6 Month OPERATION UPDATE

Zambia| Cholera Emergency Response

Emergency appeal №: MDRZM021 Emergency appeal launched: 10/01/2024.	**Glide №: EP-2024-000002-ZMB**
Operation 6-month updates Date of issue: 30/06/2024	**Timeframe covered by this update:** From 19/0/2024 to 19/07/2024
Operation timeframe: 19/01/2024 - 31/12/2024	**Number of people being assisted:** 3,731,000
Funding requirements (CHF): CHF 3 million through the IFRC Emergency Appeal CHF 4 million Federation-wide	**DREF amount initially allocated:** CHF 750,000
This Emergency Appeal, which seeks CHF 4 million Federation Wide is at 90 per cent funded.	

Focus Group discussion for Community Insights in Kabwe district by the ZRCS team

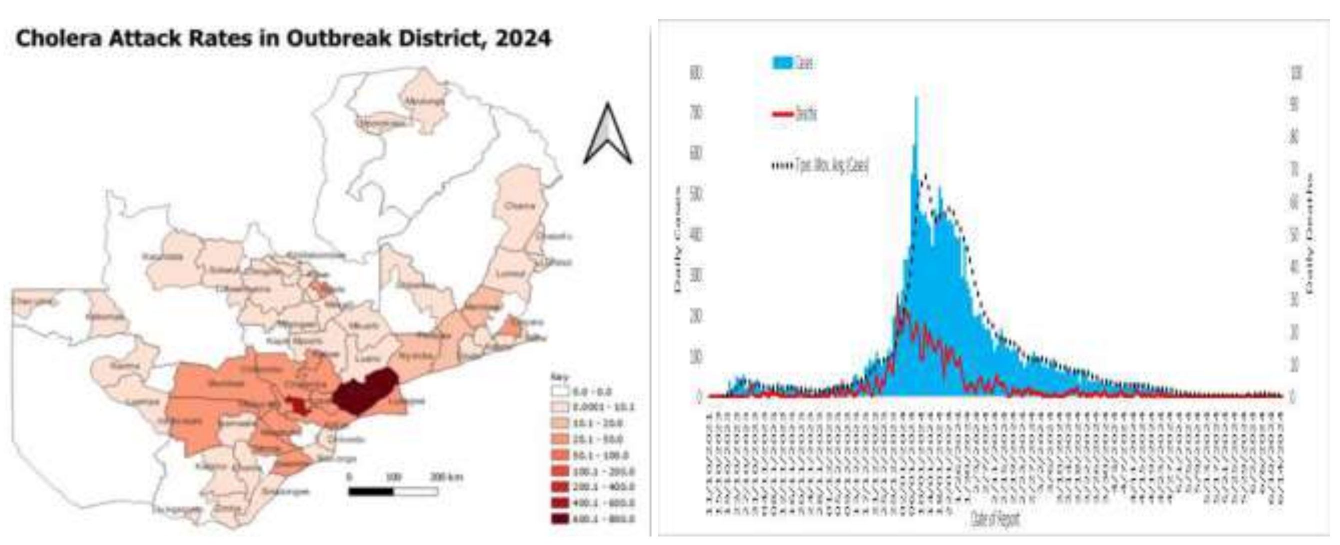
A. SITUATION ANALYSIS

Description of the crisis

Zambia faced a significant cholera outbreak that posed severe public health challenges, particularly in densely populated urban areas such as Lusaka. The outbreak was driven by multiple factors, including the rainy season's impact on water contamination and longstanding issues with sanitation and clean water access. A cholera outbreak which was first reported in October 2023 saw a dramatic increase in transmission from mid- December 2023 to around mid-January 2024. The country as of 30/06/2024 had recorded a cumulative 20,102 cases and 740 deaths, with 10 consecutive weeks without any case being recorded according to a daily update from the Ministry of Health[1] resulting in a cumulative case fatality rate of 3.7%. As of end January 2024 to date, a downward trend has been experienced in almost all the provinces except for Eastern province that recorded a small upward trend in the month of June 2024.

The country experienced its last major outbreak from October 2017 to June 2018 with a total of 5,935 reported cases. The outbreak initially emerged in peri-urban areas of Lusaka Province, just like the current outbreak where Lusaka became the epicenter followed by the Copperbelt province. Due to the high rate of transmission especially between the months of January and February 2024, the outbreak started affecting people across multiple geographical areas especially, Southern, Central and the Copperbelt provinces the later Eastern Province. Since the start of the current cholera outbreak, all the ten provinces had reported confirmed cases of Cholera. Out of 116 districts, 70 have had confirmed outbreaks and had reported cases despite the downward trend. The Cholera affected provinces mentioned above also experienced serious dry spell which has resulted in most of the water sources drying up and serious food shortages affecting most of the households. The dry spell has brought in so many challenges to communities that once suffered the Cholera outbreak impacts and there is high probability of the outbreak repeat especially as we approach the dry season that will be followed by rain season.

The national epi-curve showing the steady decrease of cases.



Cholera cases have significantly reduced to zero cases for over ten weeks in Zambia

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 several reasons such as Cholera 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 Treatment Centre as township health centers struggled to cope. Schools in Zambia remain closed for close to two months due to the increase in transmission causing a delayed start to the academic year. However, schools were opened again around the end of February after close monitoring on sanitation standards by the Government and if a case was identified in a school, proper follow ups were done to avoid further transmission.

Challenges such poor sanitation, poor health seeking behaviors, poor hygiene practices, intercity movements, stigma, and discrimination as well poor access to health services remain a challenge in most communities and this the focus with the current interventions. The integration of Cholera and Drought response is being prioritized to ensure there is no repeat of the situation in the country.

In January 2024, the Government of Zambia received 1.9 million doses of Cholera vaccine and managed to vaccinate 98.6% of the population in Lusaka District. The validity of the vaccine was up to June 2024. A total of 330,000 people against 332840 were also vaccinated in Eastern province after the province registered a total of 66 cases in June 2024.

To date, the Zambia Red Cross Society (ZRCS), with the support of partners through the Emergency Appeal,[2] has contributed to the government's response as follows:

- Door-to-door visits were conducted by **2,082 volunteers** deployed across key hotspot districts in Lusaka Province, including Kafue, Chilanga, and Chongwe, as well as in Copperbelt Province (Kitwe and Ndola), Central Province (Mumbwa and Kabwe), and Chipata District in Eastern Province. Due to a decrease in cholera cases in the country, the number of volunteers has been reduced to 540 across all districts.
- Supported the Ministry of Health (MOH) in setting up **55 Oral Rehydration** Corners (ORCs) in all hot spot districts that were being supported by MOH staff/volunteers and ZRCS volunteers. These ORPs assisted so much in the reduction of cases as minor cases were being supported in these ORPs and helped in minimizing the impacts of the outbreak.
- Supported the MOH in disseminating hygiene messages by conducting radio programmes and public address activities, reaching over **3,731,000 people (621,833 HHs)** in all the provinces. Volunteers are continuing with dissemination of messages in all hot spot districts.
- Community insights meetings have been conducted in all the targeted Districts to understand the situation in affected communities and identifying gaps in community engagement and risk communication activities and plans revised to address the identified gaps.
- Supported the MOH with over **120,000 bottles** of liquid chlorine across the affected provinces.
- WASH infrastructure is being provided in all affected districts through construction of waterborne toilets in markets, rehabilitation of broken water points and construction of new water points.
- Integration of drought response interventions through provision of safe water in drought affected communities within the Cholera hotspot districts. This was done through revision of the Operations Strategy.

Forecast of the outbreak with continued impact

The country has not recorded any Cholera cases in the last 10 weeks, however, has experienced serious drought which has affected almost three quarters of the country. The weather forecast is showing that there is going to be Lanina weather which will result into heavy rainfall and high probability of flooding in most parts of the country. There is a high probability of having cases rising again when the rains start again due to flooding that most parts of the country are likely to experience. If it doesn't rain as predicted, there will be a serious water shortage hence hygiene practices compromised.

Summary of response

Overview of the host National Society and ongoing response

The ZRCS deployed National Disaster Response Teams to all hot spot Districts to respond to the emergency, at least one NDRT per hot spot Districts of Lusaka, Central and Copperbelt provinces during the first three months of the operation. The National Society has been reaching out to affected areas with Cholera prevention information dissemination to over **3,731,000 people through** door to door, public address system, radio and television country wide. The NS supported the construction of **55 Oral Rehydration Corners (ORC)** and provided supplies for the management of the ORCs such as rehydration salts, chlorine, soap, and furniture (tables, chairs), etc. The NS also received **5 ORPs** from Swiss Red Cross that have been stored in case of any Cholera case upsurge in any part of the country.

In collaboration with the Ministry of Health (MoH), ZRCS supported 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 was set up at the two big CTCs for discharged patients to sit while waiting for transport home up to the time the CTCs were demobilized.

The NS has also been supporting the distribution of Chlorine through the Health authorities as well as promotion of household water treatment. With bilateral support from UNICEF, over **250,000 bottles** were distributed through Red Cross and a total of over **120,000 bottles** through the secretariat appeal support.

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

Volunteers are providing RCCE activities and following up on feedback mechanisms that have been established in all the targeted Districts. Feedback mechanisms have been established in all hotspots where rumors and myths are being recorded. Community insight meetings through focus group discussions have been carried out and findings supported the revision of the volunteer plans to address the real issues affecting the communities. The volunteers have been reduced from 2082 to 540 in the recovery phase. Plans to address these rumors, myths and issues raised in community insights have been developed and shared through volunteers conducting door-to-door activities.

An assessment of WASH infrastructure in targeted Districts was carried out and procurement of materials and services is ongoing to either rehabilitate or construct Sanitation and Water facilities. The identification of contractors has been finalized and works have commenced in targeted Districts.

As part of strengthening capacity for effective response, the IFRC (through the CSP), in collaboration with the MOH/ZNPHI and the UKHSA, supported the training of 120 district-level health staff across 4 districts in the Central province. Following the training, the IFRC/ZRCS will be piloting the roll-out of the Case Area Targeted Interventions in these districts. In addition, the Red Cross, together with the WHO, has led the initiative to strengthen cross-border collaboration and coordination towards preventing the cross-border spread of cholera.
Other CSP achievements in these reporting period include:

- Co-facilitated the development of the 2-year Operational plan for the Southern Africa Regional Taskforce on Cholera Control (SATFCC).
- Together with Africa CDC, supported the launch and adoption of the Operational Plan by the Council of Health Ministers in the region.
- Continued support to the operationalization of the SATFCC in collaboration with Africa CDC and other partners.
- Facilitated the establishment of the Cross-border coordination platform between Zambia and the DRC with Joint Action plans developed and seamless information sharing enabled.
- Leading in a co-chair capacity the Coalition of partners on the Regional Eastern and Southern Africa Cholera Platform with WHO, UNICEF, IOM, UNHCR, Africa CDC and other partners as members.

The Cholera Country Support Platform (CSP) leading facilitation during the development of the Southern Africa Regional Taskforce on Cholera Control (SATFCC) ToR and Operational Plan launch: Photo: IFRC

Needs analysis.

Before the response, several Water, Sanitation, and Hygiene (WASH) issues were identified due to increasing cholera cases in Lusaka and nearby areas. These included poor sanitation and hygiene practices in homes, schools, and communal areas; inadequate waste management and drainage leading to water contamination; accumulation of old waste, particularly in places like Kanyama sub-district in Lusaka Province; irregular and insufficient water supply from providers; reliance on untreated water sources like shallow wells; uneven access to water in peri-urban areas; and a shortage of Rapid Diagnostic Test (RDT) kits for monitoring water quality. These gaps highlighted the urgent need for improved sanitation, waste management, consistent water supply, and better water quality monitoring. The NS hence conducted WASH assessment where gaps were identified and plans underway to provide WASH infrastructure in the affected Districts.

For case management, several gaps were identified, particularly in the establishment of Oral Rehydration Points (ORPs). It was reported that many ORPs lacked shelter, the staff and volunteers manning the sites had insufficient skillsets, supplies were limited, and collaboration with partners was uncoordinated. In response, the Zambia Red Cross Society (ZRCS) deployed **304 case management trained volunteers** across key urban centres, including Lusaka, Kabwe, Ndola, Kitwe, and Chirundu in addition to the 2082 volunteers involved in door-to-door activities. These volunteers managed a network of **56 ORPs**: 31 in Lusaka, 5 in Kabwe, 10 in Ndola, 5 in Kitwe, and 5 in Chirundu.

The Government of Zambia and its partners are doing everything possible to completely contain the Cholera in the country through different approaches and strategies including support from ZRCS/IFRC and its partners. Among the efforts being provided to curb the disease, the following are some of the key areas of focus to maintain the zero-case reporting of the outbreak and gaps that need to be supported for future outbreaks:

- Continuous Sensitization of communities to address the Inadequate sanitation at household level, schools, and communal settings such as markets and churches. Hygiene promotion by volunteers through door to door is ongoing twice every week depending on different issues affecting the communities. These needs to continue so that all hot spot areas are reached, and some behavior change is observed for prevention of future outbreaks.
- The Government has been working on historical waste management through collection of waste and desludging of toilets throughout the outbreak period. It is also working on poor drainage systems that have led to contamination of water sources around the illegal settlements of the hotspot areas. Without proper disposal mechanisms the risk of water source contamination remains high. Waste management has to continue until all waste is properly disposed and ZRCS will continue with clean up campaigns in the targeted Districts in collaboration with Health authorities.
- School inspections were done prior to the opening of schools and are ongoing to ensure improved sanitation and prevent further spreading of the outbreak in schools. ZRCS is targeting schools and markets for construction of WASH infrastructure and hygiene promotion among school pupils.
- ZRCS/IFRC and partners have established Community feedback mechanism to listen to and respond to community questions, beliefs, concerns and rumors about cholera and the response and provide timely feedback to their concerns through the volunteers. This should be continuous to enable the communities to get the right and timely support.
- The Government has been supplying water in hot spot areas for consumption and practice of proper hygiene. The practice is continuing in some areas as part of drought response especially where water rationing is happening. The reliance on untreated water sources, such as shallow wells, in certain communities in affected districts pose a severe health risk due to potential contamination and hence

distribution of liquid chlorine at household level and point of collection water treatment is being provided by the different partners including Red Cross. ZRCS is also supporting rehabilitation of broken water points and drilling of new water points in selected communities including those affected by the drought.

- Most of the deaths from cholera in this outbreak were happening in communities with increased numbers of "brought-in-dead" recorded in health facilities. This could be due to stigmatization and lack of information on early health-seeking behaviors as well as gaps in access to healthcare. Majority of cases recorded in Health facilities throughout this outbreak had been men aging from 15 years above which attributes to the same stigmatization to visit the ORCs for dehydration and only got worse and refereed to CTCs. The NS has been involved in community sensitization through different approaches such as radio and TV programmes, IEC materials distribution, door to door visits etc. At the same time, ORCs at community level facilitate access to healthcare as the first point of contact. These need to continue as behaviors change is a process and the more people get more information, the higher the chances of changing the normal way of doing things. Materials for putting up ORPs have already been prepositioned in hotspot Districts in case of another upsurge of Cholera cases.

These challenges underscore the need for continuous comprehensive interventions in all the sectors if we are to get this outbreak completely to an end and avoid a similar situation happening anytime soon.

Operational risk assessment

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

- Fluctuation of the foreign currency which has been trending since the beginning of the operation with the kwacha losing to the foreign currency.
- Fraud and corruption, both internally and externally – remains a risk.
- Abrupt Increase in number of cases beyond expected – cases have reduced but more likely to have more cases in the coming months due to water shortages.
- The drought situation is also a big risk on Cholera due to limited access to safe water by most communities.

Mitigation Measure

The following are the risk mitigation measures

1. Fluctuation of the foreign currency which has been trending since the beginning of the operation with the kwacha losing to the foreign currency:
   - Controls will include a convention of received funds to local currency (trading currency).
2. Fraud and corruption, both internally and externally – remains a risk:
   - Updates on the financial manual and policies.
   - Financial training and monitoring of control systems
   - Inductions for clear guidelines and better understanding
3. The drought situation is also a big risk on Cholera due to limited access to safe water by most communities:
   - Review the Contingency Plan.
   - Finalize and activate the early action protocols.
4. Abrupt Increase in number of cases beyond expected – cases have reduced but more likely to have more cases in the coming months due to water shortages:
   - Currently, the country has no Cholera case, however, Zambia Redcross Society has continued to conduct risk

communication and community engagement activities on Cholera prevention at community level. Some of the activities being undertaken include community sensitization in markets and bus stations, radio programs, and community engagement meetings with key stakeholders. Additionally, the National Society has stocks of Chlorine supplies for distribution in Cholera high risk areas.

B. OPERATIONAL STRATEGY

Update on the strategy

The Operations Strategy has been adjusted in response to changes in the Cholera trends. Few months after the approval of the Operational Strategy, other provinces, including Central, Southern, and Copperbelt started reporting more cases in addition to Lusaka province that was the epicenter by then. Around mid-February to March, the Copperbelt became the epicenter where cases started rising at an alarming rate. This increase was attributed to factors such as intercity movements and poor access to safe water and sanitation in hotspot areas within these provinces. The current decline in cases country wide would be due to the vaccination campaigns done in Lusaka and Eastern provinces as well as response strategies by the different partners.

The Cholera response strategy was revised with the aim of incorporating the new geographical areas that were not included in the original OS. The drought situation affected by the targeted communities by reallocating some funds in sectors that require more long-term interventions such as WASH and reduce in sectors like Health due to reduction in cases. Some of the notable changes reflected in the revised strategy include:

- Expansion of the geographical areas outside Lusaka province. The operation is now targeting additional
- districts in Southern, Central, Copperbelt and Eastern provinces. This was done following the increase in Cholera cases recorded in those Districts.
- The initial number of volunteers was less and increased due to geographical area expansion for the response. After the decline in number of cases especially in Lusaka, the number of volunteers has also been reduced again to the original number as at the beginning of the response
- Initial districts of Kafue, Rufunsa and Luangwa in Lusaka province did not register more cases as was the case in the first and second week of January hence dropped in the response and only focused on Chongwe, Chilanga and Lusaka Districts in Lusaka province.
- In the initial stage of the operation, only hired vehicles were used and later, 2 vehicles were leased from the IFRC fleet to reach out to the new sites.
- Integration of the Cholera interventions in existing long-term projects by the National society especially in Southern province.
- Piloting the CATI approach in the Central Province while strengthening the capacity of the district teams
- Cross-border strengthening with bordering countries.
- Supporting regional efforts and building the target country's capacity towards cholera preparedness and response.
- Inclusion of chlorination of water at point of collection in some selected sites in Lusaka District with support from UNICEF.

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 continues to play a role on this. The following is the detailed

operational plan with key achievements made:

	Health and Care	**Female > 18: 1,007,370**	**Female < 18: 1,007,370**
		Male > 18: 840,967	**Male < 18: 875,293**
Objective:	*Prevent and control the spread of cholera at the community and facility levels in the affected districts, interrupting the chain of transmission through targeted interventions.*		

Key Indicators:	**Targets**	**Actual**
# of households in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviors, and prevention.	533,333	699,9223
# 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 and OCV.	1,692	2082
# of BTIT established in the target communities.	6	Ongoing
#of ORPs functional (availability of HR, ORP materials) in the targeted communities.	250	55
Epidemic Control for Volunteers of people accessing ORPs (disaggregated by sex and age).	5% (160,000ppl)	0.2% (330)
# of people in target population reached with social mobilization and RCCE activities.	3,200,000	353,0517
# of people reached with messages on vaccines (OCV).	1,600,000	1,055,452
# of volunteers trained in contact tracing.	600	412
# of volunteers trained on basic psychological first aid (PFA).	1,692	1782

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 been conducting door-to-door visits in affected areas, reaching a total of **3,731,000 people** primarily across the targeted Districts. Generally, cholera cases have reduced to zero cases in Zambia. BTIT trainings have been planned for future outbreaks.

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

One of the ORPs supported by ZRCS in Ndola District

ZRCS has assisted Ministry of Health (MoH) in establishing Oral Rehydration Corners (ORCs) in all targeted Districts, aligning with the overall goal of 250 Oral Rehydration Points (ORPs). A total of 55 ORPs were established by ZRCS with a total of 304 volunteers trained in ORP management. These volunteers managed a network of 56 Oral Rehydration Points (ORPs), with Lusaka hosting 30 ORPs in Lusaka, 6 in Kabwe, 10 in Ndola, 5 in Kitwe district and 4 in Chirundu. These ORPs played a crucial role in delivering timely oral rehydration therapy to cholera patients, significantly reducing both the incidence and severity of cases.

This effort, supported by the distribution of 370,000bottles of liquid in Lusaka, Copperbelt and Central province, Chlorine and 200,000 sachets of Oral Rehydration Salts (ORS) and 100, 000 IEC materials distributed to strengthen local healthcare infrastructure and emergency response capabilities.

Oral Cholera vaccination in Chipata District

In Ndola and Kitwe, ZRCS established dedicated ORPs that facilitated prompt referral of severely dehydrated patients to healthcare facilities, contributing to the decline in cholera cases in these areas. These efforts demonstrate ZRCS's commitment to effective community health management during emergencies.

Oral Cholera Vaccination (OCV)

During the initial OCV campaign in Lusaka hotspot areas, involvement of ZRCS was focused on social mobilization by volunteers in targeted areas where 795,452 people were vaccinated in the initial vaccination campaign as reported by the MoH. In Eastern province, vaccination was also done 330,000 people got vaccinated in the month of June when cases started to rise again in Chipata District.

Risk Communication and Community Engagement (RCCE)

In targeted districts of Lusaka, Copperbelt, Central and Southern Province, training on cholera CEA, MHPSS, and RCCE was provided to 2,082 volunteers. Volunteers were equipped with knowledge, abilities, and resources to effectively carry out their volunteer activity, which involved spreading awareness about the need to prevent and limit the cholera outbreak. Ongoing door-to-door sensitizations on cholera prevention in the affected communities with 621,833households reached. Social mobilization and RCCE activities integrated with OCV messaging have reached 3,731,000people through the public address system.

Psychosocial Support (PSS)

Training on psychosocial first aid (PFA) has been provided to 1,782 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: 1,007,370	Female < 18: 1,007,370
		Male > 18: 840,967	Male < 18: 875,293
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 health/hygiene protective behaviors. Knowledge about cholera.	533,333	3,731,000
# 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 people reached with liquid chlorine and multipurpose soap	33,000	370,000
# of liquid chlorine bottles procured and distributed (New)	100,000	370,000
# of constructed/rehabilitated latrines.	10	Ongoing
#of handwashing facilities constructed in the response period (New).	50	ongoing
# of people provided with sanitation facilities (this is more than excreta disposal) (New).	300,000	ongoing
# of water points constructed.	18	Ongoing
# of water points rehabilitated.	60	Ongoing
Priority Actions:		

- Aligning with ZRCS/IFRC WaSH interventions and in coordination with other actors, the objective is to reduce the risk of cholera and other water-borne diseases through improved availability of safe water and sanitation facilities, and through good hygiene practices in cholera hotspots. Hygiene promotion through door-to-door sensitization on knowledge about cholera and health/hygiene protective behaviors and distribution of IEC materials has been conducted reaching **621,833 households**. Implementation of WASH activities is now in progress through engagement of contractors for latrine, borehole construction and rehabilitation.

Chlorine distribution in Chipata District

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

- Assessments of WASH facilities were carried out in all the targeted Districts for construction, rehabilitation, and disinfection of water points, which are yet to be executed. Contracting for the services is underway and soon the works will commence.
- Procurement and distribution of **120,000 bottles of chlorine** was done and with support from **UNICEF 250,000 bottles** were distributed in all the targeted Districts.

Water quality monitoring at household and communal water points

- Water quality monitoring was conducted at household and communal water points, along with chlorination at the point of collection by the trained volunteers.
- ***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.
- Assessments of WASH facilities were carried out in all the targeted districts for construction, rehabilitation, and disinfection of water points, which are yet to be executed. Contracting for the services is underway and soon the works will commence.

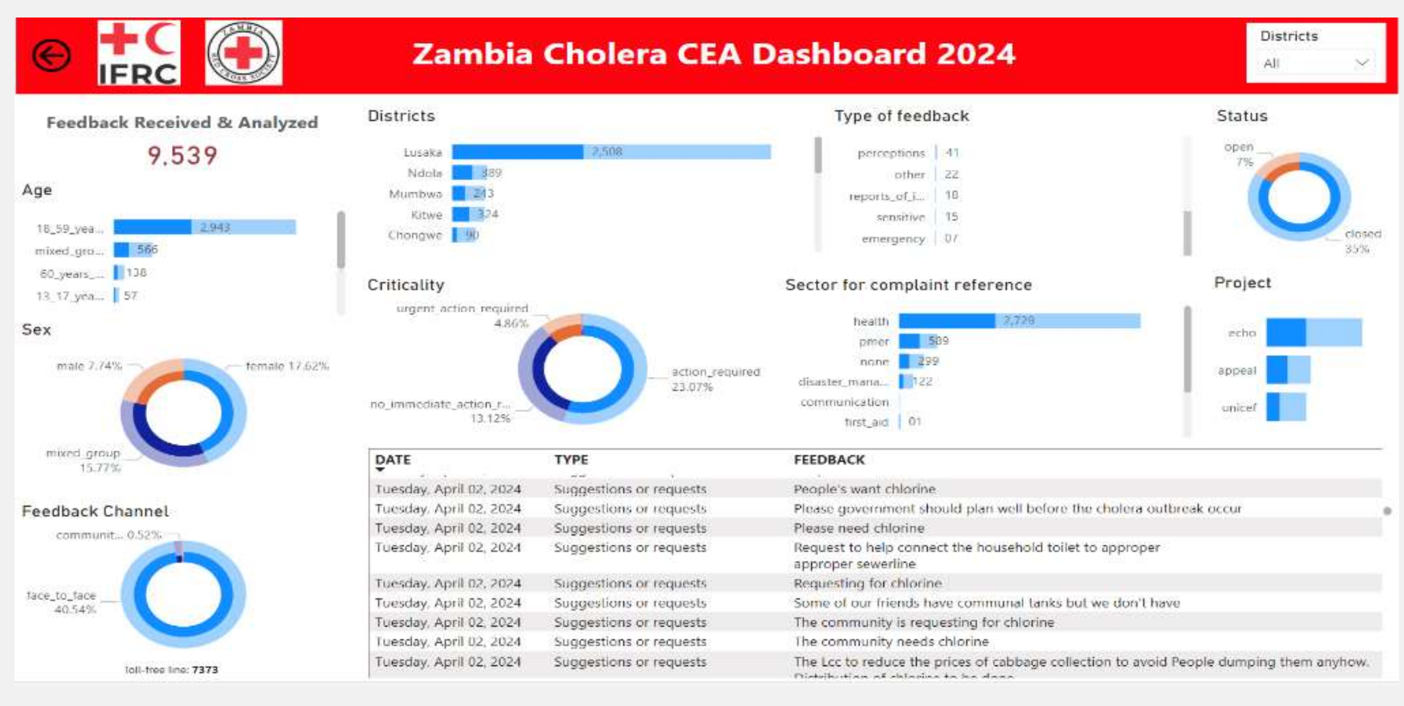
Door to door visits in Kabwe District

	Community Engagement and Accountability	Female > 18:3,742	Female < 18: 1,782
		Male > 18:3,188	Male < 18: 1,808
Objective:	Support the response to have a thorough understanding of community needs, priorities and context, and ensure ways of working collaboratively with people and communities by integrating meaningful community participation; timely, open, and honest communication; and mechanisms to listen to and act on feedback throughout the response.		

Key Indicators:	Targets	Actual
# of staff and volunteers oriented on community engagement and accountability	1,692	2,386
# of community meetings	44	28
# of people reached during community meetings	1,760	981
# of consultative meetings	11	6
#of help desks set up	5	2
% of community complaints and feedback received and responded to by ZRCS	100%	70%
# of operational decisions or changes made based on community feedback.	Needs basis	5

Priority Actions:

- A total of **2,386 volunteers** (2,082 for door to door and 304 for management of ORPs) were trained in CEA and supported the RCCE interventions in the targeted Districts.
- Conducted **6 community consultative feedback meetings** in five sub districts of Lusaka – Matero, Chelstone, Chilenje, Chawama and Chipata, Mandevu that helped in setting up of preferred community channels and allowed communities to voice their questions, concerns, and suggestions regarding the outbreak. **76 people** attended the meetings, which targeted community leaders and members. The communities have been communicating through volunteer community feedback form, toll free line and through community engagement meetings.
- Volunteer focal points have been identified in each Health facilities and trained in each District.
- Received **9,539 community feedback with 3,742 request**s i.e. request for chlorine, soap, water tanks and collection of waste collection in the communities. The feedback is being addressed every time data is coded in the system.



The CEA dashboard

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

- Risk communication and CEA are being integrated across the response and staff and volunteers have been provided with the knowledge and capacity needed to engage communities effectively.
- **15 staff**, namely the National Disaster Response Teams (NDRTS), **2,386 volunteers and health staff** across

the provinces of Lusaka (6 sub-districts, Kafue, Chilanga and Chongwe), Central (Mumbwa and Kabwe) and Copperbelt (Ndola and Kitwe) have been oriented on community engagement approaches and feedback mechanisms (including data collection and entry).

- To capture real-time community feedback data from affected communities, **18** volunteers were oriented on data coding, cleanup and entry.
- CEA dashboard has been established and functional and is capturing all feedback information from the communities such as the preference feedback channel, the type of feedback and criticality of the feedback.

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

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

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

- Consultative meetings have been conducted 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.
- Community insights on the overall community capacities and vulnerabilities to Cholera were generated from in the eight (8) affected communities Lusaka Ndola, Kitwe and Kabwe districts. This was done in order to determine whether the support was relevant and timely, reaching the right people and to determine whether communities were satisfied with the quality of information and participation on the program. The insights are being used to inform programming. Community insights meeting revealed some of the community challenges such as inadequate knowledge on Cholera prevention, poor drainage systems, lack of latrines etc. This has supported the NS to revise the plans and work done by volunteers in ensuring that the issues are addressed.

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

- Feedback mechanisms established through 4 channels (face-to-face with volunteers, community meetings, tollfree number and call-in radio programs) in line with community preferences in Lusaka, Central and Copperbelt provinces. Ongoing collection, analysis and response to the feedback on issues related to the cholera response. The feedback is used to guide the response and is shared on different platforms at community, district and national levels, including technical working groups.
- The current tollfree number 7373 has also been registered by Airtel and Zamtel that is offering additional channels for receiving suggestions, complaints, and inquiries about the outbreak from the larger impacted communities.
- Contributed to inter agency community feedback dashboard Community feedback inter agency dashboard beyond ZRCS internal feedback dashboard.
- Establishment of **two helpdesks** at the main CTCs (Heroes and Levy) That helped to facilitate liaising with families and be able to respond to the relatives’ distress.

	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	40
% 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 lamps were meant to support patients admitted in CTC which was later discovered that in Lusaka district the CTCs were in areas with continuous electricity. However, the lamps were provided to Health facilities to help the women and children in CTC in times of blackouts. The lamps were distributed to women patients in those facilities.
- The NS oriented 4 volunteers at Heroes stadium CTC to provide some counselling to discharged patients where necessary. This continued in CTCs to ensure safety of the discharged patients until the time the treatment centres were demobilized.
- Trainings for volunteers incorporated the PGI and code of conduct aspects to make volunteers understand their roles and things to consider in their work. All volunteers engaged in the cholera response have signed the code of conduct.

Enabling approaches

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

Key Indicators:	**Targets**	**Actual**
Strengthened PER scoring (after assessment)	1	1
OCAC plan produced	1	0
# of volunteers supported (duty of care, materials)	1,692	2,386
# of branch offices renovated	1	0
# of storage containers procured	1	0
# of IFRC monitoring and support missions (New)	12	5

Priority Actions:

- PER assessment follow up workshop was organized where the plan of action was revised including the newly identified gaps in the NS response.
- OCAC plan is yet to be reviewed.
- The 2,386 volunteers involved in door to door and ORP management were supported with protective materials such as sanitizers, gum boots and raincoats. They were also given visibility materials such as bibs and T-shirts.

- The process of branch office Renovation is in progress.
- IFRC surge team conducted a total of 5 monitoring visits to the targeted Districts to support the NS interventions.

Coordination and Partnerships

Objective:	Technical and operational complementarity among IFRC membership, and with ICRC, enhanced through cooperation with external partners.	
Key Indicators:	**Targets**	**Actual**
# of external partnerships supporting ZRCS in the response established	10	7
# of membership coordination meetings organized, and updates are provided to the membership partners (Revised to 30)	30	18
# of international forums attended by ZRCS (revised)	5	0

Priority Actions:

Membership Coordination

- This has been incredibly beneficial in the operation, as membership partners have been actively engaged in discussions regarding the response and how to support interventions. Membership partners include the International Federation of Red Cross and Red Crescent Societies (IFRC), Zambia Red Cross Society (ZRCS), and the Netherlands Red Cross (NLRC). NLRC has supported the operation through the ECHO Programmatic Partnerships Project (PPP) and by integrating the Cholera response into the long-term projects it is supporting in the Southern province. Membership meetings were held weekly during the peak of the outbreak and currently they are done monthly.

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 were in place, with some meeting daily, every two days, and others weekly:
    - National Incident Management meeting (IMS) organized by MOH.
    - WASH cluster meetings.
    - Health technical partners meetings.
    - WASH technical working group.
    - ORP coordination meeting for Lusaka.
    - RCCE cluster meeting.
    - WASH IPC technical working group.
- In addition, the IFRC/CSP has started the cross-border engagement between Zambia and the DRC to strengthen information sharing. This engagement is in collaboration with the WHO. A cross-border platform has been established to drive this engagement.

IFRC Secretariat Services

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

Key Indicators:	Targets	Actual
#of global and regional surge	10	8
Federation-wide reporting set up by Planning, Monitoring, Evaluation and Reporting (PMER)	1	3
# of Risk register set up, mitigation measures identified and monitored once per month.	12	7
# of communication working group established for membership partners in country activated and coordinated (revised)	12	7

Priority Actions:

IFRC Secretariat services

- Eight surge profiles within Community Engagement and Accountability (CEA), WASH, Public Health in Emergencies (PhiE), Communications, Logistics and Supply Chain, IM as well as PMER. Some had three rotations while others once off rotations. This assisted the NS in implementation of the activities.
- Risk register for the intervention was developed and being monitored every month. NS focal person has been appointed who takes control and calls for meetings to discuss the risks and mitigation measures as well as incorporation of emerging risks.

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.
    - https://x.com/zambiaredcross/status/1781311742682759217?s=46
    - https://x.com/zambiaredcross/status/1780888136723107938?s=48
    - https://x.com/zambiaredcross/status/1752640287447421197?s=48
    - https://x.com/ifrcafrica/status/1759623882796114262?s=48
    - https://x.com/ifrcafrica/status/1758088301167202493?s=48
    - https://x.com/ifrcafrica/status/1755988062734065747?s=48
    - On the radio the NS had radio jingles that are aired on different radio stations.

Monitoring & Evaluation (M&E):

- Ensuring the accuracy and reliability of data is crucial for the successful implementation of this operation. The PMER conducted training for data collectors, using standardized data collection tools, conducting regular data quality assessments, and verifying data through cross-checks and validation processes.
- 15 tablets were procured and distributed to health facilities to facilitate data entry and validation. Volunteers were also provided with tablets for data collection and Data entry which is being used for the NS as well interagency dashboards.
- A needs assessment was carried out at the beginning of the operation which helped to inform strategies for the response.

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

Security:

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

A. FUNDING

The following table summarizes funding overview of the Federation Wide response:

	Partner	Amount (CHF)	
No.	**Multilateral Through IFRC Secretariat**	**CHF**	**CHF**
1	British Red Cross * UK Government	1,502,150.08	
2	British Red Cross * UK Government	732,533.16	
3	British Red Cross * Scottish Government	575,476.51	
4	The Canada Red Cross	86,640.89	
5	Japanese Red Cross	29,444.83	
6	Monaco Red Cross	9,674.00	
		Multilateral Sub Total	**2,935,919.47**
	Bilateral to Zambia Red Cross		
1	ECHO PPP	375,151.97	
2	UNICEF	308,234.26	
		Bilateral to Zambia Red Cross: Sub Total	**688,386.23**
		Total	**3,619,305.70**

To date, ZRCS has received 90% of the total funding requested for the Federation Wide Appeal. This funding is significantly contributing to meeting the needs of the affected population.

Contact information

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

Zambia Red Cross Society:

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IFRC Regional and Geneva Office:

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For IFRC Resource Mobilisation and Pledge support:

- IFRC Regional Office for Africa: Louise Daintrey, Head of Strategic Engagement and Partnerships; Louise.Daintrey@ifrc.org , +254 110 843 978

For In-Kind donations and Mobilization table support:

- Manager, Global Humanitarian Services & Supply Chain Management, Africa Region: Allan Kilaka Masavah, allan.masavah@ifrc.org.

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

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

Reference documents

Click here for:
MDRZM021OS.pdf
MDRZM021ea.pdf
MDRZM021eu1.pdf
MDRZM021eu2.pdf

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.