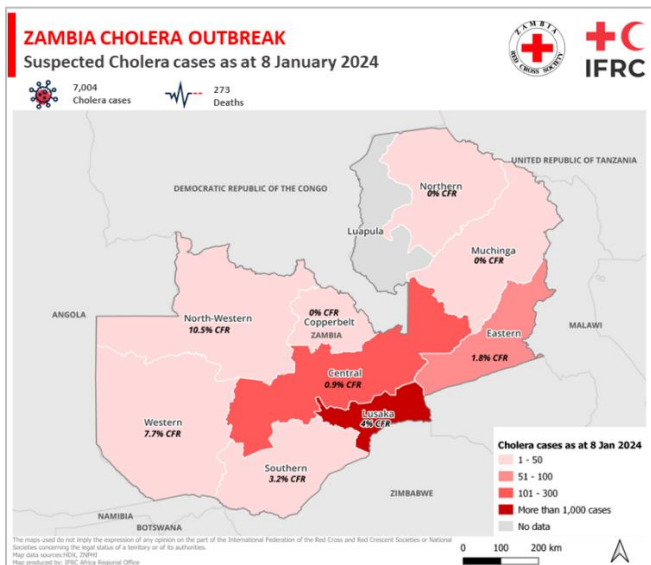




Zambia Red Cross volunteers conduct community hygiene promotion. (Source: ZRCS)

Appeal №: MDRZM021	IFRC Secretariat Funding requirements: CHF 3 million Federation-wide Funding requirements: CHF 4 million¹	
Glide №:	People at risk: 10m people	People to be assisted: 3.5m people
DREF allocation: CHF 750,000	Appeal launched: 10/01/2024	Appeal ends: 31/12/2024

¹ The Federation-wide funding requirement encompasses all financial support to be directed to the Zambia Red Cross Society in response to the emergency. It includes the Zambia Red Cross' domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 1 million), as well as the funding requirements of the IFRC secretariat (CHF 3 million). This comprehensive approach ensures that all available resources are mobilised to address the urgent humanitarian needs of the affected communities.



SITUATION OVERVIEW

A cholera outbreak which was first reported in October 2023 has seen a dramatic increase in transmission since mid-December. The country has now recorded a cumulative 8,276 cases and 333 deaths, with 446 new cases and 23 deaths in the past 24 hours according to a daily update from the Ministry of Health² resulting in a case fatality rate of 4%. Thirty-one percent of the cases are in children under five years old.

The outbreak initially emerged in peri-urban areas of Lusaka Province, which still has the most cases. But due to the high rate of transmission, the disease is now affecting people across multiple geographical areas. Since the start of the current cholera outbreak, nine out of the ten provinces have reported cases of cholera with seven provinces confirming cholera outbreaks. Out of 116 districts, 39 have confirmed outbreaks and 46 have reported cases. This rapid escalation of the disease has caused concerns among stakeholders and the community who feel threatened by the alarming rise in cholera cases.

The country experienced its last major outbreak from October 2017 to June 2018 with a total of 5,935 reported cases and 114 deaths (CFR 1.9%). Although the outbreak gradually

spread to seven other provinces in the country (all epi-linked to the Lusaka outbreak), 92% of these cases occurred in Lusaka district.

For this outbreak, the cases and spread of the disease are increasing daily. The figures underscore the persistent challenges faced by health authorities in Lusaka, emphasising the need for robust public health interventions and containment strategies.

Lusaka district³ is densely populated (100 people per square kilometre) with a large portion of the population living in the peri-urban areas, where overcrowding, poor solid waste management and inadequate access to safe water and sanitation are prevalent. In addition, there is inadequate drainage systems with associated frequent flooding in the rainy season. These peri-urban areas also consist of highly mobile populations that further increase the risk of the spread of communicable diseases. Lusaka, being a central transit point, can lead to outbreaks spreading quickly to other districts.

The rapid escalation of cases has put a strain on local health care provision for other essential services. There is reduced outpatient and inpatient services due to the closure of health facilities, repurposing of the health workforce, and stock-outs of medicines and other supplies. There is also a diversion of resources from routine services to respond to the cholera response activities. Regular health services are stretched, including isolation facilities, intensive care units, laboratory and other diagnostic services as well as ambulances services.

In response to the surge in cholera cases, the government has designated Lusaka's National Heroes Stadium as a Cholera Centre as township health centres are now struggling to cope. Schools in Zambia will remain closed for an additional three weeks following the festive holidays, causing a delayed start to the academic year.

² (as of 11 January), <https://x.com/mohzambia/status/1745406772314018055?s=20>

³ <https://www.gtfcc.org/wp-content/uploads/2019/05/national-cholera-plan-zambia.pdf>

In-country movements during the Christmas break and the start of the rainy season may have contributed to the escalation of cases and extended the outbreak to new areas. A recently released Flash Flood Monitor weather advisory (9 January 2024) indicates that Lusaka is at higher risk of flash floods and water logging in the coming weeks, which may further worsen the already complex cholera outbreak situation.

If the situation is left unchecked, cases will continue increasing in Lusaka with the threat of an escalation in cases in other provinces and districts. With recent outbreaks in neighbouring countries, the cross-border linkages to Malawi, Zimbabwe, and Mozambique highlight the interconnectedness of the regions, posing further challenges to containment efforts.

Reported challenges contributing to the escalation include poor sanitation coverage in the affected areas; transmission of cases outside of Lusaka which are intensifying the outbreak; challenge of following cholera cases and implementation of cholera interventions across international borders in Luangwa and Petauke districts; and inadequate ambulances to support the transfer of patients.

The priority actions for the government are to continue the whole of society response activity, with improved risk communication and community engagement in this fight against cholera; heightened surveillance in all provinces to enhance early detection and respond to cases; need for additional human resources and commodities at Hero's Stadium with additional personnel and commodities; scale-up the provision of safe water in the affected communities, with ongoing water quality monitoring; continue engagement with other line ministries and partners to support the responses; repositioning of commodities for the surrounding districts and provinces to

prevent further escalation; and support for the vaccination campaign due to commence.

To date, the Zambia Red Cross Society (ZRCS), with the support of partners,⁴ has been able to contribute to the government's response as follows:

- Deployed volunteers who are supporting the cholera response activities through door-to-door visits in Lusaka sub-districts, Kafue, Chilanga, and Chongwe.
- Identifying and monitoring of individuals exposed to cholera through ongoing contact tracing efforts.
- Supported the Ministry of Health (MOH) in setting up 28 oral rehydration points (ORPs) in all six sub-districts which are being supported by MOH staff.
- Supporting the disseminating hygiene messages by conducting radio programmes and public address activities, reaching over 3.3 million people in Lusaka Province.
- Continued to carry out community sensitisations on cholera prevention in four districts of Lusaka Province.

SUB-REGIONAL SITUATION

While cholera is not uncommon in the region, the IFRC has seen a rise in the severity of outbreaks. In Malawi in 2023, then Zimbabwe, and now Zambia, are facing significant challenges with regards to cholera outbreaks. This resurgence is not an isolated incident, as 10 more countries⁵ (Malawi, Mozambique, Somalia, Kenya, Ethiopia, Zambia, South Sudan, Burundi, Tanzania, and South Africa) in Eastern and Southern Africa are facing similar challenges with cholera and acute watery diarrhoea.

Last year, neighbouring Malawi faced one of its worst cholera outbreaks in years, affecting all 29 health districts in the country. The outbreak peaked in January and as of August 2023 there were 58,979 confirmed cases and 1,768 deaths.

⁴ UNICEF and ECHO PP

⁵ <https://reliefweb.int/report/zimbabwe/who-zimbabwe-cholera-outbreak-update-december-2023-issue>

The IFRC launched an Emergency Appeal⁶ to support the Malawi Red Cross in its efforts to respond to the crisis.

Currently in Zimbabwe, the first cholera outbreak started on the 12 February 2023 in Chegutu town, Mashonaland West Province. To date, suspected and confirmed cases have been reported in 58 districts and in all 10 provinces of the country, with a cumulative total of 16,568 suspected cholera cases, 67 laboratory confirmed deaths, and 297 suspected cholera deaths. The IFRC launched an Emergency Appeal⁷ to support the Zimbabwe Red Cross in its efforts to respond to the outbreak and spread in cases.

Mozambique also continues to be threatened by cholera with the country responding to the worsening outbreak which has been ongoing since October 2023. According to the most recent data, from 1 October 2023 to 2 January 2024, Mozambique recorded a total of 8,266 cases of cholera and 20 deaths in six provinces, which corresponds to a case fatality rate of 0.2%. Mozambique's health authorities will begin a cholera vaccination campaign on Monday in nine districts, the most affected by the current outbreak of the disease, and expect to reach more than 2.2 million people in five days.

TARGETING

In response to the current cholera public health emergency and in alignment with the Government of Zambia's Cholera Response Plan, this Emergency Appeal aims to scale-up activities and geographical areas, allowing the ZRCS to respond to the new and increasing cholera caseload. The overall objective of this operation is to contribute towards stopping the spread of the cholera outbreak through improved hygiene and health behaviours, interrupting the chain of transmission, strengthening case management, and providing beneficial information to communities.

Given the current situation, Lusaka accounts for over 90% of the cases reported. Additionally, most of the reported cases in other districts are linked to Lusaka. Therefore, focusing interventions in Lusaka District will impact the reduction of infection and transmission in other districts. ZRCS plans to target at least 3.2 million people, mainly in the affected communities within Lusaka province, mainly those in urban and peri-urban areas who are the most affected as indicated in the cholera outbreak reports prioritising Lusaka Province.

The targeted populations will be prioritised based on the increased number of cases and deaths, along with high-risk factors contributing to the occurrence of new cases. The target locations include areas with high caseloads, peri-urban informal settlements, and health institutions managing cholera patients in the targeted geographical areas. Targeting will prioritise children under five years of age, pregnant and lactating women, religious groups, mining communities, and communities along rivers and in areas with poor WASH conditions. The Emergency Appeal will also address other vulnerable groups of people (disabled) and those engaged in high-risk behaviour, such as artisanal miners.

The variations in new cases, cumulative cases, and case fatality rate among the districts highlight the complex and dynamic nature of the cholera outbreak. Factors, such as population density, access to clean water, sanitation infrastructure, and healthcare resources contribute to the observed differences. Examining these factors in detail will provide valuable insights for tailoring response strategies to the specific needs of each district.

⁶ <https://adore.ifrc.org/Download.aspx?FileId=761992>

⁷ <https://adore.ifrc.org/Download.aspx?FileId=760810>

PLANNED OPERATIONS

Through this Emergency Appeal, the IFRC aims to support the ZRCS in its response to the 2023-2024 cholera outbreak. All activities will be coordinated through the Government of Zambia's Incident Management Structure (IMS). The IFRC's response strategy will be to contribute to supporting 3.2 million people by focusing on the following areas:



Health & Care

Prevent and control, interrupting the chain of transmission

- Mobilise volunteers to support health workers in the early detection of new cases through active case findings and support for contact tracing.
- Interrupt transmission routes through trained volunteers, ensuring that upon identification of cholera/diarrhoea cases from affected households, thorough disinfection is carried out to reduce the risk of household transmission.
- Support the working modalities of Branch Outbreak and Response Teams, whose aim is to break transmission routes targeting case households and neighbourhoods, working from health facility line lists to target case areas.

Risk Communication and Community Engagement (RCCE)

- Reduce the spread of cholera and build trust in the response through risk communication and community engagement (RCCE) approaches, including feedback mechanisms, mass communications, and supporting community-led solutions. The collaboration will include the MOH to ensure alignment and consistency in messaging.
- Necessary infection prevention and control (IPC) materials procured will be distributed to volunteers and staff, working in the vaccination sites. Furthermore, volunteers working in communities will be trained on the correct use of the IPC materials.

Establishment of Oral Rehydration Points (ORPs)

- The ZRCS will scale-up their establishment of ORPs to ensure widespread coverage and accessibility for affected populations. This distribution will be based on a careful assessment of the geographical spread of cholera cases and vulnerable communities.
- Oral Rehydration Therapy (ORT) preparedness at the branch and community level with the aim of immediately saving lives: ORT volunteers will be able to diagnose, treat, and refer cases, as well as help communities become better prepared for future outbreaks. The prepositioning of ORP kits and the training of volunteers will allow for the timely scale-up of ORT, if needed.

Oral Cholera Vaccination (OCV)

- The ZRCS will support the OCV campaigns through volunteers and staff in the sub-district of Lusaka District.
- The ZRCS will continue to closely collaborate with the MOH in adopting infection prevention practices and ensuring that people have easy access to essential healthcare services, including vaccinations and the strengthening of gender-sensitive protection and social safety nets.

Case management

- The ZRCS will provide support in improving case management of cholera at the community and facility levels through the procurement of case management supplies and lab reagents and setting up ORPs and Cholera Treatment Units.

- The ZRCS will strengthen coordination, information management, and extend technical support to the MOH through cholera Emergency Response Units and technical surge capacity.
- The ZRCS will provide psychosocial social support (PSS) to communities (activities include training of volunteers, PSS activities, and quality assurance activities).



Water, Sanitation, and Hygiene (WASH): Improvement in the availability of safe water and sanitation facilities

- Contribute to accessing clean and potable water through the construction and rehabilitation of water points and by promoting household water treatment and safe storage.
- Provision of handwashing facilities (activities include the procurement of handwashing stations and soap, and community activities to determine installation locations and support for upkeep).
- Raise awareness on the dangers of open defecation and innovative ways of constructing latrines along and beside bodies of water.
- Support the purification of household drinking water and improvements in household hygiene through the provision of WASH items such as chlorine, water buckets, and sanitisers at the household level together with hygiene promotion.

Community Engagement and Accountability (CEA)



- The ZRCS will ensure that the already developed CEA tools, tailored to the Zambian context, are used to collect relevant data to plan CEA approaches and activities, gather community feedback, and make sure the feedback is used to generate ownership within the community.
- Community members will be involved as much as possible in the planning stages and throughout the response to increase their ownership, sharing clear information about the response activities, selection criteria, and distribution processes through community meetings and door-to-door activities.

Protection, Gender, and Inclusion (PGI)



- The ZRCS will incorporate aspects of PGI in all its programming.
- The National Society, in being aware that calamities affect people differently, will identify and support the weak and most vulnerable in society, such as the elderly, persons with disabilities, and children by enhancing access to response services and commodities, such as IPC materials and messaging.
- This will ensure that no one is left behind and that there is inclusion in the distribution of services. Staff and volunteers will be oriented on aspects of child protection, prevention of sexual exploitation and abuse (PSEA) and gender-based violence (GBV).
- At the national level, the ZRCS will participate in GBV coordination and the updating/identification of referral pathways available in the country and sharing this with communities.

Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:



Coordination and partnerships

- Continue coordination through the Government of Zambia's IMS at the Zambia National Public Health Institute (ZNPHI) where meetings are held twice a week. All

activities will be coordinated and in line with the government's plans and request for support.

- The actions will facilitate engagement and coordination with the Participating National Societies (PNS) and the IFRC in the design of the response, leveraging the expertise and resources available through a Red Pillar approach, and ensuring alignment with relevant external actors, including the government's policies and programmes, development actors, UN agencies and non-governmental organisations (NGOs).
- There will be enhanced cross-border collaborations given the porous and extensive Luangwa border areas (between Zambia, Zimbabwe, and Mozambique) and ongoing outbreaks in Malawi and Zimbabwe.

IFRC Secretariat services

- The IFRC will facilitate an effective Federation-wide response, with support from the Harare Cluster Delegation and Africa Regional Office. The IFRC will offer its expertise in managing public health epidemics through the deployment of critical functions as agreed with the National Society and will also equip the ZRCS with strong risk management and business continuity plans.
- Through the IFRC surge system, regional and global alerts have been issued for coordinators in WASH and public health in emergencies, and Emergency Response Units. The ZRCS has also requested Emergency Response Unit alerts for community case management of cholera (CCMC).
- Zambia's MOH is coordinating with the WHO on mobilising an Emergency Medical Team (EMT) type 1 (cholera treatment centre). The WHO, in turn, is coordinating with the IFRC and ZRCS on the deployment of an Emergency Medical Team.
- Humanitarian Diplomacy: A communication working group for Movement members in-country (the ZRCS, ICRC, and IFRC) will be activated and coordinated by the ZRCS to focus on scaling-up visibility.



National Society Strengthening

- The actions will facilitate capacity building and organisational development objectives to ensure that the National Society has the necessary legal, ethical, and financial foundations, systems and structures, competencies, and capacities to plan and perform.
- The volunteer duty of care will be strengthened through phone applications for data collection and timely reporting and analysis.



The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal launch. Details of the operation will be updated through the Operational Strategy to be released in the upcoming days. The Operational Strategy will also provide further details on the Federation-wide approach which includes the response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement.

After 31 December 2024, response activities to this disaster will continue under the [IFRC Network Zambia Country Plan](#) for 2024. The IFRC Network Country Plans show an integrated view of ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's action. This aims to streamline activities under one plan, while still ensuring that the needs of those affected by the disaster are met in an accountable and transparent way. Information will be shared in time, should there be a need for an extension of the crisis-specific response beyond the above-mentioned time.

Longer-Term Strategy for Cholera Control in the Sub-Region

The Cholera Country Support Platform (CSP), the operational arm of the Global Taskforce on Cholera Control (GTFCC) hosted in the IFRC, provides technical and operational support to cholera-affected countries in the development and implementation of their national cholera plans. The IFRC will leverage the CSP's role of providing technical support to IMS to ensure alignment of the Emergency Appeal operations with the government's efforts and multi-sectoral cholera elimination plans.

The Emergency Appeal operations will transition to continued CSP support in the sub-region, ensuring that capacity developed and used in the current sub-regional outbreak responses are integrated into long-term cholera control and elimination efforts contained in the respective countries' cholera control plans.

Sub-Regional Preparedness and Response Coordination


Given the risk of spread to neighbouring countries, the ZRCS and IFRC will establish regular cross-border communications, information sharing, and support, which will allow neighbouring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale-up to respond, if necessary.

A Sub-Regional Coordination team will be set up to ensure integrated and coordinated response efforts between the affected National Societies, with a special focus on border areas. The team will also work with the cholera preparedness team to utilise the existing cholera preparedness capacity in the current responses and oversee integration of the capacity developed in the response into long-term preparedness planning.

RED CROSS RED CRESCENT FOOTPRINT IN-COUNTRY

Zambia Red Cross Society

The ZRCS, established in 1966 by an act of the Zambian Parliament, is the country's largest humanitarian organisation. Its mandate is to complement the government's effort in the alleviation of human suffering.

Core areas of operation		
	Number of staff:	66
	Number of volunteers:	7,857
	Number of branches	60

The National Society has branches in 60 districts, which are found in all the 10 Provinces. ZRCS works an auxiliary to Government, supporting their efforts in developmental activities and humanitarian crisis. ZRCS is guided by their Strategic Goals 2030 which focuses on three main areas namely:

GOAL 1: People anticipate, respond to and quickly recover from crises.

GOAL 2: People lead safe, healthy and dignified lives, and have opportunities to thrive.

GOAL 3: People mobilize for inclusive and peaceful communities.

IFRC Membership coordination

The IFRC Secretariat, which provides technical and financial support to the ZRCS through the IFRC Harare Country Cluster Delegation, will play an essential role in ensuring effective coordination within and outside the Movement. The PNS in-country, the Netherlands Red Cross, has provided bilateral support to the ZRCS since the response started, and participates in coordination meetings held in-country and is called upon to contribute its expertise to this response.

Red Cross Red Crescent Movement coordination

The IFRC Secretariat plays an essential role in ensuring effective coordination across the Movement, through the IFRC Harare Country Cluster Delegation. In this response, the IFRC and ICRC are providing advice on the overall safety and security support to Movement partners. The IFRC Harare Cluster Delegation is in regular coordination with the ICRC Regional Delegation in Pretoria. Regular meetings are held to ensure there is strong coordination and effective technical support for the ZRCS, and complementarity, to maintain a harmonised response plan.

External coordination

The Government of Zambia, through the MOH, is coordinating the response to the cholera outbreak. An IMS was set up at the Zambia National Public Health Institute (ZNPHI) and meetings are held twice a week to receive updates on preparedness and response efforts around the country with the IFRC Country Support Platform (CSP) Manager embedded within the IMS as the Liaison Focal Point. The ZRCS is also represented in these meetings by the Health and Care Team which also sits in RCCE and Health Promotion technical working groups.

The government successfully co-sponsored a cholera prevention and control resolution (WHA 71.4) to end cholera by 2030 at the 71st session of the World Health Assembly in May 2018. The Minister of Health affirmed Zambia's allegiance to the global cholera control strategy launched by the Global Task Force on Cholera Control (GTFCC)⁸ – 'Ending Cholera: A Roadmap to 2030'.

⁸ <https://www.gtfcc.org/wp-content/uploads/2019/05/national-cholera-plan-zambia.pdf>

Contact information

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

Zambia Red Cross Society:

- **Acting Secretary General:** Cosmas Sakala, Cosmas.sakala@redcrosszim.org +2650963724899
- **Health and Care Manager:** Ruth Asaile, Ruth.Asaile@redcrosszm.org, +2609968766420

IFRC Zimbabwe Country Cluster Delegation:

- **Head of Cluster Delegation:** John Roche, john.roche@ifrc.org, +263772128648
- **Cluster Operations Coordinator:** Vivianne Kibon, vivianne.kibon@ifrc.org, +265986803234
- **Operations Delegate Zambia:** Gloria Kunyenga, gloria.kunyenga@ifrc.org

IFRC Regional and Geneva Office:

- **IFRC Regional Office for DM coordinator:** Rui Alberto Oliveira, Regional Operations Lead, rui.oliveira@ifrc.org, +254 780 422276
- **IFRC Geneva:** Santiago Luengo, Senior Officer, Operations Coordination, santiago.luengo@ifrc.org 41 (0) 79 124 4052

For IFRC Resource Mobilisation and Pledge support:

- **IFRC Regional Office for Africa:** Louise Daintrey, Head of Strategic Partnerships and Resource Management; louise.daintrey@ifrc.org, +254 110 843 978

For In-Kind donations and Mobilisation table support:

- **IFRC Regional Office for Africa:** Allan Kilaka Masavah, Manager, Global Humanitarian Services & Supply Chain Management, allan.masavah@ifrc.org

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

- **IFRC Regional Office for Africa** Beatrice Atieno OKEYO, Regional Head of PMER & QA, beatrice.okeyo@ifrc.org, +254732 404022

Reference



Click [here](#) for:

- Link to IFRC Emergency landing page