

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Zambia: Floods

DREF operation n° MDRMZ007
GLIDE n° FL-2010-000038-ZMB
23 November 2010

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

Summary: CHF 91,610 (USD 85,325.55 or EUR 62,597.11) was allocated from the International Federation of Red Cross and Red Crescent (IFRC)'s Disaster Relief Emergency Fund (DREF) to support Zambia Red Cross Society (ZRCS) in delivering immediate assistance to some 1,200 people affected by the flooding experienced at the beginning of the year in Lusaka and 11 other districts in the North Western and Lusaka Provinces.

The IFRC allocated additional DREF of CHF 63,701 (USD 59,747 or EUR 44,272) to enhance ZRCS capacity to respond to a cholera outbreak in Lusaka city, by delivering assistance to 15,000 people (3,000 families).

As a result of the flooding in Lusaka, the number of reported cholera cases increased to a cumulative total 3,381 cases and 87 deaths with a case fatality rate (CFR) of 2.62 by April 2010.

Despite ZRCS response efforts, the poor water supply system and inadequate sanitation facilities significantly contributed to the upsurge of cholera cases. With the support of the IFRC Southern Africa Regional office, ZRCS scaled-up emergency health response activities focusing on cholera treatment and control, hygiene promotion, water treatment and ensuring adequate sanitation facilities. The treatment and control of cholera was a joint effort with the Ministry of Health whilst the Disaster Management and Mitigation Unit (DMMU) assisted with other relief activities. The ZRCS volunteers were at the centre of the relief activities and their capacity in social mobilisation on cholera prevention and control was increased in order to ensure quality service delivery to the vulnerable people.

The Netherlands Red Cross and Canadian Government contributed generously to the DREF fund in replenishment of the allocation made for this operation. The major donors to the DREF were the Irish, Italian, Netherlands and Norwegian governments, and ECHO. Details of all donors can be found on <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>



One of the flooded areas in Lusaka City - Zambia

[<click here for the final financial report, or here to view contact details>](#)

The situation

The incessant rainfall experienced since the beginning of the year, led to flooding in Lusaka and 11 other districts in the North Western and Lusaka Provinces. Heavy rains continued for most of January, February and March and caused the worst flooding making more people vulnerable. The rains caused damage to infrastructure such as houses and roads and lives were also lost due to foot bridges that were washed away. Some houses collapsed while others were submerged in water, displacing people from their homes. The floods also destroyed crops creating a serious threat of food insecurity at household level.

The city of Lusaka experienced above normal rainfall, which resulted in flooding in the unplanned settlements around the city especially those with poor or no drainage systems. Most houses in Lusaka's Misisi, Frank, Jack, Chawama, Kuku and John Howard compounds were submerged in water. A number of pit latrines were submerged in water and others had collapsed contaminating water sources, a situation that led to an outbreak of cholera cases. Almost 3,400 cases of cholera were recorded whilst 87 deaths were reported.

In order to assess the magnitude of the problem, the Zambia Vulnerability Assessment Committee (ZVAC) which is a committee comprising of different organizations including the ZRCS, carried out a rapid flood assessment within the city of Lusaka. The overall objective of the rapid assessment was to determine the effects and extent of the floods on the livelihoods, infrastructure, and health of the affected communities.

The assessment revealed that out of a total of 14 wards that were identified by the District Disaster Management Committee (DDMC) as being severely and moderately affected, 10 wards (71%) were verified and confirmed to be actually severe and moderate, while 4 (29%) were found to have been least affected by the floods. The magnitude in terms of impact on households was 63 per cent for Kabwata, 88 per cent for Kanyama, 83 per cent for Chawama and 43 per cent for Mandevu constituency. This translated to 7,784 households in Kabwata, 31,203 in Kanyama, 14,601 in Chawama and 18,763 in Mandevu respectively. The flooding also resulted in 11 flood related deaths. A follow up country-wide assessment further showed that, a total of 17 districts were affected by floods in Zambia and these were in the North Western, Southern, Central, Western, Eastern and Lusaka Provinces.

After the assessment in Lusaka city, the government of Zambia and its cooperating partners relocated the flood affected households to safe areas within the city of Lusaka. The Ministry of Sports, Youth and Child Development donated a piece of land near the Independence Stadium to accommodate the affected families for a period running from 25th February to 1st July 2010. A total of 177 families (873) people were accommodated in the tents that were provided by DMMU. Through the DMMU, the ZRCS was given the responsibility of coordinating all relief activities in the relocation camp.

The government's DMMU collaborated with the ZRCS in distributing food and non-food items to the internally displaced persons (IDPs) sheltered at the camp. In addition to repeated flooding, cholera was endemic in the overcrowded slums in Lusaka characterised by poor water drainage and garbage collection systems and inadequate and malfunctioning sanitation facilities. About 80 percent of the affected compounds did not have clean and safe water due to contamination of sources from faecal matter and other debris.

ZRCS also responded to the needs of the floods affected communities by complementing government efforts in preventing further spread of cholera and ensuring treatment to all patients. A total of 50 ZRCS volunteers carried out health and hygiene campaigns within the affected communities.

Red Cross and Red Crescent action

In response to the increasing cholera cases, ZRCS conducted water and sanitation (WatSan) and emergency health activities to assist the affected communities. The WatSan component focussed on the provision of safe water by chlorinating shallow wells and other water sources, the provision of sanitation facilities and hygiene promotion activities. In emergency health, ZRCS focussed on the provision of cholera kits.

ZRCS plan of action focussed on food aid and provision of WatSan facilities. Therefore, ZRCS complemented government efforts in the provision of WatSan facilities as food aid, with the Red Cross volunteers carrying out distribution in the relocation camp.

Achievements against outcomes

Relief distributions (food and basic non-food items)

Outcome: 1,200 flood affected persons are provided with emergency food assistance for period of with one month with on-going evacuations to determine if further assistance is required.

Outputs and activities planned

- Provide 1,200 people displaced by floods in Lusaka (and surroundings) with food parcels consisting of 13.8kg maize, 2.4 kg beans and 0.7kg of vegetable oil per person per month.
- Conduct joint needs and capacity assessments in flood affected areas (Lusaka, Misisi, Frank, Jack, Chawama, Kuku and John Howard).
- Monitor and evaluate relief activities and providing reports on relief distributions.
- Equip 50 community-based volunteers with protective clothing (raincoats and gumboots) and support required to carry out relief activities (e.g. fuel, transport, stipend, communication).

Impact

The ZRCS procured and distributed the following relief items to families at the relocation camp:

- 150 cooking oil bottles (750mls each);
- 300 litres collapsible containers (20ltrs each);
- 110 mealie meal bags (25kgs each);
- 30 bags of kapenta (50kgs each);
- 30 bags of beans (50kgs each);

The ZRCS also procured and distributed 50 gumboots, 50 raincoats and 250 T-shirts to its volunteers. The gumboots ensured protection of volunteers from contracting water-borne diseases whilst the raincoats protected them from the harsh rainfall conditions. The branded T-shirts increased the Red Cross visibility through volunteers wearing them during activities. The increased visibility in turn created a favourable humanitarian space for the ZRCS response activities, and creation of partnerships with other relief organizations.

The government also provided food to the affected communities in form of mealie meal, cooking oil, salt, sugar, soya chunks etc. Community Based Organizations (CBOs), Faith Based Organizations (FBOs), schools, political parties and private individuals also donated food and non food items to the affected families. The non food items comprised of bathing soap, washing detergents, and toys for children.

Through the over 50 volunteers and staff mobilized for this operation, the distribution of food and non food items was closely monitored to ensure equity and compliance to the Sphere minimum standards. The relief distribution done once a month by the volunteers contributed to the restoration of livelihoods, reduction of hunger and malnutrition and ensured dignity amongst the affected population.

Challenges:

Despite the efforts to provide food by ZRCS, the government and its partners, the stocks were still inadequate to cover the operational period. The need and number of the affected overtook the available resources.

Water, sanitation, and hygiene promotion

Outcome: The risk of water-borne and water-related diseases is reduced through the provision of safe water, adequate sanitation facilities and hygiene promotion to 200 families (1,200 people) displaced or relocated to designated camps in Lusaka.

Outputs and activities planned:

- Assist with the construction of 25 temporary latrines (one latrine for 50 people).
- Distribute water purification sachets per person i.e. 1,200 for 30 days.
- Provide two jerry cans per family i.e. a total of 400 jerry cans.
- Conduct hygiene promotion campaigns within the affected population, focusing on behaviour change.
- Provide information, education and communication (IEC) materials on hygiene promotion (printed materials, posters, fliers, manuals, educational materials).
- Provide water treatment chemicals for household treatment to an additional 3,000 households.
- Carryout water chlorination activities at communal water points.

Impact

The DMMU provided seven 5,000 litres water tanks at the camp for water storage, whilst the ZRCS distributed two jerry cans to each household for water storage and 36,000 water purification sachets for water treatment. The ZRCS volunteers and staff conducted door to door sensitization on the proper usage of water purification sachets. Whilst promoting hygiene, the volunteers supervised the camp and encouraged hand washing and safe disposal of garbage in the skip bins that were provided by the Lusaka City Council waste management unit. Cholera prevention and sensitizations activities as well as the provision of clean water and distribution of chlorine to the IDPs contributed to a slowing down of the further spread of communicable disease in the camps.

The DMMU and UNICEF also donated 20 litre and 5 litre water containers to the IDPs. Each family was given one 20 litre jerry can and two 5 litres containers for water storage. This enabled the households to have adequate and hygienically stored water in their homes at all times.

The flooded areas made construction of 'normal' pit latrines impossible, therefore the government through DMMU contracted a private company to provide portable toilets to the IDP camp. The same company provided the cleaning service for the toilets which was done three times a day. ZRCS staff supervised the cleaning of these toilets daily to ensure hygiene was maintained. UNICEF also donated 25 portable toilets bringing the total number to 75 resulting in an average of 16 people using one toilet.

As a result of hygiene promotion activities and use of portable toilets in the relocation camps, no cholera cases were reported at the relocation camp site despite the outbreak in the neighbouring settlements and also despite IDPs coming from communities that had recorded cases of cholera.

Challenges:

A total 15 bathing shelters were constructed by the Zambia Army at the camp serving 13 households each. The drainage system at these shelters was poor resulting in dirty water collecting around the bath shelters. The displaced communities did not want to take the responsibility to sweep away the stagnant water and this posed a danger of disease outbreak.

The operation experienced a shortage of sanitation facilities in the cholera affected (prone) areas and the relocation camps as the ratio for usage was 30 people per toilet instead of the recommended 15 people per toilet. In addition, maintaining these latrines in a hygienic manner was a major challenge as there was no cleaning routine in place, which increased a risk of disease outbreaks.

Emergency Health

Outcome 1: To reduce the risk of malaria through the provision of mosquito nets and promotion of malaria prevention campaigns.

Outputs and activities planned:

- Distribute two mosquito nets per household to 200 families.
- Continuously monitor the incidences of malaria and other public health risks.
- Train 50 volunteers on Community Based Health & First AID (CBHFA), including hygiene promotion.
- Conduct health promotion campaigns within the affected population focusing on malaria and other water-borne diseases, targeting 1,200 people in the camp including the 'Hang up and Keep up' malaria campaign.

Impact

The ZRCS volunteers together with the district health outreach staff jointly conducted health education activities through door-to-door visits. A total of 400 mosquito nets were procured and distributed to each household in the camp. The communities were sensitised on the importance and proper use of mosquito nets. As part of daily camp supervision, the ZRCS volunteers ensured that the nets were properly hanged and ensured general cleanliness and grass cutting around the camp. The volunteers together with the IDPs made simple drainages around the water points to avoid water stagnation. There was a notable reduction in the outbreak of malaria as a result of these interventions.

ZRCS also partnered with a cell phone company, MTN during its 21 days of 'Yello' care period. During this period, MTN staff together with the ZRCS staff, volunteers and the IDPs cleared grass, covered all stagnant water pools and cleaned the camp surroundings. On the last day of the 'Yello care' programme which fell on the World Malaria Day, the targeted households received a mosquito net. The camp office windows were covered with treated mosquito net curtains, which were a donation from MTN as a way of preventing malaria to staff member operating from the camp. As a result, there were very few cases of malaria reported by the temporary clinic established at the camp.

Outcome 2: To reduce the risk of transmission of cholera through the provision of cholera kits and the promotion of prevention campaigns through community social mobilization.

Outputs and activities planned:

- Distribute and support the use of cholera kits with treatment and volunteer modules.
- Train 40 volunteers in CBHFA approach.
- Distribute IEC materials.
- Donate the medical Kit from the cholera Kit to the District Health Management Team (DHMT).

Impact

A cholera kit was donated to the DHMT for use in the treatment centres (CTCs). In order to strengthen the health emergency response capacity, 40 volunteers were trained in the CBHFA approach by the two master trainers from ZRCS. These volunteers worked in three communities affected by the cholera outbreak under the direct supervision of a Ministry of Health staff. The prevention activities emphasized proactive health education in affected areas focusing on personal hygiene, water treatment; sanitation as well as prevention of other water-borne and vector-borne disease such as diarrhoea and malaria respectively.

The volunteers were also positioned at communal water points in the communities where they carried out water chlorination at water sources and at the same time encouraging safe water storage at home. The volunteers reached out to schools where they disseminated health education messages through health talks, drama performances, distribution of fliers and posters. A total of 4,500 households were reached with health education messages and over 2,000 fliers and 500 posters were distributed in the three cholera affected communities reached by ZRCS.

Conclusion

With emphasis placed on health promotion activities in the camp there were no reported cases of disease outbreaks in the camp despite the IDPs having come from cholera affected communities and being surrounded by communities that were recording cholera cases. The ZRCS was given the role of camp management and this ensured that all relief activities were carried out successfully in partnership with other humanitarian actors using the existing network of ZRCS volunteers as a resource base to carry out the activities.

Timeless of ZRCS responses coupled with the dissemination of the Red Cross Fundamental Principles greatly enhanced the image of the National Society in Lusaka district. This was evidenced by the willingness of the government through the DMMU to engage the ZRCS as camp manager.

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.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Contact information

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Disaster Response Financial Report

MDRZM007 - Zambia - Floods

Timeframe: 26 Feb 10 to 12 Jul 10

Appeal Launch Date: 26 Feb 10

Final Report

Selected Parameters

Reporting Timeframe	2010/2-2013/12	Programme	MDRZM007
Budget Timeframe	2010/2-2010/7	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		155,311				155,311	
B. Opening Balance		0				0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		155,311				155,311	
C4. Other Income		155,311				155,311	
C. Total Income = SUM(C1..C4)		155,311				155,311	
D. Total Funding = B +C		155,311				155,311	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance		0				0	
C. Income		155,311				155,311	
E. Expenditure		-140,581				-140,581	
F. Closing Balance = (B + C + E)		14,730				14,730	

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III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			155,311			155,311		
Relief items, Construction, Supplies								
Construction Materials			6,063			6,063	-6,063	
Clothing & Textiles	7,900		15,416			15,416	-7,516	
Food	24,000		18,663			18,663	5,337	
Water, Sanitation & Hygiene	27,100		2,003			2,003	25,097	
Medical & First Aid	22,500		20,660			20,660	1,840	
Teaching Materials	8,000						8,000	
Utensils & Tools	3,000		2,763			2,763	237	
Other Supplies & Services	3,760		4,066			4,066	-306	
Total Relief items, Construction, Sup	96,260		69,636			69,636	26,624	
Logistics, Transport & Storage								
Storage			234			234	-234	
Distribution & Monitoring	10,000		3,856			3,856	6,144	
Transport & Vehicles Costs	5,750		8,859			8,859	-3,109	
Logistics Services			440			440	-440	
Total Logistics, Transport & Storage	15,750		13,389			13,389	2,361	
Personnel								
International Staff	5,358						5,358	
National Staff	2,000						2,000	
National Society Staff	15,000		3,340			3,340	11,660	
Volunteers			10,630			10,630	-10,630	
Total Personnel	22,358		13,969			13,969	8,389	
Consultants & Professional Fees								
Professional Fees			261			261	-261	
Total Consultants & Professional Fex			261			261	-261	
General Expenditure								
Travel	3,200		1,791			1,791	1,409	
Information & Public Relations			7,555			7,555	-7,555	
Office Costs	4,000		3,150			3,150	850	
Communications	2,750		6,607			6,607	-3,857	
Financial Charges	900		6,954			6,954	-6,054	
Other General Expenses			78			78	-78	
Total General Expenditure	10,850		26,135			26,135	-15,285	
Operational Provisions								
Operational Provisions			8,610			8,610	-8,610	
Total Operational Provisions			8,610			8,610	-8,610	
Indirect Costs								
Programme & Services Support Recove	10,093		8,580			8,580	1,513	
Total Indirect Costs	10,093		8,580			8,580	1,513	
TOTAL EXPENDITURE (D)	155,311		140,581			140,581	14,730	
VARIANCE (C - D)			14,730			14,730		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	155,311	0	155,311	155,311	140,581	14,730	
Subtotal BL2	155,311	0	155,311	155,311	140,581	14,730	
GRAND TOTAL	155,311	0	155,311	155,311	140,581	14,730	