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ZAMBIA: CHOLERA

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

Period covered by this update: 30 November, 2006 to 10 January, 2007.

History of this Disaster Relief Emergency Fund (DREF)-funded operation:

- CHF 57,213 was allocated from the Federation's DREF on 29 November, 2006 to respond to the needs of this operation. Refer to the [DREF Bulletin](#) for more details.
- This operation is expected to be implemented for three months, and will be completed by February 2007 a DREF Bulletin Final Report will be made available three months after the end of the operation.

This operation is aligned with the International Federation's 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.

Background and current situation

Every year, the onset of the rainy season triggers cholera outbreaks in Zambia. On 15 October 2006, a cholera case was officially recorded at the Lukanga fishing swamps in Mpashi District (Central Province). Though the number of cases later increased, the situation was contained within the month without any fatalities. Another case was reported on 30 October 2006 in Chiengi District, Luapula Province, and by the end of November 2006, a cumulative total of 115 cases and 5 deaths had been recorded.

In addition to cholera, heavy rains in the northern parts of the country, experienced since December 2006, have caused the collapse of over 200 houses and pit latrines in Solwezi and Mpulungu. This situation has presented serious water and sanitation (WatSan) concerns in the affected areas.

Prior to the October 2006 outbreaks, another outbreak had occurred in Lusaka – the capital city – after cases that had started being reported in August 2005 increased. As at 31 January 2006, 2,415 cases (with 21 deaths) had been recorded. By 5 April 2006, the total cases stood at 7,615, of which 5,991 were recorded in Lusaka District alone. The densely populated areas in the capital have very poor sanitation conditions, making them prone to cholera outbreaks. By 7 March 2006, the outbreak had affected six other provinces as follows: Central Province (443 cases), Copper Belt Province (233 cases), Eastern Province (221 cases), Luapula Province (31 cases), North-Western Province (2 cases) and Southern Province (314 cases). For more details on the Zambia Red Cross Society's (ZRCS) response to this previous outbreak, please refer to the [Interim Final Report](#) for DREF operation no. MDRZM001.

Red Cross and Red Crescent action

As part of its preparedness activities, the ZRCS trained volunteers (20 in the Lusaka branch and 25 in Mpulungu branch) on cholera prevention before the onset of the 2006/2007 rainy season. The national society (NS) also developed a cholera contingency plan, covering the period October 2006 to April 2007, and submitted it to the Federation regional delegation in Harare seeking funding support. In line with the contingency plan, a cholera task force, which comprises of 11 members drawn from ZRCS departments and the Federation country delegation, has been formed. The roles of the task force, which is chaired by the disaster management coordinator, are planning, decision making, resource allocation/mobilization, deployment and implementation.

In order to supplement government efforts in cholera mitigation, the International Federation allocated CHF 57,213 from its Disaster Relief Emergency Fund (DREF) to enable the ZRCS respond to the needs of the affected population. With the funding, cholera prevention and mitigation materials such as chlorine, posters, flyers, t-shirts, disinfectants, megaphones, surgical gloves, heavy duty gloves, gumboots, oral rehydration solution (ORS) and water containers were procured for distribution in the areas targeted by the Red Cross intervention.

To build the capacity of its branches to respond to and to mitigate cholera outbreaks, the ZRCS trained 60 volunteers; 20 each in Chiengi, Kapiri Mposhi and Maamba. The NS volunteers have been carrying out awareness campaigns in their local communities by disseminating messages through door-to-door visits, megaphone announcements, distribution of flyers and displaying posters. Chlorine liquid, for chlorinating water for domestic use, is also distributed to households during these visits. The implementation of the activities is supervised by the ZRCS health department.

In an effort to supplement and collaborate with the government, ZRCS distributed some of the cholera prevention supplies in Lusaka through the Ministry of Health (MoH). These supplies included 6,000 bottles of chlorine (each 250ml), 1,000 bars of soap, 4,000 awareness posters and flyers, 1,000 sachets of ORS and 2,000 gloves.



The Secretary General of the ZRCS hands over cholera prevention materials to a Ministry of Health representative.

Table 1: Materials procured and distributed

| Material | Quantity procured | Lusaka (MoH) | Lusaka (Chawama) | Chiengi | Maamba | Kapiri Mposhi | Mpulungu |
|-------------------|-------------------|--------------|------------------|---------|--------|---------------|----------|
| Megaphones | 10 | - | 2 | 2 | 2 | 2 | 2 |
| T-shirts | 60 | - | - | 20 | 20 | 20 | 20 |
| Posters | 3000 | 1,000 | 300 | | | | |
| Flyers | 9,000 | 3,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 |
| Bicycles | 30 | - | - | 10 | 10 | 10 | - |
| Chlorine bottles | 34,000 | 6,000 | - | 8,000 | 8,000 | 8,000 | - |
| Soap (tablets) | 7,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 |
| Bleach (750 ml) | 300 | - | 20 | 20 | 20 | 20 | 20 |
| Heavy duty gloves | 60 | - | 20 | 20 | 20 | 20 | 20 |
| Gum boots | 60 | - | 20 | 20 | 20 | 20 | 20 |
| ORS (sachets) | 5,000 | 1,000 | 600 | 600 | 600 | 600 | 600 |
| Surgical gloves | 7000 | 2,000 | - | - | - | - | - |

Coordination

In response to the outbreak, the cholera task force that was set up at the onset of the disaster has been meeting on a regular basis to plan the response process. The ZRCS has networked with several major stakeholders in the response: the NS is a member of the National Epidemic Preparedness and Coordination Committee, through which all issues regarding epidemics in the country are coordinated; the MoH has provided official cholera statistics and assisted in the distribution of prevention materials; the Society of Family Health, a local non-governmental organization (NGO), donated some chlorine bottles and water containers.

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Constraints

- Inadequate transport at the branch level for sustained community awareness campaigns has been the major set back in the operation implementation.
- The above normal rain the country is receiving is likely to trigger wide spread cholera outbreaks.
- Inadequate emergency stocks made it difficult for a prompt response to the outbreaks.

Recommendations

- There is a need for resources to build the national society's cholera emergency stocks to ensure adequate preparedness and speedy response in case of outbreaks. The cholera contingency plan developed by ZRCS should be fully funded to address this capacity gap.
- There is need for mobilization of adequate transport to enable effective programme implementation at branch level.

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