



# EMERGENCY APPEAL

## OPERATIONAL STRATEGY

### ZAMBIA, AFRICA | CHOLERA RESPONSE



ZRCS Acting Secretary General monitoring the cholera situation in Kuku Community in Chawama Subdistrict of Lusaka District

Appeal No: <b>MDRZM021</b>	To be assisted: <b>3.2 million people</b>	Appeal launched: <b>10/1/2024</b>
Glide No: <b>EP-2024-000002-ZMB</b>	DREF allocated: <b>750,000 CHF</b>	Disaster categorization: <b>Orange</b>
Operation start date: <b>01/01/2024</b>	Operation end date: <b>31/12/2024</b>	

**IFRC Secretariat funding requirement:<sup>1</sup> 3 million CHF**  
**Federation-wide funding requirement: 4 million CHF**

<sup>1</sup>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 mobilized to address the urgent humanitarian needs of the affected communities.

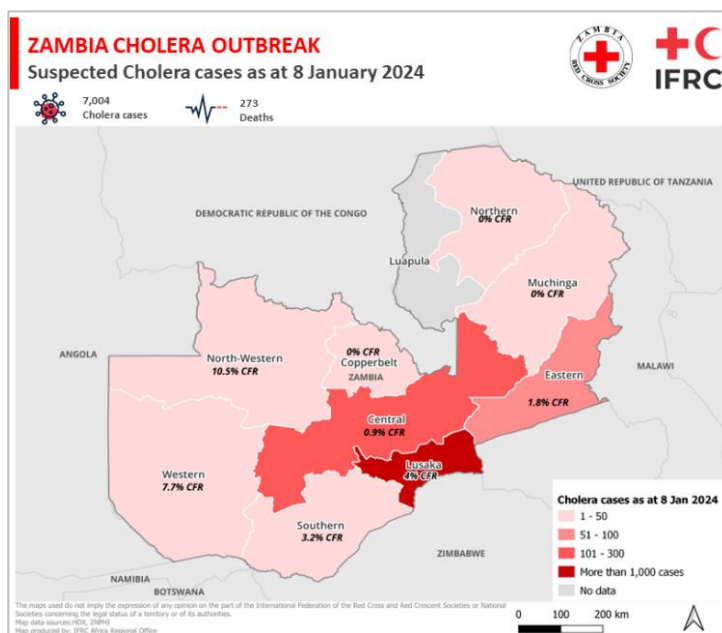
## TIMELINE

- 14 October 2023: First suspected cholera cases reported in Kanyama.
- 8 November: ZRCS begins response with ECHO PPP funds.
- 14 December: Cholera outbreak officially declared.
- 4 January 2024: ZRCS deploys 240 volunteers with support from UNICEF. Heroes Stadium declared cholera treatment centre.
- 7 January: 567 cases and 27 deaths recorded in total, National Society issues emergency appeal for CHF 4 million targeting 3.2 million people.

## DESCRIPTION OF THE EVENT

The cholera outbreak in Zambia has now spread from Lusaka province to nine other provinces, including Eastern province, Northern province, Central province, Southern province, Muchinga province, Western province, Copperbelt province and North-Western province. Since October 2023 a total of 40 districts have confirmed local transmission of the disease.

The country experienced its last major outbreak from October 2017 to June 2018 with a total of 5,935 reported cases and 114 deaths, a case fatality rate (CFR) of 1.9 per cent. Although that outbreak gradually spread to seven other provinces in the country (all epi-linked to the Lusaka outbreak), 92 per cent of these cases occurred in the Lusaka district, Lusaka province.



Kanyama sub-district of Lusaka district then issued a cholera alert in October 2023, the first case identified, and then confirmed, as *Vibrio Cholera O1 Ogawa*. This index case was a woman aged 21 who self-referred to Kanyama First Level Hospital with complaints of watery diarrhoea, vomiting and weakness. A dramatic increase in transmission then followed in mid-December, and as of 12 January 2024 Zambia has had a total 8,724 cases and 351 deaths, with a case fatality rate of 4 per cent.

In response to the surge in cases, the Government has designated Lusaka's National Heroes Stadium as a Cholera treatment centre following case overload in the six sub-districts of Lusaka. To minimize the spread, they have also postponed school re-opening until 29 February 2024 subject to review.

# Severity of humanitarian conditions

## 1. Impact on accessibility, availability, quality, use and awareness of goods and services.

Zambia has continued to face challenges in service provision, including in water and sanitation, and some communities, especially sub-districts of Lusaka, are using unsafe water and are not disposing of waste safely, resulting in periodic diarrhoeal outbreaks, including cholera. Additionally, there is low safe water supply particularly in schools and health centres. The health system is now overstretched due to the high number of admissions and there are not enough cholera treatment units (CTUs), which has necessitated converting a national stadium into a cholera treatment centre (CTC), as mentioned above. There are also shortages of materials in treatment centres as well, leading to poor infection prevention and control (IPC).

There is a significant burden on government health, education, and social services now as a result and the delay in school opening will put a strain on teachers and students. Most households also depend on informal work, and when family members become ill, they may not seek treatment for fear of losing income. There is a lack of qualified human resources to manage cases especially at oral rehydration points (ORPs) as well, lack of space to set up ORPs and in some cases delays in transporting patients to CTCs due to inadequate ambulance services. The community health care system has been disrupted too, and active case finding, and surveillance are challenges. The general population has become unsettled by the number of cases being reported across multiple districts now, and this is compounded by the stress of commonly held misconceptions leading to a reluctance to offer support to the affected out of fear of being infected.

## 2. Impact on physical and mental well-being

The rapid escalation in cases has put a strain on local health care provision for other essential services. Both outpatient and inpatient services are reduced due to the closure of health facilities, re-purposing of the health workforce and stockouts of medicines and other supplies. Resources have also been diverted from routine services to respond to the outbreak. Regular health services are stretched as well, including isolation facilities, intensive care units, laboratory, and other diagnostic services, as are ambulance services.

The crisis has significantly impacted family cohesion too, as those admitted to CTCs and CTUs have limited contact with their families, which risks mental health crises, thus the increased need for mental health and psychosocial support (MHPSS) to lessen the emotional burden on people showing signs of distress. Still others are delaying health-seeking behaviours due to fear of stigma and discrimination, which only exacerbates the crisis.

## 3. Risks & vulnerabilities

Lusaka district is densely populated, with about 100 people per square kilometre, a large portion of them in peri-urban areas where overcrowding, poor waste management and inadequate access to safe water and sanitation are prevalent. Drainage is inadequate and there is frequent flooding in the rainy season, which runs from November to March. And where there are drains, they are frequently blocked, increasing risk of further flooding, which can increase the spread of cholera due to contamination of water sources.

These peri-urban areas also consist of highly mobile populations, which increases risk of communicable diseases yet further. As a central transit point, Lusaka can have outbreaks spreading quickly to other districts, more so around the Christmas festive season, which has contributed to the spread of the disease. A flash flood advisory in January 2024 by the Zambia Meteorological Department (ZMD) indicates as well now that Lusaka is at higher risk in the coming weeks, which may further worsen the situation. And roads within the compounds in Lusaka are in poor condition, making it difficult to access health facilities.

The major risks in the current outbreak thus include poor sanitation coverage in the affected areas; intercity mobility of people intensifying the outbreak; difficulty in contact tracing for cholera; lack of coordination in implementation of cholera interventions across international borders; and inadequate ambulances to support the transfer of patients. Health-seeking behaviours are undermined by stigma and fear of treatment centres as well, driving people to stay at home or to seek treatment too late. There is thus a need to understand social dynamics and behavioural barriers.

## THE SUB-REGIONAL SITUATION

While cholera is not uncommon in the region, IFRC has seen a rise in the severity of outbreaks. Malawi, Zimbabwe and now Zambia are all facing significant challenges. And this resurgence is not an isolated incident. Malawi, Mozambique, Somalia, Kenya, Ethiopia, Zambia, South Sudan, Burundi, Tanzania and South Africa, all in eastern and southern Africa, are facing similar challenges with cholera and acute watery diarrhoea (AWD).

Last year Zambia's neighbour, Malawi, faced one of its worst cholera outbreaks in years, affecting all 29 health districts in the country. The outbreak peaked in January 2023, and by August 2023 there had been 58,979 confirmed cases and 1,768 deaths. IFRC launched an Emergency Appeal<sup>2</sup> to support Malawi Red Cross Society in its efforts to respond to the crisis.

The current cholera outbreak in Zimbabwe started on 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 total 16,568 suspected cases, 67 laboratory-confirmed deaths and 297 suspected cholera deaths. IFRC launched an Emergency Appeal<sup>3</sup> to support ZRCS in its efforts to respond to the outbreak.

Mozambique also has a 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 and 20 deaths in six provinces, which corresponds to a case fatality rate of 0.2 per cent. Health authorities there will begin a vaccination campaign in mid-January 2024 in the nine districts most affected and expect to reach more than 2.2 million people.

### 1. National Society response capacity

#### 1.1 National Society capacity and ongoing response

Established in 1966 by an act of the Zambian Parliament, the Zambia Red Cross Society (ZRCS) is the country's largest humanitarian organization. Its mandate is to complement the Government's efforts in the alleviation of human suffering.

Core areas of operation	
	
Number of staff:	92
Number of volunteers:	7,086
Number of branches:	60

The National Society has branches in 60 of the 116 districts in the country, and in all 10 provinces. ZRCS works as an auxiliary to the Government, supporting their efforts in developmental activities and in humanitarian crisis. It is guided by its Strategic Goals 2030:

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.

With the support of partners such as Netherlands Red Cross (NLRC), UNICEF and IFRC, ZRCS has been able to contribute to government's response as follows:

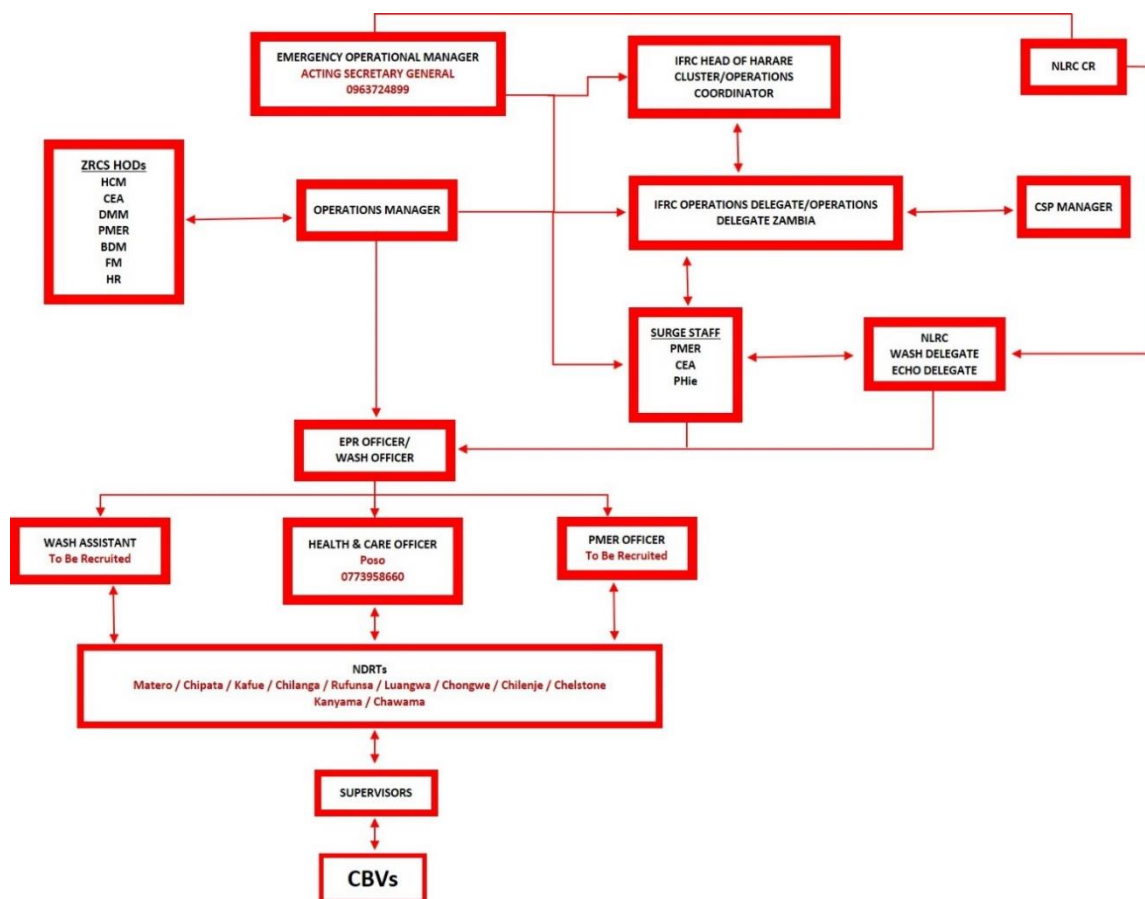
- With support from the NLRC under ECHO PPP, ZRCS deployed 120 volunteers for 15 days in November 2023, who sensitized communities with cholera prevention messages door-to-door.

<sup>2</sup> <https://adore.ifrc.org/Download.aspx?FileId=761992>

<sup>3</sup> <https://adore.ifrc.org/Download.aspx?FileId=760810>

- In January 2024, with UNICEF support, ZRCS deployed 240 volunteers to go door-to-door in Munali, Chilenje, Chawama, Kanyama, Matero and Mandevu sub-districts of Lusaka, Kafue, Chilanga and Chongwe districts.
- ZRCS supported the Ministry of Health (MOH) in setting up 66 ORPs in all six sub-districts of Lusaka, which are being supported by MOH staff.
- ZRCS is supporting MOH to disseminate hygiene messages through radio programmes and public address activities, where over 3.3 million people have been reached in Lusaka province.
- ZRCS has continued community sensitization on cholera prevention in four districts of Lusaka province.
- With support from NLRC, an additional 400 volunteers will be deployed in January in Lusaka district.
- ZRCS is supporting MOH in identifying and monitoring individuals exposed to cholera through ongoing contact tracing.
- Since cholera is stigmatized, ZRCS has taught volunteers to provide psychosocial support to affected individuals and communities.
- ZRCS is supporting surveillance activities, monitoring, and reporting on the spread of cholera through gathering of data on new cases, identifying trends and collaborating with health authorities to enhance the overall surveillance system.
- In collaboration with partners, ZRCS is assisting on logistics such as transportation of medical supplies and ensuring the efficient distribution of information-education-communication (IEC) materials.
- ZRCS is coordinating with other humanitarian organizations, government agencies and local authorities ensuring a unified and effective response to the outbreak.

### Cholera Response Human Resources Structure



ZRCS implements programmes in different thematic areas, covering humanitarian response and developmental activities. These include:

- Health and social service programmes such as Water, Sanitation and Hygiene (WASH), Reproductive, Maternal, Newborn and Child Health (RMNCH), COVID-19 preparedness and response, addressing HIV/AIDS, Sexual and Reproductive Health and Rights (SRHR), life skills training, first aid, child nutrition and food projects.

- Disaster management and emergency response, particularly early warning systems, anticipatory action, and timely response.
- Climate change adaptation and mitigation that aim to ensure food security and livelihoods protection and promotion in vulnerable communities, and building resilient communities; and
- Community Engagement and Accountability (CEA) and Protection, Gender, and Inclusion (PGI) and safeguarding are mainstreamed throughout all projects and emergency responses.

Partner	Project	Districts
Netherlands Red Cross (NLRC)	ECHO PPP 2023 Project - Supporting Emergency Preparedness and Response	Mazabuka, Monze, Choma and Namwala districts
Italian Red Cross	Supporting ZRCS with Youth and Volunteer Strengthening	Lusaka, Mungwi, Mansa districts
NLRC	Community-based Health and Resilience Project (CBHR)	Lusangazi district
Global Fund (MOH)	Adolescent Sexual Reproductive Health Rights (ASRHR)	Chililabombwe district
IFRC	Orphans and Vulnerable Children (OVC)	Kapiri Mposhi district
IFRC	USAID Bureau of Humanitarian Affairs (BHA) Covid - Building Trust during the COVID-19 Pandemic in Humanitarian Settings	Mazabuka, Choma, Petauke and Katete
IFRC	Saving Lives and Livelihoods - save lives and livelihoods and hasten economic recovery by procuring vaccines, supporting the delivery of vaccines and integrating into and supporting the delivery of routine immunization ensuring the strengthening of public health systems in Africa.	Luapula and Northern provinces
UNICEF	Cholera Response	Lusaka, Kafue, Chongwe and Chilanga
NLRC	CEA	All branches
NLRC	Response Preparedness Project (RPIII)	Siavonga, Gwembe and Sinazongwe

## 1.2 Capacity and response at the national level

The Zambia MOH is coordinating the response to the cholera outbreak, setting up an incident management system (IMS) at the Zambia National Public Health Institute (ZNPHI). It has been holding daily meetings as well, to receive updates on preparedness and response efforts around the country with the IFRC Country Support Platform (CSP) Manager embedded in the IMS as the liaison. ZRCS is also represented in these meetings by the Health and Care Team, which also sits in on risk communication and community engagement (RCCE) meetings and Health Promotion technical working groups.

MOH has also established six CTUs in Lusaka sub-districts Chilenje, Kanyama, Chelstone, Chawama, Matero and Chipata, and one CTC at Heroes Stadium.

The national response from the Government also includes:

- Unblocking of drainage by the local governments working together with the Army.
- Burying of shallow wells in the community (this is mandatory).
- Desludging of pit latrines in communities.

- Water trucking to communities which have no piped water or kiosks.
- Lusaka Water and Sewerage Company (LWSC), working with Delegated Management Models (DMM), has erected 96 tanks throughout Lusaka.
- Monitoring residual chlorine at the water source and household (HH) levels.
- Mobilized vehicles by DMMU from other partners to support the response.
- working with WHO, ZRCS, US CDC<sup>4</sup>, JICA<sup>5</sup>, UNICEF, World Bank, UKHSA, CRS<sup>6</sup>, UNHCR, World Vision, John Snow Health, Oxfam.
- Training and deploying 600 community-based volunteers under the district commissioner's office in Lusaka district.
- Enhanced risk communication and community engagement activities including door-to-door sensitization, radio shows, TV updates and interviews.
- Heightened surveillance in all provinces to enhance early detection and response to cases.
- With support from WHO, government plans to administer oral cholera vaccination (OCV) in hotspots of Lusaka with 1.4 million doses received on 17 January 2024; and
- School has been postponed until 29 January 2024 to reduce the spread of the outbreak.

### Challenges

- Inadequate water bowsers to fill water tanks. LWSC has 10 bowsers, but 32 are needed. This leads to some tanks going unfilled for days.
- Inadequate transport to monitor residual chlorine.
- Inadequate equipment to erect more water tanks.
- Inadequate number and quality of ORPs; 117 ORPs were set up by the Government by January 2024. These kits had very basic supplies.
- Overall poor access to safe water and sanitation.
- Inadequate dissemination of preventive messages.
- Inadequate volunteers to disseminate preventive messages.
- Inadequate sanitation facilities at health facilities and schools.
- Poor hygiene practices.
- Poor solid waste management.

The Government also co-sponsored Resolution WHA 71.4 to end cholera by 2030 at the 71<sup>st</sup> session of the World Health Assembly in May 2018 and the Minister of Health affirmed Zambia's commitment to the global cholera control strategy launched by the Global Task Force on Cholera Control (GTFCC)<sup>7</sup>, "Ending Cholera: A Roadmap to 2030".

The Government also recognises the need to invest in WASH infrastructure to ensure that people have access to safe and clean water with better sanitation conditions, and in its Multisectoral Cholera Elimination Plan, WASH takes about 85 per cent of the estimated budget to contribute to the elimination of cholera in Zambia targeting hotspot districts.

## 2. International capacity and response

### 2.1 Red Cross Red Crescent Movement capacity and response

#### IFRC membership

The IFRC Secretariat, which provides technical and financial support to ZRCS through the IFRC Harare Country Cluster Delegation, will play an essential role in ensuring effective coordination both within and outside the IFRC Network. The partner national society (PNS) in-country, Netherlands Red Cross (NLRC), has provided bilateral support to ZRCS since the response started. With financial support from ECHO PPP<sup>8</sup> and technical guidance from

<sup>4</sup> Centers for Disease Control and Prevention

<sup>5</sup> Japan International Cooperation Agency

<sup>6</sup> Catholic Relief Services

<sup>7</sup> <https://www.gtfcc.org/wp-content/uploads/2019/05/national-cholera-plan-zambia.pdf>

<sup>8</sup> ECHO Programmatic Partnership (ECHO-PP)

IFRC and NLRC, ZRCS was able to respond to the cholera outbreak initially in October 2023, where 120 volunteers were engaged to carry out RCCE for 15 days in Lusaka district. More resources are being mobilized to support the scale up of the response through the in-country ECHO PPP Flexibility Funding.

Via its Africa Regional Office and Delegations in Harare, Maputo, and Pretoria, the IFRC Secretariat will ensure cross-border information sharing and planning, including a sub-regional approach to the ongoing outbreaks and preparedness in countries bordering those with active outbreaks.

### **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, IFRC and ICRC are providing advice on the overall safety and security support to Movement partners. The IFRC Harare Cluster Delegation is in regular communication with the ICRC Regional Delegation in Pretoria. Regular meetings are held to ensure there is strong coordination and effective technical support for ZRCS, and complementarity, to maintain a harmonized response plan. In partnership with ZRCS, ICRC supports Restoring Family Links (RFL) as well as enhancing operational safety and security through the Safer Access Framework. The Harare Cluster Delegation is also in regular communication with ICRC on this. Regular meetings are held to make sure there is strong coordination and effective technical support for ZRCS, as well as complementarity, to ensure a harmonized response.

## **2.2 International humanitarian stakeholder capacity and response**

In response to the outbreak, Zambia MOH activated its Incident Management System, and partners such as Water Aid, WHO, UNICEF and US CDC are part of this. Most partners support the Government in various sectors of the response. Building from experience on similar interventions, the Zambian Government, through ZNPHI, set up daily Incident Management System meetings where all stakeholders meet daily, ZRCS and IFRC actively participate. This has helped to ensure better coordination between agencies and prevent duplication of efforts.

In coordination with Lusaka Water and Sanitation Company, DMMU and other WASH partners such as UNICEF, World Vision, Water Aid and ZRCS, the Ministry of Water Development and Sanitation has prioritized short-term interventions such as:

1. Provision of safe drinking water through water trucking in communities with inadequate access to safe drinking water.
2. Water quality monitoring at the source and at point of collection.
3. Desludging of pit latrines and burying of shallow wells to control the spread of the outbreak.

In communities not serviced by piped water, the Ministry is advocating for drilling of boreholes and supply of piped water to households, construction/rehabilitation of water points and sanitation facilities in schools and health facilities.

Coordination remains paramount to ensure a coherent and impactful response here, together with partners, business leaders, policymakers, researchers, and grassroots organizations. In close collaboration with UNICEF and WHO, and as part of the RCCE Collective Service work, IFRC will support government to improve RCCE coordination. Stronger coordination will ensure quality and effective community engagement approaches at scale. Evidence suggests that acting on feedback is more crucial than ever to respond effectively. Strengthening social and behavioural data collection is the utmost priority in this response to inform evidence-based community engagement interventions and focus on the most pressing needs.

## **3. Gaps in the response**

Despite the government's multipronged approach to address the persistent cholera threat in Lusaka and neighbouring districts, several critical gaps hinder the effective mitigation of this public health concern to comprehensively tackle the problem. There are several factors that have contributed to the spread of cholera within the community. Among these risk factors are:



**a. Poor sanitation coverage in affected areas**

- Inadequate sanitation in households, schools and communal settings is coupled with poor hygiene practices, contributing significantly to the spread of cholera. Lack of access to clean water, proper sanitation infrastructure and hygiene education has hindered efforts to control the outbreak.
- Insufficient waste management and poor drainage systems lead to the contamination of water sources, facilitating the transmission of the *Vibrio cholerae* bacterium. Without proper disposal mechanisms the risk of contamination remains high.
- Accumulation of “historical solid waste”: Many sub-districts and surrounding areas in Lusaka have accumulated “historical solid waste”. This can contribute to the spread of disease and presents a challenge in maintaining a clean and hygienic environment.

**b. Intercity mobility exacerbating of the outbreak**

- Cholera outbreaks can escalate when cases spread beyond their initial epicentre. Factors such as population movement, inadequate surveillance and delayed response may contribute to the expansion of the outbreak.
- A lack of effective containment in neighbouring areas has led to secondary outbreaks, straining resources, and overwhelming healthcare systems in those regions.

**c. Risk Communication, Community Engagement and Accountability (CEA)**

- Lack of available data on socio-behavioural dynamics and community insights and perceptions around cholera.
- Inadequate RCCE coordination and inadequate number of volunteers for conducting RCCE in Lusaka poses a significant challenge, especially considering the vastness of the area and high population density. Lusaka, being a large city, this requires robust and extensive RCCE to effectively reach and engage with the community.
- Lack of community feedback mechanism to listen to and respond to community questions, beliefs, concerns and rumours about cholera and the response.

**d. Inadequate access to safe drinking water**

- Erratic supply of water: many areas serviced by LWSC and Kanyama Water Trust have experienced inconsistent and sometimes inadequate water supply. This poses a significant challenge to proper hygiene and safe water consumption. The authorities are facing financial challenges in operation and maintenance, leaving them unable to provide sustainable service.
- The reliance on untreated water sources, such as shallow wells, in certain communities in affected districts poses a severe health risk due to potential contamination especially in the absence of proper water treatment. The utilization of untreated water has significantly elevated cases of cholera in affected districts, particularly in poorly serviced townships like Garden Park, Lusaka district. Shallow wells are mostly heavily contaminated with faecal coliform bacteria and without adequate treatment these water sources become breeding grounds for harmful pathogens. The absence of proper water infrastructure has exacerbated the vulnerability of these communities, while household treatment of water through provision of chlorine has not been fully implemented to cover all target households.
- Peri-urban areas pose a critical challenge, as there is uneven coverage of water supply and insufficient water supply for communities. In certain areas, residents find themselves without access to these water sources, compelling them to seek alternatives, often from unsafe and contaminated options. And the intermittent nature of water trucking and storage systems exacerbates the problem, leading to instances where tanks run dry. This not only jeopardizes the health and well-being of community members who are forced to resort to unreliable sources but also hampers basic hygiene practices, contributing to waterborne diseases. The cyclical dependency on inconsistent water supplies not only impacts the socio-economic activities of residents but also underscores the urgency for comprehensive and sustainable solutions to ensure reliable access to clean water in peri-urban areas.

**e. Inadequate water quality monitoring**

- There has been a shortage of Rapid Diagnostic Test (RDT) kits for monitoring water quality in the community for both bacteriological and residual chlorine in drinking water. This shortage hinders the timely detection of contamination and the implementation of interventions to ensure safe water access.

**f. Limited Support for community-based volunteers**

- Community-based volunteers, who play a crucial role in community interventions, face inadequate support. These volunteers are instrumental in conducting awareness campaigns, facilitating hygiene education, and assisting with case management. Their work has been hampered due to a lack of resources, including personal protective equipment (PPE) and materials for community engagement.

**g. Increased community transmission**

- Most of the deaths from cholera in this outbreak are happening in communities with increased numbers of “brought-in-dead” recorded in health facilities due to either stigmatization or lack of information on early health-seeking behaviours.
- These challenges underscore the need for comprehensive interventions: that address water supply issues; that strengthen water quality monitoring; that provide support for community-based volunteers; that address solid waste management; that address community ORPs; that address contact tracing; and that ensure access to safe and treated water sources. A multi-pronged approach is essential to mitigate these challenges effectively and prevent the spread of cholera in the affected areas.

## OPERATIONAL CONSTRAINTS

Barrier	Response
Financial constraints.	Renewed action to champion increased financial assistance and in-kind support.
Staff burnout and attrition.	Staffing shortfalls affect implementation. Additional full-time staff will be hired and trained, for ZRCS to expand its capacity. This will enable the deployment of dedicated personnel to enhance the response.
Unfavourable weather conditions coupled with poor roads make it difficult to implement interventions.	Continue monitoring the situation with advanced planning ahead and pre-positioning of materials.
Insufficient workforce available for managing warehouses.	Hire more personnel for warehouse management.
Lack of acceptance of interventions by communities and fear of stigmatization.	Engagement of community leaders, community groups and other civil society actors.
Inflation is driving up the price of commodities.	Budgeting in international currencies with frequent revision of budgets.
Previous anthrax outbreak in Zambia, with 335 cases and 4 deaths	ZRCS have launched a DREF <sup>9</sup> including the deployment of a surge in Public Health in Emergencies (PHIE). The Operations team is coordinating each operation to ensure sufficient resources.

## FEDERATION-WIDE APPROACH

The [Emergency Appeal](#) is part of a Federation-wide approach based on the response priorities of the operating National Society and in consultation with all Federation members contributing to the response.

The Federation-wide approach reflected in this Operational Strategy includes:

- The Federation-wide funding requirement for this [Emergency Appeal](#) comprises all support and funding to be channelled to the operating National Society in the response to the emergency event. This includes the operating National Society's domestic fundraising ask, the fundraising ask of participating Red Cross and Red Crescent National Societies and the funding ask of the IFRC Secretariat.

<sup>9</sup> <https://go.ifrc.org/emergencies/6727/details>

- A Federation-wide funding ask to ensure linkages between all response activities, both multilateral and bilateral, and activities funded domestically by National Societies, and to assist in leveraging the capacities of all members of the Federation in the country to maximize the collective humanitarian impact.
- IFRC support for multilateral and bilateral engagement of PNSs, with support to ZRCS via this Emergency Appeal, including reinforcement of technical expertise, material and financial resources, streamlining their use through a “best-positioned partner” approach.
- Regular coordination meetings ensuring swift communication among ZRCS, NLRC and IFRC teams.
- A Federation-wide monitoring and reporting framework based on the ZRCS response plan.
- Provision of situation reports, and Federation-wide reporting shared with membership on the Go Platform.<sup>10</sup>
- Where relevant, technical working groups with NLRC as members.

It should be noted that under the current IFRC agreement with ECHO PP, funds have been disbursed to NLRC to support ZRCS in disaster preparedness, Cash and Voucher Assistance (CVA), and other pillars with the aim of strengthening ZRCS’s capacity. This has allowed for a swift response to the outbreak. After 31 December 2024, response to this disaster will continue under the IFRC Network Zambia Country Plan for 2025. This takes 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.

## OPERATIONAL STRATEGY

### Vision

To contribute to reducing the cholera outbreak thereby reducing morbidity and mortality by working collaboratively with people and communities to promote improved hygiene and health behaviours, interrupting the chain of transmission, strengthening case management, and providing timely, open and honest information to communities reaching out to a total of 3.2 million people in Lusaka province, in line with Zambian Government Cholera response from 12th January 2024 to 31st December 2024. The core objectives are:

1. “Save lives” - To reduce morbidity and mortality by ensuring early access to treatment in affected areas and support to Oral Cholera Vaccine (OCV) campaigns if and where they occur.
2. “Interrupt transmission” - To prevent and control the spread of cholera through targeted interventions and risk communication (RCCE).
3. “Reduce risk” - To reduce vulnerability and exposure through improved access to safe water and sanitation, improved hygiene practices.

In addition to these three core operational objectives, the resources and expertise deployed (such as surge operations, ERUs,) in this Emergency Appeal will be used to strengthen the capacity of the National Society in epidemic preparedness and response, which will be paramount to address future outbreaks.

### Anticipated climate-related risks and adjustments in operations

The Zambia Meteorological Department (ZMD) has shared the annual average rainfall for the 2023/24 season, which shows that from November 2023 to April 2024 the country will have received normal to below normal rainfall and the season will be characterized by dry spells especially for the southern half of the country, which covers Southern province and parts of Lusaka, Western and Eastern provinces. In areas that will experience below normal rainfall, water points may dry up, leading to use of unsafe water sources, compromised hygiene practices and consequent increased risk of cholera spread. Some parts of the country will experience flash

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<sup>10</sup> <https://go.ifrc.org/emergencies/6817/details>

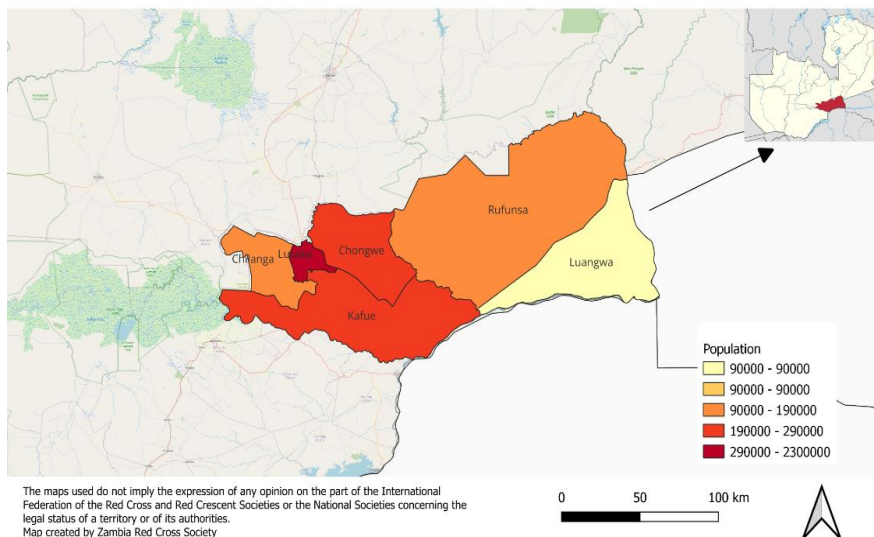
floods, fluvial flooding, and pluvial flooding, however. Rural and urban flooding, coupled with poor drainage, will likely cause damage to crops, roads, schools and hospitals as well, and may ultimately fuel transmission of cholera by contaminating drinking water and collapsing latrines, which will lead to open defecation.

## Targeting

### 1. People to be assisted.

In response to this emergency, and in alignment with the Government of Zambia's Cholera Response Plan, this [Emergency Appeal](#) aims to scale-up activities and reach more areas, allowing ZRCS to respond to the increasing caseload. The overall objective of this operation is to contribute toward reducing the spread of cholera through improved hygiene and health behaviours, interrupting the chain of transmission, strengthening case management, and providing beneficial information to communities.

### Targeted Cholera Districts Zambia



Lusaka district accounts for over 90 per cent of cases reported as of 12 January 2023. Additionally, most of the reported cases in other districts are linked to Lusaka. Therefore, focusing interventions in Lusaka district will reduce infections and transmission in other districts. ZRCS plans to target at least 3.2 million people in the affected communities within Lusaka province, mainly those in urban and peri-urban areas, which are the most affected as indicated in the cholera outbreak reports prioritizing Lusaka province.

### Prioritization

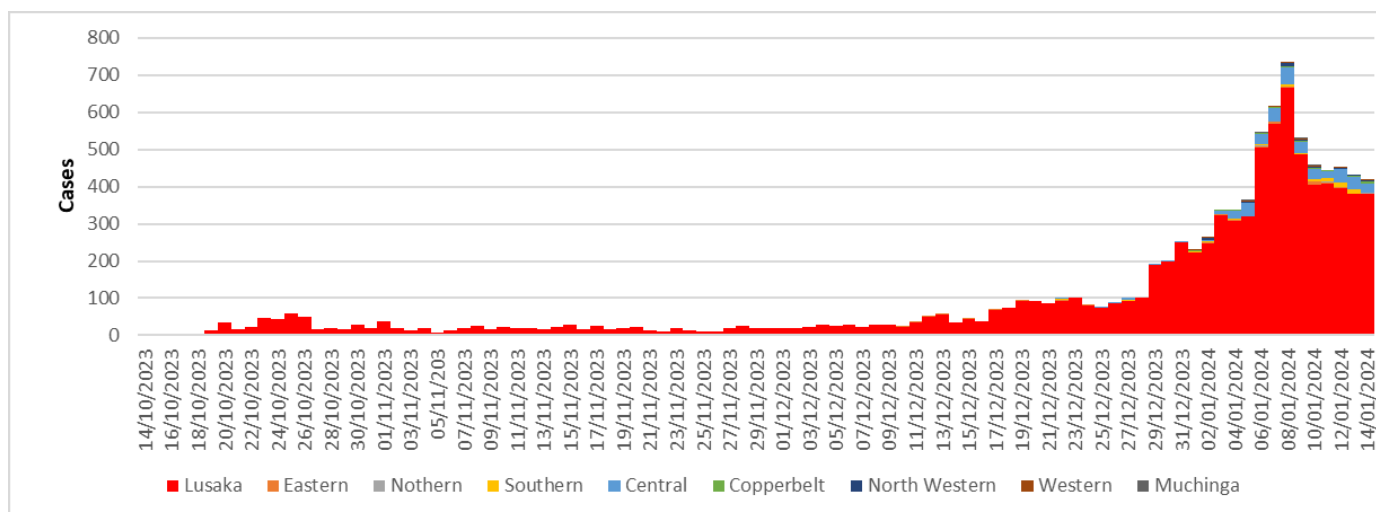
Where the Emergency Appeal is not fully funded, activities will be prioritized. The Appeal will prioritize community-based activities led by ZRCS community-based volunteers. One priority will be to increase the numbers of volunteers who are able to identify levels of dehydration and cholera symptoms and are able to provide appropriate oral rehydration therapy (ORT) and referral where necessary. Any visit to a neighbourhood or community will need to achieve a number of tasks. As well as the ORT, there will be a need to identify possible areas of contamination and to assure that communities and households are getting safe water. This will include general cholera awareness and identification of prevention measures.

The target populations will be prioritized based on number of cases and deaths, along with risk factors contributing to new cases per MOH situation reports (extracts below). 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 prioritize children under 5, pregnant and lactating women, religious groups, mining communities and communities along rivers and in areas with poor WASH. The Emergency Appeal will also address other vulnerable groups including the differently abled, the elderly, chronically ill 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 this outbreak. Factors such as population density, access to clean water, sanitation infrastructure and healthcare resources available all 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.

### Epi curve showing cases per province.




## 2. Considerations for Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA)

The response will ensure the promotion and participation of both men *and* women. Volunteers will come from the affected communities and will include differently abled persons and persons of different age groups in awareness-raising activities. ZRCS will work with local volunteers who are able to speak the languages used in the affected communities, including printing of information-education-communication (IEC) materials to ensure that RCCE is being clearly understood. ZRCS will also ensure inclusion of differently abled volunteers. Continuous advocacy and dialogue among the different stakeholders will be fostered to ensure that minimum standards on PGI in emergencies are met based on the identified needs and priorities of humanitarian imperatives on the ground. Trust too is critical for an effective response and for the deployment and acceptance of vaccines. Consistent dialogue between providers and affected populations is essential to ensure that interventions are relevant, contextually appropriate, and co-owned by communities.

## PLANNED OPERATIONS

All activities will be aligned to the Government of Zambia’s response through the Incident Management Structure (IMS) and the internal Red Cross Movement coordination structure. ZRCS’s response strategy will be to contribute to supporting 3.2 million people by focusing on the following sectors:

	<b>Health &amp; Care</b>	Female > 18: <b>864,000</b>	Female < 18: <b>864,000</b>	<b>1,019,000 CHF</b>
		Male > 18: <b>716,800</b>	Male < 18: <b>755,200</b>	<b>Total target: 3.2m</b>
<b>Objective</b>	Prevent and control the spread of cholera at the community and facility levels in the affected districts, interrupting the chain of transmission through targeted interventions.			
<b>Key indicators:</b>				<b>Target</b>

# of households in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviours, and prevention.	533,333
# of volunteers in affected communities trained in cholera response including cholera messaging, ORT, Branch Transmission Interruption Teams (BTIT), RCCE, CEA, Prevention of Sexual Exploitation and Abuse (PSEA), PGI, ECV <sup>11</sup> and OCV.	1,692
# of BTIT established in the target communities.	6
#of ORPs functional (availability of HR, ORP materials) in the targeted communities.	250
% of people accessing ORPs (disaggregated by sex and age).	5%
# of people in target population reached with social mobilization and RCCE activities.	3,200,000
# of people reached with messages on vaccines (OCV).	1,600,000
# of volunteers trained in contact tracing.	600
# of volunteers trained on basic psychological first aid (PFA).	1,692
<b>Priority actions:</b>	
<p><b>Prevention and control, interrupting the chain of transmission:</b></p> <ul style="list-style-type: none"> <li>• Epidemic control for volunteers (ECV); activities include training of volunteers in cholera ECV.</li> <li>• Oral Rehydration Points (ORPs) package and community-level health activities.</li> <li>• Mobilize volunteers to support health workers in the early detection of new cases through active case finding and support for contact tracing including training of volunteers in contact tracing. Volunteers won't be deployed but will work hand in hand with MOH on contact tracing.</li> <li>• Scale-up health promotion to sensitize communities on the early signs of cholera and the importance of reporting any risks to health authorities under direction of MOH, quality assurance of activities through door-to-door, PA system, community meetings, radio and TV.</li> <li>• Support MOH with household disinfection to reduce risk of household transmission.</li> <li>• Support the working modalities of BTITs, whose aim is to break transmission routes targeting case households and neighbourhoods, working from health facility line lists to reach out to cholera cases.</li> <li>• Procurement of IPC<sup>12</sup>, PPE, fleet, and warehousing.</li> <li>• Printing of volunteer manuals.</li> </ul> <p><b>Case Management: Establishment and strengthening of oral rehydration points (ORPs)</b></p> <ul style="list-style-type: none"> <li>• ZRCS has already provided significant support to MOH by actively participating in the establishment of 66 ORPs across all six sub-districts to ensure widespread coverage and accessibility for affected populations. This distribution was based on a careful assessment of the geographical spread of cholera cases and vulnerable communities.</li> <li>• Support establishment of ORPs at the branch and community levels with the aim of immediately saving lives.</li> <li>• Strengthening ORP volunteers in communities (Level 1) to be able to diagnose, treat and refer in their communities, as well as help them become better prepared for future outbreaks.</li> <li>• The repositioning of ORP kits and the training of volunteers (Level 2) will allow for the timely scale-up of ORT, if needed.</li> <li>• Training of volunteers on management of ORPs.</li> </ul>	

<sup>11</sup> Epidemic Control for Volunteers

<sup>12</sup> Infection Prevention and Control

### Oral Cholera Vaccination (OCV)


- ZRCS will continue working hand in hand with MOH in adopting infection prevention practices, to ensure that people have easy access to essential healthcare services including vaccinations and to strengthen gender-sensitive protection and social safety nets. Most communities have challenges to access basic health services due to geographical barriers.
- Orientation of volunteers on OCV campaigns.
- Support OCV campaigns through volunteers and staff in the sub-districts of Lusaka.

### Risk Communication and Community Engagement (RCCE)

- Reduce the spread of cholera and build trust in the response through RCCE approaches, including feedback mechanisms, mass communication and support for community-led solutions.
- Participate in RCCE/CEA interagency coordination, including sharing community feedback data at district and national levels. ZRCS will fully participate in government and interagency coordination on RCCE, including sharing community feedback data.
- ZRCS will establish complaint and feedback mechanisms to track, analyze, act on and respond to community beliefs, rumours, questions and suggestions, through focus groups and social media.
- Risk communication will include setting up platforms, which will disseminate information, including collaboration with stakeholders like Zambia News and Information Service (ZANIS), who have a presence in 116 districts in the country. ZANIS operates public address systems in remote areas. The collaboration will include MOH to ensure alignment and consistency in messaging.
- Orientation of volunteers in rapid risk assessment will be conducted to ascertain community understanding of risks and prevention and control of cholera. Rapid community assessments will be conducted to understand knowledge, attitudes, practices (KAP) and perceptions of cholera and prevention approaches. ZRCS will conduct social mobilization to encourage positive behaviours and address fear, rumours and stigma using the public address system.

### Mental Health and Psychosocial Support (MHPSS)

- Include MHPSS in the health assessment.
- Train volunteers in basic psychological first aid (PFA) and mainstream it across relevant sectors.
- Establish a referral pathway for MHPSS needs.

	<b>Water, Sanitation and Hygiene (WASH)</b>	Female > 18: <b>864,000</b>	Female < 18: <b>864,000</b>	<b>1,001,000 CHF</b>
		Male > 18: <b>716,800</b>	Male < 18: <b>755,200</b>	<b>Total target: 3.2m</b>
<b>Objective</b>	Reduce the risk of cholera and other water-borne diseases through improved availability of safe water and sanitation facilities, and through good hygiene practices in cholera hotspots.			
<b>Key indicators:</b>				<b>Target</b>
# of people reached with appropriate knowledge about cholera and health/hygiene protective behaviours.				533,333
# of people reached with rehabilitated or upgraded water points, and by providing access to safe water supply for affected communities (250*78)				19,500
# of households reached with liquid chlorine and multi-purpose soap distribution.				33,000
Liquid chlorine procured and distributed (Ltrs).				100,000
# of constructed/rehabilitated latrines.				10
# of water points constructed.				18
# of water points rehabilitated.				60

**Priority actions:**

In affected areas, assessments led by BTIT teams, and in coordination with MOH, will inform RCCE and WASH. Detailed assessments will determine the main transmission contexts and pathways and help select the most appropriate interventions in household water treatment, chlorination, water point rehabilitation and construction, and water quality monitoring.

**Contribute to increased access to safe water through the construction, rehabilitation, and disinfection of water points.**

- general assessment of the cholera situation including water points and sanitation situation
- construction of water points at selected health facilities
- rehabilitation, including hand pumps, of water points and equipping them with solar capability in the targeted districts.
- promotion of household water treatment and safe storage
- procurement and distribution of WASH items including chlorine, water buckets, soap for households, sanitizers for volunteers and handwashing stations for public places such as schools, health facilities and ORPs.

**Water quality monitoring at household and communal water points**


- training volunteers in water monitoring using field test kits.
- procurement of water quality test kits
- provision of test kits and refills with water quality sampling and testing by technicians

**Facilitate construction of latrines in health facilities and public institutions**

- construction/rehabilitation of latrines at selected health facilities
- procurement of portable handwashing facilities


**Raise awareness on the dangers of open defecation.**

- conduct sensitization through door-to-door visits in communities.
- sanitation promotion in communities, institutions, and public spaces such as markets, including latrine use/management and proper waste disposal.
- training of volunteers in BTIT as part of cholera preparedness
- support volunteers to conduct hygiene promotion activities

	<b>Protection, Gender, and Inclusion (PGI)</b>	Female > 18 <b>679</b>	Female < 18	<b>15,000 CHF</b>
		Male > 18 <b>1018</b>	Male < 18	<b>Total target: 1,692</b>
<b>Objective</b>	Ensure that communities can identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalized groups, who are subject to violence, discrimination, and exclusion.			
<b>Key indicators:</b>				<b>Target</b>
# of CTCs receiving solar lamps.				10
# of solar lamps distributed to CTCs.				40
# of children identified and referred.				20
% of staff and volunteers oriented on the code of conduct, PSEA and Child Safeguarding.				100%
% of volunteers trained to identify women, men, girls, and boys requiring MHPSS including after being discharged from CTUs.				100%
<b>Priority actions:</b>				



- The intervention will take into consideration the constraints or barriers faced by all gender identities, ages, and disabilities in accessing WASH services and facilities, and steps are taken to respond to the constraints and barriers through community engagement. Participation by all should ensure securing accessible locations and venues, providing support for those who are differently abled and engaging interpreters e.g. for sign language.
- The response will ensure the promotion and participation of both men and women volunteers, who will come from the affected communities and will include differently abled persons and persons of different age groups in cholera awareness activities. ZRCS will work with local volunteers who are able to speak the local languages used in the affected communities, including printing of IEC materials to ensure that RCCE is being clearly understood.
- ZRCS will also ensure inclusion of differently abled volunteers. Continuous advocacy and dialogue among the different stakeholders will be fostered to ensure that minimum standards on PGI in emergencies are met based on the identified needs and priorities of humanitarian imperatives on the ground. ZRCS will ensure that all staff and volunteers are oriented on PGI, sign the code of conduct, PSEA and on Child Safeguarding. PGI mainstreaming will be carried out as per minimum standards in cholera interventions while ensuring that all data is disaggregated by sex, age and disability. ZRCS has approved PSEA and Gender and Diversity (PGI) policies, which will be disseminated to staff and volunteers engaged in the response to ensure the protection of communities from harm by responders.
- Staff and volunteers engaged in the response will be sensitised on gender, age, disability (physical, sensory, and intellectual disabilities) and associated needs and on how to communicate respectfully with them.
- Selected CTCs will be assisted with solar lamps.
- Ensure the involvement of both men and women, including persons with disabilities, and persons of different age groups, in cholera response activities.
- Volunteers identify children without parental care during door-to-door sensitization and refer them to social welfare community structures.
- Training of volunteers in PSEA, Child Safeguarding and gender-based violence (GBV) risk mitigation, including referrals for survivors to social welfare.
- Support the setting up of complaint mechanism to be staffed with PSEA and SGBV focal points to ensure safe referral pathways to one-stop centres under MOH, should the need arise. IEC materials will be translated into local languages.
- Printing of child-friendly key messages and information about cholera prevention and response.
- Orientation of staff and volunteers on the code of conduct and prevention of/response to sexual exploitation and abuse, including child safeguarding.


	<b>Community Engagement and Accountability (CEA)</b>	Female > 18: <b>1866</b>	Female < 18	<b>32,000 CHF</b>
		Male > 18: <b>1591</b>	Male < 18	<b>Total target: 3,457</b>
<b>Objective</b>	Support the response to have a thorough understanding of community needs, priorities and context, and ensure ways of working collaboratively with people and communities by integrating meaningful community participation; timely, open, and honest communication; and mechanisms to listen to and act on feedback throughout the response.			
<b>Key indicators:</b>				<b>Target</b>
# of volunteers oriented on CEA and tools				1,697
# of community meetings				44

# of people reached during community meetings	1,760
# of consultative meetings	11
#of help desks set up	5
# of mobile phones procured	62
% of complaints and feedback received and responded to by ZRCS	100%
% of operational decisions or changes made based on community feedback	100%

**Priority actions:**

- Integrate risk communication and CEA across the response so that staff and volunteers have the knowledge and capacity to engage communities effectively.
- Ensure that the response is based on a thorough understanding of community needs, priorities, and socio-cultural context, including preferred ways to receive information, participate and give feedback. ZRCS will ensure that CEA tools are 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.
- Share timely, accurate and trusted information, and offer support to enable communities to take action and protect their health.
- Promote safer, healthier practices, facilitating community action, and helping to reduce fear, stigma, and misinformation.
- Establish participatory mechanisms that enable communities and key stakeholders to engage in planning and guiding the response; 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 response activities, selection criteria and distribution processes through community meetings and door-to-door activities. Frequently asked questions (FAQs) will be developed in collaboration with MOH and shared with volunteers so they can address common questions, concerns and beliefs that are seen in the feedback data.
- Orientation of volunteers, NDRTs and healthcare workers in CEA, data collection and data entry.
- Collect, respond to and use community feedback to guide the response; feedback mechanisms will be set up in accordance with community needs and preferences and ensure safety and inclusion to address the concerns of differently abled groups.
- Setting up help desks for feedback in all cholera treatment centres.
- Establish feedback mechanisms in all affected districts to get the necessary feedback from community members on issues related to the overall cholera response. This feedback will be shared on different platforms at the community, district, and national levels, including technical and sub-technical working groups.
- Community meetings will be conducted to listen to, respond to and share information on the received feedback.
- Enhance the current toll-free number 7373 by registering with Airtel and Zamtel to offer additional services for receiving suggestions, complaints, and inquiries about the epidemic from the larger impacted communities.


## Enabling approaches

	<b>National Society Strengthening</b>	<b>460,000 CHF</b>
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<b>Objective</b>	The National Society is prepared to respond effectively to epidemics/emerging crises, and its auxiliary role in providing humanitarian assistance is well defined and recognized.	
<b>Key indicators:</b>		<b>Target</b>
Strengthened PER scoring (after assessment)	Strengthened PER scoring (after assessment)	1
OCAC Plan produced		1
# of volunteers supported (duty of care, materials)		1,697
# of branch offices renovated		1
# of storage containers procured		1
<b>Priority actions:</b>		
<p>AS Zambia RC has already done the Preparedness for Effective Response (PER) process, and is currently implementing its Plan of Action, this operation will review, via a rapid check, the existing NS preparedness priorities and identify response capacity strengthening actions that can immediately be addressed in order to strengthen the NS capacity to respond to this current crisis. On the other hand, ZRCS needs to update their Organizational Capacity Assessment and Certification, which was last conducted in 2023. Furthermore, through this enabling approach, the ZRCS will upgrade their support to volunteers, including knowledge of the RCRC, duty of care, and overall material support to roll out the activities with good quality standards. The branches included in this response will also benefit from renovation and equipment to ensure they have the best possible conditions in delivering the response.</p> <p>Priority actions should include:</p> <ul style="list-style-type: none"> <li>• Strengthening of Emergency Operations Centre.</li> <li>• Review and strengthening of Emergency response procedures.</li> <li>• Support NS to strengthen their auxiliary role, mandate, and law, for this current operation.</li> <li>• Strengthen Safety and Security Management.</li> <li>• Emergency Needs assessments.</li> <li>• Situation monitoring.</li> <li>• Update the National Society Organizational Capacity Assessment and Certification (OCAC).</li> <li>• Provision of volunteer insurance policies.</li> <li>• Provision of MHPSS support to volunteers.</li> <li>• Development and printing of materials to promote the Fundamental Principles.</li> <li>• Renovation of Chilanga branch office and procurement of office equipment and furniture.</li> <li>• Procurement of a storage container as a warehouse.</li> </ul> <p>Printing of ZRCS (revised) manuals, Policies, and guidelines (Branch Manual, Code of conduct, Membership Policy, Youth Policy, Volunteer Policy, and Youth by-laws).</p>		

	<b>Coordination and Partnerships</b>	<b>156,000 CHF</b>
<b>Objective</b>	Technical and operational complementarity among IFRC membership, and with ICRC, enhanced through cooperation with external partners. Support a stronger and more localized approach to collaboration and coordination to increase the scale and quality of risk communication and community engagement approaches and ensure ZRCS engagement (as part of the RCCE Collective Service platform).	
<b>Key indicators:</b>		<b>Target</b>

Coordination forums where ZRCS is participating	15
External partnerships supporting ZRCS in the response established	10
Regular coordination mechanism is in place ensuring alignment and coordination with all Movement partners and local and international partners	12
# of coordination and partnership meetings attended	12
# of staff participating in international forums	20
<b>Priority actions:</b>	
<p><b>Membership Coordination</b></p> <ul style="list-style-type: none"> <li>• The IFRC secretariat, which provides technical and financial support to ZRCS through IFRC Harare country cluster delegation, will play an essential role in ensuring effective coordination within and outside the Movement. The PNS in the country, NLRC, have provided bilateral support to ZRCS since the response started. It participates in coordination meetings held in the country and contributes its expertise to this response.</li> <li>• Participate in daily IMS meetings, whose frequency will reduce as the situation continues to evolve.</li> <li>• Sharing of weekly updates to Movement partners.</li> <li>• Participate in IFRC joint task force meetings.</li> <li>• Participate in international cholera forums.</li> <li>• Participate in partnership meetings.</li> </ul> <p><b>Engagement with external partners</b></p> <ul style="list-style-type: none"> <li>• Support RCCE and ensure strong engagement of ZRCS.</li> <li>• Support interagency community feedback and collaborative approaches and ensure that collective and coordinated accountability mechanisms are in place.</li> <li>• MOH is coordinating the response to the cholera outbreak. An IMS has been set up at ZNPHI and meetings are held daily to receive updates on preparedness and response efforts around the country with the IFRC CSP Manager embedded within the IMS as the liaison. ZRCS is also represented in these meetings.</li> <li>• Continue participating in MOH IMS meetings.</li> <li>• Participate in cluster meetings (Health, WASH and RCCE).</li> <li>• Participate in partnership meetings.</li> </ul> <p><b>Movement cooperation</b></p> <ul style="list-style-type: none"> <li>• ZRCS, partners and IFRC coordinate with the ICRC regional office in Pretoria.</li> </ul>	

	<b>IFRC Secretariat Services</b>	<b>320,000 CHF</b>
<b>Objective</b>	To ensure that IFRC is working as one organization, delivering what it promises to ZRCS and volunteers, and leveraging the strength of the communities with which they work as effectively and efficiently as possible.	
<b>Key indicators</b>		<b>Target</b>
Global and regional surge		10
Federation-wide reporting set up by Planning, Monitoring, Evaluation and Reporting (PMER)		1
Risk register set up, mitigation measures identified and monitored once per month.		12

Communications support provided - communication working group for movement members in country (ZRCS, ICRC & IFRC) will be activated and coordinated

12

### Priority actions:

#### IFRC Secretariat services

- The Harare Cluster Delegation provides full support across Operations Coordination, WASH, Finance, Logistics, PMER, Security, National Society Development (NSD) and technical sectors.
- Deployment of ORP kits from Swiss Red Cross pre-positioned stock in Dubai using IFRC partnership with commercial sector for free flights.
- IFRC will facilitate an effective Federation-wide response with support from the Harare Cluster Delegation and Africa Regional Office. It will offer its expertise in managing epidemics through the deployment of critical functions as agreed with ZRCS and will also equip them with strong risk management and business continuity plans.
- Given the risk of spread of cholera to neighbouring countries, ZRCS and IFRC will establish regular cross-border communication, information sharing and support, which will allow neighbouring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale up the response if necessary.
- Through the IFRC surge system, regional and global alerts have been issued for several profiles: PHIE Coordinator, WASH Coordinator, Information Management Coordinator, Communications Coordinator and PMER Coordinator.
- Alerts for the team leaders for Emergency Response Units for Community Case Management of Cholera (CCMC). Consideration based on needs will also be given to WASH (water supply repair and household water treatment).

#### Risk Management

- In accordance with IFRC Risk Management Framework, the Operation is committed to identifying and analyzing risks associated with activities and operations with the objective of maintaining a safe workplace, minimizing losses, maximizing opportunities and developing appropriate risk treatment options for informed decision-making. Risks will be identified across the seven IFRC risk categories: strategic; contextual; operational; programme delivery; fiduciary; safeguarding; and reputational.
- The IFRC Head of Delegation is responsible for overall risk management in Zambia and will risks and what mitigation measures should be taken. The Operations Manager is responsible for the day-to-day implementation of risk mitigation measures with ZRCS teams. The Regional Office will support risk management of this operation, with technical advice and overall support to building the risk matrix. The cluster risk focal person will have routine follow-ups as the operation is executed.

#### Communications

- Communications support provided - Communication working group for movement members in country (ZRCS, ICRC & IFRC) will be activated and coordinated.
- In the current outbreak, Zambia Red Cross Society will position itself to ensure that aspects of response being conducted are being profiled, enabling visibility at both National & International level. The society will frequently upload content that may draw attention for further support, and this will be done in collaboration with IFRC Harare Cluster communication delegate. ZRCS in response to the cholera outbreak will have the following priority actions: These activities will support the profiling of the National Society
- Printing & Development of IEC materials in collaboration with MoH. These will also be translated into the main language, spoken in the specific districts.
- Radio and T.V call in programs and radio jingles. The programs will be aired in the common language accepted by the specific District.
- Development of a documentary in sign language
- Quarterly press releases will be produced giving an update on the activities of the cholera response.
- Payment for a canva app account to develop social media content.
- Support to Communications media profiling through fuel, transport, allowances
- Procurement of Communications equipment, e.g, batteries, camera cards, camera bags, 2 professional cameras, Public Address System equipment (2)

- Conduct virtual training of Comms persons in 6 Branches for communication, information & content collection.
- Procurement of visibility material for 2000 volunteers and staff such as T/Shirts & Bibs and other materials such as backdrops, pop ups, gazebos, tear drops, billboard.
- Development of quarterly newsletters to give an update on cholera activities.
- Monthly payment for cable T.V. for news and content updates in the EOC.
- Contribution to setting up a Local Area Network
- Use of Digital Billboards at strategic locations for awareness creation.

### Monitoring & Evaluation (M&E)

- Continuous, periodic assessment and after-action reviews will be a crucial part throughout implementation. This will help to identify gaps and institute measures for quality programming/improvement. The main aim will be to improve current and future management of outputs, outcomes and impact of cholera. ZRCS PMER unit will work hand in hand with IFRC Harare Cluster PMER.
- Developing M&E tools including, indicator tracking table.
- Orientation for volunteers and staff on M&E tools.
- Design and development of maps and a dashboard for visualisation of the cholera response.
- Conduct monitoring visits to affected districts.
- Conduct a lessons-learned workshop.
- Consolidation of weekly updates and monthly reports.
- Data will be collected weekly by volunteers and sent to the volunteer supervisor for consolidation with support from NDRTs. Reports will be shared with IFRC, NLRC and partners through Incident Management System (IMS), weekly situation and progress reports.

### Security

- Zambia's security environment remains stable. During this cholera response, ZRCS will continue monitoring the situation in case of any security challenges. IFRC security officers will continue providing guidance on all international deployments that will be taking place during this period of responding to the outbreak.
- IFRC security plans will apply to all IFRC staff throughout the operation. Area-specific security risk assessments will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented.
- All IFRC must, and Red Cross Red Crescent staff and volunteers are encouraged to, complete the IFRC Stay Safe e-learning courses, e.g. Stay Safe 2.0 Global Edition Levels 1 to 3.
- Orientation in security management for all staff and volunteers who will be participating in the response.

## Risk management

In accordance with the IFRC Risk Management Framework, this operation is committed to identifying and analyzing risks associated with activities and operations with the objective of maintaining a safe workplace, minimizing losses, maximizing opportunities and developing appropriate risk treatment options for informed decision-making. Risks will be identified across the seven IFRC risk categories: strategic, contextual, operational, programme delivery, fiduciary, safeguarding and reputational. The roll-out of the mitigation measures will be under the responsibility of the Head of Delegation (Appeal Manager), with the support from the Cluster Operations Coordinator, Operations Manager, CEA Senior Officer, PHiE Delegate and Staff Health, backed-up by the Regional SPRM, Operations team and Risk Manager. All will work in tandem to ensure these actions will be observed.

Risk	Likelihood	Impact	Mitigating actions
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Insufficient resources to stop the spread, with an increase in cases and deaths, and the situation worsens, exacerbated by the movement of people.	Medium	Medium	Utilize resources as efficiently and effectively as possible in line with the strategy developed, monitor the situation closely and advocate for more support.
Poor participation of affected communities in the response.	Low	High	Intensify community awareness and effective community engagement.
Non-adherence to financial management procedures.	Low	High	Orientation of new staff on financial management and strengthening financial controls.
Inactivity and or lack of capacity of local branch structures	Medium	Medium	Intensify capacity building and deployment of surge.
Staff turnover that can result in failure to sustain delivery of humanitarian assistance.	Low	Medium	National Society capacity strengthening will be incorporated, to strengthen delivery of humanitarian assistance. Provision of Federation-wide management and technical services to supplement the capacities of the host national societies.
Some of the affected areas in both urban and rural settings may be difficult to access.	Medium	Medium	Recruitment and deployment of volunteers will be done from and within the affected communities.
Safety of volunteers and staff from possible cholera infection and death.	Medium	Medium	Staff and volunteer insurance, provision of personnel protection equipment (PPE) and IPC materials.
Rising cost of goods and services due to inflation	Medium	Medium	Budgeting and financial reporting will be done in international currency (CHF).

The IFRC Head of Delegation is responsible for overall risk management in Zambia and will monitor and advise ZRCS about the nature of these risks and what mitigation measures should be taken. The Operations coordinator is responsible for the day-to-day implementation of risk mitigation measures with ZRCS teams. The Regional Office will support the risk management of this operation, with technical advice and overall support to building the risk matrix.

## Quality and accountability

ZRCS emphasises quality and accountability in implementation of short- and long-term operations, ensuring standard operating procedures and use of implementation guides and manuals, as well as training and supervision.

In this operation the following actions will be implemented: completing the Child Safeguarding Risk Analysis; having in place screening, briefing, and reporting systems; mapping and testing referral pathways; ensuring community feedback mechanisms; and child friendly information and participation.

Key indicators are available in the Planned Operations section.

## Long-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. IFRC will leverage CSP's role of providing

technical support to IMS to ensure alignment of 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 to scale-up the response as 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 utilize the existing cholera preparedness capacity in the current responses and oversee integration of the capacity developed in the response into long-term preparedness planning.



# FUNDING REQUIREMENT

## Federation-wide funding requirement

<b>Federation-wide Funding Requirement</b> including the National Society domestic target, IFRC Secretariat and the Partner National Society funding requirement 4 million CHF	<b>IFRC Secretariat Funding Requirement</b> in support of the Federation Wide funding ask 3 million CHF
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## Breakdown of the IFRC secretariat funding requirement



## OPERATIONAL STRATEGY

### MDRZM021 - ZAMBIA CHOLERA

#### FUNDING REQUIREMENTS

<b>Planned Operations</b>	<b>2,067,000</b>
Health	1,019,000
Water, Sanitation and Hygiene (WASH)	1,001,000
Protection, Gender and Inclusion (PGI)	15,000
Community Engagement and Accountability (CEA)	32,000
<b>Enabling Approaches</b>	<b>936,000</b>
Coordination and Partnerships	156,000
Secretariat Services	320,000
National Society Strengthening	460,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>3,000,000</b>

*All amounts in Swiss Francs (CHF).*

## Contact information

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

### Zambia Red Cross Society:

- **Acting Secretary General:** Cosmas Sakala, [Cosmas.sakala@redcross.org.zm](mailto:Cosmas.sakala@redcross.org.zm) +260963724899
- **Health and Care Manager:** Ruth Asaile, [Ruth.asaile@redcross.org.zm](mailto:Ruth.asaile@redcross.org.zm), +260968766420

### IFRC Zimbabwe Country Cluster Delegation:

- **Head of Cluster Delegation:** John Roche, [john.roche@ifrc.org](mailto:john.roche@ifrc.org), +263772128648
- **Cluster Operations Coordinator:** Vivianne Kibon, [Vivianne.KIBON@ifrc.org](mailto:Vivianne.KIBON@ifrc.org), +265986803234
- **Operations Delegate Zambia:** Gloria Kunyenga, [Gloria.KUNYENGA@ifrc.org](mailto:Gloria.KUNYENGA@ifrc.org), +260764169828

### IFRC Regional and Geneva Office:

- **IFRC Regional Office for DM coordinator:** Rui Alberto Oliveira, Regional Operations Lead, [rui.oliveira@ifrc.org](mailto:rui.oliveira@ifrc.org), +254 780 422276
- **IFRC Geneva:** Santiago Luengo, Senior Officer, Operations Coordination, [santiago.luengo@ifrc.org](mailto: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 Engagement and Partnerships; [Louise.Daintrey@ifrc.org](mailto:Louise.Daintrey@ifrc.org), +254 110 843 978

### For In-Kind donations and Mobilisation table support:

- **Manager, Global Humanitarian Services & Supply Chain Management, Africa Region:** Allan Kilaka Masavah, [allan.masavah@ifrc.org](mailto:allan.masavah@ifrc.org).

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

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

#### Reference

Click [here](#) for:

- Previous Appeals and updates