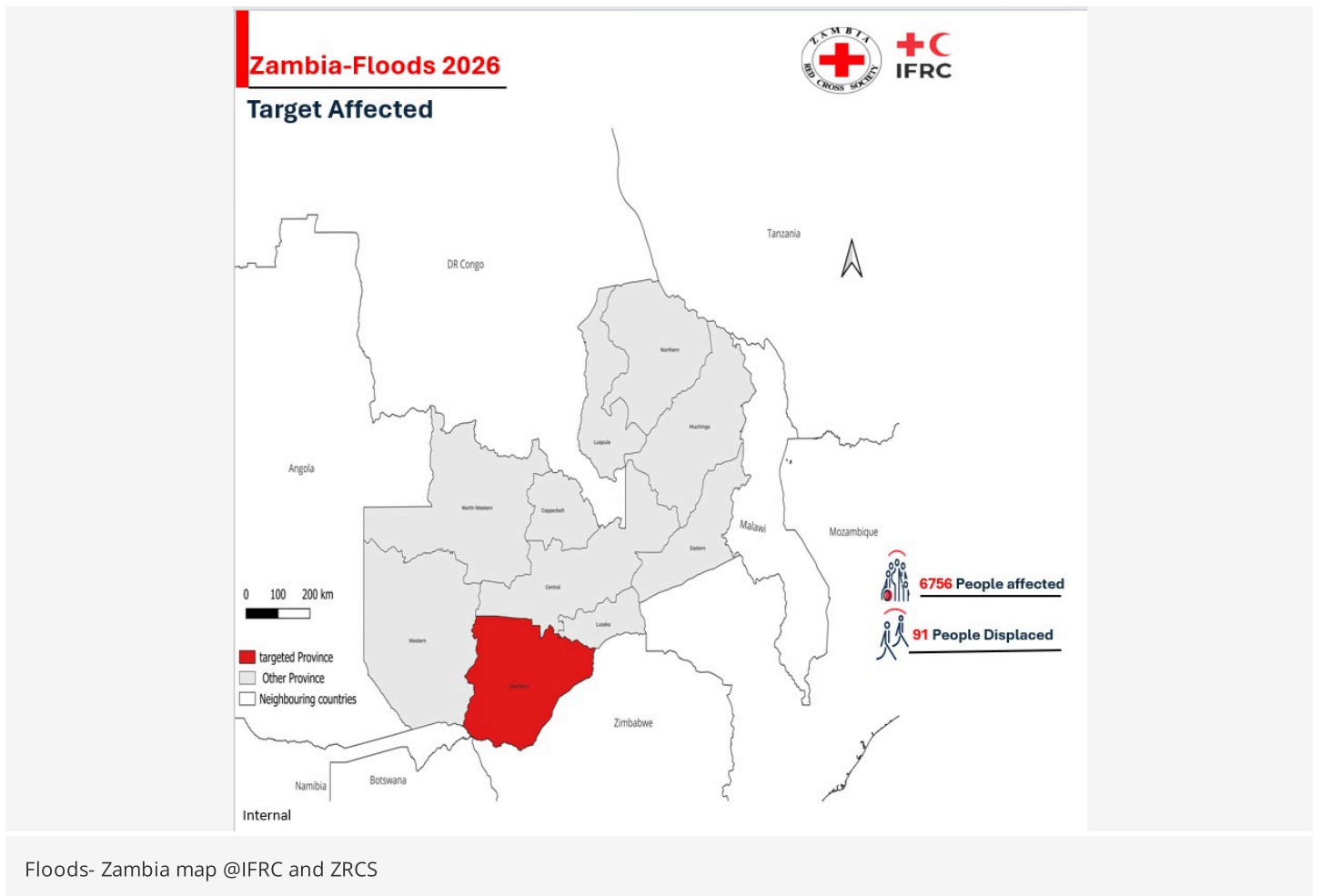




Floods- Zambia

Appeal: <b>MDRZM026</b>	Total DREF Allocation: <b>CHF 478,308</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Flood</b>
Glide Number: -	People Affected: <b>8,112 people</b>	People Targeted: <b>8,112 people</b>	
Event Onset: <b>Sudden</b>	Operation Start Date: <b>30-01-2026</b>	New Operational End Date: <b>31-07-2026</b>	Total Operating Timeframe: <b>6 months</b>
Reporting Timeframe Start Date: <b>30-01-2026</b>		Reporting Timeframe End Date: <b>06-05-2026</b>	
Additional Allocation Requested: <b>105,905</b>		Targeted Regions: <b>Southern, Western</b>	

# Description of the Event



## Date of event

17-04-2026

## What happened, where and when?

Continuous and heavy rainfall began in Southern Province on 11 January 2026, progressively saturating soils and overwhelming the land's natural absorption capacity. This situation was exacerbated by low-lying topography, poor drainage infrastructure, and the overflow of natural waterways, all of which increased surface runoff into communities.

On 20 January 2026, these conditions led to flash floods affecting districts including Choma, Livingstone, and Monze. In Monze District, particularly in Bweengwa, the floods inundated homes and agricultural fields, damaged infrastructure, and severely disrupted livelihoods. Overall, an estimated 1,126 households (approximately 6,756 people) were affected across the three districts, including 754 households in Monze, with 91 households displaced in Monze District alone.

The floods reported on 20 January 2026 in Bweengwa had far-reaching, multi-sectoral impacts, significantly disrupting daily life and livelihoods in the affected communities.

To better understand evolving needs, the Zambia Red Cross conducted a rapid assessment on 2 March 2026 in Monze District. Findings showed that the number of affected and displaced households had increased from the initially targeted 91 households to 165 households, highlighting a significant escalation in needs. This required a scale-up of assistance and reallocation of initial resources to adequately support all displaced households in this priority area.

Subsequently, further flooding occurred on 9 March 2026 in Western Province, triggering additional displacement. Populations from Nalolo District, the most severely affected area, were evacuated from the Barotse flood plains in Silwana and relocated to Senanga District, where they are currently living in camps.



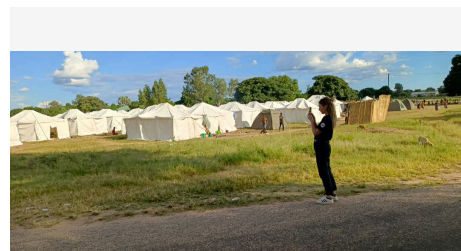
A comprehensive report from the Disaster Management and Mitigation Unit (DMMU) covering March to April 2026 and shared with the National Society on 17 April confirmed that multiple districts in Western Province were adversely affected, including Kaoma, Kalabo, Mongu, Mitete, Sioma, Nalolo, Sikongo, and Senanga. The report identified urgent humanitarian needs in Senanga, where 1,187 displaced households are now in need of assistance. Consequently, the DMMU has requested the Zambia Red Cross Society to urgently scale up interventions in Senanga District to respond to these needs.



Aerial view of flooded areas in Monze



One of the Camps supported by ZRCS in Monze District



Camp for 1187 HH in Senanga District



Transportation of Humanitarian Aid - Crossing Streams in Monze

## Scope and Scale

Flooding in Monze and Senanga districts has had severe impacts on lives, well-being, livelihoods, and infrastructure. It poses immediate risks through drowning, injuries, and accidents, while also increasing exposure to water-borne diseases, malnutrition, and psychological stress linked to displacement and loss of property.

Displacement remains a major concern, with 165 households in Monze and 1,187 households in Senanga now living in temporary camps. Conditions in these sites are precarious, with limited shelter, inadequate water and sanitation, and restricted access to basic services. Overcrowding and lack of privacy significantly increase gender-based violence (GBV) risks, particularly for women and adolescent girls, while disruptions to health services limit access to sexual and reproductive health (SRH) care and support for survivors of violence.

Livelihoods have been heavily affected, as most households rely on rain-fed agriculture. Flooding has destroyed crops, reduced food production, and disrupted livestock systems, undermining both income and food security. At the same time, damage to roads, bridges, schools, health facilities, and water systems has limited access to markets and essential services, further isolating communities.

The most affected populations are those living in low-lying, flood-prone areas near rivers and drainage channels, where poor infrastructure and saturated soils increase exposure to flooding.

Among them, smallholder farmers, low-income households, and informal traders are particularly vulnerable due to their reliance on climate-sensitive livelihoods and limited capacity to recover from losses.

Certain groups face disproportionate risks, including:

- Children and the elderly, due to higher health and safety risks
- People with disabilities or limited mobility, who face barriers to evacuation and assistance
- Pregnant and lactating women, due to disrupted healthcare services
- Orphans and vulnerable children
- Displaced households in camps, exposed to overcrowding, inadequate services, and protection risks

Flooding is a recurring hazard in these areas, but the situation has worsened with continued flooding between March and April. The most significant escalation has been in Nalolo District, where displaced populations are now sheltered in Senanga, highlighting both the scale and evolving nature of the crisis.

## Source Information

Source Name	Source Link
1. News Diggers	<a href="https://diggers.news/local/2026/01/16/600-households-have-been-affected-by-floods-in-bweengwa-kasauta/?utm_source=chatgpt.com">https://diggers.news/local/2026/01/16/600-households-have-been-affected-by-floods-in-bweengwa-kasauta/?utm_source=chatgpt.com</a>

## Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	Yes
Are you changing the geographical location	Yes
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	Yes

### Please explain the summary of changes and justification:

Updated assessments and government reports indicate a significant escalation and geographic spread of humanitarian needs following the floods. In Monze District, the number of affected households has nearly doubled, while new large-scale displacement in Naolo District (now relocated to Senanga) has created additional urgent needs in camp settings. These evolving dynamics, combined with gaps in assistance and the need to strengthen community-level response capacities, require the operation to be expanded and refocused to remain relevant and effective.

#### Summary of Changes:

- Increased target in Monze from 91 to 165 households (covering all households in the camp).
- Expanded geographic scope to extend assistance to 1,187 displaced households from Naolo across 45 villages, relocated in Senanga District.
- Introduced capacity-building activities: Volunteer training in RCCE, CEA, PGI, and MHPSS.
- An additional allocation of 105,905 CHF to support the scale-up and expanded operational coverage.

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>IFRC has an established office in Zambia and is supported by the Harare Country Cluster Delegation. The Office has two technical staff members supporting Cholera under the Country Support Platform and one Community Engagement and Accountability Officer. The cluster office, under the leadership of the Head of delegation, has a technical and support team that has provided Technical and Strategic guidance to the National Society on this response development and will continue its role thereafter.</p> <p>The launch of this DREF comes at a pivotal point when the country is facing a significant reduction of funding as occasioned by the global cuts last year. The cluster will support the NS use this opportunity to work on developing anticipatory action tools (Floods EAP to support the communities in mitigating disaster impact by providing preemptive</p>
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	assistance based on forecasts, which reduces loss of life, injuries, and economic damage. IFRC has supported the NS in developing and accessing funds from the DREF for a Drought EAP.
<b>Participating National Societies</b>	The Netherlands Red Cross (NLRC) is present in the country and has a long-standing history of supporting the Zambia Red Cross Society (ZRCS) in emergency response operations. In the current context, NLRC has been supporting cholera outbreak interventions in Monze District, rather than directly funding or implementing flood response activities. However, these ongoing cholera preparedness and response efforts—particularly in areas such as health promotion, WASH-related interventions, community engagement, and disease surveillance—indirectly contribute to flood response outcomes. By reducing the risk of cholera and other water-borne disease outbreaks, these interventions play a critical preventive role, especially in flood-affected communities where contamination of water sources and poor sanitation conditions significantly increase public health risks.

## ICRC Actions Related To The Current Event

Currently there is no ICRC presence in the country

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	<p>Government Response to the Bweengwa/Monze Floods</p> <ul style="list-style-type: none"> <li>• Distribution of Humanitarian Aid: Over 91 households affected by flash floods in Southern Province — those in Monze District — have received relief assistance from the central government. Aid deliveries included essential items and support intended to help affected families cope with immediate needs following the flooding.</li> <li>• Food and essential non-food relief items have been distributed by the Disaster Management and Mitigation Unit (DMMU) to displaced families in the affected areas, though the specific breakdown by item in these posts is general</li> </ul>
<b>UN or other actors</b>	WaterAid (long-term WASH partner): WaterAid has existing programmes in Monze District that improve access to safe water, sanitation, and hygiene education — capacities that are especially critical in flood-affected contexts where water sources and sanitation systems are compromised.

### Are there major coordination mechanism in place?

Coordination activities include Provincial meetings through the DMMU through its structure such as DDMC.



# Needs (Gaps) Identified



## Shelter Housing And Settlements

Flooding has affected 1352 households in Monze and Senanga districts causing a partial or complete destruction of their homes, according to Government reports.

Living arrangements in evacuation sites and host communities present significant gaps in sanitation, safety, and minimum living standards, exposing families to weather-related risks, communicable diseases, and protection concerns, particularly for women, children, older persons, and persons with disabilities. The loss of shelter has also disrupted livelihoods and reduced households' ability to independently secure safe accommodation.

Immediate needs, therefore, focus on emergency shelter assistance, including tarpaulins, tents, blankets, sleeping mats, mosquito nets, and essential household items to ensure safe, dignified, and weather-resistant living conditions. The families in evacuation centers identified as immediate priorities, but vulnerability criteria may refine the shelter targeting. Additional shelter support is required to reduce overcrowding, restore privacy and protection, and enable temporary housing solutions, while families recover and find the most appropriate housing options, as cash may provide additional support throughout that recovery process. The shelter facilities must be sensitive to the minimum standard, gender, but also allow easier access to self-food/cooking arrangements for the people in evacuation centers.



## Livelihoods And Basic Needs

The floods in Monze and Senanga districts have severely disrupted livelihoods and basic household needs of 165 households and 1187 households respectively. Many families have lost crops and household assets due to flooding, leading to reduced food availability and income. The destruction of farmlands and disruption of local markets has heightened food insecurity and limited households' ability to purchase essential items. With roads damaged and transport disrupted, access to markets and income opportunities has been reduced, further increasing vulnerability.

Key Needs:

Food assistance and nutrition support for affected households, especially children, pregnant and lactating women, and the elderly. Livelihood recovery support, including replacement of lost farming inputs (seeds, tools), restocking of livestock, and support for alternative income sources.

Immediate basic needs support, including cooking utensils, blankets, clothing, sleeping mats, and household items.



## Multi purpose cash grants

Multipurpose cash assistance is a critical approach to address the diverse needs of flood-affected households. This form of support allows families to prioritize their most urgent needs, such as food, shelter repairs, medical expenses, school supplies, and transportation. Cash assistance promotes dignity, flexibility, and local market stimulation, enabling households to recover faster and rebuild their livelihoods.



## Health

The floods in Bweengwa have significantly increased health risks and created urgent health needs among affected communities. Access to essential health services remains a key concern, as flooded and damaged roads have made it difficult for patients to reach health facilities and for outreach services to operate consistently. There is a need to support continuity of primary healthcare, including maternal, neonatal, and child health services, especially for pregnant women, children, the elderly, and people with chronic illnesses.

The flooding has heightened the risk of communicable disease outbreaks, particularly water-borne and sanitation-related diseases such as cholera, diarrhoea, dysentery, and typhoid, due to contamination of water sources and compromised sanitation facilities. This creates an urgent need for disease prevention measures, including health education, hygiene promotion, water treatment, and early detection and referral through community-based surveillance.

There is also an increased need for vector control and malaria prevention, as stagnant floodwaters provide breeding grounds for mosquitoes. Distribution of mosquito nets, environmental hygiene activities, and malaria awareness are critical to reducing transmission risks.



Mental health and psychosocial support (MHPSS) needs have risen following displacement, loss of homes, livelihoods, and uncertainty about recovery. Affected individuals—particularly children, women, and displaced households in safe havens—require psychosocial support, psychological first aid, and referral pathways for more severe cases.

Additionally, nutrition-related health risks are emerging due to disrupted food access and crop losses. Children under five, pregnant and lactating women, and chronically ill individuals face increased risk of malnutrition, highlighting the need for nutrition screening, referral, and health-nutrition integration.

Overall, the health response requires integrated support combining access to healthcare, disease prevention, MHPSS, nutrition screening, and community health promotion, closely coordinated with WASH and protection interventions to prevent secondary health impacts of the floods.



## Water, Sanitation And Hygiene

**Access to Safe Drinking Water:** Flooding has contaminated water sources, including boreholes, wells, and surface water, increasing the risk of water-borne diseases. There is an urgent need to provide safe drinking water for the families in the camp (165HHs in Monze and 1187HHs in Senanga districts through chlorine distribution and rehabilitation of affected water points within the camp area, water quality monitoring using pool testers. Ensure regular water quality testing and monitoring to confirm water safety.

**Sanitation and Hygiene Facilities:** Sanitation systems have been overwhelmed due to flooding, leading to damaged latrines and open defecation risks. The community requires:

Construction and rehabilitation of emergency latrines in affected households and displacement sites.

Provision of handwashing stations with soap or chlorine solution in safe havens and public areas. Proper waste management and drainage to prevent environmental contamination.

**Hygiene Promotion:** There is an urgent need for hygiene education to reduce the spread of water-borne diseases. Key activities include: Community sensitization on safe water handling, storage, and treatment.

Promotion of routine handwashing, personal hygiene through the use of soap, and safe sanitation practices.

Distribution of hygiene kits, including soap, sanitary pads, and Liquid Chlorine, as PUR is not available in Zambia.

**Cholera and Water-borne Disease Prevention:** With the increased risk of cholera and diarrheal diseases, WASH interventions must focus on prevention and early response by targeting the displaced in camps,

Ensuring rapid response to any suspected outbreaks through water safety measures and community awareness.

Strengthening community-based surveillance for early detection of symptoms and referrals.

**Flood-Resilient WASH Infrastructure:** There is a need to improve WASH infrastructure to withstand future flooding, including:

Rehabilitation of water points with flood protection measures.

Improvement of drainage systems around water sources and communal areas.

Provision of temporary water storage facilities in safe havens.



## Protection, Gender And Inclusion

**Protection from Gender-Based Violence (GBV):** Flood displacement and overcrowding in safe havens increase the risk of GBV, including domestic violence, sexual exploitation, and harassment. Though not clearly identified in the assessment, the DREF will address the GBV-related cases through: GBV awareness and prevention activities and Safe reporting and referral pathways.

**Heightened GBV risks:** Overcrowded temporary accommodation centres (schools and public buildings) lack privacy, lighting, and safe WASH facilities, significantly increasing risks of gender based violence, sexual exploitation and abuse, particularly for women and adolescent girls.

**Child Protection:** The NS will integrate Child Protection activities, which will be integrated into response activities

**Inclusion of Persons with Disabilities (PWDs) and the Elderly:** People with disabilities, the elderly, and those with chronic illnesses face mobility and access barriers. Their needs include:

Accessible shelter and sanitation facilities

Priority support in distributions and services

Assistive devices and mobility support

Targeted psychosocial support

**Dignity and Privacy:** Displacement sites often lack adequate privacy and dignity for affected people, especially women and girls. Needs include:

Gender-segregated latrines and bathing spaces



Lighting in communal areas to enhance safety  
Privacy screens in shelters  
Safe and secure shelter layouts

Prevention of Discrimination and Social Exclusion: Some groups may face exclusion during relief distribution or assistance due to social stigma or lack of documentation. There is a need for:

Inclusive registration and targeting systems  
Community engagement to ensure equal access  
Monitoring to prevent discrimination

Disruption of SRH and GBV services: Flood damage to health facilities and access constraints have interrupted sexual and reproductive health services and GBV referral pathways, affecting pregnant women, survivors of violence, and adolescent girls.

Increased care burden and psychosocial distress: Women and older girls bear a disproportionate care burden in displacement settings, while repeated climate shocks have intensified psychological stress, particularly among female headed households and older persons.



## Community Engagement And Accountability

Information Sharing and Communication: Affected communities need timely, clear, and accurate information about:

Available assistance (food, NFIs, shelter, WASH, health services)

Distribution schedules and eligibility criteria

Safe havens and displacement site services

Health risks and prevention measures (cholera, malaria, hygiene)

This requires regular community meetings, public announcements, and information materials in local languages.

Two-Way Communication and Feedback Mechanisms: Communities must have safe and accessible channels to ask questions, share concerns, and report issues. This includes:

Establishing complaints and feedback mechanisms (CFM)

Providing feedback boxes, suggestion forms, and hotline numbers

Conducting regular community feedback sessions

## Any identified gaps/limitations in the assessment

The assessment in the two districts faced several limitations that may have affected the completeness of the findings. Key needs in sectors such as shelter, WASH, and health remain partially addressed, with gaps in durable shelter support, adequate sanitation facilities, and sustained access to safe water and health services. Resource shortages, including limited funding, insufficient relief supplies, and a shortage of trained personnel and transport assets, constrained the ability to reach all affected households and provide comprehensive support. Operational challenges such as damaged roads, flooded access routes, and restricted mobility delayed assessments and hindered the timely delivery of assistance. Coordination gaps were also noted, particularly at community and camp levels, leading to uneven coverage and occasional overlap of services. Additionally, the needs of vulnerable groups—such as the elderly, people with disabilities, female-headed households, and displaced persons—may not have been fully captured or prioritized during the assessment, limiting targeted support for those most at risk.

# Operational Strategy

## Overall objective of the operation

The IFRC-DREF operation aims to provide integrated, life-saving and early recovery assistance in order to reduce the impact of flooding on lives, livelihoods, and well-being for 1,352 displaced and flood-affected households in Monze and Senanga districts affected by flooding between January and April 2026. This will be done by providing shelter, WASH, health, food security and livelihoods support, and protection interventions, including GBV risk mitigation, and ensuring dignity, safety, and strengthened community resilience over 6 months.

## Operation strategy rationale

To reach its objective, the operation will work based on the following outcomes for all 1352 affected families:

WASH

Outcome: Reduced risk of water-borne diseases and improved access to safe water and hygiene services.

Flooding has contaminated water sources, damaged infrastructure, and disrupted hygiene practices, increasing the risk of cholera and



other water-borne diseases. WASH interventions focus on restoring safe water access, improving hygiene practices, and ensuring safe household water storage.

This will be done through distribution of 20-litre water containers, handwashing facilities and soap, rehabilitation of critical water points, water quality monitoring, and hygiene promotion in high-risk areas (camps, schools, markets).

Menstrual hygiene needs will also be addressed to protect dignity and reduce health and protection risks for women and girls through the distribution of menstrual hygiene kits.

#### Shelter and Protection

Outcome: Improved access to safe, dignified, and secure living conditions with reduced protection risks.

Displacement has left households in overcrowded sites with limited shelter, privacy, lighting, and services, increasing exposure to GBV and other protection risks, particularly for women and children. Shelter and protection support therefore focuses on safer and more dignified living conditions while reducing risks linked to overcrowding.

This will be achieved through provision of basic shelter materials, installation of shared emergency shelters and communal facilities (cooking areas, toilets, bathing spaces), and site improvements ensuring privacy and safer layouts.

To enhance safety, solar lamps will be distributed (3–4 per household) to improve lighting and mobility at night. Shelter design will include privacy screens, gender-segregated facilities, and improved safety considerations.

#### Health and MHPSS

Outcome: Reduced morbidity and improved psychosocial well-being through disease prevention and community-based support.

Flooding and displacement have increased risks of cholera and other communicable diseases while disrupting access to health services. At the same time, loss of homes and livelihoods has increased psychosocial distress. The health response therefore combines disease prevention, early detection, and risk communication with psychosocial support.

This will be implemented through RCCE activities, strengthened Community-Based Surveillance (CBS), and trained volunteers conducting door-to-door sensitisation, community outreach, and radio messaging on disease prevention, hygiene, and available services.

Volunteers will also be trained in MHPSS to provide basic psychosocial support to affected populations experiencing displacement-related stress and loss.

#### Livelihoods and Cash Assistance

Outcome: Improved household capacity to meet basic needs and support early recovery.

Flooding has severely disrupted agricultural production and income sources in predominantly farming-dependent communities. Cash assistance provides a flexible and dignified modality to meet urgent needs while supporting local markets.

This will be delivered as multi-purpose cash assistance to 1,352 households, enabling them to prioritise food, shelter repairs, healthcare, and other essential needs based on individual priorities.

#### Protection, Gender and Inclusion (PGI) and Accountability

Outcome: Safe, inclusive, and accountable assistance that protects dignity and reduces exclusion and harm.

The crisis has increased vulnerabilities among displaced households, particularly women, children, older persons, and persons with disabilities. PGI is therefore integrated across all sectors to ensure assistance is safe, equitable, and accessible.

This includes inclusive registration and targeting, continuous monitoring to prevent exclusion, and strengthened community feedback mechanisms. GBV risk mitigation will be supported through awareness activities, confidential reporting channels, and referral pathways. Child protection measures will address risks linked to family separation and disrupted schooling. Targeted support will ensure accessibility of services for persons with disabilities, older persons, and people with chronic conditions.

#### Coordination and Capacity Building

Outcome: Strengthened coordination, local capacity, and quality of response delivery.

Given the scale and evolving nature of the crisis, coordination with government and humanitarian partners is essential to ensure coherent response across Monze and Senanga. Strengthening local capacity is also critical for sustained community engagement in camp settings.

This will be achieved through coordination with government structures and partners, and training of volunteers in RCCE, Community Engagement and Accountability (CEA), PGI, and MHPSS, strengthening outreach, communication, protection, and psychosocial support.

Post-distribution monitoring and lessons learned exercises will support accountability and continuous improvement of the response.

## Targeting Strategy

### Who will be targeted through this operation?

The operation will target flood-affected households in Bweengwa, Monze District, and Senanga District equivalent to approximately 8112 people directly that is 1352 HHs, with a particular focus on the most vulnerable and severely affected households.

The response will prioritise the 165 HHs displaced households only in Monze District and 1187 households displaced in Senanga district currently sheltered in safe havens, as well as other affected families whose homes, livelihoods, and access to basic services have been impacted by the floods.



The targeting approach is based on the principle of prioritising those most affected and most vulnerable, ensuring that assistance reaches households that cannot meet their basic needs due to the floods. The criteria are guided by the severity of impact, exposure to risk, and vulnerability status. This ensures that limited resources are used effectively to reduce immediate suffering, prevent disease outbreaks, and support recovery.

Groups Targeted: The following groups are prioritized because they face a higher risk and are less able to cope with the impacts of flooding:

1. Displaced households in safe havens: These households are already displaced and living in temporary shelters, facing overcrowding and high risk of disease and protection concerns.
2. Households with damaged or destroyed homes: Families whose houses have been flooded or structurally damaged are at risk of exposure, loss of property, and prolonged displacement.
3. Female-headed households: Women-led households often have limited income sources and face higher vulnerability in accessing assistance and protection services.
4. Households with children under five and pregnant/lactating women: These groups have increased health and nutrition needs and are more vulnerable to water-borne diseases and malnutrition.
5. Elderly and people with disabilities: These groups face mobility challenges and have limited capacity to cope with displacement and loss of livelihoods.
6. Households with chronic illnesses: Individuals requiring regular medication or health services are at risk of deteriorating health due to limited access to healthcare

## Explain the selection criteria for the targeted population

The selection criteria are based on the severity of impact, level of vulnerability, and capacity to cope with flood effects. The operation aims to prioritise households that have suffered the greatest losses and are least able to recover without assistance. The criteria also reflect the need to prevent disease outbreaks, reduce protection risks, and support rapid recovery. This approach ensures that limited resources are directed to those who are most in need and most at risk. This DREF will target 8112 people (165 households in Monze districts and 1187 households in Senanga district) based on the Government recommendation, which is critically affected.

## Total Targeted Population

Women	1,795	Rural	54%
Girls (under 18)	2,294	Urban	46%
Men	1,745	People with disabilities (estimated)	10%
Boys (under 18)	2,278		
Total targeted population	<b>8,112</b>		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes



Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes
<b>Please indicate any security and safety concerns for this operation:</b>	
Security and safety concerns for the targeted area is not known to be a conflict zone. However, damaged roads, flooded terrain, and poor access routes pose significant safety risks to staff, volunteers, and beneficiaries, increasing the likelihood of vehicle accidents, injuries, and delayed response. Floodwaters and stagnant water also raise health risks, including exposure to water-borne diseases such as cholera and malaria, as well as the potential for snakebites and injuries from hidden debris. Additionally, overcrowding in safe havens may increase protection risks, including GBV and theft, necessitating careful site management and safety monitoring. To mitigate these risks, the operation will enforce strict security protocols, including movement restrictions during heavy rains, use of protective equipment, adherence to safe water and hygiene practices, clear reporting and communication lines, and coordination with local authorities for security updates and safe access routes.	
Has the child safeguarding risk analysis assessment been completed?	No

## Planned Intervention



### Shelter Housing And Settlements

**Budget:** CHF 43,199  
**Targeted Persons:** 8,112  
**Targeted Male:** 4,023  
**Targeted Female:** 4,089

#### Indicators

Title	Target	Actual
# of flood-affected households reached with essential shelter and household non-food items	1,352	91
# of displaced households whose shelter meets minimum emergency shelter standards	1,352	91
% of HH reported to have received shelter support	100	100
# of construction materials procured	350	0
# of pocket solar lamps procured	300	200
# of tarpaulins procured	165	120
# of blankets procured	4,056	273
# of sleeping mates procured	4,056	273



## Progress Towards Outcome

Procurement of the initial 200 units of construction materials ongoing  
Procurement of tents - 50 heavy duty; 70 non heavy duty.  
Procurement of 273 blankets completed  
Procurement of 273 sleeping mats completed  
Procurement of 200 pocket solar lamps completed



## Multi Purpose Cash

**Budget:** CHF 190,209  
**Targeted Persons:** 8,112  
**Targeted Male:** 4,023  
**Targeted Female:** 4,089

## Indicators

Title	Target	Actual
# of flood-affected households receiving multi-purpose cash assistance	1,352	91
% of targeted beneficiaries validated through agreed community-based and accountability mechanisms before cash disbursement	8,112	273
# of households reporting that cash assistance met their priority basic needs	1,352	91
% of surveyed people whose households received MPC are satisfied with the amount received.	80	80
% of surveyed people whose households received MPC are satisfied with the time/period that they received.	80	80
# of PDMs conducted	1	1

## Progress Towards Outcome

Identification of financial service provider complete  
Registration and verification of 91 households in Monze district complete  
Process halted by the government to allow the operational update request for increasing scope to 165HHS in Monze and new 1187 hhs in Senanga district. Progress will resume once approval is received.



## Health

**Budget:** CHF 36,523  
**Targeted Persons:** 8,112  
**Targeted Male:** 4,023  
**Targeted Female:** 4,089

## Indicators

Title	Target	Actual
# of volunteers oriented on RCCE, MHPSS, CBS, ECV	80	40
# of people reached with hygiene promotion messages on handwashing in public places	8,112	4,598
# of households with improved protection against malaria through access to LLITNs	165	91
# of mosquito nets procured	330	330

## Progress Towards Outcome

40 volunteers have been oriented on RCCE, MHPSS, CBS and ECV  
Procurement of 330 mosquito nets



## Water, Sanitation And Hygiene

**Budget:** CHF 54,035

**Targeted Persons:** 8,112

**Targeted Male:** 4,023

**Targeted Female:** 4,089

## Indicators

Title	Target	Actual
# of flood-affected households receiving liquid chlorine for household water treatment	1,352	91
# of women and girls of reproductive age receiving Menstrual Hygiene Management (MHM) kits	396	0
# of households provided with 20-litre water storage containers	1,352	91
# of households practicing correct household water treatment and safe storage	1,352	91
# of boreholes rehabilitated	15	0
# of people reached with WASH interventions	8,112	4,598

## Progress Towards Outcome

Procurement of Jerricans - 168

Procurement of Chlorine - 3038 bottles



## Protection, Gender And Inclusion

**Budget:** CHF 6,799  
**Targeted Persons:** 500  
**Targeted Male:** 200  
**Targeted Female:** 300

### Indicators

Title	Target	Actual
# staff and volunteers trained on PGI	87	45
# of rapid gender analysis conducted with other actors	1	1
#of people reached through PGI services intergrated into other interventions	500	0

### Progress Towards Outcome

45 staff and volunteers trained on PGI Training



## Community Engagement And Accountability

**Budget:** CHF 11,091  
**Targeted Persons:** 8,112  
**Targeted Male:** 3,999  
**Targeted Female:** 4,113

### Indicators

Title	Target	Actual
# of community meetings conducted and community-led action plans developed with affected communities	30	30
# of functional feedback and complaint cases received and managed through the toll-free line	4	4
% of volunteers equipped with standardized data collection tools and trained in basic data coding and reporting	80	40
% of targeted community members who report knowing how to access information about the response	100	100
% of feedback received that is responded to and closed within agreed	90	90



timeframe		
# of action plans co-developed with communities that were integrated and supported	2	1

## Progress Towards Outcome

Equipped 40 volunteers with standardized data collection tools and trained in basic data coding and reporting  
 Conducted community meetings and community-led action plans developed with affected communities



## Coordination And Partnerships

**Budget:** CHF 28,439  
**Targeted Persons:** 86  
**Targeted Male:** 42  
**Targeted Female:** 44

## Indicators

Title	Target	Actual
# of Data Quality Visits	5	1
# of PDM conducted	1	0
% of HH demonstrating proper use of distributed items	90	90
# of monitoring visits conducted	5	1
# of lessons learnt workshops conducted	1	0

## Progress Towards Outcome

Inception meeting with District stakeholders complete  
 Two detailed assessments done in Monze and Senanga districts



## Secretariat Services

**Budget:** CHF 29,957  
**Targeted Persons:** 10  
**Targeted Male:** 5  
**Targeted Female:** 5

## Indicators

Title	Target	Actual
# of Monitoring Visits	4	1



## Progress Towards Outcome

Kick off Meeting completed  
Processing Project Funding agreements and amendments done  
Technical support during the review and development of the operations update



## National Society Strengthening

**Budget:** CHF 78,056  
**Targeted Persons:** 87  
**Targeted Male:** 43  
**Targeted Female:** 44

### Indicators

Title	Target	Actual
# of volunteers insured	80	40

## Progress Towards Outcome

Key project staff identified and are the focal points for the operation  
One vehicle from IFRC allocated to the operation

# About Support Services

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

A total of 87 personnel and volunteers in the operation, i.e 7 members staff and 80 trained volunteers in Monze, and Senanga districts flood operation. The staff team will provide overall leadership, technical support, and coordination across all sectors, including an operation manager/coordinator to oversee implementation and liaise with district authorities and partners, as well as sector officers responsible for WASH/health, shelter/protection, PGI/MHPSS, RCCE/CEA, logistics, and finance/administration. The 80 volunteers will be deployed in affected communities and safe havens to support community mobilization, household assessments and registration, distributions of NFIs, cash, and WASH supplies, and the implementation of community-based surveillance (CBS). They will also support health and hygiene promotion, protection monitoring, psychosocial support, and community feedback mechanisms. The operation will be coordinated through clear leadership and supervision structures, with team leaders guiding volunteer activities to ensure effective, safe, and accountable delivery of assistance to affected households.

## Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Yes, the volunteer team has been intentionally selected to reflect the gender, age, and cultural diversity of the affected communities in Bweengwa, ensuring that support is inclusive and culturally appropriate. The team includes both male and female volunteers across different age groups and is drawn from the local communities, which helps to ensure understanding of local languages, customs, and social dynamics. This diverse composition also enables better access to vulnerable groups, including women, children, elderly persons, and people with disabilities, and helps to reduce barriers to communication and trust. However, gaps may still exist, particularly in ensuring adequate representation of older volunteers and people with disabilities. To address these gaps, the operation will continue to recruit and mobilise volunteers with diverse profiles, provide targeted training on inclusion and protection, and ensure that team



composition is regularly reviewed to maintain balanced representation. Additionally, volunteers will be supported by community leaders and local structures to ensure that the response remains sensitive to cultural norms and community needs.

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

The procurement responsibility for this operation will be led by the Zambia Red Cross Society (ZRCS), with technical support from the IFRC procurement staff. The ZRCS logistics team will manage procurement activities in line with the National Society's procurement procedures and IFRC standards, ensuring transparency, value for money, and accountability. Procurement will primarily involve local suppliers to enable timely access to essential items and support the local economy, although international suppliers may be used if required for specific items that are not available locally. Procurement will cover both replenishment of stock and items for direct distribution, depending on the operational needs and availability of supplies. For Cash and Voucher Assistance, the Financial Service Provider (FSP) is currently being assessed/confirmed and will be selected based on their capacity to deliver secure, timely, and accountable cash transfers in the affected areas, following due diligence and approval processes.

## **How will this operation be monitored?**

The operation will be monitored through a structured monitoring and evaluation system led by the ZRCS PMER team, using the National Society's established monitoring framework to track progress, performance, and outcomes across all sectors. Monitoring mechanisms will include daily field reports from volunteers, weekly progress updates from sector leads, post-distribution monitoring (PDM), and regular review meetings to assess the effectiveness and quality of interventions.

The ZRCS PMER team will be responsible for consolidating data, verifying beneficiary lists, conducting field visits, and ensuring that activities are implemented according to planned timelines and standards. Key indicators and milestones will include the number of households reached with shelter, WASH, health, PGI, and cash assistance, the percentage of targeted households reporting satisfaction with assistance, timeliness of distributions, and coverage of key community engagement activities such as RCCE and CEA.

The operation will also use feedback and complaint mechanisms to capture beneficiary feedback and address any issues related to inclusion, protection, or service delivery.

In addition, IFRC monitoring visits will be conducted periodically to provide technical oversight, verify field activities, and support quality assurance. These visits will be coordinated with the ZRCS operation team and planned based on operational milestones, such as after initial distributions and during the mid-term review, to ensure accountability and learning throughout the operation.

## **Please briefly explain the National Societies communication strategy for this operation**

The Zambia Red Cross Society (ZRCS) will manage communication through a structured approach that ensures timely, accurate, and transparent information flow both internally and externally. Internally, the NS has activated its Incident Management System (IMS) to coordinate and share operational information among staff, volunteers, and key stakeholders. This system will be used for daily updates, situation reports, coordination of activities, and information sharing across sectors and field teams. ZRCS will also participate in organized national emergency response meetings on floods, where updates will be shared with government authorities, humanitarian partners, and other stakeholders to ensure alignment, avoid duplication, and strengthen coordination.

Externally, the NS will maintain transparent communication with affected communities through community engagement and accountability (CEA) mechanisms, including community meetings, feedback and complaint channels, and information dissemination on available assistance, distribution schedules, and referral pathways. The NS will also use local communication channels, such as radio announcements and community leaders, to ensure messages reach all segments of the population, including vulnerable groups



# Budget Overview



## DREF OPERATION

Code - Zambia Red Cross Society  
Zambia Flood 2026 Southern Province

### Operating Budget

<b>Planned Operations</b>	<b>341,856</b>
Shelter and Basic Household Items	43,199
Livelihoods	0
Multi-purpose Cash	190,209
Health	36,523
Water, Sanitation & Hygiene	54,035
Protection, Gender and Inclusion	6,799
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	11,091
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>136,452</b>
Coordination and Partnerships	28,439
Secretariat Services	29,957
National Society Strengthening	78,056
<b>TOTAL BUDGET</b>	<b>478,308</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

