

# DREF operation update



International Federation  
of Red Cross and Red Crescent Societies

## Zambia: Floods and Cholera<sup>1</sup>

DREF operation n° MDRMZ007  
GLIDE n° FL-2010-000038-ZMB  
Update n°1  
14 April, 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 and 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.

### Period covered by this update:

2 March to 13 April, 2010.

**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.

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). Un-earmarked funds to repay DREF are encouraged.



ZRCS volunteers during a rapid assessment at the relocation camp set for families displaced by floods.

Related to flooding in Lusaka, the number of reported cholera cases continues increasing and as of 7 April 2010, the cumulative total of cholera cases was 3,381 and 87 deaths with a case fatality rate (CFR) of 2.6<sup>2</sup>. Despite ZRCS response efforts, the poor water supply system and inadequate sanitation facilities significantly contribute to the upsurge of cholera cases.

With the support of the IFRC Southern Africa Regional office, ZRCS will scale-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 is a joint effort with the Ministry of Health whilst the Disaster Management and Mitigation Unit (DMMU) partners in other relief activities. The Red Cross volunteers are at the centre of the relief activities and their capacity is social mobilisation on cholera prevention and control will be increased in order to ensure quality service delivery to the vulnerable people.

<sup>1</sup> The DREF Operation title has been changed to Floods and Cholera

<sup>2</sup> Statistics from weekly epidemiological surveillance /MSF-OCBA of 31<sup>st</sup> March 2010

The Netherlands Red Cross contributed CHF 43,905 and Canadian Government CHF 23,680 to the DREF in replenishment of the allocation made for this operation. The major donors to the DREF are 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>

With the additional DREF allocation, this operation is now expected to be completed by 1 July 2010. A final report will be made available three months after the end of the operation (by 31 October, 2010).

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## The situation

The incessant rainfall since beginning of the year that led to flooding in Lusaka and 11 other districts in the North Western and Lusaka Provinces have now normalised. However, the ground in the most affected areas remains water logged, which increases the risk of water-borne diseases. Approximately 500 people have been placed in a relocation camp established by the government and jointly managed with ZRCS. The government's DMMU has been collaborating with ZRCS in distributing food and non-food items to the internally displaced persons (IDPS) sheltered at the camp.

In addition to repeated flooding, cholera is endemic in the overcrowded slums in Lusaka where the water drainage and garbage collection systems are poor, the sanitation facilities inadequate and malfunctioning most of the time. About 80 percent of the affected compounds now lack clean and safe water due to contamination of sources from faecal matter and other debris. Most pit latrines have collapsed and the sewer is permeating into the flood waters. Protected water sources have been damaged and others have been submerged in water.



Whilst the vulnerable families are still battling to cope with the consequences of flooded households, water sources and road networks, they are faced with increasing cases of cholera. The number of reported cholera cases has increased to over 3,300 cases, whilst the number of reported deaths remained at 87. ZRCS already responding to the needs of the floods affected families continues supporting the government efforts in preventing further spread of cholera and ensuring treatment to all patients. The capacity of the 50 Red Cross volunteers already carrying out health and hygiene campaigns will be further enhanced by the provision of cholera prevention health education material. The additional IFRC DREF allocation will be utilised in scaling-up the activities in relief distributions, water and sanitation and prevention of health emergencies.

## Coordination and partnerships

ZRCS continues attending weekly coordination meetings at the national and district level and have supported the Ministry of Health with a donation of medical supplies. The National Society is a member of the Social Mobilization Group/Task Force, which has been tasked with developing culturally sensitive information, education and communication (IEC) material on cholera prevention and control. In its auxiliary role, ZRCS assists the government through the DMMU in relief distribution, health and hygiene social mobilisation. The role of the volunteers will increase focus on cholera prevention campaign, distribution of oral rehydration solutions (ORS) and psychosocial support to the affected families.

The Zambia army was given the responsibility of looking after the infrastructure at the camp site and has to date pitched up 255 tents, 10 kitchen shelters and 15 bathing shelters. The activities continue as more people join the relocation camps. The Zambia police force is stationed at the camp to provide security by monitoring the movement of people in and out of the camp. The Zambia Electricity Supply Corporation provided lighting by installing tower lights around the camp.

The District Health Management Team (DHMT) outreach team is offering health services to the IDPs in collaboration with ZRCS First Aid volunteers, who have tirelessly assisted cholera patients at the 24 hour First Aid post. The DMMU has also placed seven water tanks on site, thus ensuring clean water supply.



UNICEF has engaged some drama groups that have been performing at the camp delivering messages on road safety and cholera prevention. UNICEF also pledged education kits for schools that have accommodated the displaced school going children.

The WFP also pledged to provide a truck for carrying people to the camp site. Meanwhile, a number of faith-based organisations (FBO) and community-based organisations (CBOs) made donations in the form of clothes, shoes, toys, fruits, books and pens for the IDPs. The ZRCS envisages support in the terms of feeding programme for pre-school children after some discussion with some stakeholders.

## Red Cross and Red Crescent action

In response to the increasing cholera cases, ZRCS will enhance activities under the water and sanitation (WatSan) and emergency health components of this operation. The WatSan component will focus on the provision of safe water by chlorinating shallow wells and other water sources, providing sanitation facilities and enhancing hygiene promotion activities. In emergency health, focus will be on providing cholera kits with a treatment module to be handed over to the Ministry of Health and a volunteer module with IEC material for social mobilisation campaigns

## Progress towards objectives

### Relief distributions (food and basic non-food items)

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

#### 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).

#### Progress and impact

The ZRCS has so far distributed the following items to families at the relocation camps:

- 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 National Society also procured 50 gumboots, 50 raincoats and 250 t-shirts distributed among its volunteers in order to ensure self protection against contracting communicable diseases as well as enhancing the quality of the services, at the same time increasing visibility for the National Society. The increased visibility in turn created a favourable humanitarian space for the National Society's response activities.

Through the over 50 volunteers and staff mobilised for this operation, distribution of food and non food items has closely been monitored to ensure equity and compliance to the Sphere minimum standards. The relief distribution has tremendously contributed to the restoration of livelihood, averting hunger and outbreak of diseases, thus ensuring dignity amongst the affected population.

#### **Challenges:**

As most of the IDPs livelihoods have been disrupted, levels of income have plummeted to almost nothing. Despite the efforts to provide food, the stock is inadequate to cover the operational period, thus up to July 2010. Therefore, there is an urgent need of more food items.

### **Water, sanitation, and hygiene promotion**

**Objective: 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.**

#### **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, flyers, manuals, educational materials).
- Provide Water treatment chemicals for household treatment to an additional 3,000 households.
- Carryout water chlorination activities at communal water points.

#### **Progress and impact**

Cholera prevention, sensitization activities and distribution of chlorine to the IDPs contributed in slowing further spread on communicable diseases. ZRCS distributed two jerry cans per family for water storage and 36,000 water purification sachets for treatment in the next 30 days. Volunteers and staff have conducted door-to-door sensitization on the proper usage of water purification sachets. Whilst promoting hygiene, the volunteers supervised the camps and encouraged safe disposal of garbage and the use of washing basins. Hygiene promotion activities are effective as evidenced by the fact that no cholera cases have been reported at relocation camps despite the outbreak in the neighbouring settlements.

#### **Challenges:**

The flooded areas make construction of 'normal' pit latrines impossible, therefore the government is providing communal temporary latrines. A decision has since been taken by government, through the DMMU to place mobile toilets in all affected areas. So far the government has procured a number of mobile toilets and placed them in strategic areas. UNICEF has also donated 25 mobile toilets. However, there remains a shortage of sanitation facilities in the cholera affected (prone) areas and the IDP camp as the ratio for usage is currently at 30 people per toilet instead of the recommended 15 people per toilet, with demands for more toilets. In addition, maintaining these latrines in a hygienic manner will be a major challenge unless a cleaning routine is put in place – otherwise they may easily become a source of infection.

## Emergency health

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

### 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 and First Aid (CBHFA), including hygiene promotion.
- Conduct health promotion campaigns within the affected population focusing on malaria and water-borne diseases, targeting 1,200 persons in the camps, including Hang up and Keep up' malaria campaign.

### Progress and impact

The Red Cross volunteers jointly with the health officials, conducted health education campaigns through promoting hygiene by door-to-door visits. A total of 400 mosquito nets have been procured and distributed to all the households in the IDP camp. These mosquito nets are being hanged inside the tents with assistance of volunteers who also trained the families on proper use. So far there has been no malaria case reported from the camp.

**New Objective: To reduce the risk of transmission of cholera through the provision of cholera kits and the promotion of prevention campaigns through community social mobilization.**

### Activities planned:

- Distribute and support the use of cholera kits with treatment and volunteer modules.
- Train 40 volunteers community-based health and First Aid (CBHFA) approach
- Distribute IEC material on cholera prevention and control.

The cholera kit's treatment package will be utilised at the cholera treatment centres (CTC) in coordination with the Ministry of Health. A total of 40 volunteers will be trained in the Community-based Health and First Aid (CBHFA) approach by ZRCS' two master facilitators in order to strengthen response capacity in health emergencies. The prevention activities are designed to emphasise proactive health education in affected communities focusing on personal hygiene, water treatment, sanitation as well as prevention of other water-borne and vector disease such as diarrhoea and malaria respectively. The volunteers will also be positioned at communal water points to carryout water treatment at source, at the same time encouraging safe storage at home.

## 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 International Federation's activities are aligned with its 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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[<Click here to return to the title page>](#)

**BUDGET SUMMARY****ZAMBIA FLOODS AND CHOLERA 2010 (MDRZM007)**

	<b>FLOODS</b>	<b>CHOLERA</b>	<b>TOTAL</b>
Shelter	0	0	0
Construction Materials	0	0	0
Clothing & Textiles	4,500	3,400	7,900
Food	24,000	0	24,000
Seeds & Plants			0
Water & Sanitation	20,400	6,700	27,100
Medical & First Aid	0	22,500	22,500
Teaching Materials	4,000	4,000	8,000
Utensils & Tools	3,000	0	3,000
Other Supplies & Services	400	3,360	3,760
Emergency Response Units (ERUs)			0
<b>Total Relief Needs</b>	<b>56,300</b>	<b>39,960</b>	<b>96,260</b>
Land & Buildings			0
Vehicles Purchase			0
Computers & Telecom Equipment			0
Office/Household Furniture & Equip.			0
Medical Equipment			0
Other Machinery & Equipment			0
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>			
Storage - Warehouse			0
Distribution & Monitoring	7,000	3,000	10,000
Transport & Vehicles Costs	3,500	2,250	5,750
<b><u>PERSONNEL</u></b>			
International Staff			0
Regionally Deployed Staff	5,355	0	5,355
National Staff		2,000	2,000
National Society Staff	7,500	7,500	15,000
Consultants			0
<b><u>WORKSHOPS &amp; TRAINING</u></b>			
Workshops & Training			0
<b><u>GENERAL EXPENSES</u></b>			
Travel	1,600	1,600	3,200
Information & Public Relations			0
Office running costs	2,000	2,000	4,000
Communication Costs	1,500	1,250	2,750
Professional Fees			0
Financial Charges	900		900
Other General Expenses			0
Depreciation			0
Shared Services			0
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR	5,955	4,141	1,814
<b><u>SERVICES &amp; RECOVERIES</u></b>			
Services & Recoveries			0
<b>Total Operational Needs</b>	<b>35,310</b>	<b>23,741</b>	<b>50,769</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>91,610</b>	<b>63,701</b>	<b>147,029</b>