

# 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

## SOUTHERN AFRICA: CHOLERA

6 June 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 183 countries.*

### In Brief

This Bulletin is being issued for information only, and reflects the situation and the information available at this time (in Angola, Malawi, Mozambique, Zambia and Zimbabwe).

Activities undertaken are 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.

#### For further information specifically related to this operation please contact:

- **In Angola:** Dr Aleixo Goncalves, Secretary General, Angola Red Cross, Luanda ; Email: [cruzvermelha@netangola.com](mailto:cruzvermelha@netangola.com); Phone: +244.2.33.39.91; Fax: +244.2.39.11.70
- **In Angola:** Martin Acosta, Programme Coordinator, Angola Delegation, Luanda; Email: [martin.acosta@ifrc.org](mailto:martin.acosta@ifrc.org); Phone: + 244.222.372.868; Fax: +244.222.372.868
- **In Malawi:** Lawson Kasamale, Secretary General, Malawi Red Cross Society, Lilongwe; Email: [mrcs@eomw.net](mailto:mrcs@eomw.net); Phone +265.1.77.52.90; Fax +265.1.77.55.90
- **In Mozambique:** Fernanda Teixeira, Secretary General, Mozambique Red Cross Society, Maputo, Email: [fernanda.teixeira@redcross.org.mz](mailto:fernanda.teixeira@redcross.org.mz); Phone +258.21.497.721 ; 258.1.490.943; Mobile +258.82.31.16.25; Fax +258.1.497.725
- **In Zambia:** Sam Phiri, Secretary General, Zambia Red Cross Society, Lusaka; Email: [zrcs@zamnet.zm](mailto:zrcs@zamnet.zm); Phone: +260.1.25.36.61, +260.1.25.22.18; Fax: + 260.1.25.22.19
- **In Zambia:** Stephen Omollo, Head of Zambia Delegation, Lusaka; Email: [stephen.omollo@ifrc.org](mailto:stephen.omollo@ifrc.org); Phone: +260.1.25. 23.56, +260.1.25.40.74; Fax:+260.1.25.22.19
- **In Zimbabwe:** Emma Kundishora, Secretary General, Zimbabwe Red Cross Society, Harare; Email: [ekundishora@comone.co.zw](mailto:ekundishora@comone.co.zw); Phone: +263.4.332.638; +263.4.332.197; Fax +263.4.335.490
- **In Zimbabwe:** Françoise Le Goff, Head of Southern Africa Regional Delegation, Harare; Email: [françoise.legoff@ifrc.org](mailto:françoise.legoff@ifrc.org); Phone: +263.4.70.61.55, +263.4.72.03.15; Fax: +263.4.70.87.84
- **In Geneva:** Terry Carney, Federation Regional Officer for Southern Africa, Africa Dept., Geneva; Email: [terry.carney@ifrc.org](mailto:terry.carney@ifrc.org); Phone: +41.22.730.42.98, Fax: +41.22.733.03.97

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>*

## The situation

Since the beginning of the rainy season in November 2005, Angola, Malawi, Mozambique, Zambia and Zimbabwe have reported outbreaks of cholera; a gastrointestinal disease that is contacted by human beings mainly through eating food and drinking water contaminated with bacterium vibrio cholerae. The common causes of the spread of cholera in the affected countries are poor sanitation and lack of clean and safe water. Historical factors such as prolonged civil wars and poor infrastructural development – including in the health delivery systems – have overwhelmed local health authorities of countries such as Angola, Zimbabwe and Zambia. Some of the affected areas are inaccessible due to poor infrastructure and communication networks. The need to prevent and control cholera has driven governments to call upon humanitarian agencies to assist. Below is a summary of the situation in each of the affected countries.

### Angola

According to the World Health Organization (WHO), from 19 February to 23 May 2006, Angola reported a total of 38,897 cases of cholera (with 1,437 deaths) in 12 out of its 18 provinces, translating into a mortality rate of 2.3%. The outbreak was first detected in the Luanda District of Boa Vista on 13 February 2006; the capital, Luanda, has been hardest-hit. Control activities have been a challenge due to the precarious water and sanitation (WatSan) situation, particularly in poor communities in urban areas. Heavy rains, compounded by poor living conditions, depleted sanitation facilities and insufficient supply of clean water, aggravated the situation. Luanda is characterized by numerous slums that are largely inhabited by people displaced during the devastating 27-year civil war that ended in 2002. Overcrowding and appalling sanitation in the slums fuelled the quick spread of the waterborne disease. Despite efforts by the government, the Angola Red Cross and other stakeholders to control and prevent the spread of cholera, containing the outbreak has become more difficult as it has now spread to 12 provinces. The number of cases and deaths are increasing on a daily basis; the figures indicated in the tables below bear testimony to that fact.

**Table 1: Cases of cholera in Angola (from 13 February to 23 May 2006).**

Province	Cumulative Cases	Cumulative Deaths	Mortality rates (%)
Bengo	2,106	89	4
Benguela	7,565	489	6
Bie	7	3	43
Kwanza Norte	3,587	181	5
Kwanza Sul	736	91	12
Luanda	19,957	266	1
Huambo	15	5	33
Huila	591	58	10
Lunda Norte	159	52	33
Malange	3,935	192	5
Uige	53	6	11
Zaire	186	5	3
<b>Total</b>	<b>38,897</b>	<b>1,437</b>	

Source (WHO/Angola Red Cross)

### Malawi

Cholera cases were first reported in Blantyre, in the southern parts of Malawi. A total of 616 cholera cases have been reported since the beginning of the year.

From 16 January 2006, persistent heavy rains caused flooding in the southern districts of the country causing considerable damage to WatSan facilities (especially boreholes), forcing people to use contaminated and unsafe water. A considerable number of latrines also collapsed, forcing people to use the nearby bushes and the surroundings for defecation. It was anticipated that the flooded districts would also be affected by cholera. The Malawi Red Cross Society was assisted with the Federation's Disaster Relief Emergency Funds (DREF) to respond to the emerging disaster.

## Southern Africa: Cholera; Information Bulletin no. 1/2006

**Table 2: Cases of cholera in Malawi as at 18 May 2006.**

Districts	Cumulative Cases	Cumulative Deaths	Mortality rate (%)
Balaka	22	0	0
Blantyre	300	3	1
Dedza	89	0	0
Mangochi	195	1	0
Salima	6	0	0
<b>Total</b>	<b>612</b>	<b>4</b>	

Source (WHO/Malawi Red Cross Society)

### Mozambique

Cholera has become endemic in Mozambique. A total of 3,723 cases (with 8 deaths) have been reported since the beginning of 2006; this translates to a mortality rate of 0.5%. Four districts – Marromeu, Caia, Dondo, and Beira City– in Sofala Province were the worst affected. The cholera outbreak further spread to other provinces such as Nampula, where Mozambique Red Cross Society currently has an ongoing operation to control the spread.

**Table 3: Cases of cholera in Mozambique as at 24 May 2006.**

Province	Confirmed Cases	Cumulative Deaths	Mortality Rate (%)
Manica	82	0	0
Nampula	1,771	11	1
Sofala	3,061	11	1
Zambezia	778	5	1
<b>Total</b>	<b>5,692</b>	<b>27</b>	

Source (WHO/Mozambique Red Cross Society)

In March, 12 cholera treatment centres (CTCs) were opened by the government, one centre for each of the districts where cholera cases were reported. The provinces without reported cholera cases are developing preventive strategies and plans of action. They are also promoting proper hygiene and health practices. Ongoing government interventions include:

- Information dissemination through radio, television and print media regarding prevention and control of cholera;
- Treatment in local health centres and CTCs, where oral dehydration salts (ORS) and intravenous treatment are available;
- Epidemiological surveillance and periodical information about the epidemic situation;
- Coordination of all activities carried out by the non-governmental organizations (NGOs) in response to cholera.

### Zambia

By end of February, the 21 affected districts had reported a total of 5,376 cholera cases, 125 deaths and 19 brought in dead (BID). The first case was reported in the slum areas of Lusaka city, followed by some from the Southern Province. Other provinces remained relatively quiet with only Kabwe District in Central Province recording sporadic new cholera cases. In Lusaka District, at least 50 people were admitted at the local hospital on a daily basis. The government of Zambia intensified response interventions by calling in other sector agencies to provide preventive measures and curative services.

**Table 4: Zambia cholera update as at 7 February 2006**

Province	Cumulative Cases	Cumulative Deaths	Mortality Rate (%)
Central	443	7	1
Copperbelt	142	5	1
Eastern	108	7	6
Luampula	27	0	0
Lusaka	4,356	116	3
North Western	2	1	50
Southern	298	8	3
<b>Total</b>	<b>5,376</b>	<b>144</b>	

Source (WHO/Zambia Red Cross Society)

## Southern Africa: Cholera; Information Bulletin no. 1/2006

The response activities by government and other agencies include:

- Establishing five CTCs in Lusaka, with one reserved for pregnant women;
- Mobilizing and motivating human resources, e.g. nurses and clinical officers, to assist at the CTCs. They are mobilized from the Defence Forces and paid by Médecins Sans Frontières (MSF);
- Providing medical and non-medical supplies;
- MSF donated an ambulance for ferrying cholera patients to CTCs.

### Zimbabwe

Cholera outbreaks have been reported in eight of the ten provinces in both rural and urban settlements of Zimbabwe. By mid-May 2006, a total of 980 cases were reported (with 73 deaths) countrywide, this translates to a mortality rate of 6.4%. The government has established curative and control interventions in the affected areas. However, the Ministry of Health (MoH) is facing challenges due to lack of vehicles for monitoring as well as shortage of drugs and human resources. Reports from the MoH indicate that cholera outbreaks are under control in six of the provinces except for Mashonaland West and Mashonaland Central.

According to the MoH, cholera was caused by dirty flooded waters due to heavy rains that contaminated unprotected wells and other sources of drinking water in the rural areas; such as the two districts of Chikomba and Buhera. Buhera District of Manicaland Province is dominated by a religious sect whose followers do not believe in seeking hospital treatment. Therefore, a combination of shortages of drugs and the fact that some of the people in Buhera who were infected with the disease did not seek treatment, contributed to the high number of deaths in the province. The MoH established cholera treatment camps and is conducting intensive social mobilization in the districts.

In Harare, all cholera cases were reported from the high-density suburbs which are overcrowded and have poor sewerage, water reticulation systems and garbage disposal facilities. Unauthorised fruit and vegetable vending from unhygienic places is prevalent in these areas. Additionally, the crippling economic situation characterised by hyperinflation (over 1000 per cent), lack of foreign currency and erratic supply of fuel has led to the deterioration of the municipality services such as water supply and garbage collection.

Guruve District in Mashonaland Central province reported 23 cases with 13 deaths, of which 2 died in the hospital whilst 11 died in the community. The deaths occurring in the community were due to lack of information, medical advice and sensitization on the disease. The illnesses and deaths were not reported to health authorities until one person died from cholera in hospital. Kariba town in Mashonaland West Province (also with poor sanitation) reported 3 deaths on 26 May 2006. The summary of cumulative cholera cases, as provided by the MoH on 18 May 2006, is outlined in the table below.

**Table 5: Zimbabwe cholera update as at 18 May 2006**

Province	Cumulative Cases	Cumulative Deaths	Mortality rate (%)
Harare	78	4	5
Manicaland	273	14	5
Mashonaland Central	44	13	30
Mashonaland East	387	22	6
Mashonaland West	28	4	14
Masvingo	31	11	35
Midlands	139	5	4
<b>Total</b>	<b>980</b>	<b>73</b>	

Source (WHO/Zimbabwe Red Cross Society)

### Red Cross and Red Crescent action

The Federation regional delegation in Harare assisted the affected national societies to access DREF for the targeted operations. Below are the activities that were supported through DREF.

#### Angola

A total of CHF 200,165 was allocated to the ARC from the Federation's DREF to enable it to respond effectively and efficiently to the cholera outbreak. Following increasing needs, a Preliminary Emergency Appeal was launched on 18 May 2006 to assist some 12,500 beneficiaries for four months. For the DREF Bulletin, the DREF Updates and the Preliminary Emergency Appeal, [click here to visit the page for Angola on the Federation website](#).

## Southern Africa: Cholera; Information Bulletin no. 1/2006



The DREF allocation enabled the ARC to conduct social mobilization in ten provinces, beginning with Luanda, which had over 50 per cent of cholera cases. A member of the Regional Disaster Response Team (RDRT) was deployed from Mozambique.

*Photo: An ARC volunteer sensitizing communities on health hygiene and cholera prevention.*

In response to the priority needs for water supply and adequate sanitation, the Federation regional delegation deployed the regional WatSan officers to assist the ARC with social mobilization, health and hygiene promotion and water chlorination.

### Malawi

Following a spate of flooding in southern Malawi, on 31 January 2006, the Federation allocated CHF 99,826 from DREF to enable the Malawi Red Cross Society to assist the affected communities with shelter and WatSan interventions. Refer to <http://www.ifrc.org/docs/appeals/06/MDRMW001.pdf> for the DREF Bulletin.

With the DREF funds, the national society was able to carry out the following activities:

- Conducting needs assessments in the affected areas;
- Ensuring emergency stocks are available and processing all logistical requirements for transporting relief items;
- Supporting the government in responding to the cholera outbreak as well as in providing relief items to those rendered homeless by the floods.

In February, Red Cross activities benefited 2,500 households. These included health and hygiene education, distribution of relief items as well as sensitization on the prevention and control of cholera. Access to safe and clean drinking water was improved through the provision of chlorination tablets, jerry cans and disinfectants. Malawi Red Cross Society also provided materials for latrine construction. The WatSan department of the NS is going to implement a long-term programme to ensure sustainable water supply and adequate sanitation in the targeted areas.

### Mozambique

The cholera outbreak that was earlier restricted to Mozambique's central provinces of Sofala, Manica and Zambezia, later spread to the northern parts of the country. On 12 April 2006, the International Federation provided a DREF allocation of CHF 50,000 to the Mozambique Red Cross Society in support of its contribution to the control and prevention of cholera. For the DREF Bulletin please refer to the following page on the Federation website: <http://www.ifrc.org/docs/appeals/06/MDRMZ001.pdf>

The DREF allocation was used at two levels of implementation. The first level includes promotion of preventive measures and health promotion; door-to-door campaigns for the identification of cholera cases and monitoring of hygiene practices; chlorination of drinking water; support to the government's CTCs through the participation of volunteers; first aid care through ORS treatment; referral to the nearest sanitary unit or CTC and participation in coordination meetings at national, provincial and district levels.

At the second level, medical assistance to patients in the most affected provinces (Sofala and Nampula) was developed for a period of three months. ORS treatment is provided for patients in sentinel posts being run by NS alongside chlorination of drinking water and evacuation of patients from the sentinel posts to CTCs.

### Zambia

With the onset of the rainy season in Zambia, an increase of cholera cases was reported in Lusaka, the capital city. With the continuing rains, it was likely that without an effective and rapid response, the outbreak would become an epidemic. On 6 January 2006, a DREF allocation of CHF 50,000 was provided for the Zambia Red Cross Society to enable it to respond to urgent needs. For the DREF Bulletin please refer to the following page on the Federation website: <http://www.ifrc.org/docs/appeals/06/MDRZM001.pdf>

With the DREF funds, the national society was able to carry out the following activities:

- Community sensitization and awareness campaigns;
- Community-based health and hygiene promotion through door-to-door visits;
- Volunteer mobilization and training;
- Procurement and distribution of relief item such as ORS sachets, hygiene promotion materials and soap.

## **Southern Africa: Cholera; Information Bulletin no. 1/2006**

The national society volunteers and staff were on the ground conducting social mobilization on control and prevention of the spread of cholera. The volunteers have been involved in community sensitization, garbage collection, cleaning of markets, drama performances in public places such as markets and distribution of chlorine. The volunteers in the other districts that were cholera-prone collaborated with the District Health Management Teams (DHMTs) in conducting door-to-door sensitization.

### **Zimbabwe**

The DM and WatSan officers of the Zimbabwe Red Cross Society were on the ground conducting a rapid assessment on the needs towards control and prevention of cholera. The local Red Cross branch continues monitoring the situation in collaboration with the MoH. The NS plans to implement health and hygiene education interventions in the affected areas as a long-term prevention measure. It will mobilize volunteers to expand health and hygiene education to other cholera-prone areas. Some of the health personnel are Red Cross provincial board members and are mobilizing other volunteers at community level. According to the MoH, the situation is under control. However, Zimbabwe Red Cross Society continues with monitoring and attending all district coordination meetings.

### **The Action of the Federation regional delegation**

The Federation regional delegation has established a Disaster Management Taskforce to address the cholera outbreaks in the region. The taskforce meets regularly to share feedback and developments as well as to plan responses. The task force has agreed on the following:

- Issuing of information bulletins as soon as more information is received from the assessment teams. A DREF request will be based on the identified needs;
- Collaborating and supporting national societies in conducting assessments in the affected areas;
- Ensuring emergency stocks are in place and processing all logistic requirements for transporting relief items, as needed.

The Federation regional delegation has assisted with technical support by deploying RDRT members to support national societies. Currently, the Federation is focusing on Angola, where the situation is critical. In the other four countries, the situation is under control. Based on the deteriorating situation and in response to a request from the Angolan Red Cross, the International Federation deployed a Field Assessment Coordination Team (FACT) to reinforce the RDRT already in place in Angola. The emergency operation is a continuation of the response activities initiated by the national society and has been expanded following the scales of the outbreak. The FACT is composed of health, information and logistics specialists.

### **The needs**

The Federation regional delegation in Harare is developing a contingency plan for the regional response to cholera; this will include a special training on response interventions. Capacity building and preparedness activities for Red Cross volunteers will be included in long-term development programmes. Other needs are:

- Scaling up primary health care intervention in the region using the African Red Cross and Red Crescent Health Initiative (ARCHI) tool kits;
- Restocking cholera kits and protective clothing (boots and gowns) stationed at the regional delegation's warehouse, to enhance disaster preparedness;
- Producing social mobilization, WatSan (hygiene) information, education and communication (IEC) materials;
- Developing and implementing sustainable water supply and adequate sanitation services and facilities;
- Procuring large quantities of lime chloride.

### **Coordination**

The national societies of the affected countries are coordinating and cooperating with their health ministries, WHO, MSF, the United Nations Children's Fund (UNICEF) and other agencies in responding to the cholera outbreaks. In Zimbabwe, the WHO donated medical materials, tents, camping material and has pledged further funding toward the response operation. MSF provided safe drinking water for the affected families and the Civil Protection Unit has scheduled multi-sectoral coordination meetings to assess and plan interventions.

In Zambia, The environmental health technicians (EHTs) are coordinating activities, in liaison with Zambia Red Cross Society, at the community level. The DHMTs are holding periodic meetings to update the stakeholders and coordinate the activities at district level. The Ministry of Health also holds meetings with stakeholders and

## **Southern Africa: Cholera; Information Bulletin no. 1/2006**

coordinates activities at national level. In Malawi and Mozambique, the national societies are working in collaboration with their local authorities and are also attending meetings of sector agencies. Technical support is given from the Federation regional delegation's health and care unit in terms of situation monitoring, implementation and reporting.

Angola Red Cross is working in collaboration with the Ministry of Health, WHO, UNICEF, MSF Belgium, MSF France, MSF Spain and other NGOs at the provincial and local levels. Activities by the WHO, UNICEF and MSF include case management, surveillance, WatSan interventions, social mobilization and dissemination of information.

[Click here to return to the title page or contact information.](#)