Chamzar village Cholera outbreak assessment

Loro Fredrick Beden

On 25 March 2025, a joint field assessment was conducted in Chamzar by the State Ministry of Health (SMOH), County Health Department (CHD), Relief and Rehabilitation Commission (RRC), World Health Organization (WHO), and International Rescue Committee (IRC) to investigate ongoing cholera transmission despite the implementation of oral cholera vaccination (OCV) campaigns.

The mission aimed to identify factors sustaining transmission and inform appropriate public health interventions in response to persistent case reports from the area.





Walk along the blocked road

Objective of the visit

The assessment aimed to identify environmental and behavioral factors contributing to cholera transmission in Chamzar through direct observation and interviews with community representatives.

The methodology included physical observation of living conditions and water and sanitation practices, as well as interviews with community leaders and members.

Observations

Economic activity in Chamzar is centered around fishing and water lily harvesting, which continues to attract large populations to the area despite the risks.

Upon arrival, the team encountered an intense odor of fecal matter. Shelters constructed from grass thatch were found along and on the road, visibly overcrowded and without pit latrines. Open defecation was observed along the dikes, and

floodwater—contaminated and unsafe—served as the main water source. These conditions are consistent with known drivers of cholera transmission, namely poor sanitation and unsafe drinking water.

On the route to Chamzar, the team passed through Thorwangyiela, where they visited an IRC-supported facility. There, an emergency case involving a one-year-old requiring surgical referral was noted. The ambulance arrived during the team's assessment and successfully evacuated the patient by the time the team returned.



Interviews with CL



Community interviews

Community representatives reported 98 households, estimating a population of approximately 600 individuals. However, the assessment team observed a larger population presence. The community noted that 15 households received WASH NFIs in January 2025, but gaps remain in access to water containers and chlorine tablets. Some individuals resort to buying water treatment supplies from local markets. Open defecation along dikes and the use of untreated floodwater for drinking, bathing, and washing were confirmed.

When asked about relocating children out of Chamzar, the community expressed willingness.

Recommendations

Relocation of vulnerable groups: Immediate relocation of children from Chamzar should be prioritized. Adults may remain for livelihood activities such as fishing and harvesting water lilies.

Advocacy for WASH supplies: The Health Cluster should advocate to the WASH Cluster for the urgent provision of chlorine tablets, water containers, and plastic sheets to support safe hygiene and sanitation practices.



Water lily roots



Water lily seeds



Assessment team discussing