



Volunteers supporting Cholera response in 2022.

Appeal: MDRZM018	DREF Allocated: CHF 155,051	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2023-000013-ZMB	People Affected: 53,080 people	People Targeted: 53,080 people	
Event Onset: Sudden	Operation Start Date: 2023-02-02	Operation End Date: 2023-05-31	Operation Timeframe: 3 months
	Targeted Areas:	Eastern	

Description of the Event



Map Eastern province Zambia, source: https://www.citypopulation.de/en/zambia/admin/03__eastern/

What happened, where and when?

Ministry of Health declared the Cholera outbreak in Zambia in a Press conference on 26 January (source: <https://fb.watch/imgjpl5EZq/?mibextid=NnVzG8>). The Minister indicated that the Ministry is doing everything possible to curb the transmissions the Provincial Health offices are supporting the District Rapid Response team to urgently control the spread of the disease.

The first case was reported on 21 January 2023 involving a male aged 22 from Kamtsekelo village under Chikoma Health Centre(HC) and a female patient from Mbande in Vubwi District who presented with Acute Watery Diarrhea (AWD) and dehydration. A female patient has just come back from Mozambique to nurse her sick mother. Both patients tested positive for cholera.

The epidemic count of 21 cases registered from 21st to 30 January 2023 in the Vubwi district. On 27 January, there were 13 suspected cases, 6 confirmed, 12 admitted, 7 discharged, and one death. The Ministry of Health (MoH) has indeed declared the vigilance state to the population at risk (53,080 people) and requested all stakeholders to support the efforts to stop the spread of this outbreak. According to the minister, 719 people have been identified as contact persons in six villages.

Zambia has experienced Cholera since 1977 with Lusaka being one of the highest hotspots of cholera in the Country. However, aside from Lusaka, analysis has shown that additional main hotspot districts all share borders or roads with Zambia's neighboring countries. This is the case for the Vibwu district located in the Eastern province which lies between the Luangwa River and borders Malawi to the east and Mozambique to the south. The current outbreak is driven by cross-border transmission in addition to ZAMBIA's own socio-community, economic factors, and structural

factors. The Lusaka outbreak on 18th April was 16 cases with 8 confirmed and was contained within a short period of time. Lusaka district is more urban than the current affected area and even considering that Lusaka has limited social amenities, Vubwi district as a newly created district is rural with the lowest infrastructure, poor WASH facilities, and new on experiencing cholera. Also, the previous outbreak in Lusaka was not in the context of the severe ongoing outbreaks in others surrounding countries and the current level of regional risk.

Note, the cholera elimination in Zambia National Cholera Eliminating Plan (NCEP) by 2025 and guidance of the Global Task Force on Cholera Control's (GTFCC) global roadmap by 2030 have all identified the cholera elimination as a regional strategy involving each of the bordering countries will be needed. The elimination of Cholera in Zambia and surrounding countries can only be achieved through a coordinated sub-regional response. Zambia is a landlocked country bordered by five cholera-endemic countries in the Cholera belt in Africa. Malawi and Mozambique to the east, DRC and Tanzania to the north, and Zimbabwe to the south. All experiencing regular cholera outbreaks and some with an ongoing cholera outbreak. The IFRC strategy to support the Zambia Red Cross response plan is aligned with this roadmap as well as current support in Mozambique and Malawi. Other bordering countries are under constant surveillance by National societies. Retrospective cholera case data analysis have been published here <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0008227> and [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.gtfcc.org/wp-content/uploads/2021/04/6th-meeting-of-the-gtfcc-working-group-on-wash-2021-webinar-2-fred-kapaya.pdf](https://www.gtfcc.org/wp-content/uploads/2021/04/6th-meeting-of-the-gtfcc-working-group-on-wash-2021-webinar-2-fred-kapaya.pdf).

Table 1: Distribution of cases by Health Facility

Health Facility	Cases	Confirmed	Deaths	CFR(%)
Chikoma	6	3	0	0.0
Mbande	5	2	0	0.0
Mzigawa	3	pending	0	0.0
Chipanji	1	1	1	1.0
Mlawe	1	pending	0	0.0
Total	16	6	1	6.3

Updated epidemiological situation by MoH 28 January 2023

Scope and Scale

The Cholera outbreak started on the 21 January. A week later, on 28 January, there were 16 cases were already recorded with 1 death in the same district. The population at risk is considered in the current scenario at 53,080 people, the district population. The district has a geographical and socio-economical combination of factors for a likely escalation of the ongoing outbreak. Currently, 21 cases with 10 confirmed and one death have been recorded between 21.01.2023 to 30.01.2023. So far cases have been reported from five (5) health facilities: Chikoma 6 Mbande 5 Mzigawa 3 Chipanji 1 Mlawe 1. A total of 719 contacts were identified in 6 villages in the Vubwi district. Rate. Five patients are currently admitted to Cholera Treatment Centers.

With the ongoing rainy season, outbreak in surrounding countries, and leaving conditions in the district is a newly created division with poor WASH facilities and 80% of the population is rural. District shared a border with Mozambique and Malawi. Internally, the Eastern Province shares borders with the most endemic cholera which is currently experiencing floods, and Copperbelt province not so far shares the same concern.

- Vubwi is a district in the eastern province of Zambia, immediately surrounded by Chadiza and Chipata districts in Zambia, Malawi in the East and North East, and Mozambique in the South. These surrounding communities are likely to be at risk. The number of people at risk can be estimated at a minimum of 53,080 people, around the population in Vubwi. With the day-to-day interactions between communities bordering Malawi and Mozambique,

there are higher chances that a few cases can further exacerbate the risk of cholera transmission and increase the vulnerability among community members. There are weekly markets, called Kabwandiles in the local language, at border areas during which large crowds meet from the neighboring countries for trade.

- Vubwi district is one of the densely populated border districts which lacks adequate sanitation and access to clean and safe water, posing a danger for the further spread of the epidemic. There is a chance of cholera spreading to other proximate Districts that include including Lundazi, Chadiza, and Chipata especially the Vubwi district is also experiencing floods giving it a high chance of cases escalating due to water contamination.

- Some other districts and provinces have started experiencing floods or heavy rains, making the at-risk areas large and with an ongoing cholera outbreak in the country and around, the rainy season is likely to bring new hotspots. Hence, in different scenarios, there is a need to monitor the flood situation and flood-prone areas forecasted to be Lusaka province and Copperbelt Province based on the ongoing Early Action Protocole.

- In Mwale and Mbande, some of the cases reported to have visited Malawi or Mozambique where more cases of Cholera are being reported. in addition to border transmission, among the main gaps and risk factors identified by the Ministry of Health, there are:

- Poor Water and Sanitation in most parts of the district

- inadequate trained human resources for effective cholera outbreak response including case management
- Inadequate RCCE activities resulting in low-risk perception among the population

- Inadequate cholera IEC materials especially in the local language

- Lack of standard cholera treatment unit and cholera beds

- Inadequate cholera supplies especially chlorine (granular and liquid)

- inadequate Community-Based Volunteers to carry out sensitization activities.

- Vubwi District is one of the newly created District which lacks a number of essential facilities to support Public Health Systems, these Cholera cases pose a big threat to vulnerable members of the community especially the elderly, under-fives, people with disabilities, street kids and illegal food vendors are likely to be the most affected socially as well as economically. This situation has the potential to affect the cross-border trade between Zambia and Malawi which is one of the livelihood ventures that many families survive on.

- The Cholera response will be carried out in Vubwi District targeting all the communities with key prevention messages as people always move from one area to another. Distribution of NFIs will be done in communities where cases have been reported to prevent further spread.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population groups?	No
Did the National Society respond?	Yes
Did the National Society request funding from DREF for that event(s)?	Yes
If yes, please specify which operations	MDRZM016 2022

Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation

In 2022 Zambia experienced Cholera. The outbreak affected a different location, Lusaka Province to be specific, and affected shanty compounds and unplanned urban settlements. IFRC allocated funds from the DREF to support the response. The outbreak was mainly in an urban area. However, some good learnings have been gained from that operation:

- . In an effective response, there was good stakeholder engagement.

- . Volunteer engagement door-to-door helped to disseminate prevention messages hence reduction in Cholera

cases.

. Collaboration with Health Promotion experts from Zambia National Public Health Institute and the Ministry of Health helped to disseminate precise messages on hygiene.

.Zambia Red Cross conducted a KAP which helped in identifying the Knowledge, Attitude, and Practice survey (KAP) gaps and managed to design key messages aiming at addressing the identified gaps.

. Importance of involving the Ministry of Education in the Planning and implementation of Cholera intervention targeting schools.

Current National Society Actions

Activation Of Contingency Plans	Zambia Red cross has a multi-hazard Contingency of which epidemics is one of the hazards focused on the plan, MHPC indicates that one case of cholera requires immediate activation of the plan as well as resource mobilization for a response. Therefore, ZRCS has activated its IMS to facilitate the Cholera response.
Resource Mobilization	Zambia Red cross is working with IFRC and Netherlands red Cross to Mobilize resources for Cholera response.
Assessment	ZRCS is working hand in hand with MOH and ZNPHI in following up the situation in Vubwi District from time to time.
National Society Readiness	<p>ZRCS has no branch in Vubwi District. Volunteers in the District have not dealt with Cholera cases before hence the need for training.</p> <p>However, the Chipata branch, the nearest branch has 20 volunteers who were trained in BTIT and in the same province and will be deployed to support Vubwi District.</p> <p>ZRCS also has trained National Disaster Response Team members who will be mobilized for the whole period of the operation to support the Branch in carrying out day-to-day interventions. The NS Headquarter Health Department staff will from time to time provide backstopping in the carrying out of the interventions in collaboration with CEA, Branch development, and the PMER team.</p> <p>The risk of floods on increased vulnerabilities is currently mitigated through the EAP activation covering the highest prone floods province, the Copperbelt Province and Lusaka Provinces. As the current outbreak is not in the same area and there are a lot of floods risk areas mainly in the southern and Eastern parts of the country, the National Society is monitoring the floods situation in relation to any occurrence of diarrhea cases which could add another cholera outbreak hotspot and spread the disease.</p>
Coordination	The Government of Zambia through the Ministry of Health has activated the National IMS with comprises all actors in the Health Sectors both Government and Quas Government institutions and agencies. currently is not yet clear whether the Government of Zambia has engaged the Malawi Government to discuss on possible collaboration looking at the nature of the situation. Zambia Red Cross Society has been given a leading role in coordinating RCCE activities at the National level and is being represented by the Deputy Secretary General. Internally the National Society has equally activated its IMS for the purpose of triggering internal response and resources with the involvement of IFRC and the Netherlands Red Cross. The office of the Branch Development Manager has equally triggered alerts to the local branches for the purpose

	<p>of readiness to respond. Generally, the NS has been consistent in supporting and participating in National Events across the country.</p> <p>The Zambia National Public Health Institute has continued to coordinate the Cholera operations. The Zambia Institute for Public Health has activated its Rapid Response Team and its National Multisectoral plan at the National, Provincial as well as at District levels. The RCCE and Health cluster meetings with stakeholders are taking place on daily basis and ZRCS is part of these structures. ZNPHI has also activated the District Public Health Emergency Operation Centre, District Epidemic Preparedness Prevention Control and Management Committee, and incident Management system in Vubwi District.</p>
Community Engagement And Accountability	<p>The National Society has in place a CEA system that will support during the Cholera response activities in Vibwi, a hot line from a local network provider has been activated for the purpose of receiving community feedback. CEA will be mainstreamed in the operation and be coordinated by the CEA focal point person who will closely be in tandem with the national CEA protocols.</p>
Water, Sanitation And Hygiene	<p>The National Society has in place prepositioned stock such as liquid Chlorine, Soap, and Oral rehydration point. Additionally, 20 volunteers were trained in Branch Transmission Interruption Training (BTIT) in Chipata District in the same Province and are currently on standby should cases escalate and affect Chipata District which is 68 Km from Vubwi District. Already 7000 bottles of liquid Chlorine were donated to MOH through ZNPHI.</p>

Movement Partners Actions Related To The Current Event

IFRC	<p>The IFRC has 2 country Delegates who have been working closely with the national Society in providing technical guidance and development of the operation plan. This includes the Cholera Country Support Delegate who liaised with the country platform on the elimination of Cholera in Zambia. He will from time-to-time liaise with the NS on plans for Cholera response at the National level for the NS to plan as per the updated information. The Operations delegate will be responsible for providing strategic and technical guidance to the operation. The Harare cluster office will continue providing strategic support together with the regional office in Nairobi in case of increased cases of cholera in Zambia.</p>
ICRC	<p>Currently there is no ICRC delegation Zambia.</p>
Participating National Societies	<p>Netherlands Red Cross is the only PNS in country and supported ZRCS in Cholera Preparedness through training of Branch Transmission Interruption Team (BTIT) training in Chipata Branch which is 68 kilometers to the affected District, in the same province. These volunteers will once in a while be deployed to support the Vubwi Branch. Netherlands' Red Cross is part of the IMS coordination at National level through meetings to plan the response. It has a project that is close to Vubwi District which will provide the support interms of monitoring of the interventions through its project staff and vehicle. NLRC will also continue providing technical guidance to the whole operation through its in-country delegate.</p>

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>Yes</p>
<p>National authorities</p>	<p>Currently, the Ministry of Health together with ZNPH is supporting the Provincial and District Health teams in Eastern Province through.</p> <ol style="list-style-type: none"> 1. Activation of the District Public Health Emergency Operations Centers and Incident Management System, 2. Activation of the District Epidemic Preparedness, prevention Control, and Management Committee meetings 3. Intensified surveillance activities including risk, assessment, outbreak investigation active case search, community surveillance, and contact tracing. 4. Data Management-deployment of Cholera tracker/EIMS 5. Enhanced Risk Communication and Community sensitization, activities 6. Advocacy and stakeholder engagement 7. Isolation, Case management, and IPC 8. Provincial team deployment to support district responses <p>Despite the ongoing joint effort, the gaps remain and Zambia Red Cross with other partners is supporting them.</p>
<p>UN or other actors</p>	<p>UN and other actors are part of the cluster system that has been activated and are helping the Government in resource mobilization and surveillance. They are part of the IMS and cluster coordination. The following are some of the organizations and their roles:</p> <p>UNICEF - provision of WASH services and supplies as well as Cholera vaccines. WATER AID ZAMBIA - WASH training and supplies WHO - supports MOH in Cholera treatment and the provision of treatment supplies</p>

Are there major coordination mechanisms in place?

The Ministry of Health through the Zambia National Public Health Institute (ZNPHI) has activated the National Incident Management System (IMS) at District, provincial and national levels. At the National level, the IMS is held twice per week as ZRCS participates in all. Equally, the ZRCS internal IMS was activated for the purpose of coordinating internal response and resource mobilization.

Zambia Red Cross has been given the principal role of coordinating the RCCE intervention at the National level trickling down to the provinces and districts.

Needs (Gaps) Identified



Health

Considering that Vubwi is a rural and newly created District, management of Cholera is a bit challenging due to limited resources and capacities. This might contribute to fast spreading of the epidemic considering that it is rain season and flooding is likely to increase the spreading of the outbreak to other districts. There is need for intensification of prevention messages against health risks as well as stopping the spread and hence the need for speeding up this operation.

Vubwi District has several gaps that would contribute to the fast spread of the epidemic. Being a newly created district, access to basic Health as well as availability of latrines, safe water, health care is very limited. This will in one way or the other affect the case management as cases increase due to limited capacities to manage the outbreak. The knowledge levels on health intervention related to disease prevention is equally a challenge among community members, coupled with inadequate capacity on logistic and health promotion among staff and volunteers for both ZRCS and MOH.

There are some limitations in risk communication and community engagement due to gaps on the current capacity in delivering preventive messages as well unavailability of IEC materials such as Banners, fliers and posters to support community access to information about the disease.

Generally, cholera affects all members of the public, however vulnerability varies based on several factors. Vibwi is one of the underdeveloped district which lacks many basic facilities such as water facilities, road network, modern health facilities and other amenities. The large number over 80 % of the population reside in areas with poor health standards and coupled by poor hygiene practices. Vibwi District has a population of 53080 of which 26448 are males and 26632 are female.

The poverty levels are high and Persons living in places with unsafe drinking water, poor sanitation, and inadequate hygiene are at the highest risk for cholera. Cholera generally affects more the under privileged groups owing to the fact that they might not afford to purchase certain commodities. Generally, children and other vulnerable groups like those with disability and migrants due to boarder trade are at higher risk of getting cholera and in most cases the end result could be fatal.

The Ministry of Health has mobilized 26,000 doses of Cholera Vaccine for Vubwi District. <https://english.news.cn/africa/20230127/f35bbeb97a314e79b2981caf0cfa3075/c.html>



Water, Sanitation And Hygiene

In this current Cholera situation, the Ministry of Health has bemoaned that the Lack of adequate WASH services may pose serious challenge for effective prevention and control of Cholera. It is, therefore, critical not only to sustain the existing water, sanitation and hygiene services but also scale up these to reach the unserved and under-served vulnerable population, as well as meet the increased demand. Vubwi District is not spared as far as water and sanitation challenges are concerned which may exacerbate the situation.

Volunteers will be trained on hygiene promotion and linked with Government structures for sustainability of the interventions after the operation.

Operational Strategy

Overall objective of the operation

The overall objective of this operation is to contribute towards stopping the cholera outbreak through improved hygiene and health behaviors, interrupting the chain of transmission, strengthening access to case management and providing information to communities. The operation targets 53080 people (8447 Households) for a period of 3 months in Vubwi and the surrounding communities through RCCE, WASH and health promotion.

Operation strategy rationale

As mentioned above, the ZRCS approach in this response is to increase awareness on prevention through volunteer Risk Communication and hygiene promotion- as well as provision of Chlorine for water treatment in collaboration with the MoH, Local Authorities, and other actors like UNICEF, WHO, and Water Aid Zambia.

In order to sustain the interventions in Vubwi District, ZRCS will ensure strengthened capacity of the newly formed Branch volunteers through trainings and linkage with MOH structures at both District and community level. The volunteers will be trained in EVC (Epidemic Control for Volunteer), CBS (Community Based Surveillance) and other important orientation sessions to enable them carry out RCCE activities.

The volunteer activities will target Cholera Hotspots, communities with existing cases, the 6 villages with contacts, and also prioritized the surrounding communities, trading areas, areas along watercourses, border villages with Mozambique and Malawi, immediate surrounding districts in Zambia (Chadiza and Chipata as minimum).

As Vubwi District has water and sanitation challenges, the operation will focus on supporting families with water treatment and behavior change on hygiene practices. All these interventions will be done in collaboration with MoH and other relevant stakeholders.

Case management interventions are not included for the moment as this part of the response does not present a significant risk compare to surveillance and awareness. As stated, only 5 cases admitted by 28 January 2023. The NS plans to scale up interventions if cases continue to rise through updating the DREF and requesting for more funds- to support case management both ORP and CTU. the current plan also follow learning from Lusaka cholera outbreak DREF response for which early intervention with focus on stopping the transmission and access to improved water and hygiene has contribute on the positive impact with the outbreak quickly controlled. The multiple transmission factors in the current context of regional risk also bring in priority the prevention actions as well as activities to interrupt the transmission at community level which present gaps, rather than a multi-pillar which will not have in the current scenario a valuable impact.

Aside of the following intervention, Zambia Red Cross through his active branches will keep monitor the floods incidence and potential suspected diarrhea cases.

The following tasks will be given priority in the current response:

1. Prevention

Engage in initiatives for environmental cleanliness, hygiene, and health promotion from house to house, such as risk communication. This will be accomplished by sending out 120 volunteers once a week for four (3) months (as the disease evolves). These 120 volunteers will get CEA modules throughout their training in hygiene promotion tactics prior to their deployment.

ZRCS will also support social mobilization to promote immunization. The NS will support the OCV Campaign which the Government has not indicated on dates yet but ZRCS will support Community mobilization and continue for the MoH OCV.

during and beyond the OCV camapign.

2. Stop transmission with contact tracing and CBS

The 120 ZRCS volunteers will be trained in contact tracing and CBS to support the MOH initiatives in the same considering that as the cases start increasing, the MOH will be overwhelmed hence the volunteers will be able to cover the gap. The trainings will be facilitated by the MOH staff following their guidelines.

3. Improve hygiene condition and access to safe water

Distribution of WASH supplies, including liquid hand soap and domestic chlorine, to households in selected communities, together with training on how to use the supplies (1 bottle of 750mls of domestic liquid chlorine per household, 2 liquid handwashing soap per household). For this exercise, all 120 volunteers will receive training and be under the strict observation of ZRCS staff and MoH environmental health officers for a two-week distribution between the two target neighborhoods. Note that the Cholera Preparedness Program has prepositioned these supplies.

4. RCCE and Social mobilization

In order to measure knowledge, attitudes, and perceptions about cholera and generally Water Sanitation and Hygiene (WASH), volunteers will mobilize communities, demonstrate appropriate hand washing techniques, The response will Purchasing 120 T-shirts, 120 bibs, and other visibility materials with anti-cholera messages for volunteers and NS personnel.

ZRCS periodically obtains data on the current situation from MoH/ZNPHI, notifies regional ZRCS Branches, and would dispatch volunteers if the instances worsen. The gathered data and the outbreak's development will be further analyzed and used to guide adjustments to the operating approach.

120 volunteers will be deployed in total to support the execution of this mission. Twelve NS employees will be in charge of keeping supporting hygiene promotion initiatives. The IFRC has an operation Delegate in the nation who will give over sight guidance on operation with support from the Harare Cluster NSD and PMER officers , the NS will base its response on the Community Engagement and Accountability (CEA) principles. Throughout the operation, ZRCS will make sure that community interaction and feedback methods are incorporated and mainstreamed. By setting up a feedback station throughout the distribution and sensitization events as well as the door-to-door visits, the NS will be actively engaged in gathering community input. A post-distribution monitoring will also be carried out if necessary. Community representatives, such as civic leaders, women's organizations, religious leaders, and youth organizations, will be chosen to work with on the social mobilization campaigns and community sensitization in order to secure community engagement.

The feedback or rumors received by NS RCCE/CEA focal persons will be analyzed and shared with pertinent stakeholders through the activation of various committees, such as the CEA, RCCE committee, with the aim of gathering feedback and communicating to the community in various ways, such as developing IEC to address specific issues, providing feedback through volunteers, and radio programs. The NS has the chance to utilize the already-established CEA platforms, such hotlines and suggestion boxes, within the Ministry of Health. The general members will be reached out to through a variety of methods.

5. Coordination with involved partners

The coordination will be intensified through the clusters already set up by the ZNPHI. This will help to improve management and coordination of the Cholera outbreak response operation.

Targeting Strategy

Who will be targeted through this operation?

The response will target Vubwi district and surrounding areas include Chipata and Chadiza in the Eastern Province.

The outbreak trend for the moment does not show a specific group being more affected than others for the moment. Hence, the targeting for the current scenario is focus on

- People leaving in geographical at risk areas and villages with ongoing outbreak. The geographical at risk areas include also communities along watercourses, fishing communities, villages bordering Mozambique and Malawi.
- Group of population with socio-economical vulnerabilities which exposed group as migrant population in cross border trade, population without access to basic sanitary facilities, the hard to reach population, the community leaders.
- Group with physiological vulnerabilities with focus on people with disability, women in lactation and pregnant, children, elderly.

Explain the selection criteria for the targeted population

The fundamental rationale for the selection of the targeted population is based on the social, economic and environmental factors and gaps identified in the need analysis and in the MoH report.

The targeted groups listed above, share combination of the criteria and factors listed above. They are leaving in areas at risk where WASH condition are poor and geographically they are also in flood prone areas or surrounding

areas with locations where outbreak is ongoing. All element which predispose them to various water and sanitation related risks and diseases, especially cholera.

The socio-economical criteria for the people to be targeted is is justified by the fact that the majority of the targeted population live below the poverty datum line and this makes them more vulnerable to further related risks. This makes the targeted population susceptible to contracting cholera infections as it deters them from accessing safe drinking water and basic sanitary facilities.

Total Targeted Population

Women:	15,248	Rural %	Urban %
Girls (under 18):	11,384	100 %	0.00 %
Men:	15,939	People with disabilities (estimated %)	
Boys (under 18):	10,509	10.00 %	
Total targeted population:	53,080		

Risk and security considerations


Please indicate about potential operational risk for this operations and mitigation actions


Risk	Mitigation action
Increased flooding and any other extreme weather event leading to increased Cholera cases beyond NS capacity.	ZRCS and the Government to continue monitor the weather focus and provide information to other stakeholder including communities.
Poor to access to affected communities due to poor road infrastructure.	Engagement of more local volunteers and provision support for continuous implementation of the activities.
Staff and volunteers get infected	Staff and volunteer are provided with PPES and insurance
Increased infection through cross boarder movement affecting other district apart from Vubwi.	Cross boarder coordination with neighboring countries and intensification of messages in boarder areas

Please indicate any security and safety concerns for this operation


There is no major security concern existing between Zambia and the neighboring Malawi,


Planned Intervention

	Community Engagement And Accountability	Budget	CHF 3,111
		Targeted Persons	53080
Indicators		Target	
number of community feedback received		200	
% of community members who agree they have adequate information about cholera outbreak and how to protect themselves		80	
#volunteers/staff trained in CEA/RCCE		120	
number of community feedback received & responded.		120	
Priority Actions:		<p>Communities will be given opportunities to participate in the response through community meetings. Feedback and complaints will be collected through community volunteers, community meetings, focus group discussions and suggestion boxes and responses provided through community meetings. Rumor and misconceptions about Cholera will be collected and documented by volunteers and messages to dimesfy rumors will be developed and disseminated. All sensitive feedback will be dealt with one on one by CEA focal point who will be working hand in hand with community volunteer. Activities will include:</p> <ul style="list-style-type: none"> • Orientation of volunteers in CEA • Setting up feedback mechanisms at community in collaboration with MOH • Support volunteers to collect and provide feedback to the communities. 	

	Water, Sanitation And Hygiene	Budget	CHF 53,027
		Targeted Persons	53080
Indicators		Target	
number of water points tested		15	
number of people reached with hygiene promotion messages		53080	
number chlorine bottles distributed		8847	
		8847	

number of households receiving WASH items	
number of bar soaps procured and distributed	8847
Priority Actions:	<ul style="list-style-type: none"> • □ Conduct needs assessment to identify WASH needs in the face of the Cholera outbreak. • □ Procurement of bars soap for handwashing (1 bar/HH) 1 bar per HH per month *3 months • □ Procurement of Liquid Chlorine (8846 HHs) 1 bottle per HH per month *3 months • □ Construction of 10 emergency temporary latrines in CTCs • □ Support water quality testing • □ Door to door health and hygiene promotion activities (allowances) (twice per week x 2 months) 120 vols at K150 • □ Procurement of 8 Hand Washing facilities • □ Procurement of Hand Sanitizers for the 120 volunteers engaged in the operation for 3 months

	Health	Budget	CHF 28,307
		Targeted Persons	53080
Indicators	Target		
number of assessments done	1		
number of ICE materials printed	2000		
number of radio programmes conducted	24		
number of people reached with radio programmes	53080		
Priority Actions:	<ul style="list-style-type: none"> • □ Conduct Needs Assessment (combined with WASH needs) • □ Printing of IEC materials with key Cholera messages as per the MOH already developed messages. • □ Radio programmes once per week for 3 months in 2 radio stations • □ Training of volunteers in EVC with module of RCCE, CEA, PSS, BTIT /community-based health prevention • □ Volunteers conduct CBS and contact tracing activities (3 days per week for 3 months) supporting MOH and following MOH guidelines. CBS and contact tracing will be done in collaboration with MOH considering that as the cases start to rise, the MOH will be overwhelmed and ZRCS volunteers will be deployed to support through identification and referral of cases to nearest Cholera treatment centres and health promotion on prevention to all contacts.. • □ Conduct social mobilization for Cholera vaccination by MOH. 		

	Protection, Gender And Inclusion	Budget	CHF 3,111
		Targeted Persons	123
Indicators		Target	
Priority Actions:		<ul style="list-style-type: none"> • Training package will include the PGI session • ZRCS will ensure all the operation team receive the minimum standard of PGI • Feedback system will be establish for complaint and treatment of protection related feedback will receive a specific consideration. 	

	Secretariat Services	Budget	CHF 11,125
		Targeted Persons	123
Indicators		Target	
Priority Actions:		<ul style="list-style-type: none"> • IFRC Monitoring visits will be organized by delegation to support the ZRCS. • Meetings will be done as a kick-off and remote support. • Timely reporting will drive the implementation • coordination support with ongoing response in the region will be ensured through a regional and sub-regional sharing information platform. • Program manager at IFRC to ensure guidance in a frequent basis. to the response team 	

	National Society Strengthening	Budget	CHF 53,778
		Targeted Persons	150
Indicators		Target	
number of people attendiing lessons learnt attendingthe workshop		25	
number of NDRT deployed		1	
number of monitoring visits conducted		3	
number of volunteers insured		120	
Priority Actions:		<p>Volunteer insurance Monitoring HQ to the response team in the field. Fuel for HQ Vehicule will be needed Maintenance of vehicles Communication -costs including internet Car rental and Hire NS admin costs 10% Deployment of NDRT (perdiem and transport)</p>	

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The response will be supported by HQ staff and volunteers, the staff will provide technical expertise in the operations, while volunteers will bring on board skills of conducting community health promotion through engagements with government and non-government structures as well as the community.

Overall, 120 volunteers will be deployed to support implementation of this operation in Vubwi District. They will be supervised by 1 NDRT and other relevant sector heads such as CEA, WASH, Health, PMER and Communication who will also be deployed once in a while to support the activities. IFRC has an operation Delegate in country who also support the operation in liaison with Harare Cluster NSD, Finance and PMER who from time to time be able to monitor and support the operation.

If there is procurement, will it be done by National Society or IFRC?

All procurement are meant to be distributed and will be done by the NS through a tender process which take 7 days. No cash activities are planned for this intervention.

How will this operation be monitored?

The monitoring of the response will be done by the PMER unit of the NS and other relevant sectors to this operation. Monitoring visits are scheduled once a month for the whole period of the operation. These will be integrated monitoring visits with country IFRC Delegate who from time to time provide the technical guidance. A monitoring plan will be developed in the field for the NDRT who will always be there to support the day-to-day activities of the volunteers. The IFRC cluster office will also monitor and support the operation remotely with at least one visit by either PMER, NSD or Finance. A lesson learnt workshop will be organized by the PMER unit of the NS with all relevant stakeholders of the operation.

Please briefly explain the National Societies communication strategy for this operation.

A range of beneficiary communications tools have been established, including a radio discussion, door to door visits, distribution and pasting of IEC materials in strategic areas. If supported and planned properly, these tools will be key to delivering sustainable behavior change, not just on cholera but across health and disaster preparedness in general. The communications department will play a major role in ensuring that the communication strategy is in place and supported and that the visibility of the operation is promoted. Frequent visits to collect materials for publication will be done by the department with support from the IFRC cluster Office.

Budget Overview



DREF OPERATION

MDRZM018 - Zambia Red Cross Cholera Eastern Province

Operating Budget

Planned Operations	87,556
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	28,307
Water, Sanitation & Hygiene	53,027
Protection, Gender and Inclusion	3,111
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	3,111
Environmental Sustainability	0
Enabling Approaches	67,495
Coordination and Partnerships	0
Secretariat Services	11,125
National Society Strengthening	56,370
TOTAL BUDGET	155,051

all amounts in Swiss Francs (CHF)

Contact Information

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

- **National Society contact:**

Cosmas Sakala, Deputy Secretary General, cosmas.sakala@redcross.org.zm, +260963724899

- **IFRC Appeal Manager:** John ROCHE, Head of delegation, john.roche@ifrc.org

- **IFRC Project Manager:** Gloria KUNYENGA, Operation manager, Gloria.KUNYENGA@ifrc.org

- **IFRC focal point for the emergency:**

Gloria Kunyenga, Operations Delegate, gloria.kunyenga@ifrc.org, +260764169828

- **Media Contact:**

[Click here for the reference](#)