

**BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

**SUCCESS STORY:
MITIGATING CHOLERA IN ZIMBABWE THROUGH COMMUNITY
WATER, SANITATION, AND HYGIENE (WASH) ACTIVITIES**

From August 2008 to July 2009, Africa's largest cholera outbreak in 15 years struck Zimbabwe, resulting in nearly 4,300 deaths and nearly 98,600 cases nationwide. Poorly maintained water and sanitation infrastructure contributed to the scope of the outbreak, and Zimbabwe's fragile health system was unable to treat patients adequately. In response, USAID/OFDA committed more than \$7.3 million in emergency assistance to support the provision of emergency relief supplies, WASH and health interventions, hygiene promotion and social mobilization activities, and humanitarian coordination and information management to improve epidemiological reporting and analysis.



Members of a community sanitation committee in Mzilikazi, a high-density suburb of Bulawayo, stand by a USAID/OFDA-funded water tank (photo by Johns Pierce, USAID/OFDA).

USAID/OFDA has supported WASH activities throughout Zimbabwe since Fiscal Year (FY) 2007, as the increasingly irregular provision of water and sanitation services heightened the potential for the spread of waterborne diseases such as cholera. The case of Bulawayo, Zimbabwe's second-largest city, demonstrates the merits of community-based WASH interventions. For the past several years, Bulawayo has suffered inconsistent water supply and has a sewage system that functions poorly, like most Zimbabwean cities. In 2007, the city suffered a diarrheal disease outbreak as a result of a severe water shortage that prompted relief agencies, including USAID/OFDA, to increase WASH intervention activities. Since 2007, USAID/OFDA-supported programs in Bulawayo have included hygiene promotion activities to raise awareness; social mobilization to increase community reporting of cholera cases and sewage system breaks; distribution of soap and other hygiene supplies; provision of water storage tanks and water containers to schools and houses; and provision of water purification materials for community and household use.

During the cholera outbreak, the metropolitan Bulawayo area recorded 445 cases and only 18 deaths, rates significantly lower than other urban centers. By comparison, Harare, the capital, and Harare's high-density suburbs and dormitory towns recorded nearly 19,600 cases and more than 650 deaths. Several factors played a part in keeping Bulawayo's rates comparatively low; among them were ongoing USAID/OFDA support for WASH activities in Bulawayo.

WORKING WITH LOCAL GOVERNMENT

City officials have noted that without the assistance of USAID/OFDA and other donors, Bulawayo would likely have suffered much higher cholera rates during the 2008/2009 outbreak. On August 13, 2009, Bulawayo Mayor Thaba Moyo stated that "our partners came to our rescue. We managed to keep the figures down—a big achievement as compared to other regions." According to the city's Director of Health Services, Dr. Zanele Hwalina, "a combined effort" helped protect Bulawayo. City councilor James Sithole, representing Makokoba, a high-density suburb, noted that "government cannot win the war against cholera on its own; the war was won because of relief agency involvement."

HYGIENE PROMOTION AND SOCIAL MOBILIZATION TO RAISE AWARENESS

According to Dr. Hwalina, “the reason we managed to control cholera was the very high level of awareness.” Shadreck Khuphe, the U.N. Children’s Fund (UNICEF) WASH coordinator in Bulawayo, noted that social mobilization programs and hygiene awareness programs funded by USAID/OFDA and other relief agencies in 2007 and 2008 meant that residents’ associations “already had the best network for distribution of hygiene promotion materials” once cholera struck. In Mzilikazi, one of the oldest high-density suburbs of Bulawayo, community sanitation committee members organized by USAID/OFDA partners discussed the importance of mobilizing neighborhoods. Committee member Cynthia Shirto noted that “we visit schools, asking about problems of burst pipes, which we report to the local councilor, and we conduct hygiene awareness presentations for students, who in turn teach parents.” Ms. Shirto also noted that once the cholera outbreak began, “we learned that we must not just sit around, but be active for the benefit of the whole community.” In addition, community sanitation committees and residents’ associations help distribute soap and other emergency hygiene supplies supplied by USAID/OFDA and implementing partners. According to Ms. Shirto and others, committee members volunteer up to two hours per day in service of the community.

ONGOING ACTIVITIES TO PROVIDE BACKUP WATER STORAGE

The inconsistent water supply in Bulawayo, due both to general water shortages in the drought-prone region and to leaks and burst pipes, necessitates community water storage. USAID/OFDA has provided ongoing funding for provision of large water tanks to schools, community centers, and the homes of particularly vulnerable inhabitants. On days when water flows in the municipal system, schools and households fill the tanks, providing backup water storage for days when the city taps run dry. According to Letty Mpofu, headmistress of Lozikevi Primary School in Bulawayo’s high-density suburb of Nguboyenja, the availability of backup water means that children need not bring water to school. Ms. Mpofu also noted that the school no longer occasionally cancels the school day for lack of water. Equally important, having a constant supply of clean water for hand-washing and drinking lowers the risk of cholera transmission. USAID/OFDA-funded distribution of hygienic household water containers, such as 20-liter jerry cans, facilitates the storage of clean water.

LOOKING AHEAD

In 2009, Bulawayo’s water and sanitation infrastructure remains poorly maintained and in need of large-scale rehabilitation. As the rainy season—a period when waterborne disease incidence tends to increase—approaches, relief agencies and city officials alike note that while the underlying risk factors for a renewed cholera outbreak have not changed, the levels of awareness and preparation amongst city authorities and humanitarian organizations have increased greatly. As Bulawayo Mayor Moyo stated, “prevention is the best cure.” Hygiene promotion and awareness-raising, social mobilization, soap and hygiene supply distribution, water tank provision, and other WASH programs funded by USAID/OFDA and other donors helped limit Bulawayo’s rate of cholera in 2008/2009. Continued support for the same activities will likely help reduce the risk of cholera transmission in 2009/2010. In FY 2009 to date, USAID/OFDA has committed more than \$8.6 million for WASH programming throughout Zimbabwe to improve community resilience to cholera and other waterborne diseases and to help mitigate a potential recurrence of cholera. The experience of the residents of Bulawayo bears out the wisdom of community-focused WASH programming as a means to limit the scope of a potentially devastating disease.



Residents of Mzilikazi suburb collect water from a USAID/OFDA-funded water tank (photo by Johs Pierce, USAID/OFDA).