

DREF operation



International Federation
of Red Cross and Red Crescent Societies

Zimbabwe: Diarrhoea outbreak

DREF operation n° MDRZW001
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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 258,404 was allocated from the Federation's DREF to support the Zimbabwe Red Cross Society (ZRCS) in delivering immediate assistance to respond to this diarrhoea outbreak. This operation was implemented over one month, and was completed by end-July 2007; a Final Report will be made available shortly.

Summary: This diarrhoea response operation funded by DREF actually took place in June and July, 2007, shortly after the outbreak in May. Due to operational constraints and the situation faced in Zimbabwe, the initial DREF operation bulletin was not issued, and this document is intended to provide the basic information. A DREF final report is expected shortly.

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The situation

In Zimbabwe, diarrhoeal outbreaks occurred in two provinces of Mashonaland West and Midlands in May 2007. Information received from the Ministry of Health and Child Welfare (MoHCW) and local authorities revealed that at least 2,531 cases (mostly children aged under five years) and 37 deaths were recorded within a total urban population of more than 120,000. Further, outbreaks were reported in two Gokwe North and South districts of Midlands province where the first case was recorded around the 18 June 2007 at Msitha in Gokwe north.

The outbreaks were confirmed by the MoHCW, Epidemic Surveillance System through laboratory results from specimens collected at health centres in the province. Statistical information revealed that the diarrhoea cases had increased significantly, with 21 cases recorded by the end of the first week, 173 cases and five deaths by the end of the second week, and 212 cases with ten deaths recorded by 18 July 2007.

The outbreak was attributed to poor sanitation, poor garbage disposal and use of water from unsafe sources. The affected areas are characterised by unprotected water sources and limited sanitary facilities at the household level.

Diarrhoeal Cases: 25 May – 18 July 2007

Province	Districts	Cumulative cases	Cumulative deaths	Mortality Rates
Mashonaland West	Kadoma	2,531	37	1.5%
Midlands	Gokwe North/South	212	10	4.7%
Total		2,743	47	1.7%

Source: MoHCW/ ZRCS July 2007

Coordination and partnerships

In a joint effort between the MoHCW and other organizations (United Nations International Children's Fund (UNICEF), Medecins Sans Frontieres (MSF), the World Health Organisation (WHO), the United Nations Office of Coordination and Humanitarian Affairs (OCHA), Catholic Relief Services, Oxfam and local Red Cross volunteers), activities were delivered such as medical treatment, the distribution of Oral Dehydration Salt/Solution (ORS) and information, education and communication (IEC) materials for health and hygiene promotion as well as provision of safe drinking water. UNICEF also provided water with bowsers at identified focal points.

The MoHCW is responsible for responding to epidemics, and plays a coordinating role by bringing together various stakeholders. The Red Cross with its added advantage of being a community-based organization played a significant role in implementing the necessary activities and information sharing. The ZRCS has effective structures at the grass roots level and is well linked to all coordination structures and very visible through other interventions such as nutritional support to the home-based care (HBC) clients and supplementary food aid distributions. Red Cross support staff members also jointly travelled to affected areas with the MoHCW and environmental health technicians responsible for epidemic control.

Red Cross and Red Crescent action

In response to the outbreak, the Zimbabwe Red Cross Society (ZRCS) conducted an assessment in both provinces and sought funding support to complement government and other stakeholders' efforts in addressing the needs of the affected communities. This complemented government efforts through improved access to adequate safe water in the Mashonaland West and Midlands provinces, reaching 20,000 people within one month. It also activated its provincial and district structures in the affected districts of Gokwe North, South and Kadoma. Red Cross volunteers worked closely with other stakeholders, and provided the much needed local support.

On 19 July 2007, the Federation allocated CHF 258,404 from its Disaster Relief Emergency Fund (DREF) to respond to the needs of this operation.

The needs

The immediate needs included:

- Provision of safe drinking water to the inhabitants of Kadoma and Gokwe North and South districts.
- Health education/promotion for disease prevention and clean latrines in the urban areas.
- Repair of burst sewer system -- a major challenge for most of the local authorities.
- Provision of drugs to complement challenges within the local health centres which include Oral rehydration salts (ORS)
- Water purification using water makers.
- Provision of hygiene and sanitation items.

The target population was the inhabitants of Kadoma urban (50,000 households) and the two districts of Gokwe North (25,000) and Gokwe South (25,000).

The proposed operation

The provision of safe drinking water was conducted alongside health and hygiene education. In addition to water bowsers in the urban setting, aqua tabs (water purification tablets) were distributed in areas where water supplies were contaminated. The rural setting with unprotected shallow wells was targeted with aqua tabs giving priority to those most at risk.

Using the information, educational and communication (IEC) materials, volunteers provided health and hygiene promotion to at least 100,000 people. IEC materials from the MoHCW were reproduced (especially in vernacular for the benefit of the majority of those affected who are illiterate). The local schools were used as a vehicle for distribution of IEC material as children were keen to learn new information, particularly that which affects their own health and that of their household members. The schools were used as a source of information as they provide effective feedback reports from their areas of origin, and this hastens information flow to the responsible authorities ensuring swift reaction.

At least 100 Red Cross volunteers were trained to enhance community-based response, which includes ORS preparation, rehydration and active case finding and making referrals to the appropriate health facilities in the affected districts. In the three districts a total of 100 volunteers were trained: 50 in Kadoma urban and 25 in Gokwe North and South respectively.

How we work	
<p>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.</p> <p>For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at http://www.ifrc.org</p>	
<p>The Federation's Global Agenda The International Federation's activities are aligned with under a 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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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.
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