IFRC

# OPERATION UPDATE

## Zambia| Cholera Emergency Response

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| **Emergency appeal №: MDRZM021** | **Glide №: EP-2024-000002-ZMB** |
| **Emergency Appeal launched:** 10/01/2024. **Operational Strategy published**: 06/02/2024 | |
| **Operation update #2** **Date of issue:** 27/02/2024 | **Timeframe covered by this update:** From 1 9 /01/2024 to 18/02/2024 |
| **Operation timeframe:** 19/01/2024 – 31/02/2024 | **Number of people being assisted: 2,850,000** |
| **Funding requirements (CHF):** CHF 3 million through the IFRC Emergency Appeal CHF 4 million Federation-wide | **DREF amount initially allocated:** CHF 750,000 |

*This Emergency Appeal, which seeks CHF4,000,000 Federation Wide is at 72.4 per cent funded. Further funding contributions are needed to enable the Zambia Red Cross Society, with support from IFRC, continue with the response efforts by providing humanitarian assistance and protecting the people affected by the Cholera outbreak.*

*Visit to CTC in Kabwe district by the ZRCS /IFRC cholera response team.*

# SITUATION ANALYSIS

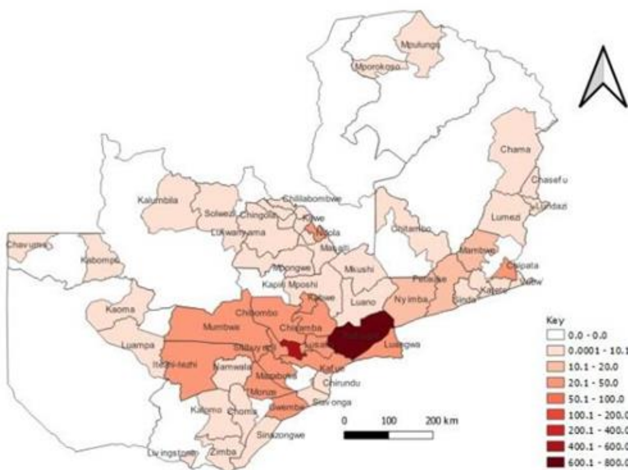
## Description of the crisis

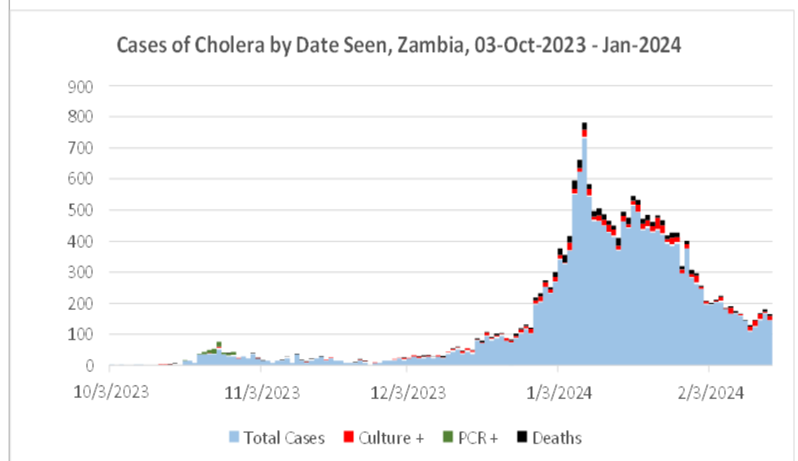
A cholera outbreak which was first reported in October 2023 saw a dramatic increase in transmission since mid-December 2023 to around mid-January 2024. The country as of 01/02/2024 had recorded a cumulative 16,772 cases and 616 deaths, with over 246 daily new cases and over 3 deaths, according to a daily update from the Ministry of Health[1] resulting in a cumulative case fatality rate of 3.7%. As of end January 2024 to date, a downward trend has been experienced especially Lusaka District which remains the epicentre of the outbreak.

The country experienced its last major outbreak from October 2017 to June 2018 with a total of 5,935 reported cases. 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 especially, Southern, Central and the Copperbelt provinces. Since the start of the current cholera outbreak, all the ten provinces had reported confirmed cases of Cholera. Out of 116 districts, 70 have confirmed outbreaks and have reported cases despite the downward trend. The provinces mentioned above are the ones remaining with active cases. The mentioned provinces have for over a month experienced serious dry spell and this could b ethe most contributing factor to the downward trend. The dry spell might also bring problems of water shortages in most parts of the country which may result in another spike of cases in the near future.

The national epi-curve shows that new cases are steadily decreasing.

**Cholera Attack Rates in Outbreak District, 2024**




Lusaka Province cases have significantly reduced. Central, Southern, N-Western Province cases have reduced while the Copperbelt cases are still high.

For this outbreak, the cases and spread of the disease got on the peak around 12th to 26th January and started

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[1] https://x.com/mohzambia/status/1745131107450814868?s=20

decreasing steadily towards the end of January. This could be attributed to a number of reasons such as vaccination, dry spell across most provinces as well as robust interventions by different stakeholders.

In response to the surge in cholera cases, the government designated Lusaka's National Heroes Stadium as a Cholera Centre as township health centres struggled to cope. Schools in Zambia remain closed due to the increase in transmission causing a delayed start to the academic year. However, schools are now open after a close monitoring on sanitation standards by the Government and if a case is identified in a school, proper follow ups are done to avoid further transmission.

Challenges such poor sanitation, poor health seeking behaviors, poor hygiene practices, intercity movements, stigma, and discrimination as well poor access to health services remain a challenge which current interventions are focusing on. Although cases have started declining, all stakeholders are busy intensifying the interventions that can continue breaking the transmission routes through sensitization on good hygiene practices, household and pint of collection water treatment, risk communication and community engagements, disease surveillance as well as health seeking behaviors.

The Government of Zambia received 1.9 million doses of Cholera vaccine and to date, 98.6% of the population in Lusaka District have been vaccinated. More vaccines are expected in country in the coming weeks especially for other provinces that are still experiencing the outbreak.

To date, the Zambia Red Cross Society (ZRCS), with the support of partners[2], has been able to contribute to the government's response as follows:

- Continuing door-to-door visits through **1,782 volunteers** deployed in all the hot spot Districts of Lusaka province such as Kafue, Chilanga, and Chongwe, Copperbelt province (Kitwe and Ndola). Central province (Mumbwa and Kabwe)
- Supporting the Ministry of Health (MOH) in setting up **76 Oral Rehydration** Corners (ORCs) in all hot spot districts which are being supported by MOH staff and ZRCS volunteers. A total of 30 ORCs have been established and operational in Lusaka province.
- Supporting the MOH in disseminating hygiene messages by conducting radio programmes and public address activities, reaching over **1,354,590 people (284,571 HHs)** in Lusaka Province.
- Continued to carry out community engagement and risk communication activities around all hot spot provinces.
- Supported the MOH with 17000 bottles of liquid chlorine.

## Forecast of the outbreak with continued impact

The country continues to experience dry spell in most part and this may contribute to the downward trend of cases and deaths. There is a high probability of having cases rising again if the rains start again or vice versa. If more rains are received, there is a high chance of having water sources contaminated again, if it doesn't rain there will be an increase in water shortages hence hygiene practices compromised.

[2] UNICEF and ECHO PP

# Summary of response

## Overview of the host National Society and ongoing response

The ZRCS deployed National Disaster Response Teams to all hot spot Districts to respond to the emergency, at least one NDRT per hot spot Districts of Lusaka, Central and Copperbelt provinces. The National Society has been reaching out to affected areas with Cholera prevention information dissemination to over **1,354,590 people** through door to door, public address system, radio and television country wide. The NS is in the process of supporting construction of 76 Oral Rehydration Corners (ORC) and provide supplies for the management of the ORCs such as rehydration salts, chlorine, soap, and furniture (tables, chairs), etc. The NS is expecting to receive **5 ORCs** from Swiss Red Cross that will be positioned in hot spot areas around Lusaka province.

In collaboration with the Ministry of Health (MoH), ZRCS has been supporting the activities at the Heros Stadium Cholera Treatment Centre through setting up of ORC for discharged patients as they wait for transport to their respective homes as well as infection prevention for the same group of people. The NS has also set up help desks at the Heroes stadium and Levy Mwanawasa CTC for connecting families discharged with their families, prevention messages, sharing of chlorine and ORS for home use after being discharged. A tent is set up at the two big CTCs for discharged patients to sit while waiting for transport home.

The NS has also been supporting the distribution of Chlorine through the Health authorities as well as promotion of household water treatment.

The operation team has been actively coordinating with various stakeholders at national, district, and sub-district levels through a series of meetings. The government has established clusters, such as WASH, Health, and Risk Communication and Community Engagement (RCCE), where stakeholders collaborate and share plans for the response. ZRCS/IFRC are part of these coordination forums, contributing to decisions on key interventions to avoid duplication of efforts.

Volunteers are providing RCCE activities and following up on feedback mechanisms that have been established in all six sub- districts of Lusaka. The RCCE team is establishing the same in Central Southern and Copperbelt provinces. Feedback mechanisms have been established in all hotspots where rumors and myths are being recorded. Plans to address these rumors and myths have been developed and shared through volunteers conducting door-to-door activities.

As part of strengthening capacity for effective response, the IFRC (through the CSP), in collaboration with the MOH/ZNPHI and the UKHSA, supported the training of 120 district-level health staff across 4 districts in the Central province. Following the training, the IFRC/ZRCS will be piloting the roll-out of the Case Area Targeted Interventions in these districts.

In addition, the Red Cross, together with the WHO, has led the initiative to strengthen cross-border collaboration and coordination towards preventing the cross-border spread of cholera. The IFRC/CSP is facilitating the sharing of information between the governments of Zambia and DRC.

## Needs analysis.

The Government of Zambia and its partners are doing everything possible to control the outbreak through different approaches and strategies including support from ZRCS/IFRC and its partners. Among the efforts being provided to curb the disease, the following are some of the key areas of focus to reduce further spread of the outbreak and gaps that need to be supported:

- Sensitization of communities to address the Inadequate sanitation at household level, schools, and communal settings such as markets and churches. Hygiene promotion by volunteers through door to door is ongoing. These needs to continue so that all hot spot areas are reached, and some behavior change is observed.
- The Government is working on historical waste management through collection of waste and desludging of toilets. It is also working on poor drainage systems that has led into contamination of water sources around the illegal settlements of the hotspot areas. Without proper disposal mechanisms the risk of contamination remains high. This has to continue until are waste is properly disposed.
- School inspections were done prior to open of schools and are ongoing to ensure improved sanitation and prevent further spreading of the outbreak in schools.
- ZRCS/IFRC and partners have established Community feedback mechanism to listen to and respond to community questions, beliefs, concerns and rumors about cholera and the response and provide timely feedback to their concerns through the volunteers. This should be continuous to enable the communities get the right and timely support.
- The Government is supplying water in hot spot areas for consumption and practice of proper hygiene. The reliance on untreated water sources, such as shallow wells, in certain communities in affected districts pose a severe health risk due to potential contamination and hence distribution of liquid chlorine at household level and point of collection water treatment is being provided by the different partners including Red Cross. There is need to look for long-term and sustainable solutions to water problem.
- Most of the deaths from cholera in this outbreak have been happening in communities with increased numbers of "brought-in-dead" recorded in health facilities. This could be due to stigmatization and lack of information on early health-seeking behaviors as well as gaps in access to healthcare. Majority of cases recorded in Health facilities throughout this outbreak had been men aging from 15 years above which attributes to the same stigmatization to visit the ORCs for dehydration and only get worse and refereed to CTCs. There is need for more community sensitization through different approaches such as radio and TV programmes, IEC materials distribution, door to door visits etc. At the same time, ORCs at community level facilitate access to healthcare as the first point of contact.

These challenges underscore the need for continuous comprehensive interventions in all the sectors if we are to get this outbreak to an end.

**PERCENTAGE (%) CHANGE IN CHOLERA CASES IN THE LAST TWO (2) EPI-WEEKS**

Decrease in cases in epi-week 6 compared to epi-week 5 in Lusaka, Central, Southern and N-western provinces. Eastern Province recorded a 10% increase in cases. There was a decrease in deaths in Lusaka and Central Provinces. Below are the latest situation reports based on the Ministry of Health daily updates.

| | Epi- Wk 5 | Epi-Wk 6 | Percentage (%) Change | Epi-Wk 5 | Epi-Wk 6 | Percentage (%) Change |
|---|---|---|---|---|---|---|
| Province | Cases | Cases | Cases | Deaths | Deaths | Deaths |
| Lusaka | 1211 | 739 | -63.9 | 66 | 21 | -214.3 |
| Central | 243 | 124 | -96.0 | 10 | 4 | -150.0 |
| Southern | 106 | 55 | -92.7 | 4 | 6 | 33.3 |
| Copperbelt | 136 | 135 | -0.7 | 2 | 5 | 60.0 |
| Eastern | 43 | 48 | 10.4 | 1 | 2 | 50.0 |
| N-Western | 34 | 24 | -41.7 | 3 | 3 | 0.0 |
| Western | 4 | 5 | 20.0 | 0 | 0 | |
| Northern | 0 | 0 | | 0 | 0 | |
| Muchinga | 0 | 1 | 100.0 | 0 | 0 | |
| Luapula | 0 | 0 | | 0 | 0 | |
| National | 1777 | 1131 | -57.1 | 86 | 41 | -109.8 |

## Operational risk assessment

The operational risks remain consistent with those outlined in the published Operations Strategy. This is being revised as per the current situation and will be presented in the next update

Presently, the primary operational risks are associated with:

- Fluctuation of the foreign currency
- Inadequate funding for the operation
- Fraud and corruption, both internally and externally.
- Abrupt Increase in number of cases beyond expected.

# A. OPERATIONAL STRATEGY

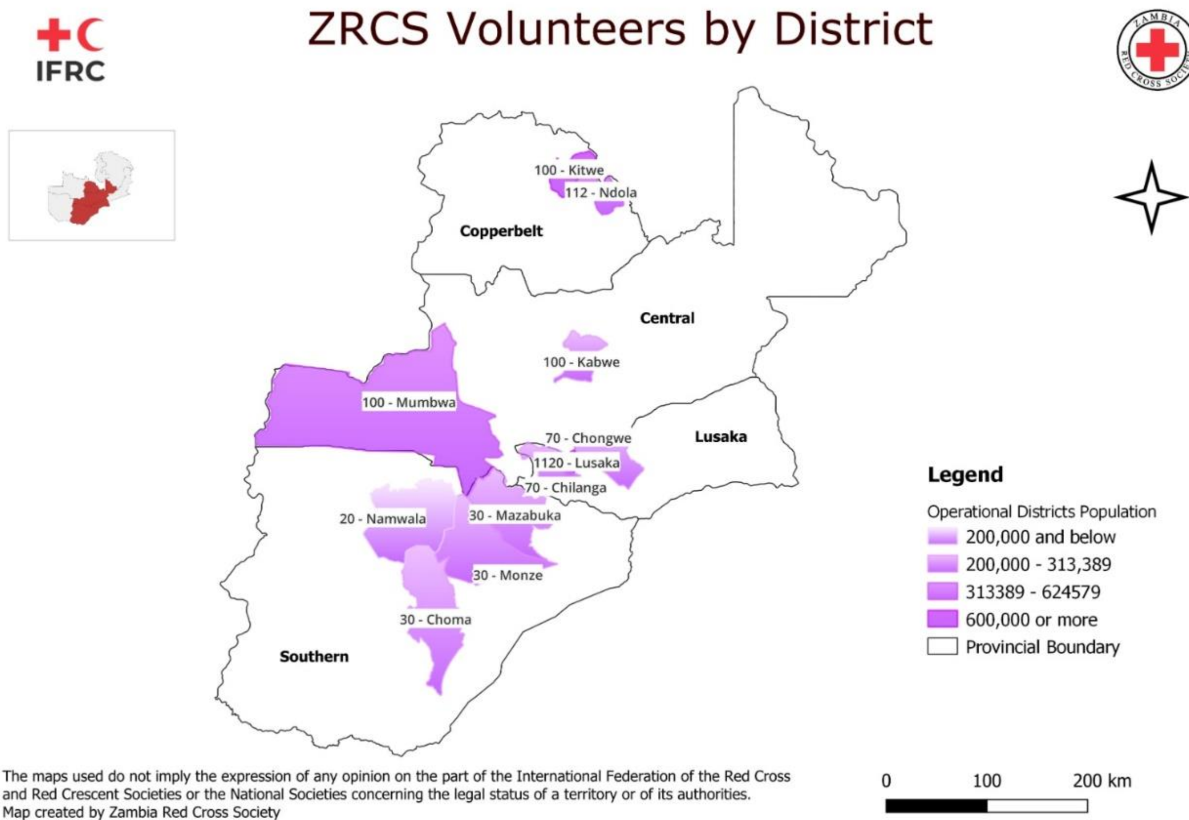
## Update on the strategy

The Operations Strategy will be adjusted in response to changes in the Cholera trends. Other provinces, including Central, Southern, and Copperbelt, are still reporting more cases. This increase could be attributed to factors such as intercity movements and poor access to safe water and sanitation in hotspot areas within these provinces. The decline in cases in Lusaka province may be due to the recent vaccination campaign and the prolonged dry spell experienced for over a month. The revised strategy includes the following adjustments:

- Expansion of the geographical areas outside Lusaka province. The operation is now targeting additional districts in Southern, Central and Copperbelt provinces.

- Increased number of volunteers allocated to support the operation.
- Initial districts of Kafue, Rufunsa and Luangwa in Lusaka province did not register more cases as it was in the first and second week of January hence dropped for now in the response.
- Increased number of fleets to reach out to the new sites.
- Integration of the Cholera interventions in existing long-term projects by the National society especially in Southern province.
- Piloting the CATI approach in the Central Province while strengthening the capacity of the district teams
- Focusing on quality of interventions, including the infection and prevention control at the ORCs
- Cross-border strengthening with bordering countries.
- Supporting regional efforts and building the target country's capacity towards cholera preparedness and response.
- Inclusion of chlorination of water at point of collection in some selected sites in Lusaka District with support from UNICEF.

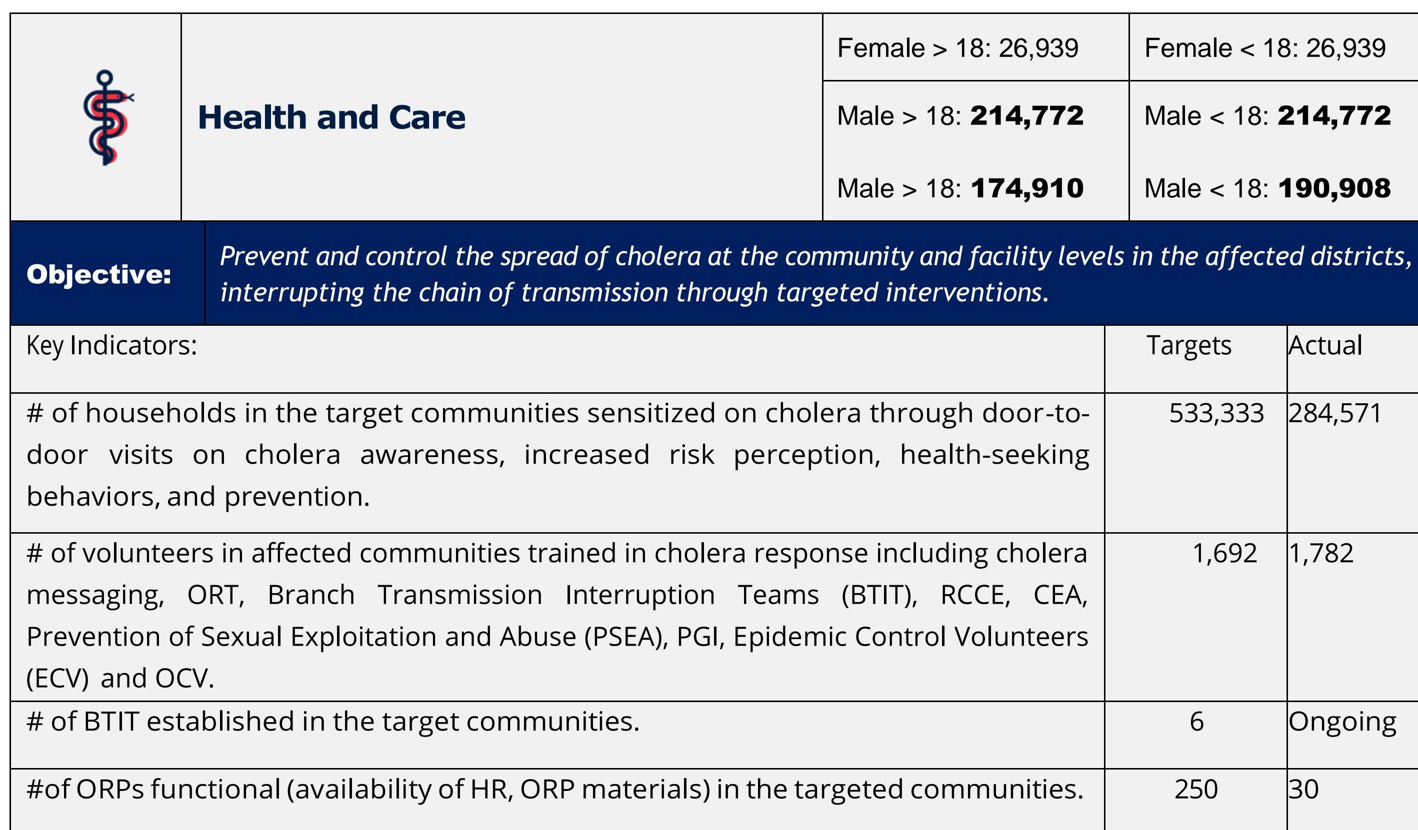
The map below shows the new targeted districts including Lusaka district which was initially targeted, and the number of volunteers assigned in each district.



# B. DETAILED OPERATIONAL REPORT

The following is an analysis of key interventions conducted by ZRCS across the country. The communities have been supported in different sectors with the aim of mitigating the impacts of the disease. To ensure community involvement and engagement, the CEA and RCCE plays a role on this. The following is the detailed operational plan with key achievements made.

## STRATEGIC SECTORS OF INTERVENTION



| | | | |
|---|---|---|---|
| | **Health and Care** | Female > 18: 26,939 | Female < 18: 26,939 |
| | | Male > 18: **214,772**<br>Male > 18: **174,910** | Male < 18: **214,772**<br>Male < 18: **190,908** |

| | |
|---|---|
| **Objective:** | *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.* |

| Key Indicators: | Targets | Actual |
|---|---|---|
| # of households in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviors, and prevention. | 533,333 | 284,571 |
| # 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, Epidemic Control Volunteers (ECV) and OCV. | 1,692 | 1,782 |
| # of BTIT established in the target communities. | 6 | Ongoing |
| #of ORPs functional (availability of HR, ORP materials) in the targeted communities. | 250 | 30 |

| #of people accessing ORPs (disaggregated by sex and age). | 5% (160,000ppl) | 330 |
|---|---|---|
| # of people in target population reached with social mobilization and RCCE activities. | 3,200,000 | 2,850,000 |
| # of people reached with messages on vaccines (OCV). | 1,600,000 | 795,452 |
| # of volunteers trained in contact tracing. | 600 | 412 |
| # of volunteers trained on basic psychological first aid (PFA). | 1,692 | 1,270 |

**Priority Actions:**

***Prevention and control, interrupting the chain of transmission:***

- Volunteers from ZRCS have undergone training on cholera awareness, RCCE, and CEA, among other topics. They have conducted door-to-door visits in affected areas, reaching a total of **284,571 households** primarily in Lusaka. Generally, cholera cases have continued to reduce in Lusaka and other districts. The interventions will gravitate towards the central and copper belt districts. BTIT trainings will be scheduled after cholera cases have stabilized. Training of volunteers was integrated. **412 volunteers** in the newly affected districts were trained on contact tracing while **1,270** were trained on PFA, RCCE, CEA and PGI.

***Case Management: Establishment and strengthening of oral rehydration points (ORPs)***

- ZRCS has assisted Ministry of Health (MoH) in establishing Oral Rehydration Corners (ORCs) in Lusaka, aligning with the overall goal of 250 Oral Rehydration Points (ORPs), out of which 76 are expected to be supported by ZRCS.
- According to the MoH registers, ORCs/ORPs have reached 6,600 people out of which **330 people** have been reached directly by ZRCS.
- As of 18th February, ZRCS has established 30 ORCs in Lusaka, Chilanga and Chongwe. ZRCS support includes constructing shelters and providing equipment, supplies and trained volunteers to each ORC. Efforts are ongoing to expand ORC activities to Central and Copperbelt provinces.

*A complete set-up ORP*

- Another priority is enhancing the quality of existing ORCs, in particularly regarding infection prevention and control (IPC) in collaboration with the WASH team.

***Oral Cholera Vaccination (OCV)***

- During the initial OCV campaign in Lusaka hotspot areas, involvement of ZRCS was focused on social mobilization by volunteers in targeted areas where **795,452 people** were vaccinated in the initial vaccination campaign as reported by the MoH.
- As the government is expecting to receive an additional shipment of vaccines, ZRCS maintains preparedness to support with OCV messaging and mobilization.

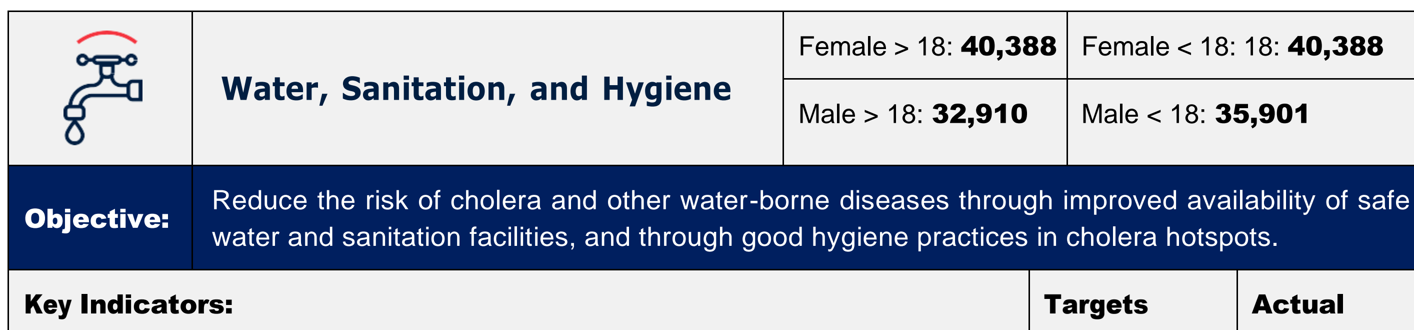
***Risk Communication and Community Engagement (RCCE)***

- In 16 districts of Lusaka, Copperbelt, Central and Southern Province, training on cholera CEA, MHPSS, and RCCE was provided to **1,782** volunteers. Volunteers were equipped with knowledge, abilities, and resources to effectively carry out their volunteer activity, which involved spreading awareness about the need to prevent and limit the cholera outbreak in the impacted areas.

- Ongoing door-to-door sensitizations on cholera prevention in the affected communities with **284,571 households** reached.
- Social mobilization and RCCE activities integrated with OCV messaging have reached **2,850,000 people through the public address system.**

***Psychosocial Support (PSS)***

- Training on psychosocial first aid (PFA) has been provided to **1,270 volunteers**. PFA activities have taken place in an integrated manner as needs have arisen, for example to support families of the patients treated at cholera treatment centres (CTC) and families of the deceased.



| | **Water, Sanitation, and Hygiene** | Female > 18: **40,388** | Female < 18: 18: **40,388** |
|---|---|---|---|
| | | Male > 18: **32,910** | Male < 18: **35,901** |
| **Objective:** | 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. | | |

| **Key Indicators:** | **Targets** | **Actual** |
|---|---|---|
| #of people reached with appropriate knowledge about cholera and health/hygiene protective behaviors. | 533,333 | 284,571 |
| # of people reached with rehabilitated or upgraded water points, and by providing access to safe water supply for affected communities *(250*78)* | 19,500 | Ongoing |
| # of household's reached with liquid chlorine and multi-purpose soap distribution. | 33,000 | 17,000 |
| # of liquid chlorine bottles procured and distributed (New) | 100,000 | 17,000 |
| # of constructed/rehabilitated latrines. | 10 | Ongoing |
| #of handwashing facilities constructed in the response period (New). | 50 | ongoing |
| # of people provided with sanitation facilities (this is more than excreta disposal) (New). | 300,000 | ongoing |
| # of water points constructed. | 18 | Ongoing |
| # of water points rehabilitated. | 60 | Ongoing |
| **Priority Actions:** | | |

Demonstration of handwashing with soap to the community

Aligning with ZRCS/IFRC WASH interventions and in coordination with other actors, the objective is to 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. Hygiene promotion through door-to-door sensitization on knowledge about cholera and health/hygiene protective behaviors and distribution of IEC materials has been conducted reaching **284,571 households**. Most of the WASH activities will be implemented after the cholera situation stabilizes.

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

- To enhance access to safe water, plans are in place for the construction, rehabilitation, and disinfection of water points, which are yet to be executed.
- Procurement process of 86,000 bottles of chlorine is ongoing and will be shipped from Nairobi in the coming weeks. To date, in the hotspot areas.

Demonstration of use of chlorine for cleaning drinking water.

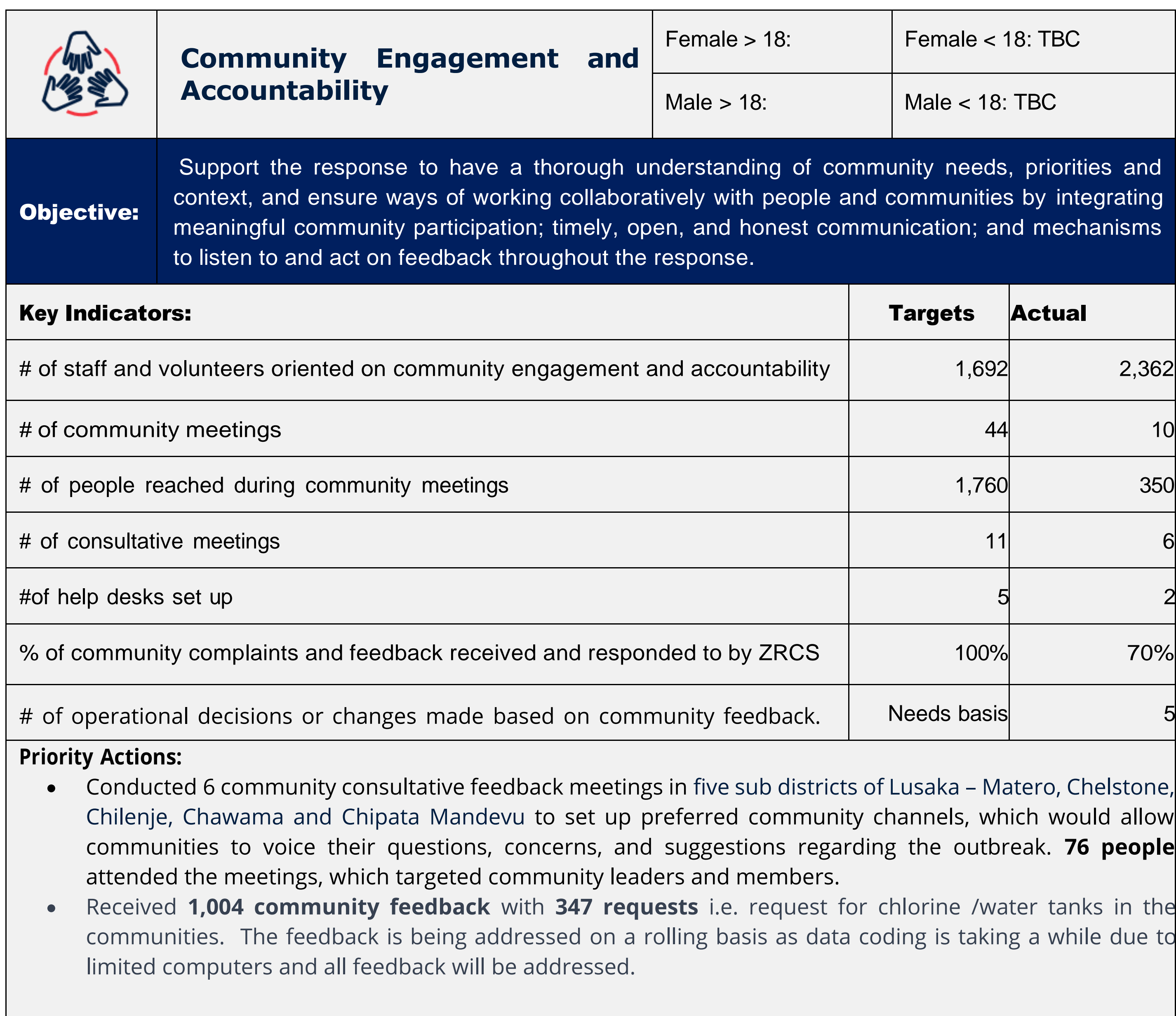
***Water quality monitoring at household and communal water points***

- Water quality monitoring has been conducted at household and communal water points, along with chlorination at the point of collection. To date, 17,000 bottles of chlorine has been procured and distributed through the Ministry of Health in Lusaka, Copperbelt, Central, and other affected provinces. More chlorine will be donated to the Ministry of Health to facilitate central distribution once the shipment is received.

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

- The rehabilitation of latrines in health facilities is scheduled for upcoming activities and will be incorporated into future updates.

# PROTECTION AND PREVENTION



| | Community Engagement and Accountability | Female > 18: | Female < 18: TBC |
|---|---|---|---|
| | | Male > 18: | Male < 18: TBC |

| **Objective:** | 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. |
|---|---|

| **Key Indicators:** | **Targets** | **Actual** |
|---|---|---|
| # of staff and volunteers oriented on community engagement and accountability | 1,692 | 2,362 |
| # of community meetings | 44 | 10 |
| # of people reached during community meetings | 1,760 | 350 |
| # of consultative meetings | 11 | 6 |
| #of help desks set up | 5 | 2 |
| % of community complaints and feedback received and responded to by ZRCS | 100% | 70% |
| # of operational decisions or changes made based on community feedback. | Needs basis | 5 |

**Priority Actions:**

- Conducted 6 community consultative feedback meetings in five sub districts of Lusaka – Matero, Chelstone, Chilenje, Chawama and Chipata Mandevu to set up preferred community channels, which would allow communities to voice their questions, concerns, and suggestions regarding the outbreak. **76 people** attended the meetings, which targeted community leaders and members.
- Received **1,004 community feedback** with **347 requests** i.e. request for chlorine /water tanks in the communities. The feedback is being addressed on a rolling basis as data coding is taking a while due to limited computers and all feedback will be addressed.

**Integration of CEA across the response so staff and volunteers have the knowledge and capacity to engage communities effectively.**

*Volunteer briefing on feedback collection*

- Risk communication and CEA are being integrated across the response and staff and volunteers have been provided with the knowledge and capacity needed to engage communities effectively.
- **15 staff**, namely the National Disaster Response Teams (NDRTS), **2,347 volunteers and health staff** across the provinces of Lusaka (6 sub-districts, Kafue, Chilanga and Chongwe), Central (Mumbwa and Kabwe) and Copperbelt (Ndola and Kitwe) have been oriented on community engagement approaches and feedback mechanisms (including data collection and entry).
- To capture real-time community feedback data from affected communities, **18** volunteers were oriented on data coding, cleanup, and entry.

**People and communities have access to timely, accurate and trusted information and support to enable them to take action and protect their health and prevent the spread of infection.**

- In coordination with RCCE and Communications, ongoing sensitization campaigns mainly through door-to-door and public spaces, PA systems, radio, and TV programmes to share timely, accurate and trusted information, and offer support to enable communities to take action and protect their health by promoting safer, healthier practices, facilitating community action, and helping to reduce fear, stigma, and misinformation.
- Initial community meetings conducted to listen to, respond, share information on the received feedback as well as to enable community-led responses and joint plans. More meetings planned with next fund transfer.

**People actively participate in addressing cholera by promoting safe, healthier practices, facilitating community action, and helping to reduce fear, stigma, and misinformation.**

- Consultative meetings and rapid qualitative assessments have been completed for Lusaka sub-districts and are ongoing/planned in other provinces to 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. All related reports have been shared across the pillars of the response.

**Community feedback is collected and responded to and influences operational decision for a more effective and accountable response.**

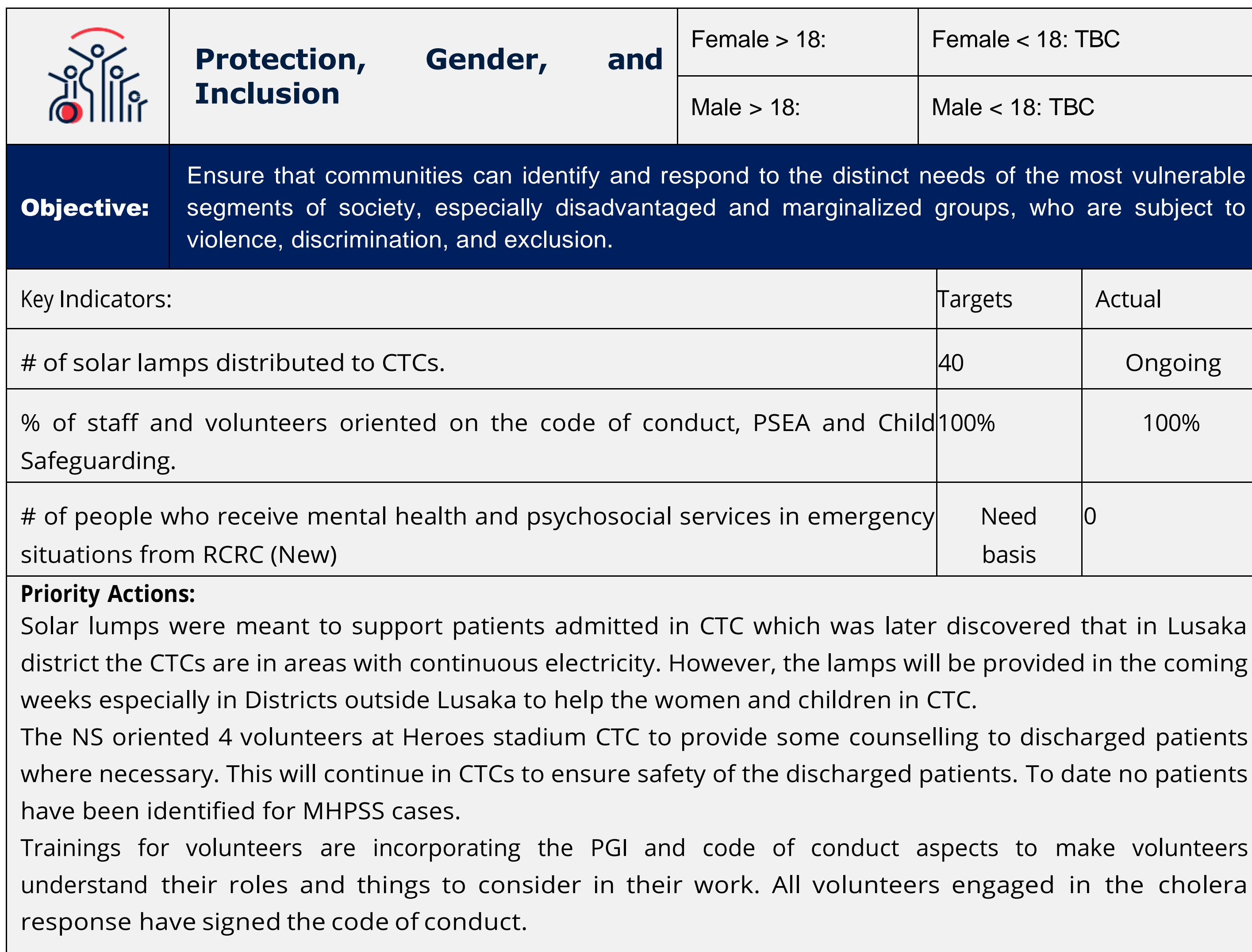
- Feedback mechanisms established through 4 channels (face-to-face with volunteers, community meetings, tollfree number and call-in radio programs) in line with community preferences in Lusaka, Central and Copperbelt provinces. Ongoing collection, analysis, and response to the feedback on issues related to the cholera response. The feedback is used to guide the response and is shared on different platforms at community, district, and national levels, including technical working groups.
- Planning to enhance the current tollfree number 7373 by registering Airtel and Zamtel to offer additional channels for receiving suggestions, complaints, and inquiries about the outbreak from the larger

impacted communities.

- Contributed to inter agency community feedback dashboard Community feedback inter agency dashboard beyond ZRCS internal feedback dashboard.
- Weekly sharing of **community insights** derived from collected feedback (via the volunteers, the community leaders as well as through the calls to the radio programs) and **recommendations across ZRCS response team** so that the operation can be adjusted accordingly. Successful resulting in **operational changes** for a more effective and accountable response, for instance:
    1) Establishment of **two helpdesks** at the main CTCs (Heroes and Levy) to facilitate liaising with families and be able to respond to the relatives' distress.
    2) Reorientation of sensitization activities towards public spaces such as markets and bus stations to target working people that are outside their households when conducting the door-to-door.
    3) Distribution of chlorine together with sensitization activities responding to strong request from communities.
    4) FAQs developed for MOH approval to facilitate volunteers and other stakeholders involved in the response to address misconceptions around cholera.
    5) Plans to add drama groups and include survivors in sensitizations to tackle stigma as recommended by communities.

**Coordination**

- Ongoing coordination with stakeholders, with regular participation in meetings of the RCCE committee and its three sub-committees (1) public communications and development of materials, 2) community engagement, and 3) dynamic listening and research)
- Contribution to the interagency RCCE action tracker with analysis of insights, elaboration of recommendation and tracking of actions taken across all pillars of the response.



| | Protection, Gender, and Inclusion | Female > 18: | Female < 18: TBC |
|---|---|---|---|
| | | Male > 18: | Male < 18: TBC |

| **Objective:** | 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. |
|---|---|

| Key Indicators: | Targets | Actual |
|---|---|---|
| # of solar lamps distributed to CTCs. | 40 | Ongoing |
| % of staff and volunteers oriented on the code of conduct, PSEA and Child Safeguarding. | 100% | 100% |
| # of people who receive mental health and psychosocial services in emergency situations from RCRC (New) | Need basis | 0 |

**Priority Actions:**

Solar lumps were meant to support patients admitted in CTC which was later discovered that in Lusaka district the CTCs are in areas with continuous electricity. However, the lamps will be provided in the coming weeks especially in Districts outside Lusaka to help the women and children in CTC.

The NS oriented 4 volunteers at Heroes stadium CTC to provide some counselling to discharged patients where necessary. This will continue in CTCs to ensure safety of the discharged patients. To date no patients have been identified for MHPSS cases.

Trainings for volunteers are incorporating the PGI and code of conduct aspects to make volunteers understand their roles and things to consider in their work. All volunteers engaged in the cholera response have signed the code of conduct.

# Enabling approaches

| | **National Society Strengthening** | | |
|---|---|---|---|
| **Objective:** | 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. | | |
| **Key Indicators:** | | **Targets** | **Actual** |
| Strengthened PER scoring (after assessment) | | 1 | 0 |
| OCAC Plan produced | | 1 | 0 |
| # of volunteers supported (duty of care, materials) | | 1,692 | Ongoing |
| # of branch offices renovated | | 1 | 0 |
| # of storage containers procured | | 1 | 0 |
| # of IFRC monitoring and support missions<br>New: | | 12 | 0 |

**Priority Actions:**

- Resource mobilization is ongoing and most of the activities will be commence as funding is made available. To date, no activities have commenced under this section, but plans are underway to initiate some interventions in the coming weeks.

| | **Coordination and Partnerships** | | |
|---|---|---|---|
| Objective: | 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). | | |
| **Key Indicators:** | | Targets | Actual |
| # of external partnerships supporting ZRCS in the response established | | 10 | 7 |
| # of membership coordination meetings organized, and updates are provided to the membership partners<br>(Revised to 30) | | 30 | 18 |
| # of international forums attended by ZRCS (revised) | | 5 | 0 |

**Priority Actions:**

**Membership Coordination**

This has been incredibly beneficial in the operation, as membership partners have been actively engaged in discussions regarding the response and how to support interventions. Membership partners include the International Federation of Red Cross and Red Crescent Societies (IFRC), Zambia Red Cross Society (ZRCS), and the Netherlands Red Cross (NLRC). NLRC has supported the operation through the ECHO Public Partnerships Project (PPP) and by integrating the Cholera response into the long-term projects it is supporting in the Southern province. Membership meetings are currently held once a week, but as the situation improves, the frequency will be reduced to biweekly.

**Engagement with external partners**

In the Cholera response, ZRCS/IFRC is collaborating closely with various stakeholders, including UN agencies, government departments, and civil society groups, to combat the outbreak. Several meetings have been organized at the national, district, and sub-district levels during the reporting period. The ZRCS/IFRC operation team has actively participated in all coordination mechanisms, attending nearly all coordination meetings when required. The following key coordination forums are in place, with some meeting daily, every two days, and others weekly:

- National Incident Management meeting (IMS) organized by MOH.
- WASH cluster meetings.
- Health technical partners meetings.
- WASH technical working group.
- ORP coordination meeting for Lusaka.
- RCCE cluster meeting.
- WASH IPC technical working group.

In addition, the IFRC/CSP has started the cross-border engagement between Zambia and the DRC to strengthen information sharing. This engagement is in collaboration with the WHO. A cross-border platform has been established to drive this engagement.

| | **IFRC Secretariat Services** |
|---|---|
| Objective: | 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. |

| **Key Indicators:** | Targets | Actual |
|---|---|---|
| #of global and regional surge | 10 | 5 |
| Federation-wide reporting set up by Planning, Monitoring, Evaluation and Reporting (PMER) | 1 | 1 |
| Risk register set up, mitigation measures identified and monitored once per month. | 12 | 1 |
| # of communication working group established for membership partners in country activated and coordinated. (revised) | 12 | 1 |

**Priority Actions:**

**IFRC Secretariat services**

- Five (5) surge profiles within Community Engagement and Accountability (CEA), Public Health in Emergencies (PhiE), Communications, Logistics and Supply Chain, as well as PMER.
- The first rotation for the CEA surge support is coming to an end and the second rotation is expected to report in the coming weeks. The supply chain and logistics surge will come to an end in the following week.

**Risk Management:**

- The risk management register is currently being developed, and operational risks will be outlined within it. The team will monitor these risks monthly through the National Society's Risk Management focal person, with support from the IFRC regional risk manager.

**Communications:**

- Radio and TV shows have been aired talking about cholera and the response of the ZRCS. Also, we have call in programs where people with questions and concerns can call in and get answers. Various information and educational visibility materials have also been developed like stickers and posters, in collaboration with the Ministry of Health. On the socials media channels of the ZRCS and IFRC channels we shared multiple posts about the response of the ZRCS, highlighting the activities, responses, and interventions about the cholera outbreak. On radio we have had radio jingles that are currently airing three times a week for four weeks.

*Cholera prevention IEC materials*

**Monitoring & Evaluation (M&E):**

Ensuring the accuracy and reliability of data is crucial for the successful implementation of this operation. To achieve this, rigorous quality assurance measures are being implemented throughout the data collection, management, and analysis process. These measures include training data collectors, using standardized data collection tools, conducting regular data quality assessments, and verifying data through cross-checks and validation processes.

Additionally, activity monitoring is essential for tracking and evaluating the progress and impact of interventions against set targets and indicators. This monitoring helps identify any deviations from planned activities, allowing for timely adjustments to ensure the project's objectives are met effectively and efficiently.

Volunteers in the sub-districts and other districts of Lusaka province have received training, and tablets have been distributed to the main facilities in Matero, Chilenje, Kanyama, Chawama, and Chelstone sub-districts. Tablets for Chipata, Kafue, Chilanga, Kitwe, Ndola, Mumbwa, and Kabwe will be distributed in mid-February 2024.

Data entry is currently in progress for both Community Event Alerts (CEA) and Cholera. The data being entered is being used for the Cholera and CEA interagency dashboards.

A needs assessment is underway in Lusaka, Central, and Copperbelt provinces from the 15th to the 18th of February. This assessment aims to inform strategies to combat the cholera outbreak in the country.

The PMER have developed a dashboard CLICK THIS LINK that is tracking the activities for this operation.

To support the process, additional 15 tablets have been procured and distributed to health facilities to facilitate data entry and validation. Activity updates are now displayed on the dashboard which is still under review. A needs assessment is planned in the coming week to inform on needs and gaps during implementation. The PMER surge has continued to support the NS to strengthen the data management, monitoring, and reporting processes.

**Security:**

- Currently, there are no security concerns in the country, but the situation is continuously being monitored.

# C. FUNDING

The following table shows an overview of the Federation Wide response:

| Donor | Modality/ Area of Intervention | Provinces | Pledge (CHF) | Remarks |
|---|---|---|---|---|
| **Bi lateral and Domestic – ask CHF 1,000,000** | | | | |
| UNICEF | RCCE and WASH | Lusaka | 351,685 | Ongoing intervention |
| ECHO PPP | Case management (ORP) and RCCE | Lusaka and Southern Province | 381,750 | Ongoing interventions |
| | | Sub total | 733,435 | 73.3% |
| **IFRC Secretariat – ask CHF 3,000,000** | | | | |
| DREF loan | | | 750,000 | Ongoing interventions |
| Canadian RC | | | 86,298 | Ongoing intervention |
| Japanese RC | | | 29,342 | Ongoing Intervention |
| FCDO | | | 737,121 | Ongoing interventions |
| Scottish Government | | | 547,425 | |
| | | **Sub total** | **2,150,186** | **71.7%** |
| **Total Federation Wide – ask CHF 7,000,000** | | | | |
| | | **Total** | **2,883,621** | **72%** |

**In kind contributions**

- Swedish Red Cross through CEA surge support.
- Norwegian Red Cross through Public Health in Emergencies surge support.
- Austria Red Cross through CEA second rotation surge support.
- Netherlands Red Cross through WASH surge support.

To date, ZRCS has received 72% of the total funding requested for the Federation Wide Appeal. This funding will significantly contribute to meeting the immediate needs of the affected population. However, there is still a funding gap that needs to be filled to address all remaining gaps in this operation.

# Contact information

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

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- **Secretary General:** Cosmas Sakala, Cosmas.sakala@redcross.org.zm +260963724899
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**IFRC Zimbabwe Country Cluster Delegation:**

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- **Operations Delegate Zambia:** Gloria Kunyenga, 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, +254 780 422276
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**For IFRC Resource Mobilization and Pledge support:**

- **IFRC Regional Office for Africa:** Louise Daintrey, Head of Strategic Engagement and Partnerships;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.

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

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

**Reference documents**

Click here for:

- Previous Appeals and updates

# How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.