DREF Bulletin

International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ZAMBIA: CHOLERA

INTERIM FINAL REPORT

No. MDRZM001
1 September 2006

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 Interim Final Report: 14 January to 12 May 2006

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

- **CHF 50,000 was allocated from the Federations DREF on 5 January 2006 to respond to the needs of this operation, or to replenish disaster preparedness stocks distributed to the affected population.**
- **This operation was expected to be implemented in 3 months, and completed by 31 April 2006; in line with Federation reporting standards, the DREF Bulletin Final Report was due 30 days after the end of the operation.** *<Click here to go directly to the attached Interim Financial report>*

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.**

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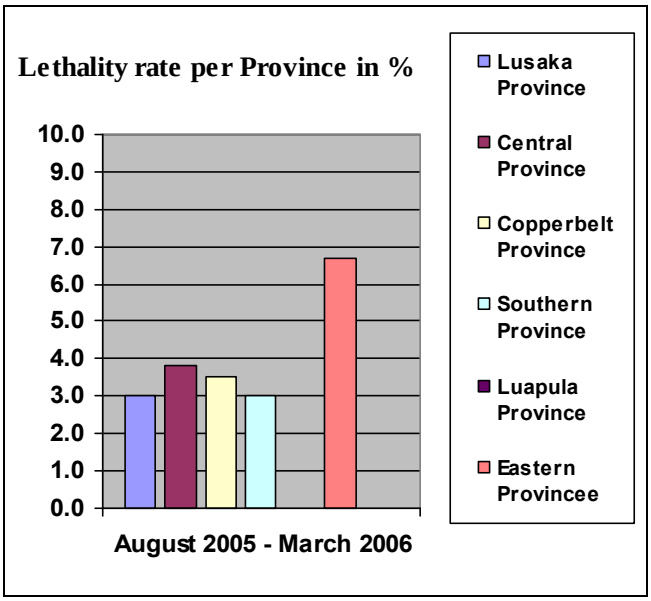
All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at http://www.ifrc.org

Background and summary

Cholera outbreaks occur annually in Zambia mainly due to poor settlement planning in both urban and rural areas, resulting in limited availability and access to basic services such as clean and safe water supply, improved sanitation as well as waste disposal facilities. Just four months after the 2004-2005 epidemic, the country started recording new cholera cases in August 2005. Between 13 August 2005 and 31 January 2006, a total of 2,415 confirmed and suspected cases, with 21 deaths (10 died at cholera centres and 11 were brought in dead) were reported. By 5 April 2006, the total cases stood at 7,615, of which 5,991 cases were recorded in Lusaka District alone. 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).



Source: MoH- Unit of Communicable Diseases - GRZ

To respond to the emergency, the government of Zambia, in collaboration with its partners, identified the following areas for intense interventions:

Preventive measures:

- Provision of safe water;
- Liming and application of enzymes in pit latrines in the affected communities;
- Contact tracing of all the suspected and confirmed cholera cases;
- Disinfection of the affected households;
- Chlorination of shallow wells in the cholera prone areas.

Curative services:

- Establishment of cholera treatment centres (CTCs);
- Human resource mobilization and motivation: nurses and clinical officers were mobilized from the defence forces to assist in the CTCs; they were being paid by Médecins Sans Frontières (MSF);
- Medical and non-medical supplies: these were provided by Ministry of Health (MoH), Zambia Red Cross Society (ZRCS), Society for Family Health (SFH) and MSF;
- General transport: MSF had donated an ambulance for ferrying patients with cholera to the CTCs.

With support from the Federation, the ZRCS mobilized its volunteer network to respond to the epidemic throughout the country. However, the national society (NS), like other organizations, concentrated its response activities in the most affected areas of Lusaka. CHF 50,000 that was allocated from the DREF to enable the operation has been fully utilized by the NS; no Emergency Appeal was launched as no additional financial or technical support was needed.

On 12 May 2006, as the curve of the epidemic had notably dropped, the MoH declared the situation under control. As a result, the ZRCS ended its social mobilization, clean up and water purification campaigns. However, the NS has put its volunteers on standby in case of any new emergency.

Coordination

During the emergency, the ZRCS worked in close collaboration with the government through the Lusaka District Health Management Team (DHMT), Lusaka City Council and Lusaka Water Sewerage Company. Other organizations, such as MSF-Greece, Japanese International Cooperation Agency (JICA), SFH and World Health Organization (WHO) also played an important role in the prevention and control of the epidemic. Collaboration with other partners was ensured through weekly epidemic meetings under the coordination of the Lusaka DHMT.

A total of five CTCs were opened in Lusaka by the MoH; Chawama, Kanyama, Gorge, Central Prison and Railway Clinic health centres. Of the five, two larger CTCs were opened by MSF in order to improve case management in Chawama and Gorge compounds, while the rest were turned into cholera transit centres. MSF was involved in curative activities, while DHMT, JICA and ZRCS were tasked by the MoH to organize and conduct awareness campaigns in all parts of Lusaka using the public address and door-to-door approaches.

Analysis of the operation - objectives, achievements and impact

Prioritizing Red Cross cholera control interventions

ZRCS donated cholera kits to the MoH, in Lusaka, on 14 January 2006.

Assessments were carried out in Kapiri Mposhi, Luanshya and Mazabuka where cases were recorded. It was found that the cholera situation was under control, with only a few cases being admitted. The focus was thus put on Lusaka where data from the MoH showed that the capital city was the most affected.

Strengthening cholera response capacity of the MoH

To help fill the gaps in available cholera control resources, and based on official request from the MoH, disinfection materials for pit latrines, protective clothing and other medical supplies to the value of CHF 16,400 were procured and donated to Lusaka and Luanshya DHMTs. The donations were done on 14 and 15 January 2006 respectively.

Raising community awareness in affected areas

The ZRCS started by alerting trained volunteers in the branches about the outbreak. In order to maximize this activity, 1,000 leaflets containing cholera prevention messages were produced and distributed to households, market places and schools in the affected communities. Five drama performances were conducted in market places and affected communities. 2,434 households (7,389 people) were reached through door-to-door sensitization campaigns on hygiene promotion and cholera prevention. This was conducted by Red Cross volunteers within the period of the operation.

Social mobilization for full community participation in the control and prevention of further spread of cholera

During the sensitization campaign, the communities were taught the importance of boiling or chlorinating drinking water, protecting food from flies, eating freshly prepared food, washing hands with soap before eating and after using the toilet, cleaning of surroundings, proper waste disposal and usage of the toilet. A change was noted in the behaviour of people towards the use of toilets and maintaining households. The surroundings were noted to be cleaner than before the sensitization and people were requesting for more chlorine. Those who were using water from shallow wells started using water from taps put up by JICA.

Cholera prevention in refugees' settlements

Community sensitization, provision of hygiene materials and clean up of Makeni refugee transit centre in Lusaka were done to benefit approximately 800 refugees who pass through the centre every year. The water pumping and distribution system as well as the soak away systems have been completely rehabilitated and expanded in order to minimize the risk of cholera outbreaks and the occurrence of other waterborne diseases in the transit centre.

Strengthening the capacity of the ZRCS

15 volunteers from Lusaka branch of the ZRCS were trained in first aid with emphasis on cholera control and prevention, preparing them to help intervene in the emergency. Some 10 volunteers equally participated in workshops organized by the DHMT on effective door-to-door sensitization.

The ZRCS stock of cholera response equipment and material was replenished with the procurement of chlorine, disinfectants, soap, examination gloves, face masks, gum boots, dust coats, rain coats, buckets, sprayers as well as identification material such as Red Cross shirts and caps.

Impact

ZRCS volunteers participate in the " Keep Makeni Refugee Transit Centre free from cholera" campaign in Lusaka.

There has been improvement in the surroundings of most of the areas where sensitization campaigns were done. For example, water points that were uncovered before have been covered. Also, residents are now boiling drinking water and many households are calling on the DHMT and JICA to increase the disinfection of water points and toilets. Furthermore, chlorine sales at health centres have increased.

Cholera prevention and control capacity of the ZRCS volunteers has been upgraded. However, more network building activities should be implemented in order to maximize the NS's cholera alert mechanisms.

Networking with the MoH and other partners, such as MSF, has also improved. Efforts made by partners have contributed to managing the outbreak efficiently.

Constraints

The lack of appropriate transport to handle cholera cases hampered the tracing of the outbreak and referral activities. However, other stakeholders such as MSF were able to provide some transportation means for the cases identified by the ZRCS volunteers, which helped in alleviating this problem.

People living in the areas most at risk, such as unplanned settlements without clean water and toilets and with poor drainages, were sometimes reluctant to absorb Red Cross volunteers' messages on behaviour change. This attitude, which may be explained by the lack of resources or alternatives, will continue to hamper cholera prevention and control initiatives throughout the country, especially in Lusaka.

Another factor of risk is the lack of mechanisms for regular inspections of eating and drinking places, general dealer shops, schools and markets to ensure adherence to health standards as provided for by the Health, Food and Drugs Act.

Promoting Red Cross/Red Crescent Principles

The response has helped to propagate the Fundamental Principle of humanity in so far as it was aimed at alleviating human suffering without any form of discrimination. Voluntary service was shown by the involvement of Red Cross volunteers throughout the operation.

Lessons learnt

In order to reduce the risk of cholera outbreaks, and also to maximize the impact of the ZRCS cholera intervention, it is necessary to help the NS develop a comprehensive cholera preparedness plan which should focus on:

- Continuous community sensitization on hygiene promotion in the framework of improved ZRCS integrated community-based programmes;
- Mapping of areas most at risk and pre-positioning of volunteers kits;
- Joint training of district health staff and ZRCS volunteers (action teams) in order to create synergies at all levels and harmonize information, education and communication (IEC) materials and strategies in communities most at risk;
- Developing and regularly updating cholera related databases and procedures.

Special note: This Interim Final Report is being issued with an interim financial report. A Final Report, comprising of the final financial report and this narrative, will be issued in due course.

Interim financial report below; Click here to return to the title page or contact information

International Federation of Red Cross and Red Crescent Societies

MDRZM001 - ZAMBIA CHOLERA

Interim financial report

Selected Parameters	
Reporting Timefrar	2006/1-2006/5
Budget Timeframe	2006/1-2006/5
Appeal	MDRZM001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		0				0
B. Opening Balance		0				0
Income						
Reallocations (within appeal or from/to another appeal)						
DREF		50'000				50'000
C3. Reallocations (within appea		50'000				50'000
C. Total Income = SUM(C1..C6)		50'000				50'000
D. Total Funding = B +C		50'000				50'000

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		50'000				50'000
E. Expenditure		-45'434				-45'434
F. Closing Balance = (B + C + E)		4'566				4'566

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Reporting Timefrar	2006/1-2006/5
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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL	
	A						B	A - B
BUDGET (C)			0				0	
Supplies								
Clothing & textiles			915				915	-915
Water & Sanitation			5'322				5'322	-5'322
Medical & First Aid			8'604				8'604	-8'604
Total Supplies			14'842				14'842	-14'842
Transport & Storage								
Storage			27				27	-27
Transport & Vehicle Costs			2'279				2'279	-2'279
Total Transport & Storage			2'306				2'306	-2'306
Personnel Expenditures								
National Staff			236				236	-236
National Society Staff			14'974				14'974	-14'974
Total Personnel Expenditures			15'210				15'210	-15'210
Workshops & Training								
Workshops & Training			1'001				1'001	-1'001
Total Workshops & Training			1'001				1'001	-1'001
General Expenditure								
Travel			467				467	-467
Information & Public Relation			6'238				6'238	-6'238
Office Costs			2'418				2'418	-2'418
Total General Expenditure			9'122				9'122	-9'122
Program Support								
Program Support			2'953				2'953	-2'953
Total Program Support			2'953				2'953	-2'953
TOTAL EXPENDITURE (D)			45'434				45'434	-45'434
VARIANCE (C - D)			-45'434				-45'434	