



Red Cross volunteer on the way to distribute Chlorine in Msumbu District

Appeal: <b>MDRZM018</b>	Total DREF Allocation: <b>CHF 473,600</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2023-000013-ZMB</b>	People Affected: <b>439,058 people</b>	People Targeted: <b>3,922,364 people</b>	
Event Onset: <b>Sudden</b>	Operation Start Date: <b>02-02-2023</b>	Operational End Date: <b>31-07-2023</b>	Total Operating Timeframe: <b>5 months</b>
Targeted Areas: <b>Eastern, Luapula, Lusaka, Southern, Muchinga</b>			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

# Description of the Event



Map Eastern province Zambia, source: [https://www.citypopulation.de/en/zambia/admin/03\\_\\_eastern/](https://www.citypopulation.de/en/zambia/admin/03__eastern/)

## Date of event

2023-01-26

## What happened, where and when?

The Ministry of Health declared the Cholera outbreak in Zambia in a Press conference on 26 January (source: <https://fb.watch/imqJpL5EZq/?mibextid=NnVzG8>). The Minister indicated that the Ministry was doing everything possible to curb the transmission, the Provincial Health offices supported the District Rapid Response teams in the control of the spread of the disease. The first case was reported on 21 January 2023 in Vubwi District and later on spread to other provinces such as Luapula and Northern.

The Ministry of Health (MoH) declared the vigilance state to the population at risk in the 3 affected provinces and requested all stakeholders, including Zambia Red Cross, to support the efforts to stop the spread of the outbreak. Efforts were deployed from partners to eliminate the risk but the floods situation across the provinces exacerbated the situation around March and April 2023, however, the outbreak was managed and contained around July when cases started dropping.

Zambia has experienced Cholera since 1977 with Lusaka being one of the main hotspots of cholera in the Country. Lusaka is one of the hotspots for the Cholera outbreak apart from other Districts in different provinces as well as those that share borders with other countries. This is the case for Vubwi, Chipata and Mwanabombwe districts that borders Malawi, Mozambique and Congo DRC respectively. The outbreak was mainly driven by cross-border transmission in addition to ZAMBIA's own socio- economic factors, and structural factors.

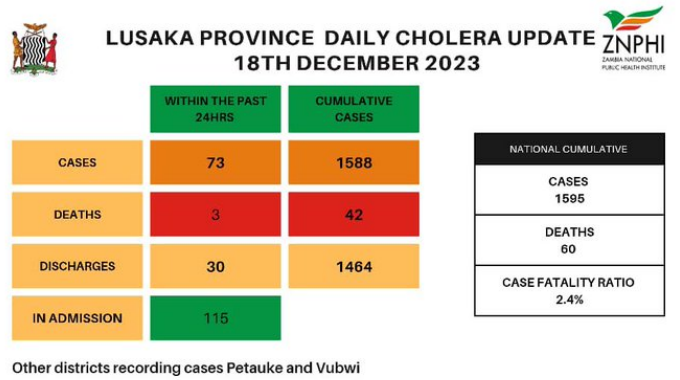
The 2023 Cholera outbreak 2023 affected more rural setting than the same outbreak in 2022. The affected and high-risk districts have poor health system, infrastructure and poor access to water and sanitation facilities.

In this response ZRCS worked with different partners at National and District level which assisted in reducing infection and further transmission in almost all the affected provinces.



District	New cases	Cum. Cases	New Deaths	Cum. deaths	Disch	Cum. disch	Cur. Admi	CFR (%)	AR (10,000 Pop)	Pos (+) confirmed
Vubwi	81	81	2	2	79	79	2.5	13.0	29	
Chipata	40	40	0	0	39	39	0.0	1.2	18	
Chipangali	25	25	2	2	23	23	8.0	1.4	11	
Lusangazi	1	1	0	0	1	1	0.0	0.2	1	
Mwansabombwe	55	55	0	0	55	55	0.0	8.7	15	
Chiengi	0	3	0	0	3	3	0.0	0.3	3	
Nchelenge	64	64	1	1	63	63	1.6	2.7	20	
Nsama	73	73	3	3	70	70	4.1	8.6	28	
Mpulungu	17	210	0	3	184	184	1.4	13.7	67	
<b>TOTAL</b>	<b>17</b>	<b>552</b>	<b>0</b>	<b>11</b>	<b>3</b>	<b>518</b>	<b>20</b>	<b>2.0</b>	<b>6.1</b>	<b>192</b>

Cumulative cases and cholera prone areas



@MoH Zambia 18th December

## Scope and Scale

The Cholera outbreak started on the 21 January 2023 in Vubwi and quickly accelerated. As of 10th February 2023, 118 cases and 2 deaths had been recorded in Vubwi but also Chipata and Mwansa, bombwe Districts. There was a high possibility of having the outbreak spreading to most parts of the country. Zambia has been experiencing cholera outbreak regularly in the past years with similar rapid escalation, especially during the rainy periods. Being in the similar condition at the time the outbreak started, the likely to see the outbreak escalate was high.

The rains were still ongoing and floods, including flash floods which have been recorded in over 38 districts across the country, were further jeopardizing sanitation conditions and access to WASH facilities for millions of vulnerable people. The situation was posing already a risk for thousands people across affected districts and further surrounding districts.

The outbreak has been fast spreading due to constant high volume of movements between the districts coupled with the rain season and flooding in high-risk districts. The ongoing cholera outbreak in Malawi and other surrounding countries had pose a high risk of cross border transmissions and multiple hotspots to quickly been witnessed. With the day-to-day interactions between districts bordering Malawi, DRC and Mozambique, there are higher chances of increasing the risk of transmission and vulnerability among community members. In some of the districts, there are weekly markets, called Kabwandiles in the local language (mobile markets), especially those bordering Malawi where large crowds meet for trade.

Affected and high-risk districts count among the densely populated and lack adequate sanitation and access to clean and safe water, posing a danger for the further spread of the epidemic. The floods incidence remains a major enhancement factor to the spread of cholera in these areas.

The Cholera situation in the affected and high-risk districts pose a threat to vulnerable members of the communities especially the elderly, under-fives, people with disabilities, street kids and illegal food vendors who 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, Mozambique, Malawi and DR Congo which is one of the livelihood ventures that many families survive on.

The response to the Cholera outbreak by ZRCS was planned to be carried out in 3 affected and 11 high-risk District at risk for a total population of 3,922,364. Targeting all the surrounding communities with key prevention messages as people always move from one area to another. Distribution of WASH Non-Food Items (NFIs) to be done in communities where cases have been reported to prevent further spread of the disease. The National Society to also support the MoH with Cholera case contact tracing, management of Oral Rehydration Points (ORP), Risk Communication and Community Engagement (RCCE/CEA) through volunteer capacity strengthening.

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-



# IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>The IFRC has an established IFRC office which is supported by the IFRC Country Delegate. During this response, the National Society was provided with a Surge support which provided technical, and operations support to the response. IFRC is also supporting the Country Cholera Support Platform (CSP). The Manager supporting the CSP was part of the National Cholera Task force and provided timely information that helped in decision making and efficient as well as smooth response.</p>
<b>Participating National Societies</b>	<p>Netherlands Red Cross is the only PNS in country and supported ZRCS in Cholera Preparedness through training of Branch Transmission Interruption Team (BTIT) in Chipata Branch. These volunteers were deployed to support the response in Chipata District. Netherlands' Red Cross is part of the IMS coordination at National level through meetings for the Cholera operation. It is supporting the NS with a Health and Care project in Eastern Province.</p> <p>The staff of this project will provide the support to Chipata and Vubwi District in terms of monitoring of the interventions where necessary.</p>

# ICRC Actions Related To The Current Event

Currently there is no ICRC delegation Zambia.

# Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	<p>Yes</p>
<b>National authorities</b>	<p>The Ministry of Health together with ZNPH supported the Provincial and District Health teams in Eastern Province through.</p> <ul style="list-style-type: none"> <li>- Activation of the District Public Health1 Emergency Operat:o1ns Centers and Incident Management System,</li> <li>- Activation of the District Epidemic Preparedness, prevention Control, and Management Committee meetings</li> <li>- Intensified surve11llance activities including risk, assessment, outbreak investigation active case search, community surveillance, and contact tracing.</li> <li>- Data Management-deployment of Cholera tracker/EIMS</li> <li>- Enhan11ced Risk Communication and Community sensitization, activities</li> <li>- Advocacy and stakeholder engagement</li> <li>- Isolation, Case management, and IPC</li> <li>- Provincial team deployment to support district responses</li> </ul> <p>Despite the joint efforts by the Government, there were still gaps that need to be addressed through multisectoral collaboration with partners.</p>
<b>UN or other actors</b>	<p>UN and other actors are part of the cluster system that was activated and were helping the Government in resource mobilization, surveillance and provision of supplies. They are part of the IMS and cluster coordination. The following are some of the organizations and their roles:</p> <ul style="list-style-type: none"> <li>UNICEF - provision of WASH services and supplies as well as Cholera vaccines.</li> <li>WATER AID ZAMBIA - WASH training and supplies</li> <li>WHO - supports MOH in Cholera treatment and the provision of treatment supplies.</li> <li>World vision - WASH support through provision of safe water</li> </ul>

**Are there major coordination mechanism in place?**

The Ministry of Health through the Zambia National Public Health Institute (ZNPHI) activated the National Incident Management System (IMS) at District, provincial and national levels. At the National level, the IMS was held thrice 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 was given the principal role of coordinating the RCCE intervention at the National level trickling down to the provinces and districts. On the press release 6th February (<https://www.moh.gov.zm/?p=3134>), Government has prompted all partners to provide any support possible, thanking the contribution of Red Cross for the achievement realized in Vibwu.

## Needs (Gaps) Identified



The affected and high-risk districts have limited health infrastructure with challenging access to cholera treatment centres. Further, communities in the affected areas have not been vaccinated against cholera and they have had no cholera outbreak in the past which render them vulnerable to cholera infection. There is poor health seeking behavior due to limited knowledge on cholera which lead to late reporting to the health facility and identification of contacts.

There is need for intensification of prevention messages against health risks as well as stopping the spread and hence the need for volunteer mobilization and capacity strengthening in contact tracing, hygiene promotion, management of ORP as well as identification of main transmission routes and key risk behaviours etc.

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. Vubwi is one of the underdeveloped districts 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 53,080 of which 26,448 are males and 26,632 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.



Following the needs assessment done in Vubwi and other affected Districts, Lack of adequate WASH services is posing serious challenge for effective prevention and control of Cholera. Most people are getting drinking water from unprotected sources such as rivers and shallow wells. Hygiene practices are also compromised due to inadequate access to hygiene promotion information, lack of safe water and inadequate hand washing facilities in institutions and at household level. 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.

Water quality testing is needed as WASH concerns is the main challenges, especially with water quality being more deteriorated during this floods season. As such, the NS actions require some support to the MOH on carrying out water testing to monitor the water that is being consumed for proper treatment to reduce further spreading. Volunteers need to be trained on hygiene promotion and linked with Government structures for sustainability and integrated approach in the interventions during after the operation. ZRCS planned to work with the Government and other partners for the water testing and treatment.

There is need to support MOH on transportation of NFIs to the affected Districts, the MOH has been calling for assistance in this area.

## Operational Strategy

### Overall objective of the operation

The operation aimed at contributing 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 targeted 3,922,364 individuals, equivalent to 653,727 households for a period of 4 months in affected districts and the surrounding communities through RCCE, WASH and health promotion.

## Operation strategy rationale

The operational strategy was devised based on insights gained from rapid assessments conducted by NS staff, NDRTs and lessons learned from past responses. Building on the engagement of communities through volunteers, the Zambia Red Cross Society (ZRCS) adopted an approach that prioritized raising awareness about cholera prevention and control. This approach complemented WASH (Water, Sanitation, and Hygiene) interventions by emphasizing hygiene promotion and the provision of safe water. Collaboration with the Ministry of Health (MoH), local authorities, and various stakeholders like UNICEF, WHO, and Water Aid Zambia was crucial to the success of this strategy.

The ZRCS response was designed to address existing gaps in hygiene conditions exacerbated by rainfall incidents and socio-economic vulnerabilities. To ensure the sustainability of interventions in affected and high-risk districts, ZRCS focused on strengthening the capacity of both newly formed and existing branches through training and establishing connections with MoH structures at the district and community levels. Volunteers played a pivotal role in this response, receiving training in Epidemic Control for Volunteers (ECV), Community Based Surveillance (CBS), and other essential orientations to facilitate Risk Communication and Community Engagement (RCCE) activities. These activities primarily targeted communities in the affected and high-risk districts, where a higher incidence of cholera cases was reported.

In addition to RCCE efforts, case management was a key component of the response. Volunteers were trained to effectively manage cases and establish and oversee Oral Rehydration Points (ORPs). They were also actively involved in contact tracing and community-based CBS. Beyond the cholera intervention, the Zambia Red Cross Society, through its active branches, continued to monitor flood situations and potential waterborne disease outbreaks.

### 1. Prevention and Control

Volunteers played vital role in ensuring prevention and control of cholera among community members through dissemination of preventative messages and promotive activities such as waste management at household level, use of latrines and avoidance of eating street foods. These activities were conducted during the door-to-door visits including community meetings. The operation targeted 3,922,364 people and managed to reach out to 3,875,924 and 57 community meetings conducted. The 1,150 trained volunteers supported the oral cholera vaccination campaigns organized by government through social mobilization activities. Prepositioned ORP kits were made ready and trained volunteers and were put on standby in case MoH required ORP support.

### 2. Stop transmission with contact tracing and CBS:

The 1,150 volunteers were also trained in contact tracing and Community-Based Surveillance (CBS) to provide crucial support for MOH initiatives. This strategic move recognized the potential overwhelming of the MOH as the number of cases increased. These training sessions were effectively facilitated by MOH staff, adhering to their established guidelines. In total, 456 contacts were identified and followed up by MOH staff. Weekly CBS activities reports were submitted to MOH for prompt and rapid response. For district bordering with a country like Vubwi Chiengi, contact tracing was affected by the cross-border trading activities, where some mobile contacts were unable to be traced.

Furthermore, the dedicated volunteers played a pivotal role in raising awareness among communities about the significance of reporting contacts for follow-up. They also actively distributed soap and chlorine to the identified contacts, contributing to the overall efforts to curb the outbreak.

### 3. Improve hygiene condition and access to safe water.

ZRCS played a significant role in enhancing WASH (Water, Sanitation, and Hygiene) conditions by distributing various WASH items. The WASH supplies, which included hygiene soap and domestic chlorine, were distributed to households in selected communities. Moreover, comprehensive training sessions were conducted to educate households on the proper utilization of these supplies. Each household received a standard provision, which included one bottle of 750mls of domestic liquid chlorine. The soap was selectively distributed targeting households that were classified to be at high risk such as those with chronically ill individuals, low economic status, and the elderly.

### 4. RCCE and Social mobilization:

To enhance knowledge and promote the adoption of crucial hygiene practices for cholera prevention and control, volunteers conducted community sensitization through door-to-door visits and the distribution of Information, Education, and Communication (IEC) materials. Various techniques were employed for disseminating information, including the use of public address systems, radio messages, television programs, and community meetings.

The National Society (NS) proactively procured visibility materials such as bibs for volunteers. Data on the current situation was periodically obtained from the Ministry of Health (MoH) and Zambia National Public Health Institute (ZNPHI) through daily updates and volunteer field reports. This information served as a valuable guide for the operation team in decision-making and was also shared with key stakeholders.

The NS operated in alignment with the Community Engagement and Accountability (CEA) principles, ensuring that community interaction



and feedback were integral to the response efforts. 2 feedback mechanisms were established in all the affected districts which included the toll-free line 7373 and the volunteers using a community feedback form, where rumors and feedback received by NS RCCE/CEA focal persons were analyzed and subsequently shared with relevant stakeholders. Various committees, including the CEA and RCCE committees, were activated for the transmission of this information to the affected communities through volunteers. At national level, CEA officer coordinated all CEA activities and provided real time feedback through linkages to various pillars based on the feedback.

#### 4. Coordination with other partners:

ZRCS actively participated in the Multisectoral Cholera response mechanism at both national and subnational levels, working in close coordination with the Ministry of Health (MOH) and Zambia National Public Health Institute (ZNPPI). This collaborative approach aimed to prevent the duplication of efforts, enhance the overall management and coordination of the Cholera outbreak response operation, and facilitate the sharing of information and collaboration within the coordination system involving key partners such as WHO, UK-Health Security Agency, US-CDC, World Vision, ZamHealth, and others.

ZRCS's role included ensuring comprehensive countrywide monitoring of the cholera disease, providing technical and operational support to response branches, improving data collection, and reporting mechanisms, advocating for necessary interventions, and supplying medical and non-medical items to countries facing cholera outbreaks, particularly for case management.

Additionally, the organization closely monitored flood-prone areas and regions experiencing ongoing floods. Coordination efforts were maintained between the floods response operations and the cholera response initiatives, fostering a complementary approach and strengthening the surveillance system without unnecessary duplication of resources and efforts. This collaborative strategy was crucial in addressing both cholera and flood-related challenges effectively.

## Targeting Strategy

### Who was targeted by this operation?

The response targeted Vubwi, Chipata and Mwansabombwe districts with ongoing outbreak and high risky districts as follow:

- Districts in Eastern that border with Malawi (Chama, Lundazi, Chasempwa, Lumezi, Chipangali, Vubwi, Chipata), Mozambique (Chadiza, Vubwi) - Districts in Muchinga that border with Malawi (Nakonde, Isoka, Mafinga).
- District in Southern where there was flooding Namwala, Itezhi-tezhi were monitored and preventive messages strengthened in coordination with floods response to leverage the actions and ensure information sharing guaranteed a better surveillance system.
- The district bordering DRC where the new strain of cholera outbreak originated from, the districts include the Mwansabombwe.

The outbreak trend initially did not show a specific group being more affected than others. Hence, the targeting for the scenario focused 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, DRC, and Malawi.
- Special attention was also given to elderly, children, disabled, pregnant and lactating mothers especially for distribution of WASH NFIs. Hard to reach population, were also given priority for prevention, and case management.

With the risk for all the communities, the NS enlarged the target for the awareness to 3922364 people to ensure the maximum people are engaged, sensitized and knowledge in the communities, especially the most vulnerable groups increase. 1150 volunteers were engaged and the community engagement activities plus mass media campaign were contributed to reach that objective.

### Explain the selection criteria for the targeted population

The fundamental rationale for the selection of the targeted population was based on the social, economic and environmental factors and gaps identified in the need assessment.

The targeted groups listed above, shared a combination of the criteria and factors listed. They were leaving in areas at risk where WASH conditions are poor and geographically, they are also in flood prone areas or surrounding areas with locations where outbreak was ongoing or was likely to occur.

The socio-economic criteria for the people targeted was justified by the fact that the majority of the targeted population live below the poverty datum line, and this made them more vulnerable to further related risks. This made the targeted population susceptible to contracting cholera as it deters them from accessing key social amenities.



# Total Targeted Population

Women	1,713,288	Rural	100%
Girls (under 18)	326,341	Urban	0%
Men	1,581,497	People with disabilities (estimated)	10%
Boys (under 18)	301,238		
Total targeted population	3,922,364		

# Risk and Security Considerations

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

Risk	Mitigation action
Staff and volunteers get infected.	Staff and volunteers are vaccinated and provided with PPES. Any involved staff or volunteers were briefed on epidemic control and oriented for vaccination and adequate practices to avoid transmission.
Increased infection through cross boarder movement affecting other districts apart from Vubwi, Chipata and Mwansabombwe.	Cross boarder coordination with neighboring countries and intensification of messages in boarder areas.
Increased flooding and any other extreme weather event leading to increased Cholera cases beyond NS capacity.	ZRCS and the Government kept continuous monitoring of the situation in floods affected areas and flood prone with both the Met agencies and health center.
Access restriction or challenges to affected communities due to poor road infrastructure.	This ends up being one of the main issue of the intervention awareness campaign and other activities as transportation Constraints were experiences in several districts for the response team. NS put an accent on localized capacities with engagement of more local volunteers and provision support for continues implementation of the activities.

Please indicate any security and safety concerns for this operation

There were no major security concern existing in the affected and high risky districts.

Has the child safeguarding risk analysis assessment been completed?

Yes

# Implementation



Budget: CHF 91,609  
 Targeted Persons: 3,922,363  
 Assisted Persons: 3,875,924



## Indicators

Title	Target	Actual
Number of assessments done	12	7
Number of ICE materials printed	24,000	600,000,000
Number of radio programmes conducted	24	18
Number of people reached with radio programmes	3,922,364	3,875,923
Number of volunteers trained in RCCE & EVC	1,200	1,150
Number of volunteers trained in CBS and ORP	300	160

## Narrative description of achievements

• Assessments were done in 7 of the targeted 12 Districts because in some Districts cases did not continue to spread while others did and only Districts that kept on registering cases were assessed and supported

A total of 160 (Males-77, females-83) volunteers were trained in Community-Based Surveillance (CBS) and the establishment of Oral Rehydration Points (ORPs). This training aimed at equipping volunteers with essential skills for monitoring and reporting community health issues. CBS empowers volunteers to identify potential health concerns at the community level, while ORPs are critical for the prompt treatment of diseases like cholera and reducing its spread.

A total of 1,150 (645 females and 505 males) volunteers were trained in Risk Communication and Community Engagement (RCCE) and Emergency Vaccination Campaigns (ECA). This comprehensive training likely covered strategies for effective communication during health emergencies, including outbreak response, and the logistics and procedures involved in conducting emergency vaccination campaigns. Trained volunteers played a pivotal role in disseminating accurate information and mobilizing communities during crises.

• 18 radio programs were conducted as part of the NS communication strategy. These radio programs played a crucial role in disseminating critical health information to the community. Reaching over 3.8 million people through these broadcasts which underscores the effectiveness of using radio as a medium for conveying vital health messages during public health emergencies. Especially with access constraints. These programs covered topics such as disease prevention, symptoms, treatment, and hygiene practices.

• A total of 6,000 posters were printed and used for the messages prevention to mass public spaces and visual for the door-to-door activities of volunteers. Some were distributed in key places of usual mass assemblies in the affected districts. Information, Education, and Communication (IEC) materials like posters were valuable tools for educating communities about health and safety measures. The posters contained visual and textual information on topics such as handwashing, safe water storage, sanitation practices, and recognizing the signs of cholera. The distribution of these materials contributed to increasing awareness and promoting positive behavior change within the target districts.

Only 6,000 posters were printed for Vubwi district and remaining funds were reallocated to Chlorine procurement which was on high demand.

In summary, the project's accomplishments in training volunteers, conducting radio programs, and producing educational materials demonstrated a comprehensive and community-centered approach in addressing the cholera outbreak information gap. These efforts aimed at empowering communities with knowledge, engaged them in disease prevention and control, and provided critical information during the outbreak. The combination of volunteer training, radio broadcasts, and the distribution of posters contributed to a holistic response that reached a wide audience and promoted public health in the target districts.

It is important to note that, initially it was projected that 12 districts, some of which were known cholera high risk, would be covered by the response. However, as the outbreak unfolded, the outbreak was sporadic in that even where the outbreak was not expected, cases of cholera were recorded. In the end, the response focused on 7 effective affected districts which explained the achievement of targeted indicators. • •

## Lessons Learnt

• Improved Outreach and Engagement in Risk Communication and Community Engagement (RCCE) is the effectiveness of using handheld megaphones for volunteers. These megaphones proved to be a valuable tool for enhancing communication during community engagement activities and health promotion efforts.



Handheld megaphones significantly improved the volunteers' ability to reach and engage with communities. The amplified sound enabled volunteers to deliver messages more effectively in outdoor settings, public places, and during community gatherings.

Based on this lesson learned, it is advisable to incorporate handheld megaphones as a standard tool in future RCCE activities. Providing volunteers with megaphones can help maximize the impact of their outreach efforts, especially when disseminating critical health information in challenging environments or during emergencies.

## Challenges

- **Transportation Constraints:** In several districts, the state of the roads and infrastructure posed significant obstacles to reaching communities. The poor road network, especially during adverse weather conditions, made it difficult for teams to access remote areas. Additionally, in some cases, the unavailability of water transport further exacerbated transportation challenges, as communities in certain regions were only accessible by boat.
- **Lack of radio stations:** Radio serves as a vital communication medium for broadcasting hygiene messages and raising awareness, especially during public health emergencies. In districts without radio stations, the ability to conduct mass broadcasts and disseminate important information was severely limited.



## Water, Sanitation And Hygiene

**Budget:** CHF 175,827

**Targeted Persons:** 3,922,364

**Assisted Persons:** 3,875,923

## Indicators

Title	Target	Actual
Number of water points tested	180	0
Number of people reached with hygiene promotion messages	3,922,364	3,875,924
Number chlorine bottles distributed	21,713	25,732
Number of households receiving WASH items	21,713	25,732
Number of bar soaps procured and distributed	1,307,454	4,000
Number of temporary latrines constructed in CTCs	30	0
Number of handwashing stations provided in HC and schools	96	10

## Narrative description of achievements

• Water point testing did not take place due to costs implications; the funds were channeled towards chlorine procurement. Hygiene Promotion messages were reached out to communities through various channels, including radio programs, community meetings, and door-to-door visits. These messages emphasized the importance of proper hygiene practices, safe water handling, and the use of sanitation facilities. A total of 1,860,444 male 2,015,479 female people were reached with these messages.

4,000 tablets of bar soap were procured and distributed to 4,000 households for personal hygiene and for ensuring that individuals have the means to practice proper handwashing, a critical preventive measure. The soap was only distributed to the most vulnerable households including elderly persons. Some of the funds meant for soap was channeled towards the procurement of liquid chlorine which was required more for infections.

No temporary latrines in Cholera Treatment Centers (CTCs) were constructed because all the CTCs were located within the health care facilities where sanitation facilities were in existence and in good condition.



10 handwashing stations were provided in Vubwi district at healthcare facilities and markets to promote proper hygiene. These stations were strategically placed to ensure easy access for both patients and students. This aimed at enhancing prevention and control of cholera through promoting the habit of regular handwashing as a preventive measure against cholera and other waterborne diseases. Not all planned stations were procured as some Districts were already supported by other players.

## Lessons Learnt

- To defeat cholera, there is need for an entire package. By providing essential infrastructure, supplies, and education, it is possible to empower communities to take proactive measures in preventing the spread of cholera and other waterborne diseases.

## Challenges

- Transportation Constraints in several districts due to the state of the roads and infrastructure posed significant obstacles to reaching communities. The poor road network, especially during adverse weather conditions, made it difficult for teams to access remote areas.



## Protection, Gender And Inclusion

**Budget:** CHF 3,111

**Targeted Persons:** 3,922,364

**Assisted Persons:** 3,875,923

## Indicators

Title	Target	Actual
% of community members who agree they have adequate information about cholera outbreak and how to protect themselves	80	62

## Narrative description of achievements

- The ZRCS trained 1,150 volunteers (505 males and 645 females) in PGI. Their role extended beyond one-way PGI messaging and communication, as they actively captured community feedback, ensuring that the response remained adaptive and responsive to the evolving needs and concerns of the affected populations.
- The volunteers also managed to spread the PGI messages during the door-to-door visits. PGI messages were also cascaded through all the mediums used by the ZRCS in spreading cholera messages and in the end reaching out to 3,875,923 people in addition to the health and WaSH messages.

## Lessons Learnt

- PGI messaging is dominantly a sensitive issue in most communities as many African communities have a tendency towards gender segregation. It is in this respect that every component of any intervention should have some PGI embedded within it to ensure no segregation.

## Challenges

- The greater PGI concerns are usually in the hard-to-reach areas. Mobility therefore limits the cascading and monitoring of such communities' progress in matters of PGI.



## Community Engagement And Accountability

**Budget:** CHF 9,332

**Targeted Persons:** 3,922,364

**Assisted Persons:** 3,875,924



## Indicators

Title	Target	Actual
number of community feedback received	500	1,786
% of community members who agree they have adequate information about cholera outbreak and how to protect themselves	80	0
Number of volunteers/staff trained in CEA/RCCE	1,200	1,150
number of community feedback received & responded.	1,200	1,786

## Narrative description of achievements

- A comprehensive community engagement strategy was implemented during the response effort, which involved conducting a total of 57 community meetings across the four districts. The primary focus of these meetings was to engage with community leaders and members, with the overarching goal of monitoring and addressing prevailing rumors and misconceptions related to cholera prevention, causes, treatment, and symptoms.

During these community meetings, a remarkable outreach was achieved, with a total of 8,144 individuals directly reached by these awareness and information-sharing sessions. This included 2,264 males and 5,877 females, demonstrating a significant impact on gender-inclusive communication and engagement.

As a pivotal component of this strategy, the response also prioritized the training of 1,150 (505 males and 645) dedicated volunteers in Community Engagement and Accountability (CEA). These trained volunteers were strategically deployed to various communities to facilitate the dissemination of critical messages regarding cholera prevention. Their role extended beyond one-way communication, as they actively captured community feedback, ensuring that the response remained adaptive and responsive to the evolving needs and concerns of the affected populations.

The community feedback mechanism (toll free line 7,373 and the volunteers feedback forms) that was set up enabled the collection of rumors and feedback which was addressed either directly or indirectly through one-on-one engagement during door-to-door sensitization, radio programmes and community engagement meetings.

## Lessons Learnt

- Multi-pronged approach to community engagement not only contribute to dispelling myths and rumors but also foster a sense of ownership and participation among community members. It empowers them with accurate information and creates channels for them to voice their feedback and concerns, ultimately enhancing the effectiveness of the cholera prevention and response efforts.
- An efficient and streamlined approach to data collection and reporting is crucial during emergency responses like the cholera outbreak. To enhance the effectiveness of the response and mitigate the risk of document loss, it's advisable to integrate/combine the cholera reporting tool with the community feedback form. Specifically the volunteer daily reporting form. By merging these two forms into one comprehensive tool, volunteers will have to fill out fewer documents. This simplification minimizes the administrative burden on volunteers and reduces the chances of errors or loss of documents during handling.

Overall, the integration of the Cholera reporting tool with the Community Feedback Form optimizes data collection, reporting, and management processes, ultimately strengthening the response to the cholera outbreak and enhancing the ability to address community needs and concerns effectively

## Challenges

- The poor road network, especially during adverse weather conditions, made it difficult for teams to access remote areas.



**Secretariat Services**

**Budget:** CHF 33,418

**Targeted Persons:** 3



Assisted Persons: 3

## Indicators

Title	Target	Actual
Number of visits conducted.	3	3

## Narrative description of achievements

The IFRC team attended and supported the inception meetings in as much as they continued to give remote support. The IFRC delegation also supported the ZRCS to do timely reporting. The IFRC ensured coordination support with ongoing response in the region through a regional and sub-regional sharing information platform.

## Lessons Learnt

- It always gives value to have Secretariat support as it comes with both combined effort, additional hands and new way of resolving and viewing issues.

## Challenges

- The immigration requirements for Zambia may be stringent at times and hence there could be need for advocacy with the government on the immigration status of short-term surge support personnel.



**Budget:** CHF 160,304

**Targeted Persons:** 1,200

**Assisted Persons:** 1,200

## Indicators

Title	Target	Actual
Number of people attending lessons learned workshop	70	70
Number of NDRT deployed	12	3
Number of monitoring visits conducted	9	12
Number of volunteers insured	1,200	0

## Narrative description of achievements

3 NDRTs were deployed to the 3 provinces that were experiencing the cholera outbreak namely Eastern, Luapula and Northern provinces. The NDRTs were selected from the pool of trained NS volunteers whose roles were to support all DREF operations and build link between NS and stakeholders. Additionally, 2 National Society staff were attached to the response for the purpose of supporting the deployed NDRTs. These individuals were strategically selected to strengthen various aspects of our operation, including logistics, community engagement, and data management. The deployment of National Disaster Response Team (NDRT) members was a critical component of our response strategy. These highly trained individuals were instrumental in coordinating various aspects of the operation, including risk communication and community engagement. Their expertise and experience played a vital role in ensuring the success of our cholera response.



To maintain a high level of accountability and quality in our response, numerous monitoring visits across the affected areas were conducted. These visits served multiple purposes, including assessing the implementation of hygiene promotion activities, evaluating the distribution of WASH items, and gathering feedback from communities. Regular monitoring helped in identifying challenges and make necessary adjustments to improve the interventions. Additionally, the MoH through the ZNPFI organized national level monitoring visits to the cholera affected districts and the NS joined such missions to complement government efforts.

There was a delay in applying for IFRC volunteer insurance. For future operation, the NS shall apply for the IFRC insurance on time to make sure the volunteers are safe in carrying their tasks.

Overall, these activities and achievements underscored our commitment to a well-rounded and effective response to the cholera outbreak. They exemplify our dedication to ensuring the safety and health of the response teams and the communities we serve while continually striving for improvement through learning and adaptation.

- **Lessons Learned Workshops:** The lesson learnt workshop provided a platform for staff, volunteers, and stakeholders to reflect on the response efforts. Participants shared insights, experiences, and best practices, which contributed to a more informed and adaptive approach to addressing cholera outbreaks in the future. All the seven districts were represented by MOH staff (facility, district, provincial and National level), ZRCS BEC members, NDRTS, Volunteers and staff from ZRCS HQ. there was also representation from the MoH national level and partners like UNICEF.

## **Lessons Learnt**

- There is need to have a pool and register of trained NDRTs available at any time so as to be able to effectively respond to any disaster

## **Challenges**

- Finding and mobilizing National Disaster Response Team (NDRT) members to support. NDRTs are crucial for coordinating various aspects of disaster response, including risk communication, community engagement, and logistics. However, the availability of trained NDRT members who could be deployed to support proved to be a significant challenge due to unavailability of trained members.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRZM018 - Zambia - Cholera Eastern Province

Operating Timeframe: 02 Feb 2023 to 31 Jul 2023

Selected Parameters			
Reporting Timeframe	2023/2-2023/12	Operation	MDRZM018
Budget Timeframe	2023/2-2023/07	Budget	APPROVED

Prepared on 19/Dec/2023

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>473,600</b>
DREF Response Pillar	473,600
<b>Expenditure</b>	<b>-429,684</b>
<b>Closing Balance</b>	<b>43,916</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	91,609	74,891	16,718
AOF5 - Water, sanitation and hygiene	175,826	152,081	23,746
AOF6 - Protection, Gender & Inclusion	3,111		3,111
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>270,546</b>	<b>226,972</b>	<b>43,574</b>
SF11 - Strengthen National Societies	169,636	186,862	-17,226
SF12 - Effective international disaster management	32,900	14,362	18,538
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	518	1,488	-969
<b>Strategy for implementation Total</b>	<b>203,054</b>	<b>202,712</b>	<b>342</b>
<b>Grand Total</b>	<b>473,600</b>	<b>429,684</b>	<b>43,916</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

On the fund received for this intervention CHF 473,600, the total expenditure under this intervention was CHF 429,684. The closing balance of CHF 43,916 will return to the DREF pot. The balance is made of some adjustments and unspent budget lines explained below per budget category.

1. Information and Publicity – procurement of visibility materials went high because of more volunteers that were deployed compared to the initial number planned for hence need for more materials.
2. Transport and Vehicle Costs – the operation used hired vehicles throughout the period and hire of boats from some affected

Districts to the affected communities. In other Districts, ZRCS was required to put fuel in Government owned boats which was not initially planned for even if needed to the activities implementation. Some Districts that were not initially included in the budget got serious cases and ZRCS had to mobilize volunteers in those areas who needed supervision hence long distance travel from Lusaka to the affected Districts.

3. Office Costs. -this was under budgeted as there was a huge need for printing of volunteer reporting forms as well as volunteer allowance sheets. More volunteers were engaged than the initial plan of engaging only 120 volunteers as more Districts continued registering cases and huge need to deploy more volunteers

4. Following some arrangements on the ground, the trainings and travel did not require the full budgeted amount. The overall unspent budget equally reduced the financial charges that were to be applied to the various transactions in country.

5. The other general expenses balance is made essentially of the administrative fees not fully transferred to the NS following the under-consumption of the above operational lines.



# DREF Operation

Selected Parameters			
Reporting Timeframe	2023/2-2023/12	Operation	MDRZM018
Budget Timeframe	2023/2-2023/07	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 19/Dec/2023

All figures are in Swiss Francs (CHF)

### MDRZM018 - Zambia - Cholera Eastern Province

Operating Timeframe: 02 Feb 2023 to 31 Jul 2023

## I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>473,600</b>
DREF Response Pillar	473,600
<b>Expenditure</b>	<b>-429,684</b>
<b>Closing Balance</b>	<b>43,916</b>

## II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	91,609	74,891	16,718
AOF5 - Water, sanitation and hygiene	175,826	152,081	23,746
AOF6 - Protection, Gender & Inclusion	3,111		3,111
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>270,546</b>	<b>226,972</b>	<b>43,574</b>
SFI1 - Strengthen National Societies	169,636	186,862	-17,226
SFI2 - Effective international disaster management	32,900	14,362	18,538
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	518	1,488	-969
<b>Strategy for implementation Total</b>	<b>203,054</b>	<b>202,712</b>	<b>342</b>
<b>Grand Total</b>	<b>473,600</b>	<b>429,684</b>	<b>43,916</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2023/2-2023/12	Operation	MDRZM018
Budget Timeframe	2023/2-2023/07	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 19/Dec/2023

All figures are in Swiss Francs (CHF)

### MDRZM018 - Zambia - Cholera Eastern Province

Operating Timeframe: 02 Feb 2023 to 31 Jul 2023

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>119,433</b>	<b>108,776</b>	<b>10,657</b>
Water, Sanitation & Hygiene	96,456	95,882	575
Teaching Materials	12,170	12,098	72
Utensils & Tools	10,807	797	10,010
<b>Logistics, Transport &amp; Storage</b>	<b>36,023</b>	<b>40,270</b>	<b>-4,246</b>
Storage		37	-37
Transport & Vehicles Costs	36,023	40,233	-4,210
<b>Personnel</b>	<b>147,564</b>	<b>125,714</b>	<b>21,850</b>
International Staff	16,064	7,711	8,354
National Society Staff	52,686	39,521	13,165
Volunteers	78,813	78,481	332
<b>Workshops &amp; Training</b>	<b>66,984</b>	<b>54,741</b>	<b>12,243</b>
Workshops & Training	66,984	54,741	12,243
<b>General Expenditure</b>	<b>74,691</b>	<b>73,959</b>	<b>732</b>
Travel	8,304	5,407	2,897
Information & Public Relations	18,498	23,040	-4,542
Office Costs	1,704	4,531	-2,827
Communications	4,576	4,029	547
Financial Charges	974	620	354
Other General Expenses	40,635	36,333	4,302
<b>Indirect Costs</b>	<b>28,905</b>	<b>26,225</b>	<b>2,680</b>
Programme & Services Support Recover	28,905	26,225	2,680
<b>Grand Total</b>	<b>473,600</b>	<b>429,684</b>	<b>43,916</b>

# Contact Information

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

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