practices to prevent cholera contamination. Outputs: <ul style="list-style-type: none"> • 30 schools and 350 homesteads supplied with water purification chemicals • 70 000 people receive cholera educative materials • 800 school children and health workers supplied with hand sanitisers • Affected community's is supported to clear garbage to aid to control spread of disease
Overall objective / Outcome(s)	Reduced spread of Cholera among affected communities.

Reporting Schedule

Type of Report	Due date
Situation report	15 November 2018
Final narrative and financial report (60 days after the ending date)	28 February 2019
Audit report (90 days after the ending date)	31 March 2019

Monitoring and evaluation

An initial rapid assessment will be conducted at the inception of the project to identify most affected beneficiaries and their needs. During project implementation, on-going distribution and implementation/data collection by MeDRA staff among beneficiaries and coordination with other stakeholders will be done. Data will be collected to monitor the timelines, adequacy and efficiency of the NFI kits distribution process, to detect and react to project constraints and to ensure that kits actually reach intended beneficiaries and post-distribution monitoring.

Progress reports shall be produced mid and end of project reports (narrative and financial) will be developed and project audit. Zimbabwe ACT Forum Coordinator will guide MeDRA on ACT policies and procedures on compliance.

Section 3: ACT Alliance coordination

Coordination

MeDRA will attend coordination meetings and work closely with Oxfam and UN clusters to coordinate with other stakeholders.

Zimbabwe ACT Forum Coordinator will have the central role of coordinating project efforts and will liaise with ACT Alliance Regional office in Nairobi to ensure compliance. The requesting Member will directly implement the project and will be responsible for the administration of funds. All materials will be branded according to ACT Alliance policy on branding.

ACT Zimbabwe Forum will be informed of the project through updates passed by Zimbabwe ACT Forum Coordinator who will give progress reports to the Forum.

Zimbabwe Forum Coordinator will also monitor the project to ensure that ACT principles of do no harm are respected while providing support on policy and guidelines compliance. Zimbabwe ACT Forum will work closely with Oxfam and UNICEF who are distributing medication kits and IUUV units to complement ACT Zimbabwe distribution of non-food items kits.

Implementation arrangements

The Project will be led by MeDRA with support from Zimbabwe Council of Churches (ZCC) and the Lutheran Development Service (LDS) who will assist in mobilizing communities and distributing education materials and non-food items. The two organizations (ZCC & LDS) will use their local community structures to reach intended beneficiaries.

MeDRA will train community volunteers on good hygiene practices through linking with the Residents Associations (who are part of Zimbabwe ACT Forum Community of Practice) for better impact.

Human resources and administration of funds

MeDRA will have overall oversight in management of programme funds using systems and policies it has in place. MeDRA's programs Officer will be the budget holder and will be responsible for the overall oversight of the budget. MeDRA's financial and logistics policy will be employed on funds disbursement and purchases.

MeDRA's policy stipulates that any request of more than \$500 should be accompanied with 3 quotations, received quotations will be then analysed and the best supplier will be selected based on the price, availability and quality of product.

A co-ordination team made up of Zimbabwe ACT Forum co-ordinator, MeDRA director, Programs Officer and Monitoring and Evaluation Officer will meet once a month for regular review of the project and match this against the targets. Progress reports and end of project report will be written by the Programs Officer with the support of the Finance Officer.

Communications

Zimbabwe ACT Forum Coordinator will be the communication focal point for the intervention and will attend cluster and coordination meetings on this response. Bi Monthly Zimbabwe Forum meetings will be an avenue to communicate project progress to the forum.

Other communication means will include ACT Alliance face book page. The Community of Practice Platform in Zimbabwe Forum will also be an avenue where the Coordinator will post updates to the

25 Partners who are part of Zimbabwe ACT Forum. Branding of ACT Alliance will be done on all IEC materials produced

Section 4: Budget Summary

ACT RRF BUDGET TEMPLATE						
Requesting ACT member:		Methodist Development and Relief Agency				
RRF Number:		RRF 014				
RRF Title:		Cholera Emergency Response				
Implementing Period:		27th September - 27th December 2018				
EXPENDITURE						
		Type of	No. of	Unit Cost	Appeal Budget	Appeal Budget
		Unit	Units	local currency	local currency	USD
DIRECT COSTS						
1 PROGRAM STAFF						
1.1.	Program Officer (35% of \$1 300 per month over 3 months)	1.00	3	455	1'365	1'365.00
1.2.	M & E Officer (35% of 1200 per month over 3 months)	1.00	3	420	1'260	1'260.00
1.3.	ACT Alliance Coordinator (35% of 1250 over 3 months)	1.00	3	438	1'313	1'312.50
TOTAL PROGRAM STAFF					3'938	3'938
2.3. Water, sanitation & hygiene (WASH)						
2.3.1.	Clean Up Campaigns	1.00	6	2'335	14'000	14'000.00
2.3.2.	Fuel & Vehicle Hire for Clean Up Campaigns	1.00	6	167	1'000	1'000.00
2.3.3.	IEC Materials	1.00	50'000	0.20	10'000	10'000.00
2.4. Health / Nutrition						
2.4.1.	Water deliveries	1.00	88	60	5'280	5'280.00
2.4.2.	Sanitizer Bottles	1.00	800	5	4'000	4'000.00
2.4.3.	Water Treatment Chemicals	1.00	7'632	1	7'632	7'632.00
TOTAL PROGRAM ACTIVITIES					41'912	41'912
3 PROGRAM IMPLEMENTATION						
3.1.	Needs Assessment	1.00	6	300	1'800	1'800.00
3.2.	Communication	1.00	3.00	300	900	900.00
3.3.	accommodation for staff	1.00	8.00	90	720	720.00
3.4.	Meal allowances	1.00	12.00	55	660	660.00
3.5.	Monitoring & evaluation	1.00	12.00	145	1'740	1'740.00
3.6.	Audit	1.00	1.00	2'000	2'000	2'000.00
TOTAL PROGRAM IMPLEMENTATION					7'820	7'820
4 PROGRAM LOGISTICS						
Transport (of relief materials)						
4.1.	Hire/ Rental of Vehicles	1.00	6'000	0.37	2'220	2'220.00
4.2.	Fuel to deliver non food items + training	1.00	375	1.48	555	555.00
4.5.	Fuel for evaluation	1.00	375	1.48	555	555.00
TOTAL PROGRAM LOGISTICS					3'330	3'330
TOTAL DIRECT COST					57'000	57'000
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT						
e.g.	Staff salaries					
	National Director	1.00	3	360	1'080	1'080.00
	Finance and administration Officer	1.00	3	300	900	900.00
	Finance Assistant	1.00	3	160	480	480.00
	Office Operations					
	Office Utilities	1.00	3	88	264	264.00
	Communications					
	Telephone and fax	1.00	3	92	276	276.00
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT					3'000	3'000
TOTAL EXPENDITURE					60'000	60'000
PROPOSED DISPOSITION OF CAPITAL ASSETS at Completion date						
	ITEM - (List each over US\$500)		Actual cost		Disposition	

ACTION

The ACT Secretariat has approved the use of \$ 60,000 towards the budget from its Rapid Response Fund and would be grateful to receive contributions to wholly or partially replenish this payment. Should there be an appeal for this emergency, the RRF payment will be considered as an advance.

For further information please contact:

ACT Regional Representative – Africa, Gezahegn K. Gebrehana (gezahegn.gebrehana@actalliance.org)

ACT Humanitarian Officer-Africa, Caroline Njogu (caroline.njogu@actalliance.org)

ACT website address: <http://www.actalliance.org>

Alwynn Javier

Global Humanitarian Coordinator

ACT Alliance Secretariat