

Update: 7 March 2024



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for every child
ZAMBIA
CHOLERA
FLASH UPDATE

UNICEF Zambia's Supply Chain Specialist Nchobeni Luundu hands over the cholera discharge kits to Nurse-in-Charge Bertha Phiri and Pharmacist Shulamite Musonda at the Chilenje Level-1 Hospital in Lusaka district.
Credit: UNICEF Zambia/2024/Nalungwe

HIGHLIGHTS

Situation in Numbers (As of 6th March 2024) *

- 21,007 cholera cases and 702 deaths cumulatively, 41% (290) in the facility.
- 3.3% Case Fatality Rate (CFR).
- 103 currently admitted.
- 20, 201 cumulatively discharged.
- 61/116 districts across all 7 provinces with Outbreaks
- UNICEF Target across sectors: 2,100,000
- No. of Children targeted: 840,000

Sources:

Ministry of Health Zambia's Cholera Situation Report no 64 and UNICEF Cholera Preparedness and Response Plan

- The rate at which the number of daily new cholera cases are recorded steadily reduced in the last three weeks: from 150 reported daily on 12th February 2024 to 70 cases on 6th March 2024. However, while generally the numbers reported on cholera are reducing mainly in Lusaka, which was the epicenter, numbers of reported cases in selected districts of the Copperbelt province are increasing.
- Oral Cholera Vaccine (OCV) campaigns were completed in high-burden areas reaching 99% (1,870,375/1,888,112) of the target population. The International Coordinating Group (ICG) on Vaccine has approved an additional 1.9 million OCV doses to the country. ICG and MoH are discussing geographical targeting in-keeping with the outbreak's evolution.
- UNICEF distributed WASH items and IEC materials to 166 schools in Lusaka district benefiting over 450,000 learners This contributed to safe drinking water and a safe protective school learning environment.
- 8,452 of children affected by cholera received protection support services through case management.
- 21,860 persons received awareness on safe and accessible channels to report sexual exploitation and abuse (PSEA), of which 9,051 are children.
- 3,744 people, including 1,575 children, were referred from community volunteers and helplines for protection services including

psychosocial support and gender-based services.

- Over 2 million community members in the hot spots of Lusaka are being reached through UNICEF's partnership with Zambia Red Cross Society (ZRCS).
- Over 8 million are being reached through dissemination of multi-language mass media messages through national and community stations.

- Through the support of the RCCE (Risk Communication & Community Engagement) collective team and in collaboration with ZRCS, 2,800 CBVs (total 3,500 CBVs) were trained on Community Feedback gathering and coding in collaboration with District Health Offices and health facilities in Lusaka and Central Provinces, using the community feedback dashboard [CFM dashboard](#).

UNICEF Response and Funding Status



UNICEF is appealing for **US\$ 6,487,000** to sustain lifesaving services for people affected by cholera. Mid-January, UNICEF regional office and EMOPS facilitated the office with a loan of **\$2.2m** to cover immediate needs. Subsequently, on February 23, UNICEF received CERF Funding of \$1.848 million to support the response across the sectors of WASH, Health, Child Protection and RCCE. A proposal with ECHO for €550,000 is currently under consideration.

SITUATION OVERVIEW, EPIDEMIOLOGICAL PICTURE AND HUMANITARIAN NEEDS

The current cholera season extends through to June. From October 2023 to date, ten provinces have reported cases of cholera with seven provinces currently confirming cholera outbreaks. Sixty-one (61) out of 116 districts have confirmed local cholera transmission. In the epicenter, cholera is in the unplanned high-density areas of Lusaka, Central and Copperbelt provinces with high risks in the fishing camps/districts of Southern and Central provinces, which are known hotspots.

Comparing epi weeks 7 and 8, Zambia saw a 2.1% reduction in new cases, with Lusaka recording a 16% reduction. However, Lusaka, Copperbelt, Central and Southern provinces have continued reporting new cases consistently per day. The outbreaks in Copperbelt, Southern and Central provinces are concerning and require close monitoring and additional support. Across the 4 active provinces, actions that improve household access to clean water, promote and increase hand washing and early access to care are required.

Figure 1: Cholera Cases and CFR

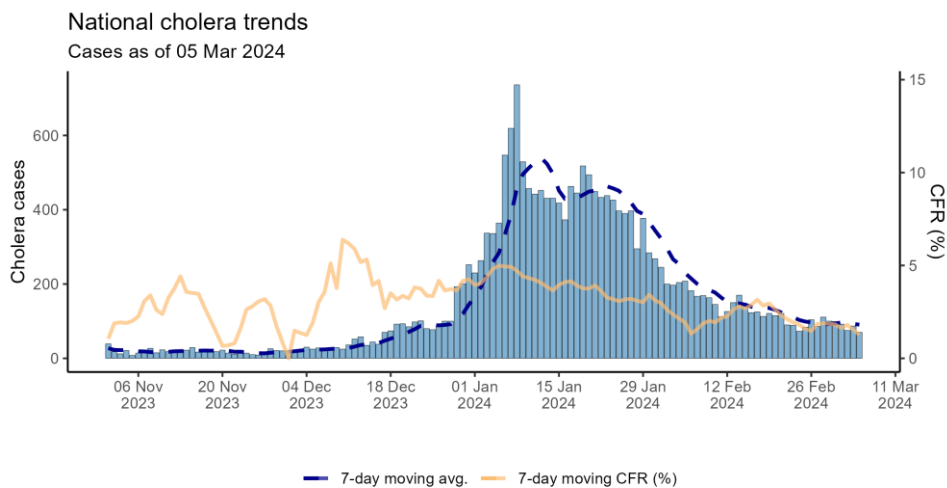


Figure 2: Percentage (%) change in Cholera Day in the last two Epi weeks

	Epi- Wk 8	Epi-Wk 9	Percentage (%) Change		Epi-Wk 8	Epi-Wk 9	Percentage (%) Change
Province	Cases	Cases	Cases		Deaths	Deaths	Deaths
Lusaka	345	290	-15.9	↓	5	1	-80.0
Central	61	69	13.1	↑	1	2	100.0
Southern	115	104	-9.6	↓	0	0	
Copperbelt	138	196	42.0	↑	1	9	800.0
Eastern	16	8	-50.0	↓	0	0	
N-Western	6	0	-100.0	↓	1	0	-100.0
Western	0	0			0	0	
Northern	0	0			0	0	
Muchinga	0	0			0	0	
Luapula	0	0			0	0	
National	681	667	-2.1	↓	8	12	50.0

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

WATER, SANITATION AND HYGIENE (WASH)

UNICEF continued to support the Government of the Republic of Zambia (GRZ) and WASH service providers in reducing the cholera risk factors with the aim of stopping the transmission, with a geographical priority in the cholera hotspots of Lusaka, and in other hotspots of the country as a second priority. Within the reporting period, UNICEF continued to ensure that the population in locations with clusters of cases has access to safely managed water. Key UNICEF supported interventions include enabling access to clean drinking water and handwashing with soap for the most vulnerable people affected by cholera outbreaks and helping to improve early rehydration in the highest risk communities through WASH support to households.

To ensure consumption of safe water through chlorination, in partnership with the Zambia Red Cross commenced the distribution of household kits, containing chlorine products, soap for handwashing and oral rehydration sachets, to the first set of 100,000 households. Overall distribution of household kits will target 430,000 households in cholera hotspots. The distribution of household kits will be complemented by house-to-house guidance, community engagement.

Water quality monitoring support to the Ministry of Health and the Lusaka Water & Sanitation Company (LWSC) and the smaller Water Trusts continued to be provided. The support, focusing on monitoring free residual chlorine, is critical to ensure that UNICEF and sector partners have the evidence base for undertaking corrective actions and supporting water chlorination interventions.

2,000 Cholera treatment ‘discharge kits’ with risk communication and hygiene guidance were distributed to the families and carers of patients discharged from treatment centres to enable them to reduce cholera transmission risks in their own households as well as influence neighbours and friends in their surrounding area. The kit included WASH related items such as a chlorine treatment product, soap, a water container, ORS, and cholera guidance.

SOCIAL AND BEHAVIOUR CHANGE (SBC)/Risk Communication & Community Engagement (RCCE)

UNICEF continues to support coordination of RCCE co-led by the Ministry of Health (MoH) and Zambia National Public Health Institute (ZNPHI) through regular coordination meetings, 4Ws mapping and development of an interagency community feedback platform. The 4 subgroup mechanisms (Coordination, Public Communication, Community Engagement and Dynamic Listening/Research subgroups) are activated with UNICEF providing technical co-leadership role.

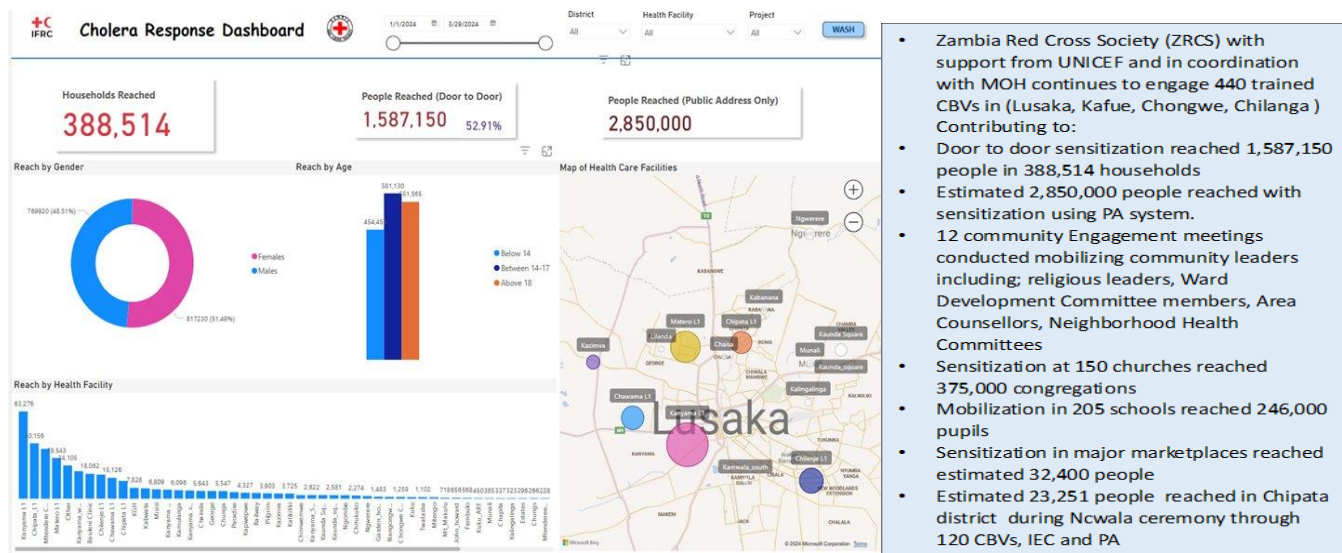
Community engagement activities in Lusaka continue to reach over 2.5 million through Zambia Red Cross, while mass media support continues to reach over 5 million nationally. Training of additional mobilizers and religious leader champions is ongoing through UNICEF partnership with the Zambia Interfaith Networking Group (ZINGO) and

Support to Older People (STOP) Zambia. SBC material review/development workshop with PWDs and their respective networks was conducted together with MOH and production of additional RCCE materials is ongoing,

Following the three rounds of rapid qualitative assessments (RQAs) conducted in Lusaka, UNICEF completed a similar assessment in three priority provinces (Central, Copperbelt and Southern) under the leadership of MOH/ZNPHI and in collaboration with partners (UNZA, WHO, and US-CDC).

With the support of the RCCE Collective Service facilitated by UNICEF Regional Office (RO), UNICEF Zambia is supporting the establishment of community feedback systems. In partnership with the Zambia Red Cross Society, a total of 3,500 CBVs were trained in Lusaka and Central provinces to systematically gather community feedback. Key insight from the dashboard [CFM dashboard](#) is shared to various Cholera response platforms (RCCE and WASH), while mobilizing community engagement partners to contribute inputs to the platform.

Below is a snapshot of RCCE activities implemented through partnership with Zambia Red Cross Society



Training of faith leaders in partnership with Zambia Interfaith Networking Group

HEALTH AND HIV

The partnership on community case management with WHO, IFRC, JICA, Zambia Red Cross Society and MSF in conjunction with the Ministry of Health and ZNPHI, has been maintained and meets every week on Tuesdays. The partnership has expanded scope of support to improve patient access to care at community level to new epicentres in Copperbelt, Central and Southern provinces. With UNICEF support, the Lusaka District Health Office (DHO) is setting up 100 ORS corners and, to-date, 23 ORS corners have been visited and verified by UNICEF, following the training of 42 supervisors, 386 CBVs, equipment for ORS corners, transport and talk time for easy communication. UNICEF provided 8 tents to the Lusaka DHO to contribute to the setting-up of ORPs by MSF in Kanyama and Chawama sub-districts of Lusaka. UNICEF extended support to Copperbelt, Central and Southern Provinces, the new epicentres outside of Lusaka. Ndola and Kitwe have been supported in the Copperbelt with 100 CBVs, 15 Supervisors and 4 vehicles over a 4-week period. In Central province, Kabwe, Chibombo and Mumbwa districts were supported with 150 CBVs, 30 supervisors and 4 vehicles for the next 4 weeks. Southern Province has been supported in Mazabuka, Monze and Ithezithezi, wherein across the three districts 120 CBVs and 30 supervisors will be supported including 3 vehicles for supervision and monitoring. In Southern province, across the three districts, 30 ORS corners will be established.



Celebrating the commitment of UNICEF-supported community-based volunteers from the Zambia Red Cross Society in Lusaka districts' George compound during their door-to-door cholera sensitization drive.

Credit: UNICEF Zambia/2024/Adam

Oral Cholera Vaccination (OCV) campaigns

The first wave of OCV campaigns was successful with 99% (1,870,375/1,888,112) of the targeted population that included individuals aged 1 – 60 years old vaccinated as of 4 February 2024. The Ministry of Health is discussing with the ICG on the geographical targeting of the recently approved additional 1.9 million OCV doses for Zambia, in view of the evolution of the outbreak in the country.

NUTRITION

In the hotspot areas, UNICEF is supporting treatment of children with severe wasting, specifically through strengthening:

- Adapting the scope and skills of Nutrition Support Groups to include:
 - Intensive water treatment, hygiene promotion and early care seeking messaging: IEC materials have been printed and distributed to health facilities for orientation and further distribution through 3,000 Nutrition Support Group volunteers.
 - Active case finding with the initial step of building the pool of 3,500 volunteers in hotspot areas (Kanyama and Matero Subdistricts). Interactive radio sessions to sensitize communities on the upcoming door-to-door active case finding by Nutrition Support Groups were held.
- Procurement and pre-positioning of treatment commodities.
- Capacity building, community nutrition support supervision and quality assurance.
- A SMART survey to estimate caseload is also scheduled.

EDUCATION

The Ministry of Education following the extended school closure due to the cholera outbreak, re-opened schools for Term 1 on Monday 12th February 2024. This brought an end to the five weeks of learning disruption for almost 4.3 million children countrywide. Following the re-opening of schools, the Ministry of Education and partners continued to monitor school adherence to cholera prevention and mitigation measures prescribed by the Ministry of Health. UNICEF is supporting with the development of an electronic checklist for data collection using Kobo tools. The tool was validated by partners during the Education in Emergency (EiE) Cluster group meeting of 22nd February 2024, and is being reviewed by the MoE for its endorsement, noting that the checklist was pre-tested in 3 schools in Lusaka district.

UNICEF Education section in collaboration with WASH section supported MoE efforts with the procurement and distribution of WASH items and IEC materials to 166 schools in Lusaka district. WASH items included chlorine, chlorine comparators and buckets for hand washing and drinking. These were delivered with IEC materials - 3 C's brochures (A4), 3 C's posters (A1) with cholera messages - aimed at promoting hygiene practices for the safe return to school. The WASH and IEC supplies benefited approximately 450,000 learners, contributing to safe drinking water, and promoting handwashing. Not neglecting Children in the refugee settlements of Mantapala and Meheba, UNICEF provided UNHCR 1,000 copies of 3 C's brochures (A4).

UNICEF continued to work with two organisations to share key cholera messages through different platforms i.e., through Teacher WhatsApp groups and other Partner/MoE platforms. The messages are currently reaching over 15,000 teachers across Zambia. On the other hand, to ensure that schools chlorinate drinking water correctly, UNICEF developed a video shared with teachers using the above platforms. To access the video, please [click here](https://www.youtube.com/watch?v=i_Mj2Di-wog).
https://www.youtube.com/watch?v=i_Mj2Di-wog



To catch up on the learning loss during the extended closure because of cholera, UNICEF is working closely with MoE Directorate of Open and Distance Education (DODE) in partnership with Airtel on the Learning Passport Zambia (LPZ). The LPZ currently has 5,315 users: 3,021 teachers; 1,621 learners; 336 policy makers, 214 ECE learners/caregivers and 1,123 guest users. UNICEF Education section and MoE has embarked on awareness raising for more learners to subscribe to the LPZ, distributing 1,000 LPZ posters with a QR code to schools. UNICEF continues to work with HQ and RO colleagues to enhance the quality of educational content and improving user experience of the LPZ with the support of volunteers with specialization in digital content creation and design.

UNICEF continues to support MoE to convene weekly Education in Emergency Working Group (EIE-WG) meetings focusing on upholding standards. UNICEF, through the EIE-WG, is also advocating for the delivery of continued multisectoral activities including improvement of WASH in schools, risk communication and community engagement for school-based social behaviour change, and vaccination of school aged children. Monitoring of potential child protection issues faced by learners was also provided with onsite linkages to social welfare and psychosocial services through the Childline and Lifeline toll-free lines (116 and 933) to school headteachers for learners to access support and referral services.

CHILD PROTECTION

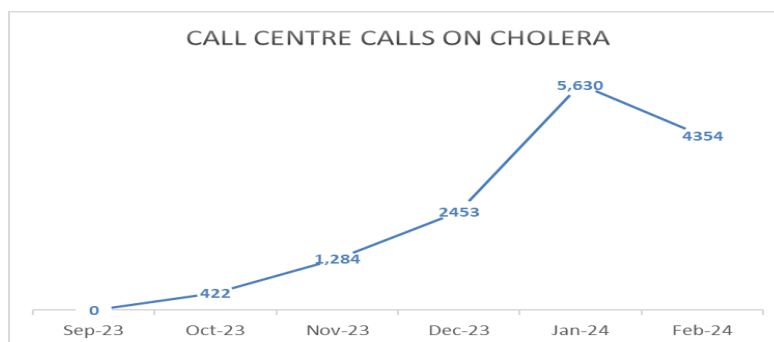
UNICEF continues to strengthen the social welfare system to respond to the protection needs of affected families, including children. Protection services are also provided, through partnership with Lifeline Childline Zambia and Access to Health Zambia, to support the government community-based case management system in responding to the cholera situation. This partnership with Access to Health Zambia, includes response for the migrant and refugee communities in Lusaka that are being supported through a UNICEF-UNHCR collaboration.

The trained community structures: 120 Community welfare Assistant committee members in six hot spot sub-districts continue to help disseminate information on cholera prevention and GBV/PSEA awareness, using approaches that include home visits. The strengthened capacity of the Helpline call centre for counsellors who provide psychosocial support and referral services is a critical support system for children affected by the cholera outbreak. This has resulted in a total of 3,744 of people, including 1,575 children, being referred to protection services and some of the identified children and their families will benefit from in-kind assistance. A total of 8,452 of children affected by cholera have received protection support that included family tracing, reunification, and case management services. Moreover, using the Childline and Lifeline helplines, a total 9,051 Children out of 21,860 individuals have been sensitized to access a safe and accessible channel to report GBV and Sexual Exploitation and Abuse (SEA).

Following the re-opening of schools, a joint protection and education monitoring of schools has been conducted in the 6 hotspot sub-districts to assess compliance on the Ministry of Health preparedness guidelines, as well as monitoring of potential child protection issues faced by learners. One key recommendation from the visit is to ensure continuous psychosocial support for children affected by cholera either through the loss or illness of family members.

The Social Welfare Department continues responding to the stigmatization of people recovering from cholera, who are not allowed to return to their communities, through psychosocial support to affected families. In addition, increased mobilization of community volunteers to support community outreach and referral of vulnerable children and families' members for treatment and other social services is ongoing. Modalities were finalised for social protection assistance to most vulnerable affected children and their families. This includes an in-kind support paid cash benefits through the Government public welfare assistance scheme (PWAS). This is expected to reach 400 households; out of which 145 HHs identified so far are already receiving assistance. UNICEF will engage the University of Zambia School of Social Work to support the documentation and learning of this in-kind support initiative to inform future Government programming.

Figure 3: Number of calls to the child help line.



HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

In Zambia, UNICEF has been working closely with the Department of Disaster Management and Mitigation Unit (DMMU) that leads the humanitarian coordination and response at the national level, under the Disaster Management Act No. 13 of 2010. DMMU exercises its responsibilities through the National Disaster Management Council. Underneath this is the National Disaster Technical Committee/Forum (NDMCF), comprised of sectoral Ministries, CSO partners and UN agencies. At the provincial and district levels are Provincial Management Committees and District Coordination Committees, respectively.

UNICEF provides an integrated and coordinated response to the Cholera Response, supporting the government across the sectors of WASH, Health, Child Protection, Education, Nutrition and Risk Communication and Community Engagement, Supply, and Logistics - providing leadership and technical support. UNICEF is supporting the WASH coordination platforms at both national and sub-national levels to help address the WASH related challenges which is directly a contributing factor to Cholera.

UNICEF uses a comprehensive approach by strengthening emergency preparedness, building local and national capacities, and providing technical expertise for child-sensitive, gender-informed, innovative, and disability-inclusive humanitarian action. Priority is given for life saving interventions in districts affected by multiple emergencies.

SUPPLIES

During the reporting period, UNICEF provided health, WASH, and education supplies equivalent to US\$ 709,000.

- Procured and delivered 24,700 liters of liquid chlorine and 108 liters of liquid hand soap.
- Airlifted 1,640,000 sachets of ORS, 60 AWD kits and 400 body bags from UNICEF Supply Division's emergency stocks.
- Procured and delivered 1,688 20-liter ORP buckets and 800 10-liter buckets.
- Procured and delivered 1,600 discharge kits containing ORS, liquid chlorine and soap in a bucket to CTCs in Lusaka province.
- Procured and delivered 11,245 kgs of Granular Chlorine and 400 kgs of sodium hypochlorite.
- Procured and delivered 30 Acute Watery Diarrhea (AWD) kits (renewable) which the MoH has been accessing from the ZAMMSA warehouse in Lusaka and currently distributing to health facilities.
- Procured and pre-positioned Tents (48 and 72 sqm), which were dispatched to ZNPHI and the Lusaka Provincial Health Office based on the needs and MoH requests.
- Procured and distributed 1,200 buckets with taps, 4,680 liters of household bleach, 26,000 bars of soap and 39,000 bottles of liquid chlorine, to ensure all schools in Lusaka were able to safely re-open on 12 February.
- Printed 12,420 posters (A1) and 282,000 leaflets (A4) for IEC
- Procured 800 chlorine comparators and sufficient DPD1 tablets to monitor residual chlorine in drinking water.
- More liquid chlorine, soap, buckets, IPC, and other materials are at various stages of procurement, delivery, and distribution by implementing partners in support of chlorination in households and at point of collection, and to set up oral rehydration corners.

EXTERNAL RELATIONS AND PUBLIC ADVOCACY

UNICEF Zambia's efforts to raise awareness about cholera were effective in reaching a wide audience, as a subregional press release highlighting key interventions in Zambia to curb the outbreak was issued and the cholera landing page was regularly updated. Throughout the month of February, an estimated 780,416 individuals on Facebook, Instagram and X had the opportunity to learn about our interventions, engage with our posts or take a specific action related to cholera.

In addition, UNICEF Zambia continued to produce and disseminate multimedia content including posters, infographics and videos using different channels, such as social media at national and regional levels, to raise awareness about the 3Cs: Clean Hands, Clean Water and Early Care. Participants in attendance at the Nc'wala festival in Eastern province were targeted.

For more information: UNICEF Zambia [Fighting the Cholera Outbreak in Zambia | UNICEF Zambia](#) ; Press Release: [As cholera remains a concern in the region, UNICEF and partners are working to support vulnerable children and families](#); Video School Reopening: <https://www.youtube.com/watch?v=izFtu8spG9k&t=20s>



[Schools Reopen | Zambia #cholera response | Twashuka Primary School, Kanyama –](#)

Video: Arrival of supplies: <https://www.youtube.com/watch?v=FP8G2eKW-q0&t=5s>



For more information on UNICEF’s Eastern and Southern Africa Region Humanitarian Action for Children Appeal, please visit: <https://www.unicef.org/appeals/esa>

Annex A: Funding Requirements for Cholera Preparedness and Response

Appeal Sector	Requirements (US\$)	Funds available			Funding gap (excluding pipeline)		Pipeline Funds (ECHO)
		Other resources used (US\$)	Humanitarian resources received (US\$)	Total	US\$	%	US\$*
WASH	2,850,000	100,000	1,511,290	1,611,290	1,238,710	43%	347,231
Health	2,000,000	212,000	360,412	572,412	1,427,588	71%	209,451
Nutrition	307,000	0	199,979	199,979	107,021	35%	
Education	685,000	0	-	-	685,000	100%	
Child Protection, GBViE & PSEA	300,000	10,000	222,188	232,188	67,812	23%	
SBC/RCCE	345,000	168,000		168,000	177,000	51%	
Total	6,487,000	490,000	2,293,869	2,783,869	3,703,131	57%	556,682

Annex B: Summary of Programme Results*

Health	UNICEF Target	Achieved	%
# Health facilities that received UNICEF supplied AWD kits to manage Cholera cases.	60	30	50
# of Oral Rehydration Corners/Points (ORC/Ps) set up with UNICEF Support	200	19	9.5
# People vaccinated with OCV	1,888,112	1,861,622	98.6
WASH			
Number of people benefitting from chlorination, water supply systems upgrade, and water quality monitoring	2,100,000	675,282	32
Number of people benefitting from distribution of WASH and IPC supplies	2,100,000	112,300	5.3
Nutrition			
# Children aged 6-59 months with SAM who are admitted for treatment and recover	9,444	250	2.7
Education			
# Schools supported to implement safe school protocols (IPC) through the provision of soap and buckets	141	166	118
# Schools reached with hygiene awareness campaigns in schools and surrounding communities	141	166	118
# Schools provided with hygiene-related IEC materials and messages for schools	141	166	118
# Teachers trained on infection prevention, cholera response and management at the school level	204	0	0
Child Protection			
# of people accessing protection referral mechanisms and/or pathways	24,562	3,744	15.2
# of children affected by cholera receiving protection support (example family tracing, reunification, case management services)	21,412	8,452	39.4
# of children and adults who have access to a safe and accessible channel to report sexual exploitation and abuse by humanitarian, development, protection and/or other personnel who aid affected populations	600,000	21,860	3.6
Social and Behaviour Change			
# People who participate in engagement actions	1,800,000	1,500,000	83
# People reached with messaging on prevention and access to services through multi-media platforms	8,000,000	5,000,000	62.5
# People sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	2,400	2,000	83.3

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