OPERATION UPDATE

Zambia| Cholera Emergency Response

Emergency appeal №: MDRZM021 **Emergency appeal launched:** 10/01/2024. **Operational Strategy published:**	**Glide №: EP-2024-000002-ZMB**
Operation update #1 **Date of issue:** 15/02/2024	**Timeframe covered by this update:** From 19/01/2024 to 02/02/2024
Operation timeframe: 19/01/2024 - 31/12/2024	**Number of people being assisted:**
Funding requirements (CHF): CHF 3 million through the IFRC Emergency Appeal CHF 4 million Federation-wide	**DREF amount initially allocated:** CHF 750,000

This Emergency Appeal, which seeks CHF4,000,000 Federation Wide is at 34.7per cent funded and with interest expressed is at 66.8 percent. Further funding contributions are needed to enable the Zambia Red Cross Society, with support from IFRC, continue with the response efforts by providing humanitarian assistance and protecting the people affected by the Cholera outbreak.

A volunteer doing door to door sensitization on Cholera prevention.

A. SITUATION ANALYSIS

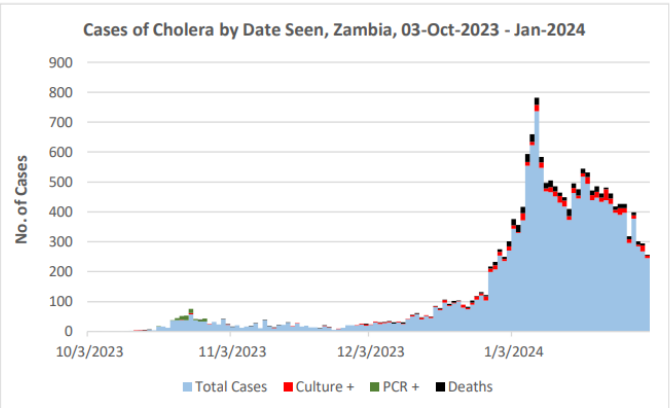
Description of the crisis

A cholera outbreak which was first reported in October 2023 has seen a dramatic increase in transmission since mid-December. The country as of 01/02/2024 had recorded a cumulative 16,772 cases and 616 deaths, with over 246 daily new cases and over 3 deaths, according to a daily update from the Ministry of Health[1] resulting in a cumulative case fatality rate of 3.7%.

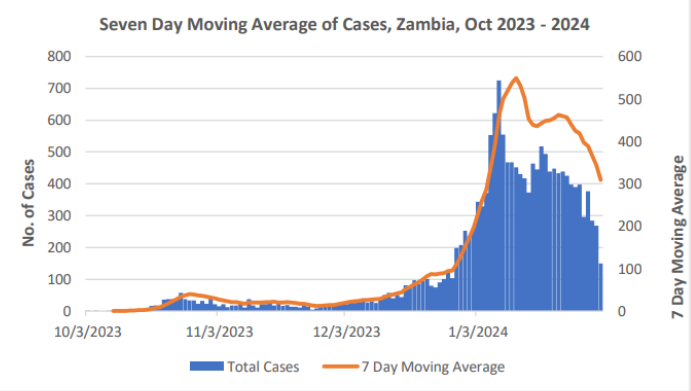
The outbreak initially emerged in peri-urban areas of Lusaka Province, which still has the most cases. But due to the high rate of transmission, the disease is now affecting people across multiple geographical areas. Since the start of the current cholera outbreak, all the ten provinces have reported confirmed cases of Cholera. Out of 116 districts, 70 have confirmed outbreaks and have reported cases. The provinces of Lusaka, Copperbelt, Southern and Central are the most hit Districts with more cases and deaths recorded. However, there has been a downward trend of Cholera cases in Lusaka in the last week of January to first week of February as reflected in the epi-curve below.

The country experienced its last major outbreak from October 2017 to June 2018 with a total of 5,935 reported cases and 114 deaths (CFR 1.9%). Although the outbreak has spread across all the ten provinces in the country, all are epi-linked to the Lusaka outbreak and 90% of these cases are occurring in 6 sub-Districts of Lusaka district.

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



Generally, the seven-day moving average is decreasing.



For this outbreak, the cases and spread of the disease got on the peak around 12th to 26th January and started decreasing steadily towards the end of January. This could be attributed to a number of reasons such as vaccination, dry spell across most provinces as well as robust interventions by different stakeholders.

In response to the surge in cholera cases, the government designated Lusaka's National Heroes Stadium as a Cholera Centre as township health centres struggled to cope. Schools in Zambia remain closed due to the increase in transmission causing a delayed start to the academic year.

Reported challenges that have been contributing to the escalation of the outbreak include poor sanitation, poor health seeking behaviours, poor hygiene practices, intercity movements, stigma, and discrimination as well poor access to health services. Although cases have started declining, there is still need to intensify the interventions that can continue breaking the transmission routes through sensitization on good hygiene practices, household water treatment, risk communication and community engagements, disease surveillance as well as health seeking behaviours.

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

The Government of Zambia received 1.9 million doses of Cholera vaccine and to date, 98.6% of the population in Lusaka District have been vaccinated.

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

- Deployed 1,180 volunteers who are supporting the cholera response activities through door-to-door visits in Lusaka sub- districts, Kafue, Chilanga, and Chongwe. The operation is planning to expand to Copperbelt, Central and Southern provinces.
- Supporting the Ministry of Health (MOH) in setting up 76 Oral Rehydration Corners (ORCs) in all six sub-districts which are being supported by MOH staff as well as in Chilanga and Chongwe Districts. More ORCs will be set in Central and Copperbelt provinces.
- Supporting the MOH in disseminating hygiene messages by conducting radio programmes and public address activities, reaching over 264,000 people (44,000 HHs) in Lusaka Province.
- Continued to carry out community engagement and risk communication activities around Lusaka province and expanding to other provinces.

Forecast of the outbreak with continued impact

Most parts of the country have not received rain for over 14 days (about 2 weeks) and this may contribute to the downward trend of cases and deaths. There is a high probability of having cases rising again once it starts to rain as most water sources get contaminated and hygiene practices compromised. According to the weather forecast, most parts of the country are expected to start receiving more rains in the second week of February.

Summary of response

Overview of the host National Society and ongoing response

The ZRCS deployed National Disaster Response Teams to Lusaka District to respond to the emergency, at least one NDRT per sub-Districts of Matero, Kanyama, Chelstone, Chawama, Chipata and Chilenje. The operation is planning to expand to Copperbelt, Central and Southern province targeting the most hot spots in the affected Districts. The National Society has been reaching out to affected areas with Cholera prevention information dissemination to **over 264,000** people through door to door, Public address system , radio and television country wide. The NS is in the process of supporting construction of **76 Oral Rehydration Corners (ORC)** and provide supplies for the management of the ORC such as rehydration salts, chlorine, soap, and furniture (tables, chairs), etc.

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

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

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

[2] UNICEF and ECHO PP

Volunteers have undergone training on RCCE, and feedback mechanisms have been established in all six sub-districts of Lusaka. Plans are underway to extend this training to three additional provinces. Feedback mechanisms have been established in all hotspots where rumors and myths are being recorded. Plans to address these rumors and myths have been developed and shared through volunteers conducting door-to-door activities.

Needs analysis.

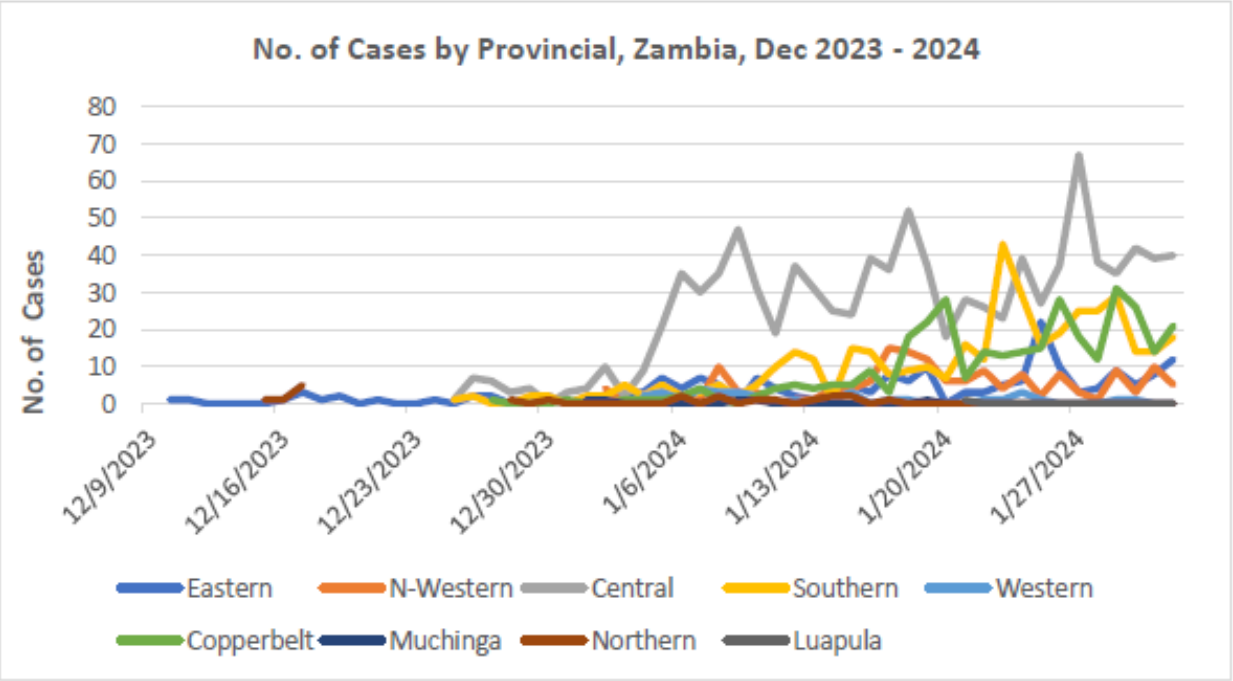
Despite the government's multipronged approach to address the persistent cholera threat in Lusaka and neighboring districts, several critical gaps hinder the effective mitigation of this public health concern to comprehensively tackle the problem. The Government of Zambia and its partners are doing everything possible to control the outbreak through different approaches and strategies including ZRCS/IFRC. There are several factors that continue to contribute to the spread of cholera within the community within Lusaka and other provinces. Among these risk factors are:

- Inadequate sanitation at household level, schools, and communal settings as well as markets coupled with poor hygiene practices, contribute significantly to the spread of cholera. Lack of access to clean water, proper sanitation infrastructure and hygiene education has hindered efforts to control the outbreak.
- Insufficient waste management and poor drainage systems lead to the contamination of water sources, facilitating the transmission of the Vibrio cholerae bacterium. Without proper disposal mechanisms the risk of contamination remains high.
- Accumulation of “historical solid waste”: Many sub-districts and surrounding areas in Lusaka as well as districts outside Lusaka still have accumulated “historical solid waste”. This is contributing to the spread of disease and presents a challenge in maintaining a clean and hygienic environment.
- Intercity mobility exacerbating the outbreak and the closing of schools has helped in reducing this transmission. Schools are opening the coming three weeks hence the fear of further spreading of the disease.
- Community feedback mechanism to listen to and respond to community questions, beliefs, concerns and rumours about cholera and the response is a great need in all affected districts.
- Inconsistent and sometimes inadequate water supply around Lusaka and other affected districts including markets remains a challenge for consumption and practice of proper hygiene. The reliance on untreated water sources, such as shallow wells, in certain communities in affected districts pose a severe health risk due to potential contamination, especially in the absence of proper water treatment.
- Most of the deaths from cholera in this outbreak are happening in communities with increased numbers of “brought-in-dead” recorded in health facilities. This could be due to stigmatization and lack of information on early health-seeking behaviours. Majority of cases recorded in Health facilities throughout this outbreak has been men aging from 15 years above which attributes to the same stigmatization to visit the ORCs for dehydration and only get worse and refereed to CTCs.

These challenges underscore the need for continuous comprehensive interventions: that address water supply issues; that strengthen water quality monitoring by community-based volunteers; that address solid waste management; that address community ORCs; that address contact tracing; that promote community engagement and hygiene promotion by volunteers , that promote sensitization on preventive messages through Public address as well as through radio and Television and that ensure access to safe and treated water sources. A multi-pronged approach is essential to mitigate these challenges effectively and prevent the spread of cholera in the affected areas.

Below are the latest situation reports based on the Ministry of Health daily updates.

The epi-curve for the provinces shows that cases for Central and Copperbelt are still high while Southern has observed some decrease in cases.



Operational risk assessment

The operational risks remain consistent with those outlined in the published Operations Strategy. Presently, the primary operational risks are associated with:

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

B. OPERATIONAL STRATEGY

Update on the strategy

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

- Expansion of the geographical areas outside Lusaka province. The operation is now targeting additional districts in Southern, Central and Copperbelt provinces.
- Increased number of volunteers allocated to support the operation.
- Initial districts of Kafue, Rufunsa and Luangwa in Lusaka province did not register more cases as it was in the first and second week of January hence activities did not take place in those districts.
- Increased number of fleets to reach out to the new sites.
- Integration of the Cholera interventions in existing long-term projects by the National society.

- Inclusion of chlorination of water at point of collection in some selected sites.

The table below shows the new targeted districts including Lusaka district which was initially targeted.

Province	***Targeted District***	***Population***	***Number of volunteers***
Lusaka	*Lusaka District*	*2,579,425*	*1,120*
	Chilanga	*239692*	*70*
	Chongwe	*313,389*	*70*
Central province	*Mumbwa*	*370, 490*	*100*
	Kabwe	*309078*	*100*
Copper belt	*Ndola*	*624, 579*	*112*
	Kitwe	*661, 901*	*100*
Souther Province	Mazabuka	*232,045*	*30*
	Monze	*800,000*	*30*
	Choma	*266,916*	*30*
	Namwala	*167,938*	*20*

DETAILED OPERATIONAL REPORT

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

STRATEGIC SECTORS OF INTERVENTION

	Health and Care	Female > 18: 26,939	Female < 18: 26,939
		Male > 18: **214,772**	Male < 18: **214,772**
		Male > 18: **174,910**	Male < 18: **190,908**
Objective:	*Prevent and control the spread of cholera at the community and facility levels in the affected districts, interrupting the chain of transmission through targeted interventions.*		

Key Indicators:	**Targets**	**Actual**
# of households in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviours, and prevention.	533,333	149,587
# of volunteers in affected communities trained in cholera response including cholera messaging, ORT, Branch Transmission Interruption Teams (BTIT), RCCE, CEA, Prevention of Sexual Exploitation and Abuse (PSEA), PGI, ECV[3] and OCV.	1,692	1,270
# of BTIT established in the target communities.	6	Ongoing
#of ORPs functional (availability of HR, ORP materials) in the targeted communities.	250	Ongoing

[3] Epidemic Control for Volunteers

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

Priority Actions:

Prevention and control, interrupting the chain of transmission:

- Volunteers from ZRCS have undergone training on cholera awareness, RCCE, and CEA, among other topics. They have conducted door-to-door visits in affected areas, reaching a total of **149,587 households** primarily in Lusaka, where they have carried out sensitization activities. As the interventions continue in Lusaka and are expanded to newly affected areas, the overall figure is going to increase in the coming weeks and months.

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

- The ZRCS has assisted the Ministry of Health (MoH) in establishing Oral Rehydration Corners (ORCs) in Lusaka, aligning with the overarching goal of establishing **250 ORPs.** Efforts are ongoing to ensure the infrastructure is adequate and there is sufficient human resource to operate the ORCs. Discussions with the MoH are in progress to upgrade the ORCs to ORPs, staffed by qualified medical personnel such as public health nurses, with support from the WHO. The next steps involve enhancing the quality of existing ORCs, particularly in terms of infection prevention and control (IPC), while also preparing to extend ORC setup activities to other affected provinces.

Oral Cholera Vaccination (OCV)

- During the initial OCV campaign in Lusaka, involvement of ZRCS was focused on social mobilization by volunteers in targeted areas. As the government is expecting to receive an additional shipment of vaccines including for other affected provinces, ZRCS maintains preparedness to support with OCV messaging and mobilization.

Risk Communication and Community Engagement (RCCE)

- Social mobilization and RCCE activities integrated with OCV messaging have reached **795,452 people.** Activities have recently started and will continue in Lusaka and other affected provinces.

Psychosocial Support (PSS)

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

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

Objective:	Reduce the risk of cholera and other water-borne diseases through improved availability of safe water and sanitation facilities, and through good hygiene practices in cholera hotspots.

Key Indicators:	**Targets**	**Actual**

#of people reached with appropriate knowledge about cholera and health/hygiene protective behaviors.	533,333	149,587
# of people reached with rehabilitated or upgraded water points, and by providing access to safe water supply for affected communities *(250*78)*	19,500	Ongoing
# of households reached with liquid chlorine and multi-purpose soap distribution.	33,000	17,000
# of liquid chlorine bottles procured and distributed (New)	100,000	17,000
# of constructed/rehabilitated latrines.	10	Ongoing
#of handwashing facilities constructed in the response period (New)	50	ongoing
# of people provided with sanitation facilities (this is more than excreta disposal) (New)	300000	ongoing
# of water points constructed.	18	Ongoing
# of water points rehabilitated.	60	Ongoing

Priority Actions:

Aligning with ZRCS/IFRC WaSH interventions and in coordination with other actors, the objective is to reduce the risk of cholera and other water-borne diseases through improved availability of safe water and sanitation facilities, and through good hygiene practices in cholera hotspots. Hygiene promotion through door-to-door sensitization on knowledge about cholera and health/hygiene protective behaviours and distribution of IEC materials has been conducted reaching **149,587 people.**

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

- To enhance access to safe water, plans are in place for the construction, rehabilitation, and disinfection of water points, which are yet to be executed.

Water quality monitoring at household and communal water points

- Water quality monitoring has been conducted at household and communal water points, along with chlorination at the point of collection. Liquid chlorine has been acquired and distributed to **17,000 households** through the Ministry of Health in Lusaka, Copperbelt, Central, and other affected provinces.

Facilitate construction of latrines in health facilities and public institutions

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

PROTECTION AND PREVENTION

	Community Engagement and Accountability	Female > 18:	Female < 18: TBC
		Male > 18:	Male < 18: TBC
Objective:	Support the response to have a thorough understanding of community needs, priorities and context, and ensure ways of working collaboratively with people and communities by integrating meaningful community participation; timely, open, and honest communication; and mechanisms to listen to and act on feedback throughout the response.		

Key Indicators:	**Targets**	**Actual**
# of staff and volunteers oriented on community engagement and accountability (disaggregated by staff / volunteers / sex) (revised)	1,692	1,270
# of community meetings	44	10
# of people reached during community meetings	1,760	350
# of consultative meetings	11	Ongoing
#of help desks set up	5	2
% of community complaints and feedback received and responded to by ZRCS	100%	Sitrep
# of operational decisions or changes made based on community feedback.	Needs basis	0

Priority Actions:

- Risk communication and CEA are being integrated across the response and staff and volunteers have been provided with the knowledge and capacity needed to engage communities effectively.
- 11 staff, namely the National Disaster Response Teams (NDRTS), **1,270 volunteers** and health staff have been oriented on community engagement approaches and feedback mechanisms (including data collection and entry).
- Consultative meetings as well as rapid qualitative assessments are ongoing to ensure that the response is based on a thorough understanding of community needs, priorities, and socio-cultural context, including preferred ways to receive information, participate and give feedback.
- ZRCS has adapted the CEA tools to tailor them to the Zambian context, aligned them with interagency standards and they have been rolled out to collect relevant data to plan CEA approaches and activities; gather community feedback; and make sure the feedback is used to generate ownership within the community.
- Ongoing social mobilization mainly through door-to-door, PA systems and community meetings to share timely, accurate and trusted information, and offer support to enable communities to take action and protect their health. Also, promoting safer, healthier practices, facilitating community action, and helping to reduce fear, stigma, and misinformation.
- Two help desks have been set up in the main CTCs (Heroes and Levys) to share information on cholera, provide discharge patients with supplies (ORS and chlorine) and facilitate communication between patients and their families who are not able to access the centers.

- Feedback mechanisms have been established in line with community preference and ensuring safety and inclusion in Lusaka province and planning to extend to Central and Copperbelt. Ongoing collection, analysis and response to the feedback from community members on issues related to the cholera response. The feedback is used to guide the response as well as shared on different platforms at the community, district, and national levels, including technical and sub-technical working groups.
- Community meetings will be conducted to listen to, respond to and share information on the received feedback as well as to enable community-led responses.
- Planning to enhance the current **toll-free number 7373** by registering with Airtel and Zamtel to offer additional services for receiving suggestions, complaints, and inquiries about the epidemic from the larger impacted communities.

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

Objective:	Ensure that communities can identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalized groups, who are subject to violence, discrimination, and exclusion.

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

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

The NS oriented 4 volunteers at Heroes stadium CTC to provide some counselling to discharged patients where necessary. This will continue in CTCs to ensure safety of the discharged patients.

Trainings for volunteers are incorporating the PGI and code of conduct aspects to make volunteers understand their roles and things to consider in their work. All volunteers are signing the code of conduct for the work they are doing

Enabling approaches

National Society Strengthening

Objective:	The National Society is prepared to respond effectively to epidemics/emerging crises, and its auxiliary role in providing humanitarian assistance is well defined and recognized.

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

Priority Actions:

- No activities have commenced under this section, but plans are underway to initiate some interventions in the coming weeks.

Coordination and Partnerships

Objective:	Technical and operational complementarity among IFRC membership, and with ICRC, enhanced through cooperation with external partners. Support a stronger and more localized approach to collaboration and coordination to increase the scale and quality of risk communication and community engagement approaches and ensure ZRCS engagement (as part of the RCCE Collective Service platform).

Key Indicators:	**Targets**	**Actual**
# of external partnerships supporting ZRCS in the response established	10	6
# of membership coordination meetings organized, and updates are provided to the membership partners Revised to 30	12 30	12
# of international forums attended by ZRCS (revised)	5	0

Priority Actions:

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

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

- National Incident Management meeting (IMS) organised by MOH.
- WASH cluster meetings.
- Health cluster meetings.
- WASH technical working group.
- ORP management technical working group.
- RCCE cluster meeting.
- WASH IPC technical working group.

IFRC Secretariat Services

Objective:	To ensure that IFRC is working as one organization, delivering what it promises to ZRCS and volunteers, and leveraging the strength of the communities with which they work as effectively and efficiently as possible.

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

Priority Actions:

IFRC Secretariat services

- Five (5) surge profiles within Community Engagement and Accountability (CEA), Public Health in Emergencies (PhiE), Communications, Logistics and Supply Chain, as well as Program Monitoring,

Evaluation, and Reporting (PMER), have been deployed in the country since late January and early February 2024 to support the National Society in various aspects of the cholera response.

Risk Management:

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

Communications:

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

Monitoring & Evaluation (M&E):

Data quality assurance and activity monitoring are critical components for successful implementation of this operation. To ensure the accuracy and reliability of data, rigorous quality assurance measures are being put in pace for implementation throughout the data collection, management, and analysis process. This includes training data collectors, using standardized data collection tools, conducting regular data quality assessments, and verifying data through cross-checks and validation processes. Activity monitoring involve tracking and evaluating the progress and impact of interventions against set targets and indicators. This will help in identifying any deviations from the planned activities and allow for timely adjustments to ensure the project's objectives are met effectively and efficiently.

The PMER have developed a dashboard CLICK THIS LINK that is tracking the activities for this operation. To support the process, additional 15 tablets have been procured to facilitate data entry and validation. Activity updates are now displayed on the dashboard even though it is still under review. A needs assessment is planned in the coming week to inform on needs and gaps during implementation. The PMER surge has reported and will support the NS to strengthen the data management, monitoring, and reporting processes.

Security:

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

C. FUNDING

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

Donor	Modality/ Area of Intervention	Provinces	Pledge (CHF)	Remarks
Bi lateral and Domestic – ask CHF 1,000,000				
UNICEF	RCCE	Lusaka	123,935	Another proposal for 250,000 USD underway for Lusaka District only
ECHO PPP	Case management (ORP) and RCCE	Lusaka and Southern Province	400,000 Euro	Interventions ongoing
		Sub total	**523,935**	**52.3%**
IFRC Secretariat – ask CHF 3,000,000				
DREF loan			750,000	Ongoing interventions
Canadian RC			86,298	Ongoing intervention
Japanese RC			29,342	Ongoing Intervention
FCDO			737,121	Ongoing interventions
Scottish Government			547,425	
		Sub total	**2,150,186**	**71.7%**
Total Federation Wide – ask CHF 7,000,000				
		Total	**2,674,121**	**%66.8%**

To date, ZRCS has received **66.8%** of the total funding requested for the Federation Wide Appeal. This funding will significantly contribute to meeting the immediate needs of the affected population. However, there is still a funding gap that needs to be filled to address all remaining gaps in this operation.

Contact information

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

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For In-Kind donations and Mobilisation table support:

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Reference documents

Click here for:

- Previous Appeals and updates

How we work

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