



Volunteer orientation in Vubwi District

Appeal: MDRZM018	Total DREF Allocation CHF 473,600	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2023-000013-ZMB	People Affected: 439,058 people	People Targeted: 3,922,364 people	
Event Onset: Sudden	Operation Start Date: 2023-02-02	New Operational end date: 2023-07-31	Total operating timeframe: 5 months
Additional Allocation Re- quested 318,549	Targeted Areas:	Eastern, Luapula, Lusaka, Southern, Muchinga	

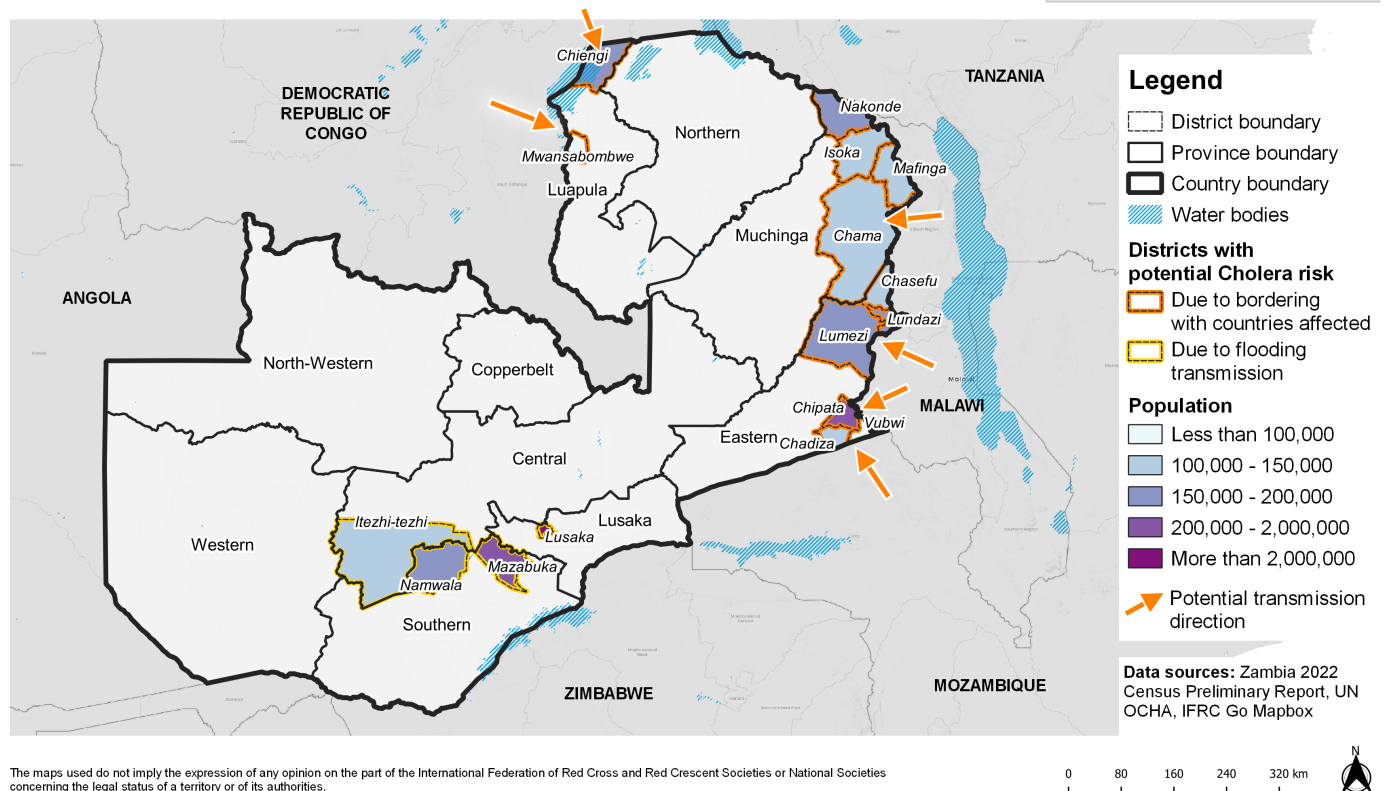
Description of the Event



11 February 2023



CHOLERA AREAS OF FOCUS IN ZAMBIA



Map showing affected and high-risk Districts for Cholera in Zambia

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 is doing everything possible to curb the transmission, the Provincial Health offices are supporting the District Rapid Response team to urgently control the spread of the disease.

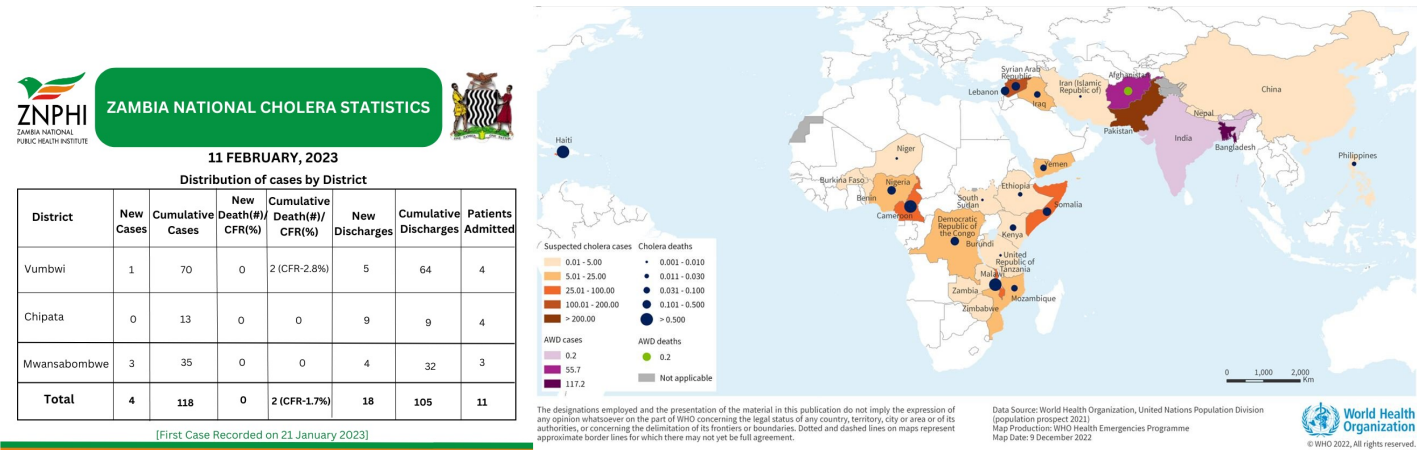
The first case was reported on 21 January 2023 in Vubwi District and later on Mwansabombwe and Chipata Districts also started registering cases. At the beginning of the outbreak, Vubwi district registered 4 cases but within 3 weeks, cases started rising. As of 10th February, the 3 districts recorded a total of 118 cases and 2 deaths.

The Ministry of Health (MoH) declared the vigilance state to the population at risk in the 3 affected districts and requested all stakeholders, including Zambia Red Cross, to support the efforts to stop the spread of this outbreak. Efforts are deployed from partners to eliminate the risk but the floods situation across several districts exacerbate the WASH condition already representing the main risk factor in the country.

Zambia has experienced Cholera since 1977 with Lusaka being one of the main hotspots of cholera in the Country. However, apart from Lusaka and other known hotspots, analysis has shown that additional districts at high risk all share borders or roads with Zambia's neighboring countries. This is the case for Vubwi, Chipata and Mwansabombwe districts bordering Mozambique, Congo DRC and Malawi. The current outbreak is driven by cross-border transmission in addition to ZAMBIA's own socio- economic factors, and structural factors.

In 2022, Zambia experienced a Cholera outbreak in Lusaka District where 16 cases were recorded and was contained within a short period of time. The outbreak was confined to two areas within Lusaka and hence made it easy to manage and most people were vaccinated against the disease. The current outbreak is in a more rural setting than the previous outbreak. The affected and high-risk districts have poor health system, infrastructure and WASH facilities coupled with high Cholera transmission from the neighbouring countries, making the population more vulnerable to the outbreak. The flooding season is also exacerbating the situation especially in Lusaka and Southern provinces.

In Zambia, the Cholera prevention and control is guided by the Multi-Sectoral Cholera Elimination Plan (MCEP) 2021-2025 which is in line with the roadmap for the Global Task Force on Cholera Control's (GTFCC). The elimination of Cholera in Zambia and surrounding countries can only be achieved through a coordinated sub-regional response of which efforts are being made for cross boarder coordination for the neighboring countries. 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.



Cholera situation update for 3 affected Districts

Scope and Scale

The Cholera outbreak started on the 21 January 2023 in Vibwu. As of 10th February 2023, 118 cases and 2 deaths had been recorded in Vubwi but also Chipata and Mwansabombwe Districts. The current outbreak is fast spreading due to cross border movements coupled with the rain season and flooding in high-risk districts. There is a high possibility of having the outbreak spreading to most parts of the country. The rains are still ongoing and floods, including flash floods which have been recorded in over 38 districts across the country, are further jeopardized sanitation conditions and access to WASH facilities for millions of vulnerable people.

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 are 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 is 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) will be done in communities where cases have been reported to prevent further spread of the disease. The National Society will 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.

Summary of changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	Yes
Are you changing the geographical location	Yes
Are you making changes to the budget	Yes
Is this a request for a second allocation	Yes
Has the forecasted event materialize?	No

Please explain the summary of changes and justification

The Zambia Red Cross Society (ZRCS) intends to scale up the Cholera response in Zambia due to new cases identified in Luapula Province bordering Democratic Republic of Congo (DRC) and in Chipata District in the Eastern Province.

Having cases in Chipata gives room for fast spreading into neighbouring districts, including Lusaka city as it is a hub where all districts in the province converge for trade and administrative functions. There are several buses daily to and from Chipata and Lusaka, which increases the likelihood of the outbreak spreading. In case the outbreak spreads to Lusaka the capital city, the situation may get out of hand as the outbreak may affect towns/districts through intercity social and economic linkages. The National Cholera Contingency Plan stipulates that spreading of cholera to more than one province requires national and well-coordinated response. It is against this background that the National Society would like to scale up the interventions in the districts that have registered cholera cases and the high-risk districts in order to complement government's efforts. Currently, the country has registered more than 122 cases and 2 deaths, and the case fatality rate (CRF) is 1.6% in 3 districts and across 2 provinces. To note, based on the field update on 15th February, cases are reported in Chipata also, second hotspot in Luapula Province.

The National Society plans to scale up this DREF Operation and revise some of the planned activities summarized as follows:

- Extend the response beyond Vubwi districts to include Chipata in Eastern Province, Mwanabombwe in Luapula Province for the response and 11 high risk districts bordering Malawi, Mozambique and DRC but also with ongoing floods. Overall revised target is 3,922,364 people.
- Extend the operation from 3 to 5 months
- Revise the strategy with inclusion of ORP management at community level and health facilities

d) Request a second allocation of CHF 318,549

e) In the intervention, ZRCS is revising some activities as follow:

- Scaling-up the direct assistance to support hygiene good practices at household level and community level with distribution of soap and chlorine from 8,846 HH to 34,579 HH. Direct targeted areas being the hotspots. At community level, additional WASH facilities include 106 hand washing, 30 latrines to increase the sanitation efforts.
- Case management is now included but limited to ORP at community level and health facilities level in the 3 hotspots
- Prevention actions are extended for 5 months for the radio messages, 3 months for the door-to-door visits.
- To cover health prevention and hygiene promotion, the deployed team is revised with 1200 volunteers instead of 120
- Operation team involve for the next steps of this intervention a CEA surge, 12 NDRT for technical effective support posted in the field.

Current National Society Actions



Volunteers ready for deployment in Vubwi District Liquid Chlorine loaded at Headquarters of ZRCS for Vubwi District

Water, Sanitation And Hygiene

The National Society has distributed the prepositioned stocks such as liquid Chlorine and is in the process of procuring and distributing soap to the affected Districts. Additionally, 20 volunteers were trained in Branch Transmission Interruption Training (BTIT) in Chipata District and have been deployed to support the response. The volunteers in Vubwi District have been trained in RCCE and are currently conducting hygiene promotion activities.

ZRCS has branches in some of the affected and high-risk districts targeted for the response, hence the need for establishing branches where there are none, as well as train the volunteers. The following are the districts with branches and number of volunteers:

EASTERN Province	Number of volunteers
- Chama	0
- Lundazi	0
- Lumezi	0
- Chasefu	0
- Vubwi	130
- Chipata	110
- Chadiza	0

National Society Readiness	MUCHINGA Province Number of volunteers - Nakonde 116 - Isoka 0 - Mafinga 0
	SOUTHERN Province Number of volunteers - Namwala 254 - Itezhi Itezhi 0 - Mazabuka 260
	LUAPULA Province Number of volunteers - Mwansabobwe 0 - Chiengi 153
	LUSAKA Province Number of volunteers - Lusaka 1538
	Note - where there is 0, there is no NS branch and system are in place for urgent deployment of Emergency operation team if needed to scale the current intervention in these districts. Chipata branch, which is one of the affected districts, out of 110 volunteers, 20 are trained in (Branch Transmission Interruption Team) BTIT and have been deployed to support the operation. ZRCS also has 25 trained National Disaster Response Team members, 1 staff in Epidemic Control in Emergencies, 3 in ORP level one to three and some have been mobilized to support the branches in carrying out day-to-day interventions. The ZRCS Headquarter Health Department staff will from time to time provide backstopping in carrying out the interventions in collaboration with CEA, Branch development, and the PMER team. The National Society has distributed Chlorine from the Cholera prepositioned stocks in the warehouse and would deploy ORP kits in the affected Districts when need arise.
Resource Mobilization	Zambia Red Cross Society received funding from IFRC DREF for initial response in Vubwi District. The Cholera has spread in other areas and ZRCS is scaling up its interventions and looking for additional funding. ZRCS is one of the National Societies implementing ECHO Pilot Programmatic Partnership project and would tap some funds from the same project to support this operation. Indeed, there is currently an ECHO project being implemented in collaboration with the ZRCS and IFRC in the Southern province of Zambia, which is currently not affected by the cholera outbreak. The Delegation will engage discussions on this, to possibly expand the target areas of this project, to potentially support the actions of this DREF in the event the outbreak expands further, in a bid to complement the actions being implemented through this DREF operation.
Activation Of Contingency Plans	Zambia Red cross has a multi-hazard Contingency (MHCP) 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 response. Therefore, ZRCS has activated its Incident Management System (IMS) to facilitate the 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. However, Zambia Red Cross together with other key stakeholders conducted a rapid assessment and the following are some key findings of the assessment: - Poor access to safe water leading to high risk of cholera transmission. This requires provision of safe water through the distribution of chlorine and sensitization on proper water storage. - Inadequate CTCs leading to poor access to treatment hence the need to strengthen contact tracing and establishment, and management of ORPs as well as promotion of ORS and quick health seeking behaviour. - Limited knowledge about cholera which is leading to poor hygiene practices and health seeking behavior. Therefore, there is need to intensify RCCE activities including focus on burial practices. - Floods causing increased risk for spread of cholera hence the need to integrate cholera intervention into floods response. ZRCS is in the process of conducting assessments in other affected Districts such as Chipata and Mwansabombwe.
Coordination	The Government of Zambia, through the Ministry of Health, has activated the National Incident Management System (IMS), which comprises of all actors in the health sectors in Government and quasi-Government institutions and other agencies. 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 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 of readiness to respond. Generally, ZRCS has been consistent in supporting and participating in national events across the country. The Government of Zambia has a National Cholera Plan and there is an existing cholera platform which includes UNICEF, WATERaid, etc., supporting the National Cholera Platform. The Zambia National Public Health Institute continues to coordinate the Cholera operations and 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 a 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 Committees, and incident Management system in affected districts.
Community Engagement And Accountability	The National Society has in place a CEA system that will support during the Cholera response activities in the affected and high-risk districts. A hotline is being finalized and to be launched from a local network provider for the purpose of receiving community feedback and identify rumours and misunderstanding associated with Cholera transmission. CEA will be mainstreamed in the operation and be coordinated by the CEA focal point, who will work in line with the national CEA protocols. As the epidemic evolves, the National Society will require surge support with a CEA profile and some aspects of public health and WASH to strengthen its response team.

Movement Partners Actions Related To The Current Event

IFRC	The IFRC has two country delegates who have been working closely with the National Society in providing technical guidance and development of the operation plans. This includes the Cholera Country Support Platform (CSP) Delegate, who liaises with the country platform on the elimination of Cholera in Zambia. He regularly liaises with the Cholera Elimination Task Force at the national level and advises the National Society where necessary. The Operations Delegate is responsible for providing strategic and technical guidance to the operation and coordinate with Harare Country Cluster Delegation office and the Regional Office in Nairobi. In addition, the IFRC Africa Regional office has set up a joint task force which includes teams from Zambia, Malawi, Tanzania, Mozambique and Zimbabwe, which are currently either experiencing an outbreak or at risk of being affected. This platform supports information sharing and ensures cross border coordination between the affected and at-risk National Societies. A biweekly sub regional sitrep is also being developed to facilitate information sharing and coordination between the national Societies.
ICRC	Currently there is no ICRC delegation Zambia.
Participating National Societies	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 have been 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. The staff of this project will provide the support to Chipata and Vubwi District in terms of monitoring of the interventions where necessary. NLRC will also continue providing technical guidance to the whole operation through its in-country delegate.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Currently, the Ministry of Health together with ZNPH is supporting the Provincial and District Health teams in Eastern Province through. - Activation of the District Public Health Emergency Operations Centers and Incident Management System, - Activation of the District Epidemic Preparedness, prevention Control, and Management Committee meetings - Intensified surveillance activities including risk, assessment, outbreak investigation active case search, community surveillance, and contact tracing. - Data Management-deployment of Cholera tracker/EIMS - Enhanced Risk Communication and Community sensitization, activities - Advocacy and stakeholder engagement - Isolation, Case management, and IPC - Provincial team deployment to support district responses

	Despite the ongoing joint efforts by the Government, there are still gaps that need to be addressed through multisectoral collaboration with partners.
UN or other actors	UN and other actors are part of the cluster system that has been activated and are 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: 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. World vision - WASH support through provision of safe water

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 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 has been 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



Health

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.



Water, Sanitation And Hygiene

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 will support the MOH carry 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 will 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 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, case management and providing information to communities. The operation targets 3,922,364 people (653,727 Households) for a period of 5 months in Vubwi, Chipata and Mwansabombwe and 11 high risk districts.

Operation strategy rationale

Following the rapid assessment conducted by the NDRTs, and lessons learnt from previous operations such as the engagement of community through volunteers, ZRCS approach in this response is to increase awareness on prevention and control through Risk Communication and Community Engagement to respond to MoH request, complementing the WASH intervention with the hygiene promotion, provision of safe water in collaboration with the MoH, local authorities, and other actors like UNICEF, WHO, and Water Aid Zambia. The National Society response follows the existing gaps in hygiene conditions for which all efforts put by current response system are undermined by rainfall incidence and socio-economical vulnerabilities.

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

Volunteer activities will target affected and high risky communities in the targeted districts where more cases are being reported.

To enhance case management, interventions will include training of volunteers and establishment and management of ORPs. Volunteers will also be involved in contact tracing and community-based CBS).

Beside the cholera intervention, Zambia Red Cross through its active branches will keep monitoring the floods and potential outbreak of waterborne diseases.

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

1. Prevention and Control

Engage in initiatives for environmental cleanliness, hygiene, and health promotion from house to house, such as risk communication. This will be accomplished by deploying volunteers twice a week for five (5) months (as the disease evolves)

ZRCS will also support social mobilization to promote vaccination being administered by government.

2. Stop transmission with contact tracing and CBS

ZRCS volunteers will be trained in contact tracing and CBS to support the MOH initiatives 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. The volunteers will also intensify awareness on importance of reporting contacts for follow up and soap and chlorine will also be distributed to the contacts.

3. Improve hygiene condition and access to safe water.

Distribution of WASH supplies, including hygiene 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 handwashing soap per household per month for 2 month). For this exercise, all volunteers will receive training and be supported by staff at HQ and Environmental Health Officers from MoH to enable them identify knowledge gaps and possible transmission routes for target messaging. Direct support with hygiene material will be focus on

hotspots areas while at risk areas will be monitored. ZRCS is also coordinating the WASH support provided under the floods response in some of the floods prone at risk areas as a bilateral joint approach contributing also to the cholera prevention.

4. RCCE and Social mobilization

In order to enhance knowledge, and uptake of hygiene practices and behavior, necessary to prevent and control cholera, volunteers will sensitize communities through door-to-door visits and distribution of IEC materials. Other techniques for information dissemination include Use of Public address systems, radio messages and jingles as well as television programs and social media.

The NS will procure visibility materials (T-Shirts, Bibs caps) with anti-cholera messages for volunteers and ZRCS personnel.

ZRCS periodically obtains data on the current situation from MoH/ZNPHI through daily updates, and volunteer field reports which is used to guide the operation team in decision making as well as sharing with key stakeholders.

The National Society is basing its response on the Community Engagement and Accountability (CEA) principles and is ensuring that community interaction and feedback is incorporated and mainstreamed. ZRCS is setting up a feedback mechanism in all the affected districts.

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, for further transmission to affected communities through volunteers.

A post-distribution Monitoring will also be carried out for the WASH NFI distributed. Community representatives, such as civic leaders, women's organizations, religious leaders, and youth organizations, the elderly and the disabled will be involved to work with on the social mobilization campaigns and community sensitization.

5. Coordination with involved partners

ZRCS is part of the Multisectoral Cholera response mechanism at national and subnational levels, coordinated by the MOH/ZNPHI. This helps to avoid duplication of efforts and improve management and coordination of the Cholera outbreak response operation by maintaining a shared information and collaboration in that coordination system with key partners (WHO, UK-Health Security Agency, US-CDC, Redcross, World Vision, ZamHealth and others).

ZRCS will work on ensuring even remotely, a country monitoring of the cholera disease, provide technical and operational support to response branches, enhance data collection and reporting, strengthen advocacy, and provide medical and non-medical items to countries in need, especially for case management. The floods prone areas and areas with ongoing floods will be closely monitored and coordination will be kept between the floods operations and This cholera response for a complementary approach and strengthen the surveillance system without duplicating efforts.

Targeting Strategy

Who will be targeted through this operation?

The response will target Vubwi, Chipata and Mwansabombwe districts which ongoing outbreak and high risky districts as follow:

- Districts in Eastern that border with Malawi (Chama, lundadzi, Chasefu, Lumezi, Chipangali, Vubwi, Chipata), Mozambique (Chadiza, Vubwi)
- Districts in Muchinga that border with Malawi (Nakonde, Isoka, Mafinga)
- District in Southern where there are flooding Namwala, Itezhi-tezhi will be monitored and preventive messages strengthen in coordination with Floods response to leverage the actions and ensure information sharing guarantee a better surveillance system.
- And the district bordering DRC where the new strain of cholera outbreak is originated from, the districts include the following Mwansabombwe

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, DRC, and Malawi.
- Special attention will also be given to elderly, children, disabled, pregnant and lactating mothers especially for distribution of WASH NFIs. Hard to reach population, will also be given priority for prevention, and case management.

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 assesment

The targeted groups listed above, share combination of the criteria and factors listed. They are 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 is ongoing or is likely to occur.

The socio-economic criteria for the people to be targeted 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 as it deters them from accessing key social amenities.

Total Targeted Population

Women:	1,713,288	Rural %	Urban %
Girls (under 18):	326,341	80.00 %	20.00 %
Men:	1,581,497	People with disabilities (estimated %)	
Boys (under 18):	301,238	10.00 %	
Total targeted population:	3,922,364		

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 forecast and provide information to other stakeholder including communities. Enhance resource mobilization (Human and financial)
Poor access to affected communities due to poor road infrastructure.	Engagement of more local volunteers and provision support for continuos implementation of the activities.
Staff and volunteers get infected.	Staff and volunteers are vaccinated and provided with PPES and insurance.
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

Please indicate any security and safety concerns for this operation

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

Planned Intervention

	Health	Budget		CHF 91,609
		Targeted Persons		3922364
Indicators		Target	Actual	
Number of assessments done		12	1	
Number of ICE materials printed		24000	0	
Number of radio programmes conducted		24	0	
Number of people reached with radio programmes		3922364	0	
Number of volunteers trained in RCCE & EVC		1200	120	
Number of volunteers trained in CB S and ORP		300	60	

Progress Towards Outcome

- The NS has trained 120 volunteers in ECV and deployed volunteers in communities for RCCE and Social mobilization for Cholera vaccination in Vubwi District
- Trained 60 volunteers in ORP in Vubwi District
- Activated 20 BTIT trained volunteers in Chipata district.

ZRCS will add the ORP management at community level and ensure the following activities are added to the initial:

- Training of volunteers in ORP
- Establishment and management of ORP (Different levels). Volunteers will mobilize volunteers from community to ORP and also make sure to provide ORS to the patient in the communities in case they are not coming to ORP due to capacity.

	Water, Sanitation And Hygiene	Budget		CHF 175,827
		Targeted Persons		3922364
Indicators		Target	Actual	
Number of water points tested		180	0	
Number of people reached with hygiene promotion messages		3922364	0	
Number chlorine bottles distributed		21713	1000	

Number of households receiving WASH items	21713	0
Number of bar soaps procured and distributed	1307454	0
Number of temporary latrines constructed in CTCs	30	0
Number of handwashing stations provided in HC and schools	96	0

Progress Towards Outcome

ZRCS has distributed 1000 liquid chlorine to 1000 households.

ZRCS are extended for some of the activities to cover all the district with ongoing outbreaks: Vubwi, Chipata and Mwanabombwe. Meaning the direct target for minimal hygiene items is changed from 8,847 HH to 34,579 HHs; The following activities will be revised to the new target:

- Procurement of bars soap and Liquid Chlorine
- Construction of emergency temporary latrines in CTCs will be 30 and not 8, additional 12 to cover the new areas.
- Support water quality testing and door to door health and hygiene promotion activities are also extended in the community with more volunteers deployed and resources for RCCE to be engaged for 4 months.
- Procurement of 96 Hand Washing facilities
- Procurement of Hand Sanitizers for the 1200 volunteers engaged in the operation for 3 months.

More details of initial plan are available on the public IFRC website appeal.ifrc.org under MDRZM018 Appeal.

	Community Engagement And Accountability	Budget		CHF 9,332
		Targeted Persons		3922364
Indicators	Target	Actual		
number of community feedback received	500	0		
% 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	1200	0		
number of community feedback received & responded.	1200	0		
Progress Towards Outcome				

The NS is in the process of setting up feedback mechanism.

More details of initial plan can be found in the public IFRC website appeal.ifrc.org under MDRZM018 Appeal.

	National Society Strengthening	Budget	CHF 160,304
		Targeted Persons	150
Indicators	Target	Actual	
Number of people attending lessons learned workshop	70	0	
Number of NDRT deployed	12	1	
Number of monitoring visits conducted	9	0	
Number of volunteers insured	1200	0	
Number of new staff recruited	2	0	

Progress Towards Outcome

- Volunteers are extended from 120 to 1200, meaning average of 85 volunteers per districts but real deployment will consider the geographical parameters and the highest at risk.
- NDRT to be deployed for effective technical considerations are 12.
- Considering the distance between all the hotspot and even in the districts, transport of team and monitoring will need vehicle to be mobilized. NS does not have vehicles and IFRC leasing being not available at the moment, way of transport will be hire from a supplier.

More details of initial plan is available in the public IFRC website appeal.ifrc.org under MDRZM018 appeal.

	Secretariat Services	Budget	CHF 33,418
		Targeted Persons	3
Indicators	Target	Actual	
number of visits conducted	3		

Progress Towards Outcome

- Support from IFRC is being provided in a weekly basis and as needed.
- Remote monitoring is done and plan of mission in-country set.
- For this extension, IFRC will support with a surge to be deployed.

More details of initial plan can be found in the public IFRC website appeal.ifrc.org under MDRZM018 appeal.

		Budget	CHF 3,111



Protection, Gender And Inclusion

Targeted Persons

0

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 with additional new members of 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, 1200 volunteers will be deployed to support implementation of this operation in affected and high-risk Districts. They will be supervised by NDRTs, new staff 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.

Will surge personnel be deployed? Please provide the role profile needed.

Someone with RCCE/CEA skills and experience with some health and WASH background.

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

All procurement is meant to be distributed and will be done by the NS through a tender process which takes 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.

The communications department is 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.

Contact Information

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

• National Society contact:

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• IFRC Appeal Manager: John Roche, Head of Delegation, john.roche@ifrc.org

• IFRC Project Manager: Gloria Kunyenga, Operation Manager, gloria.kunyenga@ifrc.org, +260764169828

• IFRC focal point for the emergency:

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[Click here for the reference](#)