



Volunteer sensitization

Appeal: MDRZM020	Country: Zambia	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 290,183	
Glide Number: -	People Affected: 5,383,271 people	People Targeted: 200,000 people	-
Operation Start Date: 2023-11-17	Operation Timeframe: 4 months	Operation End Date: 2024-03-31	Published:2024-11-22 DREF

Targeted Areas: **Eastern, Lusaka, North-Western, Southern, Western, Muchinga**

The anthrax outbreak, with four reported fatalities and ongoing infections, presents a formidable challenge to containment and control efforts. Public health measures, often implemented through a comprehensive one-health approach, have resulted in stringent restrictions on various activities related to the handling and distribution of meat products.

It is evident that the co-occurrence of the cholera and anthrax outbreaks has placed immense strain on Zambia's healthcare infrastructure and resources, requiring a multifaceted approach to manage and contain these concurrent public health challenges. The impact on beef production and related industries is a concern that further underscores the gravity of the situation. Coordination, resource allocation, and timely interventions are paramount in addressing these outbreaks and safeguarding the well-being of the population.

Addressing these key drivers involves enhancing public awareness through education campaigns, ensuring strict compliance with public health measures, strengthening multi-sectoral coordination mechanisms, and promoting timely and collaborative responses to anthrax outbreaks. By addressing these drivers comprehensively, Zambia can work towards mitigating the impact of anthrax and preventing future outbreaks.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	No
Did the National Society respond?	No
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

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Lessons learned:

This is the first time Zambia Red Cross is responding to Anthrax however there are some lessons learnt in Cholera response such as:

- There was strong stakeholder engagement and involvement from planning to implementation as well as daily incident management system meetings in all the affected districts.
- The surge deployment made a lot of difference in terms support to NS in carrying out interventions.
- The printed key messages helped volunteers to easily and timely disseminate preventive messages to the communities which led to effective response to the outbreak.
- Poor road network affected the implementation of the response interventions, but NS managed to timely implement through involvement of local branches and volunteers.
- There was good collaboration and coordination with Malawi Red Cross on cross boarder transmission especially in Eastern Province where cases were crossing between the two countries.

Some of the lessons learnt from the Cholera response are very much applicable in this response such as coordination with key stakeholders, involvement of the branches and volunteers as well as the cross-border interaction with other countries.

Current National Society Actions

National Society Readiness

ZRCS has a Response and Preparedness project in the district which has registered more cases in Southern province (Sinazongwe District) and two more districts where ZRCS is supporting MOH with sensitization activities. ZRCS branches across the country have been alerted to the ongoing anthrax outbreak and volunteers have

	<p>been identified in readiness of responding. 600 volunteers have been mobilized in the 10 targeted districts. ZRCS has also alerted 25 trained National Disaster Response Team members across the country to be on standby in case of need for deployment to support the response. The NS Headquarter Health and Disaster Department staff will from time to time provide backstopping in the carrying out of the interventions in collaboration with CEA, branch development, and the PMER team.</p>
Assessment	<p>ZRCS is working hand in hand with MOH and ZNPHI in monitoring the situation in the country from time to time. Currently ZRCS has not done any assessment with regards to the anthrax outbreak. However, situation reports are being shared during national IMS meetings which ZRCS is part of.</p>
Coordination	<p>The Government of Zambia through the Ministry of Health has activated the National IMS which comprises all actors in the One Health Sector in government and Quasi government institutions and other agencies. The Government of Zambia has engaged WHO to discuss possible collaboration looking at the nature of the situation. Zambia Red Cross Society is taking part in the IMS nationally. Internally, the National Society has equally activated its IMS for the purpose of triggering internal response and resources with the involvement of IFRC and the Netherlands Red Cross. The office of the Branch Development Manager has equally triggered alerts to the local branches for the purpose of readiness to respond. Generally, the NS has been consistent in supporting and participating in National events across the country. The Zambia National Public Health Institute has continued to coordinate national operations and has activated its Rapid Response Team and its National Multisectoral plan at the national, provincial as well as at district levels. The RCCE and Health cluster meetings with stakeholders are taking place on a daily basis and ZRCS is part of these structures. ZNPHI has also activated the District Public Health Emergency Operation Centre, District Epidemic Preparedness Prevention Control and Management Committees, and incident Management system in affected districts. In three districts where Zambia RC is implementing a project, the ZRCS officers are attending the coordination meetings.</p>
Resource Mobilization	<p>ZRCS is one of the National Societies (NS) implementing ECHO Pilot Programmatic Partnership project. The project has exhausted the epidemic control budget due to the ongoing Cholera outbreak. There is room to access flexible funds within the ECHO PPP which can only take not less than two weeks, hence the DREF application.</p>
Health	<p>The National Society has integrated Anthrax messages in the current Cholera response and there is a Response and Preparedness program in 3 districts that are affected by Anthrax conducting health and hygiene promotion in collaboration with MOH.</p>

IFRC Network Actions Related To The Current Event

Secretariat	<p>IFRC is supporting the NS with technical guidance and coordination. The IFRC has 2 country delegates who have been working closely with the national Society in providing technical guidance and development of the operation plans. This includes the Cholera country support delegate who liaises with the country platform on the elimination of Cholera in Zambia. The operations delegate is responsible for providing strategic and technical guidance to the operation and coordinates with the Harare cluster office and the regional office in Nairobi. The IFRC is supporting Health and Care projects in Southern and Eastern provinces, the project officers in Choma will be engaged to support the operation in the district and surrounding districts which have recorded anthrax cases. The country team is equally supported by the cluster delegation office in Harare under the leadership of the Head of</p>
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	Delegation, cluster operations coordinator, emergency WASH coordinator, finance team, CEA coordinator and PMER.
Participating National Societies	Netherlands Red Cross is supporting the NS with coordination and initial funds to support the operation through Response Preparedness III Project. Netherlands Red Cross is the only PNS in-country and has supported ZRCS in epidemic preparedness and response. Netherlands' Red Cross is part of the IMS coordination at National level through meetings for the Cholera operation. It is supporting the NS with Health and Care projects in Eastern and Southern Provinces through the CBHR, RPIII and ECHO-PPP. The staff of these projects will provide the support to the districts like Sinazongwe, Choma, Kalomo and Monze in terms of monitoring of the interventions where necessary. NLRC will also continue providing technical guidance to the whole operation through its in-country delegate. There are two delegates stationed in the country.

ICRC Actions Related To The Current Event

Currently there is no ICRC delegation in Zambia.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>Following the declaration of the anthrax outbreak officially by the Ministry of Health (MoH), the Minister urged members of the public to be vigilant and report any suspected cases. Currently, the Ministry of Health together with ZNPH and the Ministry of Fisheries and Livestock are supporting the provincial and District Health teams in affected provinces through:</p> <ul style="list-style-type: none"> - Sensitization and community engagement is currently on-going. - Intensifying event-based surveillance and early case detection. - Case management is currently on-going. - Monitoring and clinical evaluation of discharged of patients currently ongoing. - The district is applying One health approach to control the outbreak. <p>The government's commitment to protecting the health of its citizens is resolute, and it is reflected in the swift and coordinated response to the anthrax outbreak. Through these efforts, the Ministry of Health is dedicated to ensuring the safety and well-being of the nation's people.</p>
UN or other actors	<p>UN and other actors are part of the cluster system that has been activated and are helping the government in resource mobilization, surveillance and provision of supplies. They are part of the IMS and cluster coordination.</p> <p>WHO - supports MOH in implementation of the One Health approach.</p>

Are there major coordination mechanism in place?

The Ministry of Health through the Zambia National Public Health Institute (ZNPHI) has incorporated anthrax response into the already existing cholera National Incident Management System (IMS) at district, provincial and national levels.

At the national level, the IMS is held twice per week as ZRCS participates in all. Equally, the ZRCS internal IMS was activated for the cholera outbreak which is being experienced by the country for the purpose of coordinating internal response and resource mobilization.

Needs (Gaps) Identified



The people in the affected districts are at high risk of contracting anthrax due to the human-animal interaction that exists. Anthrax is a serious infectious disease which occurs naturally in soil and commonly affects domestic and wild animals. People can get sick with anthrax if they come in contact with infected animals or contaminated animal products.

From the hot spot districts, the below observations were made:

- Most of the affected districts are near game parks while some communities live in the game parks. This renders them vulnerable to anthrax infection. Additionally, the affected areas depend largely on cattle for ploughing and livelihoods, the outbreak has affected cattle and some cattle have died increasing the vulnerability.

- On the other hand, once meat is extracted from the carcasses, some of the meat is dried and sold to far away places thereby spreading the disease.

- In an effort to mitigate the anthrax outbreak, significant steps have been taken, including the prohibition of animal transportation between different locations. Government has put in place specific checkpoints to limit the movement of meat especially game meat but still the meat finds its way on the markets even in places where there are no game parks. These preventive measures aim to curb the spread of the disease. Despite these efforts, the anthrax outbreak continues to claim victims, with many individuals succumbing to infection and others at risk of exposure.

There are transportation of meat and meat products, and this seems to remain a common practice in the districts hot spots as the cases continue to increase. Hence, the potential of cases spreading to other areas.

- The situation and spread of disease could mean there is still a strong practice of contact with animals and dead animals which increased the risk of spread of Anthrax despite the prevention messages started by government. The risk is higher considering the number of animals reported dead since the outbreak.

Indeed, since the outbreak started, a significant number of animals have died of the disease. As of 3rd November 2023, 320 cattle, 1 goat and 20 hippos, 2 dogs had been recorded to have died in 10 districts. There is high probability of having more deaths that are not reported nor recorded and the spreading increases due to movements. The drivers for increase in animal cases include increased interaction of both human and domestic animals with wildlife e.g. due to shared grazed land and water sources, animals forced to graze close to the ground due to depleting pasture, inadequate awareness materials in most districts where Anthrax has occurred, animals grazing on contaminated grazing land like old burial sites for animals and inadequate vaccination coverage for animals.

- Overall, there is inadequate and at-risk practices of hygiene, handling and cooking meat that are driving the outbreak. Details are under the scope.

- The disease itself is more severe with a high impact on people in the affected areas where some people are not able to carry out their daily livelihood chores thereby leading to food insecurity in the long run.

There is a need for intensification of prevention messages against health risks as well as stopping the spread and hence the need for volunteer mobilization and capacity strengthening in contact tracing, preventive measures on handling of carcasses etc.

There are some limitations in risk communication and community engagement due to gaps on the current capacity in delivering preventive messages as well as unavailability of IEC materials such as Banners, fliers and posters to support community access to information about the disease. Dissemination of anthrax key messages is cardinal using different platforms to reach even remote areas.

Zambia Red Cross Society will support 10 districts with a total population of 3,079,964 to support disseminate preventive messages and capacity building of the MoH staff.

While the Government has been responding to the outbreak, there are still gaps that the partners can fill into address the factors driving the outbreak.



During the IMS meetings, it was mentioned that the communities were handling carcasses of infected animals without any protection. This was cited as one of the drivers of the spread of infection. Some of the people got infected through the handling of meat from the dead animals.

Low/poor hygiene practice increase the spread of the disease in such context. This calls for training in the handling of the carcasses of infected animals and hygiene promotion messages to the communities.

The ZRCS will also support the provision of personal protective equipment (PPE) to those who will be handling dead animals. Moreover, ZRCS will support hygiene promotion training to the health facility and Ministry of Fisheries and Livestock staff.

Any identified gaps/limitations in the assessment

There is no actual assessment carried out in the affected district, however Ministry of Health has been sharing updates on the current situation. The major gaps identified are as follows.

Low Compliance with Public Health Measures by the Public due to the following:

Limited knowledge and awareness of anthrax disease and its transmission pathways among the general public have contributed to a lack of vigilance and precautions.

Unsafe handling of livestock by livestock-keepers and individuals who handle animal products may not fully grasp the risks associated with infected animals or contaminated animal products. As a result, they may not implement adequate safety measures when dealing with animals or animal byproducts.

Underreporting of suspected cases or delay in reporting by Individuals who experience symptoms of anthrax to healthcare authorities due to various factors, such as a lack of understanding of the disease, fear of stigma, or challenges accessing healthcare facilities. Delayed reporting can hinder early detection and intervention.

Poor hygiene practices related to food preparation, consumption, and personal hygiene can facilitate anthrax transmission. This includes consuming undercooked or contaminated animal products and insufficient handwashing.

Inadequate coordination among, multi-sectoral stakeholders:

The response to anthrax outbreaks necessitates collaboration among various sectors, including health, agriculture, veterinary services, and environmental management. Inadequate coordination among these stakeholders can lead to fragmented efforts and ineffective containment of the disease.

Challenges in allocating resources and responsibilities among different sectors may hinder the timely deployment of necessary interventions, including vaccination campaigns, animal surveillance, and public health campaigns.

Effective information sharing and data exchange among sectors are vital for comprehensive situational analysis and outbreak management. Inadequate information sharing can result in knowledge gaps and difficulties in decision-making.

Delayed or fragmented responses from different sectors may lead to an extended duration of the outbreak, increased transmission, and elevated risks for public health and livestock.

Transportation of meat and meat products:

Transportation of infected animal carcasses from one location to another has triggered the situation in most parts of the country. This practice has dire consequences as it leads to the dissemination of anthrax spores in the environment, further perpetuating the cycle of infection and posing a considerable threat to public health and wildlife preservation.

Zambia has been grappling with the persistence of a cholera outbreak in various regions of the country, and now faces an additional and significant threat in the form of an anthrax outbreak. This dual public health challenge is straining the nation's healthcare infrastructure, necessitating substantial allocations of both human resources and financial support. The anthrax outbreak introduces a unique set of concerns, especially for industries involved in beef production, and has imposed severe restrictions on various aspects of the meat production and distribution process.

This outbreak poses a serious risk to public health, further complicating the response to existing health crises such as Cholera. The anthrax outbreak, with four reported fatalities and ongoing infections, presents a formidable challenge to containment and control efforts. Public health measures, often implemented through a comprehensive one-health approach, have resulted in stringent restrictions on various activities related to the handling and distribution of meat products.

In an effort to mitigate the anthrax outbreak, significant steps have been taken, including the prohibition of animal transportation between different locations. These preventive measures aim to curb the spread of the disease. Despite these efforts, the anthrax outbreak continues to claim victims, with many individuals succumbing to infection and others at risk of exposure.

It is evident that the co-occurrence of the cholera and anthrax outbreaks has placed immense strain on Zambia's healthcare infrastructure and resources, requiring a multifaceted approach to manage and contain these concurrent public health challenges. The impact on beef production and related industries is a concern that further underscores the gravity of the situation. Coordination, resource allocation, and timely interventions are paramount in addressing these outbreaks and safeguarding the well-being of the population.

Addressing these key drivers involves enhancing public awareness through education campaigns, ensuring strict compliance with public health measures, strengthening multi-sectoral coordination mechanisms, and promoting timely and collaborative responses to anthrax outbreaks. By addressing these drivers comprehensively, Zambia can work towards mitigating the impact of anthrax and preventing future outbreaks.

Operational Strategy

Overall objective of the operation

The DREF allocation aims at supporting 200,000 directly and 3,380,191 people indirectly affected or at risk of Anthrax outbreak in 10 hot spot districts with ongoing cases and where the ongoing MoH response need to be scaled-up or complemented through the RCCE, hygiene, health prevention and response actions for a period of 4 months.

Operation strategy rationale

To reduce the spread of anthrax infection, volunteers will be selected from the communities and oriented about the disease and its preventive measures which is new in most communities. This will be done by employing an integrated RCCE approach such as the use of a public address system, conducting radio programs targeting the population at risk. The operation will ensure that one health approach is integrated that will bring the interaction between human health, animal health and environmental health.

1. Hygiene promotion

Engage in initiatives for environmental cleanliness, hygiene, and health promotion from house to house, such as risk communication. This will be accomplished by deploying volunteers twice a week for three (3) months (as the disease evolves). ZRCS will also support social mobilization to promote animal vaccination being administered by the government.

2. Stop transmission through contact tracing

ZRCS volunteers will be trained in contact tracing for following up with people infected or those in contact with dead animals. Volunteers will be provided with protective materials such as gumboots and ministry of fisheries and livestock will be provided with recommended and approved chemicals for disinfection. Volunteers will continue with hygiene promotion messages.

3. RCCE and social mobilization

In order to enhance knowledge, and uptake of hygiene practices and behavior, necessary to prevent and control anthrax, volunteers will sensitize communities in markets and animal slaughter houses through door-to-door visits and distribution of IEC materials. Other techniques for information dissemination include use of public address systems, radio messages and jingles and social media. The NS will procure visibility materials (t-shirts, bibs caps) with anti-anthrax messages for volunteers and NS personnel. ZRCS periodically obtains data on the current situation from MoH/ZNPHI through daily updates, and volunteer field reports which are used to guide the operation team in decision making as well as sharing with key stakeholders. The NS is basing its response on the community engagement and accountability (CEA) principles and is ensuring that community interaction and feedback is incorporated and mainstreamed. ZRCS is setting up a feedback mechanism in all the affected districts. The feedback or rumors received by NS RCCE/CEA focal persons will be analyzed and shared with pertinent stakeholders through the activation of various committees, such as the CEA, RCCE committee, for further transmission to affected communities through volunteers.

4. One Health coordination with partners

To address the anthrax outbreak and its potential ramifications, a multidisciplinary and multi-sectoral approach has been adopted. That approach requires a coordination, constant communication and pro-active joint actions between health, agriculture, veterinary services, and environmental management. ZRCS is playing his part of that multisectoral anthrax response mechanism at national and subnational levels, coordinated by the MoH/ZNPHI. This helps to avoid duplication of efforts and improve management and coordination of the anthrax outbreak response operation. ZRCS will support meeting on one Health where necessary to ensure coordination is maintained throughout the operation.

The coordination on the Anthrax response under this intervention as well as for the overall actions on the MoH plan, will bring together various sectors and disciplines to respond effectively to the crisis and ensure a proactive scale-up to curb the outbreak.

Targeting Strategy

Who will be targeted through this operation?

The response efforts will encompass a wide range of specific target groups, including but not limited to women, children, farmers, and individuals involved in meat and meat products handling. Additionally, the response will extend to the general population, ensuring that a comprehensive and inclusive approach is adopted. By addressing the needs of various special groups and the broader community, our goal is to provide effective support and protection against the Anthrax outbreak. This approach aims to leave no one behind and mitigate the impact of the outbreak on all segments of the population. The response will target Lusaka, Choma, Monze, Sinazongwe, Kalomo, Livingstone, Kazungula, Lumezi, Mongu and Sesheke District with ongoing outbreak of Anthrax and high risky districts.

Explain the selection criteria for the targeted population

Currently all the affected people will be targeted for the response, However the rural population might be a challenge to reach due to accessibility, hence the target has been set at 70% of the affected population.

Total Targeted Population

Women	102,000	Rural	47%
Girls (under 18)	16,320	Urban	53%
Men	98,000	People with disabilities (estimated)	2%
Boys (under 18)	15,680		
Total targeted population	200,000		

Risk and Security Considerations

Please indicate any security and safety concerns for this operation

There is no major security concerns existing in the affected districts.

Planned Intervention



Budget: CHF 153,423

Targeted Persons: 200,000

Indicators

Title	Target
Number of Assessment	1
Number of IEC printed	3,000
Number of radio programs conducted	20
Number of volunteers trained on ECV, RCCE, CEA,PSS	750
Number of people reached with messages	200,000
Number of butchers reached with Anthrax messages	50
Percentage of listed contacts followed up	90
Number of volunteers trained in contact tracing.	250

Priority Actions

- Conduct risk Assessment and monitoring.
- Mapping of key stakeholders for engagement.

- Printing of IEC materials & Translation.
- Radio programs once per week for month in 10 radio stations.
- Training of volunteers in Epic Training package which covers ECV, CEA, PSS /community-based health prevention.
- Volunteers disseminating messages in animal slaughterhouses, markets and communities.
- Training volunteers in contact tracing.
- Conduct Health and hygiene promotion (sensitization door to door & through the use of the PA system).
- Procurement of mega-phones.
- Procurement of prevention materials (disinfectants, hand sanitizer).
- Support the MoH with PPEs.



Community Engagement And Accountability

Budget: CHF 37,599

Targeted Persons: 200,000

Indicators

Title	Target
number of supported volunteers to conduct rumour tracking	750
Number of coordination and review meetings with stakeholders supported	30
% of complaints and feedback received and responded to by NS	80
Number of staff and volunteers trained in RCCE	350

Priority Actions

- Support volunteers on CEA activities and rumor tracking (printing) communication cost for feedback system and other needed cost).
- Support volunteers on CEA activities and rumor tracking.
- Training of volunteers in RCCE.
- Support coordination and review meetings with key stakeholder (Epidemic Preparedness committee).



Secretariat Services

Budget: CHF 24,634

Targeted Persons: 1

Indicators

Title	Target
Number of Surge deployed	1

Priority Actions

- Deployment of Surge for a period of 3 months.
- Support supervision from country and cluster office.



Budget: CHF 74,527

Targeted Persons: 762

Indicators

Title	Target
Number of volunteers deployed	750
number of staff deployed	8
Number of NDRTs deployed	4

Priority Actions

- Volunteer deployment.
- Staff deployment.
- NDRT deployment.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The operation is being managed by the NS Health Department who are overseeing the response activities. Where the NS is running projects, the project staff will be involved in supporting the NDRTs that will be deployed for day to day running of the operation. Therefore, a total of 4 NDRTs and 750 volunteers from the 10 targeted districts, will be trained to support all the activities and to work with department of fisheries, Animal Health as well as Ministry of Health.

Will surge personnel be deployed? Please provide the role profile needed.

Since this is the first time that ZRCS is responding to the Anthrax, there is need to deploy a surge to support in the implementation of this DREF. The Surge profile will be under health with experience in handling Anthrax response. The surge will be deployed for at least 3 months.

If there is procurement, will it be done by National Society or IFRC?

No serious procurements are planned for this DREF, the NS will take the responsibility of procuring the few items planned. The NS will need to hire vehicle for monitoring of the project activities.

How will this operation be monitored?

The monitoring of the response will be done by the PMER unit of the NS and other relevant sectors to this operation following the operation indicators. Monitoring visits are scheduled once a month for the whole period of the operation. The volunteers will be oriented on data collection using KOBO, the NDRTs will be responsible for consolidating the data and share with PMER Officer at Headquarter. The PMER will work hand in hand with Disaster Health Manager to consolidate the reports and share with in country Delegate for IFRC. A monitoring plan will be developed in the field for the NDRT who will always be there to support the day-to-day activities of the volunteers. There will be integrated monitoring visits with country IFRC Delegate who from time to time will provide the technical guidance. The IFRC cluster office will also monitor and support the operation remotely with at least one visit by either PMER, NSD or Finance. A lesson learnt workshop will be organized by the PMER unit of the NS with all relevant stakeholders of the operation.

Please briefly explain the National Societies communication strategy for this operation

Weekly operation updates will be developed by the National Society and shared widely with external stakeholders.

The communications department will ensure that the communication strategy is in place and supported and that the visibility of the operation is promoted. Frequent visits to collect materials for publication will be done by the department with support from the IFRC cluster office. These will be published through the NS and IFRC websites.

Budget Overview



DREF OPERATION

MDRCCxxx - Zambia Red Cross Society Response to Anthrax Outbreak

Operating Budget by Output Codes

	Total
Planned Operations	191,022
Shelter and Basic Household Items	0
AP005 Shelter assistance to households	0
Livelihoods	0
AP007 Improvement of income sources	0
Multi-purpose Cash	0
AP081 Multipurpose cash grants	0
Health	153,423
AP107 NS health capacity	0
AP108 Health services	0
AP109 Health services in emergencies	153,423
Water, Sanitation & Hygiene	0
AP110 WASH	0
AP111 WASH in emergencies	0
Protection, Gender and Inclusion	0
AP114 Humanitarian values and principles	0
AP116 Protection/gender/inclusion services	0
AP117 Protection/gender/inclusion capacity	0
Education	0
AP115 Access to education	0
Migration	0
AP112 Support to migrants and displaced	0
AP113 NS Migration & Displacement Capacity	0
Risk Red., Climate Adapt. and Recovery	0
AP101 Climate change adaptation	0
AP103 Comm. risk reduction and resilience	0
AP104 Assistance to people affected	0
AP105 NS DM Capacity	0
AP106 Disaster Law	0
Community Engage. and Accountability	37,599
AP129 Community engagement/accountability	37,599
Environmental Sustainability	0
AP102 Climate change mitigation&greening	0
Enabling Approaches	99,161
Coordination and Partnerships	0
AP049 IFRC coord. in humanitarian system	0
AP118 Engagement w. stakeholders	0
AP119 Influencing and hum. diplomacy	0
AP120 Innovation	0
AP121 Digital Transformation	0
AP127 Membership Coordination	0
AP128 Movement Cooperation	0
Secretariat Services	24,634

Internal

15/11/2023

V2022.01

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Contact Information

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[Click here for the reference](#)