



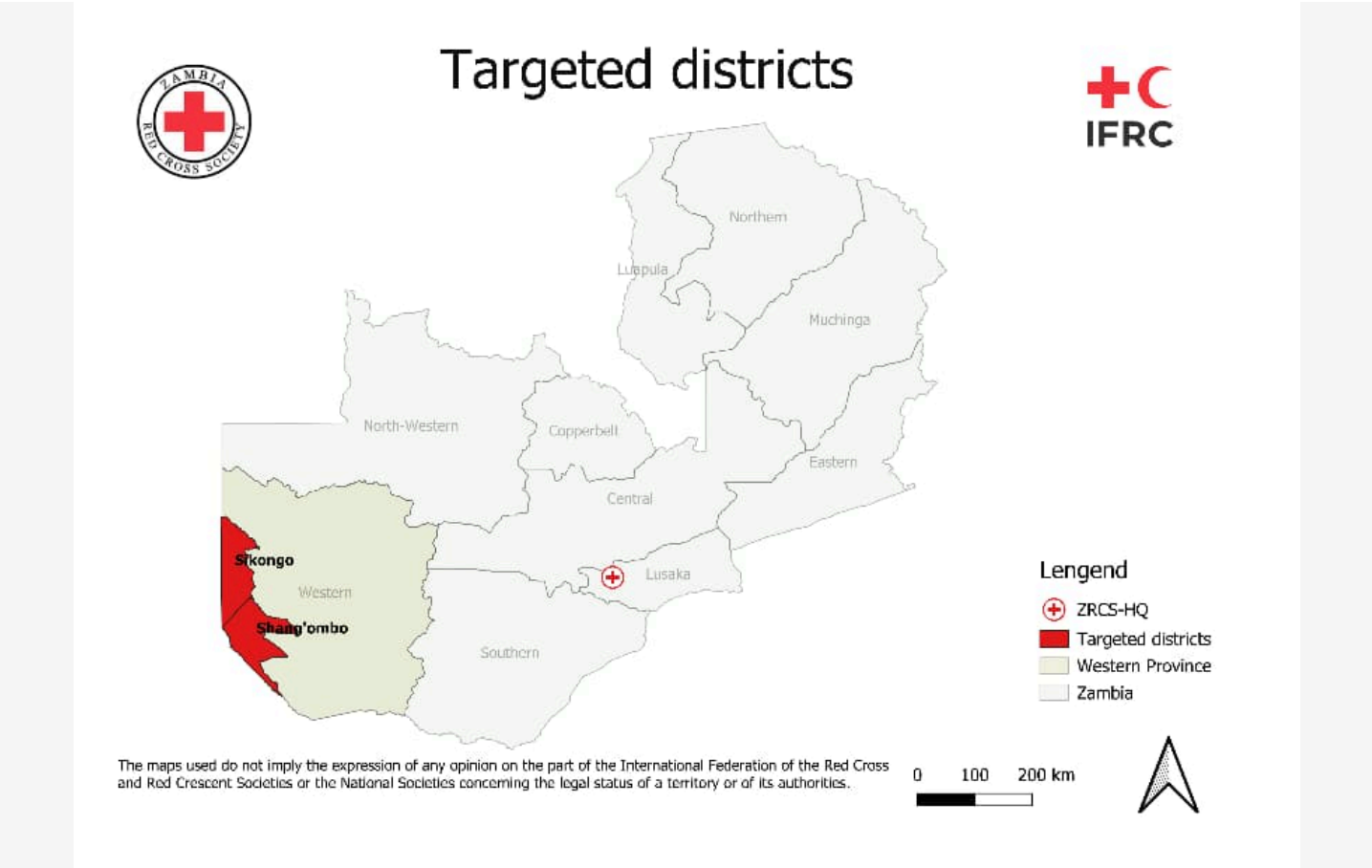
Measles Vaccination Session

Appeal: MDRZM028	Hazard: Epidemic	Country: Zambia	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 78,213	
Glide Number: -	People Affected: 21,040 people	People Targeted: 18,000 people	
Operation Start Date: 18-07-2026	Operation Timeframe: 3 months	Operation End Date: 31-10-2026	DREF Published: 11-09-2026
Targeted Regions: Western			

Description of the Event

Date when the trigger was met

08-07-2026



Map of Zambia showing Shangombo and Sikongo Districts

What happened, where and when?

A measles outbreak was confirmed in Shangombo District, Western Province, Zambia, following identification of the index case during Epidemiological Week 19 of 2026 (May 4-10, 2026). The index case was a 6-year-old female from Kapengela Village who presented at Shangombo District Hospital with clinical signs consistent with measles, including fever, maculopapular rash, cough, conjunctivitis, and coryza. Her vaccination history was unknown. A blood specimen collected from the case was tested at the University Teaching Hospital (UTH) Virology Laboratory and confirmed positive for Measles IgM antibodies on 16 May 2026, leading to the formal declaration of the outbreak.

On the 27th of April, 2026 Situlu1 Health Post received a client from Kalungulungu village of Nina district in Angola. The signs of measles started on the 14th April. The patient travelled with three others who also had cough and runny nose. Samples were collected from the index suspected case and the three contacts, transported to the laboratory on the 11th May, 2026.

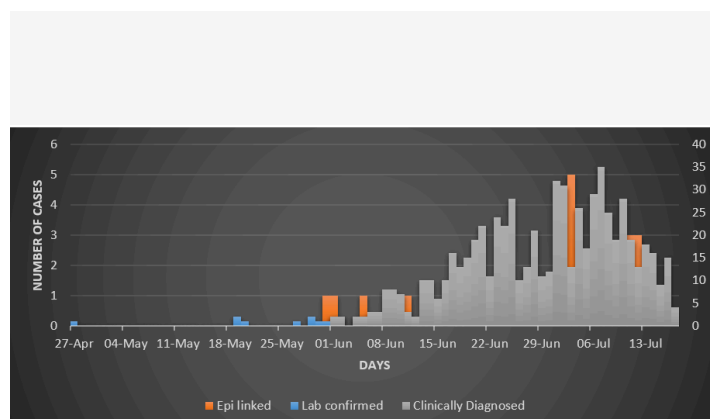
Prior to confirmation of the outbreak, on 6 May 2026, Shangombo District received an unverified alert of a suspected measles outbreak across the border in Rivungu Municipality, Angola, involving six suspected cases among children aged 2–6 years. The alert was verified through the electronic Integrated Disease Surveillance and Response (eIDSR) system, triggering activation of the Public Health Emergency Rapid Response Team (PHERRT) to investigate and coordinate response activities.

Since confirmation of the index case, the outbreak has expanded within Shangombo District, with increasing numbers of suspected and confirmed cases reported which continues to rise even after the vaccination campaign which was conducted between 6th to 11th July



2026. As of 24/08/2026 Shangombo had 1313 cumulative cases, 26 confirmed cases and 13 deaths with a CF rate of 1%.

With the increasing cases in the district, Zambia National Public Health Institute, a specialized Government Institution mandated to lead and coordinate public health security in Zambia made a formal request for support to the National Society on the 8th July 2026 highlighting the gaps.



EPI Curve for Shangombo District



Zambia RC staff distributing Measles SBCC Materials

Scope and Scale

The 2026 measles outbreak has primarily affected 4 districts namely Shangombo, Chirundu, Lusaka and Sikongo. Shangombo being identified as the epicentre of transmission. The outbreak was confirmed following laboratory confirmation of the index case in Shangombo. During Epidemiological Week 19 of 2026, and subsequent investigations revealed ongoing community transmission with high risk to spread to neighbouring areas like Senanga and Sesheke districts. The outbreak has affected predominantly children below 14 years, particularly those with unknown or incomplete vaccination histories indicating immunity gaps within affected communities. according to the Sitrep date 24 August 2026, Shangombo had an immunity gap of 75% among children aged between 5-14 years. The immunity gap is high between MCV 1 and 2, which could be attributed several factors affecting utilization of services.

The outbreak has affected at least four provinces, including Western, Lusaka, North-Western and Southern Provinces, demonstrating that measles transmission is not limited to a single geographic area. However, Western Province remains the epicentre, accounting for the highest proportion of suspected cases, with 1313 cases, representing more than half of all suspected cases reported nationally during the period.

Lusaka Province Reported confirmed measles transmission, including hospital admissions and one reported death.

North-Western Province Reported active measles cases, indicating geographical spread beyond Western Province.

Southern Province Reported measles cases as part of the national outbreak picture.

The outbreak has resulted in significant morbidity, with more than 90 hospital admissions nationally and at least 10 reported deaths, including 9 deaths associated with Western Province and one death reported in Lusaka Province.

The outbreak has recorded a high attack rate of 564 cases per 100,000 population and a case fatality rate (CFR) of 1%, demonstrating a substantial impact on affected communities, particularly among children with zero-dose, missed, or incomplete vaccination status.

Geographical scope:

Western Province recorded the highest burden of the national measles outbreak particularly Shangombo District, with 1313 cases and 13 reported deaths.

- In Shangombo District, the outbreak has shown rapid escalation after the first confirmed case. Initial reports indicated 58 suspected cases, including 17 laboratory-confirmed cases, currently Shangombo has 910 cumulative cases, with 26 laboratory confirmed cases.

Although measles remains endemic in Zambia, the current 2026 measles outbreak presents a significant public health concern due to the intensity of transmission, severity of outcomes, expansion into new geographical areas such as Senanga District which borders with

Shangombo poses the risk of further spread. The situation is further exacerbated by the fact that Shangombo is remote rural districts with poverty datum of exceeding 78.8% placing it amongst the most deprived districts in the country and located approximately 1,000 km from Lusaka City, with significant operational challenges affecting timely access to health services and outbreak response interventions. The district has dispersed rural settlements, poor road infrastructure, and experience seasonal flooding, which often affects transportation networks, limits access to hard-to-reach communities, and delays delivery of health services, including vaccination and surveillance activities. These geographical barriers increase the risk of delayed detection, reduced vaccination coverage, and continued transmission among vulnerable populations. Shangombo previously experienced measles transmission in 2022.

The outbreak may escalate to other communities due to immunity gaps and increased vulnerability among susceptible populations. The proximity of Shangombo to Angola, where measles cases are also being reported, presents an additional risk of cross-border transmission due to population movement between border communities. Without intensified community-level interventions, there is a high likelihood of further spread within Zambia and across neighbouring areas. Given the scale of transmission, geographical challenges, and vulnerability of affected populations, urgent support is required to complement Government-led response efforts.

Key Government actions

- 1. Emergency measles-rubella vaccination campaign conducted 6–11 July 2026.
 - o The campaign targeted children aged 6 months to 9 years in high-risk districts, including Shangombo.
 - o Routine immunisation continued in other districts.
 - o By 16 July, the campaign had reportedly reached more than 46643 vaccinated in Shangombo children.
- 2. Strengthened surveillance and outbreak investigation
 - o The National Public Health Emergency Operations Centre (PHEOC) was activated under ZNPHI.
 - o Multidisciplinary rapid response teams were deployed to investigate cases, conduct contact tracing and initiate appropriate public-health measures.
- 3. Case management and isolation
 - o In Shangombo, the district hospital established an isolation unit with dedicated staff to manage measles patients and reduce transmission.

Public health impact:

The outbreak has resulted in increased hospital admissions, deaths, and pressure on district health services, requiring intensified surveillance, vaccination response, risk communication, and case management interventions.

The Ministry of Health is planning a measles-rubella mop-up vaccination campaign in Shangombo District during the second week of September 2026, targeting children aged 6 months to 14 years. The campaign is intended to reach 18000 children who may have been missed during previous vaccination activities and to close immunity gaps in the two districts. currently Government has secured over 25000 doses of MRV for this activity.

The Zambia Red Cross Society response will focus on strengthening risk communication and community engagement (RCCE), community-based surveillance, identification and mobilization for vaccination through door to door, market visits, and referral of children who have not received measles vaccine to the nearest vaccination points through the volunteers. These interventions will help reach the most vulnerable and hard-to-access populations. Through its community volunteer network, ZRCS will support the Ministry of Health in overcoming access barriers, increasing community awareness and demand generation, in Shangombo District.

Source Name	Source Link
1. Zambia Monitor	https://www.zambiamonitor.com/zambia-confirms-119-measles-cases-four-dead-western-province-worst-hit/?utm

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-



Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:	
-	



Lessons learned:

Previous Zambia Red Cross Society (ZRCS) interventions, include the Measles-Rubella response in Lusaka District and epidemic such as Cholera, COVID-19, MPOX responses across the country in affected districts, as well as the 5 Point Plan (5PP), have generated important lessons that will guide the current measles outbreak response in Shang'ombo and Sikongo Districts.

The 2020 Measles Rubella Campaign demonstrated the value of strong community engagement, stakeholder collaboration, and volunteer mobilization in achieving and exceeding vaccination coverage targets.

Several important lessons emerged that can strengthen future immunization and health campaigns;

1. Volunteer Management and Capacity Building

Early and continuous recruitment of volunteers is essential to maintain a ready pool of experienced personnel for both routine programmes and emergency responses.

Volunteers should be selected on merit, literacy, community acceptance, and availability to ensure quality performance.

The commitment and teamwork of volunteers greatly contributed to the success of the campaign.

Training periods were too short, particularly for supervisors who were expected to train others and manage data collection activities. More time should be allocated for practical learning and skills development.

2. Stakeholder and Community Engagement

Strong collaboration between the Zambia Red Cross Society (ZRCS), Ministry of Health (MoH), branch leadership, and community leaders enhanced community acceptance and campaign effectiveness.

Engagement of influential community leaders before implementation increased trust and reduced resistance from households.

Early and structured stakeholder engagement helps avoid duplication of effort and maximizes the use of available resources.

3. Training and Digital Data Collection

The introduction of Kobo Collect improved data management, reporting timeliness, and data quality.

Limited training time and lack of compatible smartphones affected the effective use of electronic reporting tools.

Future campaigns should provide smartphones or other digital devices and allocate more time for practical training on digital tools.

Training materials should be simplified and, where possible, translated into local languages to improve understanding.

4. Community Sensitization Approaches

Combining door-to-door mobilization with public address (PA) systems proved highly effective in creating awareness and demand for vaccination services.

Starting PA announcements several days before door-to-door activities would improve community preparedness and campaign reach.

Additional vehicles, manpower, and longer sensitization periods are needed to ensure all target areas are reached.

5. Logistics and Resource Management

Timely procurement and distribution of PPE, visibility materials, and operational supplies are critical for smooth implementation.

Branded materials increased community trust and made volunteers easily identify.

Delays in the distribution of logistics negatively affected early implementation activities.

6. Monitoring and Supervision



Effective supervision and monitoring improved the quality of implementation and supported volunteers in resolving field challenges.

Transportation limitations, long travel distances, and inadequate staffing affected monitoring efficiency.

Future campaigns should invest in additional transport resources, bicycles, rain gear, and increased monitoring personnel.

7. Addressing Contextual Challenges

Political sensitivities surrounding colours associated with political parties created security risks for some volunteers.

Some community members associated the campaign with cash transfer registration or political activities, leading to mistrust and reluctance to share information.

The campaign demonstrated that successful epidemic and immunization responses are built on strong partnerships, effective coordination, early community engagement, skilled volunteers, clear communication, and adequate logistical support. Continued investment in volunteer development, digital reporting tools, and advance planning can further improve programme efficiency, coverage, and community trust.

A key lesson was the importance of strengthening the capacity of volunteers and staff through training, mentorship, and supportive supervision. Well-trained volunteers play a critical role in risk communication and community engagement (RCCE), community-based surveillance, identification of suspected cases, social mobilization, and promotion of vaccine uptake, particularly in hard-to-reach communities.

The campaign also showed that integrated service delivery maximizes resources and impact. Linking vaccination activities with RCCE, community surveillance, maternal and child health services, WASH interventions, and other community health programmes increase efficiency, reduces duplication, and expands coverage among vulnerable populations.

Another important lesson was that community ownership is essential for successful health interventions. Engaging traditional leaders, religious leaders, community health workers, and other community structures help address misinformation, build trust, encourage positive health-seeking behaviours, and ensure that interventions are responsive to community needs.

Experience further highlighted the importance of early detection, strong coordination, and evidence-based decision-making. Strengthening community-based surveillance systems, ensuring timely reporting, and maintaining close collaboration with the Ministry of Health and partners are critical for effective outbreak prevention and control.

Operational readiness was equally important. Timely availability of logistics, communication materials, equipment, and volunteer support enables rapid deployment and effective implementation, especially in remote and underserved areas.

Finally, the campaign reinforced the need for sustained community engagement beyond emergency response activities. Continuous support for routine immunization, health promotion, and community resilience-building is essential to prevent future outbreaks of vaccine-preventable diseases and strengthen overall public health outcomes.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

Yes

Current National Society Actions

Start date of National Society actions

08-07-2026

Health

The Zambia Red Cross Society (ZRCS) has initiated support to the measles outbreak response through the provision of 30,000 Information, Education and Communication (IEC) materials on measles and other vaccine-preventable diseases for distribution countrywide. The materials are intended to strengthen community awareness,



promote early recognition of measles signs and symptoms, importance of vaccination and encourage timely health-seeking behaviour.

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) has presence in Country and is providing technical, strategic planning to the Zambia Red Cross Society (ZRCS) in responding to the measles outbreak in Shangombo Districts. Currently there is no other running DREFs in the NS. The IFRC supports humanitarian programming through National Society Development (NSD), Disaster, Climate and Crisis (DCCM), Health, PMER (Planning, Monitoring, Evaluation and Reporting), Finance, Administration, Human Resources, Logistics, Security, Communications, and resource mobilization functions. The IFRC has extensive experience supporting population movement responses in Zambia. For this response, the IFRC Country Delegation will provide coordination, technical guidance, operational oversight, surge support as required, and quality assurance to ensure timely and accountable implementation in line with IFRC standards and Government led coordination mechanisms.
Participating National Societies	Currently there is no PNS supporting Measles outbreak response activities in Western Province

ICRC Actions Related To The Current Event

No ICRC support provided to this outbreak.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	1. Coordination The Government strengthened outbreak coordination through engagement of key stakeholders, including Zambia News and Information Services (ZANIS), Immigration Department, and Education Department, who were briefed and oriented on the outbreak situation and response measures. A cross-border coordination meeting with Angola was conducted on 9 June 2026 to strengthen information sharing, surveillance, and collaboration on managing cross-border transmission risks. The 2nd District Epidemic Preparedness, Prevention and Control Meeting (DEPCM) was held on 22 June 2026, followed by District Disaster Management Committee (DDMC) meetings on 23 and 26 June 2026 to review the outbreak situation, coordinate response activities, and mobilize support. The district secured support through the Constituency Development Fund (CDF) Emergency Fund to facilitate outbreak response activities, including procurement of

	food, medicines, PPE, stationery, eIDSR reporting support, and community sensitization activities. 2. Surveillance The Public Health Emergency Rapid Response Team (PHERRT) and all health facilities were notified of the confirmed measles outbreak to ensure immediate strengthening of surveillance and reporting. Border health facilities were oriented on measles case management, surveillance procedures, and early detection of suspected cases due to the risk of cross-border transmission. Contact tracing and border screening activities were intensified to identify suspected cases early and prevent further spread. Health workers maintained a high index of suspicion using the standard measles case definition, with investigations covering cases with onset from 26 April 2026 onwards. Community and facility-based surveillance systems were strengthened through enhanced reporting and monitoring of suspected cases. 3. Case Management Suspected measles cases were immediately isolated and notified to the District Health Office (DHO) for appropriate management and follow-up. Patients were managed through supportive and symptomatic treatment to reduce complications associated with measles infection. Essential medicines were received from Zambia Medicines and Medical Supplies Agency (ZAMMSA) and Lewanika General Hospital, including redistribution of Tetracycline eye ointment for management of eye-related complications. The Government resumed the Emergency Measles-Rubella (MR) vaccination campaign on 6 July 2026 to rapidly increase immunity among vulnerable children and interrupt transmission. 4. Risk Communication and Environmental Health The Government distributed 125 Information, Education and Communication (IEC) materials to support community awareness on measles prevention, symptoms, and early health-seeking behaviour. Health facilities were directed to conduct community sensitization activities and ensure timely referral of suspected measles cases. BOMA (Business Owners and Market Associations) sensitization activities were conducted using public address systems to reach communities with key prevention messages. Schools were engaged through sensitization and screening activities to identify possible suspected cases and reduce transmission among children. Infection Prevention and Control (IPC) measures were strengthened at the isolation facility, including adherence to IPC standards and installation of hand-washing facilities. Additional medicines, PPE, and response supplies were received from the Provincial Health Office on 4 July 2026 to support outbreak control activities. 5. Laboratory Laboratory confirmation activities were strengthened through testing of suspected cases and monitoring of results. Out of 39 Measles IgM samples tested, 17 were confirmed positive, confirming ongoing measles transmission in the district. Rapid Diagnostic Tests (RDTs) were conducted, with 8 out of 10 tests returning positive results, supporting early identification of cases. Ten venous blood samples remained pending transportation for further laboratory analysis and confirmation.
UN or other actors	WHO and UNICEF have support with vaccinations and mobilization activities



Are there major coordination mechanism in place?

The Ministry of Health has activated the PHEOC and has there daily meeting through virtual IMS at National, Provincial and District level. The NS is part of the IMS and other clusters such as the RCCE, Surveillance. The Zambia Red Cross Society (ZRCS), as an auxiliary to the Government of Zambia in humanitarian response, will complement and strengthen the government-led measles response by addressing identified community-level gaps that are critical for interrupting transmission and increasing uptake of measles vaccination services.

ZRCS will not duplicate government or partner vaccination activities but will provide complementary support in areas where community mobilisation and demand generation for vaccination. The Ns will also provide technical support as it is part of the National Health Emergency cluster, RCCE cluster, WASH cluster, Surveillance, case management and IPC

Under the DREF operation, ZRCS will coordinate closely with the Ministry of Health at national, provincial, district and community levels through existing outbreak coordination mechanisms.

Needs (Gaps) Identified



Limited community awareness on measles signs, symptoms, prevention, and the importance of vaccination and early health-seeking behaviour.

- Low or unknown vaccination status among affected children, indicating immunity gaps.
- Limited community-based surveillance capacity for early identification and referral of suspected cases.
- Remote and hard-to-reach communities face challenges accessing health facilities and vaccination services.

Limited staff and transport available to conduct contact tracing and routine immunization.

- Data/connectivity limitations affecting timely reporting in the eIDSR system.
- Increased pressure on health facilities due to rising suspected and confirmed cases.

Stock-out of Vitamin A and shortages of antibiotics.

- Lack of bed space at the isolation facility.
- Inadequate food supplies for admitted patients.
- Need for additional support to strengthen RCCE and vaccination demand generation.



Protection, Gender And Inclusion

The current measles outbreak in Western Province presents significant Protection, Gender and Inclusion (PGI) risks that require deliberate integration across all response activities to ensure that interventions are safe, equitable, accessible, and responsive to the needs of all affected populations. The outbreak is disproportionately affecting children below 14 years of age, particularly those who are unvaccinated or under-immunized, while pregnant and lactating women, caregivers, persons with disabilities, older persons, and households living in remote and underserved communities face multiple barriers to accessing immunization, healthcare services, and timely health information.

The outbreak has highlighted significant barriers to equitable access to health services. Low immunization coverage in some communities, long distances to health facilities, poor transport networks, difficult terrain, and hard-to-reach settlements continue to limit access to essential health services. Population mobility further increases the risk of disease transmission and presents challenges in ensuring that all eligible children are reached through vaccination, surveillance, and community engagement activities. These factors heighten the risk of vulnerable and at-risk populations being excluded from life-saving interventions.

Women and caregivers remain central to childcare and health-seeking decisions but may experience financial constraints, competing household responsibilities, and unequal access to health information, which can delay timely vaccination and care. Persons with



disabilities and older persons may encounter additional barriers, including inaccessible health facilities, communication challenges, and limited availability of disability-inclusive information and services, increasing their vulnerability during the outbreak.

Misinformation, rumours, and misconceptions surrounding measles and vaccination may contribute to vaccine hesitancy, delayed reporting of suspected cases, and reduced uptake of immunization services. Stigma associated with the disease may further discourage affected individuals and families from seeking timely healthcare, underscoring the importance of trusted community engagement and culturally appropriate risk communication.

The operation will integrate PGI across all response activities to identify and address barriers to equitable access to vaccination, healthcare, and information. Community engagement and risk communication activities will be adapted to local languages, literacy levels, and the communication needs of persons with disabilities, while targeted outreach will prioritize underserved and hard-to-reach communities. The operation will also promote the collection and use of sex-, age-, and disability-disaggregated data to inform inclusive planning, implementation, and monitoring.

There is therefore a need to strengthen Accountability to Affected Populations (AAP) and safeguarding throughout the operation to ensure that affected communities can safely access services, provide feedback, and raise concerns without fear of discrimination, exploitation, or harm. Accessible feedback and complaints mechanisms, together with safeguarding measures, including the Prevention of Sexual Exploitation and Abuse (PSEA), protection mainstreaming, and adherence to the Zambia Red Cross Society Code of Conduct, will help promote dignity, trust, accountability, and community confidence throughout the response.



Community Engagement And Accountability

The current measles outbreak in Shangombo has exposed several CEA gaps that require immediate attention to support effective outbreak control and increase community uptake of prevention measures.

- Limited knowledge on measles, including its signs and symptoms, modes of transmission, complications, and the importance of routine childhood immunization, has contributed to delayed care-seeking and missed vaccination opportunities in affected communities.

- Low literacy levels in some districts further limit the effectiveness of written health promotion materials, highlighting the need for culturally appropriate communication using local languages, interpersonal communication, and community dialogues.

- The outbreak has also highlighted poor health-seeking behaviours among some caregivers, including delays in seeking medical care for children presenting with fever and rash, reliance on traditional remedies or self-medication, and failure to complete routine immunization schedules. These behaviours increase the risk of continued transmission and severe disease, particularly among children under five years of age. Targeted risk communication and behaviour change interventions are therefore required to improve early care-seeking and promote timely vaccination.

- Misinformation, rumours, and misconceptions about measles and vaccines continue to undermine vaccine confidence in some communities of Shangombo. There is a need for systematic rumour tracking, community listening, and the timely provision of accurate information through trusted community leaders, health workers, teachers, religious leaders, and Zambia Red Cross Society volunteers. Strengthening community trust through regular dialogue and transparent communication will be critical to improving acceptance of vaccination and other public health measures.

- The outbreak has further exposed weaknesses in community feedback systems. Existing mechanisms are not consistently accessible, and community concerns, questions, and perceptions are not always captured, analysed, and used to inform response activities. Strengthening two-way communication and community feedback mechanisms will enable responders to identify barriers to vaccination, address emerging concerns, adapt interventions based on community priorities, and improve accountability to affected populations.

Reaching vulnerable and hard-to-reach populations remains a challenge due to geographical barriers, limited access to health services, and inadequate community outreach. Children in remote communities, informal settlements, and mobile populations are at increased risk of missing routine immunization and outbreak response services. Community-based approaches that engage local volunteers and leaders will be essential to ensure equitable access to information and vaccination services.

The response also requires strengthened capacity of community volunteers and frontline staff in Community Engagement and Accountability, interpersonal communication, and community feedback collection. Building this capacity will improve the quality and consistency of community engagement.

Through community-based risk communication, household visits, community dialogues, feedback mechanisms, and close coordination with the Ministry of Health and other partners, the National Society will support increased awareness, improved health-seeking



behaviours, enhanced community trust, and higher uptake of measles vaccination and other outbreak prevention measures, contributing to reduced transmission and strengthened community resilience.

Any identified gaps/limitations in the assessment

The measles outbreak response in Zambia is being hampered by multiple operational, surveillance, and logistical constraints. National immunization coverage has not been sustained, with MCV1 uptake stagnating and MCV2 targets consistently unmet. These immunity gaps continue to expand the number of susceptible children, complicating containment efforts and heightening the risk of recurrent outbreaks.

Logistical challenges remain significant, including limited cold chain capacity, inadequate vaccine storage infrastructure, transportation difficulties, and insufficient operational support for outreach services. These barriers restrict equitable vaccine delivery, particularly in remote, underserved, and high-risk communities.

Resource limitations for large-scale risk communication and community engagement activities further weaken the response. Persistent misinformation, vaccine hesitancy, misconceptions about vaccine safety, and low community awareness undermine vaccination uptake and delay healthcare-seeking behaviour. Current communication structures are insufficient to provide consistent, culturally appropriate messaging across all affected districts, especially in low-literacy communities. Weak feedback and community listening mechanisms limit the ability to detect misinformation trends, address community concerns, and adapt interventions to local perceptions.

Additional operational gaps include shortages of personal protective equipment (PPE), disinfectants, infection prevention and control (IPC) supplies, and logistical support for frontline responders and volunteers. These shortages reduce the ability of health workers and volunteers to safely conduct surveillance, outreach, and social mobilization activities, while also increasing occupational exposure risks.

These limitations reflect broader structural and operational challenges affecting outbreak preparedness and response capacity in Zambia. The identified gaps highlight the urgent need for targeted support to strengthen community-based surveillance, improve vaccination uptake, reinforce risk communication and engagement activities, enhance operational support for frontline responders, and ensure equitable access to outbreak response services for vulnerable populations. Immediate support through the DREF operation is therefore essential to address these gaps, strengthen community-level response capacities, and support effective containment of the ongoing measles outbreak.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

The objective of this DREF operation is to reduce the impact and further spread of the measles outbreak in Shangombo districts by promoting the uptake of measles-rubella vaccination among vulnerable populations. This will be implemented for 3 months.

Operation strategy rationale

The measles outbreak affecting Shangombo District in Western Province represents a significant public health emergency requiring intensified and sustained community-level interventions to complement Government-led response efforts. The outbreak was confirmed in Epidemiological Week 19 of 2026 following laboratory confirmation of the index case in Shangombo District, and subsequent investigations demonstrated active community transmission with spread to neighbouring communities. By early July 2026, Shangombo had recorded approximately 339 reported cases and six deaths, with Western Province contributing the highest proportion of the national measles burden. The outbreak is occurring within a population of approximately 83,735 people at risk, in Shangombo with children below 14 years being the most affected group due to immunity gaps associated with unknown, incomplete, or missed vaccination histories. The initial 2 months to support activities while month 3 will allow Lessons learnt and closure of operation.

The Government of Zambia, through the Ministry of Health (MoH) and Zambia National Public Health Institute (ZNPHI), has activated outbreak response mechanisms, including deployment of Public Health Emergency Rapid Response Teams (PHERRT), strengthening surveillance, laboratory confirmation, case management, Emergency Measles-Rubella (MR) vaccination activities, and risk communication interventions. However, continued transmission highlights persistent gaps at community level, including limited awareness of measles



prevention, delayed health-seeking behaviour, misinformation and vaccine hesitancy, challenges reaching remote communities, and the need for stronger community-based surveillance and demand generation for vaccination services.

The DREF operation will complement and strengthen existing Government interventions by leveraging on the Zambia Red Cross Society's (ZRCS) established community presence, trained volunteer network, and experience from previous measles-rubella, COVID-19 vaccination promotion, and community health interventions. Rather than duplicating Government efforts, the operation will focus on addressing community-level barriers that limit effective outbreak control, particularly through Risk Communication and Community Engagement (RCCE), vaccination mobilization, Protection, Gender and Inclusion (PGI).

Under the operation, ZRCS will deploy and orient volunteers to support demand creation for MRV, community engagement activities, including door-to-door mobilization, identification of missed and unvaccinated children, collecting rumours and misinformation, promotion of early care-seeking behaviour, and referral of suspected cases. These interventions will strengthen current Ministry of Health RCCE efforts by increasing community reach, improving trust in vaccination services, and ensuring that vulnerable households receive accurate and timely information on measles prevention and available response services.

The operation will also strengthen vaccination response activities by supporting community mobilization through deployment of 12 Vaccination teams for demand generation for the Emergency Measles-Rubella vaccination mop-up campaign for 15 days in Shangombo. Through engagement with caregivers, traditional leaders, schools, faith-based groups, and community structures, ZRCS will support identification of children who have missed vaccination opportunities, including zero-dose and under-immunized children, and encourage timely access to vaccination services.

Given the rural nature of Shangombo, population movement, and proximity to Angola, the operation will strengthen by supporting the Ministry of Health with logistics for the mop-up campaign in the two districts. 40 Volunteers will be engaged, Clinicians and Emergency Response Officers to enhance data capture and utilization for strategic interventions, as well as re-enforcement of the vaccination team to ensure comprehensive coverage.

The DREF operation will further integrate Protection, Gender and Inclusion (PGI). Considerations to ensure that outbreak response activities are accessible, safe, and inclusive. PGI approaches will support identification of barriers faced by vulnerable groups, including children, persons with disabilities, and hard-to-reach households, while

ZRCS has demonstrated experience in supporting vaccination during public health emergencies, including the Measles-Rubella response in Lusaka District, COVID-19 vaccination promotion across 23 districts, and the 5 Point Plan Project (5PP). Lessons from these interventions, including the importance of trained volunteers, integrated programming, community ownership, and accountability mechanisms, will guide implementation of this operation.

Through DREF support, ZRCS will enhance the scale, reach, and quality of ongoing response activities by providing additional human resources, operational capacity, community engagement platforms, and technical support to MoH. The operation will contribute to reducing measles transmission, improving vaccination uptake, strengthening community resilience, and supporting the Government of Zambia's efforts to control the outbreak in Shangombo Districts.

To support the wellbeing of the 40 volunteers and 15 MoH staff will receive one-day training sessions on Protection, Gender and Inclusion (PGI) minimum standards, safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA), and community feedback and reporting mechanisms. The same group will also receive training on Risk Communication and Community Engagement (RCCE), vaccine demand creation and interpersonal communication approaches to strengthen community outreach, trust-building, and consistent messaging during the measles response.

Community Engagement and Accountability will be integrated throughout the outbreak response to ensure communities are informed, engaged, and able to influence response activities. This approach aims to strengthen community trust, improve uptake of measles vaccination, promote positive health-seeking behaviors, and ensure that community concerns inform operational decision-making.

ZRCS will strengthen community engagement capacity by training Zambia Red Cross volunteers on CEA, interpersonal communication, rumour management, and community feedback collection. Ministry of Health staff and designated response personnel will also be trained on electronic community feedback data entry and management using Kobo Collect to improve the quality, consistency, and timeliness of feedback reporting and analysis.

Community meetings, small group discussions, and engagement sessions with traditional, religious, and community leaders will be conducted in affected communities. These activities will capture community insights, concerns, information needs, rumours, and barriers to vaccination and early care-seeking, while promoting community participation and ownership of the response.

Risk communication activities will be implemented through multiple channels, including door-to-door sensitization, radio and community meetings, using local languages and participatory approaches to ensure inclusive access to information.



Community feedback mechanisms will be strengthened by expanding the ZRCS toll-free feedback line to include the Airtel network alongside MTN and Zamtel. Additional feedback will be collected through household visits, community meetings, small group discussions, help desks at vaccination sites, and other established channels. Further, the ZRCS toll free line (7373) will be advertised to the community members to encourage active community feedback.

All feedback received will be documented using standardized tools, entered into Kobo Collect and ESPO, analysed regularly, and shared with the Ministry of Health, District Health Offices, ZNPPI, and other response partners. Regular feedback review and sharing meetings will be conducted to analyze trends, address rumours and operational challenges, monitor community acceptance, and agree on corrective actions.

The operation will prioritize accountability to affected populations by ensuring communities receive timely responses to the feedback they provide. Feedback loops will be closed through community meetings, health facility communication platforms, community leaders, and direct engagement with communities, demonstrating how community feedback has influenced response activities.

CEA activities will adopt an inclusive approach to ensure equitable access to information and services for women, men, girls, boys, older persons, persons with disabilities, caregivers of children under five, low-literacy populations, and people living in remote and underserved communities.

ZRCS will work closely with the Ministry of Health, ZNPPI, District Health Offices, local authorities, traditional and religious leaders, and other partners to ensure coordinated implementation of CEA activities and regular sharing of community insights.

CEA will be fully integrated with Health, Protection, Gender and Inclusion (PGI), and PMER to ensure community perspectives are reflected throughout planning, implementation, monitoring, and evaluation. Monitoring will track personnel trained, community engagement activities conducted, feedback data sharing meetings held, and the proportion of community feedback responded to within agreed timelines.

The integrated CEA approach will ensure that affected communities remain at the centre of the response. By strengthening community engagement, risk communication, feedback systems, and coordination with the Ministry of Health and other partners, ZRCS will promote trust, improve acceptance and uptake of measles vaccination, and support timely health-seeking behaviours. Continuous collection, analysis, and use of community feedback will enable the response to adapt to evolving community needs, address rumours and misinformation, and improve the quality and effectiveness of interventions. Through inclusive participation and accountability to affected populations, the operation will contribute to a more responsive, people-centred, and impactful outbreak response.

Community participation: To foster community ownership of the Measles response interventions, community members will be fully involved in all community response activities. The Zambia Red Cross Society will work with the religious leaders, clergy, local area civic leaders and other community gate keeper to support and influence social behaviour change communication efforts aimed at raising awareness about measles disease outbreak and create demand for measles vaccine services. Community participation in this response remains pivotal as it will promote community ownership and positively influence the update of vaccine services. Further, involving community leaders will help to address some common myths and misconceptions associated with vaccines.

The ZRCS volunteers will work closely with MoH staff in tracking and identifying zero-dose children and other children who could missed some essential vaccines during routine or outreach vaccinations – including children eligible for under-five vaccinations. This will be done through door-to-door visits by volunteers and healthcare providers. The ZRCS volunteers will support linkage of identified/eligible children in the community and the health service delivery points.

Community entry – as part of project inception, community key stakeholders will be sensitized on the scope and expectations of the project. This approach will allow ZRCS to identify capacities of community stakeholders in supporting the Measles response.

Protection, Gender and Inclusion (PGI) will be mainstreamed across all sectors of the operation to ensure that response activities are safe, equitable, accessible, and inclusive. The operation will prioritize vulnerable and at-risk groups, including children under five years of age, women and caregivers, persons with disabilities, older persons, marginalized households, and communities in hard-to-reach areas. Community engagement, risk communication, and service delivery will be adapted to address barriers to access and ensure that interventions are culturally appropriate, responsive to diverse needs, and leave no one behind.

National Society Strengthening (NSS) interventions will enhance the Zambia Red Cross Society's (ZRCS) institutional and operational capacity to effectively coordinate, implement, and sustain the measles outbreak response in Shang'ombo Districts of Western Province. The operation will focus on strengthening volunteer duty of care, operational preparedness, coordination mechanisms, monitoring and reporting systems, and branch-level response capacities to ensure timely, accountable, and high-quality humanitarian action.

The intervention will invest in strengthening the capacities of ZRCS volunteers and branch structures through targeted training, supportive supervision, deployment support, and continuous mentorship. It will also reinforce operational coordination, information management, performance monitoring, and reporting processes to improve the effectiveness and quality of community-based public health interventions. These efforts will contribute to stronger branch-level preparedness and response systems, positioning ZRCS to respond more effectively to future disease outbreaks and other public health emergencies.



In line with the Auxiliary Role of the Zambia Red Cross Society to the Government of the Republic of Zambia, the operation will strengthen collaboration with the Ministry of Health and district health authorities to support coordinated outbreak response efforts. Community engagement and accountability (CEA), community-based surveillance, risk communication, and health promotion capacities will be reinforced to improve early detection and referral of suspected measles cases, increase demand for routine and supplementary immunization services, and address misinformation, rumours, and vaccine hesitancy within affected communities.

Furthermore, the operation will strengthen institutional systems that promote accountability, safeguarding, protection, integrity, and the safety and well-being of volunteers throughout the response. By embedding these National Society strengthening interventions within the emergency operation, ZRCS will not only contribute to the immediate containment of the measles outbreak but will also enhance its long-term organizational resilience, community trust, and readiness to respond to future public health emergencies across Zambia.

The operation will leverage ZRCS's existing volunteer network, experience from previous measles-rubella and COVID-19 vaccination promotion interventions, and community trust to enhance the reach and effectiveness of the ongoing Government response, contributing to reduced measles transmission, improved vaccination uptake, and strengthened community resilience in the affected districts.

The Ministry of Health will remain responsible for the technical leadership of the vaccination campaign, including vaccine procurement, vaccine and cold chain management, vaccine distribution, deployment and supervision of vaccination teams, and provision of vehicles and motorbikes to facilitate outreach to targeted communities. The Ministry will also ensure adherence to national immunization guidelines, monitoring of vaccine utilization, and reporting of vaccination coverage.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The outbreak has affected four districts (Shang'ombo, Sikongo, Chirundu and Lusaka) rather than remaining localized.

Shang'ombo has experienced sustained community transmission with an attack rate of 564 per 100,000 population and a case fatality rate of 1.2%, exceeding what would normally be expected from sporadic endemic transmission.

The outbreak has spread into districts that have not experienced recent measles outbreaks of this magnitude.

Active transmission in neighbouring Angola significantly increases the likelihood of continued importation and wider spread.

These factors collectively demonstrate that the outbreak requires exceptional support beyond routine Government capacity.

The operation will target approximately 18000 people (including children and adults) from the 83735 people at risk.

Based on the outbreak profile, priority will be given to the following groups:

- Children with immunity gaps, Children with unknown immunization status, missed children during routine vaccination activities, age eligible children for MCV 1 or 2, vulnerable households, and community structures that play a critical role in measles prevention, early detection, vaccination uptake, and outbreak control.
- Additional target groups include caregivers, schools, health workers, persons with disabilities, and hard-to-reach communities.

The response will be implemented through 40 trained Zambia Red Cross Society (ZRCS) volunteers and 15 Ministry of Health staff working closely with district health authorities and communities. Volunteers will conduct risk communication and community engagement (RCCE), community-based surveillance, active case finding, contact tracing, identification and referral of suspected cases, promotion of routine and emergency measles-rubella vaccination, identification of zero-dose children, hygiene promotion, and community feedback activities. The operation will also strengthen surveillance systems, support schools and health facilities with infection prevention and control messaging, and promote inclusive access to services for vulnerable groups. These interventions will complement government efforts to reduce measles transmission and contain the outbreak in the most affected communities.

Explain the selection criteria for the targeted population

The targeted groups are identified as most vulnerable to measles infection, complications, and continued transmission based on the outbreak profile in Shangombo .

Priority to the groups identified as target in previous section is based on the following analysis:



- children below 14 years, particularly zero-dose, under-immunized, missed, or children with unknown vaccination status which accounts for 90.2 % in the current measles case, as they represent the largest susceptible population and have been disproportionately affected by the outbreak.
- Parents and caregivers will be targeted to address gaps in knowledge, misinformation, vaccine hesitancy, and delayed health-seeking behaviour that influence vaccination uptake and timely treatment.
- Communities in affected and high-risk areas, including remote and border communities, will be engaged to strengthen community-based surveillance, early identification, and referral of suspected cases.
- Cross-border populations and frontline personnel will be included due to the risk of transmission associated with movement between Zambia and Angola.
- Schools, teachers, and education personnel will be targeted as key platforms for reaching children, promoting prevention messages, and supporting early detection.
- Traditional leaders, religious leaders, and community influencers will be engaged to build trust, address rumours, and promote acceptance of vaccination activities. Health workers and Red Cross volunteers will be supported to strengthen their capacity in surveillance, RCCE, referral, and outbreak response.
- The operation will also prioritize vulnerable groups, including persons with disabilities, elderly caregivers, female-headed households, and hard-to-reach communities, through inclusive approaches that address barriers to accessing health information and services.

This targeted approach will complement Government efforts by addressing immunity gaps, improving community awareness, strengthening early detection, and ensuring equitable access to outbreak response interventions.

Total Targeted Population

Women	3,678	Rural	55%
Girls (under 18)	5,956	Urban	45%
Men	3,121	People with disabilities (estimated)	2%
Boys (under 18)	5,245		
Total targeted population	18,000		

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



Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Political instability and election-related disruptions affecting implementation of response activities	ZRCS will closely monitor the political and security environment through existing security information channels and coordinate with relevant authorities and partners. Response activities will be planned with flexibility to adjust locations, timing, and approaches where necessary. Safety and security briefings will be provided to staff and volunteers, and activities will only be conducted when conditions are assessed as safe. Community engagement approaches will prioritize neutrality, impartiality, and conflict-sensitive programming to maintain acceptance among all groups.
Accessibility challenges due to poor road infrastructure, seasonal flooding and water bodies in Shang'ombo and Sikongo districts	- Conduct detailed micro-planning with District Health Offices and local authorities before deployment. - Use locally recruited Red Cross volunteers who are familiar with the terrain. - Schedule activities during periods of better accessibility where possible. - Utilize appropriate local transport (boats, motorcycles or bicycles where feasible). - Pre-position supplies and IEC materials in strategic locations to minimise delays.
. Pockets of election-related violence and political tensions	Conduct continuous security risk assessments in collaboration with local authorities and IFRC security focal points.- Coordinate closely with District Disaster Management Committees (DDMCs) and community leaders.- Maintain the Red Cross Fundamental Principles of neutrality, impartiality and independence.- Adjust
Communication challenges due to limited mobile and internet network coverage	Establish alternative communication channels such as VHF/HF radios where available.- Use scheduled reporting through health facilities and branch offices.- Deploy volunteers from local communities to facilitate physical information sharing.- Develop clear communication protocols and reporting schedules to minimise delays.
Language barriers among cross-border populations between Zambia and Angola	Recruit bilingual volunteers and community mobilisers who speak both local Zambian and Angolan languages.- Translate IEC materials into locally spoken languages.- Engage traditional leaders, community health workers and religious leaders as trusted communicators.- Coordinate with Angolan health authorities and Red Cross counterparts to harmonise key health messages across the border.
Vaccine hesitancy and misinformation	- Implement targeted Risk Communication and Community Engagement (RCCE) activities. - Engage trusted community leaders, teachers, and religious leaders to address rumours. - Use evidence-based messaging and community feedback mechanisms to respond to misinformation promptly. - Conduct door-to-door mobilisation prior to vaccination campaigns.

Please indicate any security and safety concerns for this operation:

The implementation of the measles outbreak response in Shangombo District may be affected by several security and safety risks that could impact the safety of ZRCS staff, volunteers, health workers, and affected communities. One of the key anticipated risks is political violence and civil unrest associated with the upcoming General Election in Zambia scheduled for August 2026. The election period may result in isolated incidents of political tension, demonstrations, clashes between opposing groups, or localized disruptions, which could restrict movement, delay field activities, affect community gatherings, and expose personnel and volunteers to safety risks while conducting response activities. Such incidents may also affect communities' ability to access health services, vaccination points, and outreach activities.

There are also health and occupational safety risks for staff and volunteers due to potential exposure to measles cases during community engagement, surveillance, and referral activities. Without appropriate infection prevention and control measures, responders may be at risk of contracting or transmitting infections.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Budget: CHF 26,814

Targeted Persons: 18,000

Indicators

Title	Target
# of volunteers trained on demand creation	40
# of Health Workers oriented vaccination campaign	15
#number of target population reached with Measles prevention messages	18,000
% of identified zero-dose children successfully referred.	90
# of vaccination sites supported with crowd management, active outreach or other	9
# of KAP Assessment conducted in the target areas	1
% of oriented volunteers and staff who demonstrate improved knowledge and skills in RCCE, ECV/CBS, CEA, and MHPSS during post-training assessments.	100

Priority Actions

•Conduct RCCE briefings for staff and volunteers on measles response messaging and coordination.

Train 200 Red Cross volunteers CEA, RCCE,

Deploy 200 trained volunteers and 100 health workers to support (House to House sensitization and mobilization for vaccination and



case referrals.

Support MoH vaccination teams in targeted communities (defaulter tracing, and identification of zero-dose and missed children).

Support health promotion activities in schools and MHPSS sessions for children and adolescents.

Conduct active case finding and contact tracing with District Health Management Teams.

Conduct weekly radio awareness programmes on measles prevention, vaccination, and psychosocial support.

Engage district stakeholders, schools, and high-risk groups on measles prevention and control.

Conduct a Knowledge, Attitudes and Practices (KAP) survey on measles and hand hygiene to inform targeted hygiene promotion and improve future intervention design.



Protection, Gender And Inclusion

Budget: CHF 4,917

Targeted Persons: 18,000

Indicators

Title	Target
#of staff and volunteers trained on PGI minimum standards, safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA)	15
% of identified PGI issues referred	80
# of referral pathways mapped and disseminated	2

Priority Actions

- Train staff and volunteers on PGI minimum standards, safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA), Promote safeguarding and PSEA awareness among staff, volunteers, and community members throughout all response activities.

Monitor protection risks and inclusion gaps through regular field assessments during implementation.

Systematically collect, analyze, and apply Sex, Age, and Disability Disaggregated Data (SADDD) to guide planning, prioritization, and monitoring of inclusive response interventions.

Map, verify, and disseminate confidential and accessible referral pathways for Sexual and Gender-Based Violence

(SGBV), child protection, and other protection services.

Ensure culturally appropriate and context-sensitive messaging to build trust, reduce barriers, and increase acceptance of vaccination services.



Community Engagement And Accountability

Budget: CHF 9,585

Targeted Persons: 18,000



Indicators

Title	Target
# of community meetings conducted	4
# of volunteers trained in CEA	40
% of feedback responded to on time	90
# of community feedback mechanisms established	2
# of health workers trained in feedback data entry	15
# of feedback data sharing meetings conducted	2
# of Feedback mechanisms	3

Priority Actions

- Train 40 volunteers on Community Engagement and Accountability and community feedback collection(integrated with other training under health)

Train 15 Health staff on community feedback data entry using Kobo Collect and ESPO.

Conduct 4 community meetings with community members, traditional, religious, and community leaders to strengthen community ownership of the response.

Conduct small group discussions with priority groups to explore community perceptions and barriers to vaccination and preventive behaviors.

Support operational costs of the toll-free line and expand access by activating the Airtel network.

Conduct community feedback data sharing meetings with stakeholders.

Support community feedback data cleaning and validation to ensure accurate and complete data for analysis and reporting.

Support electronic entry of community feedback data into Kobo Collect for timely analysis and reporting.



Coordination And Partnerships

Budget: CHF 19,649

Targeted Persons: 30

Indicators

Title	Target
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Priority Actions

Lessons Learnt

Monitoring & Technical Support - HQ



Data quality Audit
Hold inception meetings (Provinces and districts)
Support and Coordination meeting -Refreshments



National Society Strengthening

Budget: CHF 17,247

Targeted Persons: 63

Indicators

Title	Target
# of supportive supervision and monitoring visits conducted by volunteers and field teams.	1
# of post-activity reviews, lessons learned workshops, and after-action reviews conducted	1
# of National, Provincial, and District coordination meetings attended by ZRCS.	2
# of Volunteers and staff insured under the response	63
# of volunteers signing the code of conduct	40

Priority Actions

- Train and orient ZRCS volunteers in RCRC movement principles, Code of Conduct, community-based surveillance, data collection, reporting, and the use of digital information management systems to strengthen outbreak preparedness and response.

Procure and provide fuel to facilitate field surveillance, supportive supervision, monitoring, community engagement, and rapid response activities across targeted districts.

Conduct routine maintenance and servicing of project vehicles and motorcycles to ensure safe, reliable, and uninterrupted field operations.

Procure and distribute ZRCS visibility materials, including branded T-shirts, reflective jackets, caps, to enhance volunteer identification, credibility, and community acceptance during response activities.

Provide volunteer incentives and motivation support in accordance with Zambia Red Cross Society Policy and guidelines to sustain effective participation in the outbreak preparedness and response interventions.

Conduct post-response reviews, lessons learned workshops, and after-action reviews with key stakeholders to document best practices, identify gaps, and strengthen future outbreak preparedness and emergency response.

Strengthen coordination and collaboration with the Ministry of Health (MoH), Zambia National Public Health Institute (ZNPHI), Provincial Health Offices (PHOs), District Health Offices (DHOs), the International Federation of Red Cross and Red Crescent Societies (IFRC), and other humanitarian and health sector partners to ensure a coordinated and effective outbreak.

- Deployment of National Disaster Team Members to support implementation of response activities.



About Support Services

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

The DREF-supported operation will be implemented through a coordinated approach involving Zambia Red Cross Society (ZRCS), Ministry of Health (MoH), and community-based structures. The response will be supported by:

8 ZRCS staff providing overall coordination, technical support, monitoring, reporting, logistics, finance, and implementation oversight of the operation.

40 trained ZRCS volunteers supporting community-based surveillance, RCCE activities, social mobilization, identification and referral of suspected measles cases, vaccination campaign support, and community engagement activities.

15 Ministry of Health staff supporting technical implementation, including surveillance, case investigation, vaccination activities, case management, supervision, and coordination with district health structures.

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?

The Zambia Red Cross Society (ZRCS) volunteer network supporting the measles response will be selected from existing branch and community structures in Shang'ombo Districts to ensure that responders reflect the gender, age, cultural, and social characteristics of the communities being supported. The volunteer teams will include both male and female volunteers, youth representatives, and members familiar with local languages, traditions, and community dynamics, enabling culturally appropriate communication and effective engagement with affected populations.

ZRCS will apply a Protection, Gender and Inclusion (PGI) approach during volunteer selection, prioritizing balanced participation of men and women, inclusion of youth, engagement of volunteers from affected communities, and consideration of language and cultural diversity. Where possible, female volunteers will be intentionally engaged to support communication with women caregivers and households, while community-based volunteers will be selected from local areas to improve trust, acceptance, and access.

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.

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, 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 coverage of key community engagement activities such as RCCE and CEA. The operation will also use feedback and complaint mechanisms to capture 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

ZRCS communications strategy for the measles outbreak response in Western Province, aims to ensure the timely dissemination of accurate, verified & actionable information to affected Communities and the public. The strategy will highlight response interventions implemented by ZRCS in collaboration with Ministry of Health and Partners and strengthen community awareness of available health services & feedback mechanisms.

The strategy seeks to build public trust, encourage positive health seeking behaviour, increase demand for the measles vaccination & reduce the spread of misinformation & rumors that may undermine outbreak control efforts. By ensuring communities receive reliable information from trusted sources, the communications response will contribute to reducing transmission and protecting vulnerable populations, particularly children under five years of age.

Recognizing the current outbreak context in Western Province, where the measles transmission has affected several communities and where gaps in routine immunization, misinformation and delayed healthcare seeking remains a challenge, communication will play a critical role in supporting the National outbreak response. The strategy will complement government led vaccination activities by promoting vaccine confidence, encouraging early identification and referral of suspected cases, strengthening community participation in prevention & control measures.

The communication approach will prioritize simple, clear, consistent & culturally appropriate messaging focusing on:

- Recognition of measles and signs and symptoms
- Prevention measures, including routine immunization & outbreak vaccination campaigns in collaboration with Ministry of Health
- Importance of early treatment & prompt healthcare seeking
- Protection of vulnerable children & households
- IPC & practices within communities
- Information on vaccination sites, outreach schedules & referral pathways
- Awareness of humanitarian support being provided by ZRCS alongside Government & Partners

Communication Channels;

- The department will implement an integrated, multichannel communication approach to maximize reach across affected Districts in Western Province, including remote and hard to reach communities.

The strategy will utilize:

- Community radio stations, with interviews, radio discussions & interactive radio call in programs
- Radio jingles in partnership with Ministry of Health
- Information dissemination on all ZRCS social media platforms which includes X, Instagram, Face-book, You-tube & the website.
- IEC materials which will include posters, brochures, & infographics translated into local languages commonly spoken in the affected areas. This will be designed to accommodate low-literacy audiences using illustrations & simple messaging that is easily understood across diverse communities.

Media Engagement:

- ZRCS will maintain proactive engagement with local and National media to ensure consistent reporting of verified information throughout the response.

Media profiling activities include:

- Human interest stories showcasing community resilience & response activities
- Regular operational updates highlighting ZRCS interventions.
- All messaging will be in collaboration with Ministry of Health in order to ensure consistency & accuracy.

Digital Communication:

- Digital platforms will be leveraged to reach urban & semi-urban populations through timely engaging & sharing of content; This will include:
 - Short 2-minute awareness videos
 - Volunteer response stories
 - Vaccination campaign announcements



- FAQ
- Live interviews with health personnel where feasible
- Monitoring feedback on the call in radio programs and social media comments will help identify emerging concerns and improve message targeting.

Community Voices & Behavioral Change

- The strategy will amplify, profiling trusted voices within affected communities to increase confidence in vaccination & public health interventions. These will include:
 - Traditional Leaders
 - Religious Leaders
 - Traditional healers
 - Healthcare workers
 - ZRCS Volunteers
 - Parents whose children have been vaccinated
 - Individuals who have recovered from measles
 - Available community champions & local influencers
 - Testimonials & personal stories will reinforce positive behaviors & encourage communities to seek vaccination & healthcare services promptly.

Monitoring

- The Communications Department will continuously monitor the effectiveness of communication activities using quantitative & qualitative indicators which will include:
 - Radio audiences reached
 - Social media reach, engagement & impressions
 - Distribution of IEC materials
 - Number & types of rumors, myths identified through call in programs & engagements
 - Number of media engagements generated



Budget Overview

International Federation of Red Cross and Red Crescent Societies

V2025.01.2

DREF budget tool for National Societies

National Society

Operation

Appeal Code

Currency (LC)

Exchange Rate

Date

Zambia Red Cross Society

Measles DREF

Code

USD

0.045

01/07/2026

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use drop down list

Output Code	Description	Block [select]	Implemented by [select]	Budget Group	Quantity	Unit	Unit Cost LC	Total Cost LC	Total Cost CHF	Review / Comments
AP005										
AP005										
AP005										
AP005										
AP005										
AP005										
TOT AP005	Shelter assistance to households							0.00	0.00	
PO01	Shelter and Basic Household Items							0.00	0.00	
AP007										
AP007										
AP007										
AP007										
TOT AP007	Improvement of income sources							0.00	0.00	
PO02	Livelihoods							0.00	0.00	
AP081								0.00	0.00	
AP081								0.00	0.00	
AP081								0.00	0.00	
AP081								0.00	0.00	
AP081								0.00	0.00	
TOT AP081	Multi-purpose cash grants							0.00	0.00	
PO03	Multi-purpose Cash							0.00	0.00	
API07								0.00	0.00	
API07								0.00	0.00	
API07								0.00	0.00	
API07								0.00	0.00	
API07								0.00	0.00	
TOT API07	NS health capacity							0.00	0.00	
API08								0.00	0.00	
API08								0.00	0.00	
API08								0.00	0.00	
API08								0.00	0.00	
API08								0.00	0.00	
TOT API08	Health services							0.00	0.00	
API09	Orientation of 15 health workers (vaccination teams) on vaccination campaign. Perdiems, transport, conference for 2 days	Response	National Society	667	15.00	each	3,000.00	45,000.00	2,025.00	
API09	Train 40 Red Cross volunteers on demand creation for vaccination and referrals, costs for accomodation, refreshments, transport, for 3 days .	Response	National Society	667	40.00	each	850.00	34,000.00	1,530.00	

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[Click here for the reference](#)

