

Analysis Report: Community Mapping of Key Stakeholders in One Health Risk Communication and Community Engagement in Zambia

2024



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Acronyms

ACT	Advocacy communication and training
CBO	Community-based organization
CBV	Community-based volunteer
iNGO	International Non-governmental Organization
NGO	Non-governmental Organization
RCCE	Risk Communication and Community Engagement
TWG	Technical Working Group

Executive Summary

Breakthrough ACTION Zambia conducted a community mapping exercise in the project's implementing provinces to identify partners carrying out human, animal, and environmental health interventions in the community as well as to identify community structures and individuals that can be leveraged for the disseminating key messages on priority zoonotic diseases in Zambia. This exercise aimed to maintain the current level for Joint External Evaluation (JEE) Risk Communication and Community Engagement (RCCE) score of R5.2 and contribute to moving the country to the next level. The completion of community mapping provides valuable insights to One Health (OH) members, to significantly strengthening Zambia's capacity to implement OH Risk Communication and Community Engagement (RCCE) activities at both national and subnational levels.

This report mapped key stakeholders involved in RCCE activities across four provinces in Zambia. The provinces and districts included Copperbelt (Ndola and Chingola districts), Eastern Province (Mambwe district), Southern Province (Choma and Kazungula districts), and Western Province (Senanga district). Participants from pertinent One Health Ministries and departments were interviewed to understand how RCCE activities are implemented in the region. The exercise revealed a diversity of partners involved in planning and implementation of RCCE activities including the Ministry of Health (MoH), Ministry of Fisheries and Livestock (MoFL), Ministry of Green Economy and Environment (MGEE), and the Ministry of Local Government structures at national and subnational levels. Participants revealed that the MOH and the MoFL have established structures to be leveraged for information dissemination and are also key ministries in coordinating RCCE activities and in providing reliable health information, while NGOs and CBOs are essential in involving, energizing, and educating communities.

Despite the diverse stakeholder involvement in One Health RCCE activities, several challenges impede effective implementation. These challenges include limited resources for conducting RCCE activities, inadequate training, and significant logistical constraints, poor coordination among stakeholders to ensure consistent and coherent messaging. The One Health approach underscores the interconnectedness of human, animal, and environmental health, emphasizing the need for a collaborative and integrated response to public health risks.

To address these challenges, the exercise recommends several strategic actions to strengthen capacity-building initiatives for all stakeholders. This action includes:

- Investment in infrastructure and technology to improve communication channels at both national and subnational levels,
- Cascading One Health RCCE training to community structures such as Community-Based Volunteers (CBVs), neighborhood health committees, and district coordinating committees.
- Establishing a framework that clearly defines roles and responsibilities for managing infodemics at the subnational level, ensuring systematic data collection, analysis, and utilization in RCCE activities.

- Creating an environment that promotes information sharing among stakeholders to prevent duplication of efforts, reduce resource wastage, and enhance the impact of interventions.
- Extending the community mapping exercise to other provinces and regularly updating it to maintain comprehensive and current information about community resources and stakeholders.
- Active engagement of communities by the One Health RCCE TWGs, particularly in high-risk areas, in planning and implementing interventions. Ensuring these interventions are community-led will increase their relevance and effectiveness.
- Identifying, training, and supporting trusted community actors to ensure they remain active and effective in RCCE efforts beyond specific project timelines.
- Leveraging existing structures for effective information dissemination and case management ensuring that messages reach the right people at the right time.

Introduction

In Zambia, community actors and structures serve an essential role in implementing an effective and sustainable health program that pays attention to the needs of the local communities. These needs include coordinating community health events, disseminating health information, providing culturally appropriate services, and promoting community ownership and accountability. The World Health Organization’s Joint External Evaluation tool specifies that stakeholders such as community leaders, faith-based organizations, and civil society should be mapped as part of the level 3 achievement for Capacity Building (R5.2), which relates to having a functional mechanism to respond to priority zoonotic diseases. A critical step toward level 4 for demonstrated capacity is mapping subnational stakeholders and trusted influencers, whereby “stakeholders, such as community leaders, faith-based organizations, and civil society are mapped and systematically engaged.” To maintain the current level for R5.2 and to contribute to advancing the country to the next level, Breakthrough ACTION Zambia conducted a community mapping exercise in the project’s implementing provinces to identify partners carrying out human, animal, and environmental health interventions in the community and to identify community structures and individuals that can be drawn upon for disseminating key messages on priority zoonotic diseases in Zambia. This activity, undertaken in collaboration with the National and Subnational One Health Advocacy, Communication, and Training (ACT) Technical Working Group (TWG), strengthens One Health Risk Communication and Community Engagement (RCCE) capacity at the national and subnational levels. The mapping and listing exercise aimed to find and create a catalog of institutions and organizations implementing human, animal, and environmental health services or interventions and to document their community structures.

The first round of the mapping exercises focused on three districts (Choma and Kazungula Districts of the Southern Province and Senanga District in Western Province). The exercise was completed from February 12–29, 2024, and yielded a list of the stakeholders implementing human, animal, and environmental health that detailed their focus areas and community structures. The second round was conducted from April 17–27, 2024, focusing on Chingola and Ndola District (Copperbelt Province) and Mambwe District (Eastern Province).

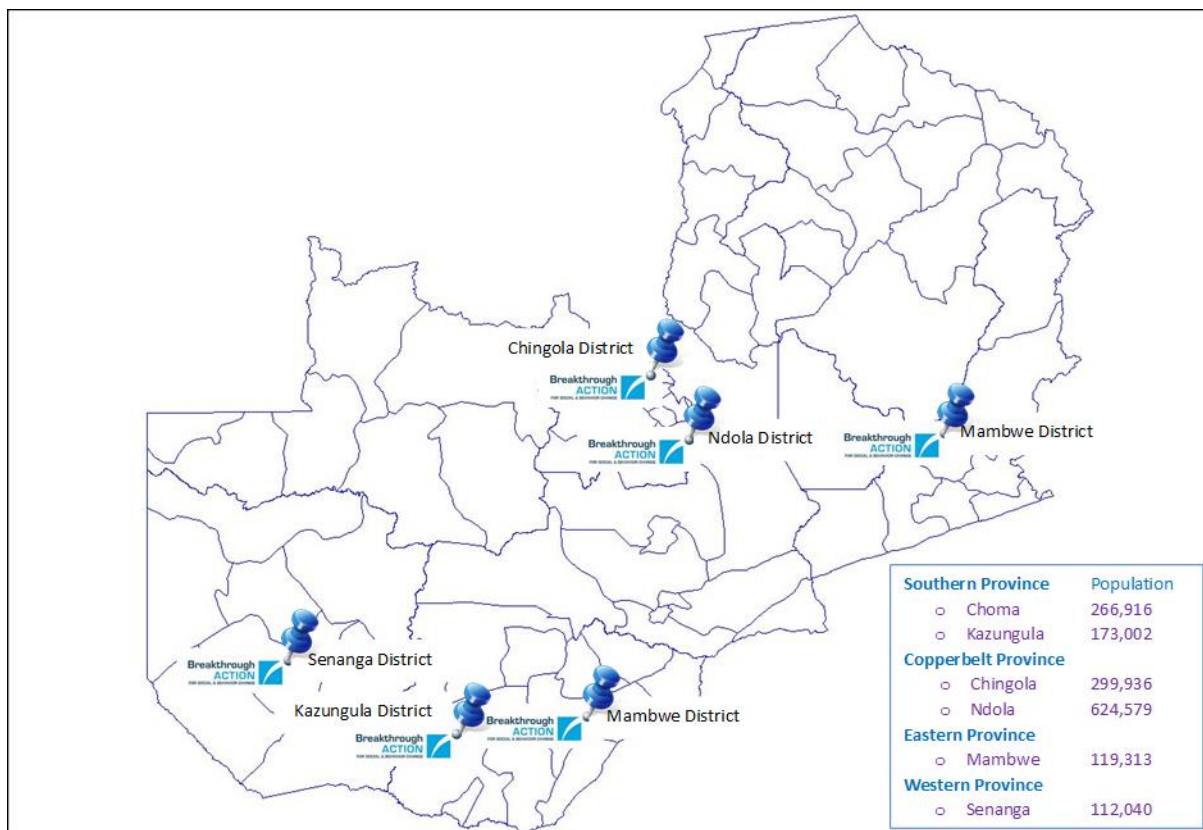
Objectives

- To identify partners implementing human, animal, or environmental health interventions in the community
- To identify community structures/actors that can be used for the dissemination of key messages on priority zoonotic diseases

Scope of community mapping

The community mapping was executed in two phases. Phase 1 focused on Choma and Kazungula Districts (Southern Province) and Senanga District (Western Province), while Phase 2 focused on Mambwe (Eastern Province) and Chingola and Ndola Districts (Copperbelt Province).

Figure 1: Geographical Coverage of Community Mapping: Breakthrough ACTION implementing provinces and districts



Methodology

The following approach was used by Breakthrough ACTION in preparation for the community mapping.

1. **Identification of organizations:** The relevant institutions and organizations were identified, including government subnational structures, international and local nongovernmental organizations (NGOs). Institutions were included if they were actively implementing either human, animal, or environmental health interventions in the six Breakthrough ACTION implementing districts. Identification was done in close collaboration with One Health national and subnational ACT TWGs that provided a list of all active stakeholders implementing activities related to One Health.
2. **Development of interview guide:** An interview guide was developed and shared with the relevant national-level ACT TWG members. The guide was revised based on the feedback from the stakeholders.
3. **Listing of potential participants:** A multi-sectoral approach was used to identify 36 key stakeholders to take part in key informant interviews. Six stakeholders associated with partners implementing different interventions in human, animal, or environmental health or a combination of services were selected from each district (see Figure 1).
4. **Contact and screening:** The subnational One Health ACT TWG secretariat was contacted to assign two focal people to validate and select the final list of key partners to be engaged during data collection. The focus of the visit was explained to the focal person to help narrow the selection to only organizations actively working on human, animal, or environmental health in the provinces. Organizations that were inactive or whose activities did not relate to

the overall scope of the mapping were excluded. The report includes a separate list of the stakeholders involved in implementing interventions for human, animal, and environmental health in the sample districts found in Annex 2.

5. **Data collection:** Working with a representative of the subnational One Health ACT TWG, Breakthrough ACTION visited the subnational structures to conduct key informant interviews with relevant stakeholders and their appointed focal person from institutions implementing One Health activities and individuals supporting One Health–related activities at the district and community levels. The interviewer followed a standard set of questions and completed a note-taking matrix during the conversation (see Annex 1).
6. **Analysis:** To provide a thorough overview of the community actor/structure, information gathered from various stakeholders was entered into an Excel note-taking matrix. The data was then organized and categorized using content analysis according to themes, codes, and categories. The coded data was then analyzed for themes and patterns to derive findings relationships and interpretations for the study.

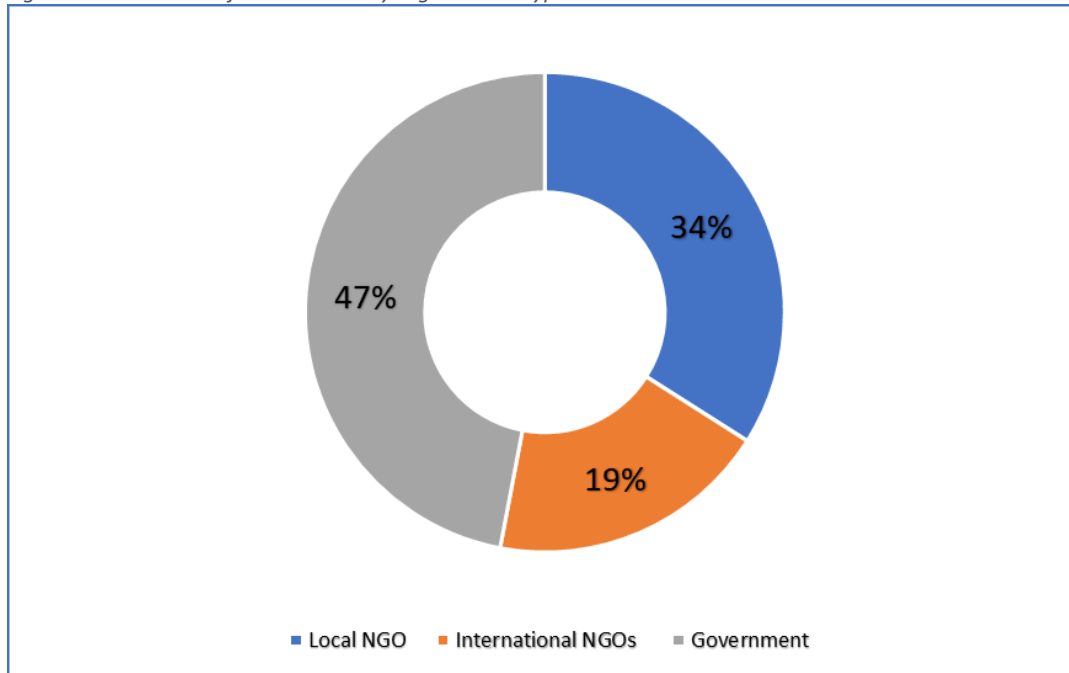
Key Findings

The findings of this report reveal complex interrelationships and connections within national and subnational structures, which could enhance collaboration and coordination among One Health implementing partners.

Distribution of stakeholders by type

To analyze the organization profile and mandate, the stakeholders were classified into three categories (government, international NGOs, and local NGOs) and the description of the community structures of each was assessed. Stakeholders were asked to describe the profile of their organization, the focus area, and the community-level structures being used for implementation. This section highlights the organization profile by category. As illustrated in Figure 2, stakeholders were distributed by organization type. The majority (47%) of the stakeholders represented government ministries and departments, 19% represented international NGOs, and 34% represented local NGOs.

Figure 2: Distribution of stakeholders by organization type



Government ministries and departments

The governmental stakeholders included representatives of relevant ministries and departments with a legal mandate to implement activities prioritizing human health and the well-being of the population, disease prevention, and health protection; animal health, with a focus on animal disease control, vaccination, protecting the population from emerging diseases, and enhancing public health preparedness; or environmental health, with interventions aimed at promoting a green economy, protecting the environment, ensuring sustainable development, and adapting to climate change in Zambia.

The mapping exercise confirmed that the Ministry of Health, the Ministry of Fisheries and Livestock, and the Ministry of Green Economy and Environment are key ministries that the project can leverage for implementing One Health RCCE activities at both national and subnational levels. Additionally, the mapping exercise revealed several other ministries and government departments that are essential and actively implementing interventions to enhance human, animal, and environmental health. These include the Ministry of Local Government (Public Health Department), the Ministry of Agriculture, the Ministry of Community Development and Social Services, and the Ministry of Home Affairs. These institutions play a significant role in human, animal, and environmental health (Table 1).

When asked about the existing community structures, participants indicated that the government has well-established community structures in all the districts. These structures were formed to support government efforts and to implement and monitor community-level activities. However, communities have limited or no access to funding, infrastructure, and resources, making it difficult to implement and sustain health-related initiatives. Key government line ministries and departments with well-established community structures promote community ownership and participation in health-related issues. The Ministry of Health and the Ministry of Agriculture were cited as ministries with well-established and functional community structures under the supervision of facility staff and the camp extension officers. Different stakeholders use these structures for community engagement and implementation of community activities.

Table 1: Key One Health Partners by Ministry and Departments within the ministries

Government ministries	Departments
Fisheries and Livestock	<ul style="list-style-type: none"> • Veterinary Department • Department of Livestock Development • Department of Fisheries
Local Government	<ul style="list-style-type: none"> • Council (Public Health Department; Environmental Health Department)
Tourism	<ul style="list-style-type: none"> • Department of National Park and Wildlife
Health	<ul style="list-style-type: none"> • Department of Clinical Care and Diagnostic Services • Department of Nursing Services • Department of Health Promotion Environment and Social Determinants • Department of Public Health
Green Economy and Environment	<ul style="list-style-type: none"> • Environmental Management Department

International NGOs

International NGOs are among the primary actors fostering development as a global public policy concern. Different organizations are working to improve the lives of Zambians, focusing on various areas such as education, health, economic empowerment, and environmental conservation. The mapping exercise assessed the presence of international NGOs in all the implementing districts and their focus area.

The majority (90%) of the international NGOs represented in interviews for the mapping exercise were operating in urban districts (Ndola, Choma, and Chingola), while 10% were active in rural districts (Mambwe, Senanga, and Kazungula). These NGOs focus on human health topics, such as HIV/AIDS, tuberculosis, and nutrition. All the interviewees clearly understood their organization's geographical scope, focus population, and role in coordinating and supporting district activity implementations. The mapping exercise also revealed that both the local and international NGOs work through government line ministries and established community structures. By using government-established community structures, stakeholders can tap into local expertise, build trust, and promote sustainable development, leading to more effective and impactful initiatives.

Local NGOs

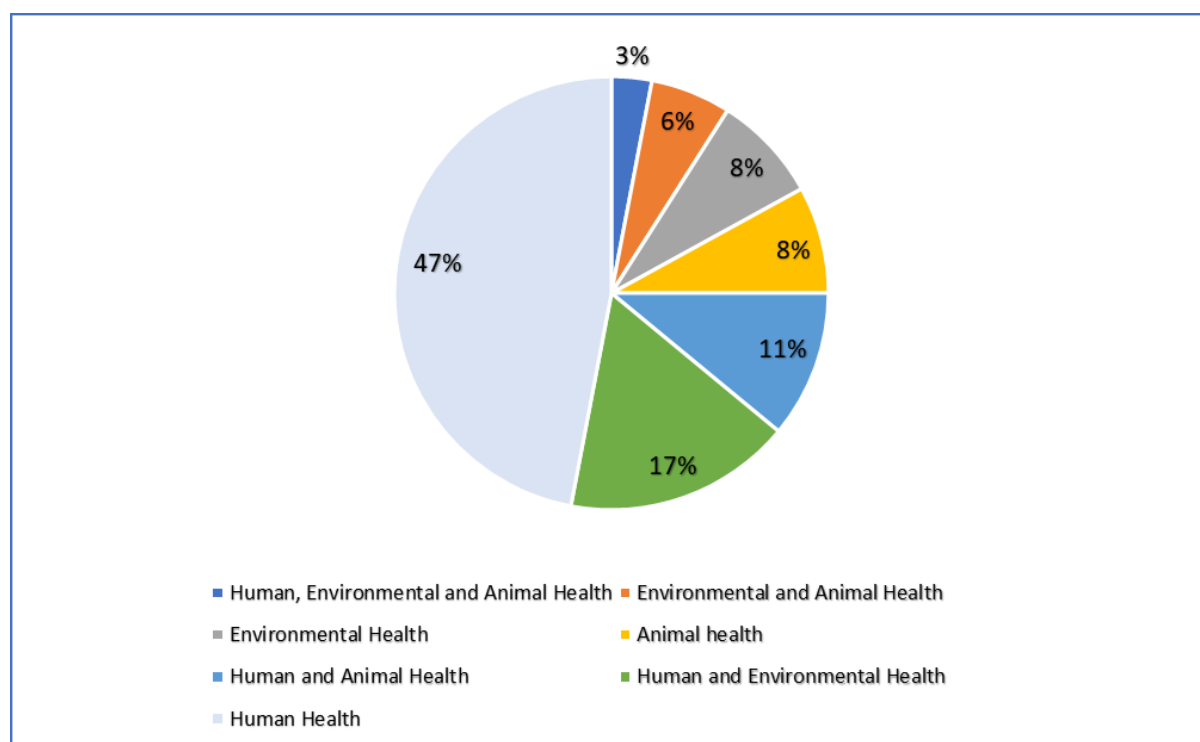
Local NGOs accounted for 34% of the interviewees. With a strong presence in game reserves and forest areas, local NGOs are implementing interventions that target the value chains that support animal and environmental health. They offer a variety of community engagement and sensitization activities to address threats to biodiversity and to mitigate human-wildlife conflict in and around game reserves and national park areas in Mambwe and Chingola Districts. All the sampled districts (Choma, Kazungula, Mambwe, Senanga, Chingola, and Ndola) aim to encourage and influence communities to conserve the environment and natural resources management through the development, adoption, and use of energy-efficient techniques, which is another area of focus for the local NGOs.

Distribution of stakeholders by health sector

To help identify stakeholders, Breakthrough ACTION considered different sectors and interests, such as public, private, and community sectors; service providers; business and industry; and NGOs. Specific attention was given to identifying the role that each institution is mandated to perform in the district. Different institutions and organizations have specific roles and responsibilities depending on their mandate. The institutions and organizations represented in this mapping exercise have mandates related to health, environment, wildlife, local government (both environmental and public health departments), agriculture (including livestock), WASH (water, sanitation, and hygiene), private sector (local and international), and CBOs.

Figure 3 summarizes the distribution of stakeholders interviewed according to their health focus area. The majority of the stakeholders (47%) were implementing human health interventions, and 17% were focused on both human and environmental health. Human and animal health in combination was represented by 11% of stakeholders, animal health and environmental health were 8% each, and a combination of environmental and animal health was represented by 6%. Three percent of the stakeholders worked on human, environmental, and animal health in combination.

Figure 3: Distribution of stakeholders by One Health focus area



Animal health and services

Stakeholders in animal health and services include relevant line ministries, NGOs, small- and large-scale farmers, and research institutions. These stakeholders handle activities such as the protection of habitats and ecosystems, management of wildlife populations, law enforcement and regulation, human–wildlife conflict resolution, and protection of endangered species. Some of the key stakeholders represented the Department of National Park and Wildlife under the Ministry of Tourism, the Ministry of Fisheries and Livestock, and the Management of National Parks and Wildlife. Each ministry focal person described one or

more cadre of community officers or assistants at the subnational level who implement interventions, offering products and services to prevent, control, or treat animal diseases; improve animal welfare; and promote overall animal health. These interventions are implemented by the relevant ministries and departments such as the Department of Veterinary Services under the Ministry of Fisheries and Livestock, as evident in all the sampled districts; the Ministry of Agriculture; the Department of National Parks and Wildlife under the Ministry of Tourism, with offices at district and a work station in areas near the national parks or game reserve/management areas such as Mambwe, Kazungula, and Ndola Districts; and other key partners essential for maintaining the health and well-being of animals, as well as protecting human health and the environment.

Table 2: Government ministries and their departments implementing interventions in animal health.

Implementing partners in animal health	District	Community structures/actors that can be leveraged for disseminating key message
Ministry of Fisheries and Livestock	All	<ul style="list-style-type: none"> • Veterinary assistants • Livestock assistants • Fisheries assistants
Ministry of Agriculture	All	<ul style="list-style-type: none"> • Block and camp extension officers • Community-based volunteers (CBVs), such as lead farmers and follower farmers
Ministry of Tourism (Department of National Parks and Wildlife)	All	<ul style="list-style-type: none"> • Wildlife officers
Ministry of Community Development and Social Services	All	<ul style="list-style-type: none"> • Community development assistants • CBVs

Human health and services

The human health sector has more implementing partners in all disciplines that are supporting the ministries' efforts to provide primary health care; equity of access to improved, cost-effective health care; and a caring and competent health care environment as compared to animal and environmental health sector. Ministry of Fisheries and Livestock. These partners are either implementing service delivery or systems-strengthening projects. The mapping exercise revealed a difference in the distribution of implementing partners. Urban districts (Ndola, Chingola, and Choma) have more implementing partners listed than the rural districts (Kazungula, Mambwe, and Senanga). The provincial administrative districts such as Choma and Ndola had, even more, implementing partners with streamlined community structures. In addition, the health partners active in the six districts are implementing projects through the Ministry of Health, the Ministry of Agriculture, and the Ministry of Community Development and Social Services through the existing district and community structures. CBVs are the main players working under different ministries or ministry departments to support different districts and community implementations. All the CBVs are attached to either a health facility or an agriculture camp.

Table 3: Government ministries and their departments implementing interventions in human health.

Implementing partners in human health	District	Community structures used	Community structures/actors that can be leveraged for disseminating key message
Ministry of Health	All	<ul style="list-style-type: none"> • Health center catchment area • Zones • Constituencies • Wards • Agriculture Blocks • Agriculture Camps 	<ul style="list-style-type: none"> • Community health assistants, neighbor health assistants, community health workers, traditional birth attendants, CBVs
Ministry of Community Development and Social Services	All		<ul style="list-style-type: none"> • Community development assistants
Ministry of Agriculture	All		<ul style="list-style-type: none"> • Block and camp extension officers, community-based volunteers (lead farmers, follower farmers)

Environmental health and services

Environmental health and services participants included representatives of organizations working to prevent deforestation by providing initiatives aimed at managing forested land. Their significant role includes management of the waters, trees, wasteland public health safety through a waste management unit, and environmental sustainability initiatives that are carried out by the local council in collaboration with other relevant partners, using the established community structures such as the ward and community sections. The structures under the Ministry of Local Government are highly active at the community level, while structures under the Ministry of Green Economy and Environment have challenges owing to limited resources to implement community-led activities. In terms of districts, Kazungula, Mambwe, Choma, and Chingola Ndola have some NGOs that are implementing environmental interventions such as climate change-focused interventions. Table 4 lists government ministries and their departments implementing interventions in environmental health.

The Ministry of Local Government’s environmental and public health divisions oversee inspecting towns, restaurants, lodging facilities, schools, and meat markets. Sensitization campaigns, water testing, and dog registration are among other community initiatives. The Ministry of Green Economy and Environment oversees preserving the environment, implementing climate-smart programs and interventions, and carrying out other duties that are related to environmental protection by taking proactive measures to mitigate the effects of pollution and support the ecological balance between humans and wildlife. Some of the stakeholders under environmental health are humanitarian organizations that are working with relevant ministries and stakeholders to support government efforts to respond to humanitarian challenges such as floods, drought, and their effects on the environment and human health.

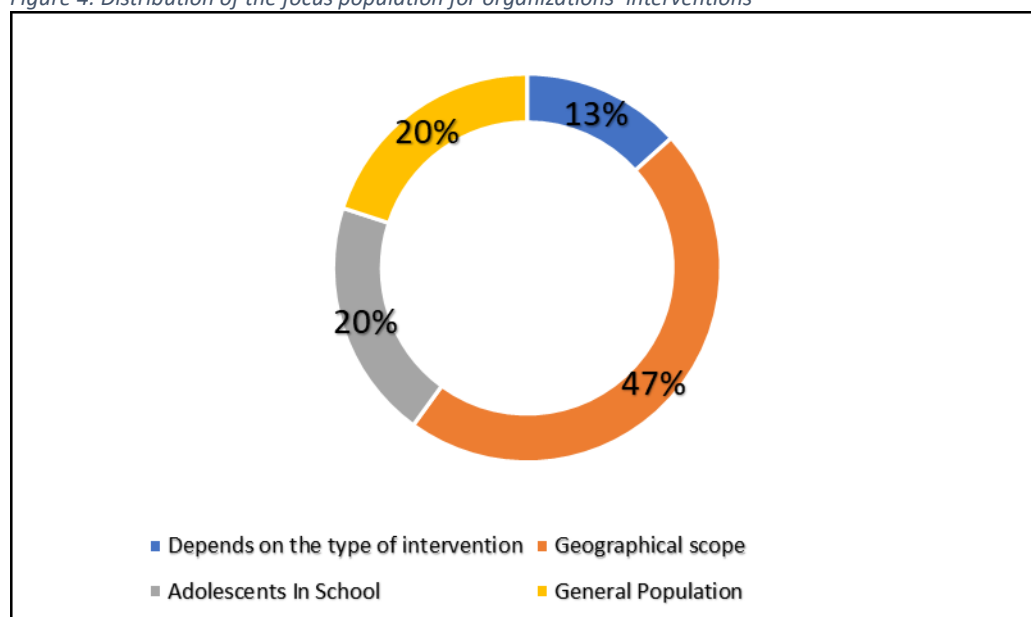
Table 4: Government ministries and their departments implementing interventions in environmental health.

Implementing partners in environmental health	District	Community structures/actors that can be leveraged for disseminating key message
Ministry of Green Economy and Environment	All	<ul style="list-style-type: none"> • District officers • Community resource groups • Traditional leaders • Farmers (lead and cooperatives) • Village action groups • Community forest management groups • Management of national parks and wildlife
Ministry of Local Government	All	<ul style="list-style-type: none"> • Ward councilors • Area headmen and headwomen • Area chairpersons
Ministry of Agriculture	All	<ul style="list-style-type: none"> • Cooperatives • Farmer's clubs • Village agriculture committees • Lead and follower farmers
Ministry of Lands	All	
Ministry of Fisheries and Livestock	All	<ul style="list-style-type: none"> • Veterinary assistants • Livestock assistants
NGOs (Local and International)	Some	
Private sector		

Focus population

When asked about the focus population for the organization's interventions, 47% of the stakeholders indicated the geographic scope of the district, while 13% indicated their focus population depends on the type of intervention being implemented (see Figure 4). Adolescents in the communities and schools and the general population were also cited as a focus population for 20% of the representatives interviewed.

Figure 4: Distribution of the focus population for organizations' interventions



Knowledge of zoonotic diseases and organization capacity in One Health

Participants acknowledged the variety of zoonotic diseases and the dangers they pose to global health security and public health. Even though many zoonotic diseases are known, many unresolved concerns remain regarding sources, transmission, and risk factors. The prevalence of anthrax was highlighted by almost half of the participants (47%), while rabies was mentioned by 33%. Additionally, the coordinating committees worked with communities to discourage the consumption of animal carcasses, and any animals suspected of carrying diseases, while COVID-19 with 20% was also addressed (Figure 5).

Table 5: Activities to address zoonotic diseases at district level

Common zoonotic diseases	District activities to address the common zoonotic diseases
COVID-19	<ul style="list-style-type: none"> Community engagement and sensitization meetings Radio program Door-to-door sensitization
Rabies	
Anthrax	

The district OH ACT TWG members highlighted how the One Health orientation conducted by Breakthrough ACTION in collaboration with the ZNPHI enhanced their knowledge to identify areas in which they could work together with other implementing partners. The One Health orientation topics, which included information sharing, disease prevention, risk communication, and partner engagement to address health issues, were well received by participants from across the districts. If universal health coverage is to be achieved, further subnational-level staff training programs like those offered through the One Health structures are needed. The provincial OH ACT TWGs were mentioned for their ongoing efforts to enhance the capacity of specific districts in coordinating and implementing One Health RCCE activities.

In line with these efforts, participants underscored the need to orient community structures on the One Health approach. The community is viewed as an important partner in health. All community structures, such as CBVs, neighborhood health committees, and district coordinating committees such as the District Epidemic Control and Management Committee and the district community health TWG, as well as traditional leaders, religious leaders, and other stakeholders, should be considered for orientation in the One Health approach. These structures play a crucial role in information dissemination and case management.

Role of community engagement and participation

Respondents were asked if they conducted community engagement activities in the last year related to One Health and, if so, which health topics were covered during these meetings. The respondents indicated having conducted several community engagement and sensitization activities with a focus on different health topics depending on the prevailing situation. Table 6 summarizes the health topics covered during the community engagement meetings. The role of community engagement and sensitization activities in promoting awareness, education, and prevention of zoonotic diseases was appreciated across all districts. Some of the community activities were conducted to reduce the risk of zoonotic disease transmission, promote a healthier environment, and foster a culture of responsible animal ownership and stewardship. These activities played a significant role in increasing community participation and awareness. The activities were conducted routinely, with weekly, monthly, or quarterly frequency. Some of these activities were motivated by outbreaks and depended on funding or support from cooperating partners.

“Our community committees usually conduct routine community engagement and sensitization activities when there is an outbreak or to address an environmental change...” —Representative, Environmental Community Committee, Kazungula

“This is our routine work. We have been conducting community engagement in all our communities, markets, and business places, especially to sensitize the communities on anthrax prevention and general health sensitization...” —CBV, Choma District

Table 6: Health topics covered during the community engagement meetings

Diseases	Health topics for community engagement and sensitization
COVID-19	<ul style="list-style-type: none"> • COVID-19 transmission, symptoms, prevention • COVID-19 misinformation
Rabies	<ul style="list-style-type: none"> • Rabies transmission, symptoms, and prevention • Dog registration and vaccination • Early care-seeking for dog bite victims
Anthrax	<ul style="list-style-type: none"> • Symptoms, transmission, prevention, and control measures

Factors influencing the type of activities to be implemented

Work plans and mandates determined which activities each organization or institution implemented. Focal people described using the work plan to prioritize activities during

specific periods. Stakeholders also described emerging needs that could influence if and how certain activities were implemented, such as issues facing communities, partner requirements, disease outbreaks, and national events. Some of the activities were guided by research and evidence generated from project implementation.

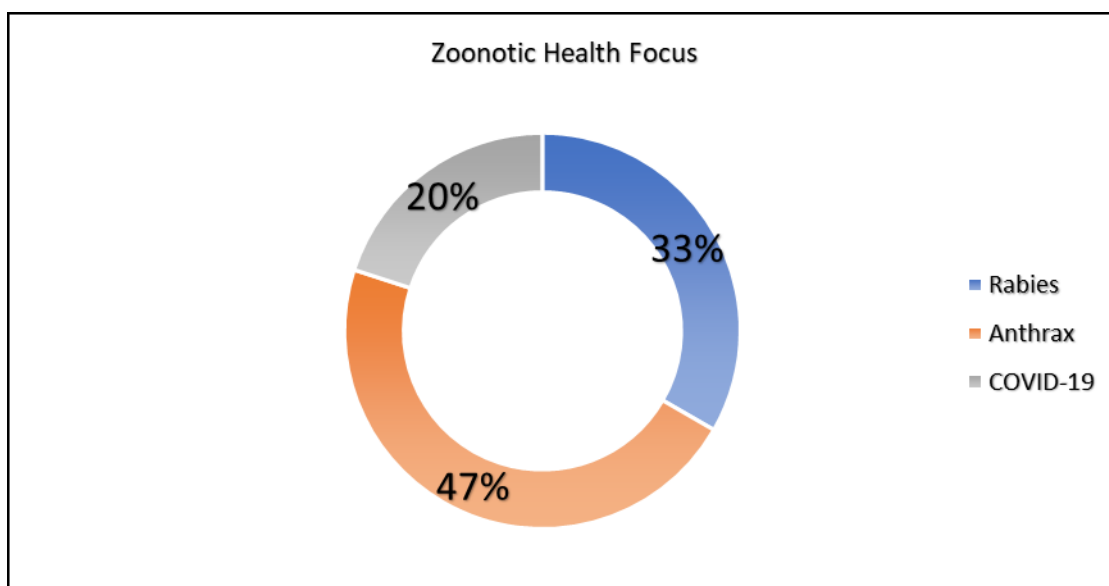
“The type of activities we implement is dependent on the prevailing situation, that is, what challenges persisted, those addressed during review meetings, community engagement, and seasonal diseases.” —CBV, Choma

Health focus of community activities

When asked about the key health topics covered during community activity, the respondents listed a wide range of topics, including the prevention of zoonotic diseases (e.g., anthrax, rabies, COVID-19) and other diseases. When asked to describe the types of activities or interventions their organization is implementing, 47% of the respondents indicated anthrax activities, 33% addressed rabies, and 20% of the respondents reported COVID-19 activities/interventions as the main activity their organizations are implementing (Figure 5).

“Our committee was used by the district forest department to conduct community engagement during anthrax and rabies outbreaks and to disseminate information on the One Health concept.” — Environmental community committee member, Kazungula

Figure 5: Zoonotic health focus for community activities



“Rabies is common in Kazungula District, we are also responsible for dog registration and vaccination.” —Government representative, Kazungula District

“We conducted community sensitization during the anthrax outbreak. Our committee was actively involved in environmental management disaster management interventions (e.g., floods and disease outbreaks such as anthrax and rabies).” —Representative, international organization, Kazungula District

Table 7: Summary of health topics by health focus

Human health	Environmental health	Animal health
<ul style="list-style-type: none"> • Anthrax prevention sensitization • COVID-19 screening and sensitization • COVID-19 prevention and vaccination • HIV prevention messages • Antiretroviral therapy adherence • HIV screening • Cholera prevention • Tuberculosis prevention and treatment • Health demand creation • Prevention and treatment of sexually transmitted infections • Malaria prevention and treatment • Health 	<ul style="list-style-type: none"> • Disaster management (anthrax outbreak) • Environmental conservation • Waste management • Disease control • Environmental safety and hygiene • Food safety • Health education 	<ul style="list-style-type: none"> • Dog registration and vaccination • Anthrax prevention in humans and animals • Anthrax vaccination

Most used outbound communication channel

The mapping exercise explored outbound communication channels to understand how information is disseminated at the district and community levels. Different communication channels are typically used by institutions/organizations to convey specific information, promote a product or service, build relationships, and provide information to a specific audience. However, the variety of channels declines from the urban to the rural districts, and the absence of these services delivering effective communication in rural communities hinders social and economic growth.

The most used communication channels are community radio, Zambia News and Information Services, community engagement activities such as public announcements using a public address system, church, marketing meetings, agricultural camp meetings, neighborhood coordinating meetings, and meetings organized by health facilities and schools. In both rural and urban communities, the respondents appreciated the role of effective communication in promoting an atmosphere of trust, enhancing understanding, and encouraging collaboration, all of which effectively contribute to providing valuable information to improve health and well-being.

Table 8: Summary of frequently used communication channels

Communication channels	Coverage	Challenges
Broadcast media (radio, TV)	Kazungula, Mambwe, and Senanga	Limited radio coverage in some districts and communities
Mobile phone	All districts	Connectivity challenges in some communities
Public address system	Community of focus	Limited catchment
Social media	All districts except some parts of Kazungula	Connectivity
Email	All districts	Internet connectivity-
Social media	All districts	Internet connectivity
Messaging apps (e.g., WhatsApp groups)	All districts	Internet connectivity
Print media (newspapers)	All districts	No challenge was mentioned
Events and webinars	All districts except some parts of Kazungula	No challenge was mentioned

Coordination and information sharing

Participants reflected on the frequency of meetings, information sharing, and collaboration with other One Health stakeholders. The government works with many partners to coordinate the implementation of the district plan. Joint planning and response to public health emergencies are two ways that collaboration has been demonstrated. The districts have responded to disease outbreaks cooperatively through multisectoral platforms such as the ACT TWGs. Participants also emphasized a common awareness of how important cooperation and information exchange are to extending reach and enhancing service delivery. Subnational structures are established and help coordinate activities at the community level. However, the lack of sufficient collaboration and information sharing with other ministries beyond the district One Health ACT TWG presents a challenge, particularly among the private implementing partners.

“Stakeholders are coordinating and collaborating through the Advocacy Communication and Training Technical Working Group to provide a comprehensive One Health approach to mitigate health challenges in the community, but not all the partners are on board. We need to continuously engage different stakeholders and foster joint planning, implementation, and monitoring of One Health activities at district and community levels...” —Representative, District ACT TWG, Choma

Government oversight and referrals

Government oversight in project implementation was at the top of respondents’ minds across all the districts. Participants were aware of the specific government ministries or departments that are mandated to provide oversight to implementing partners at subnational levels for enhanced coordination and collaboration, to use diverse expertise to manage and address complex challenges, and to achieve a shared goal. In general, government ministries oversee all implementing partners by the health focus area. For instance, the Ministry of Health oversees all health-sensitive projects through the health facilities, the Ministry of Education oversees all education-related projects, and the Ministry

of Fisheries and Livestock oversees all livestock-sensitive interventions. In addition, information flows in all the districts through the designated community structure that reports to the relevant officials. Lastly, both human and animal health have clearly defined structures through health facilities and veterinary camps.

“Our organization is implementing our activities through the Ministry of Health, Department of Social Welfare, Disaster Mitigation Unit, Agriculture, and Environmental...” —Representative, CBO, Senanga

“Yes, there is a public health department sitting under the Ministry of Local Government Authority. We share data on water and sanitation services, meat inspection, dog registration and certification, and inspection of public health premises, among others...” —Representative, international NGO, Ndola

Data management systems and infodemic management

The mapping exercise also evaluated the tools that various institutions and organizations employed to gather, compile, and disseminate community feedback. Most respondents emphasized that the only method for gathering data was through reports produced at various levels. In addition, they noted that the frequency of data collection varies among stakeholders. Stakeholders use weekly, monthly, quarterly, and annual data-collecting schedules.

Data management systems and reporting tools

Respondents were also asked about the specific data management system and reporting tools in use. The Ministry of Health interviewees indicated using both registers and digitalized management and information systems such as DHIS2, SmartCare, and health facility registers for information management and reporting. Representatives of other implementing partners emphasized using specific technologies such as ODK, and Microsoft databases such as ACCESS and Excel for data management and reporting. The results showed that most stakeholders faced difficulties with standardizing data collection tools and their availability, especially at the community level. The only data tools that are typically employed are field reports and registers (formal and improvised). Both the Ministry of Health and the Ministry of Fisheries and Livestock provide standardized tools managed by qualified and appropriate government authorities at the health facility and veterinary camp levels, respectively. A few CBVs keep their records in hardcover exercise books. According to the findings, data is collected by facility workers using standardized registers and reported upward for institutions and organizations with formalized data collecting and management systems, such as the Ministry of Health, according to the findings. The collected data is then analyzed by the relevant staff and the report is shared with the next office.

“At the facility level, the focal point person uses various registers to analyze data, while at district, provincial, and national levels we use digital platforms to aggregate and analyze this data....” — Representative from a health facility

Fact-checking and rumor management initiatives

Some participants mentioned that their organization identifies rumors through routine reporting procedures. In general, infodemic management was described as an ad hoc component of implementation, and participants did not mention routinely sharing rumor data with a central coordinating body for an integrated analysis. When asked if their organization confirms the accuracy of the information in the community with the relevant

ministries, the results reveal that community structures report every piece of information to the focal person working for a specific implementing partner. The implementing partners then verify the information by sending a team to investigate the situation and then report to the relevant government ministry or department, which then establishes an independent fact-checking committee to verify the accuracy of the new information or misinformation and to ascertain its impact on the community. Depending on the magnitude of the problem, strategies are developed to address it. These strategies may include developing social and behavior change materials with key messages on a specific issue, conducting community engagement activities, and collaborating with like-minded organizations or institutions to address the problem or misinformation. Such actions are followed by routine monitoring to assess the effectiveness of the interventions and to adapt them as needed.

As a ministry, we collaborate with different implementing partners to investigate and verify the situation. If new information or potential misinformation is reported while implementing an activity. The implementing partner would first investigate the situation and then report to the relevant ministries....” —Representative, Ministry of Health, Ndola

“We conduct field visits to investigate the situation and report to the relevant ministries. The community focal point person reports all the community activities including misinformation to the District Red Cross Vice President who then reports to the relevant ministry...” —Representative, the Red Cross, Choma

Discussion

The mapping exercise revealed a variety of strengths in terms of the presence of structures at national and subnational levels that can be activated to communicate information about zoonotic diseases and other health emergencies. Representatives from government ministries had strong connections to the community cadre, and these community-based actors addressed a variety of One Health topics. The list of stakeholders, provided as an attachment to this report, serves as a starting point for identifying potential partners in RCCE. The relationships already in place between these organizations and the communities they serve can be leveraged to prevent, detect, and respond to zoonotic diseases such as rabies and anthrax.

Based on insights from key informants, substantial gaps need to be addressed to ensure that RCCE is well-coordinated and cascaded to the local level. First, while national stakeholders had a strong sense of the relevance of One Health, certain stakeholders emphasized the need for more training on zoonotic diseases and One Health approaches. Second, infodemic management is not systematically carried out at the subnational level, and while certain ministries collect a variety of data including community feedback, it was not clear how the data flows for an integrated analysis or how it is used to inform the development of RCCE strategies. Third, many community structures that were previously active were project-driven and lost resources or momentum when the project ended, leaving coverage gaps in having a list of embedded, trusted influencers who can engage communities. Fourth, rural areas lag behind urban areas in accessing timely information that would ensure people know how to prevent and stop outbreaks.

Recommendations and Conclusion

National level OH ACT TWGs to:

- Develop and implement a training module focused on zoonotic diseases, RCCE and the One Health approach. This training should target community structures including CBVs, neighborhood health committees, and district coordinating committees.
- Establish a framework that outlines roles and responsibilities for managing infodemics at the subnational level, ensuring systematic data collection, analysis, and use in developing and implementing RCCE activities.
- Foster an environment that encourages the sharing of information between stakeholders to prevent duplication of efforts, reduce resource wastage, and enhance the impact of interventions.
- Extend the community mapping exercise to other provinces and regularly update it to maintain comprehensive and current information about community resources and stakeholders.

Subnational OH ACT TWGs to:

- Actively engage communities, particularly in high-risk areas, in planning and implementing interventions. Ensure these interventions are community-led to increase relevance and effectiveness.
- Identify, train, and support trusted community actors to ensure they remain active and effective in RCCE efforts beyond specific project timelines.
- Leverage existing structures for effective information dissemination and case management, ensuring that messages reach the right people at the right time.

Annex 1: Key Informant Interview guide

Breakthrough ACTION GHS Zambia

Date of interview:

Format (in person/phone):

Organization name:

Name of interviewee:

Role/title in organization:

Interviewer:

Good morning/afternoon. My name is _____ with the Breakthrough ACTION Zambia project. We work in the area of One Health, which is the idea that human health, animal health, and the environment are all connected. We help prevent and respond to zoonotic diseases, which are diseases that can pass from animals to humans. We are conducting key informant interviews with representatives of organizations implementing human, animal, or environmental health activities. The interview is to help us gather important information on how organizations in Zambia are in touch with communities. We will use the information you provide to help us understand how communities can be reached with accurate information to protect their health and that of their loved ones. You do not have to participate, and you may skip any questions you do not want to answer. This conversation will take approximately 30 minutes. Are you willing to participate?

#	Topic	Question
Section 1: Organization profile		
<i>"First I'd like to ask you a little bit about you and the organization you work for."</i>		
1	Organization	Can you tell me a little bit about your organization? <ul style="list-style-type: none">• What type of group? (government, INGO, local NGO, CBO, local community group etc.)• Is there a particular focus area (animal health, human health, environment, etc.)• How long has this group been around in this area?• Why was this group formed?• How many members? How often do you meet?
2	Focus population	What populations does your organization work with? (geographic scope, focus populations like gender, age, or occupational group)
3	Role	What is your role with [organization]? What does that entail?
4	Activities	Can you describe generally the types of activities or interventions that your organization does? <ul style="list-style-type: none">• What zoonotic diseases does it focus on?• What health topics does it address? Has your organization conducted any community engagement activities in the last year about One Health topics? (human health, animal health, environment?)• How frequent are the activities?

- How does your organization decide what activities to implement, where, and how often?
- 5 Outbound communication What channels does your organization use to communicate with people in your intended audience? If your organization needed to share information with communities quickly, how would it do that?
- 6 Training/capacity Has your organization received any training on topics about One Health or zoonotic diseases? (For example, information about diseases like anthrax or rabies such as signs and symptoms, treatments or vaccines; risk communication, reporting sick animals or humans, risk or prevention behaviors, rumor monitoring, data....)
- 7 Resources needed How equipped is your organization to share information about potential health threats with communities? What resources would enable your organization to be able to share important information about health threats with communities? (training, simulations, financial resources, etc.)
- 8 Other information sources What other sources do your constituents use to get information about human health? Animal health? The environment? How might the people you work with decide if something is true or is misinformation?
- 9 Two-way communication During activities your organization does, are suggestions, feedback, questions, misinformation, or other perceptions collected? (in other words, how does your organization find out how your intended audience feels about the topics or what misconceptions they might have?)
- IF YES: Proceed to Section 2.
 - If NO: Skip to Section 3.

Section 2: Infodemic management

“Now I’d like to talk about how your organization collects, analyzes, and uses the feedback and perceptions”

- 8 IM: Tools What tools does [organization] use to collect this information? (a log or feedback report, certain questions or fields in the call log, an app, etc.)
- 9 IM: Analysis Who analyzes the information? How often does that person/people do the analysis? What does the analysis process look like?
- 10 IM: Database What database or software does [your organization] use to store the information, if any?
- 11 IM: Fact checking If there are new questions or potential misinformation circulating, how does your organization confirm the accurate information? Who can your organization ask to find out what is true or false?
- 12 IM: Responding If the people in your community that you work with are starting to believe something that’s not true about health, how does your organization inform them of the correct information?

Section 3: Coordination and notification

Now I’d like to talk about how your organization fits into the larger human, animal, and environmental health space.

- 13 Coordination Are there other community structures (e.g. health committees, parent teacher associations, women’s groups) that do similar work? Does

- your organization meet and share information or collaborate on activities with other organizations? What does that look like?
- 14 Oversight Does your organization fall under a certain line of ministry? How do you typically receive information or support from them? Does your organization report data to them? How do you share any requests or concerns with them?
- 15 Referring If your organization found out about a situation in your community (such as an outbreak situation or a harmful rumor) that urgently needed to be addressed, how would your organization transmit or notify to the appropriate office to address?
- 16 Other Is there anything else you want us to know about how [organization] is working with communities that might be useful in implementing community engagement and risk communication about potential health threats?
- 17 Share Would you please share any resources or tools that we discussed by email?

Thank the participant for their time and end the conversation.

Annex 2: List of stakeholders by district and coverage

NO	NAME OF ORGANIZATION	PROGRAMME FOCUS ON	District	Coverage
1	District HIV/AIDS Taskforce	Coordinating –HIV services in the district	Choma	Entire District
2	CHAZ	Malaria/TB/HIV AIDS Program.	Choma	Entire District
3	PPAZ	Adolescent Reproductive Health / YFHS	Choma	Entire District
4	University of Maryland	Support eMTCT services	Choma	Entire District
5	Family Health Nutrition (FHN)	Community Engagements and Health Systems Strengthening	Choma	Entire District
6	DAPP TCE	OVCS, HIV/AIDS	Choma	Entire District
7	NZP+	HIV/AIDS prevention and awareness	Choma	Entire District
8	AHF	HIV/AIDS at Shampande and Batoka Health center	Choma	Entire District
9	GIZ	Strengthen Adolescence health services	Choma	Entire District
10	CARE International	Nutritional needs and support in the communities	Choma	Entire District
11	TBLON	TB/HIV/AIDS	Choma	Entire District
12	Choma Municipal Council	Environmental health, water and sanitation	Choma	Entire District
13	TALC	HIV/AIDS, Covid 19	Choma	Entire District
14	Zambia Red Cross Society	Covid 19, Disasters and Epidemics	Choma	Entire District
15	ECAP ii	Adolescent Health, HIV/AIDS	Choma	Entire District
16	Health learners	School Health	Choma	Entire District
17	Zamhealth	Maternal health and HIV	Choma	Entire District
18	ON-CALL AFRICA	outreach in clinical care services and WASHE	Kazungula	Entire district
19	Environmental Africa	Nutritional program	Kazungula	Entire district
20	Water Aid	Infrastructure building and WASHE	Kazungula	Entire district
21	Kazungula Council	Public Health Services and Infrastructure development	Kazungula	Entire district
22	RED- CROSS	RCCE and Disaster Mitigation and Management activities	Kazungula	Entire district
23	REFUEL FILLING STATION	Service filling Station	Kazungula	Entire district
24	ZAMBIA WILDLIFE AUTHORITY	Zoonotic disease control and wildlife protection	Kazungula	Entire district
25	FORESTRY DEPARTMENT	Environmental conservation and protection/ climate change control activities	Kazungula	Entire district

26	SWASCO	WASHE activities and Provision of Safe drinking water to communities in Kazungula District	Kazungula	Entire district
27	ZRA	Tax collection and Monitoring /clearance of imports, exports and transits	Kazungula	Entire district
28	IMMIGRATION	Clearance of travelers and Monitoring/control of human trafficking activities	Kazungula	Entire district
29	MINISTRY OF LIVESTOCK AND FISHERIES	Animal health and control of zoonotic diseases (nutrition and Food security)	Kazungula	Entire district
30	MINISTRY OF AGRICULTURE	Nutritional program and food security	Kazungula	Entire district
31	ZAMBIA COMPULSORY STANDARDS AGENCY (ZCSA)	Goods standard compliance and inspections	Kazungula	Entire district
32	ZAMBIA POLICE	Provision of security	Kazungula	Entire district
33	SEKUTE TRUST	community engagement activities	Kazungula	Entire district
34	SIMALAHA CONSERVATION	Wildlife conservation	Kazungula	Entire district
35	ZANIS	Dissemination of information/NEWS	Kazungula	Entire district
36	EAST STAR RADIO	Dissemination of information/NEWS	Kazungula	Entire district
37	DISASTER MANAGEMENT AND MITIGATION UNITY	Response to Epidemics, outbreak, pandemic/public health services	Kazungula	Entire district
38	OFFICE OF THE PRESIDENT (OP)	security and coordination of line ministries	Kazungula	Entire district
39	KAZUNGULA MARKET COMMITTEE	Provision of goods and services to the community	Kazungula	Entire district
40	KAZUNGULA DISABLED ASSOCIATION	Championing rights for the disabled and inclusion	Kazungula	Entire district
41	SOCIAL WELFARE	provision of social services and protection	Kazungula	Entire district
42	MINISTRY OF EDUCATION	School health services	Kazungula	Entire district
43	DISTRICT ADMINISTRATION OFFICE	Coordination of line ministries	Kazungula	Entire district
44	WORLD VISION	Public health Services and Infrastructure development	Kazungula	Entire district

45	ISDELL FLOWERS	Malaria control and CCE activities	Kazungula	Entire district
46	BREAKTHROUGH	Zoonotic disease control through RCCE activities	Kazungula	Entire district
47	CROSS-BORDER ASSOCIATION	cross border trading activities	Kazungula	Entire district
48	CO-AG	HIV epidemic control	Kazungula	Entire district
49	Development Aid from People to People (DAPP)	HIV epidemic control	Kazungula	Entire district
50	Sight Savers	Eye Care Services: (Ophthalmology Services).	Kazungula	Entire district
51	Planned Parenthood Association of Zambia	Safe motherhood: Family planning Services	Kazungula	Entire district
52	MACEPA	Malaria prevention and Treatment	Kazungula	Entire district
53	Churches Health Association of Zambia	Public Health and Pharmaceutical Services.	Kazungula	Entire district
54	BUTTERFLY Tree	Public Health Services: Infrastructure and Malaria	Kazungula	Entire district
55	Ministry of Health	Human health	Senanga	Entire District
56	DEBS	Health Education on HIV/AIDs, Nutrition, Adolescent health etc.	Senanga	Entire District
57	Department of social welfare and community development	Vulnerable Orphaned Children and Women and Ending Child marriage project	Senanga	Entire District
58	Min Of Agriculture	Disaster, Epidemic and Nutrition	Senanga	Senanga CBD
59	Western water and sanitation company	Provision of Safe Water	Senanga	Entire District
60	Senanga Town council	Governance and provision of water and sanitation services	Senanga	Entire District
61	CDC/COAG	TB, HIV and COVID 19	Senanga	Senanga CBD
62	YWCA	Reproductive health and gender activism	Senanga	Entire District
63	District Commissioner	Administration	Senanga	Entire District
64	Ministry of Health	Human health	Senanga	Entire District
65	Police Service	Law enforcement	Senanga	Entire District
66	Zambia News and Information Service	Publicity/News	Senanga	Entire District
67	Zambia Wildlife Authority	Wildlife Protection	Senanga	Entire District
68	Ministry of Green Economy and Environment	Environment	Senanga	Entire District

69	Ministry of Local Government	Local government	Senanga	Entire District
70	Disaster Management and Mitigation Unit	Disaster Management and Mitigation	Senanga	Entire District
71	Ministry of Agriculture - NAIS	Publicity/News	Senanga	Entire District
72	Hope Radio	Publicity/News	Senanga	Entire District
74	UNICEF	Adolescent Health Services	Senanga	5 Health facilities
75	SAFAIDS	Demand creation for ADH services	Senanga	5 Health facilities
76	PPAZ	HIV, Sexual reproductive and Family Planning Services	Senanga	Entire District
77	Global Fund	HIV, TB, Malaria and COVID 19	Senanga	1 facility
78	Anglican council	Malaria (IRS and Community sensitization)	Senanga	15 facilities
79	DAPP OVC	HIV (Retention)	Senanga	Entire District
80	DAPP TCE	HIV/TB	Senanga	Entire District
81	NHCs	Disease Prevention	Senanga	Entire district
82	ICAP	HIV/TB	Senanga	Entire district
83	Transi-Bantu Association Zambia	HIV	Senanga	Entire district
84	University of Maryland	Technical Support	Senanga	3 facilities
85	SESHA	Reproductive health and outreach services	Senanga	Senanga CBD
86	SWAZ	HIV/AIDs/OVCs and School support	Senanga	Entire district
87	NZP+	HIV/AIDs awareness	Senanga	Entire district
88	ZAPID	HIV/AIDs awareness	Senanga	Entire district
89	TALC	HIV/AIDs awareness	Senanga	Entire district
90	CIDRZ Life	HIV/AIDs courier system	Senanga	Entire district
92	Organization	Programme Focus and Activities	Chingola	Entire district
93	Konkola Copper Mines (KCM)Plc.	Malaria, Reproductive Health, Child Health, Curative and Preventive Health, Public Health, HIV/AIDS, HIV/AIDS	Chingola	Entire district
94	2. Zambia Integrated Health (ZIH) USAID PROJECT	HIV/AIDS, HIV/AIDS	Chingola	Entire district
95	Chingola Municipal Council	Public Health, Reproductive Health and Child Health	Chingola	Entire district
97	Mulonga Water and Sewerage Company	Water and Sanitation	Chingola	Entire district
98	Churches Health Association of Zambia	Home Based Care	Chingola	Entire district

99	Discover Health	HIV/AIDS	Chingola	Entire district
100	Ministry of Education	Child Health	Chingola	Entire district
101	Neighborhood Health Committees (NHCs)	Monitor and Supervise Community Health activities	Chingola	Entire district
102	Community Based Volunteers	Preventive and Promotive Activities in the Communities	Chingola	Entire district
103	Safe Motherhood Action Groups	Safe Motherhood	Chingola	Entire district
104	Ministry of Agriculture	Nutrition	Chingola	Entire district
105	Social Welfare	Health Care Programmes for Destitute/Less Privileged in the Society	Chingola	Entire district
106	TB LON	Curative and Preventive Health	Chingola	Entire district
107	Zanis	Information Dissemination	Chingola	Entire district
108	Anglican Church	Preventive Programme	Chingola	Entire district
109	Catholic diocese(cmmb)	Preventive Programme	Chingola	Entire district
110	SI	Preventive Programme	Chingola	Entire district
111	Rise fm	Information Dissemination	Chingola	Entire district
112	Shekinah Radio	Information Dissemination	Chingola	Entire district
113	Iwave Radio	Information Dissemination	Chingola	Entire district
114	Kokoliko Radio	Information Dissemination	Chingola	Entire district
115	Epiroc	Preventive Programme	Chingola	Entire district
116	USAID Stop GBV Project	GBV and HIV	Chingola	Entire district
117	District Administration (Office of the District Commissioner)	Coordination and support of activities within the district	Chingola	Entire district
118	Ministry of Livestock and Fisheries	Control of zoonotic Diseases	Chingola	Entire district
119	Ministry of Green Economy	Advocacy	Chingola	Entire district
120	GLOBAL FUND	Support in HIV/ TB activities	Chingola	Entire district

12 1	Zambia police	Provision of security	Chingola	Entire district
12 2	Mimbula Mines	Corporate Social Responsibilities	Chingola	Entire district
12 3	MFL	Animal Health	Mambwe	Entire district
12 4	Health	Human Health	Mambwe	Entire district
12 5	NAIS	Information Dissemination	Mambwe	Entire district
12 6	MGEE-Forestry	Environmental	Mambwe	Entire district
12 7	MOA-NAIS	Information Dissemination	Mambwe	Entire district
12 8	Zambia Police	Home Affairs	Mambwe	Entire district
12 9	National Parks & Wildlife	Wild life	Mambwe	Entire district
13 0	ZANIS	Information Dissemination	Mambwe	Entire district
13 1	MOA	Agriculture	Mambwe	Entire district
13 2	G2G	System Strengthening; Capacity building and service delivery (TB/HIV/AIDS)	Ndola	Entire district
13 3	Aids Healthcare Foundation	- HIV prevention, curation, Viral load suppression	Ndola	Entire district
13 4	Institute for Health Measurement	- System Strengthening: Capacity building and service delivery. i.e., ICT	Ndola	Entire district
13 5	BROAD REACH	- System Strengthening (e-Health/Smart Care)	Ndola	Entire district
13 6	Clinton Health Access Initiative	- HIV prevention, NCDs, MCH, Oxygen therapy	Ndola	Entire district
13 7	ORBIS	- Blinding diseases by Capacity building for key health personnel at primary, secondary and tertiary levels in quality eye health care	Ndola	Entire district
13 8	Discover Health	- Support activities to combat HIV and AIDS, Tuberculosis (VMMC, ART)	Ndola	Entire district
13 9	Evidence Action	- Maternal syphilis	Ndola	Entire district
14 0	Global Fund	- HIV, TB, Malaria and Covid-19	Ndola	Entire district

14 1	PPAZ (JOICEP)	- Improving the access to quality MNCH services for women in project area	Ndola	Entire district
14 2	Catholic Relief Services	- Strengthening the Capacity of Faith Based Organizations (FBOs) in Accelerating a Comprehensive and Integrated Approach to Providing HIV/ AIDS/TB/STI Care, Treatment and Prevention Services in Zambia under PEPFAR (EpiC 3-90)	Ndola	Entire district
14 3	Copper rose Zambia	- Mental Health services, SRHR, HIV/STIs	Ndola	Entire district
14 4	Fistula Foundation	- Surgeries on obstetric fistulas	Ndola	Entire district
14 5	Healthy Learners	- School health and nutrition program	Ndola	Entire district
14 6	Jhpiego	- HIV prevention and curation and VMMC services	Ndola	Entire district
14 7	Japan International Cooperation Agency (JICA)	- Upgrade two health centres to district hospitals (Chamboli and Mushili)	Ndola	Entire district
14 8	Marie Stopes	- Providing reproductive health services	Ndola	Entire district
14 9	CHAZ	- HIV and AIDS and Male Circumcision	Ndola	Entire district
15 0	Onesight	- Eye care refractive error services	Ndola	Entire district
15 1	Zambia Integrated Health	- HIV, TB, FP and MCH activities	Ndola	Entire district
15 2	DAPP	- To contribute towards the reduction of the TB burden in the mining sector in Southern African countries	Ndola	Entire district
15 3	Ndola Diocese - Catholic Church	- Home-based care for chronically ill patients of TB and HIV and AIDS as well as poverty reduction.	Ndola	Entire district
15 4	Copperbelt Health Education Project (CHEP)	- Tuberculosis: To build and strengthen capacities of local communities through: Training, Mentoring and Sub-granting	Ndola	Entire district
15 5	Rise Up!	- HIV services, Youth friendly spaces, Viral load testing and monitoring	Ndola	Entire district

15 6	Sterelin Medical and Diagnostic Services Limited	- Medical and Diagnostic products	Ndola	Entire district
15 7	TB LON	- HIV, TB, Covid-19 prevention	Ndola	Entire district
15 8	USAID Chekup 1	- HIV counselling and testing	Ndola	Entire district
15 9	USAID ECAP 1	- HIV mitigation and prevention, Child protection and psychological support	Ndola	Entire district
16 0	USAID Evidence for Health	- HMIS; System Strengthening, etc.	Ndola	Entire district
16 1	USAID GHSC-PSM	- DQA, Supply chain technical assistance, commodity security	Ndola	Entire district
16 2	USAID SUN TA	- Nutrition services	Ndola	Entire district
16 3	USAID Zam-health	- HIV, TB, FP, MNCH, QI services	Ndola	Entire district
16 4	First Quantum Mines (FQM)	- Preventive and Promotive services in Ndola	Ndola	Entire district
16 5	Mopani Copper Mines PLC	Curative, Preventive and Promotive services for miners in Kitwe and Mufulira Districts	Ndola	Entire district
16 6	Copperbelt Energy Co-operation (CEC)	Provide logistics in Roll Back Malaria Initiative	Ndola	Entire district
16 7	CRS-Mopani	HIV prevention, care and support services	Ndola	Entire district
16 8	Chambishi Metals	Roll Back Malaria; HIV and AIDS programme	Ndola	Entire district
16 9	None Ferrous Copper Africa plc (NFCA)	Roll Back Malaria and HIV and AIDS programme	Ndola	Entire district
17 0	Chibuluma Mines Plc	Roll Back Malaria, child health, HIV and AIDS	Ndola	Entire district
17 1	Chambishi Copper Smelter	Infrastructure development	Ndola	Entire district
17 2	Kagem/ Gemfields/Grizzly Mines	Construction/Logistical Support	Ndola	Entire district
17 3	Kafubu Water and Sewerage Company	Water and Sanitation services	Ndola	Entire district
17 4	Mulonga Water and Sewerage Company	Water and Sanitation services	Ndola	Entire district
17 5	Nkana Water and Sewerage Company	Water and Sanitation services	Ndola	Entire district
17 6	Rotary Clubs	Community sensitization and support for health services	Ndola	Entire district

17 7	Lions Clubs	Health service delivery	Ndola	Entire district
17 8	District AIDS Task Force	HIV and AIDS programme; HIV and AIDs collaboration preventive programs.	Ndola	Entire district
17 9	Local Authorities (2 City, 5 Municipal and 3 District Councils)	Execution of public health interventions in their respective municipalities.	Ndola	Entire district
18 0	Private Health Practitioners	Curative services	Ndola	Entire district
18 1	Zambia Army	Curative, Preventive and Promotive services in Mufulira, Kitwe and Ndola.	Ndola	Entire district
18 2	Zambia Flying Doctors Service	Telemedicine, medical and aviation services	Ndola	Entire district