

## Zambia: Sanitation backlog to blame for high child mortality

LUSAKA: Dehydration caused by severe diarrhoea is a key cause of infant deaths in Zambia, a country with one of the highest child mortality rates in the world, according to a new report by Zambia's health department.

By [Kelvin Kachingwe](#) 28 Apr 2009

This will not change until government makes a major effort to improve access to clean water and sanitation throughout the country, health experts say.

The Zambia Demographic and Health Survey (ZDHS) report, released in early April, shows that 119 out of 1,000 children don't reach their fifth birthday. Diarrhoea accounts for one fifth of all deaths among children under five.

The symptom makes children more susceptible to other illnesses, such as malnutrition and respiratory infections, which are also among the leading causes of child mortality in Zambia.

Diarrhoea can easily be avoided or reduced by improved sanitation. But sanitation remains a major problem in Zambia. According to the Lusaka-based Central Statistical Office (CSO), not even 60% of the population have access to adequate sanitation and safe water.

Ivy Mutwale, programme officer at Civil Society for Poverty Reduction (CSPR), a national anti-poverty advocacy network of more than 140 organisations, believes access to clean drinking water and sanitation could be enhanced if government implemented its Fifth National Development Plan (FNDP) 2006 - 2011.

"CSPR calls on government to seriously consider increasing the [budget] allocation to the sector. Allocations have reduced in recent years. This shows a lack of [effort] to ensure a healthy and productive population," said Mutwale.

Although adequate policies and strategies have been developed, there has been little implementation. The National Water Policy of 1994, for example, recognises that all water supply strategies should have components on sanitation, health and hygiene education. However, government is yet to put the policy framework into practice.

In his budget speech earlier this year, Minister of Finance and National Planning, Situmbeko Musokotwane admitted that despite the fact that clean water and sanitation have been identified as a key investment area of the FNDP, government has not set aside an adequate budget to tackle the problem.

Government has allocated US\$38.3 million to the National Rural and Urban Water Supply Programme to improve current infrastructure and extend services to under-served areas, particularly in peri-urban sites. It has further set aside US\$1.8 million to improve the country's drainage systems.

This is far too little, experts complain. Dr Chrispin Mphuka, economist at the University of Zambia, estimated in a 2005 study called The Cost of Meeting Millennium Development Goals (MDGs), that Zambia would need to spend US\$42.7 million a year to bring its water and sanitation systems up to scratch.

Harriet Phiri, a mother of four who lives in Kalingalinga township near Lusaka, says she struggles to access clean water because her only access to running water is a communal tap. She also has to share a pit latrine with three other families.

"We don't have clean water except from a communal tap, which is far from my home," Phiri told IPS. "We want our MP [member of parliament] to assist us so that government can improve water in our area. And it's difficult to fight water-borne diseases. Every year, we have the problem of floods, but the government seems not to mind."

Phiri says her children suffer regularly from diarrhoea: "Almost every three months, we have a case of diarrhoea, just because government cannot give us clean water. We need them to do something, that's what we voted for them."

Prudence Phiri, sister-in-charge at Kagoro rural health centre in Katete district, about 500 kilometres outside of Lusaka, confirms that diarrhoea occurs frequently due to lack of sanitation and clean water.

If running water is unavailable, villagers use water from streams for washing, laundry and cooking, she says.

What makes matters worse is that few parents bring their sick children for treatment to the local clinic. Only 60 percent of Zambian children suffering from diarrhoea receive medical attention, according to the ZDHS.

"We have two major problems," explained nurse Phiri. "The first is that we just have one river where the villagers draw water. The second is that most villagers believe in traditional medicine [to treat diarrhoea]."

As a result, many children die of diarrhoea-related dehydration. "In the last few years, we have intensified education campaigns, advising the mothers to boil drinking water and seek medical attention at the clinic [to prevent] dehydration," she says. But behaviour change is slow.

Health department child health specialist, Dr Penelope Kalesha, says it has been a challenge for government to improve access to safe drinking water and sanitation, while at the same time making diarrhoea treatment available to as many mothers as possible.

The World Health Organisation (WHO) recommends oral re-hydration salts (ORS) to treat diarrhoea, which is essentially a pinch of salt and a handful of sugar mixed with clean water and zinc tablets.

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