

# Maximizing Impact Through Multisectoral RCCE: Coordinated Response to Cholera and Drought in Zambia (2023–2024)

## BACKGROUND

In late 2023, Zambia faced a significant cholera outbreak that posed severe public health challenges, particularly in densely populated urban areas, such as Lusaka, the capital city. The cholera outbreak was first reported in October 2023, with transmission rates peaking in mid-December 2023.

The outbreak initially emerged in peri-urban areas of Lusaka Province. In January and February 2024, the outbreak spread to multiple geographical areas, especially Southern, Central, Copperbelt, and Eastern provinces. At the height of the outbreak, more than 10 million people were at risk of contracting cholera. Most deaths occurred outside health facilities; an indication of delayed care-seeking.

In addition to the cholera outbreak, in early 2024 Zambia faced one of the driest agricultural seasons in more than forty years, which caused major crop and livestock losses. These agricultural losses severely affected the health, well-being, and livelihoods of communities across the country. According to reports from the UN, 84 out of 116 districts in the country were affected by this crisis.

On 29 February 2024, the President of Zambia declared a national emergency due to the prolonged drought. On 16 April 2024, the joint rapid needs assessment that was commissioned by the Agriculture and Food Security Cluster and the National Government Drought Response Appeal indicated that 6.6 million people needed urgent humanitarian assistance (33 percent of Zambia's total population according to the World Bank). This included more than three million children under 18 years of age, the majority of which lived in the provinces of Lusaka, Luapula, Western, Southern, Central, and North-Western. The latter three provinces, home to 1.3 million people, were most affected by the drought.

## COLLECTIVE SERVICE SUPPORT

Following a request from the Ministry of Health to Collective Service (CS) partners, and with the support from the Gates Foundation, the Collective Service provided surge support for RCCE coordination and technical assistance as a part of the cholera and drought response in Zambia. The Collective Service provided RCCE support with the following activities:

### 1 NATIONAL RCCE COORDINATION

- Supported the reactivation of the RCCE pillar dynamic listening and research sub-group enabling the coordination of 20 RCCE partners and the sharing of critical information about community perceptions, behaviours, and response activities.
- Hired a RCCE National Coordinator who led the coordination of the National RCCE pillar and sub-pillars, including 20 RCCE partners resulting in strengthened RCCE cholera and drought response activities nationwide.
- Conducted a needs assessment focused on the availability of community data and capacities. Results and recommendations were presented to the MOH and ZNPHI to strengthen the collection of community feedback and rapid qualitative data in coordination with all response pillars.
- Worked with provincial and district health RCCE focal points to map RCCE activities and helped the MOH prioritize resources for districts with high case numbers and prevent duplication of RCCE activities.
- Coordinated with the Global Task Force on Cholera Control (GFTCC) to identify key information gaps in understanding of the outbreak, collected social behavioural data to address these gaps, and shared key findings with response pillars and the MOH.

### 2 RCCE CAPACITY BUILDING

- Established a national community feedback system and trained 23 partners (3,568 participants) to collect, code, analyse and distribute community feedback data.
- Supported WASH RCCE training in 4 districts of Eastern Province (Lusangazi, Chama, Lumezi and Lundazi districts) which reached 200,000 community members.
- Conducted RCCE trainings for 40 MoH staff and 16 partners across Lusaka, Copperbelt, Southern, Central, and Luapula provinces.
- Co-hosted Nutrition & RCCE interagency partner trainings in the Southern, Western, Eastern, Lusaka, North-western and Muchinga provinces. Following the trainings, the partners reached approximately 75,000 community members with tailored messages about nutrition and cholera.



Community feedback mechanism training with Zambia Red Cross staff

### 3 MASS COMMUNICATION

- Informed messaging that reached **6 million people** with information about drought on national and local radio channels.
- Supported the distribution of 7,632 multi-sectoral drought messages (posters) to 636 health facilities in 22 districts.
- Developed and implemented a multi-media distribution plan for cholera messaging and distributed educational materials in eight different local languages. In total, 42,871 IEC materials were distributed across all 10 provinces. In total, mass media outreach from this plan reached more than **5 million people**.

#### EXAMPLE 1:

**Key Finding:** Community members reported that limited transportation options to cholera treatment centres (CTCs) and health facilities was a barrier that prevented people from seeking cholera treatment.

**Recommendation:** Increase free transportation in hot-spot cholera hot spots.

**Outcome:** MoH and UNICEF rehabilitated 7 ambulances in Lusaka for patient transport and provided fuel.

#### EXAMPLE 2:

**Key Finding:** Community members reported that children were engaging in transactional sex to purchase food and chlorine tablets (for water treatment).

**Recommendation:** Scale up school feeding programs in cholera and drought-affected areas.

**Outcome:** The findings caused the Office of the Vice President to elevate the drought response operation from a food security crisis to a protection crisis, which opened the door for additional funding for child protection activities.

With these resources, the Education Cluster scaled up school feeding programs from early childhood education to secondary level in drought affected areas. **Over 2 million children were provided with safe drinking water and meals in 84 districts for 180 days.**

Finally, because of the recommendations, the RCCE technical working group was upgraded to a RCCE cluster.

### 4 DATA-DRIVEN DECISION-MAKING

- Developed and implemented a national community feedback mechanism (CFM) that collected feedback from over 12,500 people during the cholera outbreak and drought.
- Trained **23 partners with 3,568 participants** across **five provinces** (Lusaka, Southern, Copperbelt, Central, and Luapula) to collect, share, code, and analyse community feedback data collected by the national CFM.
- Engaged provincial Health Promotion officers (HPO) from the MoH to ensure community feedback informed the design and implementation of cholera, WASH, and nutrition programs and activities.
- Engaged **500 community members** in the FGDs, including health workers, volunteers, family members of deceased individuals, and public health students.
- Conducted **five rounds of focus group discussions** (FGD) and RQAs between January and June 2024. Data generated from the RQAs and FGDs, helped the RCCE National coordinator, RCCE pillar partners and MoH, make adaptations to response activities to address community feedback ([see examples](#))
- Created a national data dashboard to visualize and track CFM and RQA data.
- Trained and mentored **20 faculty and staff** from the University of Zambia School of Public Health to conduct RQAs to ensure sustained capacity for the RQA activity for this and future emergency response.

#### TESTIMONY FROM THE MOH

Following the cholera response in Zambia, Dr Nyuma Mbewe, Cholera Incident Manager for Zambia National Public Health Institute noted that the RQAs helped explain the underlying factors that contributed to high levels of community deaths during the cholera outbreak. When combined with epidemiological data, social behavioural data helped the MOH and partners tailor response efforts, update public health guidance, and promote early care seeking, all of which contributed to the end of the cholera outbreak.

To learn more, please contact:

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