



Health Partners
Group



Ministry of
Health

BULLETIN N°01
HEALTH PARTNERS GROUP
February 2024



Donation of cholera treatment supplies received by Her Hon. Minister of Health and His Hon. Minister of Local Development, credit WHO Zambia Jan 2024

ZAMBIA - CHOLERA RESPONSE

CUMULATIVE OCTOBER 2023 TO 10th FEBRUARY 2024



19.9M
PEOPLE
AT RISK



18,519
CUMULATIVE
CASES



17,679
DISCHARGED



652
TOTAL
DEATHS



3.52%
CASE
FATALITY
RATE

KEY HIGHLIGHTS



Zambia is facing a critical public health emergency with a cholera outbreak that has spread to all ten provinces, demanding an urgent, integrated response. This situation puts approximately 19.9 million people at risk of contracting the disease.



Health partners are actively supporting the Ministry of Health (MoH), whose leadership has played a crucial role in the response to the current health outbreak. This collaborative effort is vital for reducing mortality and morbidity associated with the outbreak.



The funding gap for the response efforts by partners is critically large, with a total need of US\$28.4. Unfortunately, 59% of this required funding has yet to be secured, highlighting a major gap and an urgent need for additional financial support.



Immediate actions include scaling up emergency response efforts, securing donations of medical supplies, improving water and sanitation facilities, training healthcare workers, and expanding vaccination campaigns.

KEY FIGURES

PEOPLE AND PARTNERS



19.9 M

People at risk

6 K

People covered with medical kits and supplies

18

Operational partners

HEALTH FACILITIES



70

Cholera Treatment Centers

VACCINATION



1.7 M

People provided with Oral Cholera Vaccine

FUNDING



11.9 M

Secured Funds

16.4 M

Expected Funds

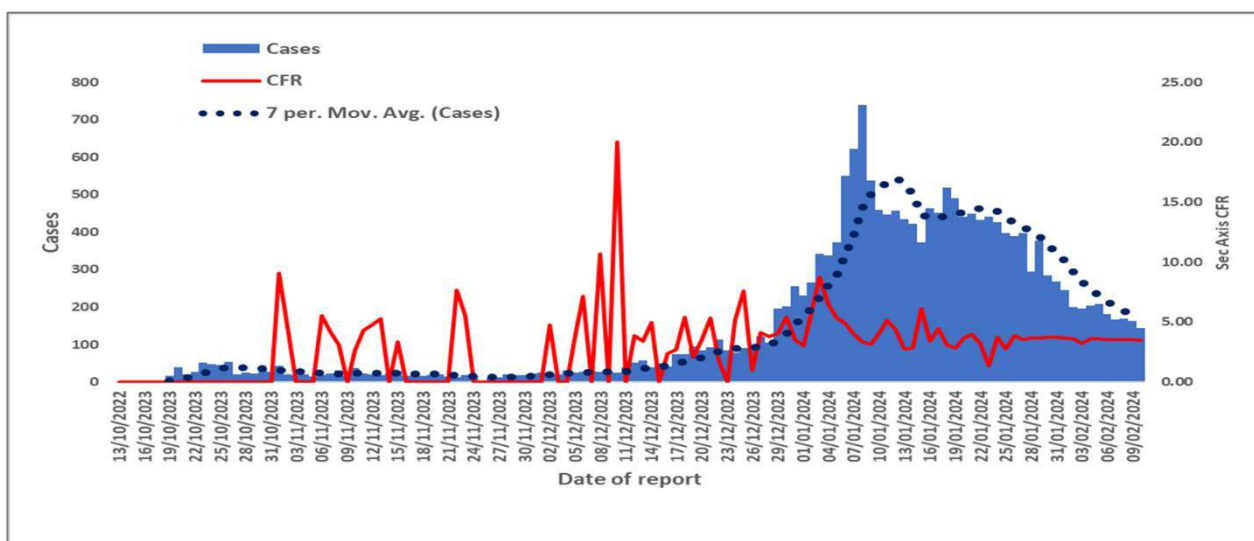
I. General context

The cholera outbreak in Zambia, declared in Lusaka in October 2023, has escalated into a critical public health emergency, with the epidemic now afflicting all ten of the nation's provinces and urgently demanding an integrated response. The alarming spread has resulted in 62 districts grappling with the outbreak, leading to 18519 reported cases and 652 deaths, translating to a case fatality rate of 3.52%. This situation calls for an immediate, multidisciplinary strategy that includes rigorous surveillance, effective case management, and ensuring access to safe water, sanitation, and hygiene (WASH), complemented by robust community education efforts. To combat and control cholera, it is critical for partners and donors to unite in a coordinated effort, emphasizing WASH interventions tailored to the needs of the most vulnerable populations. Such measures must incorporate the reinforcement of water treatment, regular testing for water safety, promotion of better hygiene and sanitation practices, fortifying infection prevention and control in medical settings, and ensuring safe burial practices. We stand at a pivotal moment where collective action can make a decisive difference.

Table 1. Summary of Cholera Cases by Province as of 08 February 2024 (source MoH)

Province	No. of Districts Reporting	Date of Reporting Index Case	Cumulatively						
			Cholera Cases	Cum. Discharges	HF Deaths	HF CFR (%)	Comm Deaths	Cum CFR	AR /100,000
Lusaka	6	14/10/2023	15,709	15,054	239	1.6	313	3.5	494.7
Central	11	16/12/2023	1,275	1,202	14	1.1	28	3.3	54.0
Southern	14	26/12/2023	491	459	2	0.4	15	3.5	19.9
Copperbelt	10	27/12/2023	522	476	1	0.2	19	3.8	18.2
Eastern	14	10/12/2023	246	229	4	1.6	3	2.8	9.7
N-Western	4	27/12/2023	209	195	4	2.0	9	6.2	15.7
Western	4	04/01/2024	37	35	0	0.0	1	2.7	2.6
Northern	3	11/12/2023	23	23	0	0.0	0	0.0	1.4
Muchinga	3	05/01/2024	6	5	0	0.0	0	0.0	0.6
Luapula	1	22/01/2024	1	1	0	0.0	0	0.0	0.1
GRAND TOTAL	70		18,519	17,679	264	1.5	388	3.5	91.2

Figure 1: Zambia Cholera epicurve, with 7-day moving average and CFR (source: MoH)



II. Major Risks

II.1. Public Health Risks

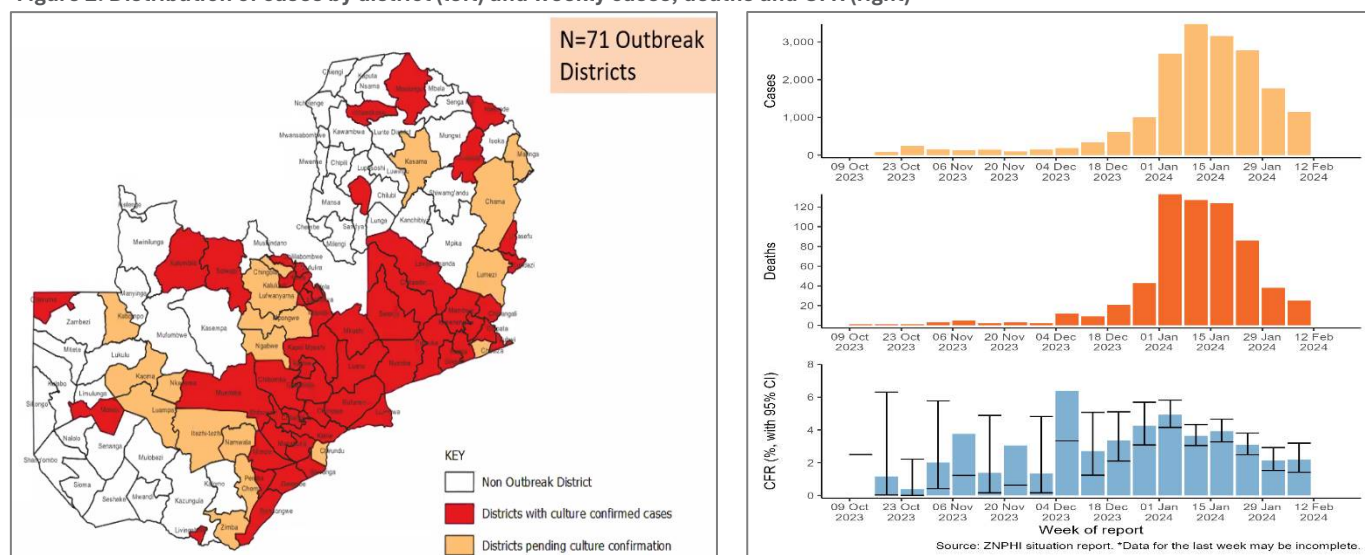
Excess mortality and morbidity as the disease continues spreading with patients reporting in health facilities at late stage of the disease. Cholera can cause severe watery diarrhea and vomiting, leading to rapid dehydration and an imbalance of electrolytes in the body.

Severe malnutrition: in areas like Zambia with limited resources, the increased metabolic demands due to cholera, combined with decreased nutrient absorption due to diarrhea, can exacerbate malnutrition, especially in children and those already suffering from undernutrition.

Spread of infection: cholera is highly contagious, especially in areas with inadequate water treatment, poor sanitation, and crowded living conditions. The risk of widespread transmission is high, which can lead to a rapid increase in the number of cases.

Healthcare system strain: a sudden outbreak can overwhelm healthcare systems, especially in resource-limited settings. This can compromise the treatment of cholera patients as well as disrupt the regular delivery of medical services for other conditions.

Figure 2. Distribution of cases by district (left) and weekly cases, deaths and CFR (right)



Economic impact: such a large outbreak may significantly strain the economic stability of a community or region by affecting the workforce, increasing healthcare costs, and discouraging tourism and local commerce.

Social disruption: fear of the disease is leading to social stigma and discrimination against affected individuals and communities. It can also cause disruptions in daily life, with impacts on education, commerce, and community interactions.

Addressing these risks requires a coordinated public health response that includes improving health care, Water and Sanitation, promoting good hygiene practices, ensuring rapid treatment and rehydration for affected individuals, and strengthening health systems to handle the influx of patients.

II.2. Functionality of health facilities amidst the Cholera outbreak

The cholera outbreak in Zambia is severely testing the resilience of the country's health infrastructure. Despite being operational, health facilities, especially in densely populated areas like Lusaka, are finding it challenging to manage the surge in cholera cases. This scenario has led to an overextension of services and resources, with healthcare workers under immense pressure to provide care. The situation underscores an urgent need for additional resources, including medical supplies, personnel, and financial support, to bolster the existing facilities and ensure they can effectively manage and mitigate the outbreak's impact.

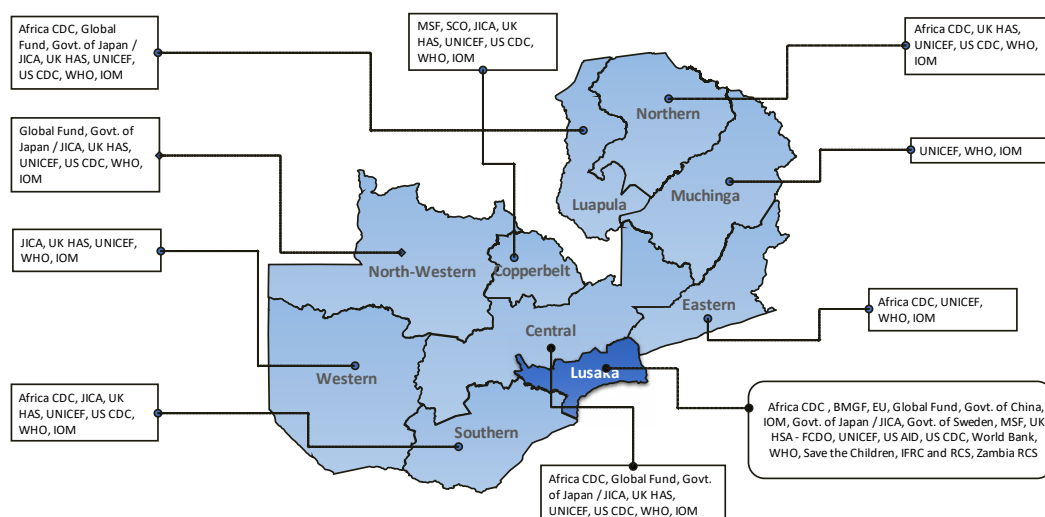
III. Partner coordination

III.1.Coordination management

The weekly meetings with health partners are crucial for coordinating the cholera outbreak response in Zambia. These sessions focus on sharing updates about the evolving health crisis, particularly in provinces struggling with limited resources. A significant emphasis is placed on mobilizing support for these areas, highlighting the importance of deploying additional human resources and logistical support. Strengthening the response in affected provinces through enhanced resource allocation and support mechanisms is identified as a critical priority to effectively manage the outbreak and mitigate its impact on vulnerable populations

III.2.Partners presence

In total, 17 partners are providing support to the response (financial and operational presence in different districts reporting cases)



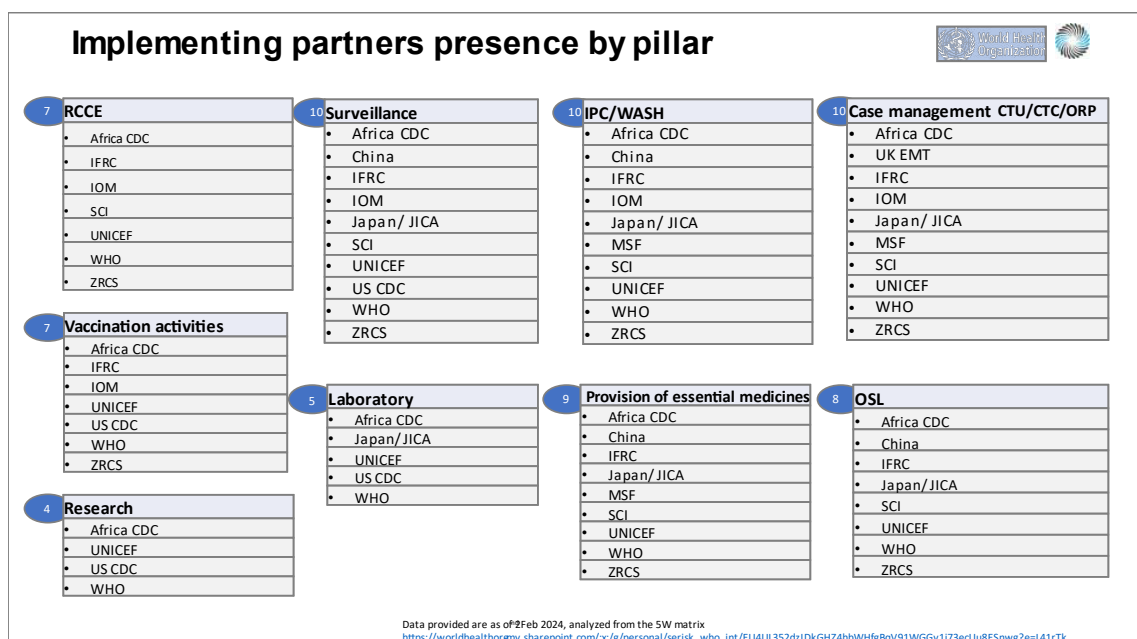
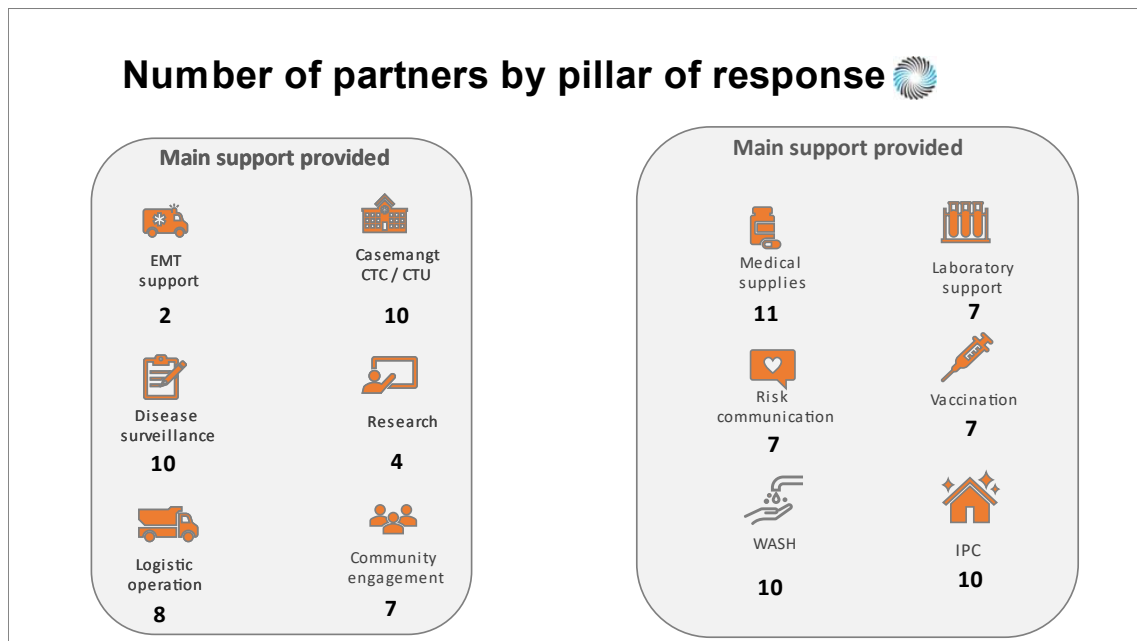
III.3.Financial situation

USD 28.4M (secured and expected)

Partners	Expected	Secured	Grand Total
Africa CDC		874,000	874,000
EU		1,611,265	1,611,265
GF		3,237,651	3,237,651
IFRC		3,474,891	3,474,891
IOM	50,000		50,000
SCI		163,514	163,514
UKHSA & FCDO		944,777	944,777
UNICEF	4,160,949		4,160,949
WB	10,554,384		10,554,384
WHO	550,000	1,628,670	2,178,670
ZRCS	1,158,297		1,158,297
Grand Total	16,473,630	11,934,768	28,408,397

III.4.Partners main activities

- **Partner Coordination in Health Sector:** Establishing a unified framework for all stakeholders to ensure coherent and strategic resource allocation and action.
- **Risk Communication & Community Engagement:** Delivering clear, actionable information to communities to prevent spread and reduce fear, while engaging them in outbreak response activities.
- **WASH & IPC in Communities and Health Facilities:** Implementing Water, Sanitation and Hygiene (WASH) and Infection Prevention and Control (IPC) measures to curb the spread and protect both communities and healthcare providers.
- **Safe and Dignified Burial:** Ensuring burials are conducted in a manner that respects cultural practices while maintaining safety standards to prevent further transmission.
- **Case Management:** Providing effective clinical care for cholera patients and ensuring health systems can cope with the caseload.
- **Vaccination and Laboratory Support:** Conducting vaccination campaigns and bolstering laboratory capacity for timely diagnosis and surveillance.
- **Surveillance and Analytical Support:** Monitoring the outbreak through robust data collection and analysis to inform the response.
- **Emergency Medical Team:** Deploying rapid response teams to provide urgent medical care and support to affected areas.
- **Logistics and Operational Support:** Enhancing the supply chain and operations to ensure the timely delivery of necessary supplies and resources



III.5. Partners achievements

US Centers for Disease Control (CDC)



Achievements: CDC and other U.S. Embassy agencies participated in the COP23 Midterm Review External Stakeholder's Meeting aimed at implementing evidenced based planning

for better health outcomes.

CDC, PEPFAR and Bureau of Global Health Security and Diplomacy leadership participated in the UNAIDS Spectrum model meeting and visited Livingstone University Teaching Hospital Pediatric Centre of Excellence, GBV One Stop center and Maramba Key Population wellness center in Livingstone. Southern province has attained the 2nd 95 and 3rd 95 of the UNAIDS 95.95.95 targets. 92.9% of the people living with HIV(PLHIV) know their status and about 154,000 (91%) are receiving lifesaving antiretroviral (ART) by the end of December 2023.

CDC has deployed two staff to the Copperbelt to support MOH and ZNPHI in the cholera risk assessment.



Picture 1. CDC working with Zambia NPHI for coordination of cholera response activities, Credit CDC

Japan International Cooperation Agency (JICA)



Achievement: JICA has provided ongoing support to the Epidemiology Department of the Zambia National Public Health Institute (ZNPHI) in cholera mapping and to the Laboratory Department in cholera identification and antibiogram testing. Last week, JICA bolstered these efforts by collaborating with an expert team from the National Institute of Infectious Diseases (NIID), including 2 epidemiologists, 2 Field Epidemiology Training Program (FETP) instructors, and 1 laboratory expert.

We facilitated geospatial analysis of cholera cases and water tanks to assess their effectiveness, sharing findings at the cholera technical pillar IMS meeting.

In Cholera Treatment Centers (CTCs), JICA continues to support the case management pillar by advancing data digitalization to enhance care quality. Our assistance has expanded to include provisions such as data encoders, tablets, internet connections, transportation, and stationery for facilities like Heroes Stadium and others, including Levy Mwanawasa Hospital, Kanyama, Matero, Chipata, and George CTCs.

The JICA IPC team recognizes the importance of improving access to healthcare facilities (CTCs, Oral Rehydration Points (ORP), etc.) within communities. We aim to enhance the quality of ORC (ORS Corner) services managed solely by community-based volunteers (CBVs). To achieve this, we have collaborated with the Lusaka District Health Office (DHO) Public Health Nurse (PHN) and conducted visits to various compounds such as Kalingalinga, Kalikiliki, and Chawama. During these visits, we worked alongside public health nurses to supervise ORC operations, utilizing a localized checklist developed based on the Global Task Force on Cholera Control (GFTCC) checklist. This localized checklist covers areas including "Basic Information," "IPC," "Facility Layout," "Equipment," "Supply," "Data Management," "Transportation," and "Health Promotion." We provided guidance to PHNs to systematically assess the operations of each ORC managed by local CBVs and offer constructive feedback for improvement.

Planned activities: continue to support for the epidemiology pillar with geospatial mapping of cases and other surveys, the laboratory department with cholera testing and NGS, and the case management pillar with clinical data collection and analysis. Particularly in the national reference laboratory of ZNPHI, we are setting up multiplex PCR system for enteric pathogens.

In case management pillar, draft ORC supervision checklist to be tested in the field, revise items, circulated to MOH and partners for feedback, and discussed at weekly Tuesday ORC/P coordination meetings. Also, finalize the ORC register and discuss digitalization of reporting.



Picture 2. JICA case management pillar work together with PHN for supervising community ORS corner. Credit: JICA



Save the Children

Achievements: SC conducted extensive community sensitization efforts, reaching out to 21,287 individuals face-to-face, with a notable attendance of 11,947 females and 9,340 males.

Additionally, we distributed 10,216 units of Liquid Chlorine (250ml each) and disinfected 618 latrines to ensure sanitation standards. Water quality was a priority as we tested 14 water points and treated 85 of them. Furthermore, we conducted thorough needs assessments for soft Infection Prevention and Control (IPC) and Water, Sanitation, and Hygiene (WASH) initiatives at George Clinic and Matero First Level Hospital Cholera Treatment Centers (CTCs). These assessments have been instrumental in refining budgets to support IPC/WASH interventions in these crucial healthcare facilities. Moreover, we provided supportive supervision through visits to Matero First Level Hospital and George Clinic Cholera Treatment Centers (CTCs) to ensure the effective implementation of these interventions.

Planned activities

SC is actively involved in several initiatives to enhance healthcare and community well-being. This includes supporting the establishment of 20 oral rehydration corners/points in Matero, as well as facilitating the placement of 20 nurses for ORCs/ORPs. Furthermore, we are engaged in the procurement and distribution of essential Infection Prevention and Control (IPC) and Water, Sanitation, and Hygiene (WASH) commodities to healthcare facilities, communities, and schools. Our efforts also extend to supervising and mentoring healthcare staff in Cholera Treatment Centers (CTCs) and ORCs/ORPs to ensure optimal service delivery. Additionally, we prioritize Risk Communication and Community Engagement, particularly regarding measures to ensure water safety for household use. Moreover, we conduct Water Quality Monitoring and treatment activities in communities within Matero and Chongwe. Through these multifaceted interventions, we provide vital support for community surveillance, contributing to improved health outcomes and community resilience.



Picture 3. SCI team distributing chlorine in Matero district, Lusaka. Credit SCI.

UK Emergency Medical Teams (UK EMT)



Achievements: have made significant contributions to the development of the case management guideline and conducted assessments on case management and Infection Prevention and Control (IPC) practices at Levy CTC, Matero, George, and Kanyama. Additionally, we have provided mentorship and on-the-job coaching to junior residents and nurses on cholera case management specifically at Levy CTC. Furthermore, we organized and delivered an online presentation through a webinar powered by the Ministry of Health (MoH) ECHO platform. The webinar, titled "Cholera in Children - What Else Can We Learn?" was presented by Dr. Paddy, an Infectious Disease Pediatrician from the UK Emergency Medical Team (EMT), and was attended by 100 participants. Moreover, we actively engage in case discussions during ward rounds, covering both pediatric and adult cases, including pregnant women, patients with comorbidities, and those who are malnourished, while considering different management plans (Plan A, B, & C).

Planned activities: We remain committed to providing ongoing support to Levy Hospital by offering mentorship and coaching to healthcare providers on case management (CM). Randall Mark, our Pediatric Nurse, is scheduled to arrive in the country on February 8th, 2024, replacing Dr. Paddy. We are actively following up on temporary registration matters and have taken steps to circulate the 2024 Zambian Cholera guidelines. Additionally, there is potential for us to extend support to Matero and George facilities by conducting training and capacity-building sessions for health workers on case management (CM) and Infection Prevention and Control (IPC). Confirmation of this support is pending and will be provided soon by UK-MED, WHO, and the Ministry of Health (MoH).



Picture 4. GEORGE CTC Assessment, conducted by UK-EMT & WHO teams. Credit UK EMT.

Zambia Red Cross Society/International Federation of the Red Cross and Red Crescent (ZRC/IFRC)



Achievements: In Lusaka, our efforts in integrated health and Water, Sanitation, and Hygiene (WASH) initiatives persist, encompassing door-to-door sensitization, health promotion at both health facility and community levels, and ongoing water quality monitoring. Collaborating closely with the Ministry of Health (MoH), we conducted a Training of Trainers (ToT) program for 21 MoH Lusaka sub-district staff

and Zambia Red Cross Society (ZRCS) National Disaster Response Teams (NDRT) on Oral Rehydration Point (ORP) operation and management. Subsequent to this training, 200 Community Volunteer Beneficiaries (CVBs) were trained across various sub-districts within Lusaka. Our teams were dispatched to Central and Copperbelt provinces for initial assessments and to extend our activities. In Lusaka, the establishment of Oral Rehydration Corners/Points (ORC/ORPs) is underway, with 17 completed ORCs reported as of February 8th. Notably, the visit of the International Federation of Red Cross and Red Crescent Societies (IFRC) Secretary General occurred from February 8th to 10th, which included visits to Matero ORC and Heroes Cholera Treatment Center (CTC).



Picture 5. Oral Rehydration Corner in Matero supported by Red-cross, credit: Zambia Red Cross Society

Planned activities: ZRCS/IFRC is actively expanding our efforts to establish additional Oral Rehydration Corners/Points (ORC/ORPs) in Lusaka and other affected districts, ensuring they have the necessary infrastructure, supplies, and equipment. Concurrently, we are focusing on enhancing the capacity of ORC/ORP and Risk Communication and Community Engagement (RCCE) volunteers. Additionally, we are intensifying infection prevention and control measures within ORC/ORPs to safeguard the health of both volunteers and beneficiaries. Furthermore, we are extending our activities to other affected areas beyond Lusaka, including the Copperbelt and Central provinces, to address cholera outbreaks comprehensively and effectively.

United Nations Children's Fund (UNICEF)



Achievements: UNICEF, alongside WHO, IFRC, JICA, MSF, and Zambia Red Cross, collaborated with the Ministry of Health (MoH) and Zambia National Public Health Institute (ZNPHI) to improve cholera management in Lusaka. This involved providing 8 tents to the Lusaka District Health Office (DHO) for setting up Oral Rehydration Points (ORPs) in Kanyama and Chawama sub-districts. A community case management plan was devised to enhance patient access to care at the community level by standardizing job aids for Community-Based Volunteers (CBVs) and their supervisors. Training sessions, including a Training of Trainers (ToT) program supported by UNICEF, were conducted to equip 400 CBVs who would subsequently operate in 100 ORS units across selected Lusaka subdistricts. In Water, Sanitation, and Hygiene (WASH) efforts, ongoing support was provided for chlorine products and water quality monitoring. Plans were finalized for distributing WASH cholera kits to 100,000 households and supplying WASH materials to 166 schools for a back-to-school campaign. Rapid qualitative assessments identified various challenges, including fear of visiting Cholera Treatment Centers (CTCs), stigma towards cholera survivors, and mixed knowledge of Oral Rehydration Salts (ORS). UNICEF facilitated the dissemination of mass-media messages through TV and radio to address these issues.

Information, Education, and Communication (IEC) materials emphasizing cholera prevention behaviors were distributed, and school inspection activities were carried out across 97% of schools nationwide, ensuring an average compliance rate of 84% for reopening requirements. These coordinated efforts aim to mitigate cholera transmission, improve healthcare access, and promote hygiene practices, ultimately contributing to cholera prevention and control in Zambia

Planned activities: We're working with the Lusaka District Health Office (DHO) to establish 100 ORS corners, deploying 42 supervisors and 400 CBVs, along with necessary equipment and support for transportation and communication. In WASH efforts, we're distributing supplies like soap and chlorine to households, schools, ORCs, and CTCs, with post-distribution monitoring at the household level. Additionally, we're communicating Rapid Qualitative Assessment findings across pillars and ministries to ensure community insights drive action, with RCCE actively participating in relevant meetings.



Picture 6. The RCCE team conducted rapid qualitative assessments in Bauleni, Lusaka Central. Focus group discussions were held separately with men and women to gather insights into the cholera situation. Credit: UNICEF

Zambia Ministry of Health (MoH)



Ministry of Health

Achievements: His Excellency the President of Zambia, Mr. Hakainde Hichilema, visited the cholera treatment center at Hero's Stadium twice, noting a significant reduction in cases from almost 900 to 112 patients. He emphasized the importance of implementing long-term strategies for the Multisectoral Cholera Elimination Plan and received support from various dignitaries

representing different agencies and nations.

The Honorable Minister of Health, Ms. Sylvia T. Masebo MP, conducts daily media briefings to provide updates on cholera response statistics and activities.

The Government of Zambia allocates resources from its treasury to support the response, including provision of clean water, waste management, health promotion, and clinical management. Risk communication and community engagement efforts are enhanced through various channels such as door-to-door sensitization, radio shows, and TV updates.

Community-based volunteers from organizations like the Red Cross, DC office, and DHD continue conducting community sensitization activities.

Back-to-School Initiatives are implemented in 166 schools to ensure sanitation and access to clean water. Emergency medical teams and technical support teams are deployed in Lusaka, Copperbelt, and Central Provinces. MSF expands care in Kanyama CTC, and support is provided to MOH in Ndola and access to safe water in the community.



Picture 7. H.E. President of Zambia, Mr. Hakainde Hichilema, on 2nd Feb 2024, visited the CTC at Hero's Stadium, Credit MoH

Planned activities: Efforts are underway to scale up the provision of safe chlorinated water in communities affected by cholera outbreaks, with a focus on procuring various types of liquid chlorine and conducting ongoing water quality monitoring to ensure adequate levels of free residual chlorine. Additionally, support is being provided for the installation of emergency water tanks in additional sites within Lusaka, including Oral Rehydration Points (ORPs), and in other affected areas outside the capital, such as Ndola, Kabwe, and Solwezi. Long-term investments are being made to establish running water and handwashing facilities in schools and health centers nationwide, promoting sustained hygiene practices. Community engagement efforts are being intensified to raise awareness about the Multisectoral Cholera Elimination Plan (MCEP) and medium- to long-term strategies aimed at achieving cholera elimination in Zambia. Multisectoral Response Coordination is being maintained and

strengthened at all levels to ensure effective collaboration and coordination among various sectors and stakeholders involved in the cholera response.

World Health Organization (WHO)



Achievements: WHO, in collaboration with partners, is actively supporting the Government of the Republic of Zambia in its response to the cholera outbreak. Leadership and coordination efforts involve deploying technical assistance through GOARN for epidemiology, surveillance, and case management. Ongoing

coordination at various levels, facilitated by WHO, aims to deliver evidence-based health interventions to contain the outbreak. Operational activities include engaging the Lusaka District Health Office (DHO) to accelerate volunteer selection, developing a comprehensive human resources plan, and assessing District Health Offices and Cholera Treatment Centers (CTCs) in affected areas. Planning meetings with the Ministry of Health (MOH) and Southern Provincial Health Office (PHO) have been conducted, alongside the printing of case management forms and posters. Risk communication and community engagement assessments are ongoing in the Southern Province to identify needs and gaps for targeted interventions. Surveillance and laboratory capacities have been assessed, with plans for capacity building in data analytics and research. Efforts towards Oral Cholera Vaccine (OCV) include submitting applications for ethical clearance and finalizing Enumeration Area samples. Infection prevention and control (IPC) initiatives involve submitting inputs for Cholera Standard Operating Procedures (SOPs) and Information, Education, and Communication (IEC) materials, with preparations underway for training in Lusaka. Ongoing support missions in the Southern Province include training and targeted social mobilization activities. Meanwhile, Operational Support and Logistics (OSL) activities include delivering cholera beds to Central and Copperbelt provinces and preparing cargo for delivery to Chipata.



Picture 8. WHO donate funding to the Government, through MoH to support the cholera response in Zambia, Credit WHO.

Planned activities: Activities to strengthen cross-border collaboration with the Ministry of Health (MOH) and Zambia National Public Health Institute (ZNPHI) are underway, focusing on enhancing information sharing. Plans are in place for the N'cwala

Traditional ceremony and follow-up actions are being taken regarding recommendations from the high-level Southern African Development Community (SADC) ministerial meeting. Training initiatives are being prepared for Matero and Mandevu sub-districts, alongside finalizing arrangements for an Oral Cholera Vaccine (OCV) coverage survey, which includes recruiting and training enumerators and producing enumeration area maps. Technical support continues in the Southern Province, involving integrated training and sensitization sessions facilitated by MOH and WHO, as well as assessments of Mazabuka District's Risk Communication and Community Engagement (RCCE) capacity to identify and address gaps.

V. Gaps and priority needs

Majors Gap/challenges

- Inadequate supply of liquid chlorine for community distribution.
- Increased need for human resources, supplies, and safety standards at district/sub-district Cholera Treatment Centers (CTCs) as the Heroes facility phases out
- Documentation challenges affecting record-keeping and data management.
- Supply chain issues related to Oral Rehydration Solution (ORS) for discharge kits, WASH cholera kits, ORPs, CTCs, and clinic
- Partners details information on the 5W matrix is still not fully showing the picture of partners support to the cholera outbreak
- Limited resources hindering the expedited upgrading of Oral Rehydration Corners (ORCs)
- Economic burden, fear, and stigma surrounding cholera impacting healthcare seeking behavior

Major needs

- Increased human resources, Supplies, and Safety Standards: Address the demand for additional staff, equipment, and safety measures at district/sub-district Cholera Treatment Centers (CTCs) as the Heroes facility transitions out, to maintain high-quality care and infection control standards.
- Implement measures to overcome documentation challenges, enhancing record-keeping and data management systems to facilitate accurate reporting and informed decision-making.
- Develop strategies to streamline the supply chain for Oral Rehydration Solution (ORS), discharge kits, WASH cholera kits, Oral Rehydration Points (ORPs), CTCs, and clinics, ensuring timely delivery of essential supplies to support effective cholera response efforts.
- Allocate sufficient resources to expedite the upgrading of Oral Rehydration Corners (ORCs), including funding, logistical support, and infrastructure improvements, to enhance their capacity to provide essential cholera treatment and prevention services.
- securing adequate funding for the response to address resource gaps and sustain essential activities such as procurement of supplies, training of personnel, and infrastructure improvements.
- There is a need for increased presence of partners in districts beyond Lusaka to ensure comprehensive coverage and effective implementation of cholera response efforts across affected areas.

VI. Way forward

- Recruitment of qualified healthcare professionals, including doctors, nurses, and support staff.
- Procurement of medical equipment, laboratory supplies, and personal protective gear.
- Implementation of protocols for infection control, including training on proper use of PPE and adherence to hygiene practices.
- Implementing systems for monitoring and tracking inventory levels to prevent stockouts and ensure timely replenishment.
- Strengthening partnerships with suppliers and stakeholders to enhance coordination and efficiency in the supply chain.
- Securing financial resources to support the renovation, expansion, and equipping of ORCs to meet increased demand.
- Investing in infrastructure upgrades such as water supply systems, sanitation facilities, and physical structures to enhance ORC capacity.
- Strengthening partnerships with local organizations, community groups, and international agencies to broaden the reach and impact of cholera response efforts.
- Establishing and strengthening coordination mechanisms at the district level to facilitate collaboration among partners and ensure a unified approach to cholera response activities
- Ensure weekly up to date partners mapping using the 5 W matrix at provincial level.

VII. Acknowledgement

- We express our gratitude to all healthcare professionals and administrative staff involved in responding to this epidemic.
- We warmly thank all government actors, NGOs, and partners involved in the response, providing appropriate and quality medical assistance to affected populations.
- Our thanks also go to the financial partners who continue to support the healthcare sector, enabling an adequate response to the situation.



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