

## Rapid Response Payment Request No. 3/2010

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**Funds Sent To:** The Lutheran World Federation / Zambia Christian Refugee Service (LWF/ZCRS)

**Amount Sent:** USD60, 000

**Date:** 30 March 2010

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### Details of Response

**Emergency:** Flooding and Cholera Outbreak (FACO)

**Date of Emergency:** 24 March 2010. *Although the first outbreak of cholera in Lusaka was reported on 18 January it only became an emergency from mid March 2010 when heavy rains flooded Lusaka and four other provinces.*

**Implementing Member(s):** Lutheran World Federation/Zambia Christian Refugee Services (LWF/ZCRS); Council of Churches in Zambia; Norwegian Church Aid

### DETAILS OF THE EMERGENCY:

Zambia has been experiencing torrential rains since mid March 2010. The rains have led to flooding in the Eastern, Central, Lusaka, North-Western, and Southern, provinces.

Due to the heavy rains, and the poor drainage system, the water, sanitation, and hygiene situation has greatly deteriorated especially in the City of Lusaka. Shallow wells, which are a source of drinking water, have been contaminated with dirty running water much of which is from collapsed pit latrines. Further, the water table has also risen thereby worsening the sanitary situation in the affected areas as it has become difficult to construct new pit latrines. Consequently there has been an outbreak of cholera and other diseases. Cholera is a deadly waterborne disease and can kill between 4 - 6 hours from the time a person has been infected.

As of 24 March 2010, a cumulative total of 2,521 cholera admissions were confirmed in Lusaka . A cumulative total of 41 deaths due to cholera were also confirmed at the same time. Apart from the known number of 17 people reported to have left the cholera treatment centres in Lusaka, there are also reported cases of households hiding information on cholera cases for fear of stigmatization. Infected people in such households are likely to stay away from hospitals out of ignorance and thereby exacerbating the spread of cholera. The worst affected areas in the City of Lusaka are shanty compounds. The highest cases of new admissions as of 24 March 2010 - in descending order - were from Kanyama followed by Chipata, Kamwala, Chawama

including Kuku and Misisi, Mandevu, George, Matero and Makeni compounds. There is a high probability of an increase in heavy rains up to the second week of April and cases of cholera infection are expected to rise.

Among the contributing factors to the spread of cholera in Zambia is the poor management of solid waste disposal. In response to this challenge various private sector organizations have been sub-contracted by the Lusaka City Council to manage the solid waste disposal in various communities. Most of these are serving the low density areas while the high density areas have very poor and in some cases no system for disposal of collected garbage from the various households. As a result, communities have resorted to erratic dumping covering even road networks. Each Household is supposed to pay an amount of money to have the garbage collected but most households are unable to pay. Households dig and bury or burn the waste. The majority wait for the night and throw the garbage along the roads or any vacant spaces within the community. These are breeding grounds for various diseases carrying pathogens, compromising the overall community hygiene and sanitation.

The way food is handled in most peri urban areas is another major challenge contributing to the spread of cholera. Communities use the unsafe water sources for cleaning and packaging the various food items. This leads to the continued spread of waterborne diseases. Foods have also been eaten cold, sometimes even after staying overnight in homes.

Immense damage on infrastructure, homes and crops is reported in all the five provinces affected by flooding. In Lusaka for example, the water levels in some shanty settlements was as high as to window level. Some houses and toilets collapsed leading to an outbreak of waterborne diseases. Over three hundred (300) people affected by the floods in Lusaka have been temporarily resettled at the Independence Stadium by the Zambian Government.

The report from the Chavuma District Council on 25<sup>th</sup> March 2010 shows that communities on both sides of the Zambezi River have been cut off from each other by floods and the areas are inaccessible. Toilets on the west bank are reported to have collapsed and flooded with water and thereby polluting the water points. Chavuma has a population of 41,348 with a total of 6,892 Households. Out of the 6,892 Households, houses for 2,091 households collapsed and toilets for 3,200 households collapsed. Schools were also not spared. Out of the total of 53 schools in the district, 14 schools were affected of which 7 are in a collapsing state. Toilets for 34 schools have collapsed. (Chavuma District Council, 25/03/2010). Overall, Chavuma has 50 well functioning wells, 36 with bacteria and 28 wells have been tested positive with E. Coli. This means that the 28 wells are faecal contaminated. Chavuma District Council has further indicated the required items as liquid Chlorine, tents and relief food. Most of the fields have been flooded and bridges connecting to the feeder roads have been washed away.

In Monze District, four (04) villages have been affected by hailstorm. Ng'andu, Mwiinga Malimvwa, Chaleeba and Mumwanga villages in Singonya area in Chief Ufwenuka's area had a total of 138 villages affected. The most affected are Nangandu village with 13 Households representing 100 people. Crop fields for 10 of the 13 households were destroyed. In Mwiinga Malimvwa, 23 HH's involving 137 people had their crops destroyed. Nine (09) Households had their houses destroyed. The Crop Assessment Report (February, 2010) for the District reflects that fields were destroyed and households are in dire need of relief food (Source: Chairperson, DMMU, Monze District, 25/03/2010).

Crop fields in Lundazi and Mabwe districts in the Eastern province, Kabwe district in the Lusaka province and six districts in the Central province are reported to have been completely destroyed by floods. Most of the crop fields have either been washed away or submerged.

Consequently, most people in these areas have been displaced from their homes and others lost all their crops that were due for harvest in April and May 2010.

Fortunately, no deaths have been reported so far although the scale of damage on roads and bridges was very high.

#### **ACTIONS TO DATE, AND EMERGENCY NEEDS:**

Medicins Sans Frontiers (MSF) is providing curative care at the cholera centres, and projects that the above figures could rise during the last weeks of March. Matero Cholera Centre for example reported an increase in admissions to 70 – 100 patients per day representing an increase of 30%. A total of 611 new cases of cholera were reported during the week starting 14<sup>th</sup> and ending 21<sup>st</sup> March 2010 in Lusaka alone.

Currently Medicins Sans Frontiers (MSF) and the Ministry of Health (MoH) are offering treatment and health services to cholera patients at all the Cholera Centres in Lusaka whilst the Disaster Management and Mitigation Unit (DMMU) are striving to offer preventive health services at community level to the most affected areas.

The CCZ has been mobilizing volunteers from local churches and supervising the distribution of chlorine from the City Council of Lusaka and organisations such as UNICEF and Society for Family Health. The volunteers have also been doing door to door campaigns on good hygiene to prevent further spread of cholera. LWF/ZCRS has been conducting needs assessments within Lusaka and sharing information with members of the ACT Alliance Forum.

#### **PROPOSED EMERGENCY RESPONSE:**

##### **PURPOSE OF RESPONSE:**

This Appeal is in response to the flooding in five provinces of Zambia including the outbreak of cholera. The response to the outbreak of cholera is planned to cover only areas within the City of Lusaka and the main focus is on reducing deaths arising from the cholera infections while also addressing preventive measures.

#### **OBJECTIVE(S) OF THE EMERGENCY RESPONSE:**

##### **Goal/Main Objective**

The goal for this project is to contribute to the saving of lives and reduction of cholera infections in Lusaka. This will be achieved by enabling affected people mainly from households headed by women, the aged, and children to respond to and/or take preventive action against public health threats that have already emerged and starvation.

##### **Objectives:**

1. Households headed especially by women, the aged, and children, are sufficiently equipped to access clean water, have adequate sanitation facilities and are practising good hygiene such as hand washing, safe food preparation and other means of preventing transmission routes for water borne diseases in their homes, at work and in school;
2. Enhanced awareness and knowledge on causes, prevention and good hygiene practices among households in shanty settlements in Lusaka by conducting 9 sensitisation campaigns through the local media on cholera prevention by the end of April 2010.
3. Most vulnerable households relocated from their flooded homes are assisted with food and soap.
4. Enhanced profile of ACT Alliance in Zambia through publication of campaign materials using

the new logo.

### **EXPECTED RESULTS & TARGET POPULATIONS**

- Up to 50, 000 women, men and children in the peri-urban areas of Lusaka are more aware of the importance of using adequate sanitation and good hygiene practices in a culturally appropriate and dignified manner within 60 days;
- More than 50,000 women, men and children at risk having safe and equitable access to clean water and able to disinfect sufficient quantities of water themselves for up to 60 days;
- Community members (especially women) take part in the planning and implementation of new interventions, i.e. the provision of clean and safe water supply and/or the operation, maintenance and management of new and rehabilitated water supply facilities in up to 5 Peri-Urban areas of Lusaka.
- Health Clinics and Cholera Treatment Centres in the targeted areas are better equipped to provide palliative care to cholera victims.

### **SELECTION OF BENEFICIARIES**

The ACT Alliance Zambia Forum through the CCZ will assist affected people in identified areas in collaboration with UNICEF WASHE committee, MSF and Ministry of Health. Local churches in all affected areas will be consulted. Committees representing the affected communities will be part of the selection mechanism. Focus will be on households headed by women, the aged and children.

### **PROPOSED ASSISTANCE:**

#### **ACTIVITIES**

##### **Community Mobilisation**

In order to address the cholera epidemic, the ACT Alliance Forum will identify and utilise existing community based volunteers under the neighbourhood health committees. These will be identified through the same mechanism and be trained by Council of Churches in collaboration with Society for Family Health Trust who are already conducting ongoing training in the targeted areas. Through the training, the residents in the target areas are not only empowered but also claim ownership to the process. The focus on locally based volunteers also reduces transport costs since they are working within their own communities.

##### **Water Supplies**

Norwegian Church Aid (NCA) will establish two water sources from which two Water Purification Units shall be mounted to provide water to two affected areas. There are two units available at Norwegian Church Aid and they have a capacity of producing up to 4000 litres per hour each. Other interventions to improve the supply of safe water include:

- Supporting the trucking system by deploying more trucks to distribute water in areas where communities have no access to water. Currently there are two water bowsers with a capacity of 18000 litres. There is urgent need to acquire two more water bowsers.
- Reinforce the technical personnel to enhance the treatment interventions in the affected areas
- Mobilise local communities and train the local level emergency preparedness committees
- Distribution of NFIs: Procuring and distributing 20 litre containers to the affected households together with soap with the view of promoting safe hand washing practices.

It has been established through the various stake holder assessments that most communities in the high density areas still use shallow wells as sources for their drinking and household uses.

During these heavier rainy months, more than 90% of these wells are now flooded and contaminated with faecal matters and this is a major factor in the cholera outbreak. Communities have continued to use these sources arguing that they cannot afford to pay for the clean water provided by the Lusaka Water and Sewerage Company.

### **Hygiene Promotion & IEC Campaigns**

Based on baseline data which determine the current knowledge, attitudes and practices of the target groups, training courses will be conducted for community hygiene promotion trainers. The trained people will then train others including community volunteers. CCZ will coordinate the training. The trained volunteers will conduct Hygiene Promotion and Information Education Communication (IEC) activities in the target communities including the distribution of Non-Food Items (NIFs) and pre-developed, tested and approved Hygiene Promotion and IEC materials. Further training will be conducted for the community by the volunteers in the use of chlorine for water treatment

### **Media Campaign**

As part of the sensitisation campaign in communities, the CCZ will run daily radio programmes for sixty days. The programmes will be one hour phone in programmes to allow the targeted residents to take part. In this campaign it is proposed to have newspaper columns/ articles carrying cholera prevention information. The CCZ will also conduct road shows using popular musicians in the affected areas. Two road shows will be conducted in each of the affected areas.

### **Provision of food and soap to most vulnerable households**

Activities under this sector will involve distribution of basic food and soap to most vulnerable households that have been relocated from their flooded homes. The Disaster Mitigation and Management Unit (DMMU) is not able to reach out to most affected people. There are therefore confirmed gaps in the provision of basic needs to the most vulnerable. LWF/ZCRS will distribute basic food and soap to 200 households that have been uprooted from their homes in Lusaka. Key activities under this sector will include the following:

1. Procurement of basic food commodities and soap
2. Distribution of food and soap

LWF/ZCRS will work closely with the Disaster Management and Mitigation Unit (DMMU) to avoid duplication and to ensure optimum efficiency. LWF/ZCRS is a member of the Zambia Vulnerability Assessment Committee (ZVAC) and also a member of the National Disaster Management Consultative Forum (NDMCF).

### **Logistical Supports**

Logistical support will include the following among other activities:

1. Procurement, handling and distribution of commodities to the affected areas
2. Sensitization on the usage of chlorine, and distribution of chlorine
3. Transportation of donated materials to affected areas
4. Supervision and coordination of project activities
5. Coordination of logistics
6. Reporting

### **IMPLEMENTATION ARRANGEMENTS:**

Monitoring of the emergency activities will be ongoing by each of the ACT Alliance members. Monitoring visits will also be undertaken to the operational areas in the target areas and field reports shall be produced and shared in the ACT Forum Meetings. Through the emailing system that has so far worked effectively when calling for meetings and other events, regular updates

will be made. There will be close collaboration with the UNICEF WASH and MSF programme. CCZ and NCA are actively engaged in the clusters led by these organisations. There will also be strong coordination with the Disaster Management Units of government.

#### **COORDINATION AND IMPLEMENTATION ARRANGEMENTS**

1. The Council of Churches in Zambia will be responsible for the general coordination of interventions against cholera in Lusaka. CCZ will also be responsible for hygiene promotion including production of information materials, TV interviews, placing adverts in the print media etc and distribution of chlorine and other items
2. NCA will be responsible for installation and monitoring of water purification units and distribution of non food items such as water containers and soap.
3. LWF/ZCRS as current chair of the forum will be responsible for the overall coordination and submission of reports to the ACT Alliance Coordination Office in Geneva. Apart from overall coordination of the interventions, LWF/ZCRS will also be responsible for coordination with the DMMU and distribution of food and soap to households in Lusaka that have been relocated because of floods and cholera.
4. The other ACT Alliance forum members will be responsible for monitoring of the activities in the affected areas.

#### **COMMUNICATIONS**

The ACT Alliance Forum will hold regular weekly meetings to monitor progress of the implementation and all site reports will be collated and communicated to all members by the current chairperson of the ACT Alliance.

#### **PLANNED IMPLEMENTATION PERIOD**

April to June 2010

**BUDGET**

<u>Description</u>	<u>Type of Unit</u>	<u>No of Units</u>	<u>Unit Cost ZMK</u>	<u>Budget ZMK</u>	<u>Budget US\$</u>
<b>A. COUNCIL OF CHURCHES (CCZ)</b>					
<b>Hygiene Promotion</b>					
Campaign materials.	Lump sum	1	6,000,000	6,000,000	1,304
Training of Volunteers	Event	3	5,000,000	15,000,000	3,261
Media Hand wash campaign	Event	9	5,000,000	45,000,000	9,783
<b>Sub Total</b>				<b>66,000,000</b>	<b>14,348</b>
<b>Sensitisation and Chlorine Distribution</b>					
Chlorine	Per box	5000	6,500	32,500,000	7,065
Fuel	Litres	4000	6,600	26,400,000	5,739
Distributors per day	day	10	300,000	3,000,000	652
<b>Sub Total</b>				<b>61,900,000</b>	<b>13,457</b>
<b>Coordination</b>					
Coordinator Salary (Share)	Months	3	2,000,000	6,000,000	1,304
Office Costs (share)	Months	3	1,600,000	4,800,000	1,043
<b>Sub Total</b>				<b>10,800,000</b>	<b>2,348</b>
<b>Total CCZ Budget</b>				<b>138,700,000</b>	<b>30,152</b>
<b>B. LUTHERAN WORLD FEDERATION (LWF)</b>					
<b>Food And Soap</b>					
Maize meal - 25kg per household	unit	400	59,000	23,600,000	5,130
Salt - 500g g per household	unit	400	3,000	1,200,000	261
Soya chunks - 125g/packet/meal/household	unit	6400	3,000	19,200,000	4,174
Bath Soap- 250g Tablets per person	unit	2400	5,000	12,000,000	2,609
laundry soap - 500g bar soap per person	unit	2400	5,000	12,000,000	2,609
Fuel	Litres	1008	6,600	6,652,800	1,446
Vehicle hire - 10 ton truck and Land Cruiser Pick Up	km	300	5,000	1,500,000	326
Allowances -distributors of soap and health kits per day	day	10	100,000	1,000,000	217
<b>Sub Total</b>				<b>77,152,800</b>	<b>16,772</b>
<b>Coordination</b>					
Office Costs (share)	month	3	1,600,000	4,800,000	1,043
Communication - Reporting to Geneva etc	month	4	1,200,000	4,800,000	1,043

External Audit Fees	event	1	13,800,000	13,800,000	3,000
ACT Allinace profiling and visibility	lump sum	1	15,000,000	15,000,000	3,261
<b>Sub Total</b>				<b>38,400,000</b>	<b>8,348</b>
<b>Total LWF Budget</b>				<b>115,552,800</b>	<b>25,120</b>
<b>C. NOWERGIAN CHURCHAID (NCA)</b>					
Installation of Two Purification Units	No.	2	2,000,000	4,000,000	870
Provision of Granular Chlorine	Kg	200	20,000	4,000,000	870
Provision of Flocculants	Kg	100	10,500	1,050,000	228
Plant Operators (4 working in shifts at each Unit)	Person	8	500,000	4,000,000	870
Security Officers to guard the Purification Units (2 per Unit)	Person	4	300,000	1,200,000	261
Transportation of Chlorine and flocculants	Litres	415	6,500	2,697,500	586
<b>Sub Total</b>				<b>16,947,500</b>	<b>3,684</b>
<b>Coordination</b>					
Office Costs (share)	month	3	1,600,000	4,800,000	1,043
<b>Sub Total</b>				<b>4,800,000</b>	<b>1,043</b>
<b>Total NCA Budget</b>				<b>21,747,500</b>	<b>4,728</b>
<b>GRAND ESTIMATED EXPENDITURE</b>				<b>276,000,300</b>	<b>60,000</b>

Exchange rate used: USD 1 to ZMK 4,600