

INFORMATION 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 OUTBREAK

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Disaster Relief Emergency Fund (DREF) Allocated: CHF 50,000

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 181 countries. For more information: www.ifrc.org

In Brief

This document is being issued based on the needs described below reflecting the information available at this time. A DREF allocation of CHF 50,000 has been released. Unearmarked funds to repay DREF are needed. Based on further updates and details from assessment, the Federation will consider international support through an appeal.

The Situation

The [Zambia Red Cross Society](#) continues complementing the efforts of the government in the fight, control and prevention of further spread of the cholera epidemic in Lusaka, Lupula and Northern provinces of Zambia. This is being done in close collaboration with the Ministry of Health. The index case was reported on 28 November 2003 at Kanyama health centre and is linked to a woman who travelled from Luwingu in October and developed diarrhoea and vomiting upon arrival at Lusaka bus terminus.

As of 9 January 2004, Lusaka district recorded 1,173 cumulative cholera cases with 38 deaths; 25 deaths occurred at the treatment centres while 13 were brought in dead. The fatality rate for cholera cases is currently 2.3%. Lusaka district is the worst affected and cases are ever on the increase. The statistics for cholera cases, deaths and those brought in dead are reflected below.



A dehydrated cholera patient receiving medical attention at Kanyama clinic in Lusaka.

Cholera Cases as reported in Lusaka district

Treatment Centre	Cholera Cases	Deaths	Brought in dead
Kanyama	300	7	5
Matero main	243	2	1
Kalingalinga	133	6	4
Chelstone	40	1	0
Chawama	156	5	2
Chilenge	60	2	0
Chingwere	241	2	1
Total	1,173	25	13

Other towns that reported Cholera cases

Town	Cholera Cases	Deaths	Deaths
Livingstone	1	0	0
Mumbwa	5	0	0
Kafue	3	0	2
Chongwe	3	0	0
Total	12	0	2

With the increase in number of cholera cases the Lusaka district health management team (LDHMT) is appealing for consented efforts from all stakeholders and partners to control the epidemic. The increase in cases has led to increased consumption of material and human resources.

The underlying causes of cholera based on the assessment done by LDHMT, include the use of water from contaminated sources such as shallow wells located relatively close to toilets and in most cases overflowing. The Lusaka water and sewerage distribution system is characterized by bursting old water distribution pipes. According to LDHMT field staff, most people interviewed do not maintain standards for chlorine content (ration of chlorine to water), thereby reducing effectiveness in water treatment. There is also poor personal and environmental hygiene, waste disposal, uncollected garbage, overcrowding in poor housing structures and spatial allocation of plots and houses. Cholera is also spread through the mouth caused by using common eating or drinking vessels with infected people. There is low awareness of the severity of the disease in affected communities.

[Click here to access Information Bulletin no. 1/2003 \(Zambia: Cholera Outbreak\) dated 10 October 2003.](#)

Red Cross and Red Crescent action

The Zambia Red Cross has continued with volunteer mobilization and training through its branches to respond to the outbreak. The national society formed a taskforce and developed operation structures which are narrowed into the more affected areas of Kanyama, Matero and Kalingalinga. There are six operating zones with an average of ten volunteers and a team leader. A coordinator, who is a member of the taskforce, is supervising the zones. The Zambia Red Cross conducted a one-day volunteers' workshop on cholera transmission routes and prevention measures on 27 December 2003 at a local school in Lusaka. It attracted 40 volunteers. The national society has also sent out messages to sensitize the affected communities. Volunteers and staff have been deployed in affected areas and are working on awareness and prevention. The volunteers have also continued their sensitization work in the affected communities through health talks to small groups in communities, markets, other social gatherings and distribution of IEC material.

Zambia Red Cross released the initial DREF funding of CHF 50,000 covering the affected areas and the assessment report was prepared and shared with all stakeholders. The national society has donated the below tabulated items to the LDHMT, to be used in alleviating the effects of cholera in the most affected areas.

Item	Quantity
Blankets	60 pieces
Bed pans	30 pieces
Water Containers	60
Metal cups	600
Tents	6
Chlorine tablets	372

Zambia Red Cross has also provided transport for logistical purposes in serving the affected areas and distributing emergency preparedness relief materials (EPR).

The field assessment of the LDHMT/Zambia Red Cross indicated the short supply of vital material such as intravenous fluid, oral dehydration salts for the patients. As the cholera cases are on the increase the national society will mobilize more staff and volunteers to assist with contact tracing and awareness campaigns. Due to weak Red Cross structures in some of the affected areas it has been difficult to mobilize volunteers given the limited resources to cover volunteer incentives and sustainability. Shortage of space at treatment centres led to the

need of more beds and tents, cholera kits and related material. The national society is also struggling to cover all the affected districts due to inadequate transport and fuel. It is expected that a balance of CHF10,000 from the initial DREF allocation will be used to cover the needs described above. As the situation evolves, and with increased needs, there may be a need to launch an appeal.

Coordination

Zambia Red Cross carried out field assessments and has established links with the other community based organizations (CBO) such as neighbourhood health committees, community health workers and hygiene promoters that are on the ground. Through the cooperation with the LDHMT and CBOs, there are joint strategies and pooling of resources coordinated through daily task force meetings. CBOs also actively participate in public awareness system, door-to-door sensitization and also awareness campaigns targeting mothers with children less than five years.

The Zambia delegation continues to support the Zambia Red Cross in resource mobilization, coordination and management of field activities. The Federation relief coordinator is specifically assigned relevant tasks to support the national society in this fighting controlling and preventing the spread of cholera.

For a full description of the National Society profile, see www.ifrc.org/where/country/check.asp?countryid=12

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org/where/>

For further information on Cholera, please refer to www.ifrc.org/what/health/archi/fact/fcholera.htm

For longer-term programmes, please refer to the Federation's [Annual Appeal no. 01.19/2004 for Zambia](#).