Final Report

Zambia, Africa| Cholera Response

Emergency appeal №: MDRZM021 **First launched on:** 10/1/2024	**Glide №:** **EP-2024-000002-ZMB**
Final report issued on: 12/11/2025	**Timeframe covered by final report:** From 10/1/2024 to 31/12/2024
Number of people targeted: 3,200,000	**Number of people assisted: 4,296,379**
Funding coverage (CHF): CHF 3 million through the IFRC Emergency Appeal CHF 4 million Federation-wide	**DREF amount initially allocated:** CHF 750,000

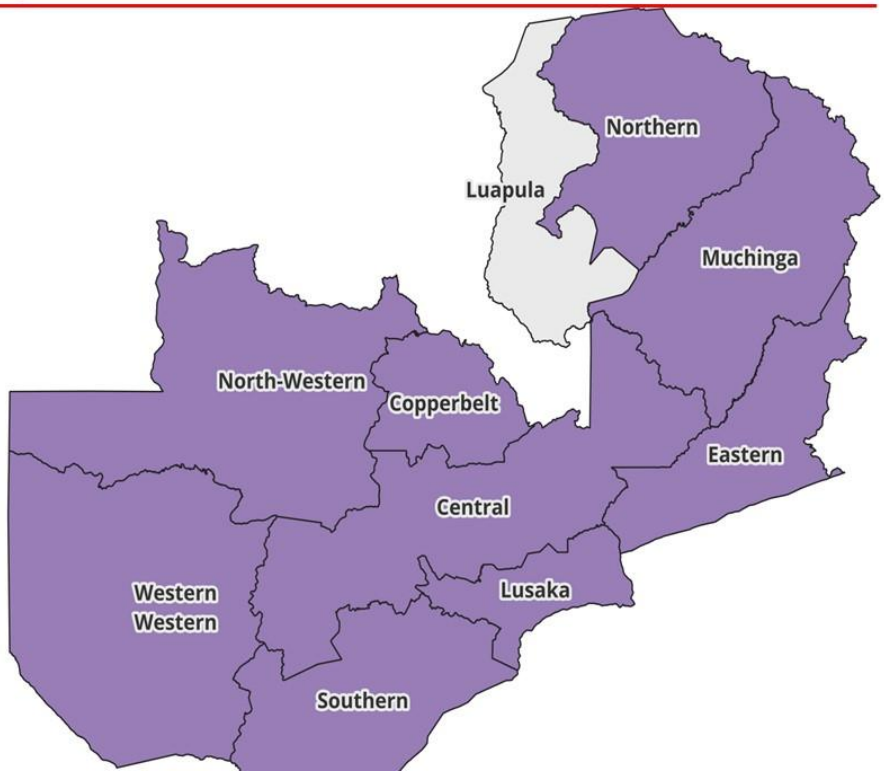
ZRCS Engineers inspecting borehole drilling progress

A. SITUATION ANALYSIS

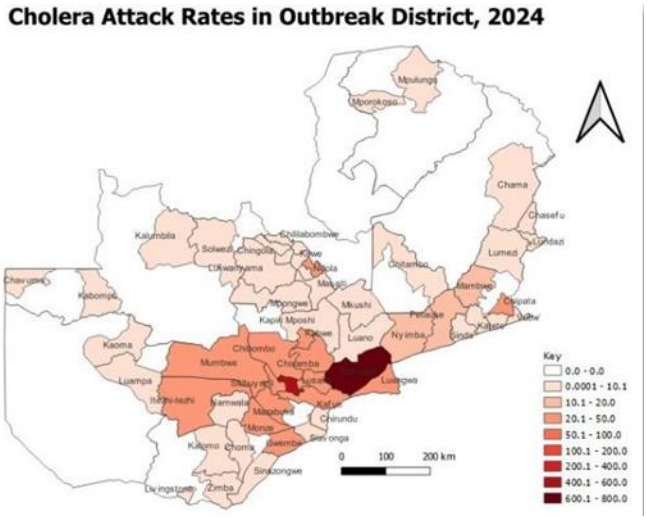
Description of the crisis

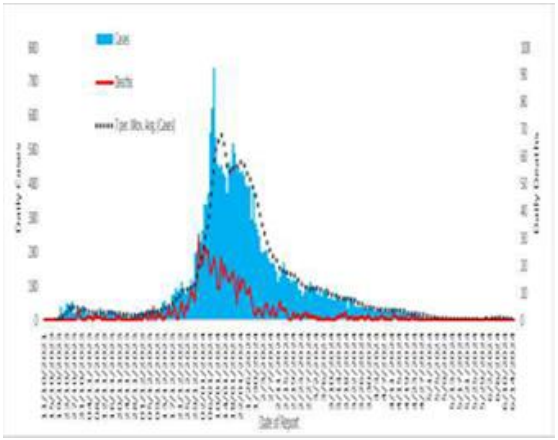
A cholera outbreak which was first reported in October 2023 saw a dramatic increase in transmission from mid-December 2023 to around mid-January 2024. Between January 2024 and mid-March 2024, a downward trend was experienced in almost all the provinces. Eastern province recorded a small upward trend in the month of June 2024. The country as of 30/06/2024 had recorded a cumulative 20,102 cases and 740 deaths, with 10 consecutive weeks without any case being recorded according to a daily update from the Ministry of Health resulting in a cumulative case fatality rate of 3.7%.

Provinces Affected by Cholera



The country had previously experienced a major outbreak between October 2017 and June 2018 with a total of 5,935 reported cases. The outbreak initially emerged in peri-urban areas of Lusaka Province, just like the 2024 outbreak where Lusaka became the epicenter followed by the Copperbelt province. Due to the high rate of transmission especially between the months of January and February 2024, the outbreak started affecting people across multiple geographical areas especially Southern, Central and the Copperbelt provinces. Since the start of the current cholera outbreak, all ten provinces reported confirmed cases where out of 116 districts, 70 have had confirmed outbreaks and had reported cases despite the downward trend. The Cholera affected provinces also experienced serious dry spells leading to water sources drying up, food shortages compounding the humanitarian situation and needs whilst weakening the coping mechanisms. The national epi-curve showed that new cases were steadily decreasing.





Cholera cases have significantly reduced to zero cases for over ten weeks in Zambia.

During the cholera outbreak, the cases and spread of the disease got on the peak around 12th to 26th January 2024 and started decreasing steadily towards the end of January. This was attributed to vaccination, dry spell across most provinces as well as robust interventions by different stakeholders.

In response to the surge in cholera cases, the government designated Lusaka's National Heroes Stadium as a Cholera Centre as township health centers struggled to cope. Schools in Zambia were closed for nearly two months due to the increase in transmission, causing a delayed start to the academic year. Schools reopened towards the end of February 2024 after close monitoring of sanitation standards by the government. If a case was identified in a school, proper follow-ups including Case Area Target Intervention – CATI approach were conducted to prevent further transmission.

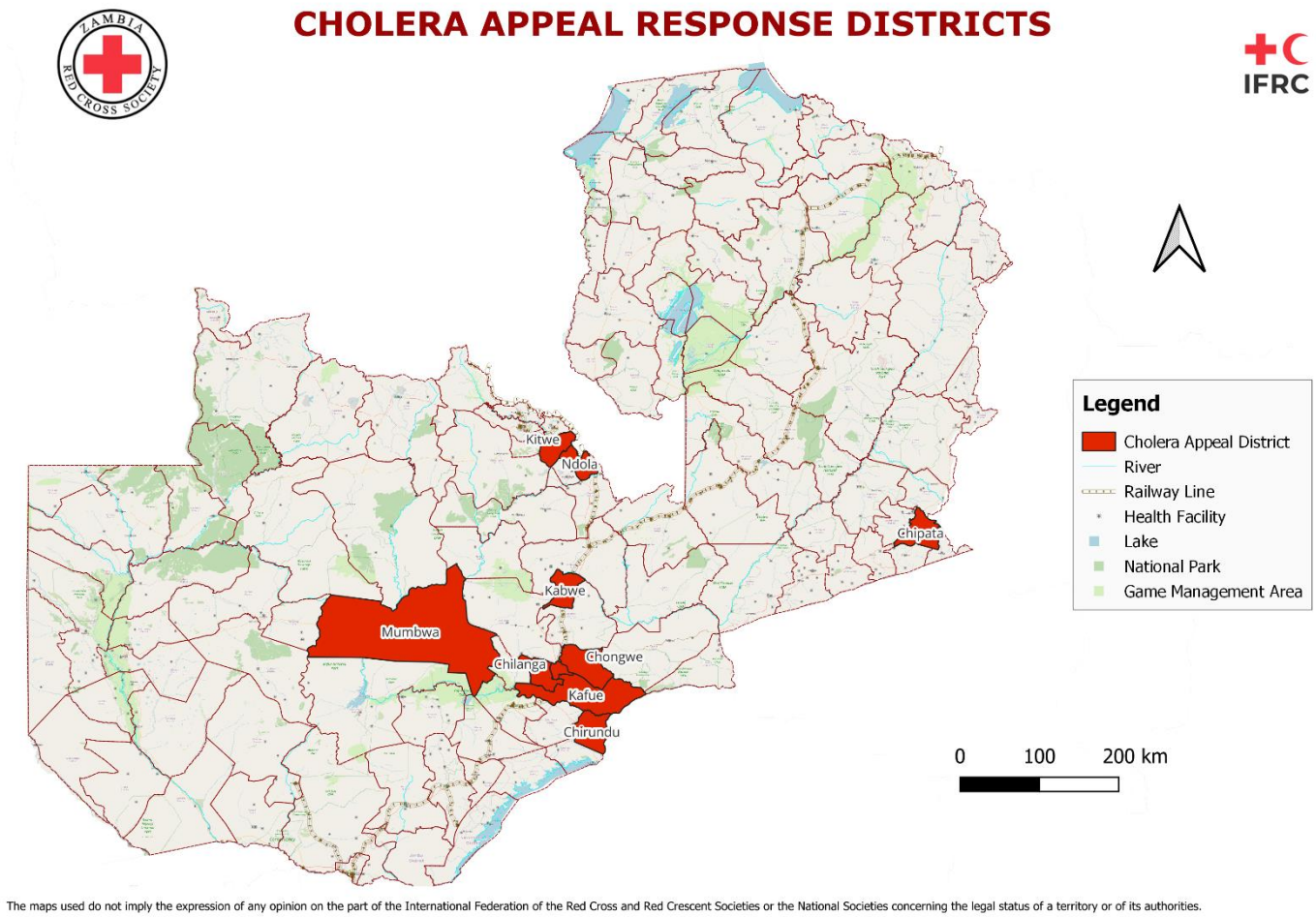
The table below shows issues of focus the current interventions. The integration of cholera and drought response is being prioritized to ensure that there is no recurrence of the situation in the country.

Challenge	Description	Intervention Focus
Poor Sanitation	Inadequate waste disposal and lack of proper sanitation facilities	Improved sanitation infrastructure and waste management
Inadequate Health-Seeking Behaviors	Low utilization of health services due to cultural beliefs or misinformation	Community health education and awareness campaigns
Insufficient Hygiene Practices	Poor handwashing and hygiene habits contributing to disease spread	Hygiene promotion and access to WASH facilities
Intercity Movements	Migration between cities increasing the risk of disease transmission	Monitoring and control measures for public health
Stigma and Discrimination	Social exclusion affecting access to healthcare and support services	Awareness programs and inclusion initiatives
Limited Access to Health Services	Geographic, financial, or systemic barriers to healthcare	Strengthening healthcare systems and mobile clinics

Cholera and Drought Response Integration	Addressing waterborne diseases and climate-related challenges simultaneously Coordinated WASH and emergency response efforts

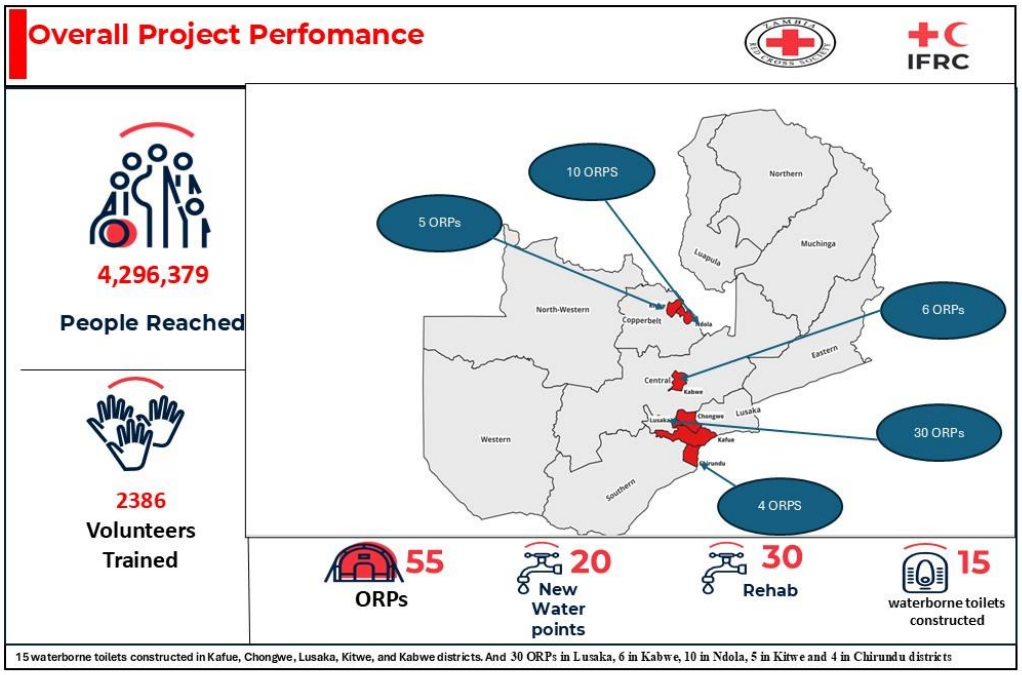
Summary of response

The ZRCS deployed 8 National Disaster Response Teams (NDRT) to all hot spot districts to respond to the emergency[1]. The National Society reached out to over **4,296,379 people** through door to door, public address system, radio and television country wide to affected areas with Cholera prevention information dissemination. ZRCS supported the construction of **55 Oral Rehydration Points**/Centres (ORPs/ORCs).



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or the National Societies concerning the legal status of a territory or of its authorities.

[1] NDRTs were deployed in districts of Lusaka, Central, Eastern, Southern and Copperbelt provinces

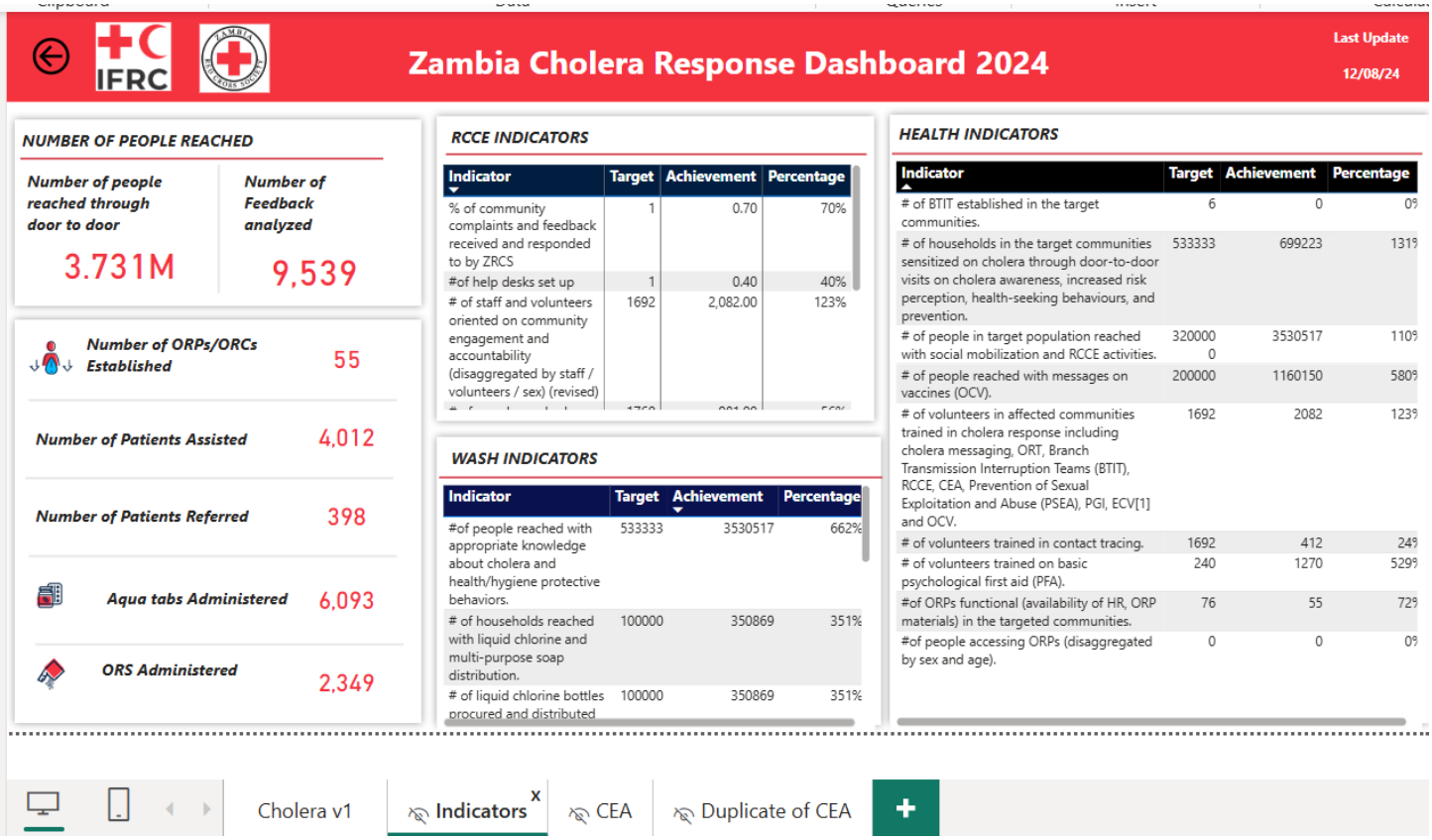


Public

ZRCS provided supplies for operations and management of the ORPs such as rehydration salts, chlorine, soap, and furniture (tables, chairs), etc.

In collaboration with the Ministry of Health (MOH), ZRCS has supported the activities at the Heroes Stadium which was used as a Cholera Treatment Centre (CTC) through setting up of ORP for discharged patients as they wait for transport to their respective homes as well as Infection Prevention and Control for the same group of people. The NS had set up 2 help desks one at the Heroes stadium and another one at Levy Mwanawasa CTC for connecting discharged patients with their families. At both CTCs volunteers shared prevention messages, chlorine and ORS for home use with the discharged patients.
Water supply and sanitation was enhanced in schools, health centres, communities and markets through construction of water borne toilets, rehabilitation of existing boreholes, drilling and solarization / upgrading of water points.

A total of **2,386 volunteers** were trained in CEA, RCCE, PSS,PGI and other related training on health promotion. Following the training volunteers conducted sensitization using door-to-door, megaphones, focus group discussions to reach out to communities with cholera prevention messages. During the sensitization sessions volunteers also collected complaints and feedback through the feedback mechanisms that have been established in all the provinces of operation in the country, during the period under review 14,909 community feedback have been received and coded. Feedback mechanisms have been established in all hotspots where rumours and myths are being recorded. The collected feedback has helped ZRCS to effectively respond to the outbreak by ensuring that strategy adopts the feedback.



A snapshot of the Zambia Cholera Dashboard

As part of strengthening capacity for effective response, the IFRC (through the Country Support Platform for Cholera (CSP), in collaboration with the MOH/ZNPHI and the UK Health Security Agency (UKHSA), supported the training of 120 district-level health staff across 2 districts in the Central province. Following the training, the IFRC/ZRCS rolled out of the Case Area Targeted Interventions in these districts.

Below is the list of activities that were supported by the project under review, that contributed to the fight against cholera in Zambia.

Main Activity	Description
Hygiene Promotion & Risk Communication	Conducted door-to-door sensitization, radio programs, and public address activities, reaching 4,296,379 people across all provinces.
Training & Capacity Building	Trained 304 volunteers in Cholera Oral Rehydration Corner (ORC) package and community health activities. Conducted ToT sessions on PHEM, CATI Approach, and Branch Transmission Interruption Teams (BTIT).
Oral Rehydration & Health Support	Established 55 ORCs in cholera hot spots, reducing case severity and outbreak impact. Conducted over 150 days of household visits by 2,082 volunteers for health promotion and early detection.
Community Engagement & Needs Assessment	Held community insight meetings to identify gaps in engagement and communication, revised plans accordingly. Conducted needs assessments in Lusaka, Copperbelt, and Central provinces.

WASH Infrastructure & Improvement	Constructed 15 waterborne toilets, rehabilitated 20 boreholes, and upgraded 30 boreholes (solarization). Developed and implemented WASH improvement plans based on assessments.
Provision of Supplies & Resources	Procured and distributed liquid chlorine to affected households, hand sanitizers for volunteers and staff, and visibility materials for 2,000 personnel.
Monitoring & Review	Conducted four quarterly review meetings and a cholera lessons-learned session in Chilanga district.

Strengthening Zambia Health Systems for Effective Cholera Response Case-Area Targeted Interventions (CATI Pilot)

In collaboration with the UK Health Security Agency and the Zambia National Public Health Institute, the IFRC Country Support Platform played a pivotal role in strengthening Zambia's cholera response system through the development and implementation of Case-Area Targeted Interventions (CATI) pilot. These efforts contributed significantly to the integration of CATI guidelines into the national Cholera Case Management, Surveillance, and Laboratory Guidelines, which have been formally approved by the Ministry of Health. This initiative has enhanced Zambia's ability to prevent, detect, and respond to cholera outbreaks efficiently.

Key achievements under the CATI Systems Strengthening Component include:

- Revision of National Cholera Guidelines
- Development of a Community Outbreak Response Strategy
- Geospatial Mapping for Decision-Making
- Health Worker Capacity Building:
- Development of the Zambia CATI Strategy
- Completion and Government Approval of the CATI Training Module
- CATI Training and Deployment

These interventions collectively contributed to a more robust and coordinated cholera response system in Zambia, improving the country's ability to mitigate and manage outbreaks effectively.

Strengthening Regional Cholera Control Coordination through the GTFCC Cholera Country Support Platform (CSP)

As part of the regional response to cholera outbreaks, the IFRC Country Support Platform played a crucial role in enhancing regional coordination mechanisms. The key achievements under this initiative included:

- Co-Facilitation of the SATFCC Operational Plan
- Regional Adoption and Launch
- Operationalization of SATFCC
- Cross-Border Coordination Platform
- Support to Malawi's Cholera Response

Through these initiatives, the IFRC Country Support Platform for Cholera has significantly contributed to enhancing regional coordination and strengthening health systems for cholera prevention and response across Southern Africa.

Operational risk assessment

The operational risks outlined in the operation strategy were followed up and monitored closely since the inception of this operation. Some of the risks were still there but some were no longer applicable to the current situation. The following were some of the risks that were being followed up as the operation continues:

- Fluctuation of the foreign currency.
- Fraud and corruption, both internally and externally.
- Abrupt Increase in number of cases beyond expected due to drought impacts.

The table below shows the revised risks in relation to the Cholera situation and drought impact:

Risk	Likelihood	Impact	Mitigating actions
There was poor participation of affected communities in the response operation.	Low	High	Intensified community awareness and effectively engaged the community.
Non-adherence to financial management procedures.	Low	High	Oriented and provided refresher training for new and existing staff on financial management and strengthened financial controls.
Inactive and or inadequate capacity of local branch structures.	Medium	High	intensified capacity building and deployment of surge.
Staff turnover resulted in the failure to sustain the delivery of humanitarian assistance.	Medium	Medium	National Society capacity strengthening was incorporated to enhance the delivery of humanitarian assistance. Federation-wide management and technical services were provided to supplement the capacities of the host National Societies. NDRT and Surge support were deployed.
Safety of volunteers and staff from possible cholera infection and death.	Medium	Medium	Staff and volunteer insurance were provided, along with PPE and IPC materials. Volunteers and staff were oriented on IPC.
Rising cost of goods and services due to inflation.	Medium	Medium	Budgeting and financial reporting were done in international currency (CHF). Market trends were monitored, and budget revisions were conducted.
Worsening of the drought situation in the country.	High	High	Intensified resource mobilization efforts and strengthened partnerships.
Water shortage and frequent power cuts due to drying up of water sources.	Medium	High	Accelerated activity implementation before the situation gets worse.
Scarcity of food commodities.	High	High	Coordinated with key partners to increase supply in targeted districts. Conducted market assessments to ascertain the availability of commodities.
Security challenges due to food insecurity such as theft, robbery, and Gender Based Violence	Medium	Medium	Community sensitizations were conducted through engagements of community leaders and the community at large.
Increase in epidemics (Cholera, typhoid, etc.)	High	High	Incorporated epidemic control in response efforts and resource mobilization.
Communities not reporting on PSEA related issues.	Medium	Medium	Awareness raising and sensitization on PSEA and reporting mechanisms to the communities.

The IFRC Head of Delegation is overall responsible for Risk Management in Zambia and was monitoring and advising ZRCS about the nature of these risks and what mitigation measures were to be taken to mitigate. The Operations Manager was however responsible for the day-to-day implementation of the risk mitigation measures together with

the ZRCS teams. The Regional Office was supporting the risk management of this operation, with technical advice and overall support to building the risk matrix.

B. OPERATIONAL STRATEGY

Following the intensity of the outbreak, **Zambia Red Cross Society (ZRCS)** through the **International Federation of the Red Cross and Red Crescent Societies (IFRC)** launched an Appeal in **January 2024** that helped to mobilize funds through various partners including **Scottish Government, FCDO, European Commission - DG ECHO, British RC, Netherlands RC, Swiss RC, Canadian RC, Japanese RC** and **Red Cross of Monaco** to support the people affected.

Emergency Appeal Vision
To contribute to reducing the cholera outbreak thereby reducing morbidity and mortality by working collaboratively with people and communities to promote improved hygiene and health behaviours, interrupting the chain of transmission, strengthening case management, and providing timely, open and honest information to communities reaching out to a total of **3.2 million people**, in line with **Zambian Government Cholera response** from **12th January 2024 to 31st December 2024**. The core objectives were:

1. **"Save lives"** - To reduce morbidity and mortality by ensuring early access to treatment in affected areas and support to Oral Cholera Vaccine (OCV)) campaigns if and where they occur.
2. **"Interrupt transmission"** - To prevent and control the spread of cholera through targeted interventions and risk communication (RCCE).
- **"Reduce risk"** - To reduce vulnerability and exposure through improved access to safe water and sanitation, improved hygiene practices.

The Emergency Appeal operated under the federation wide approach where **CHF 3Million** was the **Secretariat** funding requirement while **CHF 1Million** was meant for **bilateral funds**.

To ensure a swift and effective response, the technical team developed a scenario-based planning approach, drawing insights from cholera trends. Given that a uniform approach across all districts was neither feasible nor necessary, the strategy emphasized flexibility, tailoring activities to the evolving nature of the outbreak while aligning with ZRCS capacity. A few months after the approval of the Operational Strategy, other provinces, including Central, Southern, and Copperbelt, began reporting more cases in addition to Lusaka Province, which was the epicentre at the time. From mid-February to March 2024, the Copperbelt became the new epicentre, with cases rising at an alarming rate. This increase was attributed to factors such as intercity movements and poor access to safe water and sanitation in hotspot areas within these provinces.

The decline in cases nationwide was likely due to vaccination campaigns conducted in Lusaka and Eastern provinces, as well as response strategies implemented by various partners. The Cholera response strategy was revised to incorporate new geographical areas that were not included in the original Operational Strategy. The drought situation affected targeted communities, leading to the reallocation of funds to sectors requiring more long-term interventions, such as WASH, while reducing allocations to sectors like Health due to the decline in cases.

The developed strategy aimed to ensure high-quality work, giving particular attention to highly affected areas without neglecting preventive and preparedness measures. For clarity and efficiency, two main activity "packages" were developed and deployed during the reporting period, with plans for continued implementation throughout the rest of the project:

1. **Responsive/Curative Activity Package**: This package focused on reducing morbidity and mortality in cholera-affected areas, prioritizing immediate intervention where the outbreak was most severe.
2. **Preventive/Preparedness Activity Package**: This package aimed to prevent the recurrence and spread of cholera (including potential new waves), ensuring preparedness for rapid re-engagement when new cases

arise. It included proactive measures to enhance early response, leveraging BTIT and CATI teams for targeted interventions.

	Response/Curative	**Preventative/Preparedness**
Purpose:	• Reduce morbidity and mortality in areas highly affected by cholera.	• Prevent the recurrence and spread of cholera. • Ensure preparedness to re-engage early when new cases and targeted response (BTIT,).
Targeting	• In most concerned districts based on the weekly number of cases, the districts targeted include Lusaka, Ndola, Kitwe, Kabwe, Mumbwa, Kafue, Chirundu, Chilanga, Chongwe and Chipata districts.	• In geographic areas with no or few cholera cases Districts Targeted: All other districts included in the Operational strategy including Chipata district where the response was provided on needs basis.
Activities	• ORP/ORC Setup in hotspots areas. • Full scale volunteer action around them (BTIT Teams) supporting. • HH ORS distribution • HH Water Treatment (Chlorination & Aqua tabs) Kanyama sub-district. • Health & hygiene education through door-door sensitizations. • Inclusion of chlorination of water at point of collection in some selected sites in Lusaka District with support from UNICEF. • CBS and Active case finding, referral and Contact Tracing RCCE/CEA, etc.)	• Reduced intensity of activities of already trained volunteers or staff (e.g., 1 day/week volunteer engagement) • Continuation of HHWT • Light RCCE/CEA package • Continuation of Community activities • Full scale work on any planned WASH Hardware • Some lighter work in schools and health facilities, etc. • BTIT/CATI interventions, when required, by district teams (ZRCS and MOH). • Piloted the CATI approach in the Central Province while strengthening the capacity of the district teams. • Cross-border strengthening with bordering countries. • Construction of WASH infrastructure in the affected districts.

C. DETAILED OPERATIONAL REPORT

The following is an analysis of key interventions conducted by ZRCS across the country. Communities have been supported in different sectors with the aim of mitigating the impacts of the disease. To ensure community involvement and engagement, the CEA and RCCE play a role in this. The following is the detailed operational plan with key achievements made:

Health and Care		Female > 18: **1,159,490**	Female < 18: **1,218,188**
		Male > 18: **1,028,226**	Male < 18: **890,475**

Outcome:	Prevent and control the spread of cholera at the community and facility levels in the affected districts, interrupting the chain of transmission through targeted interventions.			
Key indicators:	**Indicator**	**Baseline (with date) Baseline was not conducted**	**Target**	**Actual**
	# of households in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviors, and prevention.	-	533,333	834,530
	# of volunteers in affected communities trained in cholera response including cholera messaging, ORT, Branch Transmission Interruption Teams (BTIT), RCCE, CEA, Prevention of Sexual Exploitation and Abuse (PSEA), PGI, ECV3 and OCV.	-	1,692	2,386
	# of BTIT established in the target communities (1 per district)	-	6	9
	#of ORPs/ORCs functional (availability of HR, ORP/ORCs materials) in the targeted communities.	-	250	55
	#of people accessing ORPs/ORCs (disaggregated by sex and age).	-	5% (160,000)	4,012
	# of people in target population reached with social mobilization and RCCE activities.	-	3,200,000	4,296,379
	# Of people reached with messages on vaccines (OCV).	-	1,600,000	1,160,150

	# of volunteers trained in contact tracing.	-	600	412
	# Of volunteers trained in basic psychological first aid (PFA).	-	1,692	1,782

Achievements

Prevention and control, interrupting the chain of transmission:

Volunteers from ZRCS were trained on cholera awareness, RCCE, and CEA, among other topics. They conducted door-to-door visits in affected areas, reaching a total of **4,296,379 people** primarily across the targeted Districts.

ZRCS volunteers conducting cholera awareness in the communities

Case Management: Establishment and strengthening of oral rehydration points (ORPs) ZRCS assisted Ministry of Health (MoH) in establishing Oral Rehydration Corners (ORCs) in all targeted Districts, aligning with the overall goal of 250 Oral Rehydration Points (ORPs). A total of **55 ORPs were established by ZRCS** with a total of **304 volunteers trained** in ORP management. These volunteers managed a network of 55 Oral Rehydration Points (ORPs), with Lusaka hosting 30 ORPs in Lusaka, 6 in Kabwe, 10 in Ndola, 5 in Kitwe district and 4 in Chirundu. These ORPs played a crucial role in delivering timely oral rehydration therapy to cholera patients, significantly reducing both the incidence and severity of cases.

IFRC Secretary general touring the biggest Cholera Treatment Centre at Stadium hero in Lusaka in February 2024

ZRCS volunteers supporting CTC operations in Lusaka

Distribution of Cholera Supplies

This effort, supported by the distribution of **373,200 bottles** of liquid chlorine in Lusaka, Copperbelt and Central province, **200,000 sachets** of **Oral Rehydration Salts (ORS)** and **100,000 IEC materials** distributed to strengthen local healthcare infrastructure and emergency response capabilities.

In Ndola and Kitwe, ZRCS established dedicated ORPs that facilitated prompt referral of severely dehydrated patients to healthcare facilities, contributing to the decline in cholera cases in these areas. These efforts demonstrate ZRCS's commitment to effective community health management during emergencies.

Oral Cholera Vaccination (OCV)

During the initial OCV campaign in Lusaka hotspot areas, involvement of ZRCS was focused on social mobilization by volunteers in targeted areas where **795,452 people** were vaccinated in the initial vaccination campaign as reported by the MoH. In Eastern province, vaccination was also done **364,698 people** got vaccinated in the month of June when cases started to rise again in Chipata District.

Administration of the OCV by MoH. Pic: ZRCS

Risk Communication and Community Engagement (RCCE)

In targeted districts of Lusaka, Copperbelt, Central and Southern Province, training on cholera CEA, MHPSS, and RCCE was provided to **2,386 volunteers.** Volunteers were equipped with knowledge, abilities, and resources to effectively carry out their volunteer activity, which involved spreading awareness about the need to prevent and limit the cholera outbreak. Ongoing door-to-door sensitizations on cholera prevention in the affected communities with **834,530 households** reached. Social mobilization and RCCE activities integrated with OCV messaging have reached **4,296,379 people** through the public address system.

Trained ZRCS volunteers supporting risk communication and community Engagement

Psychosocial Support (PSS)

Training on psychosocial first aid (PFA)was provided to 1,782 volunteers. PFA activities have taken place in an integrated manner as needs have arisen, for example to support families of the patients treated at cholera treatment centres (CTC) and families of the deceased.

FCDO Pledge One (M2402033) through British Red Cross contributed specifically to:
Strengthening Zambia Health Systems for Effective Cholera Response (CATI Pilot)

In collaboration with the UK Health Security Agency and the Zambia National Public Health Institute, the IFRC Country Support Platform played a pivotal role in strengthening Zambia's cholera response system through the development and implementation of Case-Area Targeted Interventions (CATI) pilot. These efforts contributed significantly to the integration of CATI guidelines into the national Cholera Case Management, Surveillance, and Laboratory Guidelines, which have been formally approved by the Ministry of Health. This initiative has enhanced Zambia's ability to prevent, detect, and respond to cholera outbreaks efficiently.

Key achievements under the CATI Systems Strengthening Component include:

- **Revision of National Cholera Guidelines:** The IFRC Countr y Support Platform provided technical support in revising and updating Zambia's cholera surveillance, laboratory, and case management guidelines to ensure alignment with international best practices and facilitate a more effective response mechanism.
- **Development of a Community Outbreak Response Strategy:** A structured community-based cholera outbreak response strategy was designed to strengthen early detection and timely intervention in affected areas, improving coordination between public health institutions and local communities.
- **Geospatial Mapping for Decision-Making:** With the support of a Monitoring and Evaluation (M&E) technical expert, real-time geospatial mapping was introduced to aid decision-making in cholera outbreak response. This innovative approach allows for efficient resource allocation and targeted interventions based on outbreak hotspots.
- **Health Worker Capacity Building:** A total of 40 health workers across multiple regions were trained on cholera outbreak preparedness and response, including the implementation of Case-Area Targeted Interventions (CATI). This training equipped frontline health workers with essential skills to manage cholera outbreaks effectively.

ZRCS Volunteers supporting CATI activities

- **Development of the Zambia CATI Strategy:** The IFRC Country Support Platform led the process of formulating Zambia's official CATI strategy, providing a structured framework to guide response activities and strengthen outbreak containment efforts.
- **Completion and Government Approval of the CATI Training Module:** A comprehensive CATI training module was developed and officially approved by the Government of Zambia. This module serves as a standard resource for training health workers and response teams involved in cholera control.
- **CATI Training and Deployment:** As part of efforts to enhance national capacity for cholera outbreak response, the IFRC Country Support Platform facilitated a Training-of-Trainers (TOT) session in Lusaka and Kabwe. This training targeted health officers from all 10 provinces and 11 districts in Central Province, equipping them with advanced knowledge on CATI and broader cholera preparedness and response strategies. The trained officers are now serving as key resource personnel in their respective regions, leading efforts to implement CATI in affected and high-risk areas.

These interventions collectively contributed to a more robust and coordinated cholera response system in Zambia, improving the country's ability to mitigate and manage outbreaks effectively.

FCDO Pledge Two (M2403013) through British Red Cross contributed specifically to:
<u>Strengthening Regional Cholera Control Coordination through the GTFCC Cholera Country Support Platform (CSP)</u>
As part of the regional response to cholera outbreaks, the IFRC Country Support Platform played a crucial role in enhancing regional coordination mechanisms. The key achievements under this initiative included:

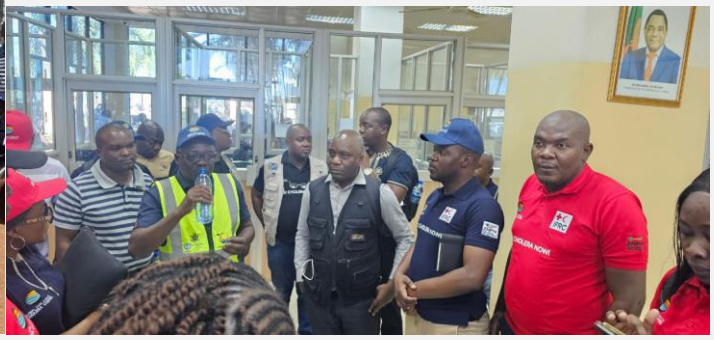
- **Co-Facilitation of the SATFCC Operational Plan:** Collaborated in the development of a two-year Operational Plan for the Southern Africa Regional Taskforce on Cholera Control (SATFCC), establishing a structured approach for cholera response and prevention.

Workshop in Lusaka for Co-Facilitation of the SATFCC Operational Plan

- **Regional Adoption and Launch:** Worked alongside Africa CDC to support the launch and formal adoption of the SATFCC Operational Plan by the Council of Health Ministers in the region, ensuring high-level commitment to its implementation.

Regional Adoption and Launch workshop for SATFCC Operational Plan

- **Operationalization of SATFCC:** Continued to provide technical assistance in operationalizing the SATFCC in coordination with Africa CDC and other regional partners, facilitating knowledge exchange and coordinated cholera response across Southern Africa.
- **Cross-Border Coordination Platform:** Led the establishment of a cross-border coordination platform between Zambia and the Democratic Republic of Congo (DRC), resulting in the development of Joint Action Plans and seamless information-sharing mechanisms to improve cholera surveillance and response.



Cross-border coordination platform between Zambia and the Democratic Republic of Congo (DRC)

Support to Malawi's Cholera Response: Provided technical and strategic support to the Government of Malawi in developing the Malawi Multisectoral Cholera Control Plan. This initiative, conducted in collaboration with WHO, UNICEF, Amref, and WaterAid, strengthened the country's preparedness and response capacity by integrating multisectoral interventions for cholera prevention and control.

Launch of Malawi National Cholera Plan Cholera

Malawi Red Cross Head of Health, Dan Banda, speaking at the Africa Regional Conference in Maputo.

Through these initiatives, the **IFRC Country Support Platform** has significantly contributed to **enhancing regional coordination and strengthening health systems** for cholera prevention and response across Southern Africa.

Water, Sanitation and Hygiene			Female > 18: **1,159,490**	Female < 18: **1,218,188**
			Male > 18: **1,028,226**	Male < 18: **890,475**
Outcome:	Reduce the risk of cholera and other water-borne diseases through improved availability of safe water and sanitation facilities, and through good hygiene practices in cholera hotspots.			
Key indicators:	**Indicator**	**Baseline (with date) Baseline was not conducted**	**Target**	**Actual**
	#Of people reached with appropriate knowledge about cholera and health/hygiene protective behaviors.	-	3,200,000 people (533,333HHS)	4,296,379
	# of people reached with rehabilitated or upgraded water points, and by providing access to safe water supply for affected communities.	-	19,500	233,348
	# Of households reached with liquid chlorine and multi-purpose soap distribution.	-	33,000	370,000

	# Of liquid chlorine bottles received.	-	100,000	373,200
	# Of constructed/rehabilitated latrines.	-	10	15
	#Of handwashing facilities constructed in the response period (New)	-	50	60
	# Of people provided with sanitation facilities (this is more than excreta disposal) (New).	-	300,000	151,278
	# Of water points constructed.	-	18	20
	# Of water points rehabilitated.	-	60	30

Achievements:

Narrative description of achievements/challenges/lessons learned.

Aligning with ZRCS/IFRC WASH interventions and in coordination with other actors, the objective was to reduce the risk of cholera and other water-borne diseases through improved availability of safe water and sanitation facilities, and through good hygiene practices in cholera hotspots. Hygiene promotion through door-to-door sensitization on knowledge about cholera and health/hygiene protective behaviors and distribution of IEC materials was conducted reaching **834,530 households** and more than **4,296,379 people.**

Increased access to safe water through the construction, rehabilitation, and disinfection of water points.

- To enhance access to safe water, plans were put in place for the construction, rehabilitation, and disinfection of water points. ZRCS constructed **20 water points** against the set target of 18, these water points were constructed in schools, markets, health centers and other public places as guided by the findings from the WASH assessments conducted in Lusaka and Copperbelt provinces.
- Rehabilitation of water network systems was completed with **30 water points rehabilitated** against the set target of 60.
    - Additionally, to ensure sustainability of water infrastructure, school WASH clubs were established, and six (6) district WASH engagement meetings were conducted.
    - Zambia Redcross Society rehabilitated and constructed **30** water points, with **233,348 people** managed to have access to clean water.

Water quality monitoring at household and communal water points

Water quality monitoring was conducted at household and communal water points, along with training of 181 volunteers, 27 MOH supervisors or focal point personnel and 181 vendors to facilitate chlorination of water at 181 water points in Kanyama sub-district at the point of collection. A total of **373,200 bottles of chlorine** were procured and distributed through the Ministry of Health in Lusaka, Copperbelt, Central, and other affected provinces.

Facilitate construction of latrines in health facilities and public institutions

The rehabilitation of latrines in health facilities, schools, markets, and other public places was completed, with **15 waterborne toilets** constructed, surpassing the target of 10. These newly constructed facilities benefited approximately **151,278 people** in the affected communities of Kafue, Chongwe, Lusaka, Kitwe, and Kabwe districts against the target of 300,000 people. This was due to insufficient funds to complete these activities.

Lessons Learned

- The distribution of cholera kits significantly reduced infection rates and cases at the onset of the response and necessary to have prepositioned kits for future emergencies.
- Sanitation and water access improved through the construction of waterborne toilets, new water points, and borehole upgrades to solar-powered systems.

Routine water quality monitoring ensured safety, while D-WASH committees were reactivated for better coordination. WASH committees were formed and trained, alongside school WASH clubs and focal point persons. These interventions collectively improved hygiene, water quality, and preparedness, contributing to the overall reduction of cholera cases in targeted districts.

Links to Progress Reports:
ZRCS Cholera EA -Borehole Report-2024.pdf
ZRCS Cholera EA -Water Rehabilitations Report-2024.pdf

Completed waterborne toilets in Copperbelt: Photo ZRCS

ZRCS staff and volunteers monitoring WASH infrastructure works

Protection, Gender, and Inclusion

		Female > 18: **1,159,490**	Female < 18: **1,218,188**
		Male > 18: **1,028,226**	Male < 18: **890,475**

Outcome:	Ensure that communities can identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalized groups, who are subject to violence, discrimination, and exclusion.			
Key indicators:	**Indicator**	**Baseline (with date) Baseline was not conducted**	**Target**	**Actual**
	# of CTCs receiving solar lamps.	-	10	6
	# of solar lamps distributed to CTCs.	-	40	40

	# of children identified and referred.	-	20	0
	% of staff and volunteers oriented on the code of conduct, PSEA and Child Safeguarding.	-	100%	100%
	% of volunteers trained to identify women, men, girls, and boys requiring MHPSS including after being discharged from CTUs.		100%	65.61%

Achievements:

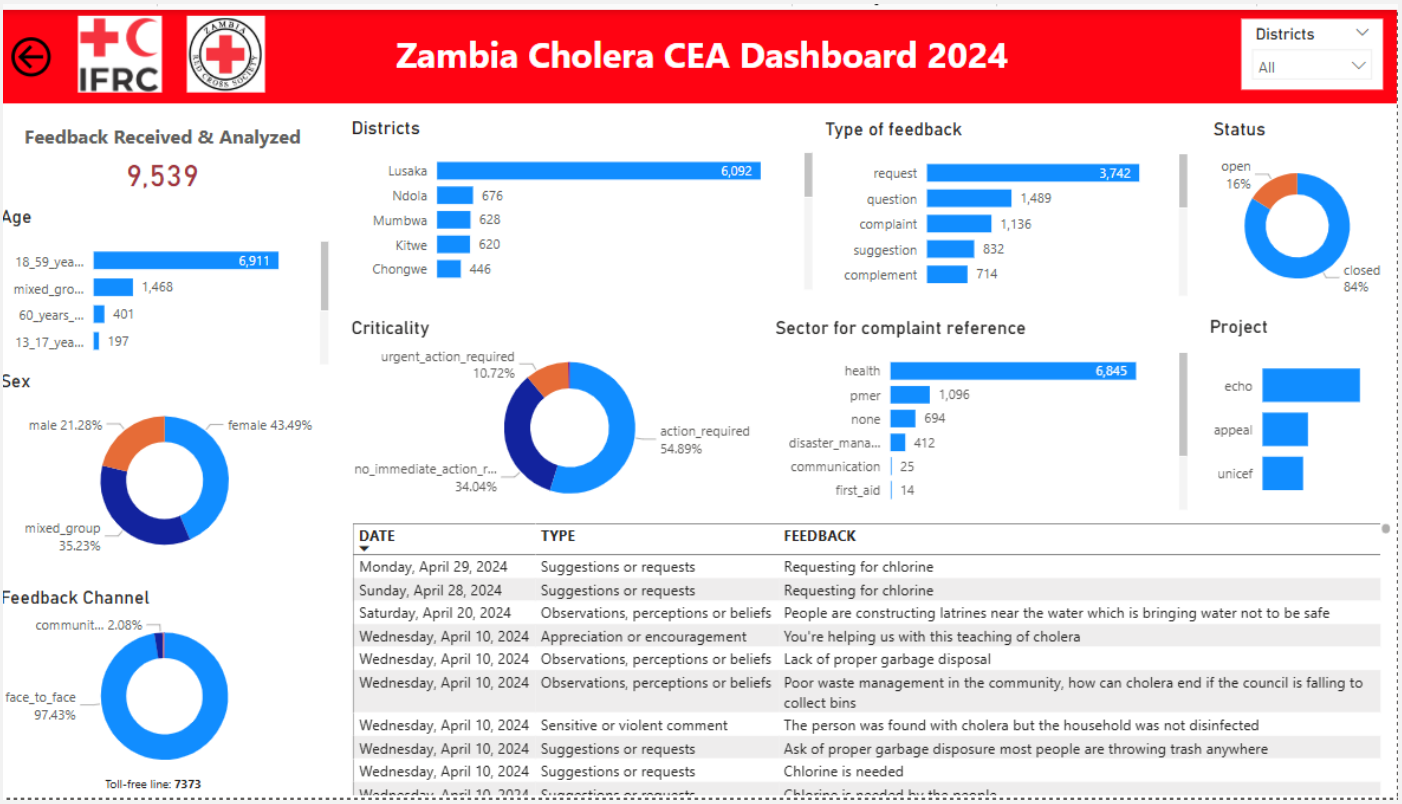
- **40 Solar lamps** were provided to Health facilities to help the women and children in CTC in times of blackouts. The lamps were distributed to women patients in those facilities, and no children were identified and referred due to a decrease in cholera cases.
- Only 6 CTCs received solar lamps out of the targeted 10 CTCs because it was discovered that in Lusaka District the CTCs are in areas with continuous electricity, hence, they were only distributed in districts outside Lusaka.
- The NS trained 4 volunteers at Heroes stadium CTC to provide basic counselling to discharged patients where necessary. This continued in CTCs to ensure safety of the discharged patients until the time the treatment centres were demobilized.
- Trainings for 1,782 volunteers incorporated the PGI and code of conduct aspects to make volunteers understand their roles and things to consider in their work. All volunteers engaged in the cholera response have signed the code of conduct. The volunteers were trained on Protection, Gender and Inclusion, SGBV also aligned with humanitarian principles and Red Cross Red Crescent Movement principles and the code of conduct and referral pathways, knowing when to refer for appropriate services.

Community Engagement and Accountability (CEA)

			Female > 18: **4,226**	Female < 18: **2,071**
			Male > 18:**3,277**	Male < 18: **2,029**
Outcome:	Support the response to have a thorough understanding of community needs, priorities and context, and ensure ways of working collaboratively with people and communities by integrating meaningful community participation; timely, open, and honest communication; and mechanisms to listen to and act on feedback throughout the response.			
Key indicators:	**Indicator**	**Baseline (with date) Baseline was not conducted**	**Target**	Actual
	# Of staff and volunteers oriented on community engagement and accountability	-	1,692	2,386
	# Of community meetings	-	44	40
	# Of people reached during community meetings	-	1,760	1,215

	# Of consultative meetings	-	11	12
	#Of help desks set up	-	5	2
	% Of community complaints and feedback received and responded to by ZRCS	-	100%	85%
	# Of operational decisions or changes made based on community feedback.	-	Need basis	5

Achievements:



- Risk communication and CEA were integrated across the response and staff and volunteers have been provided with the knowledge and capacity needed to engage communities effectively.
- 2 staff, the National Disaster Response Teams (NDRTS), **2,386 volunteers** and health staff have been oriented on community engagement approaches and feedback mechanisms (including data collection and entry) with an addition of 2 volunteers trained on data coding.
- Consultative meetings as well as rapid qualitative assessments were done to ensure that the response is based on a thorough understanding of community needs, priorities, and socio-cultural context, including preferred ways to receive information, participate and give feedback.
- ZRCS has adapted the CEA tools namely (community feedbacks, face to face and toll free line) to tailor them to the Zambian context, aligned them with interagency standards and they have been rolled out to collect relevant data to plan CEA approaches and activities; gather community feedback; and make sure the feedback is used to generate ownership within the community.
- Ongoing social mobilization mainly through door-to-door, PA systems and community meetings to share timely, accurate and trusted information, and offer support to enable communities to take action and protect their health. Also, promoting safer, healthier practices, facilitating community action, and helping to reduce fear, stigma, and misinformation.
- **Two help desks** were set up in the main CTCs (Heroes and Levy stadia) to share information on cholera, provide discharge patients with supplies (ORS and chlorine) and facilitate communication between patients and their families who were not able to access the centers. Only 2 CTCs were set hence only having 2 help desks in the major cholera centres.

- Feedback mechanisms were established in line with community preference and ensuring safety and inclusion. Ongoing collection, analysis and response to the feedback from community members on issues related to the cholera response. The feedback is used to guide the response as well as shared on different platforms at the community, district, and national levels, including technical and sub-technical working groups.
- Community meeting were conducted to listen to, respond to and share information on the received feedback as well as to enable community-led responses and 1,215 people were reached. The target was to achieved because at the end of the project there were no enough funds and there was low turn up of community members especial in the urban setup.
- Enhanced the current **toll-free number 7373** by registering with Airtel and Zamtel that is offering additional services for receiving suggestions, complaints, and inquiries about the epidemic from the larger impacted communities.

ZRCS National Disaster Response Team Officer Bruce Zulu, live on Hot FM Radio program, with Mr. Malawao -Public Health Promotion Officer from Lusaka District Health Office, discussion cholera response outbreak interventions and activities.

Enabling approaches

National Society Strengthening

Outcome:	The National Society is prepared to respond effectively to epidemics/emerging crises, and its auxiliary role in providing humanitarian assistance is well defined and recognized.			
Key indicators:	**Indicator**	**Baseline (with date) Baseline was not conducted**	**Target**	**Actual**
	# of Strengthened PER scoring (after assessment))	-	1	1
	# of OCAC Plan produced	-	1	0
	# of volunteers supported (duty of care, materials)	-	1,692	2,386
	# of branch offices renovated	-	1	1
	# of storage containers procured	-	1	1
	# of IFRC monitoring and support missions (New)		12	5

Achievements

- PER assessment follow up workshop was organized where the plan of action was revised including the identified gaps in the NS response.
- The **2,386 volunteers** involved in door to door and ORP management were supported with protective
- materials such as sanitizers, gum boots and raincoats. They were also provided with visibility materials such as bibs and T-shirts.
- Construction of Ndola Office Branch was completed.
- Supported National Society staff structure to operationalize the implementation of the activities for the Appeal.The OCAC plan was also produced

Coordination and Partnerships

Outcome:	Technical and operational complementarity among IFRC membership, and with ICRC, enhanced through cooperation with external partners. Support a stronger and more localized approach to collaboration and coordination to increase the scale and quality of risk communication and community engagement approaches and ensure ZRCS engagement (as part of the RCCE Collective Service platform).			
Key indicators:	**Indicator**	**Baseline (with date) Baseline was not conducted**	**Target**	**Actual**
	# of Coordination forums where ZRCS is participating	-	10	9
	# of External partnerships supporting ZRCS in the response established	-	30	26
	# of regular coordination mechanism is in place ensuring alignment and coordination with all Movement partners and local and international partners	-	30	12
	# of coordination and partnership meetings attended	-	12	4
	# of staff participating in international forums	-	5	1

Achievements

Membership Coordination

This was incredibly beneficial in the operation, as membership partners were actively engaged in discussions regarding the response and how to support interventions. Membership partners include the International Federation of Red Cross and Red Crescent Societies (IFRC), Zambia Red Cross Society (ZRCS), and the Netherlands Red Cross (NLRC). NLRC has supported the operation through the ECHO Programmatic Partnerships Project (PPP) and by integrating the Cholera response into the long-term projects it is supporting in the Southern province.
Membership meetings were held weekly during the peak of the outbreak The meetings were no longer being held regularly since there was a reduction in cases, and they were being contained, hence not meeting the set target.

Engagement with external partners

In the Cholera response, ZRCS/IFRC is collaborated closely with various stakeholders, including UN agencies, government departments, and civil society groups, to combat the outbreak. Several meetings were organized at the national, district, and sub-district levels during the reporting period. The ZRCS/IFRC operation team actively participated in all coordination mechanisms, attending nearly all coordination meetings when required. The following key coordination forums were in place, with some meeting daily, every two days, and others weekly:

National Incident Management meeting (IMS) organized by MOH.

- WASH cluster meetings.
- Health technical partners meetings.
- WASH technical working group.
- ORP coordination meeting for Lusaka.
- RCCE cluster meeting.
- WASH IPC technical working group.

ZRCS Secretary General calls on PHO and DC's offices in Ndola where he assured on commitment for long term support toward Cholera elimination

IFRC Secretariat Services

Outcome:	To ensure that IFRC is working as one organization, delivering what it promises to ZRCS and volunteers, and leveraging the strength of the communities with which they work as effectively and efficiently as possible.			
	Indicator	**Baseline (with date)**	**Target**	**Actual**
Key indicators:	# of Global and regional surge		10	9
	# of Federation-wide reporting set up by Planning, Monitoring, Evaluation and Reporting (PMER)		1	3
	# of risk registers are set up, mitigation measures identified and monitored once per month.		12	5
Achievements				

IFRC Secretariat services

- The Harare Cluster Delegation provided full support across Operations Coordination, WASH, Finance, Logistics, PMER, Security, National Society Development (NSD) and technical sectors.
- IFRC facilitated an effective Federation-wide response with support from the Harare Cluster Delegation and Africa Regional Office. It offered its expertise in managing epidemics through the deployment of critical functions as agreed with ZRCS and equipped them with strong risk management and business continuity plans. Given the risk of spreading cholera to neighboring countries, ZRCS and IFRC established regular cross-border communication, information sharing and support, which will allow neighboring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale up the response, if necessary.
- Eight surge profiles within Community Engagement and Accountability (CEA), WASH, Public Health in Emergencies (PhiE), Communications, Logistics and Supply Chain, IM as well as PMER. Some had three rotations while others one off rotations. This assisted the NS in the implementation of the activities.

Tool	Deployed by:
Surge - IFRC Operations Managers, IM Coordinator, PHie Coordinator, PMER Coordinator, WASH Coordinator, Finance Coordinator, Communication Coordinator, and Supply Chain Coordinator.	German Red Cross, Netherlands RC, Finnish RC, IFRC and Danish RC.
CEA Consultant	RCCE Collective Service.

- Risk register for the intervention was developed and were monitored every month. Harare CCD focal point took control and called for meetings to discuss the risks and mitigation measures as well as incorporation of emerging risks. The target was also not achieved due to the reduction in number of cases being reported.

IFRC Secretary General Visit to Zambia in February 2024

The ZRCS and IFRC Harare CCD hosted the IFRC SG in Zambia on a mission to raise awareness of the cholera outbreak and the work the Red Cross were doing in the country to support the government contain the outbreak.

The SG was hosted by Zambia's Vice President H.E Nalumango Mutale where he thanked her and the government for the important discussions on the ongoing Cholera outbreak in Zambia and the work that's being done to address it. He highly appreciated the exchange of views on more sustainable efforts on water, sanitation and hygiene to prevent future outbreaks complemented by adequate provisions of vaccines in the region. Ambitious actions are needed to address the short- and long-term impacts of the climate crisis that Zambia is seeing especially on health with shifting weather patterns. He affirmed IFRC's commitment to working together with Zambia Red Cross Society on long-term sustainability and taking actions in response to all these issues in Zambia.

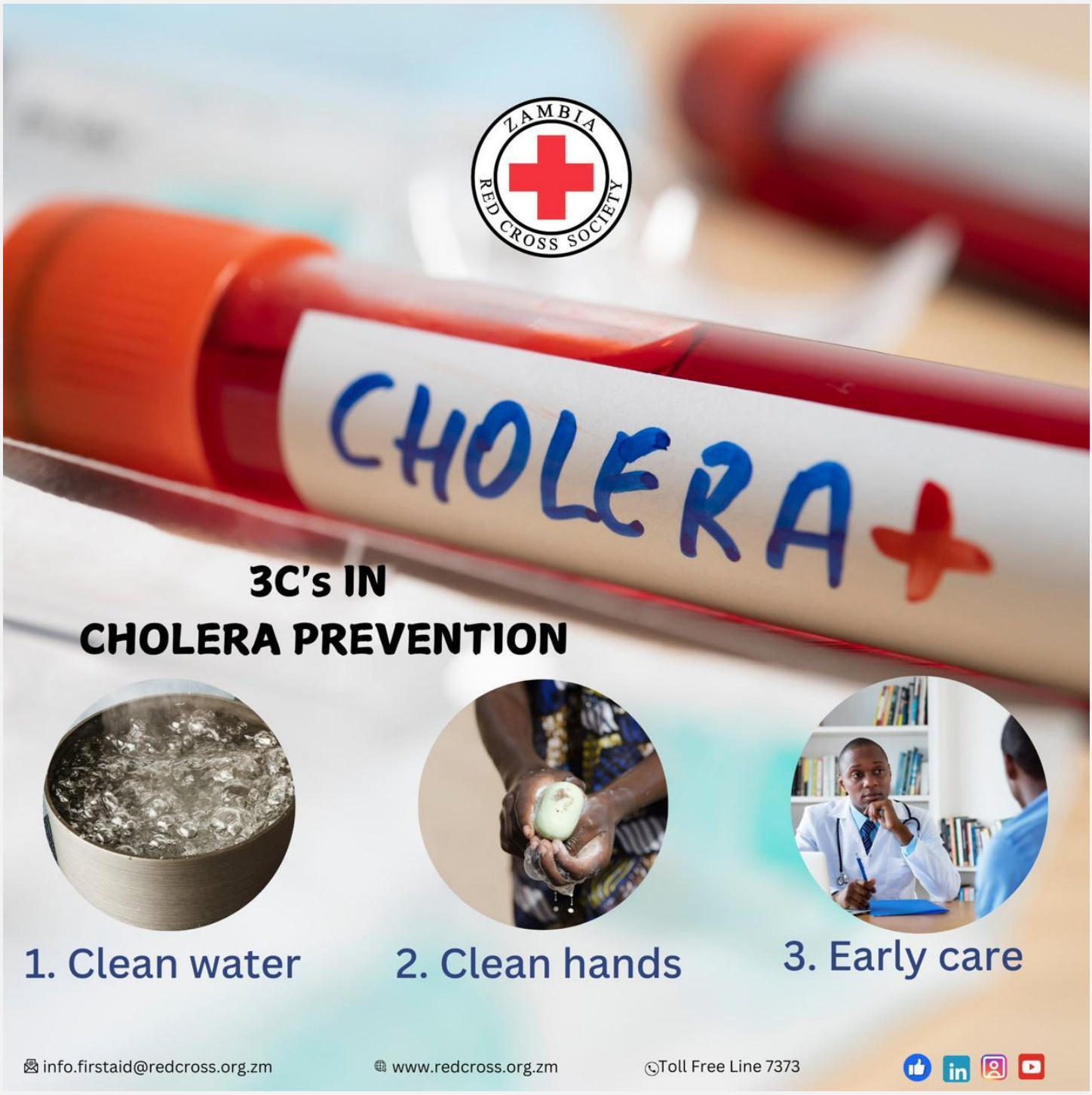
The SG was also received by the Honorable Minister of Health, Sylvia T Masebo, where they discussed the importance of collective efforts in addressing the cholera outbreak and promoting global health.

"We must apply the lessons learned from the past. Together, with the Zambia Red Cross Society, we will continue to join forces to contain the outbreak and pave the way for a healthier world. To ensure no more lives are lost, we need to act now." Jagan Chapagain.


High level meetings between IFRC SG, ZRCS Leadership hosted by Zambia's Vice President and Minister for Health.

Communications:
Radio and TV shows have been aired talking about cholera and the response of the ZRCS. Also, we have call in programs where people with questions and concerns can call in and get answers.
Various information and educational visibility materials have also been developed like stickers and posters, in collaboration with the Ministry of Health. On the socials media channels of the ZRCS and IFRC channels we shared multiple posts about the response of the ZRCS, highlighting the activities, responses, and interventions about the cholera outbreak.

- ZAMBIA RED CROSS PROVIDES WATERBORNE SANITATION FACILITIES TO CHIMWEMWE PRIMARY SCHOOL - Zambia Red Cross Society
- ZRCS AND MINISTRY OF HEALTH INTENSIFY CHOLERA PREVENTION EFFORTS IN KABWE - Zambia Red Cross Society
- COMMUNITIES IN NDOLA, KITWE, AND KABWE SHARE CONCERNS IN THE FIGHT AGAINST CHOLERA - Zambia Red Cross Society
- ZAMBIA RED CROSS SOCIETY TO BUILD SANITATION FACILITIES AT LUONGO AND CHILOBWE HEALTH POSTS TO COMBAT WATER AND SANITATION CHALLENGES - Zambia Red Cross Society
- ZAMBIA RED CROSS SOCIETY BRINGS CLEAN WATER TO PALABANA CHILDREN'S VILLAGE AND NCHUTE PRIMARY SCHOOL - Zambia Red Cross Society
- https://x.com/zambiaredcross/status/1781311742682759217?s=46
- https://x.com/zambiaredcross/status/1780888136723107938?s=48
- https://x.com/zambiaredcross/status/1752640287447421197?s=48
- https://x.com/ifrcafrica/status/1759623882796114262?s=48
- https://x.com/ifrcafrica/status/1758088301167202493?s=48
- https://x.com/ifrcafrica/status/1755988062734065747?s=48



ZRCS posters developed to communicate that Cholera is preventable

Monitoring & Evaluation (M&E):

- Ensuring the accuracy and reliability of data is crucial for the successful implementation of this operation, The PMER conducted training for data collectors, using standardized data collection tools, conducting regular data quality assessments, and verifying data through cross-checks and validation processes.
- 15 tablets were procured and distributed to health facilities to facilitate data entry and validation.
- Volunteers were also provided with tablets for data collection and Data entry which is being used for the NS as well interagency dashboards.
- A needs assessment was carried out at the beginning of the operation which helped to inform strategies for the response.

Security:
There were no security concerns in the country during the implementation of the emergency appeal.

Quality and accountability

- ZRCS emphasizes quality and accountability in implementation of short- and long-term operations, ensuring standard operating procedures and use of implementation guides and manuals, as well as training and supervision.
- In this operation the following actions were implemented: completing the Child Safeguarding Risk Analysis; having in place screening, briefing, and reporting systems; mapping and testing referral pathways; ensuring community feedback mechanisms; and child friendly information and participation. ZRCS were leveraging on the Line ministries like Ministry of Health, Victim Support Unit referral pathways and they were case based.
- Key indicators are available in the Planned Operations section.

Long Term Strategy for Cholera Control in the Sub-Region

- The Cholera Country Support Platform (CSP), the operational arm of the Global Taskforce on Cholera Control (GTFCC) hosted in the IFRC, provided technical and operational support to cholera-affected countries in the development and implementation of their national cholera plans. The IFRC was leveraging the CSP's role of providing technical support to IMS to ensure alignment of the Emergency Appeal operations with the government's efforts and multi-sectoral cholera elimination plans.
- The Emergency Appeal operations transitioned to continued CSP support in the sub-region, ensuring that capacity developed and used in the current sub-regional outbreak responses are integrated into long-term cholera control and elimination efforts contained in the respective countries' cholera control plans.

Sub-Regional Preparedness and Response Coordination

- Given the risk of spreading to neighboring countries, the ZRCS and IFRC established regular cross-border communications, information sharing, and support, which allowed neighboring Red Cross and Red Crescent National Societies to conduct effective readiness activities to scale-up the response, as necessary.
- A Sub-Regional Coordination team was set up to ensure integrated and coordinated response efforts between the affected National Societies, with a special focus on border areas. The team worked together with the cholera preparedness team to utilize the existing cholera preparedness capacity in the cholera response and oversee integration of the capacity developed in the response into long-term preparedness planning.

D. FINANCIAL REPORT

As per the Financial report below, this operation closed with a balance of CHF 73,343 which is 1.8% of the Appeal income. This is being carried over to the 2025 Unified Plan under MAAZM002 earmarked to support IFRC Harare Cluster office and Zambia Red Cross Society post intervention follow up and monitoring of the Cholera investments in Zambia.

Operational Strategy

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/01-2025/10	Operation	MDRZM021
Budget Timeframe	2024/01-2024/12	Budget	APPROVED

Prepared on 07 Nov 2025

All figures are in Swiss Francs (CHF)

MDRZM021 - Zambia - Cholera Outbreak

Operating Timeframe: 01 Jan 2024 to 31 Dec 2024; appeal launch date: 01 Jan 2024

I. Emergency Appeal Funding Requirements

Total Funding Requirements	3,000,000
Donor Response* as per 07 Nov 2025	2,944,622
Appeal Coverage	98.15%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	0	0	0
PO02 - Livelihoods	0	0	0
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	1,046,682	1,046,682	0
PO05 - Water, Sanitation & Hygiene	1,055,251	1,048,367	6,884
PO06 - Protection, Gender and Inclusion	7,210	7,210	0
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	218,363	18,405	199,959
PO10 - Community Engagement and Accountability	10,091	10,091	0
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	2,337,597	2,130,755	206,843
EA01 - Coordination and Partnerships	10,835	10,834	1
EA02 - Secretariat Services	264,356	298,634	-34,278
EA03 - National Society Strengthening	323,799	423,022	-99,223
Enabling Approaches Total	598,989	732,489	-133,500
Grand Total	2,936,587	2,863,244	73,343

III. Operating Movement & Closing Balance per 2025/10

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,936,587
Expenditure	-2,863,244
Closing Balance	73,343
Deferred Income	0
Funds Available	73,343

IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	750,000	Outstanding : 0

bo.ifrc.org > Public Folders > Finance > Donor Reports > Appeals and Projects > Operational Strategy - Standard Report

Operational Strategy

FINAL FINANCIAL REPORT

Selected Parameters
Reporting Timeframe 2024/01-2025/10 Operation MDRZM021
Budget Timeframe 2024/01-2024/12 Budget APPROVED

Prepared on 07 Nov 2025

All figures are in Swiss Francs (CHF)

MDRZM021 - Zambia - Cholera Outbreak

Operating Timeframe: 01 Jan 2024 to 31 Dec 2024; appeal launch date: 01 Jan 2024

V. Contributions by Donor and Other Income

Opening Balance	0

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
British Red Cross (from British Government*)	2,810,160				2,810,160	
Japanese Red Cross Society	29,946				29,946	
On Line donations	440				440	
Red Cross of Monaco	9,374				9,374	
The Canadian Red Cross Society	86,667				86,667	
Total Contributions and Other Income	2,936,587	0	0	0	2,936,587	*0*
Total Income and Deferred Income					2,936,587	*0*

Contact information

For further information, specifically related to this operation please contact:

In Zambia Red Cross Society:

- Secretary General: Cosmas Sakala; email: cosmas.sakala@redcross.org.zm
- Operational coordination: Jack Bbabbi Mukulu; Director of Programmes; email: jackbbabbi.Mukulu@redcross.org.zm;

At IFRC:

IFRC Country Delegation (or Country Cluster Delegation):

- Head of Delegation - John Roche; email: john.roche@ifrc.org;
- Operations Coordinator - Vivianne Kibon; email: vivianne.kibon@ifrc.org;

IFRC Regional Office:

- Regional Operations Lead -Rui Alberto Oliveira; email: rui.oliveira@ifrc.org;
-

IFRC Geneva:

- Senior Officer, Operations Coordination - Santiago Luengo; email: santiago.luengo@ifrc.org;

For IFRC Resource Mobilization and Pledges support:

- Regional Head of Strategic Partnerships and Resource Mobilisation - Louise Daintrey; email: louise.daintrey@ifrc.org;

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- Regional Head PMER QA - Beatrice Okeyo, email: beatrice.okeyo@ifrc.org;

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: Allan Kilaka Masavah, Head, Global Humanitarian Services & Supply Chain Management, Africa; Email: allan.masavah@ifrc.org

Reference documents

Click here for:

- MDRZM021eu1.pdf
- MDRZM021eu2.pdf
- MDRZM021 6m.pdf
- MDRZM021OS.pdf

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate, and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.