



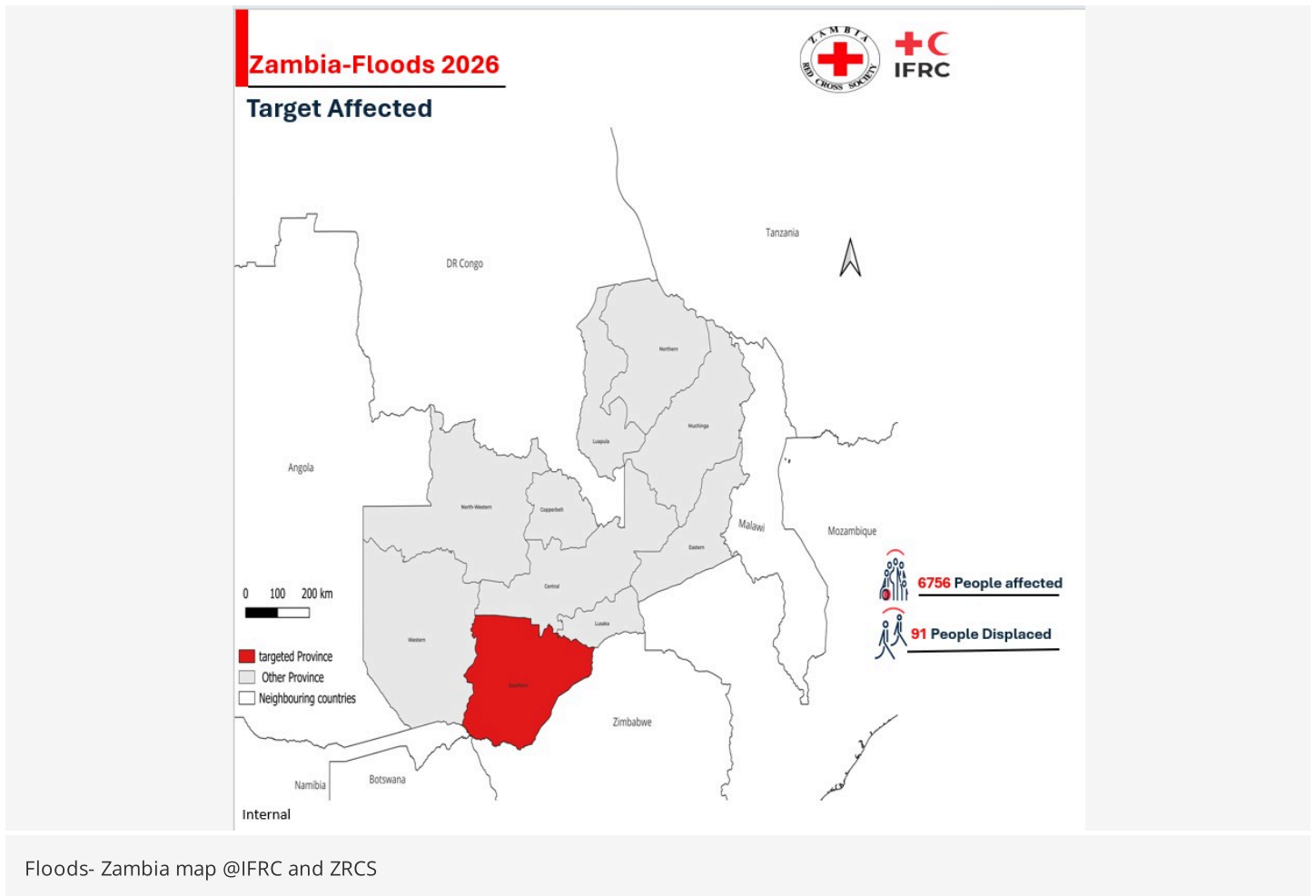
Floods- Zambia

Appeal: <b>MDRZM026</b>	Hazard: <b>Flood</b>	Country: <b>Zambia</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Sudden</b>	DREF Allocation: <b>CHF 372,403</b>	
Glide Number: -	People Affected: <b>6,756 people</b>	People Targeted: <b>6,756 people</b>	
Operation Start Date: <b>30-01-2026</b>	Operation Timeframe: <b>6 months</b>	Operation End Date: <b>31-07-2026</b>	DREF Published: <b>14-02-2026</b>
Targeted Regions: <b>Southern</b>			

# Description of the Event

## Date of event

20-01-2026



## What happened, where and when?

Southern Province received continuous and heavy rainfall starting on 11 January 2026, which led to flash floods on 20 January 2026, affecting districts such as Choma, Livingstone, and Monze. The floods were worsened by saturated soils, low-lying topography, poor drainage infrastructure, and the overflow of natural waterways, all of which reduced the land's ability to absorb excessive rain and directed water into communities. In Monze District, including Bweengwa, this resulted in flooding that inundated homes and fields, damaged infrastructure, and affected 754 households. An estimated 1,126 households were affected in the three districts, equivalent to approximately 6756 people, while 91 households were displaced in Monze District.

The floods reported on 20 January 2026 in Bweengwa, in the Monze District of Southern Province, have had far-reaching impacts across multiple sectors, severely disrupting daily life and livelihoods.

## Scope and Scale

The flooding affected several communities in Bweengwa, posing a direct threat to lives through drowning, injuries, and accidents on flooded roads. Indirectly, the hazard affects well-being by increasing the risk of water-borne diseases (such as cholera, typhoid, and diarrhoea), malnutrition, and mental stress due to loss of property and displacement. With 91 households displaced in Monze District, affected families face immediate challenges related to shelter, safety, and access to basic needs.

The livelihoods of communities in Bweengwa are predominantly agricultural. Flooding has inundated farmlands, destroyed crops and reduced food production. This directly threatens household income and food security for families relying on rain-fed farming. Livestock are also affected, with grazing areas flooded and animals forced onto higher ground, leading to reduced productivity and increased



disease risk. This further diminishes household assets and long-term livelihood stability.

Floodwaters have severely damaged infrastructure, including roads, bridges, schools, health facilities, water supply systems, and sanitation facilities. Flooded and eroded roads have hindered movement and access to markets, schools, and health facilities. This disruption affects the entire community, as transportation and communication networks are crucial for economic activity and emergency response.

#### Geographical Vulnerability

The most affected communities live in low-lying areas, especially those near rivers, streams, and natural drainage channels. These locations are prone to flooding due to poor drainage systems, saturated soils, and overflowing waterways during heavy rains. Households living close to riverbanks and in floodplains are the most vulnerable, as they experience early and severe inundation.

The most impacted groups include:

- Smallholder farmers who depend on rain-fed agriculture for food and income.
- Low-income households with limited resources to recover after crop loss or property damage.
- Informal traders and market vendors whose businesses are disrupted by road closures and market inaccessibility.

Certain population groups are disproportionately affected by floods, including:

Children, the elderly, people with limited mobility, People with Disabilities, Pregnant and Lactating Women, Orphans and Vulnerable Children (OVCs). Households displaced without adequate shelter and those who lose their property remain at the highest risk.

Flooding in Bweengwa and Monze District is not a new phenomenon. The area has historically been prone to seasonal flooding, especially during years of above-average rainfall. Past flood events have shown similar patterns of impact:

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>

## Previous Operations

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

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

-

#### Lessons learned:

- Cash and Voucher Assistance (CVA) through mobile money was an effective modality; however, network connectivity challenges and system downtimes slowed disbursement, requiring additional deployments and extended timelines.
- During the previous response, delays in receiving validated beneficiary distribution lists from Government departments affected targeting and scheduling.
- The replacement of lost SIM cards for some beneficiaries took a long time, delaying cash transfers.
- In the previous response, the involvement of trained volunteers was a major strength of the response, as they supported community engagement, beneficiary verification, sensitisation, and crowd management, enhancing acceptance and transparency.



- The previous response reinforced the importance of pre-positioned systems, CVA contingency planning, and strengthened inter-agency coordination mechanisms to improve timeliness, efficiency, and accountability in future flood emergencies.

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

No

## Current National Society Actions

### Start date of National Society actions

20-01-2026

#### Shelter, Housing And Settlements

The National Society initiated its flood response by supporting the distribution of relief items through trained volunteers from the Monze local branch and actively participating in the establishment of camps in Bweengwa. The local branch played a key role in mobilising volunteers, supporting camp set-up and management, and ensuring that affected households received timely assistance, demonstrating strong community presence and rapid response capacity at the onset of the floods.

## IFRC Network Actions Related To The Current Event

#### Secretariat

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.

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 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.

#### Participating National Societies

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 present in the country

## Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<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>
UN or other actors	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 745 households in Bweengwa and Hamangaba Wards, with 91 households displaced following the partial or complete destruction of their homes, according to Government reports. While the full extent of damage is still being verified, as of 20 January, 51 households are temporarily sheltered in tents, and 40 are hosted within surrounding communities, often in overcrowded and inadequate conditions.

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 50 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 Bweengwa have severely disrupted livelihoods and basic household needs of 91 households. 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.

Target Groups: Priority should be given to the most vulnerable households, including:

Female-headed households, Elderly and persons with disabilities, Households with children under five and Households that lost their primary source of income (farmers and small traders)



## 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 in Bweengwa 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

1. 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 (91) 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.



2. 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.

3. 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.

4. 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 1375 individuals:

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.

5. 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

1. 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

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

3. 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

4. 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

5. 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



## Community Engagement And Accountability

Community Engagement and Accountability (CEA) Needs – Bweengwa Floods

1. 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.

2. 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 Bweengwa 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.

[Assessment Report](#)

# Operational Strategy

## Overall objective of the operation

To provide timely and life-saving assistance to flood-affected households in Bweengwa, Monze District, by meeting their immediate needs in shelter, WASH, health, protection, and livelihoods through multi-sectoral interventions, while strengthening community resilience and reducing the risk of water-borne disease outbreaks for a period of 6 months.

## Operation strategy rationale

The strategy is built on the urgent need to address immediate life-saving requirements while preventing secondary risks such as water-borne disease outbreaks, protection concerns, and worsening food insecurity. The floods in Bweengwa have significantly affected infrastructure, livelihoods, health, and basic services. Conditions have also increased the risk of communicable diseases, particularly cholera, diarrhoea, and malaria, while also affecting food security and household income. Given the scale and multisectoral nature of the needs, the operation adopts a multi-sectoral emergency response approach focused on the most urgent priorities: shelter, WASH, health, protection, and livelihoods. The response is aligned with the government's efforts and is designed to complement ongoing interventions by other actors, ensuring that assistance reaches the most affected and vulnerable households.

WASH interventions are prioritized to reduce the immediate risk of water-borne diseases. The WASH strategy focuses on the prevention of water-borne diseases and the restoration of safe water access for flood-affected households through a combination of immediate water treatment, hygiene promotion, and rehabilitation of critical water infrastructure. Flooding has contaminated household and communal water sources, disrupted boreholes, and reduced access to safe storage, significantly increasing the risk of diarrhoeal diseases, cholera, and other public-health threats. To address immediate risks at the household level, liquid chlorine will be procured and distributed to vulnerable families to enable rapid point-of-use water treatment, complemented by the provision of 20-litre water containers to promote safe collection and storage. These actions are reinforced through hygiene promotion activities in public spaces and the distribution of handwashing facilities and soap, ensuring communities can practice effective hand hygiene in displacement sites, markets, schools, and other high-risk communal settings. Water quality monitoring at household and rehabilitation of communal water points will be implemented to verify the effectiveness of treatment by detecting contamination and ensuring corrective actions. The inclusion of Menstrual Hygiene Management (MHM) kits ensures that the specific hygiene and dignity needs of women and girls are addressed, reducing protection risks and supporting safe hygiene practices during displacement.

Shelter and protection support are essential to ensure displaced households have safe, dignified living conditions, especially in temporary shelters where overcrowding increases protection risks. In line with needs, immediate priorities focus on temporary and transitional shelter support that enables families to rapidly secure safe living conditions while early recovery options are assessed. This includes the provision of basic construction materials and communal shelter infrastructure to support the establishment or rehabilitation of simple emergency shelters and essential household spaces. To optimize resources and reflect the small household footprint, shared shelter solutions are planned, with approximately 50 units each of emergency housing shelters, cooking shelters, toilets, and bathing facilities, serving two households per unit (200 total units). These facilities will improve safety, dignity, sanitation, and protection, while reducing overcrowding and health risks. Additionally, the distribution of multiple small solar lamps per household (3–4 units) will enhance safety, mobility, and protection at night, especially for women and children sharing spaces, and support basic daily activities where electricity access is disrupted. The distribution above and design of the intervention will also address critical dignity, privacy, and safety needs resulting from displacement. Many temporary sites lack adequate gender segregated WASH facilities, sufficient lighting and



basic privacy arrangements; therefore, the response will promote safe and dignified spaces through improved shelter layouts, privacy screens, and enhanced lighting in communal areas.

The health strategy aims to reduce morbidity and prevent excess mortality by strengthening community-level disease prevention, early detection, and risk communication in flood-affected areas. Displacement, overcrowding, and disruption of basic services have increased the risk of communicable disease outbreaks, including cholera and other water- and vector-borne diseases, while limiting access to timely health information and referral pathways. The response will strengthen community health capacity through working with the government on RCCE, Community-Based Surveillance (CBS), and epidemic control. Trained volunteers will conduct door-to-door health promotion, community campaigns, and radio messaging to disseminate life-saving information, promote early care-seeking, and reinforce preventive behaviours.

The intervention also supports conducting radio spots to reach wider communities with key messages that will contribute to enhancing health prevention. Include messages on preventable diseases, water-borne diseases, hygiene and safety practices, but also available support, ensuring timely and consistent communication in areas where access is limited, and risk is high.

Cash assistance is prioritized as a flexible and dignified means to support household recovery, allowing families to purchase what they need most and restore livelihoods. 91 households will receive the instalment of a value of CHF 150 (ZMw 3740). This cash is intended to alleviate or meet immediate needs such as food, shelter, repairs, medical expenses, and household essentials, promoting dignity and local market support. Based on their preferences and priorities.

The operation is also designed to ensure community-focused and accountable assistance through a combination of direct support and community engagement. This approach is expected to achieve the desired outcomes by ensuring that interventions are both relevant and responsive to the needs of affected households.

To prevent discrimination and social exclusion—particularly for individuals who may lack documentation or face stigma—a focus on inclusive registration, equitable targeting and strong community engagement will be maintained throughout the response. Complemented by continuous monitoring to prevent exclusion or bias, these measures aim to ensure that all at-risk groups can safely access assistance and participate in the response on an equal basis. The operation will strengthen protection from gender-based violence (GBV) by addressing increased risks linked to displacement and overcrowding in temporary safe havens. Although GBV cases were not systematically captured during rapid assessments, the operation will proactively integrate GBV prevention and response measures, including community awareness activities, the establishment of safe and confidential reporting channels, and functioning referral pathways for survivors. Child protection will also be mainstreamed across the response to ensure safe access to services, prevent family separation, and mitigate risks linked to disrupted schooling and reduced caregiver supervision. In parallel, the operation will prioritize the inclusion of persons with disabilities, older persons and individuals with chronic conditions, who often face mobility challenges and barriers in accessing services. This includes ensuring accessible shelter and WASH facilities, prioritizing these groups during distributions, and providing assistive devices, mobility support, and tailored psychosocial assistance.

To deliver on the above, ZRCS will work closely with other Government line ministries to sensitive affected households, especially on disease prevention. A post-distribution monitoring and lesson learnt exercise will be conducted after the intervention is delivered to assess the relevance, quality, and adaptation of activities.

## Targeting Strategy

### Who will be targeted through this operation?

The operation will target flood-affected households in Bweengwa, Monze District, equivalent to approximately 6756 people, with a particular focus on the most vulnerable and severely affected households. The response will prioritise the 91 displaced households 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 6,756 people in three sites, with more focus on Bweengwa, based on the Government recommendation, which is critically affected.

## Total Targeted Population

Women	2,951	Rural	54%
Girls (under 18)	562	Urban	46%
Men	2,724	People with disabilities (estimated)	10%
Boys (under 18)	519		
Total targeted population	6,756		

## 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 indicate any security and safety concerns for this operation:

Security and safety concerns for the Bweengwa flood operation primarily relate to hazardous operational conditions rather than conflict-related threats, as the 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 70,380

**Targeted Persons:** 546

#### Indicators

Title	Target
# of flood-affected households reached with essential shelter and household non-food items	91
# of displaced households whose shelter meets minimum emergency shelter standards	91
% of HH reported to have received shelter support	100
# of construction materials procured	100
# of pocket solar lamps procured	300
# of tarpaulins procured	120
# of blankets procured	373
# of sleeping mates procured	373

#### Priority Actions

- Procurement of 120 tarpaulins for sleeping, bathing rooms, Cooking and sanitation shelters
- Procurement of 300 pocket solar lamps with 3 to 4 per households depending on their locations and ensuring women and girl receive 1 per individuals in evacuation center.
- Procurements of 200 construction materials in the camp
- Procurement of 273 blankets 3 per HH
- Procurement of 273 sleeping mates 3 per HH
- Post distribution monitoring of NFIs





## Multi Purpose Cash

**Budget:** CHF 25,511

**Targeted Persons:** 546

### Indicators

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

### Priority Actions

- Support 91 families with Cash for 6 months
- Validation of beneficiaries
- Post Distribution monitoring of CASH (jointly to include other distributions in the other sectors)



## Health

**Budget:** CHF 20,250

**Targeted Persons:** 6,756

### Indicators

Title	Target
# of volunteers oriented on RCCE, MHPSS, CBS, ECV	100
# of people reached with hygiene promotion messages on handwashing in public places	6,756
# of households with improved protection against malaria through access to LLITNs	91
# of mosquito nets procured	1,000



## Priority Actions

- Orientation of 100 volunteer on RCCE, MHPSS, CBS, ECV
- Conduct health promotion activities for handwashing and ( PGI, RCCE, MHPSS, CBS)by volunteers through door to door activities.100 Volunteers allowance 14 times
- Procurement of 1000 mosquito nets LLITNs 2 per HH



## Water, Sanitation And Hygiene

**Budget:** CHF 120,414

**Targeted Persons:** 6,756

## Indicators

Title	Target
# of flood-affected households receiving liquid chlorine for household water treatment	91
# of women and girls of reproductive age receiving Menstrual Hygiene Management (MHM) kits	396
# of households provided with 20-litre water storage containers	1,126
# of households practicing correct household water treatment and safe storage	1,126
# of boreholes rehabilitated	38
# of people reached with WASH interventions	6,756

## Priority Actions

- Water quality monitoring at household and communal water points ( Include related staff with adequate capacity and procurement of items for water testing)
- Communities training on the proper use of chlorine and kits and monitoring conducted on the use of items
- Procurement and distribution of 13512 liquid chlorine to households
- Procurement of 70 MHM Kits
- Procurement and distribution of 2252 Containers 20l
- Rehabilitation of 38 boreholes
- Procurement and installation of 13512 handwashing facilities and soap
- Transportation of WASH/ Shelter items (Chlorine, MHM kits, Soap, Shelter items )
- Procurement of 200 PPE for volunteers for volunteers and staff (Gumboots, Raincoats)•
- Procurement of 150 IPC supplies for volunteers and staff (Sanitizers, Soap)
- Post-distribution follow-up



## Protection, Gender And Inclusion

**Budget:** CHF 4,260

**Targeted Persons:** 500

## Indicators

Title	Target
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# staff and volunteers trained on PGI	500
# of rapid gender analysis conducted with other actors	1

### Priority Actions

- PGI Training on SGBV, child protection and disability inclusion @500 each x 100 people
- Conduct a rapid gender analysis in coordination with other actors 3 sessions
- Integrate Protection and safeguarding in the design of the intervention



## Community Engagement And Accountability

**Budget:** CHF 8,541  
**Targeted Persons:** 100

### Indicators

Title	Target
# of community meetings conducted and community-led action plans developed with affected communities	30
# of functional feedback and complaint cases received and managed through the toll-free line	4
% of volunteers equipped with standardized data collection tools and trained in basic data coding and reporting	100
% of targeted community members who report knowing how to access information about the response	100
% of feedback received that is responded to and closed within agreed timeframe	90
# of action plans co-developed with communities that were integrated and supported	2

### Priority Actions

- Maintain feedback collection and treatment to inform decision making and adapt approaches and priorities.
- Conduct community meetings, FGDs, and use door to door by volunteers and toll lines to collect the feedbacks, share the response to some feedbacks etc
- Conduct 30 community meetings for targeting and distribution consultations, to discuss and adapt the community led solution
- Support 30 community led solution
- Support maintenance of toll free line
- Support data coding training
- Support printing of volunteers data collection tools for 100 volunteers



## Coordination And Partnerships

**Budget:** CHF 24,400  
**Targeted Persons:** 86



## Indicators

Title	Target
# of Data Quality Visits	1
# of PDM conducted	1
% of HH demonstrating proper use of distributed items	90
# of monitoring visits conducted	2

## Priority Actions

- 1 Lessons Learnt workshop
- Inception meeting with District stakeholders
- Data quality Audit
- 2 Monitoring from HQ
- Conduct one PDM



## Secretariat Services

**Budget:** CHF 24,586

**Targeted Persons:** 10

## Indicators

Title	Target
# of Monitoring Visits	4

## Priority Actions

- IFRC provides support to monitoring and reporting NS through Operations and PMER monitoring visits
- IFRC Regional Office support to attend the Lessons Learnt Workshops
- Financial Charges
- IFRC Technical and Operation oversight with personnel contribution



## National Society Strengthening

**Budget:** CHF 74,062

**Targeted Persons:** 100

## Indicators

Title	Target
# of volunteers insured	100
# of monitoring visits conducted	3



## Priority Actions

Duty of care

- Insurance of volunteers
- Briefing for the mobilised and deployed volunteers

Logistics and transport for the intervention

- Car rental and Hire
- Maintenance of vehicles
- Fuel for activities

NS administration costs

- Bank charges
- Financial management and oversight

Technical and support functions oversight with personnel cost contribution

- HQ Program Officer 100%
- Logistics Officer 25%
- Comms officer 25%
- PMER Manager 25%
- Accountant 100%

Monitoring and quality assurance

- Kick-off meeting
- Regular monitoring
- Organise the lesson learnt workshop

## About Support Services

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

A total of 107 personnel and volunteers in the operation, i.e 7 members staff and 100 trained volunteers in Monze, Choma and Livingstone 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 100 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>249,356</b>
Shelter and Basic Household Items	70,380
Livelihoods	0
Multi-purpose Cash	25,511
Health	20,250
Water, Sanitation & Hygiene	120,414
Protection, Gender and Inclusion	4,260
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	8,541
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>123,047</b>
Coordination and Partnerships	24,400
Secretariat Services	24,586
National Society Strengthening	74,062
<b>TOTAL BUDGET</b>	<b>372,403</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](#)

