

# Triggering Community-Led Solutions during Times of Cholera

An experience from Kasungu District

November 20, 2009

## BACKGROUND

In the 2008-09 cholera season, Kasungu District registered 50 cases with 7 deaths. The first case was reported on 13<sup>th</sup> January 2009 at Kasungu District Hospital. Thereafter the disease spread to other parts of the district.

This article is regarding how cholera affected Chisamba village, 7km from Kasungu Boma, where the story was different. A young child contracted the disease while he was at the hospital. He died and the body was taken home. The family of the child did not wait for health officials before organising the burial. As a result many people who ate at the funeral got infected, including one old man. This man started showing signs and symptoms of cholera when all members of the family were away from home. There was no one to help him call for help and within a few hours he died. At this time several more people had developed cholera signs and symptoms were being admitted to Kasungu District Hospital.

## KASUNGU DEHO TEAM'S RESPONSE

Looking at the magnitude of the problem the DEHO and his team went to Chisamba village and called for a meeting at the recent victim's family's house while the dead body was still inside the home. The purpose was to trigger the community to institute control measures and to supervise burial of the cholera victim.

When the meeting started the DEHO gave a condolence message to the cholera victim's family and the entire village. He then requested the village chief to chair the meeting. The village chief disclosed that there was panic in the village and the coming of these health officials was their hope. He reassured the health officials that they were ready to do anything that would assist to contain the outbreak. The village chief requested the DEHO to address the people. This time the body was still inside the home. The graveyard was about 4km from the home.

The DEHO informed the people that they (health officials) had no solutions for the outbreak but they were ready to work with the villagers themselves to control the outbreak. He then quickly asked the villages what they thought should be done in order to control the disease. Through brainstorming, the village suggested the following actions:

1. Very few people should handle the dead body.
2. Water chlorination.
3. Frequent hand washing.
4. Defecating in a pit latrine. If none, dig and bury.
5. Health education to all.

Health officials then asked the villagers if they have the capacity to execute what they had just suggested and asked how they were going to do so. Surprisingly, they started looking at each other and one man (possibly a 'natural leader') stood up and said, *"Yes, we can do most of these ourselves,"* except for a few issues which would need drugs and professional expertise.

## THE COMMUNITY'S PLAN

When the group realised that they needed to enlist volunteers from each area of the 10km stretch of the village they started drawing the map of their village on the ground. Eventually, they detailed their map with rivers, boreholes, households, and included cholera cases and deaths. The course of action became clearer.

In the end, the community led the way by producing a work plan. Health officials then came in to fill the gaps.

When this meeting was being conducted some health officials were decontaminating the houses and the dead body with chlorine. Health talk was then given to reinforce their plan. People were requested to wash their hands with soap. The dead body and few people left for the graveyard before people dispersed.

This cholera containment approach was adapted from CLTS ([www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org)), an effective no-subsidy approach which at least 12 districts are using on a regular basis to promote sanitation and hygiene. The cholera outbreak in Kasungu was contained within 3 days because the community was in forefront in implementing its own 'cholera control plan'.

Cholera was first identified in Malawi in 1973. It would be naïve for us in 2009 to assume that people still don't know what to do when they have a cholera outbreak. They have workable solutions. Our role is just help the community identify these solutions and put them into action.

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