


www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action (EPoA)

Zambia: Cholera Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n°	MDRZM016	Glide n°:	EP-2022-000203-ZMB
Date of issue:	22 April 2022	Expected timeframe:	4 months
		Expected end date:	31 August 2022
Category allocated to the disaster or crisis: Yellow			
DREF allocated: CHF 94,808			
Total number of people affected:	18 suspected and 8 confirmed cases as of 20 April 2022	Number of people to be assisted:	95,518 people (15,919 households)
Provinces affected:	Lusaka Province and Northern Province	Provinces/Regions targeted:	Mtendere, Matero and Chilanga Middle West wards in Lusaka District
Host National Society(ies) presence (n° of volunteers, staff, branches): 120 Volunteers, 10 Staff and 1 Branch Executive Committee			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)			
Other partner organizations actively involved in the operation: MOH- Coordinating operations, Village Water, World Vision, UNICEF, quos government (Water utility Companies, Local Authority)			

A. Situation analysis

Description of the disaster

On 11 April 2022, a [cholera outbreak](#) was declared in Zambia with its index case reported in Mtendere compound which has a population of 106,128 within Chelstone Subdistrict and Matero with a population of 356,462, within Lusaka. The index case involved 3-year-old girl who presented with signs and symptoms suggestive of cholera; results later confirmed the presence of vibrio Cholerae in stool. The patient was admitted at Kalingalinga Clinic, a local health facility where she was treated and discharged.

By 18 April 2022, the outbreak had spread to other areas within Lusaka with a cumulative total of 16 suspected cases of which 8 were confirmed, distributed as follows: Lusaka Province – 7 (Lusaka District 12; - Mtendere 4, Kabangwe 1, Kamwala 1 and Matero 1), Chilanga District (Middles-west 2, Apolo1, and ZESCO Kalundu 2) Northern Province 5 (Nsama District – Nsumbu 5). These are densely populated areas which lack adequate sanitation and access to clean and safe water, posing a danger for further spread of the epidemic. No fatalities have been reported to date. See summary of cases distribution per Cholera Treatment Centre (CTC) in figure 1 below:

CTC	Cumulative										
	Total Number of Admissions	Total Discharges	Total number of Cases Current in isolation	Trans in	Trans out	community deaths(BIDs)	Deaths	total stool samples	RDT Positive	Culture positive	CFR
Levy isolation	1	1	0	0	0	0	0	1	0	0	0
Kalingalinga CTC	5	4	1	1	0	0	0	5	0	3	0
chipata CTC	0	0	0	0	0	0	0	0	0	0	0
matero CTC	4	2	2	0	0	0	0	4	2	2	0
kanyama CTC	2	0	2	0	0	0	0	2	0	2	0
chawama CTC	0	0	0	0	0	0	0	0	0	0	0
Nsama (Nsumbu)	4	3	1	0	0	0	0	6	0	1	0
Total	16	10	6	1	0	0	0	18	2	8	0

Table 1: Distribution of cased in Lusaka and Nsama districts as of 18 April 2022

Although this cholera outbreak has occurred outside the rainy season, it has the potential to mimic the 2017-2018 outbreak, which started in one area and spread to other hotspots within Lusaka, and eventually to other parts of the country. Already, there are reports of suspected cases in Nsumbu area in Nsama District in Northern Province, and the Ministry of Health is yet to rule out epidemiological link between the two events through a risk assessment and patients record tracking. Once the risk assessment report is shared with partners, it will become clearer regarding the situation and gaps in the response strategy. However, MoH has put in place systems for the response and a Lusaka Provincial multisectoral response plan is being finalised and will be shared with relevant stakeholders.

Zambia faces challenges to attain universal access to safe and clean drinking water, as well as inadequate sanitation, especially in densely populated and unplanned settlements in urban settings. These conditions, coupled with the poor hygiene practices among citizens, has caused recurrent outbreaks of WASH related diseases. To note, although Cholera is endemic in Zambia, the country has not had an outbreak since 2019 owing to various cholera preventive interventions being implemented within the context of the country's Multisectoral Cholera Elimination Plan.

Summary of the current response

During a multisectoral coordination meeting¹, the Ministry of Health setup a technical team to conduct a risk assessment, and a report will be finalized and shared with stakeholders once completed. Currently, the Ministry is urging members of the public to uphold high personal hygiene to prevent the further spread of the disease. The Ministry of Health has also activated a multisectoral Incident Management system (IMS), to which Zambia Red Cross Society (ZRCS) is part.

Furthermore, Government is currently responding by addressing gaps in the main pillars, such as Health Promotion and WASH. Interventions currently being conducted include inspection of public premises- so far 553 inspections done, Food inspection currently -3,649 inspections have been done, Water sampling with 149 samples done so far. Government through the Lusaka City Council has disinfected 138 houses and chlorinated 98 water sources within affected areas. Health Promotion is being done through distribution of information communication and education materials and public address (PA) system to alert members of community and give messages on cholera prevention and control. To enhance access to clean and safer drinking water, Lusaka Water and Sewerage Company has mounted 10 by 10,000 water tanks which are being filled in daily. On- site chlorination of tank water is also done. Further, the company has constructed 1,000 household latrines and emptied 1,500 latrines which were full.



Figure 2: Affected Districts in Lusaka and Northern Provinces

¹ Cholera Incident Management System (IMS) involving stakeholders was called on 19th April 2022

Overview of Operating National Society Response Action

ZRCS issued out 300 shippers (750mls x12 per shipper) of liquid chlorine to MoH upon request for domestic water purification in affected areas. Should the cases of cholera rise, the National Society has prepositioned 20 ORP Kits, 117 shipper of liquid chlorine, 3000 tablets of hand washing soap. The local ZRCS Branch has been alerted and 120 volunteers who have been trained on Branch Transmission Interruption Team (BTIT), Community Engagement and Accountability (CEA), Hygiene promotion, Epidemic Control for volunteers are on standby in affected communities. ZRCS has activated an Incident Management System (IMS) for internal coordination purposes. The National Society is now focusing on community mobilization to sensitise communities on preventive and control measures. The ZRCS is also working with the Ministry of Health to train 20 volunteers on BTIT, distribution of chlorine and water testing. Though this was pre-planned activity under the Cholera Preparedness Project supported by the Centre for Disease Control through IFRC, which was running before the outbreak, this would be the starting point for the National Society. However, the ZRCS still has challenges to mobilize all the necessary resources to respond effectively to the Cholera outbreak.

To note, the Cholera Preparedness Project was launched in October 2020 with the objective to provide communities with adequate capacity strengthening and awareness on the disease in cholera prone areas of Mpulungu and Nsumbu in Northern province of Zambia. The preparedness project has been key to helping ZRCS generate awareness on the disease and maintaining safe hygiene practices and supporting communities within cholera hotspots to protect themselves in the event of an outbreak.

Overview of Red Cross Red Crescent Movement Actions in country

Locally, the National Society has a well-coordinated mechanism with full involvement of branch and community leadership. Technical support is also available from the IFRC Country Cluster Delegation in Harare– Zimbabwe as well as at the IFRC Africa Regional Office in Nairobi. Coordination meetings are regularly held in country within the National Society departments and the Netherlands Red Cross, the only Partner National Society with presence in Zambia. Similarly, coordination meetings are held virtually between technical departments of the National Society and IFRC's Country cluster support team.

IFRC Country Support Platform (CSP) Manager and Operations Delegate are also available in the country offering technical support to the ZRCS in the coordination of the response to the outbreak. From previous experience, inadequate staffing posed a challenge on monitoring of the operations. In addition, the volunteer recruitment process was rushed and compromised on the quality of volunteers recruited. As such, the IFRC Cluster National Society Development SOP will also support NS volunteers with capacity building trainings.

Overview of other actors' actions in country

In response to the outbreak, the Ministry of Health has activated an Incident Management System, and partners such as Water Aid, WHO, and UNICEF, other than ZRCS are part. Most partners have offered to support the Government in various sectors of the response depending on the risk assessment report,² which would define the situation and gaps identified. Main actors currently involved in the response are quasi government institutions such as Lusaka City Council and Lusaka Water and sewerage Company which have embarked on disinfection and desludging latrines, chlorination of water sources mounting of water tanks which are being filled in daily, within affected areas.

Building from experience on similar interventions, the Zambian Government, through the Zambia National Public Health Institute (ZNPPI), have set up daily Incident Management System meetings, ZRCS and IFRC actively participate. This helps to ensure better coordination between agencies and prevent eliminates potential for duplication of efforts.

Needs analysis, targeting, scenario planning and risk assessment

The ZRCS has not conducted any assessment regarding this outbreak, as indicated, the Ministry of Health has engaged its technical staff to carry out assessments in the areas where cholera cases are being reported. The assessment covers main spheres including practice, attitude, information gaps, availability of services and logistics amongst others. Therefore, a report on findings will be shared with partners for alignment of response interventions. Nonetheless, MoH, through the IMS has pointed out the need for community sensitization, enhancing access to clean and safe water, proper sanitation, reactive oral cholera vaccination, contact tracing and strengthening surveillance.

Targeting

The cholera response will target 95,518 people in Mtendere, Matero and Chilanga Middle West wards in Lusaka District. This represents 20% of 477,590 people, the total population of the three wards where cases were reported. The assessment, once done and shared by the Ministry, will be able to highlight the extent of the disease burden.

² Assessment report scheduled to be shared on 19th April 2022

Estimated disaggregated data for population targeted.

Category	Estimated % of target group	% Female	% Male
Young Children (under 5 years)	22%	51%	49%
Children (5-17yrs)	13%	51%	49%
Adults (18-49 yrs)	54%	51%	49%
Elderly (>50 yrs)	11%	51%	49%
People with disabilities	1%	51%	49%

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Best case scenario: Lusaka, Chilanga and Nsama districts receives minimal additional cholera cases of up to 20 confirmed cases. There is an increase in relief support from the government and other organizations. To also monitor the risk of cross-border transmission into Zimbabwe (which has not yet reported cases, unlike Malawi and Mozambique).	Limited cholera admissions Minimal disturbances on societal functioning	ZRCS responds through this DREF operation, to compliment support already provided by the Government and other partners
Most likely scenario: More than 20 cholera cases are reported; however, cholera cases are confined in cholera hotspot in Lusaka and Northern Provinces	<ul style="list-style-type: none"> Limited availability of PPE Case fatality increases within Lusaka District Increased restrictive measures with a bearing on societal functioning 	<p>Other branch volunteers should be on standby to respond should the situation change</p> <p>ZRCS continues to respond through this DREF operation.</p> <p>NS also supports Government in resources mobilisation and advocating for more support from in-country humanitarian partners</p>
Worst case scenario: More than 50 cholera cases are reported in cholera hotspots beyond Lusaka and Northern Provinces	<p>More resources for Supporting CTCs created</p> <ul style="list-style-type: none"> Case fatality increases further and CTCs not able to contain Mass graves Limited admission spaces Human resource constraints People caring for cholera victims get infected 	<p>ZRCS reviews this DREF operation based on needs and request a supplementary allocation to reach more people.</p> <p>NS continues supporting Government in advocating for more support from in-country humanitarian partners.</p> <p>ZRCS continues to support the Government through creation of ORPs in the affected areas</p>

Operation Risk Assessment

Since the most affected areas are within Lusaka, there are no major security issues and roads accessibility is good. Safety and security of the volunteers and staff engaged in the operation will be ensured by appropriate safety & security measures and provision of personal protective equipment.

A critical risk factor in the cholera response operation will be the availability of funds from government to support staff working in the cholera response programme. The situation in Zambia is fluid and potentially volatile. This proposal reflects the current situation on the ground; however, flexibility is required as the situation is expected to evolve due to

other factors. Moreover, resources and activities may be reprogrammed based on the results of further field assessments and the spread of the disease.

B. Operational strategy

Overall Operational objective:

Zambia RCS has been at the forefront of the development of Cholera preparedness approach of RCRC across the Africa region which comprises of three elements: access to Oral Rehydration Therapy: WASH interventions in case households and areas to break transmission and support to Oral Cholera Vaccine (OCV) campaigns when they move forward.

To prevent further spread of cholera and fatalities due to the epidemic in affected communities, Zambia Red Cross Society will respond through its involvement in implementing activities in social mobilization to create awareness, promote good hygiene and sanitation and promote behaviour change, enhancing access to and use of clean and safe water using the WASH Intervention Team methodology with which the NS is familiar. These activities will be done in close collaboration with MoH, Local Authorities and other actors such as UNICEF, WHO and Water Aid Zambia, by targeting hot spots and specific number of households in the affected communities.

To help achieve these objectives, ZRCS will build up from its ongoing Cholera Preparedness Program being implemented with support from IFRC and which has enabled the following activities in cholera prone areas including those currently affected:

- Capacity building of volunteers in BTIT – this training will reach 20 volunteers and will be conducted in ending April 2022
- Hygiene promotion activities
- Water quality testing
- Distribution of water purification material such as chlorine
- Conducting assessments of sanitation facilities, checking availability and disinfections, etc.
- Prepositioning of hand soap and liquid chlorine and
- Procurement of 20 ORP kits which are stationed at ZRCS warehouse, ready to be deployed if situation escalates.

Overall, the Cholera Preparedness Program has been instrumental to the institutional preparedness of ZRCS and complements this DREF operation thanks to the prepositioned stocks. That said, it is important to highlight those activities directly targeting communities have solely been implemented in the Northern province, also affected by the outbreak, and already responding thanks to achievements from preparedness.

Proposed strategy

As alluded above, the ZRCS approach in this response is to create awareness, promote good hygiene and sanitation, behaviour change, as well as enhancing access to and use of clean and safe water in close collaboration with MoH, Local Authorities and other actors such as UNICEF, WHO and Water Aid Zambia. This will be done by targeting hotspots and specific number of households in affected communities.

The design and implementation of this operation is based on identified needs as well as feedback from the targeted communities. Thus, the following activities will be prioritized in this response:

- Prepositioned ORP kits will be made ready and trained volunteers trained put on standby if MoH requires ORP support.
- Conduct house to house environmental sanitation, hygiene and health promotion activities including risk communication and community engagement. This will be done through the deployment 120 volunteers every day for 4 four (4) months (as the disease evolves). Prior to their deployment, these 120 volunteers will be trained in hygiene promotion techniques, with CEA modules injected through the training <https://communityengagementhub.org/learn-and-share/branch-level-training-package/>
- Training of additional 20 volunteers on Branch Transmission Intervention Team (BTIT) for Cholera outbreak response and Control that will be done in collaboration of Environmental Health Officers from MoH. Together with those trained as part of the preparedness program, this will be a total of 40 trained volunteers on standby. These volunteers will be selected from the 120 which will receive hygiene promotion training and will support identification and referral of suspected cholera cases.

Conduct community sensitization through door-to-door visits, public address system. Printing of IEC materials, radio, and TV discussions on WASH issues in three target communities through the deployment of 120 volunteers (40 per affected community) to conduct social mobilizations on cholera prevention and control. Volunteers will be deployed two days a week for four months. Some 12 ZRCS staff will be deployed for 14 days in all targeted areas to support hygiene promotion, using public address systems.

- Distribution of WASH items as such domestic liquid chlorine, liquid hand washing soap to households sufficient for four (4) months in targeted communities and orientation on how to use distributed items (1 bottle of 750mls of domestic liquid chlorine per household, 2 liquid handwashing soap per household). The ZRCS has preferred the methodology of distributing domestic liquid chlorine and ensure demonstration sessions for proper use and follow up at household level to assess compliance with recommendations for dosing chlorine in drinking water. For this activity, all 120 volunteers, will be briefed to conduct a two weeks' distribution across all two target communities with close supervision by MoH Environmental Health Officers and ZRCS Staff. To note, these items have been prepositioned through the Cholera Preparedness Program with IFRC, as such will not be budgeted in this DREF operation.
- During the social mobilization, volunteers will mobilize communities, demonstrate appropriate hand washing procedures, perform dramas (theatre) on the cholera prevention with question-and-answer sessions to measure knowledge attitudes and perceptions on cholera and generally Water Sanitation and Hygiene (WASH).
- Develop and roll out a Knowledge, Attitudes and Practices survey/rapid situational analysis in Lusaka district to assess behavioural challenges, local cultures, customs, concerns and risk behaviours and practices of communities as well as and track myths and knowledge gaps before and after hygiene and health promotion sessions.
- In coordination with IFRC Cholera Coordinator and British RC and Netherlands RC, ZRCS will explore the possibility of the use of inline chlorinators at water points as an immediate and medium-term solution to ensuring safe water in some of the affected areas. Evidence Action will be approached to see if a longer-term collaboration is possible.
- Procurement of 120 T-shirts and 120 bibs for volunteers and NS staff (10) and other visibility materials with cholera messaging.

ZRCS is regularly collecting information on the prevailing situation from **MoH/ZNPFI** as well as alerting local ZRCS Branches and would deploy volunteers if the cases escalate. The collected information and evolution of the outbreak will continue to be analysed and will be used to inform changes in the operational strategy.

Human resources: An overall 120 volunteers will be deployed to support implementation of this operation. They will be supervised by 12 NS staff who will also be deployed to support hygiene promotion activities. Although IFRC has an operation manager in country, there is need to deploy the Harare Cluster NSD and PMER officers to support i) volunteer management which has proven to be challenging from previous responses, and ii) support data management and reporting.

Community Engagement and Accountability (CEA) principles will form the core approach that the NS will employ in this response to ensure that affected people are at the core of this operation. ZRCS will ensure the integration and mainstreaming of community engagement and feedback mechanisms during the whole course of the operation. The NS will be engaged in collecting community feedback by putting in place a feedback desk during the distribution and sensitization sessions as well as during the door-to-door visits. In addition, a post distribution monitoring will be done as per required. To ensure community participation, community representatives e.g., civic leaders, women groups, religious leaders, and youth groups will be identified to work with on the social mobilization campaigns and community sensitization.

The NS has been implementing CEA at all its operations. Volunteers have been trained on CEA and community complaint and feedback do exist such hot line, suggestion boxes. However, these systems require strengthening which will include setting up more community feedback desks managed by community volunteers to provide access to phones, there is need also to raise awareness of the feedback mechanisms available and how they can be used by different categories of community members, including providing feedback to the community on rumours. Through the activation of different committees, such as the CEA, RCCE committee, the feedback or rumours received by NS RCCE/CEA focal persons will be analysed and shared with relevant stakeholder for the purpose of getting feedback and communicating to the community in different ways like developing IEC to address certain issues, giving feedback through volunteers, radio programs. The NS has an opportunity also to ride on the already existing CEA platforms in the Ministry of Health such as hot lines, suggestion boxes. Different methodologies will be used to reach out to the general members.

Management and coordination of the Cholera outbreak response operation will be further strengthened through: Provision of IEC materials and conduct WASH sensitisations in schools should the outbreak reach school days considering that schools are closing by 22nd April 2022

In addition to the volunteers, 10 ZRCS at field level staff (5 people per targeted community) will ensure supervision of volunteer activities at per week for 4 months.

Communication: Constant contact with the ZRCS volunteers and branch will be maintained as well as effective communication between all levels of the operation. Periodic meetings will be held to provide updates and information on progress.

Logistics and Procurement: Establishment of a fast-track procurement process by getting specifications on time and pre-qualification of potential suppliers to enhance lead times to supply needed commodities to the community. This will be done per ZRCS procurement procedure.

Security: The security environment in Zambia remains very peaceful as ever to which provides enabling environment for ZRCS, and other actors personnel adequately and freely implement their programme activities.

C. Detailed Operational Plan



Health

People targeted: 95,518

Male: 45,848

Female: 49,670

Requirements (CHF): 0

Needs analysis: This operation is being implemented in Cholera affected communities of Lusaka Province of Zambia. Zambia frequently experiences acute watery diarrhoea (AWD) and Cholera outbreaks and Health service records and community-based surveys indicate that diarrheal diseases are major causes of morbidity and mortality in Zambia because of low access to safe water and adequate sanitation.

Population to be assisted: Social mobilization activities will be carried out by the trained volunteers on Cholera outbreak response in each target communities for 4 months. It is aimed to address high risk areas through mass education using various techniques. Key messages will focus on the major topics of safe water handling at household level, Household water treatment, appropriate hand washing practice and on diarrheal related diseases. The operation will also train the 20 ZRCS volunteers who will be deployed for the cholera outbreak while others will be oriented.

P&B Output Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	<ul style="list-style-type: none"> • % of targeted people reached with health promotion (Target: 100%) • % of cholera cases referred to the government medical centres for CTC (Target: 100%) 															
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population	<ul style="list-style-type: none"> • # of affected communities reached with CBHFA methods (Target: 3 communities) • # of people reached (Target: 95,518 people) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP084	Develop and roll out a KAP survey/rapid situational analysis in Lusaka district, before and after hygiene promotion																
AP084	Conduct health promotion through CEA																
P&B Output Code	Health Output 4.4: Transmission is limited through early identification and referral of suspected cases	<ul style="list-style-type: none"> • % of cases identified through community based surveillance referred (target: at least 90%) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	AP021	Establish communication and engagement with communities related to case detection															
AP021	Supervision and data collection/monitoring																
P&B Output	Health Output 4.6: Improved knowledge about public health issues among Mtendere, Matero and Chilanga Middle West wards in Lusaka district	<ul style="list-style-type: none"> • % of the target population that have access to information pertaining to the cholera epidemic prevention (Target: 100%) 															

MDRZM016 – Zambia Cholera – DREF EPoA

Code																	
AP021	Identification and referral of cholera suspected cases by volunteers																
AP021	Reproduce and distribute IEC materials on community-based disease prevention, epidemic preparedness and health promotion, complemented by the use of social media and youth as agents of behavioural change																
P&B Output Code	Health Outcome 7: National Society has increased capacity to manage and respond to health risks	# of NS volunteers providing cholera interventions in affected communities (Target: 120 volunteers)															
	Health Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Technical coordination and collaboration with regional humanitarian organizations																



Water, sanitation and hygiene

People targeted: 95,518

Male: 45,848

Female: 49,670

Requirements (CHF): 47,777

Needs analysis: This operation is being implemented in Cholera affected communities of Lusaka province of Zambia. Zambia frequently experiences Acute Watery Diarrhoea and Cholera outbreak and Health service records and community-based surveys indicate that diarrheal diseases are major causes of morbidity and mortality in Zambia because of low access to safe water and adequate sanitation.

Population to be assisted: A total of 95,518 individuals will be targeted for soap distribution, while 15919 households will be targeted for domestic liquid chlorine in three targeted areas in Lusaka Province.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities	# of households supported and reached with WASH items to improve hygiene and sanitation condition (Target: 15,919 HH)															
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

AP026	Conduct training for RC volunteers on carrying out water, sanitation and hygiene assessments/BTIT																	
AP026	Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities																	
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities																	
AP026	Coordinate with other WASH actors on target group needs and appropriate response.																	
P&B Output Code	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	# of affected people that have access to safe water per Sphere stands (target: 95,518)																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP026	Provide safe water to 15,919 HH in targeted communities through household water treatment.																	
AP026	Monitor use of water through household surveys and household water quality tests.																	
AP026	Procure and distribute 1591 household water treatment products liquid chlorine, sufficient for 4 months,																	
AP026	Educate population of targeted communities on safe water storage and on safe use of water treatment products																	
AP026	Monitor treatment and storage of water through household surveys and household water quality tests.																	
P&B Output Code	WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population	% of target population using latrines and toilets for excreta disposal (target 100%)																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP028	Ensure toilets are clean and maintained according to standards during community sensitizations																	
AP028	Mobilize targeted communities to construct toilets and carry out environmental sanitation activities.																	
P&B Output Code	WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population	<ul style="list-style-type: none"> # of people reached with hygiene promotion messages (target: 95,518) # of households supported with WASH items such as domestic liquid chlorine, hand washing with soap and disinfectants (target: 15,919) 																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP030	Conduct needs assessment: define hygiene issues and assess capacity to address the problem.																	

AP030	Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication), based on trusted communication channels																	
AP030	Design/Print IEC materials																	
AP030	Assess progress and evaluate results.																	
AP030	Encourage construction and maintenance of handwashing facilities in targeted communities.																	
AP030	Develop and roll out a KAP survey/rapid situational analysis in Lusaka district, before and after hygiene promotion																	
P&B Output Code	WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population	% of households supported with NFIs to improve hygiene (Target:100%)																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP030	Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for each community based on health risks and user preference in targeted communities in coordination with the WASH group or cluster.																	
AP030	Train population of targeted communities in use of distributed hygiene kits.																	
AP030	Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.																	
P&B Output Code	WASH Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase	% of targeted population adhering to proper water, sanitation and hygiene guidelines (target: 100%)																
	WASH Output 2.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP026	Conduct training for RC volunteers on carrying out water, sanitation and hygiene monitoring and evaluation																	
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities																	
AP026	Coordinate with other WatSan actors on target group needs and appropriate response.																	

Strategies for Implementation**Requirements (CHF): 45,709**

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform these trainings are supported by the the NSD SO at the Cluster	# of NS volunteers insured in readiness for program (Target: 120)															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected and trained	# of self-motivated volunteers in the response (Target: 100 volunteers)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that volunteers are insured																
AP040	Provide complete briefings on volunteers' roles and the risks they face and train the volunteers in NSD matters and understanding the movement																
AP040	Provide psychosocial support to volunteers																
AP040	Ensure volunteers are aware of their rights and responsibilities																
AP040	Ensure volunteers' safety and wellbeing																
AP040	Ensure volunteers are properly trained																
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement																

Funding Requirements

Overall funding allocated for implementation of this emergency plan of action is CHF 94,808 as detailed in below budget.

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

In the Zambia Red Cross Society

- Cosmas Sakala, Acting Secretary General; Mobile: +2650963724899; Email: cosmas16sakala@gmail.com
- Wina Wina, Acting DM Manager; Mobile: +260977526690; Email: wina.wina@redcrosszm.org

In the IFRC

IFRC Zimbabwe Country Cluster Delegation

- John Roche, Head of Cluster Office; phone: +263 772 128 648; Email: john.roche@ifrc.org
- Hillary Motsiri Operations Manager; Mobile: +276 491 804 56; Email: Hillary.motsiri@ifrc.org
- Gloria Kunyenga, Operations Delegate Zambia, Email: Gloria.KUNYENGA@ifrc.org

IFRC Regional Office

Adesh Tripathee, Head of DCPRR Unit, Kenya; phone: Mobile +254 731 067489; Email: adesh.tripathee@ifrc.org

In IFRC Geneva

- **Programme and Operations focal point:** Nicolas Boyrie, Operations Coordination, Senior Officer, DCPRR; email: nicolas.boyrie@ifrc.org
- **DREF Compliance and Accountability:** Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; Email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Louise Daintrey; head of Partnerships and Resource Development; Email: Louise.DAINTREY@ifrc.org;

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, Email: rishi.ramrakha@ifrc.org ; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- IFRC Africa Regional Office: Philip Kahuho, PMER Manager, Email: Philip.kahuho@ifrc.org; phone: +254 732 203 081

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.