DREF Operation

Zambia Cholera Response

ZRCS volunteer demonstrating handwashing hygiene practice

Appeal: **MDRZM024**	Country: **Zambia**	Hazard: **Epidemic**	Type of DREF: **Response**
Crisis Category: **Yellow**	Event Onset: **Sudden**	DREF Allocation: **CHF 275,765**	
Glide Number: **-**	People Affected: **1,917,978 people**	People Targeted: **1,917,978 people**	
Operation Start Date: **03-03-2025**	Operation Timeframe: **5 months**	Operation End Date: **31-08-2025**	DREF Published: **05-03-2025**

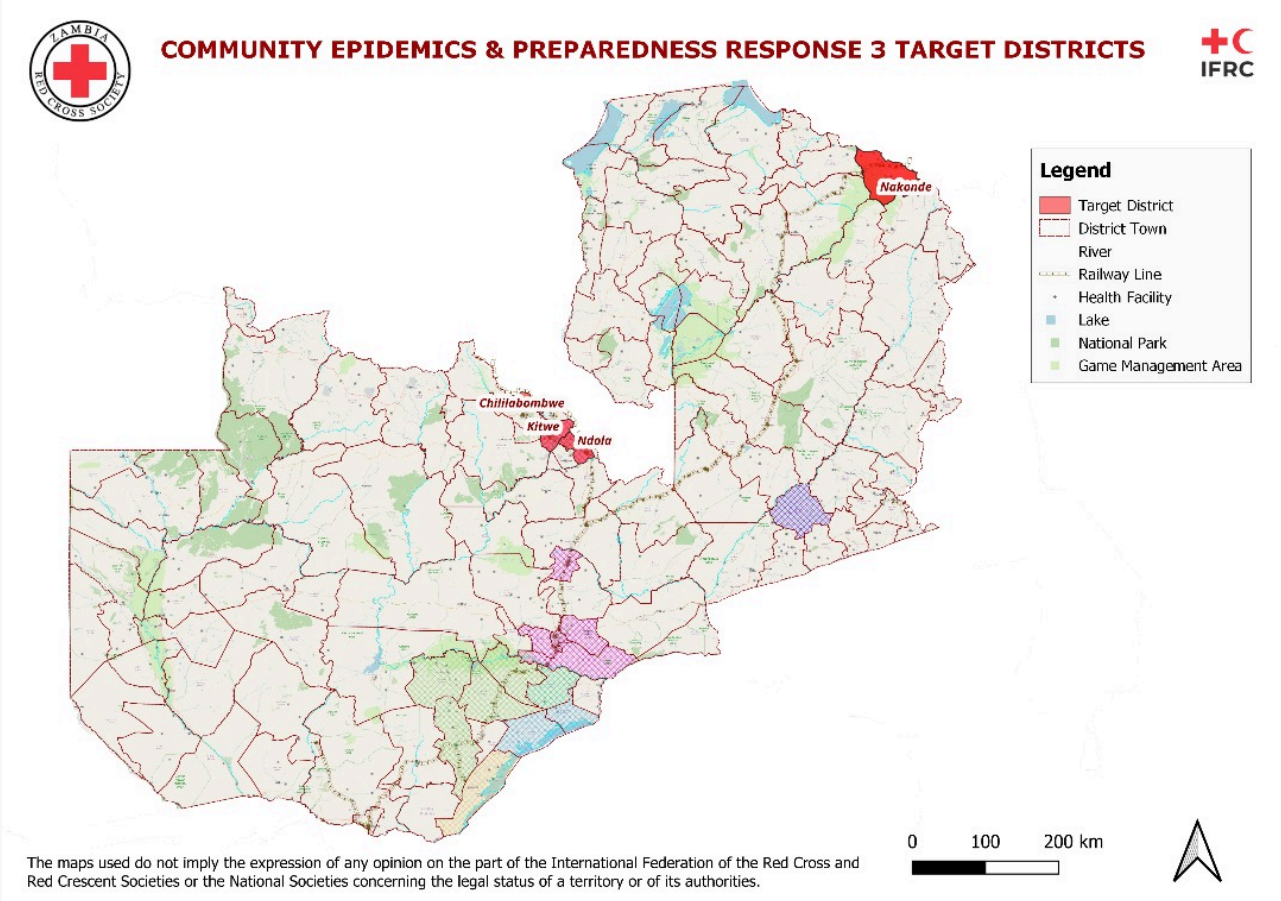
Targeted Areas: **Copperbelt, Muchinga**

Description of the Event

Crisis Category Supporting Document

Date of event

07-02-2025



Districts recording Cholera Cases

What happened, where and when?

The outbreak was first declared on December 24th in Nakonde District (border of Tanzania) and more cases until mid-January in the district with same epidemiological linkage. On 18th Jan, the first case was declared in Chililabombwe district (bordering DRC) with no epidemiological linkage with Nakonda cases.

The cholera situation reached its peak in late January 2025, with a sharp increase in cases and deaths, particularly in Chililabombwe. As of February 3, 2025, a total of 158 cumulative cases and 8 deaths (7 occurring in the community and 1 in a health facility) had been reported. The current outbreak has an overall case fatality rate (CFR) of 5.1%, with a facility CFR of 0.6%.

The distribution of cases by district is as follows:

Copperbelt Province: Chililabombwe (121), Chingola (3), Kitwe (7), and Ndola (2).

Lusaka Province: Matero (1).

Muchinga Province: Nakonde (24).

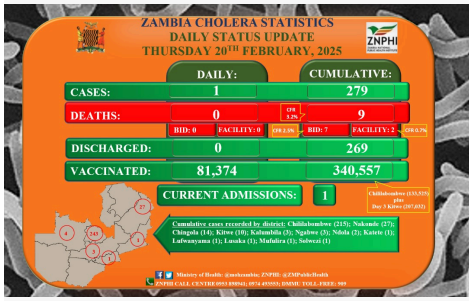
In response to the rising trend of cases, the Government swiftly initiated control measures, including the launch of an Oral Cholera Vaccination (OCV) campaign in Chililabombwe, Copperbelt Province, which began on February 7, 2025. Approximately 129,000 vaccine doses were allocated for the district. The Zambia Red Cross Society (ZRCS), as a key local partner, has been called upon to play a crucial role in reaching communities, complementing the National Society's ongoing efforts in cholera prevention and response.

ZRCS has consistently contributed to cholera control efforts over the years, including during the country's most severe outbreak from October 2023 to 2024. However, the recent surge in cases—especially in Chililabombwe—has not been observed in the other affected districts. The spike is largely attributed to factors such as inadequate water and sanitation infrastructure, poor hygiene practices, and the

start of the rainy season, which has further fueled the spread of the disease. With rains continuing, there is potential for the situation to escalate further.

Chlorine Distribution

Information desks in Kasumbalesa. Chililabombwe District



SITREP Extract 20.02.2025 @MoH

Scope and Scale

Cholera Outbreak evolution from case 1.
December 27, 2024: Two additional cholera cases—a son and a domestic worker from the initially affected household in Nakonde—were confirmed by laboratory testing. This brought the total confirmed cases in Nakonde to seven (7), all caused by Vibrio cholerae.
January 12, 2025: Nakonde's cumulative confirmed cases increased to 22.
January 18, 2025: Copperbelt Province reported its first case at Kasumbalesa market in Chililabombwe, with no epidemiological link to the ongoing outbreak in Muchinga.
January 22, 2025: Chililabombwe District confirmed 13 cases, still with no direct link to Nakonde cases.
January 28, 2025: Both affected provinces activated their Incident Management Systems (IMS), and the national IMS was activated in response to the growing scale of the outbreak.
January 30, 2025: Chililabombwe reported 57 cases and five deaths.
End of January 2025: Zambia had a total of 96 cases across six districts in three provinces, with Chililabombwe accounting for 70 cases and Nakonde 21 cases.
February 1, 2025: Reported cases rose to 123 with seven deaths, resulting in a case fatality rate (CFR) of 8%.
February 3, 2025: The cumulative number of cases increased to 158 with eight deaths (seven community and one facility death), yielding a CFR of 5.1% (facility CFR of 0.6%).
Case distribution:
Copperbelt Province: Chililabombwe (121), Chingola (3), Kitwe (7), Ndola (2)
Lusaka Province: Matero (1)
Muchinga Province: Nakonde (24)
Most affected age groups:
20–29 years (72 cases)
30–39 years (64 cases)
40–49 years (31 cases)
15–19 years (19 cases)

50–59 years (17 cases)
0–4 years (10 cases)
5–14 years (7 cases)
60–69 years (2 cases)
February 4, 2025: Cases increased to 168 with eight deaths, including nine new cases in Chililabombwe and one in Chingola.
February 20, 2025: Total cases reached 269 with nine deaths (seven community and two facility deaths). Case distribution:
Chililabombwe (215), Chingola (14), Kitwe (10), Ndola (2), Matero (1), Nakonde (27).
Impact on Population
In Chililabombwe, the outbreak has disproportionately affected males (66% of cases), particularly cross-border truck drivers and traders.

Risk Factors and Scope of the Emergency
The outbreak in Chililabombwe is driven by several factors:
- Prolonged waiting times for truckers at the border, leading to extended stays in areas with inadequate sanitation.
- Reliance on food from informal vendors with poor hygiene standards.
- Overcrowding and destruction of sanitation facilities due to congestion, with queues of trucks extending up to 50 kilometers.
Severity of the Situation:
- Chililabombwe has experienced a severe escalation of cases, now epidemiologically linked to Nakonde and spreading to neighboring districts like Chingola. Chililabombwe's high CFR compared to Nakonde reflects significant challenges in early case detection, timely treatment, and overall healthcare response. This highlights the urgent need for:
- Increased medical supplies and treatment access.
- Strengthened disease surveillance.
- Expanded Water, Sanitation, and Hygiene (WASH) interventions.
- Enhanced community engagement and health education.
Underlying Challenges:
The outbreak continues to thrive in areas with:
- Inadequate access to safe water.
- Poor sanitation and waste management.
- Limited WASH infrastructure, especially in border towns with high population mobility.
While the Zambia Red Cross Society (ZRCS) has been actively engaged in cholera prevention and response—including through the Emergency Appeal (EA)—the current outbreak has affected districts that were not prioritized in the 2023/2024 EA. Of the six districts now reporting cases, only two received limited support under the EA. The other four districts—Chingola, Ndola, Matero, and Nakonde—now account for over 95% of current cases.

Vulnerability of Chililabombwe:
Historically, Chililabombwe has not faced large-scale cholera outbreaks, although sporadic cases were recorded during the 2023–2024 national outbreak, which affected 72 out of Zambia's 116 districts. The current trend of steadily increasing cases highlights Chililabombwe's growing vulnerability and the need for sustained public health interventions.

Cross-Border and Regional Concerns:
Nakonde and Chililabombwe are high-risk border towns, with:
- Nakonde sharing a border with Tanzania.
- Chililabombwe bordering the Democratic Republic of Congo (DRC).
Both towns are key trade hubs with heavy cross-border movement, increasing the risk of regional spread. Poor drainage, inadequate WASH services, and widespread use of unsafe water sources (such as open shallow wells) exacerbate the situation. Chililabombwe, home to 260,000 people and a transit point for travelers from multiple neighboring countries—including Zimbabwe, Tanzania, South Africa, Mozambique, Namibia, Rwanda, and Burundi—faces a heightened threat of rapid cholera transmission.

Wider Impact Scenarios:
If not urgently contained, the outbreak could lead to:
- Increased morbidity and mortality, particularly among vulnerable groups such as children, the elderly, persons with disabilities, internally displaced persons, and mobile populations.
- Overburdened health facilities, straining available resources, beds, and medical staff.
- Co-infection risks, with diseases like Mpox compounding the public health burden.
- Heightened vulnerability for marginalized communities, such as those living in informal settlements like PPZ compound.
- Misinformation and panic, creating stigma and undermining risk communication and community cooperation.

Source Information

Source Name	Source Link

1. Press Briefing by Minister of Health	https://www.lusakatimes.com/2025/02/03/government-orders-shallow-wells-closure-to-combat-cholera-in-kasumbalesa-and-chililabombwe/
2. 30 December 2024 MoH press statement on Cholera	https://www.moh.gov.zm/?p=4152
3. UNICEF	https://www.unicef.org/zambia/stories/protecting-zambias-children
4. Media	https://english.news.cn/africa/20250130/18c3387eff024909bf278c3f7ca4ab80/c.html
5. MDRZM021 Zambia cholera Emergency appeal documents	https://www.ifrc.org/emergency/zambia-cholera-outbreak
6. MDRZM021 Zambia cholera 6 month update	https://www.ifrc.org/fr/appeals?date_from=&date_to=&search_terms=&search_terms=&appeal_code=MDRZM021&search_terms=&text=
7. Situation Report - MOH 27 January 2025	https://www.moh.gov.zm/?p=4152&utm_source

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**No**
Did the National Society respond?	**-**
Did the National Society request funding form DREF for that event(s)	**-**
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

The lessons learned from previous cholera Emergency Appeal response efforts are being effectively integrated into the current operation to enhance efficiency, inclusivity, and impact. When the outbreak was contained and declared over in July, the EA moved from response to a preparedness approach, it sought to address some root causes of the outbreak which included lack of access to safe water and poor sanitation facilities. Key insights from the learnings exercise conducted have highlighted the importance of prioritizing sustainable WASH (Water, Sanitation, and Hygiene) solutions, particularly in water access and hygiene, as these have proven to be the most effective means of preventing cholera outbreaks. However, they also remain among the most challenging factors contributing to recurrent cholera cases in Zambia. Through the EA, water reticulation was done in 13 water points, 20 boreholes were drilled and solarized, and 15 waterborne toilets constructed which have build a stronger resilience and cholera prevention systems for the targeted communities.
Therefore, under the DREF scope for this outbreak, Zambia Red Cross Society (ZRCS) is focusing on expanding safe water access in underserved areas, strengthening borehole maintenance, and enhancing water quality monitoring. These measures are aimed at ensuring long-term, sustainable improvements in water and hygiene practices. Additionally, community-led initiatives are being prioritized, with district and school-based WASH committees receiving capacity-building support to promote local ownership in maintaining and effectively using these installations. The existing committees, formed during previous operations, continue to provide significant value, and further expansion of such committees will foster a chain of change in high-risk areas under this operation.

The Risk Communication and Community Engagement (RCCE) efforts have also been enhanced, incorporating interactive dialogue sessions and local influencers to increase the acceptance and effectiveness of key messages. RCCE is now better integrated with surveillance teams, improving the timeliness of case detection and referral processes. Furthermore, additional handwashing stations and hygiene kits are being distributed in high-risk areas to support better hygiene practices.

To address challenges faced in previous operations, volunteers are now deployed more equitably across communities, ensuring an even distribution of resources and support. Messaging strategies have been refined to avoid over-saturation and to ensure clear, focused communication. Inclusivity is a central component, with ongoing training to ensure that all community members are reached and engaged effectively.

Current National Society Actions

Start date of National Society actions

10-01-2025

Health	With the ongoing Cholera outbreak in Nakonde and Chililabombwe, the NS with support from partners like ECHO-PPP, UNICEF has; - Trained and deployed 100 volunteers in Nakonde to support RCCE, hygiene promotion and Community Engagement and Accountability activities. - In Chililabombwe, 50 volunteers under the Mpox response have integrated Cholera intervention such as Chlorine and IEC material distribution, hygiene promotion and contact tracing. - Additionally, ORP items have been dispatched to Chililabombwe in readiness to set up ORPs in target locations within the district. From the existing stocks under MDRZM021, the National Society has already distributed some cholera supplies procured through the Emergency Appeal (EA), such as chlorine, to Chililabombwe District, which currently reports the highest number of cases. Additionally, some Oral Rehydration Point (ORP) kits have been pre-positioned closer to the affected districts in readiness for deployment.
Water, Sanitation And Hygiene	A total of 12,000 bottles, sourced from the MDRZM021 Cholera Emergency Appeal (EA) stocks, were donated to the Chililabombwe District Health Office to support household water treatment efforts.
Protection, Gender And Inclusion	As part of the Mpox response, 50 volunteers were trained on Protection, Gender, and Inclusion (PGI) to ensure that all response activities are inclusive and sensitive to the diverse needs of different groups within the community. This training equipped volunteers with the skills to identify and address vulnerabilities related to gender, disability, age, and other social factors that may impact access to health services and information. By integrating PGI principles, the response aims to promote equitable access to prevention, treatment, and support services while fostering community trust and engagement. Volunteers are now better prepared to advocate for the needs of marginalized groups, ensuring that no one is left behind in the Mpox response efforts.
Coordination	The National Society (NS) is part of the National coordination teams such as Risk Communication and Community Engagement and Accountability (RCCE) Cluster, WASH Cluster, cross border meetings, Incidence Management System (IMS) at all levels.
Activation Of Contingency Plans	Due to the rising number of cholera cases, the National Society has activated its multi-hazard contingency plan(MHCP) to ensure a structured response that effectively contributes to preventing the further spread of the disease. Zambia Red Cross Society MHCP which covers epidemics indicates that one case of cholera requires immediate activation of the plan as well as resource mobilization for

	response. Therefore, Zambia Red Cross Society (ZRCS) has activated its Incident Management System (IMS) to facilitate the Cholera response.

IFRC Network Actions Related To The Current Event

Secretariat	• The IFRC secretariat, provides technical and financial support to ZRCS through IFRC Harare country cluster delegation. The IFRC will play an essential role in ensuring effective coordination within and outside the Movement. • The technical support is also provided through the existing capacity at delegation level but also at regional level. IFRC office in Zambia hosts two staff: Cholera Country Support Platform (CSP) delegate, and a CEA Officer. The IFRC Secretariat has been providing support for a range of health and WASH activities that have significantly contributed to cholera prevention efforts in Zambia and strengthened ZRCS's capacity to fulfill its mandate in responding to public health emergencies related to cholera. Notably, this support has included initiatives such as the Country Support Platform (CSP) program, which stands out as one of the key outcomes and added value of IFRC's assistance. The CSP helps countries affected by cholera to develop and implement their National Cholera Plans (NCPs). The CSP is part of the Global Task Force on Cholera Control (GTFCC). In Zambia, the CSP actions are supported by several back donors including The Foreign, Commonwealth and Development Office and Swiss Development Cooperation include. Among the retained capacity from that program, there has been; - The continued technical support in the running of the Incident Management System (IMS) (ongoing) - Roll-out of CATI (Case Area Targeted Interventions) strategy in Lusaka District (planned for next week) - Roll-out of CATI strategy in Chililabombwe and Kitwe districts of Copperbelt Province (planned) - Procurement and distribution of CATI supplies during CATI implementation (planned) - Engagement of volunteers to support the roll-out of CATI in the targeted districts. (planned) - Technical support to MoH on successful emergency Oral Cholera Vaccine application for Nakonde, Chililabombwe and Kitwe districts (done) - Technical support on successful deployment of CATI in Nakonde district (done) The above activities will be complimentary to the proposed DREF activities. Further to the above, the ZRCS benefited from a Federation Wide Emergency appeal launched for the 2023/2024 outbreak. [SOURCE 5]. Among the targeted districts of that appeal, it included the following districts. - Lusaka Province: Lusaka, Kafue, Chilanga, Chongwe, Rufunsa, Luangwa, - Copperbelt Province: Kitwe, Ndola, Chililabombwe, - Central Province: Kabwe, Mumbwa - Eastern Province: Chipata, - Southern Province: Sinazongwe, Chikankata, Chirundu, Siavonga, Shangombo The MDRZM021 emergency appeal, funded by several donors including the UK and Scottish Governments achieved significant milestones in combating Zambia's cholera outbreak. The NS mobilized and capacitated over 1,782 volunteers with skills in cholera response, including ORT, contact tracing, the RCCE, PGI, IPC. They supported a comprehensive response to cholera, contributing to curb the outbreak by implementing activities such as sensitization to 3.7M people; establishment of 55 ORP; support OCV that reached 795,452 people; support to access of water and hygiene including water reticulation in 13 water points, 20 boreholes drilled and solarized, and 15 waterborne toilets constructed. The response efforts summarized above have been instrumental to address the previous outbreak, but the distribution of the assistance was proportionate to priorities per districts based on outbreak evolution and National response plan. Therefore, it is critical to highlight that: - Of the 6 districts currently reporting the outbreak, only two received limited support from the EA. However, the four were not part of the EA and contribute to over 95% cases in the current outbreak. WASH, Health gaps on this outbreak need dedicated

	resources to enhance capacity of the NS to respond to this outbreak in the targeted districts. - The retained capacity from the above response will also be leverage and contribute to this intervention.
Participating National Societies	Netherlands Red Cross (NLRC) is the only PNS in country that has supported ZRCS in Cholera preparedness activities in Lusaka through training of volunteers in RCCE. These volunteers have been deployed to support preparedness activities including hygiene promotion. 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. NLRC will also continue providing technical guidance to the whole operation through its in-country delegate.

ICRC Actions Related To The Current Event

ZRCS, partners and IFRC coordinate with the ICRC regional office in Pretoria.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Currently, the Ministry of Health together with Zambia National Public Health Institute (ZNPHI) is supporting the Provincial and District Health teams in Copperbelt and Muchinga Provinces through: - Activation of the District Public Health1 Emergency Operation 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 - National and Provincial team deployed to support district responses. - Cleaning of public places and promotion of hygiene practices. -Provision of chlorine in affected communities, -Early detection of cholera cases through Community Based Surveillance (CBS)/Event Based Surveillance (EBS)/active case findings systems. - The Ministry of health has intensified surveillance, conducted contact tracing for 33 individuals, chlorinated water sources, disinfected affected homes.
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. - SN NAME OF STAKEHOLDER ROLES 1 UNICEF -RCCE/CASE MANAGEMENT 2 ZNPHI -Risk Communication and Community Engagement/WASH/IPC/CASE MANAGEMENT/ Surveillance/ OUT BREAK INVESTIGATION 3 ZRCS -RCCE/CASE MANAGEMENT/WASH 4 Africa CDC-WASH/RCCE/CASE MANAGEMENT 5 Disaster Management and Mitigation Unit (DMMU) - Water Sanitation and Hygiene (WASH) 6 Zambia News and Information Services (ZANIS) - Media and broadcasting

	8 Chililabombwe Council-Sanitation and Hygiene/Surveillance/RCCE 9 Kasumbalesa Business Community-WASH/Transportation (FUEL) 10 24 Market Associations-RCCE/disinfection 11 District Education Board-RCCE/Mobilization 12 Trade Kings Association- Sanitation and Hygiene 13 Reload Logistics-Transportation (Fuel) 14 Hungry Lion-RCCE 15 Church Association-RCCE

Are there major coordination mechanism in place?

The Ministry of health activated Incident Management Systems (IMS) at district and provincial levels to coordinate the response.
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.

Needs (Gaps) Identified

Health

The government is currently rolling out the Oral Cholera Vaccination (OCV) campaign in Chililabombwe District, which began in early February. However, there is an urgent need to scale up outreach and Risk Communication and Community Engagement (RCCE) efforts to maximize vaccine coverage. In high-risk areas such as Chililabombwe, Ndola, Nakonde, Kitwe, and Chingola, there is a shortage of trained volunteers to support RCCE and health promotion activities. This gap is severely limiting the reach and effectiveness of WASH (Water, Sanitation, and Hygiene) interventions, making it challenging to reinforce proper hygiene practices, improve sanitation, and curb the spread of waterborne diseases. The high population mobility in these areas—especially among traders and truck drivers—further increases the risk of transmission, making robust community engagement critical to controlling the outbreak.

The elevated case fatality rate (CFR) points to significant weaknesses in timely case detection, access to treatment, and overall healthcare response capacity. This underscores the urgent need for increased medical supplies, enhanced disease surveillance, improved WASH services, and intensified community mobilization to prevent additional deaths and contain the outbreak.

In Chililabombwe, district health authorities are facing serious obstacles in managing the surge of cholera cases. Limited human resources and logistical constraints are impeding response efforts. Contact tracing, a key component of outbreak control, is particularly under-resourced, with health teams unable to monitor all individuals exposed to confirmed cases. This gap increases the risk of unchecked transmission within the community.

Another major challenge is the absence of dedicated Health Promotion Focal Point Persons (HPFPP) in health facilities, which has weakened coordination of community awareness and education initiatives. Additionally, the potential of local media platforms, such as radio, remains underutilized due to technical failures and funding shortages, hindering the dissemination of critical public health information.

The effectiveness of health promotion is also being compromised by the lack of adequate Information, Education, and Communication (IEC) materials in key local languages such as Bemba and Lamba. There is also a critical shortage of inclusive materials designed for people with hearing impairments, further limiting access to lifesaving information. Without culturally appropriate and accessible IEC tools, communities face challenges in adopting prevention measures and sustaining behavioural change.

Furthermore, limited involvement of influential community leaders, including traditional authorities and religious figures, has weakened community mobilization and message uptake. The lack of basic tools such as megaphones is also restricting outreach efforts, particularly in densely populated or high-risk areas. Additionally, the volunteer workforce remains insufficient relative to the size of the population in need, further stretching response capacities.

To close these gaps, it is essential to strengthen partnerships with key stakeholders, allocate additional resources, expand volunteer recruitment and training, and improve the distribution of health promotion materials. Enhancing contact tracing through community volunteer support will also be crucial to breaking transmission chains, protecting vulnerable populations, and reducing the pressure on health facilities in Chililabombwe.

Water, Sanitation And Hygiene

In many communities, houses are built on small plots, typically 20x20 meters, with water sources and latrines positioned less than 30 meters apart, posing a significant risk of water and food contamination. This overcrowding also limits adequate space for setting up proper hygiene facilities, further increasing the risk of disease transmission. Schools face additional challenges, as many lack sufficient sanitation facilities, including latrines, making it difficult to maintain hygiene standards among students. Public places also suffer from inadequate sanitation infrastructure, with a shortage of waste bins, leading to improper waste disposal and further environmental contamination. Compounding these issues, schools experience an erratic supply of soap for handwashing, reducing the effectiveness of hygiene promotion efforts. Additionally, there is an insufficient supply of chlorine to adequately cover target communities, limiting access to safe water and increasing the risk of waterborne disease outbreaks. Addressing these challenges is critical to improving public health and preventing the spread of infections such as cholera.
Households in high-risk communities, particularly in Chililabombwe, Ndola, Nakonde, Kitwe, and Chingola, require urgent support with chlorine distribution and access to safe communal water collection points to prevent the spread of waterborne diseases. With the ongoing rains, latrine emptying has become a critical intervention to avoid contamination of drinking water sources, as flooding increases the risk of fecal matter seeping into groundwater and surface water supplies. Nakonde as an example is characterized by inadequate water and sanitation services, poor hygiene practices, and a drainage system that exacerbates the spread of waterborne diseases. The district's proximity to Tanzania and significant cross-border trade activities further contribute to its vulnerability to cholera outbreaks. Notably, Nakonde had not experienced a cholera outbreak in the previous three years.

Communities, especially those in high-density compounds, require access to suitable and sustainable latrine designs to improve sanitation and reduce open defecation. Without proper infrastructure, the risk of cholera and other diarrheal diseases remains high. Additionally, waste collection by local authorities remains poor, leading to the accumulation of garbage, which contributes to unhygienic conditions and increases the presence of scavengers. The lack of proper waste disposal further exacerbates the public health risks, making it essential to strengthen waste management systems, sanitation services, and hygiene promotion efforts in these districts. Informed by lessons from the Emergency Appeal, the current intervention design emphasizes on sustainable solutions for the Water, Sanitation, and Hygiene (WASH) factors contributing to cholera in Zambia. Considering that these are underlying challenges to the outbreak.

Protection, Gender And Inclusion

Non-Inclusivity of translated materials posse a challenge for differently abled individuals such as the visually impaired, hearing-impaired persons. Additionally, most sanitary facilities do not accommodate the People with Disabilities.
Inadequate Information, Education, and Communication (IEC) materials on cholera prevention remains a significant challenge, particularly with the translation gap. Many communities, especially in Chililabombwe, require cholera prevention messages that are culturally appropriate and accessible to ensure better understanding and adoption of hygiene practices.

Cholera outbreaks often trigger community discrimination against affected individuals and their families, leading to social stigma, exclusion, and psychological distress. Misinformation and fear contribute to victim-blaming, making it difficult for those infected to seek timely medical care and reintegrate into society after recovery. This stigma not only affects individuals but also discourages community members from reporting symptoms or cooperating with health interventions, further exacerbating the outbreak.

Community Engagement And Accountability

The current response faces significant challenges due to inadequate systems for closing feedback loops, limiting the ability to address community concerns effectively. Additionally, there are no deliberate plans from stakeholders to support Community Engagement and Accountability (CEA) activities, which weakens efforts to build trust and encourage participation. Furthermore, community-led solutions are not fully adopted, reducing local ownership and sustainability of interventions. Strengthening feedback mechanisms, securing stakeholder commitment to CEA, and fully integrating community-driven approaches are essential for enhancing the effectiveness and long-term impact of response efforts.

Any identified gaps/limitations in the assessment

At present, no formal assessment has been carried out. Information is primarily gathered and shared through the Incident Management System (IMS) and situation reports. The National Society (NS) also relies on the Multi-Hazard Contingency Plan (MHCP) for guidance, which provides scenario planning and recommended actions. Moving forward, an assessment is planned to identify existing gaps and better understand the scale and impact of the outbreak.

Operational Strategy

Overall objective of the operation

This DREF allocation aims to support 1,917,978 people affected by the cholera outbreak through the provision of Health, WASH, Protection, Gender and Inclusion (PGI), and Mental Health and Psychosocial Support (MHPSS) interventions. The response will target the districts of Nakonde, Chililabombwe, Chingola, Kitwe, and Ndola, located in Copperbelt and Muchinga provinces, over a period of five months.

Operation strategy rationale

Based on the situation reports, update meetings and lessons learnt from previous operations, ZRCS' response will focus on increasing awareness on prevention and control through Risk Communication and Community Engagement, WASH intervention with the hygiene promotion, provision of safe water in collaboration with MoH, local authorities, and other actors like UNICEF, Africa CDC, Churches Association, DMMU, ZANIS, Konkola Radio, 24 Market Association, Kasumbalesa business community, Ministry of Education, Trade Kings Association, Reload Logistics, hungry Lion , and Water Aid Zambia. The National Society response is based on the identified gaps through situation report from MOH and ZNPHI, in hygiene conditions, water and sanitation, inclusion, risk communication and community engagement. In order to sustain the interventions in affected and high-risk districts.

ZRCS will conduct a needs assessment in the target districts to verify and guide on quality programming for the Cholera response activities. Furthermore, to ensure strengthened capacity of existing branches, ZRCS will conduct trainings of volunteers in Epidemic Control for Volunteer (ECV), support to the contact tracing, Protection Gender and Inclusion (PGI), MHPSS/PFA, Community Engagement and Accountability (CEA), Risk Communication and Community Engagement (RCCE), Red Cross and Red Crescent Movement (RCRC) and signing of volunteer code of conduct .

1. Prevention and Control

Support hygiene promotion activities at household level through risk communication and community engagement. This will be accomplished by deploying volunteers 3 times a week for 4 months (as the outbreak evolves) Where country would have launched Oral Cholera Vaccination (OCV), ZRCS will deploy volunteers to support the campaign. currently an OCV has been concluded in Chililabombwe District and its not yet clear whether this will be extended to other districts. The NS will also provide IPC materials for volunteers and staff supporting contact tracing. ZRCS volunteers will be trained in contact tracing to support the MOH initiatives as the outbreak evolves. The trainings will be facilitated by the MOH staff following their guidelines.

Oral rehydration points/Centres (ORPs/ORCs)

To enhance case management, interventions will include training of volunteers and establishment and management of Oral rehydration points/Centres (ORPs/ORCs).

The strategic placement of Oral Rehydration Points (ORPs) and Oral Rehydration Centers (ORCs) in Chililabombwe and other cholera-affected districts is essential for ensuring timely access to treatment, reducing severe cases, and preventing fatalities. The selection of locations for these facilities will be guided by several key factors. High-burden areas with frequent cholera cases and historical outbreaks will be prioritized through utilization of materials left from EA. Additionally, high-risk populations, including those in peri-urban and high-density settlements with poor sanitation and limited water access, will be targeted. Mobile populations such as truck drivers, cross-border traders, and market vendors, who are more likely to spread the disease, will also be considered through placing ORC near truck park.

Communities relying on contaminated water sources, inadequate latrines, and poor drainage systems will be prioritized, as these conditions heighten the risk of cholera transmission. Public spaces like markets, schools, and bus stations that lack proper sanitation and handwashing facilities will also be considered. Furthermore, accessibility to these facilities is critical; ORPs will be set up within walking distance of affected households, while ORCs will be placed near health centers for seamless referral of severe cases. Hard-to-reach areas will also be covered to ensure no community is left out.

Finally, health system capacity will be assessed, with ORPs and ORCs established in areas where health facilities are overwhelmed due to limited staff, medical supplies, or infrastructure. Previous locations where ORP/ORC setups were effective will be leveraged for continuity especially those support during the EA. The managed of these ORP/C will be by volunteers and MoH staff from the local health facilities. The branch leadership will be oriented on Cholera response and their roles during implementation.

Active case finding:

To interrupt the transmission at community level, trained volunteers will focus on active case search and contact. Equipping volunteers with the necessary skills and resources will enable timely identification of suspected cases, prompt referrals, and targeted interventions. This approach will enhance early isolation efforts, improve community awareness through health education, and ensure that sanitation supplies reach vulnerable households.

2. Improve hygiene condition and access to safe water.

Distribution of WASH supplies such liquid chlorine to households in selected communities, together with orientation on how to use the supplies. The NS with support from local Authorities, will conduct water quality testing and residue chlorine monitoring at household level and chlorination at source. A post-distribution Monitoring will also be carried out for the WASH Non-Food Items (NFIs) distributed to establish compliance on the use and information given.

3. 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 will include use of public address systems, megaphone, radio as well as television programs and social media for a wider coverage. The NS will support translation and printing of IEC materials and other important orientation on review of messages sessions to enable stakeholders update information as the outbreak evolves.

The NS will procure visibility materials (T-Shirts, Bibs, Jackets, caps) with cholera messages for volunteers and ZRCS personnel. ZRCS will periodically obtain data on the current situation from MoH/ZNPHI through daily updates, and volunteer field reports which will be used to guide the operation team in decision making as well as sharing with key stakeholders. NS will engage media fraternity to update, disseminate and orient them on the Cholera response.

4. Community Engagement and Accountability CEA/ PGI

The National Society will base its response on the Community Engagement and Accountability (CEA) principles and will ensure that community interactions and feedback is incorporated and mainstreamed.

ZRCS will continue to set up feedback mechanism in all the affected districts. The feedback or rumors received by NS CEA focal persons will be analyzed and shared with pertinent stakeholders through various committees, such as the CEA committee, community meetings and focus group discussions. Community representatives, such as civic leaders, women's organizations, religious leaders, and youth organizations, the elderly and the persons with disability will be involved in the social mobilization campaigns and community sensitization.

To enhance Risk Communication and Community Engagement (RCCE) efforts, a mixed-method approach is essential in districts like Chililabombwe, where diverse populations, including truck drivers, cross-border traders, and high-density communities, require tailored messaging. Radio programs, drama performances, and roadshows should be integrated into RCCE activities to effectively reach different community groups. Radio discussions can provide wide coverage, while community drama and roadshows offer interactive and visual engagement that resonates with local audiences. Strengthening these multi-channel RCCE interventions will improve public awareness and encourage behavioral change to prevent further spread of cholera.

5. PSS coordinated within the CEA and PGI strategy

To address the discrimination risk for cholera cases or in cholera affected communities, the National Society (NS) will prioritize efforts to raise awareness and promote social acceptance through Risk Communication and Community Engagement (RCCE) initiatives. Volunteers will engage communities in open discussions, storytelling, and education campaigns to dispel myths and reduce discrimination.

Additionally, the NS will provide Mental Health and Psychosocial Support (MHPSS) to cholera victims and their families. Trained volunteers will offer emotional support, counseling, and community reintegration programs to help those affected cope with the psychological impact of the outbreak. By combining awareness campaigns with direct psychosocial support, the NS aims to foster compassion, reduce stigma, and encourage collective responsibility in the fight against cholera.

5. Coordination and Partnerships

ZRCS is part of the Multi sectoral 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. Maintaining a shared information and collaboration with key partners like (WHO, ZNPHI, UNICEF, Africa CDC, World Vision, Zam Health and others) will help to streamline efforts and maximizing resource utilization.

6. Membership Coordination within the movement

The IFRC secretariat, which provides technical and financial support to ZRCS through IFRC Harare country cluster delegation, will play an essential role in ensuring effective coordination within and outside the Movement.

IFRC supported ZRCS launch an emergency appeal for Cholera in January 2024 when the country experienced one of the worst outbreaks. Through the appeal, ZRCS supported the Government reduce morbidity and mortality reaching to over 3.7Million people through emergency response and long-term preparedness interventions including provision of access to clean water and sanitation facilities. The appeal which closed in December 2024 is undergoing reporting.

This DREF application seeks to avail funds to ZRCS to conduct lifesaving emergency response in the new districts affected by the current outbreak. ZRCS will utilize the available preparedness supplies from the appeal to reach out to these new communities.

The PNS in the country, NLRC, have provided bilateral support to ZRCS since the response started. It participates in coordination meetings held in the country and contributes its expertise to this response.

Targeting Strategy

Who will be targeted through this operation?

The response will target Nakonde, Ndola, Kitwe, Chingola and Chililabombwe Districts with ongoing outbreak, they are high risky areas and they could represent and important epi-center for other districts when we consider their positioning.
The targeted districts are mining towns, with increased mobile communities involved in trade within and neighboring countries like DRC and Tanzania. These set ups increase the risks of cholera transmission to other areas/regions.
The current outbreak trends indicate that mobile populations—such as truck drivers, cross-border traders, and restaurant workers—are among the most affected, with cases in other areas showing epidemiological links to Chililabombwe. As a result, the response strategy focuses on individuals residing in hotspot and high-risk areas, particularly those in high-mobility zones and remote locations.

The response prioritizes vulnerable groups that face heightened exposure to cholera. Mobile communities are at increased risk due to constant travel, limited access to safe water and sanitation, and frequent interaction with unhygienic food environments. To disrupt transmission, targeted interventions such as health education, improved access to safe drinking water, and enhanced sanitation services are essential.

Additionally, special attention will be given to hard-to-reach populations to ensure both prevention and effective case management. Vulnerable groups—including older adults, children, persons with disabilities, and pregnant and lactating women—will also be prioritized to ensure equitable access to critical health services and protection throughout the response.

Explain the selection criteria for the targeted population

The current cholera response is strategically targeting Nakonde, Ndola, Kitwe, Chingola, and Chililabombwe due to the ongoing outbreak and the high-risk factors associated with these districts. These areas are characterized by high population mobility, primarily due to mining activities and cross-border trade with neighbouring countries such as the Democratic Republic of Congo (DRC) and Tanzania. The constant movement of people, particularly traders, transporters, and truck drivers, increases the risk of cholera transmission both within Zambia and to other regions. Additionally, data on the surveillance indicate that many reported cases in other areas are linked to Chililabombwe, reinforcing the need for focused interventions in high-risk zones.

Special attention will be given to the elderly, children, persons with disabilities, and pregnant and lactating mothers, particularly in the distribution of WASH non-food items (NFIs). These groups often encounter challenges in accessing healthcare, clean water, and adequate sanitation, increasing their vulnerability to cholera and its severe complications. To help protect these at-risk populations, the distribution of essential WASH NFIs—including soap, water treatment products, and hygiene kits—is being prioritized to strengthen their resilience and reduce the risk of disease transmission.

Total Targeted Population

Women	**827,800**	Rural	**60%**
Girls (under 18)	**169,549**	Urban	**40%**
Men	**791,741**	People with disabilities (estimated)	**2%**
Boys (under 18)	**128,888**		
Total targeted population	1,917,978		

Risk and Security Considerations

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

Risk	Mitigation action
Poor access to affected communities due to poor road infrastructure.	Engagement of more local volunteers and engagement of local community leaders as change agents.

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	Cross boarder coordination with neighboring countries and intensification of messages in boarder areas.

Please indicate any security and safety concerns for this operation

Zambia's security environment remains stable. During this cholera response, ZRCS will continue monitoring the situation in case of any security challenges. IFRC security officers will continue providing guidance on all international deployments that may take place during this period of responding to the outbreak.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention

Health

Budget: CHF 127,661
Targeted Persons: 1,917,976

Indicators

Title	Target
#of needs assessments done	1
# of IEC materials printed and distributed	1,000
# of radio/ TV programmes conducted	15
# of people in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviours, and prevention.	144,000
# of people in target population reached with social mobilization and RCCE activities	1,917,978
# of volunteers trained in RCCE, PGI, MHPSS, CEA, ECV, active case search and d Basic sign language	150
# of volunteers and staff trained on ORP management	204
# of functional ORPs in the target communities	20
# of people reffered to health facilities or ORP	100
# of people served (that received assistance in the ORP)	100
% of people referred by ZRCS team that received assistance in ORP	100

Priority Actions

• Training of 150 volunteer on RCCE, CEA, ECV, PGI , MHPSS and active case identification - main focus on contact tracing,
• Orientation of 150 volunteers on RCRC and signing of code of conduct
• Training of 150 volunteers on ORP/ORC management
• Printing and translation of IEC materials
• Conduct needs assessment in the target districts
• Conduct Radio programs
• Conduct door to door activities.
• Volunteer outreach activities by raising awareness on common reactions to cholera including psychosocial and physical responses.
• Psychosocial activities by volunteers through door to door.
• Creation of psychosocial support desks at CTC's.

Water, Sanitation And Hygiene

Budget: CHF 22,508
Targeted Persons: 1,917,976

Indicators

Title	Target
#of people reached with appropriate knowledge about cholera and health/hygiene protective behaviours	1,917,978
# of households reached with liquid chlorine and multi-purpose soap distribution	51,708
# Handwashing stations distributed	20
# of chlorine bottle procured	17,300

Priority Actions

• Procurement and distribution of liquid chlorine to households
• Hygiene promotion activities
• procurement handwashing facilities
• Water quality monitoring at household and communal water points

Protection, Gender And Inclusion

Budget: CHF 6,970
Targeted Persons: 1,917,976

Indicators

Title	Target
# of volunteers and MOH staff trained	204
# of child friendly key messages and information about cholera distributed	200

Priority Actions

• Training of volunteers and MoH staff on PGI
• Sensitization against discrimination of cholera victims
. Raise awareness SGBV in the communities affected by cholera.
• Printing of child friendly key messages and information on cholera.

Community Engagement And Accountability

Budget: CHF 15,942
Targeted Persons: 1,917,976

Indicators

Title	Target
% of community members who agree they have adequate information about cholera outbreak and how to protect themselves	-
#number of community meeting conducted	30
#number of community feedback received & responded.	1,000

Priority Actions

• Conduct community meetings
• support community led solution
• Support maintenance of toll free line
• support data coding
• support printing of volunteers

Coordination And Partnerships

Budget: CHF 4,486
Targeted Persons: 1,917,976

Indicators

Title	Target
#number of coordination and partnership meetings attended	5

Priority Actions

• Support coordination meeting at all levels
• Participate in national, provincial and district IMS meetings as per MoH schedule
• Participate in cluster meeting on health, WASH and RCCE

Secretariat Services

Budget: CHF 21,451
Targeted Persons: 165

Indicators

Title	Target
# of monitoring mission organised	3
# of operational and technical call/meetings with NS	5
# of operation & technical personnel mobilized & supported under this operation	2

Priority Actions

• Harare CCD Technical and Operational support for implementation of DREF. Harare CCD Technical and Operational support will be combined with monitoring visits from operation, PMER, logistic and finance to support quality monitoring and accountability.
• Harare CCD Financial Support for the DREF.
• Harare CCD PMER support for the DREF.
• Logistic regular deployment will ensure consistency and speed on the process while supporting the alignment with IFRC standard processes.
• This allocation will support the staff need for effective Secretariat support.

National Society Strengthening

Budget: CHF 76,746
Targeted Persons: 165

Indicators

Title	Target
# of branches oriented on cholera response	5
#Orientation of volunteers on the RCRC movement	150
# of lesson learnt workshops conducted	1

Priority Actions

• Orientation of the branch leadership on Cholera response. Representing at around 20
• Orientation of volunteers on the RCRC movement
• Insurance of 150 volunteers
• Conduct lesson learnt workshop.

About Support Services

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

The response will be supported by 11 staff and 150 volunteers. The volunteers mobilized under this DREF will be deployed to conduct preventive interventions through health promotion activities with technical from ZRCS staff. Their deployment will be coordinated with the existing teams on the ground that are supporting other operations, notably the Mpox health interventions.
Currently there already 200 volunteers supporting Mpox and Cholera responses, this support will provide additional 150 volunteers in order to increase the reach and outcomes.

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

The procurements will be done by ZRCS logistics and procurement team bases IFRC and NS procurement policy.

How will this operation be monitored?

Continuous, periodic assessment and after-action reviews will be a crucial part throughout implementation. This will help to identify gaps and institute measures for quality programming/improvement. The main aim will be to improve current and future management of outputs, outcomes and impact of cholera. ZRCS PMER unit will work hand in hand with IFRC Harare Cluster PMER.

- Developing M&E tools including, indicator tracking table.
- Orientation for volunteers and staff on M&E tools.
- Design and development of maps and a dashboard for visualisation of the cholera response.
- Conduct monitoring visits to affected districts.
- Conduct a lessons-learned workshop.
- Consolidation of weekly updates and monthly reports.
- Data will be collected weekly by volunteers and sent to the volunteer supervisor for consolidation with support from National Disaster Response Teams (NDRTs). Reports will be shared with IFRC, NLRC and partners through Incident Management System (IMS), weekly situation and progress reports.

Please briefly explain the National Societies communication strategy for this operation

The communication strategy is in place and actively being used to enhance awareness and visibility of ongoing operations. The ZRCS Communications Department, with support from the IFRC Cluster Office, is ensuring that communication efforts are effectively implemented. Frequent visits will be conducted to collect materials for publication and documentation of impact stories, ensuring continuous engagement with stakeholders and the public.

Budget Overview

IFRC

DREF OPERATION

MDRCCxxx - Zambia Red Cross Society
2025 Cholera Response

Operating Budget

Planned Operations	**173,081**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	127,661
Water, Sanitation & Hygiene	22,508
Protection, Gender and Inclusion	6,970
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	15,942
Environmental Sustainability	0
Enabling Approaches	**102,683**
Coordination and Partnerships	4,486
Secretariat Services	21,451
National Society Strengthening	76,746
TOTAL BUDGET	**275,765**

all amounts in Swiss Francs (CHF)

Internal 27/2/2025 #V2022.01

[Click here to download the budget file]

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