



ZAMBIA: CHOLERA FINAL REPORT

DREF Bulletin no. MDRZM003

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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 Final Report: December 2006 to February 2007.

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

- CHF 57,213 allocated from the Federation's DREF on 29 November 2006 to respond to the needs of this operation (refer to [DREF Bulletin no. MDRZM003](#) for more details).
- [DREF Bulletin, Update no. 1](#) was issued on 15 January 2007.
- This operation was implemented in three months, and was completed by 28 February 2007.

[<Click here to go directly to the attached final financial report>](#)

For longer-term programmes, please refer to the Federation's Annual Appeal.

Background and Summary

Every year, the onset of the rainy season triggers cholera outbreaks in Zambia, especially in densely populated areas that have poor sanitation conditions. On 15 October 2006, a cholera case was officially reported at the Lukanga Fishing camp in Kapiri Mposhi district (Central province). The number of cases later increased and the situation deteriorated; by the end of November 2006, a cumulative total of 115 cases and five deaths had been recorded.

The October 2006 outbreak occurred just as Zambia was recovering from the effects of an earlier outbreak which had affected the country during the 2005/2006 rainy season. The earlier outbreak had mostly affected the country's capital, Lusaka, with 5,991 cases recorded in the capital alone by 5 April 2006. Later, other provinces were affected 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).

Red Cross and Red Crescent Action

As part of its preparedness plan, the Zambia Red Cross Society (ZRCS) had trained some of its volunteers on cholera prevention before the onset of the 2006/2007 rainy season. The National Society also developed a cholera contingency plan, covering the period October 2006 to April 2007, and submitted it to the Federation zone office in Harare for funding. In line with the contingency plan, a multidisciplinary cholera task force was formed. Among the roles of the task force were planning, resource mobilization and coordination.

To enable the ZRCS respond to the needs of the people affected by the October 2006 outbreak, the International Federation allocated CHF 57,213 from its Disaster Relief Emergency Fund (DREF). With Federation support, the National Society procured cholera prevention and mitigation materials for distribution in areas targeted by the Red Cross intervention. The materials included chlorine solutions, posters, flyers, t-shirts, disinfectants, megaphones, surgical gloves, heavy duty gloves, gumboots, oral rehydration salts (ORS) and water containers.

Coordination

The overall cholera prevention/response operation was coordinated by the National Epidemics Preparedness, Prevention, Control and Management Committee of the Ministry of Health (MoH). The committee, of which ZRCS is a member, was represented in all affected provinces by district health management teams. Other stakeholders who contributed to the coordinated response included the Lusaka City Council, Society for Family Health (SFH), Zambia Police, the Japanese International Cooperation Agency (JICA) and Médecins Sans Frontières (MSF).

Among other activities, the different stakeholders supported the following:

- MSF assisted district health management teams in putting up and managing cholera treatment centres.
- ZRCS and JICA worked closely with district health management teams in the provision of chlorine solutions, water treatment and monitoring. SFH, a local non-governmental organization (NGO), also donated some chlorine bottles and water containers.
- JICA supported the construction of ventilation improved pit (VIP) latrines in public places.
- ZRCS, JICA, Lusaka City Council, SFH and Zambia Police supported the district health management teams to conduct awareness campaigns aimed at promoting cholera prevention and control. To facilitate the campaigns, information, education and communication (IEC) materials were produced.

Analysis of the operation - objectives, achievements and impact

The Zambia Red Cross Society intervention focused on the following districts: Chiengi (Luapula province), Kapiri Mposhi (Central province), Maamba (Southern province), Mpulungu (Northern province) and Lusaka. Some of the activities conducted under the National Society's response included distribution of domestic chlorine solutions, awareness rising through door-to-door sensitization method, distribution of posters and flyers bearing cholera messages, training of volunteers and logistical support.

Awareness rising: Sixty Red Cross volunteers were trained (20 each in Chiengi, Kapiri Mposhi and Maamba districts) to raise awareness of community members on cholera. The volunteers promoted cholera prevention and control and conducted hygiene education through door-to-door sensitization and public events. A total of 2,000 households were reached with door-to-door sensitization and more than 3,000 people benefited from public information campaigns. Awareness posters and flyers were distributed to 4,000 people.

Social mobilization: To control further spread of cholera and to promote prevention, social mobilization was conducted with full participation of the affected communities. Members of the communities were taught about the importance and techniques of chlorinating and boiling drinking water, washing hands with soap before eating and after using the toilet, covering food, eating warm food, cleaning their surroundings, dumping waste in designated area, and proper use of toilets. A total of 6,780 bottles of domestic chlorine solutions (250ml each), 1,000 tablets of soap, 1,000 sachets of ORS and 2,000 gloves and were distributed to more than 5,000 households (30,000 people) by ZRCS volunteers in collaboration with the Ministry of Health. In addition, most people who were using water drawn from shallow wells are now benefiting from taps put up by JICA.

Capacity building: To strengthen the capacity of ZRCS branches in affected area, 60 volunteers from Red Cross branches were trained in community-based first aid and cholera interventions. Additionally, in line with its contingency plan, the ZRCS pre-positioned 5,000 bottles (each 250ml) of domestic chlorine solution and protective clothing for volunteers. The National Society continues to participate in epidemic preparedness and management technical groups at national and district levels.

Impact

There is a remarkable improvement in hygiene and sanitation conditions in most areas where sensitization was conducted by the Red Cross. In addition, the demand for household chlorine solutions has increased in districts reached with sensitization messages by the Red Cross, thus indicating that more people are treating drinking water.

Statistics have shown a reduction in the number of cholera cases in 2007, as compared to 2006, particularly in areas where the ZRCS had started sensitization campaigns even before the cholera outbreaks were reported. The reduction can be attributed to efficient prevention and control mechanisms that were put in place following the awareness rising done by the Red Cross and Ministry of Health. The relationship between ZRCS and other stakeholders, at headquarters and branch levels, has been strengthened through coordination. As a result, the number of trained ZRCS volunteers being incorporated into district disaster management committees has increased.

Constraints

Household poverty, poor drainage systems, lack of proper sanitation facilities and a lack of safe and clean water in unplanned settlements continue to compromise efforts to minimize the risks of cholera outbreaks in the country. In addition, the lack of proper ambulance service in the country negatively impacted on the quality of the referral system put in place; in some instances, it was difficult to transfer cholera patients to treatment centres due to the limited number of ambulances.

Assessment and lessons learnt

Though the overall response to the emergency was efficient and effective, there is a need for all stakeholders – including the ZRCS – to make a decisive shift from routine response interventions to addressing the root cause of cholera outbreaks in communities at risk. In particular, though the ongoing ZRCS long-term WatSan projects will contribute greatly to improving access to clean and safe water as well as proper sanitation in four districts of Southern and the Eastern provinces, it is recommended that the National Society extends its integrated WatSan programming to districts prone to cholera outbreaks.

The involvement of district health staff in training workshops for ZRCS volunteers helped in harmonizing the education messages taken to communities by the volunteers and district health management teams. This partnership however needs to be structured and expanded to all districts where the ZRCS has branches.

How we work

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 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>

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".

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.

Contact information

For further information specifically related to this operation please contact:

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<[Financial report below; Click here to return to the title page](#)>

International Federation of Red Cross and Red Crescent Societies

MDRZM003 - ZAMBIA - CHOLERA

Final Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2007/6
Budget Timeframe	2006/1-2007/6
Appeal	MDRZM003
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		57'213				57'213
B. Opening Balance		0				0
Income						
Cash contributions						
DREF		-644				-644
C1. Cash contributions		-644				-644
Reallocations (within appeal or from/to another appeal)						
DREF		57'213				57'213
C3. Reallocations (within appeal)		57'213				57'213
C. Total Income = SUM(C1..C6)		56'569				56'569
D. Total Funding = B + C		56'569				56'569

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		56'569				56'569
E. Expenditure		-56'569				-56'569
F. Closing Balance = (B + C + E)		0				0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		57'213					57'213	
Supplies								
Clothing & textiles	4'533		2'471				2'471	2'062
Water & Sanitation	6'000		6'361				6'361	-361
Medical & First Aid	1'200		12'514				12'514	-11'314
Utensils & Tools	4'150							4'150
Other Supplies & Services	7'420							7'420
Total Supplies	23'303		21'347				21'347	1'956
Land, vehicles & equipment								
Vehicles	4'500							4'500
Computers & Telecom	1'670							1'670
Total Land, vehicles & equipme	6'170							6'170
Transport & Storage								
Storage			3'777				3'777	-3'777
Transport & Vehicle Costs	5'667		5'835				5'835	-168
Total Transport & Storage	5'667		9'612				9'612	-3'945
Personnel Expenditures								
National Society Staff	5'940		3'943				3'943	1'997
Total Personnel Expenditures	5'940		3'943				3'943	1'997
Workshops & Training								
Workshops & Training	6'514		6'621				6'621	-107
Total Workshops & Training	6'514		6'621				6'621	-107
General Expenditure								
Travel	2'400		713				713	1'687
Information & Public Relation	2'000		10'331				10'331	-8'331
Office Costs	500		190				190	310
Communications	1'000							1'000
Financial Charges			76				76	-76
Other General Expenses			59				59	-59
Total General Expenditure	5'900		11'369				11'369	-5'469
Program Support								
Program Support	3'719		3'677				3'677	42
Total Program Support	3'719		3'677				3'677	42
TOTAL EXPENDITURE (D)	57'213		56'569				56'569	644
VARIANCE (C - D)			644				644	