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Emergency Plan of Action Operation Update 1

Zambia: Cholera Outbreak Lusaka

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRZM011		Glide n° EP-2017-000178-ZMB	
For DREF; Date of issue: 18 December 2017		Expected timeframe: 4 months, Expected end date: 18 April 2018	
Project Manager (responsible for budget, compliance, implementation and reporting): Florence Mangwende, DM Southern Africa Cluster		NS Focal point for this Operation (name and title): Patricia Nambuka, Deputy Secretary General	
Category allocated to the of the disaster or crisis: Yellow			
Total DREF Budget: CHF 248,705	Additional DREF allocation: CHF 26,354	Initial DREF allocation: CHF 222,351	
Total number of people affected: 1,140,638 people		Number of people to be assisted: 200,000 people	
Host National Society presence: Zambia Red Cross society, 10,000 volunteers, 44 staff, 36 branches			
Red Cross Red Crescent Movement partners actively involved in the operation: Netherlands Red Cross, IFRC			
Other partner organizations actively involved in the operation: Ministry of Health (MOH), UNICEF, Save the Children, Ministry of local Government, Disaster Management and Mitigation Unit (DMMU), WHO, Lusaka water and sewerage, Discover Health, OXFAM, Water Aid, MSF, CDC.			

This operation update depicts the progress in the implementation of cholera outbreak response activities of Zambia Red Cross in Lusaka. It **revises the number of target people from 70,000 to 200,000** and seeks **an additional allocation of CHF 26,354**, which will support additional costs for volunteer incentives as they conduct door to door hygiene promotion.

Summary of major revisions made to emergency plan of action:

- Following the declaration of a cholera outbreak on 6 October 2017, ZRCS mobilized 150 volunteers on 15 October 2017 to carry out door-to-door sensitization activities in 3 affected sub-districts i.e. Chipata, Kanyama and Bauleni.
- An initial DREF was requested for CHF 222,351 out of which CHF 80,865 was planned to cover two phases of volunteer hygiene promotion activities. Phase one involved allowances for 1,500 volunteers carrying out intensive door-to-door sensitization and distribution of chlorine, while phase 2 scaled this number down to 90 volunteers carrying out door-to-door sensitization.
- Additional resources assigned by Ministry of Health (MoH) and Netherlands Red Cross (NLRC) allowed supplementation of the existing plans and expansion in the scope of actions to match the sensitization needs, covering the needs of 200,000 people.
- Other activities, such as the acquisition of personal and protection equipment were carried out in complementarity with the support of Netherlands Red Cross.
- Thus, to reflect the above changes in scope, this DREF update is requesting for:
 - A one-month extension for the DREF timeframe ending 18 April 2018

- A supplementary allocation of **CHF 26,354**, increasing the overall operation budget **from CHF 222,351 to CHF 248,705** to allow continued support to volunteers in carrying out hygiene promotion until the 18 of April 2018
- The change in strategy will see approximately 200,000¹ direct beneficiaries reached through door-to-door hygiene promotion activities by the end of the operation.

A. SITUATION ANALYSIS

Description of the disaster

Cholera outbreak in Zambia was declared on 6 October 2017 after two laboratory confirmed cases were recorded from Chipata sub-district of Lusaka from patients who reported to the clinic with acute watery diarrhoea.

By 8 October 2017, another sub-district within Lusaka, Kanyama, recorded its first case of cholera. From then, the epidemic spread mainly in three sub-districts of Lusaka; Matero, Chipata and Kanyama with sporadic cases from reported from other districts. New cases rose on a daily basis, reaching the peak in January 2018 with over 700 cases reported within the 1st week (See figure 1).

The epidemic started to decline in the subsequent epidemiological weeks to January after the robust intervention by the government and its partners including ZRCS. As of 27 February 2018, new cases in Lusaka dropped to 13 with cumulative cholera cases in Lusaka standing at 3,4,041 with 75 deaths while national totals stood at 4,371 cases with 89 deaths (CFR 2%).

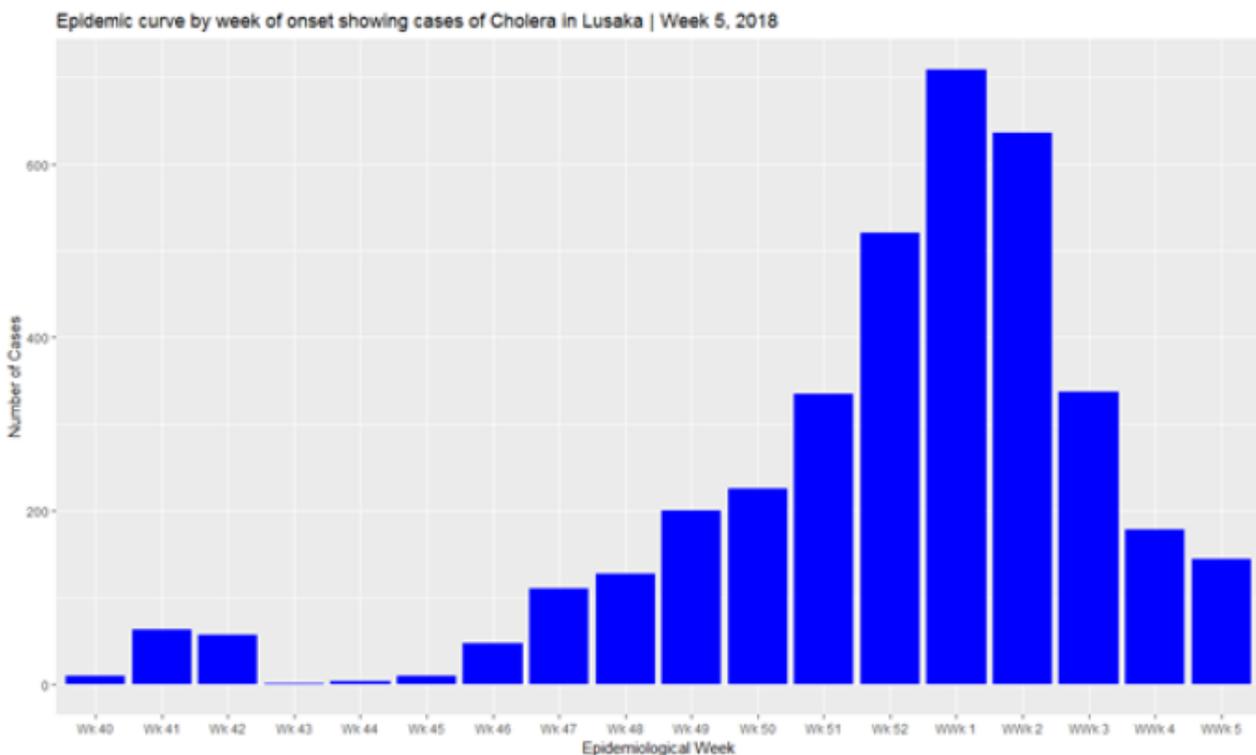


Figure 1: Epidemic curve by week of onset showing cases of Cholera in Lusaka / Week 5, 2018. MoH SitRep

¹ Assuming that each HH is visited at least twice throughout the operational timeframe

While there has been a general reduction of cases, the recent onset of rains has led to resurgence of incident cases in some areas that had been dormant for the past week e.g. Matero. Additionally, trends² from previous years indicate that the cholera outbreak will run until mid-May, coinciding with the rainy season, thus the need for ZRCS to continue responding the outbreak through health promotion activities.

Summary of current response

Overview of Host National Society

In order to mitigate this situation, the Zambia RC with support from the IFRC through the Disaster Relief Emergency Fund (DREF), has achieved the following

- Mobilization and deployment of 300 volunteers to conduct hygiene promotion in worst affected sub districts; 100 volunteers are in each of the most affected sub – districts i.e. Chipata, Matero and Kanyama respectively.
- Procurement of 40,000 bars of hygiene soap to be distributed to 14,000 households in the most affected areas of the 3 sub-districts.
- Procurement of 40,000 bottles (750ml) of chlorine for house hold water purification to be distributed to 14,000 most affected households in above mentioned sub – districts.
- Purchased 5,000 sachets of ORS to be distributed to 1,000 most affected HHs.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) is providing support to the Zambia Red Cross Society through its Southern Africa Cluster Support team based in Pretoria, South Africa. In current response, IFRC deployed a RDRT Health to support the National Society.

Additionally, the Netherlands Red Cross (NLRC) has been in the country supporting the NS with long term development project in Western and North Western Province. In this epidemic, NLRC supported Zambia RC by supporting training and deployment of 75 hygiene promotion champions as well as providing them with PPE.

Overview of non-RCRC actors in country

The Government of Zambia through the Ministry of Health has taken stringent measures to curb the epidemic through a vigorous multi-sectorial response, which lead to massive cleaning of the CBD and markets, closure of non-compliant eating places, trading areas and restriction of gatherings, and administration of the Oral Cholera Vaccine (OCV). The Ministry of Health has taken lead in coordination, surveillance, contact tracing and curative interventions while receiving technical support from line ministries and various agencies.

² MSF: Lusaka's annual cholera disaster: Practical steps for a more effective response.

Response from other actors includes the following:

ORGANIZATION	ACTIVITIES
UNICEF	<ul style="list-style-type: none"> • Provision of granular chlorine (7,000 kgs) • Support for development of multi-sectorial response plan and sector coordination • Hygiene promotion • Support towards Integrated disease surveillance and response • Provide vehicles, cholera treatment and prevention kits, supplies for diagnosis and information/communication materials • <i>Supporting MoH with water quality monitoring and testing (water trucks, bucket chlorination)</i>
World Bank	<ul style="list-style-type: none"> • Sanitation and hygiene promotion (development of a rapid communication package around epidemic), Emergency pit emptying operation in George Compound targeting a total of 1,000 toilets; and temporary (3 month) waiver of faecal sludge dumping fees charged to private pit/septic tank emptiers • Provision of sewer cleaning equipment; purchase of laboratory equipment and reagents for LWSC (already provided) and MoH (planned); and other operating costs related to cholera emergency
World Vision	<ul style="list-style-type: none"> • Provision of liquid chlorine (13,000 bottles x 750 ml)
OXFAM	<ul style="list-style-type: none"> • Provision of household chlorine for purification of water at point-of-use (10, 000 Bottles+ • Public Health Promotion • Community mobilization and IEC material for awareness
WHO	<ul style="list-style-type: none"> • Providing technical/financial support to Ministry of Health for surveillance, case management and OCV
Lusaka City Council	<ul style="list-style-type: none"> • Burying of shallow wells, emptying of latrines and septic tanks, garbage collection, inspection of public places and markets
Lusaka water and Sewerage Company	<ul style="list-style-type: none"> • Supply free water through kiosks and portable water tanks in affected areas

Zambia RC is part of the Technical Working Group on hygiene promotion coordinated by the Ministry of Health. Coordination meetings are internally held in country within the National Society departments and the Netherlands Red Cross, the only PNS present in Zambia. Similarly, coordination meetings are held through Skype between technical departments of the National Society and IFRC's Country cluster support team, and Africa Region. The Situational report on the outbreak from the Ministry of Health is also being shared with the IFRC Southern Africa Cluster office.

Needs analysis and scenario planning

Needs analysis

Though past new weekly cholera cases are on a decline, the onset of rains will lead to a resurgence of incident cases in the coming weeks due to flooding that would lead to contamination of some water points. The recent rainy seasons and outbreak coincides with that of 2003/4 (see figure 2 below) where over 5,000 cumulative cases were recorded. Provision of clean and safe water, household treatment of water using liquid chlorine and intensified health and hygiene promotion needs to be sustained until the end of the rainy season or until the epidemic is halted, especially given that the main

source of contamination is water. To this effect, ZRCS needs to maintain the 300 hygiene promoters deployed on daily basis until April 2018.

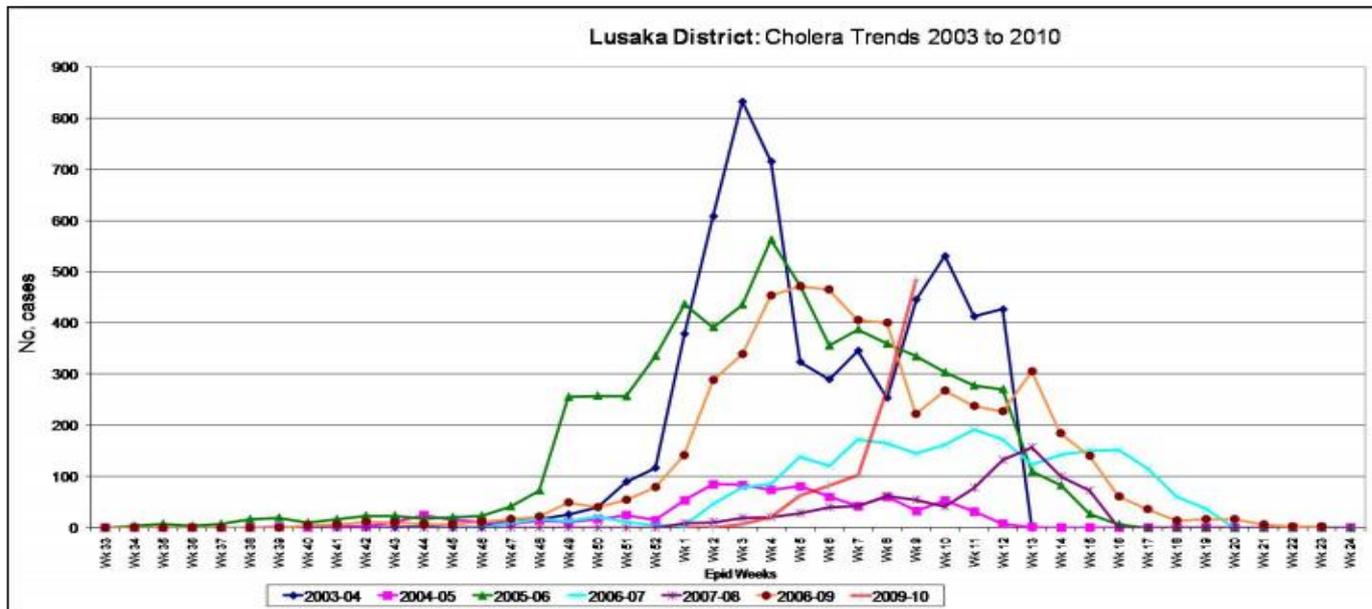


Figure 2. Lusaka district: Cholera Trend from 2003 to 2010. WHO

Operation Risk Assessment

As the rains intensify, some households within operation area would be difficult to reach due to flooding and poor drainage system. To mitigate this, ZRCS procured and distributed gum boots and rain coats to the 300 hygiene promoters for their deployment to these areas.

B. OPERATIONAL STRATEGY

Overall Objective

Contribute to the reduction of mortality and morbidity linked to cholera disease outbreak within the affected communities in Lusaka province, through the provision of health services, clean and safe water supply, sanitation and hygiene activities.

Proposed strategy

The revised DREF Operation will last for four months until 18 April 2018 and will be informed through continued needs assessment as well as the provision of WASH related support to the most vulnerable populations affected (40,000 households and 200,000 people) reached through door-to-door hygiene promotion and sensitization activities, as well as distribution of chlorine, soap and oral rehydration salts. The worsening of the epidemic needed a scale up of

preventive and control interventions such that by 15 October 2017 (one week after the outbreak was declared by MoH) ZRCS mobilized 150 volunteers to carry out hygiene promotion activities working 17 days between 15 October 2017 to 31st Nov 2017 to conduct door to door hygiene promotion in 3 affected sub-district in Lusaka i.e. Chipata, Kanyama and Bauleni. The intended financial support from UNICEF to cover these volunteer allowance costs did not materialize. Due to the rapid increase and spread of cholera cases reported in December 2017, the Ministry of Health and Disaster Management and Mitigation Unit (DMMU) under the Office of the Vice President financially supported ZRCS to mobilize 1,500 volunteers to carry out intensified hygiene promotion (HP) and distribution of chlorine. By the time the DREF was approved on 18 Dec 2018, the outbreak had significantly spread and had almost reached its peak with over 500 weekly incident cases reported in week 52. Given the rapid spread of cholera and increase in needs, and to allow for more effective hygiene promotion activities covering a wider range, the proposed number of volunteers would need to be increased from 90 to 300 volunteers working 7 days a week for 80 days, commencing 29 December to 18 April 2018 (see table 1 below) in 3 worst affected sub-districts of Lusaka i.e. Matero, Chipata and Kanyama.

Volunteer Work Days						
Donor	Start	Finish	Days worked	No. of Vol	Unit cost (CHF)	Total (CHF)
Ministry of Health	1.12.2017	18.12.2017	18	1500	4.5	121,500
Netherlands Red Cross	19.12.2017	28.12.2017	10	75	4.5	3,375
Sub-Total (Others)						124,875
DREF	15.10.2017	31.11.2017	17	150	4.5	11,475
DREF	29.12.2017	31.01.2018	34	300	4.5	45,900
DREF	01.02.2018	18.04.2018	46	300	4.5	62,100
Sub-Total (DREF)						119,475
TOTAL						244,350

Table 1: Volunteer working days and funding sources for payment of volunteer allowances.



Zambia: Cholera

28 February 2018 ● EP-2017-000178-ZMB

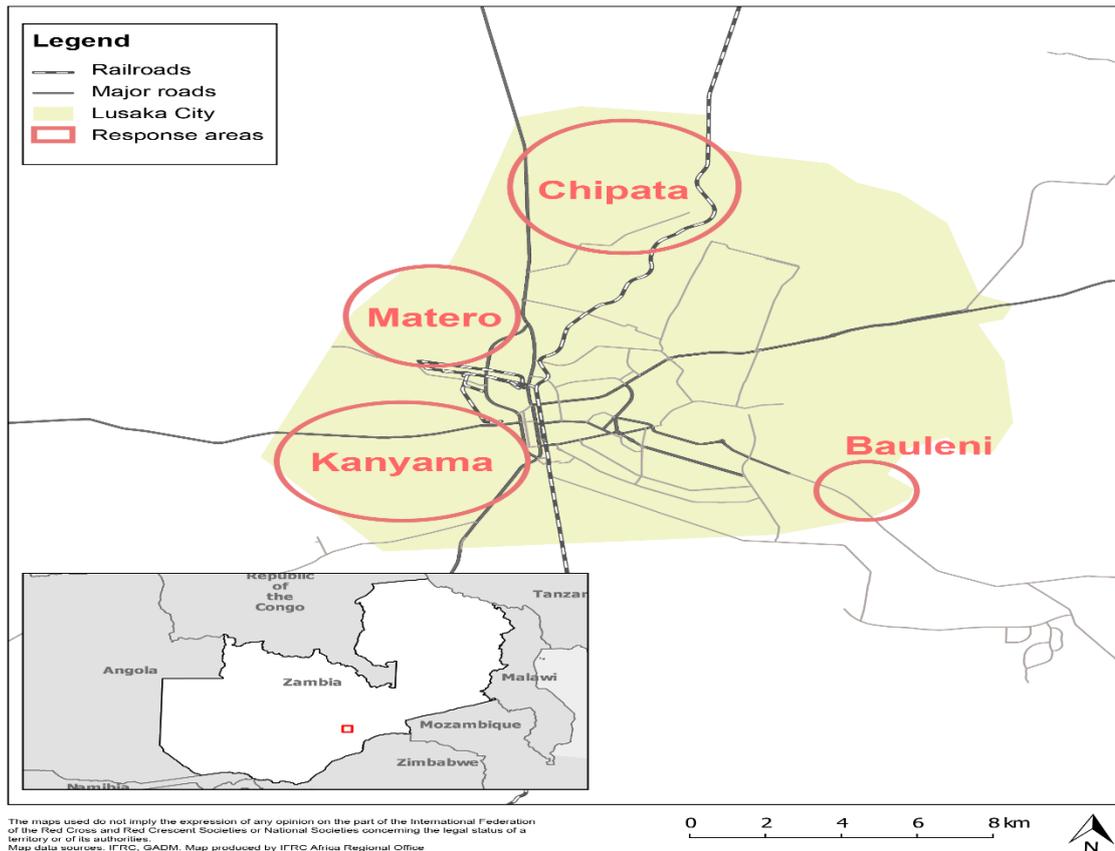


Figure 3. Map showing ZRCS activity areas carried out before DREF (Chipata, Kanyama, Bauleni) and during DREF (Kanyama, Matero and Chipata)

The operation at this point is focusing on;

- Continued support to 300 volunteers in conducting door to door hygiene promotion until 18 of April 2018. The aim is to reach out to at least 40,000 households by the end of this period with hygiene and health messages. There is a need to influence the communities to adopt better hygiene practices which in turn will help reduce the increase of cases.
- Distribution of 40,000 tablets of hygiene soap for hand washing and 40,000 bottles of liquid chlorine for household water treatment to about 14,000 households in most affected areas in Chipata, Matero and Kanyama sub districts.
- Print and distribute 6,000 pieces of IEC materials (brochures and posters). These will be distributed by the volunteers as they conduct door to door visits
- Continued monitoring of Hygiene Promotion activities by hygiene promoters using Kobo Toolbox (mobile data collection tool). Volunteers have received training by RDRT Health on the use of mobile data collection and this has helped in the collection, monitoring and management of hygiene promotion data.
- Refresher training on Hygiene Promotion to hygiene promoters.
- In conjunction with the Save the Children, conduct school-based hygiene promotion activities in selected community schools in the three aforementioned sub-districts.
- Collaborate with other actors and the Ministry of Health in planning implementation monitoring and evaluation of interventions to enhance coordination and complementarity.

C. DETAILED OPERATIONAL PLAN



Water, sanitation and hygiene

People reached: 172,354

Male: 57,149

Female: 115,205

Outcome 1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

Indicators:	Target	Actual
n° of people reached with community-based disease prevention and health programming	14,000	56,555
n° of people reached by NS with services to reduce relevant health risk factors	70,000	172,354

Output 1.1: National Society promote positive behavioural change in personal and community hygiene among targeted communities.

Indicators:	Target	Actual
Mobilize and train 1,500 volunteers in emergency hygiene promotion	1,500	1,500 ³
Produce IEC materials	5,000	6,000
Conduct door to door hygiene promotion (Cholera prevention key messages)	70000	172,354
Procure and distribute liquid chlorine for domestic water purification accompanied with education on how to use chlorine	40,000	40,000
Train volunteers in community engagement and accountability (CEA) ⁴	300	300
Procure and distribute hygiene soap for hand washing	40,000	40,000
Procure and distribute ORS in conduction with the Ministry of Health	5,000	5,000
Train RC volunteers on case detection and referral while distributing ORS	300	300
Continuously monitor the water, sanitation and hygiene situation in targeted communities	70,000	172,354

Output 1.2: Communities are provided by NS with improved access to safe water

Indicators:	Target	Actual
Determine the appropriate method of household water treatment for each community based on effectiveness and user preference	-	done

³ MoH trained 1500 volunteers in a one-day HP training, however refresher training is planned for the current 300 volunteers

⁴ CEA Training embedded in the refresher HP training.

Monitor use of water treatment products and user's satisfaction through household surveys and household water quality tests	3 sub-districts	planned
Progress towards outcomes		
Achievements and Impact		
<ul style="list-style-type: none"> ○ Following declaration of cholera epidemic on 6 October 2017 by the Ministry of Health, Zambia Red Cross Society was the first organization to quickly mobilize and deploy 150 volunteers on 15 October 2017 to conduct door to door hygiene promotion in 3 affected sub-district namely; Chipata, Kanyama and Chilenje (Bauleni). ○ The worsening of the epidemic necessitated a scale up of preventive and control interventions such that by 1 December 2017 ZRCS collaborated with the Ministry of Health and Disaster Management and Mitigation Unit (DMMU) under the Office of the Vice President and increased the number of volunteers to 1,500 with financial supported from MoH. The 1,500 volunteers facilitated distribution of liquid chlorine while conducting door-to-door hygiene promotion for 18 days. This number was scaled down to 300 volunteers, as MoH withdrew support. ○ These 300 volunteers (of whom included the 150 volunteers initially mobilized) have been carrying out health and hygiene promotion since 29 Dec 2017 and are planned to continue until 18 April 2018. ○ As of 25 January 2018, 56,555 households and 172,354 people were reached with hygiene promotion activities. ○ 40,000 bars of hygiene soap have been procured and will be distributed to targeted households by the 300 volunteers. ○ 40,000 bottles (750ml) of chlorine for domestic water treatment have been procured and will be distributed to targeted households in the three most affected sub-districts; Chipata, Matero and Kanyama. ○ 5,000 sachets of ORS have also been procured and are also planned for distribution. ○ The revised budget will allow for monitoring of water treatment user satisfaction and residual chlorine at HH level through purchase of pool testers. 		

Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators:	Target	Actual
Health RDRT deployed to support NS to implement activities	1	1
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
Continued assessments in collaboration with Ministry of health and other partners		ongoing
Coordination meetings and information sharing with other implementing partners	12	18
Monitor implementation of operational activities		ongoing
Lessons learnt workshop	1	To be done

Budget

This operations update is requesting a supplementary allocation of CHF 26,354 (initial allocation was CHF 222,351) to allow continued support to 300 volunteers until the end of April 2018 in carrying out social mobilization and health promotion in 3 cholera affected sub-districts in Lusaka i.e. Matero, Chipata and Kanyama. More so, the continued presence of these volunteers on the ground will enable monitoring of water treatment user satisfaction and residual chlorine at HH level through purchase of pool testers.

The total budget requested for through this operation update 1 is CHF 248,705. For more details, please see attached budget.

DREF

MDRZM011: Zambia Cholera

15.02.2018

Budget Group		DREF GRANT BUDGET
500	Shelter - Relief	0
501	Shelter - Transitional	0
502	Construction - Housing	0
503	Construction - Facilities	0
505	Construction - Materials	0
510	Clothing & Textiles	0
520	Food	0
523	Seeds & Plants	0
530	Water, Sanitation & Hygiene	69,600
540	Medical & First Aid	6,136
550	Teaching Materials	0
560	Ustensils & Tools	0
570	Other Supplies & Services	0
571	Emergency Response Units	0
578	Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		75,736
580	Land & Buildings	0
581	Vehicles	0
582	Computer & Telecom Equipment	0
584	Office/Household Furniture & Equipment	0
587	Medical Equipment	0
589	Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT		0
590	Storage, Warehousing	0
592	Distribution & Monitoring	0
593	Transport & Vehicle Costs	5,450
594	Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE		5,450
600	International Staff	0
661	National Staff	0
662	National Society Staff	10,775
667	Volunteers	121,725
669	Other Staff Benefits	0
Total PERSONNEL		132,500
670	Consultants	0
750	Professional Fees	0

	Total CONSULTANTS & PROFESSIONAL FEES	0
680	Workshops & Training	8,100
	Total WORKSHOP & TRAINING	8,100
700	Travel	8,000
710	Information & Public Relations	1,000
730	Office Costs	360
740	Communications	1,500
760	Financial Charges	880
790	Other General Expenses	0
799	Shared Office and Services Costs	0
	Total GENERAL EXPENDITURES	11,740
		0
830	Partner National Societies	0
831	Other Partners (NGOs, UN, other)	0
	Total TRANSFER TO PARTNERS	
599	Programme and Services Support Recovery	15,179
	Total INDIRECT COSTS	15,179
	TOTAL BUDGET	248,705
	Available Resources	
	Multilateral Contributions	
	Bilateral Contributions	
	TOTAL AVAILABLE RESOURCES	0
	NET EMERGENCY APPEAL NEEDS	248,705

Contact Information

**For further information specifically related to this operation please contact:
In the National Society**

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How we work

All IFRC 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 the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.
