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Emergency Plan of Action (EPoA)
Zambia: Cholera Outbreak Lusaka

International Federation of Red Cross and Red Crescent Societies

DREF n° MDRZM011	**Glide n°** EP-2017-000178-ZMB
For DREF; Date of issue: December 2017	**Expected timeframe:** 3 months, **Expected end date:** March 2018
Project Manager (responsible for budget, compliance, implementation and reporting): Florence Mangwende, DM Southern Africa Cluster	**NS Focal point for this Operation (name and title):** Patricia Nambuka, Deputy Secretary General
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 222,351	
Total number of people affected: 1,140,638	**Number of people to be assisted:** 70,000 people (with 200,000 indirect beneficiaries)
Host National Society presence: Zambia Red Cross society, 10,000 volunteers, 44 staff, 36 branches	
Red Cross Red Crescent Movement partners actively involved in the operation: Netherlands Red Cross, IFRC	
Other partner organizations actively involved in the operation: Ministry of Health (MOH), UNICEF, Ministry of local Government, Disaster Management and Mitigation Unit (DMMU), WHO, Lusaka water and sewerage, Discover Health	

A. Situation analysis

Description of the disaster

The Zambian government declared the current cholera outbreak on 6th October 2017 after laboratory confirmation of two initial cases that presented to Chipata Level One Hospital on 4th October 2017. This year the outbreak happened just before the rainy season which is unusual, but it followed a period of inadequate water supply during the summer period. With inadequate water supply more people resorted to the use of unsafe water supplies. This was likely a direct cause of the recent outbreak. The outbreak has since spread to other parts of Lusaka namely; Garden Chilulu, Kabanana, Ngombe, Chipata, Kanyama, Chibolya, Bauleni, Matero, Mazyopa, John Laing, Makeni villa, Chazanga, Jack, Mandevu, Kuomboka, Zingalume, Twikatane, Chunga, and Zanimuwone with Chipata being the most affected. By 21st October 2017, 50% of the cases reported were children aged between 0 and 24 months[1].

By 5th December, 2017, there were 32 new suspected cases giving cumulative number of cases for Lusaka district as 486 with 14 cumulative deaths recorded. Other parts of the country that have reported cholera cases include Chongwe with 1 suspected case, Shibuyunji; 2 cases, Ndola; 2 case, Rufunsa; 1 case and Kapiri Mposhi; 1 case. Cumulative number of cases recorded country wide is 493 as at 5th December 2017.

[1] MoH Situation Report No 21

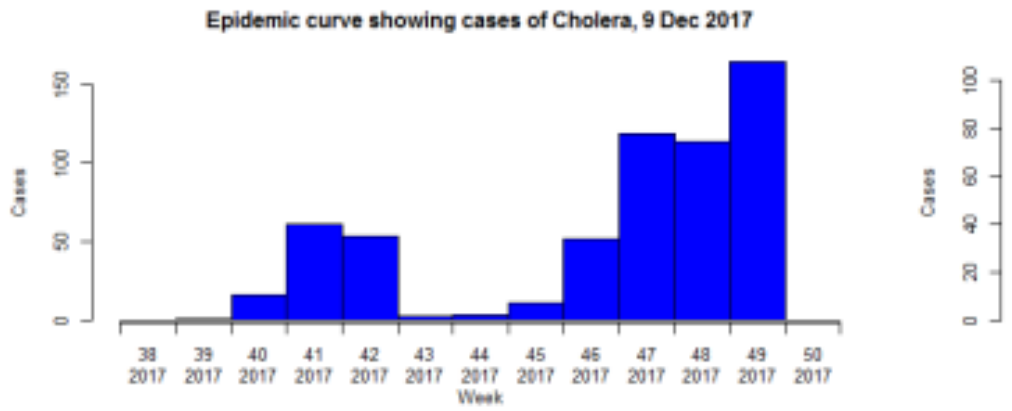

Figure 1: Cholera trend 2017 from week 40 to 49

The cholera cases are commonly reported from western suburbs of Lusaka where access to safe water and good sanitation is poor. Certain areas of the city lack sewers with residents using pit latrines and septic tanks. When these pits are not emptied of the faecal sludge, there is the risk of the waste going into groundwater and contaminating nearby water supplies. Furthermore, because a majority of residents in these informal settlements depend on boreholes to access water and because these boreholes are often contaminated by raw sewerage, disease is easy to break out in these communities.

Currently, new cases are being recorded on a daily basis in the affected areas and in view of the coming rainy season, this poses a threat as the situation might deteriorate as in the previous years. There is therefore a need for intensified efforts to control the spread of the disease to neighbouring locations and to reduce the incidences of occurrence in the affected areas. Bearing this in mind, the ZRCS is seeking support from the DREF to intensify public awareness activities and to support safer access to water to stop further contamination and spread of the disease.

Summary of the current response

The Ministry of Health established five Cholera Treatment Centres (CTCs) in Lusaka in Kanyama, Chipata, Bauleni, Matero and Chawama where a total of 40 cases are under treatment (MoH 2017 Situational Report No. 55, 2017). Different partners including ZRC have come on board complementing government's efforts in offering WASH related services in affected areas and sub districts. Nonetheless, if the outbreak is to be contained, the efforts need to be intensified.

Some activities already being carried out in response to the outbreak include:

- The Ministry of Health is conducting curative, surveillance, contact tracing services
- Lusaka Water and Sewerage Company (LWSC) continues to supply free water through kiosks in affected areas. Normally these kiosks are dotted within communities for water distribution at a fee; however, due to the cholera outbreak, the Lusaka Water and Sewerage Company which is a quasi-Government institution is supplying the water for free so that as many people as possible have access to clean and safe drinking water.
- The Lusaka City Council has intensified garbage collection and emptying of septic tanks
- Zambia Red Cross, in conjunction with the Ministry of Health, is conducting door-to-door hygiene sensitization through its volunteers.

Overview of Host National Society.

Following the outbreak of cholera, Zambia Red Cross Society activated its contingency plan for cholera in support of the government's efforts and working closely with other partners such as UNICEF and the Netherlands Red Cross. The National Society mainstay in this response has been on door to door hygiene promotion in the affected areas.

Building on previous experience, Zambia Red Cross Society was called upon by the Ministry of Health to assist with the preventive part through door to door sensitization campaign by the Red Cross volunteers. Since the declaration of the outbreak, ZRCS has been actively involved; through participation in emergency cholera meetings organised both at the district and national levels. The meetings organised provided updates on the outbreak as well as organised the response by all partners involved.

Zambia Red Cross Society has mobilised more than 1,500 volunteers under respective branches and volunteer aid units to be involved in hygiene promotion through door-to-door campaign. Jointly with MOH, orientation of old volunteers (from last year) has been done but still there is need to organize a refresher training for the 1,500 mobilised volunteers so as to respond to the current spike of the outbreak. Mobilization and deployment of these volunteers was in support of the ministry of health strategy to conduct a house to house massive campaign on cholera and reach about 184,344 households over a period of 7 days, thus each volunteer reaching between 17 and 18 household per day. The 1,500 volunteers have received training through support from the Ministry of health. The Netherlands RC provided financial support for an intensive hygiene promotion training of 75 champions[2] and procurement of protective clothes for the 72 champions. The strategy would support the Ministry of Health massive campaign and then have a more focussed operation with the 75 hygiene promotion champions who will work closely with the Ministry of Health neighbourhood health committees and other community health structures.

Overview of Red Cross Red Crescent Movement in country

Locally, the National Society has a well-coordinated mechanism with full involvement of branch and community leadership. Technical support is also available from the IFRC Regional Country Cluster Support Team in Pretoria – South Africa as well as at the IFRC Africa Region in Nairobi. Coordination meetings are regularly held in country within the National Society departments and the Netherlands Red Cross, the only partner national society with presence in Zambia. Similarly, coordination meetings are held through Skype between technical departments of the National Society and IFRC's Country cluster support team, Africa Region. The Situational report on the outbreak from Ministry of Health is also being shared with partners regularly.

Based on the initial outbreak in October the NLRC released support to the NS based on the government request and provided the NS with a total amount of 12,000 Euros which has been used to support the door to door activities through training of 75 hygiene promotion champions and procurements of IEC materials to support the NS conduct activities at the initial phase of the response. The training is in progress and process for procurement of IEC materials commenced. However, as the cases have recently spiked, the NS was requested to support government response by providing a large pool of volunteers (1,500) to conduct door to door sensitization in affected areas.

[2] In-country terminology for "Community volunteers"

Overview of non-RCRC actors in country

In response to the outbreak, the Ministry of Health through the Zambia National Public Health Institute (ZNPHI) partially activated the Public Health Emergency Operational Committee on 7th October 2017 to specifically provide support, guidance and leadership to the response in collaboration with the Lusaka District Health Management Team. An Incident Management System is being used for coordination. ZRCS is a member of the National Technical Working group and is sharing information with other stakeholders.

The Ministry of Health is conducting curative, surveillance, contact tracing services while Lusaka Water and Sewerage Company (LWSC) is supplying free water through kiosks in affected areas. The Lusaka City Council has intensified collection of garbage and emptying of septic tanks. Zambia Red Cross, in conjunction with the Ministry of Health, is conducting door-to-door hygiene sensitization through its volunteers. Other partners on the ground include Discover Health and UNICEF who have supplied liquid chlorine for domestic water purification. This chlorine is being distributed to vulnerable households by ZRCS volunteers during door to door cholera control campaign.

The World Health Organization has donated four cholera kits which are sufficient to treat up to 1,600 persons. The contents of the kits include oral rehydration salts, rehydration fluids, antibiotics, gumboots, aprons and cadaver bags among others.

The response to the outbreak is multisector in support of the MoH and partners agencies, including: UNICEF, WHO, ZRCS, discover health, World Vision, and local non-governmental organizations intervening in the field. Close coordination with other forums, particularly the Water, Sanitation and Hygiene Cluster, is a pre-requisite to success. The Cholera response in the country has been anchored on a multi-sectoral approach. The government has committed to improving garbage collection, desludging of latrines, provision of clean water free of charge to the affected communities including community education and mobilization.

The response covers needs in the areas of epidemiology, surveillance and response, water and sanitation, infection control, social mobilization, and logistics. This coordinated approach involves close collaboration with national public health authorities, as well as authorities from other sectors including NGOs and UN agencies, such as UNICEF.

Table 1 Highlights the actors involved in the response:

Agency	Sector	Activities
Ministry of Health	Health and WASH	• Surveillance • Case management (curative) • Public awareness through radio and television • Response coordination at district province and national levels • Water quality testing
Zambia Red Cross	WASH (*Hygiene promotion*)	• Conduct door to door hygiene promotion
Ministry of local government	WASH (*sanitation)*	• Garbage collection • Inspection of food and public places • Emptying of septic tanks

Disaster Management and Mitigation Unit (DMMU)	WASH/Health	• Intersectional coordination and resource mobilization
Zambia Information Communications Technology Authority (ZICTA)	WASH/Health	• Sending health promotion messages via SMS on all the mobile networks
Lusaka Water and Sewerage Company	WASH (Water)	• Supply free water through kiosks in affected areas
WHO	Health	• Technical support and guidance
UNICEF	WASH (*Sanitation*)	• Technical support • Provision of granular chlorine to Ministry of Health
Discover Health	WASH (*Water*)	• Provision of liquid chlorine to Ministry of Health

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Outbreaks are largely confined to the peri-urban areas of Lusaka, Luapula, Southern and Copper belt Provinces and the fishing camps of the rural areas of Mpulungu in Northern Province. In Lusaka District; which is usually the epicentre of outbreaks; majority of cases are reported from Kanyama, Chawama, Chipata, George, Baulen, Kamwala and Mandevu wards all which are located in the western suburbs of the district.

The current outbreak has strained an already overburdened health care system. There is a high risk that the outbreak could expand further, as cholera can spread rapidly in areas without access to safe water and sanitation. The risks are particularly high in populations already weakened by poverty and poor nutrition. Cholera is easily preventable by ensuring access to safe water and appropriate hygiene measures, and deaths from cholera can be prevented through quick access to simple, standardized treatment regimens and intensified preventive activities.

The emphasis has been on rapidly addressing the known risk factors for transmission of cholera. Immediate priorities include:

- Providing strong health sector leadership and coordination, in close collaboration and consultation with the WASH Cluster and other partners;
- Ensuring standardized reporting of cases to guide treatment priorities and inform prevention messages;
- Improving access to health care;
- Ensuring access to safe water;
- Ensuring adequate sanitation facilities;
- Ensuring standardized case management to reduce mortality;
- Providing treatment and prevention materials;
- Installing infection control practices;
- Managing waste;
- Managing dead bodies;
- Developing and implementing a mass communications strategy for social mobilization.

The following are the key gaps in the cholera outbreak response.

- Inadequate funding and logistics/supplies for rapid response to outbreaks.
- Insufficient capacity and knowledge gap of communities on case management of cholera outbreaks.
- Lack of access to safe water safety and poor sanitation.
- No water treatment at household level.
- No Advocacy, Communication and Social Mobilization (ACSM) plan for community mobilization.
- Need for continuous engagement of volunteers at household level.
- ZRCS has no feedback mechanisms and needs to put up one.
- Real time Evaluation to track progress.

This DREF Operation seeks to support the affected population of about 1,140,638[3] in the worst hit peri-urban settlement in Lusaka namely; Matero, Kanyama and Chipata sub. The direct beneficiaries are those affected by cholera, with currently almost over 450 cases reported and expected to be considerably higher. The indirect beneficiaries are those who do not become infected due to control of the outbreak and prevention of future outbreaks. Special attention must be given to affected children and hygiene messages should be revised to include children's needs.

Scenario planning

With the onset of the rains, projected to be normal to above normal during the 2017-2018 rainy season, the outbreak is likely to be exacerbated as the rains intensify. A population of more than 1,000,000 persons in affected areas are highly vulnerable to cholera. High risk communities include those living in slums with limited or no access to water and sanitation services, people utilising public facilities including open markets, schools, religious institutions, and people who attend social gatherings such as weddings, funerals and those dining in restaurants are particularly vulnerable. Lusaka would continue recording the highest number of affected people. Most of the affected communities will have their water sources contaminated and thus require provision of safe and clean water and chlorine for domestic water purification.

Best scenario:

Generally the trend of the outbreak has seen at least between 15 to 20 cases being recorded per day. Hence the best case scenario would result in 0 new cases being recorded in the affected areas. The outbreak is contained within the district with no further spreads to other districts/provinces as a result of increased social mobilization activities, improved access to safe drinking water and promotion of safer hygiene practices.

Worst case scenario:

With the onset of the rains, the cholera outbreak quickly spreads to other districts and more than 50% of cholera prone areas are affected leading to increased case load involving more than new cases 50 cases in Lusaka alone and about 1000 country wide with case fatality rate of about 2-3%. This would then mean that the NS would expand the DREF operation to launch an Emergency Appeal to ensure that lives are saved during the outbreak.

Operation Risk Assessment

[3] Ministry of Health, 2017

Since the most affected areas are within Lusaka, there are no major security issues and roads accessibility is good. Safety and security of the volunteers and staff engaged in the operation must be ensured by appropriate safety & security measures and provision of personal protective equipment. All personnel should complete the respective IFRC security e-learning courses (Stay Safe Personal Security, Security Management, and Volunteers Security).

A critical risk factor in the cholera response operation will be the availability of subsidies (from donors) for government staff so that they are available to work in the cholera response programme. The situation in Zambia is fluid and potentially volatile. This proposal reflects the current situation on the ground; however, flexibility is required as the situation is expected to evolve when rains starts. Moreover, resources and activities may be reprogrammed based on the results of further field assessments and the spread of the disease.

B. Operational strategy[4]

Overall objective

Contribute to the reduction of mortality and morbidity linked to cholera disease outbreak within the affected communities of Lusaka province, through the provision of health services, clean and safe water supply, sanitation and hygiene activities.

Proposed strategy

The operation will target approximately 70,000 people (14 000 households[5])At operational level, the Red Cross response to on-going cholera will be based on hygiene promotion through door-to-door visits. The ZRCS aims at containing spread of cholera through timely and targeted preventive response strategy. This will involve mobilization of volunteers who will be trained and deployed to work in the community in close collaboration with MoH through the Environmental Health Technicians (EHT) who will work as supervisors of the volunteers. Volunteers will also be trained in community engagement and accountability to enhance listening skills and obtain relevant feedback in the operation. A structure involving MoH and health facilities for referral will be developed and used during the response. This is to ensure a comprehensive approach to the cholera response. ZRCS will also have its supervisors of the volunteers both at branch and HQ levels. Agreed and improved MoH tools will be used in the preventive response to the outbreak. This includes training curricula and reporting tools.

The 1,500 volunteers required for this operation will work in teams for an initial 7 days; each reaching at least 17 households per day with cholera awareness sensitization sessions at household level, distributing chlorine and raising awareness for the mass vaccination that is to be conducted by the Ministry of health. Thereafter, the number of volunteers will be scaled down to 90 to continue with hygiene promotion for a period of 83 days in a more focused manner. As they conduct door-to-door for sensitization, volunteers will also distribute one (1) bottle (750mls) of chlorine per household for a period of three (3) months in support of the Ministry of Health's target of reaching every household in worst affected areas with chlorine. The Ministry of Health plans to set up Oral Rehydration Points (ORPs) within affected communities and ZRCS will supply 5,000 sachets of Oral Rehydration Solution (ORS)[6] and deploy some volunteers to support the management of the ORPs. Volunteers will use and distribute cholera prevention l IEC materials with social mobilization through house to house and public meetings. The ZRCS intervention is embedded

[5] Households calculated at 5 persons per household
[6] Based on agreement with MOH and availability

in the already established coordination structure with MoH at all levels and will have counterparts in the coordination and management strategic committee, Social Mobilisation subcommittee, Water, Sanitation and Hygiene (WASH) subcommittee and Health subcommittee. The volunteer activities in the communities will be immediately supervised by branches as well as MoH through EHT while the HQ will provide backstop as well as couch, mentor and report to partners including MoH at district level. The NS will also request for the deployment of a RDRT with a health background to provide support with the implementation of activities and monitoring. The NS will also continue to attend coordination meetings and to share experiences with other partners. There will also be continued monitoring of the situation in collaboration with other partners and this will ensure a coordinated approach to responding to the needs of the affected communities.

C. Detailed Operational Plan

Water, sanitation and hygiene

People targeted: 70,000
Male: 34,300
Female: 35,700
Requirements

P&B Output Code	WASH Outcome1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services							# of people reached with community-based disease prevention and health promotion programming									
	WASH Output 1.1 NS promote positive behavioural change in personal and community hygiene among targeted communities.							# of people reached by NS with services to reduce relevant health risk factors									
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP030	Mobilize and train 1,500 volunteers in emergency hygiene promotion																
AP030	Produce IEC materials																
AP030	Conduct door to door hygiene promotion (Cholera prevention key messages)																
AP030	Procure and distribute liquid chlorine for domestic water purification accompanied with education on how to use chlorine																
AP030	Train volunteers in community engagement and accountability (CEA)																
AP030	Procure and distribute hygiene soap for hand washing																
AP030	Procure and distribute ORS in conduction with the Ministry of Health																
AP030	Train RC volunteers on case detection and referral while distributing ORS																
AP030	Continuously monitor the water, sanitation and hygiene situation in targeted communities																
P&B Output Code	**WASH Output 1.2 Communities are provided by NS with improved access to safe water.**							**# of people reached by NS with services to reduce relevant health risk factors**									
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

AP026	Determine the appropriate method of household water treatment for each community based on effectiveness and user preference.																
AP026	Monitor use of water treatment products and user's satisfaction through household surveys and household water quality tests																
AP026	Distribute 40,000 bottles of liquid chlorine for household water treatment sufficient for 90 days, to 70,00 people (14,000 households)																

Strategies for Implementation

Requirements (CHF)

P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured																Health RDRT deployed to support NS implement activities
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained																
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP046	Deployment of Health RDRT																
P&B Output Code	**Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**																**Lessons learnt workshop conducted**
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP055	Continued assessments in collaboration with Ministry of health and other partners																
AP055	Coordination meetings and information sharing with other implementing partners																
AP055	Monitor implementation of operational activities																
AP055	Lessons learnt workshop																

Budget

See attached.

	DREF Zambia Cholera **Budget Group**	**DREF GRANT BUDGET**	**Appeal Budget CHF**
500	Shelter - Relief	0	0
501	Shelter - Transitional	0	0
502	Construction - Housing	0	0
503	Construction - Facilities	0	0
505	Construction - Materials	0	0
510	Clothing & Textiles	0	0
520	Food	0	0
523	Seeds & Plants	0	0
530	Water, Sanitation & Hygiene	68,600	68,600
540	Medical & First Aid	21,000	21,000
550	Teaching Materials	0	0
560	Ustensils & Tools	0	0
570	Other Supplies & Services	0	0
571	Emergency Response Units	0	0
578	Cash Disbursments	0	0
	Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**89,600**	**89,600**
580	Land & Buildings	0	0
581	Vehicles	0	0
582	Computer & Telecom Equipment	0	0
584	Office/Household Furniture & Equipment	0	0
587	Medical Equipment	0	0
589	Other Machiney & Equipment	0	0
	Total LAND, VEHICLES AND EQUIPMENT	**0**	**0**
590	Storage, Warehousing	0	0
592	Dsitribution & Monitoring	0	0
593	Transport & Vehicle Costs	5,450	5,450
594	Logistics Services	0	0
	Total LOGISTICS, TRANSPORT AND STORAGE	**5,450**	**5,450**
600	International Staff	0	0
661	National Staff	0	0
662	National Society Staff	10,775	10,775
667	Volunteers	83,115	83,115
669	Other Staff Benefits	0	0
	Total PERSONNEL	**93,890**	**93,890**
670	Consultants	0	0
750	Professional Fees	0	0
	Total CONSULTANTS & PROFESSIONAL FEES	**0**	**0**
680	Workshops & Training	8,100	8,100
	Total WORKSHOP & TRAINING	**8,100**	**8,100**
700	Travel	8,000	8,000
710	Information & Public Relations	1,000	1,000
730	Office Costs	360	360
740	Communications	1,500	1,500
760	Financial Charges	880	880
790	Other General Expenses	0	0
799	Shared Office and Services Costs	0	0
	Total GENERAL EXPENDITURES	**11,740**	**11,740**
		0	0
830	Partner National Societies	0	0
831	Other Partners (NGOs, UN, other)	0	0
	Total TRANSFER TO PARTNERS		**0**
599	Programme and Services Support Recovery	13,571	13,571
	Total INDIRECT COSTS	**13,571**	**13,571**
	TOTAL BUDGET	**222,351**	**222,351**
	Available Resources		
	Multilateral Contributions		0
	Bilateral Contributions		0
	TOTAL AVAILABLE RESOURCES	**0**	**0**
	NET EMERGENCY APPEAL NEEDS	**222,351**	**222,351**

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How we work

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Zambia: Cholera

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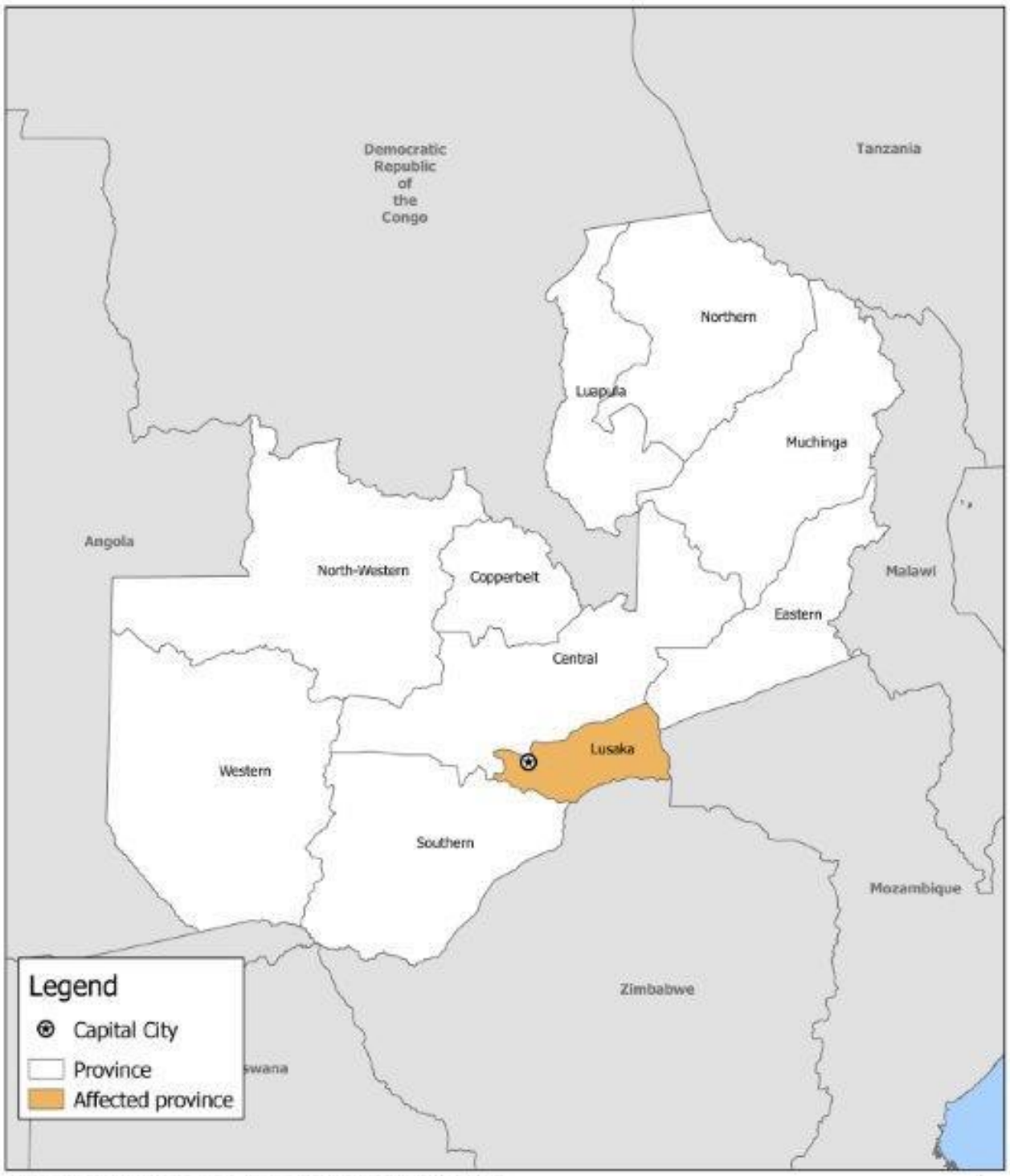

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Map data sources: IFRC, GADM. Map produced by IFRC Africa Regional Office