



DISASTER RESPONSE EMERGENCY FUND

Fund Income Allocation Request

To Be Completed By The DREF Focal Point

DREF Allocation is requested for	DREF Operation
Appeal Manager	Project Manager
John Roche	Gloria Kunyenga
Country of Operation	Name of Operation (as published)
Zambia	Zambia Epidemic- Anthrax 2023

Disaster / Hazard Type	Response Type	IFRC Targeted Assistance
Epidemic	Slow	3380191 people

For Early Action Protocols

Validation Committee Endorse Date	Early Action Protocol Reference	Operating Implementation Period

For DREF Operations and Emergency Appeals

National Society Request Date	Disaster Start or Trigger Date	Operating Implementation Period
2023-08-05	2023-11-01	4 months

Allocation CHF

DREF Allocation Request CHF	Previous Allocation(s) CHF	Total Allocation(s) CHF
CHF 227950		CHF 227950
To be allocated from	Response Pillar	

DREF Regional Focal Point Name	Date	Signature
Adrienne MBARGA	14-Nov-2023	

To Be Completed By DREF Appeal Manger

I herewith approve the Early Action Protocol/DREF Application, Operating Budget and Allocation of Funds per amount indicated above. Where applicable, I also confirm that I have sought additional approval from USG National Society Development and Operations Coordination (email herewith attached)

Comments

DREF Appeal Manager Name	Date	Signature

ZAMBIA - ANTHRAX OUTBREAK

DREF review checklist



This checklist is to ensure that the DREF review process is systematised, it is aimed to be used by the DREF senior officer and the Global Team Ops Coordination team to standardise the review process. The checklist outlines the main components of the template that is used for requesting funding from DREF and provides guidance on the information to be looked at. Colleagues at delegations and National Societies can use this checklist as a reference of the information requirements for their DREF application.

Guidance on the use of the check list – READ before using.

Please open this document on the **desktop version of Word**, and not in the browser version.

Please provide your feedback below, Add your name, your feedback, and the following classification:

- **For approval:** Information or action required to be addressed before the application moves forward for approval.
- **For Publication:** Information or action that is required before the publication of the document but is not vital for the approval decision making process.
- **Recommendation:** Recommendation for the National Society to incorporate to their operation, after approval/publishing.

Make sure that for all feedback provided, you specify the section on the application and page number in the PDF.

To create more space for comments, just click in the + symbol for additional bullet points. If a point has been created by mistake, delete the row.

Add your name and role	Type	Addressed
Click here	Type of feedback.	√

To add additional reviewers in a section, please click in the "Add your name" row, and then click the + bottom, this should replicate the feedback component for additional reviewers

Add your name and role	Type	Addressed
Click here	Type of feedback.	√

When wanting to comment to specific feedback provided, please use the Word comment function to provide your inputs. To do this, **highlight the comment**, and in the hover tool bar, select "New comment" as seen below:

DREF Overview, Essential details, and Timeframe

Type	Addressed
For Approval	<input type="checkbox"/>

DREF details				
To be completed by the DREF Regional Focal Point before starting joint review				
Country:	Disaster type:	Event onset:	People affected:	People targeted:
Zambia	Epidemic	Slow	5383271	3,380,191
Type of request		First Allocation		
Crisis Category:		DREF allocation request:	Previous allocations:	Total allocations:
Yellow		CHF 227,950	CHF 0	CHF 227,950
Date of disaster / Trigger:	Cost per person:	Operational cost	Support cost:	Operation timeframe:
11/1/2023	CHF 0.07	20%	80%	4 months
Appeal Manager:	John Roche			
Project Manager:	Gloria Kunyenga			
Compliance / Eligibility concerns (elements of request outside of DREF Procedures):				
<ul style="list-style-type: none"> The NS has 2 overdue reports for which. <ul style="list-style-type: none"> ✓ MDRZM019 overdue since 30.09.2023 is fully submitted and almost ready to be published. ✓ MDRZM018, overdue since 31.10.2023 narrative only is submitted – pending financial under finalisation. The operational cost is 20% of the budget due to the type of activities being mainly soft activities for health and CEA. This involves in majority cost for personnel, volunteers, and logistics deployments to support the activities of the NS alongside of the MoH. Trigger is 1st Nov, making this request a late submission as we are day 13 from trigger out of 14 days for slow onset. Approval needs to be completed max on 14.11.2023. 				
Comments for approval / Any additional comments:				
To be completed by the Global DREF Senior Officer prior to request for approval email.				
Does this request require exceptional approval?			Yes	

Criteria Validation.

To be filled by the DREF Regional Focal Point

- | | |
|---|---|
| <input checked="" type="checkbox"/> All documents come in the right templates. | <input checked="" type="checkbox"/> All relevant sections of the document are complete |
| <input checked="" type="checkbox"/> GO field report has been issued | <input checked="" type="checkbox"/> The cost per person is within the CHF100 eligible for DREF operations |
| <input checked="" type="checkbox"/> Is the National Society up to date with all DREF operations reports | <input checked="" type="checkbox"/> The percentage of budget dedicated to direct operational activities is not less than the eligible 60% |
| <input checked="" type="checkbox"/> All the budgeted activities are eligible for DREF operation. | <input checked="" type="checkbox"/> Disaster date is clearly established in the application |
| <input checked="" type="checkbox"/> DREF request is within eligible timeframe | <input checked="" type="checkbox"/> Lessons learnt are included in the planning and budget. |

Regional Team inputs

Adrienne MBARGA DREF Focal Point	Page number	Section	Type	Addressed																																													
Trigger is 1 st Nov, making this request a late submission as we are day 13 from trigger out of 14 days for slow onset. Approval need to be completed max on 14.11.2023	Page number	Select section	For Approval	√																																													
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In the document, it is mentioned that past outbreak made 5 deaths. Currently we have 2 reported. Is it the average trend of this outbreak over the past years? Has the NS use to request a DREF for those? Currently we are on 4 deaths and the trend is not the same as the past outbreak, this is the reason why the NS is requesting for a DREF as the number of deaths has increased and the spread of the disease keeps on rising. Is the situation more alarming than previous years? It will be good to have few analysis/words on the current trends compare to how it usually evolves, understand what the likely scenario is. Especially given the high ratio of prevention in this DREF. Yes and explained in the document.	Page number	<u>Scope and Scale</u>	For Approval	√																																													
Acknowledging that this is an epidemic response, the support cost are still very high (77%), especially considering that 45% of the budget is for NS and IFRC monitoring and resources mobilization basically. And this percentage does not include the monitoring under Health and CEA sectors.	Page number	<u>Essential Information</u>	For Approval	□																																													
Kindly clarify for how long the surge is needed. From the budget it is 1 in quantity – what will be the added value of a one-month deployment – clarify please. We will need surge support for a period of 3 months and the budget has been adjusted.	Page number	<u>Budget</u>	For Approval	√																																													
<table border="1"> <tr> <td>206</td> <td>AP122</td> <td>Deployment of surgeFlight,Accommodation & P</td> <td>600</td> <td>1.00</td> <td>1</td> <td>350,000.00</td> <td>14,203.00</td> </tr> </table>	206	AP122	Deployment of surgeFlight,Accommodation & P	600	1.00	1	350,000.00	14,203.00	Page number	Select section	Type	□																																					
206	AP122	Deployment of surgeFlight,Accommodation & P	600	1.00	1	350,000.00	14,203.00																																										
<table border="1"> <tr> <td>207</td> <td>AP122</td> <td>Bank charges</td> <td>760</td> <td>3.00</td> <td>1</td> <td>10,000.00</td> <td>405.80</td> </tr> <tr> <td>210</td> <td>TOT AP122</td> <td>Secretariat services strengthening</td> <td></td> <td></td> <td></td> <td>570,000.00</td> <td>23,130.60</td> </tr> <tr> <td>211</td> <td>E402</td> <td>Secretariat Services</td> <td></td> <td></td> <td></td> <td>570,000.00</td> <td>23,130.60</td> </tr> </table>	207	AP122	Bank charges	760	3.00	1	10,000.00	405.80	210	TOT AP122	Secretariat services strengthening				570,000.00	23,130.60	211	E402	Secretariat Services				570,000.00	23,130.60	Page number	Select section	Type	□																					
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Kindly remove this line as this is a duplication to the admin fees <table border="1"> <tr> <td>223</td> <td>AP124</td> <td>Office utilities (Sundries) and stationary - oper.</td> <td>730</td> <td>3.00 month</td> <td>15,000.00</td> <td>45,000.00</td> <td>1,826.10</td> </tr> </table>	223	AP124	Office utilities (Sundries) and stationary - oper.	730	3.00 month	15,000.00	45,000.00	1,826.10	Page number	Select section	Type	√																																					
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Finance to check the budget carefully. The below lines don't have the formulas. Eg: <table border="1"> <tr> <td>205</td> <td>AP122</td> <td>IFRC Monitoring visits</td> <td>600</td> <td>3.00</td> <td>1</td> <td>210,000.00</td> <td>210,000.00</td> <td>8,521.80</td> </tr> <tr> <td>206</td> <td>AP122</td> <td>Deployment of surgeFlight,Accommodation & P</td> <td>600</td> <td>1.00</td> <td>1</td> <td>350,000.00</td> <td>350,000.00</td> <td>14,203.00</td> </tr> <tr> <td>207</td> <td>AP122</td> <td>Bank charges</td> <td>760</td> <td>3.00</td> <td>1</td> <td>10,000.00</td> <td></td> <td>405.80</td> </tr> <tr> <td>210</td> <td>TOT AP122</td> <td>Secretariat services strengthening</td> <td></td> <td></td> <td></td> <td>570,000.00</td> <td></td> <td>23,130.60</td> </tr> <tr> <td>211</td> <td>E402</td> <td>Secretariat Services</td> <td></td> <td></td> <td></td> <td>570,000.00</td> <td></td> <td>23,130.60</td> </tr> </table> Finance will work on it.	205	AP122	IFRC Monitoring visits	600	3.00	1	210,000.00	210,000.00	8,521.80	206	AP122	Deployment of surgeFlight,Accommodation & P	600	1.00	1	350,000.00	350,000.00	14,203.00	207	AP122	Bank charges	760	3.00	1	10,000.00		405.80	210	TOT AP122	Secretariat services strengthening				570,000.00		23,130.60	211	E402	Secretariat Services				570,000.00		23,130.60	Page number	<u>Budget</u>	For Approval	□
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Acknowledging that this is an epidemic response, the support cost are still very high (77%), especially considering that 49% of the budget is for NS and IFRC monitoring basically.	Page number	<u>Essential Information</u>	For Approval	□																																													

	Page number	Select section	Type	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	Patrick Elliott Operations Coordinator	Page number	Section	Type	Addressed
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The strategy is in line with the ops call with health, etc. On coordination we should include possible cross border with Zim and Malawi – this is all possible through the Haware	Page number	Select section	Type	<input type="checkbox"/>
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	Page number	Select section	Type	<input type="checkbox"/>
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Add name Other	Page number	Section	Type	Addressed
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Global Team Inputs

<input type="checkbox"/> Validated	Alina ATEMNKENG - DREF Senior Officer	Page number	Section	Type	Addressed
	Identified trigger date is 01 Nov 2023 when MoH formally declared the outbreak. As this is a slow onset crisis, deadline for approval is 14 November 2023, noting that request for joint review was sent and done on 13 November.	2	<u>Essential Information</u>	For Approval	<input type="checkbox"/>
	Although there has been no Anthrax outbreak in recent years, can we use some lessons from the cholera intervention to better organize this operation? Lessons on coordination, for instance, as it is indicated that this could be a challenge since this crisis impacts several sectors of Government. Addressed in the document.	4	<u>Previous operations</u>	For Approval	<input checked="" type="checkbox"/>
	With regards to ECHO PPP, should it not be done the other way? Check how the PPP can support and reach out to DREF to fill the gap, since ECHO PPP funds are already in country? That way, we can clearly explain how the two funding streams are complementary to each other. The way it is presented is too generic and will only lead to questions from ECHO to ensure there is no duplication. Responded in the document.	5	<u>Current National Society actions</u>	Recommendation	<input checked="" type="checkbox"/>
	Please, expatiate a bit more on what "activation of contingency plan" entails. Does it mean mobilization of people, tools, funds, etc? For how long, covering which areas? The multi-hazard contingency plan does not include anthrax, we have therefore deleted the contingency plan in the document.	5	<u>Current National Society actions</u>	For Publication	<input checked="" type="checkbox"/>
	Please revise the Health, PGI and to some extent, the National Society Readiness sections of "Current National Society Actions" to specify what NS has done so far in response. Otherwise, the text written there does not help us to know what health/PGI/readiness specific actions have been undertaken by ZRCS. It is more of a needs analysis... If nothing has been done, then do not include as there is a dedicated section for needs analysis. Addressed in the document.	5	<u>Current National Society actions</u>	For Publication	<input checked="" type="checkbox"/>
	Please, address Adrienne (Regional DREF) and Bronwyn (Health) comments which I agree with. Addressed	Narrative and budget	Select section	For Approval	<input checked="" type="checkbox"/>
		Page number	Select section	Type	<input type="checkbox"/>

<input type="checkbox"/> Validated	Add name Operations Coordinator	Page number	Section	Type	Addressed
		Page number	Select section	Type	<input type="checkbox"/>
		Page number	Select section	Type	<input type="checkbox"/>

Add name Other	Page number	Section	Type	Addressed
	Page number	Select section	Type	<input type="checkbox"/>
	Page number	Select section	Type	<input type="checkbox"/>

Technical Sector Review

This section is to be used by specific focal points/leads from the sectors, either from Regional Office or Global Colleagues covering for the region. Please, list your main feedback for this DREF application. **Some elements to consider for your review include:**

- **Consider the urgency, focus on the current emergency and operational needs.** Avoid general inputs/conversations around overall NS capacity regarding your sector.
- Is the description of the impact of the event, and needs or any other section, **enough to justify the intervention for this sector?** Is further information required?
- Are the activities proposed through this intervention **aligned with the needs** derived from this event? Considering the context, and National Society, do you have any specific feedback regarding the proposed activities? (e.g. increase, modify, consider additional activities?)

In case you have no comments for your sector, please ensure to click the checkbox, add your name and role to confirm you have reviewed your sector.

Reviewed  **Shelter, Housing and Settlements**

Add name and role	Page number	Section	Type	Addressed
	Page number	Select section	Type	<input type="checkbox"/>
	Page number	Select section	Type	<input type="checkbox"/>

Reviewed  **Livelihoods**

Add name and role	Page number	Section	Type	Addressed
	Page number	Select section	Type	<input type="checkbox"/>
	Page number	Select section	Type	<input type="checkbox"/>

Reviewed  **Multi-purpose Cash Grants**

Add name and role	Page number	Section	Type	Addressed
	Page number	Select section	Type	<input type="checkbox"/>
	Page number	Select section	Type	<input type="checkbox"/>

Reviewed  **Health**

Bronwyn Nichol, PHI E GVA	Page number	Section	Type	Addressed
sponse	3	Scope and Scale	For Approval	<input type="checkbox"/>

<p>Please try and get some info from Min of Agriculture/Livestock and FAO in terms of cases and deaths in hippos as well as in livestock (cattle). This helps give a better overview of the potential to grow larger. Addressed in the document.</p>	3	Scope and Scale	Type	√
<p>“social mobilization to promote vaccination being administered by the government” please specify that this is for animal vaccination and the importance of the relationship with MoA. Note that there are not vaccination campaigns for human anthrax. Addressed in the document.</p>	9	Objective and strategy rationale	For Approval	√
<p>“Stop transmission through contact tracing, IPC and CBS”: these are two very different activities, please separate them. This section doesn’t touch on IPC at all and only talks about surveillance. Please add a bit about the existing system. Has MoH requested this support from ZRCS? IS the NS already implementing CBS? Has a CBS assessment been done? IF not this needs to be planned for (and budgeted). Addressed in the document and CBS has been removed as an activity.</p>	9	Objective and strategy rationale	For Approval	√
<p>“Prevention and control” please rename to “Hygiene promotion” so that it’s clear what the intervention is. Addressed in the document</p>	9	Objective and strategy rationale	For Approval	√
<p>Please add One health coordination meetings so that this angle comes out clearly. Addressed in the document</p>	9	Objective and strategy rationale	For Approval	√
<p>Standard indicators for the type of activities proposed are missing:</p> <ul style="list-style-type: none"> • Number of people reached with anthrax messaging • Number of butchers reached with anthrax prevention sessions (strongly suggest you add this) • % of CBS alerts investigated within 24 hours • # & % of CBS alerts raised by ZRCS confirmed as anthrax • % of listed contacts followed up <p>Addressed in the document.</p>	10	Planned interventions	For Approval	√
<p>Please remove training of MoH staff on case management unless ZRCS run health facilities. IF they do please add this to your narrative to justify this intervention. Otherwise please remove. Addressed and activity removed</p>	11	Planned interventions	For Approval	√
<p>Strongly recommend to use the EPiC training package as it covers all components mentioned</p>	11	Planned interventions	For Approval	√

<p>(ECV, CEA, PSS). Ruth from ZRCS attended the training in Nairobi. IF surge support is needed, there are trainers in the region who can support</p> <p>Addressed in the document</p>				
<p>Budget: don't see lines for contact tracing or CBS activities beyond training. Please add, or indicate in narrative where costs will be if integrated with other activities.</p> <p>Are tech inputs needed for CBS? What about phone credit? Same for contact tracing</p> <p>Please remove case management support. Unclear what that means.</p> <p>How many volunteers will be trained on ECV/EPiC, CBS, contact tracing. If 750 each then 7,304 CHF seems low as you shouldn't have more than 25 volunteers per training session. Please take a look at training budget again. Note EPiC is 4 days for vols, CBS will be a minimum of 2, contact tracing depends on MoH systems but will be minimum of a day most likely.</p> <p>CBS also requires a supervisor structure which doesn't seem to be in the budget.</p> <p>CBS no longer applicable since we have removed all CBS activities but addressed the other part of the question.</p>	Page number	Budget	For Approval	√
<p>Luca Saraceno PHiEC RO</p>	Page number	Select section	Type	<input type="checkbox"/>
<p>Agree with comments above; pls ensure to clarify clearly based on Bronwyn comments on:</p> <ul style="list-style-type: none"> - The CBS mechanism that you wish to implement and the way it will be structured (remember that with CBS you may detect both animal and human anthrax as well as livestock and wild animal deaths); - Whether an animal anthrax vaccination is going to be done in Zambia and the role of ZRCS volunteers <p>In addition to the above:</p> <p>Would be recommendable to provide perspective of hunger crisis in Zambia, as it may be related with the consumption of wild animals.</p> <p>Addressed in the document.</p>	2	What happen, where and when / What is expected to happen?	For Approval	√
<p>It would be recommendable to ensure that there is a specific focus on activities of sensitization and animal health surveillance to be conducted in slaughterhouses and markets, as well animal drinking points.</p> <p>Addressed in the document.</p>	9	Objective and strategy rationale	For Approval	√

<p>It would be recommendable to ensure that there is a clear identification of stakeholders to be engaged in sensitization efforts (including veterinarian officers, herders, butchers, meat sellers, animal water drinking points committees, etc)</p> <p>Addressed in the document.</p>	9	Objective and strategy rationale	For Approval	√
<p>Pls indicate whether a ban in export of animals out of Zambia has been enforced. If not, considering the location of the outbreak in districts bordering Malawi and Zimbabwe, additional target areas for activities of sensitization could be also border crossing into Malawi and Zim and additional stakeholders to be engaged/ sensitized could be truck drivers transporting live animals.</p>	2	What happend, where and when / What is expected to happen?	For Approval	<input type="checkbox"/>
<p>Pls better clarify how the NS activities integrate with the animal health authorities and MoH authorities activities and plans, as well as whether ZRCS is engaging with the MoH / WHO/ FAO and other delivery entities for long term integration of the activities in the DREF within the Pandemic Fund implementation (Zambia has been a successful recipient of last Pandemic Fund Round)</p> <p>Addressed in the document.</p>	7	Others actions	For Publication	√
	Page number	Select section	Type	<input type="checkbox"/>

Reviewed



Water, Sanitation and Hygiene

Luca Saraceno, PHiEC RO	Page number	Section	Type	Addressed
<p>I would recommend, considering that the country is also dealing with a cholera outbreak, that a community hygiene component may be included, with particular focus on handwashing after handling animals. You might want to explore the possibility of rehabilitating handwashing points in slaughterhouses/ community slaughter points.</p> <p>Most of the slaughterhouses are private and may not be feasible to rehabilitate.</p>	11	Planned interventions	Recommendation	√
	Page number	Select section	Type	<input type="checkbox"/>

Reviewed



Protection, Gender, and Inclusion

Add name and role	Page number	Section	Type	Addressed
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	Page number	Select section	Type	<input type="checkbox"/>
	Page number	Select section	Type	<input type="checkbox"/>

Reviewed  **Migration**

Add name and role	Page number	Section	Type	Addressed
	Page number	Select section	Type	<input type="checkbox"/>
	Page number	Select section	Type	<input type="checkbox"/>

Reviewed  **Risk reduction, climate adaptation and recovery including early actions**

Add name and role	Page number	Section	Type	Addressed
	Page number	Select section	Type	<input type="checkbox"/>
	Page number	Select section	Type	<input type="checkbox"/>

Reviewed  **Community Engagement and Accountability**

Elisabeth Ganter Restrepo, CEA delegate RO	Page number	Section	Type	Addressed
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<p>"limitations in risk communication and community engagement due to gaps on delivering preventative messages as well as unavailability of IEC materials" – please do not rely on IEC materials to share information, these are usually one-way communication methods and people don't often read them. Does the NS have other channels identified that can be considered?</p> <p>Addressed – there is also door to door engagement, use of mega phones and public address system</p>	<p>8</p> <p><u>Needs/Gaps</u></p> <p>For Approval</p> <p>√</p>
<p>The strategy is largely focused on information sharing, which is important but there also needs to be a focus on behaviour change and community engagement to encourage communities not to eat specific meats, to sell it, etc.. information sharing alone will not accomplish this. Please think about engagement of specific groups and stakeholders, forming community committees to support behaviour change initiatives and identifying local solutions, etc.</p> <p>Addressed in the document.</p>	<p>9</p> <p><u>Objective and strategy rationale</u></p> <p>For Approval</p> <p>√</p>
<p>Please see my comment above in relation to adding in community engagement/social mobilization activities. Please also ensure if an assessment is to be rolled out that CEA related questions are integrated. This tool can support with that.</p> <p>Consider adding these indicators instead:</p> <ul style="list-style-type: none"> -# and type of methods established to proactively track community beliefs, suggestions, questions, rumours and complaints about the outbreak and the National Society (target 5) - % of operation complaints and feedback received and responded to by the NS (target 80%) - # of people reached through RCCE activities (in support of health and hygiene promotion) -% of community members who say they trust the information and services provided by the NS about the outbreak (target 75%) -% of staff and volunteers trained on RCCE approaches (70%) <p>Addressed in the document.</p>	<p>11</p> <p><u>Planned interventions</u></p> <p>For Approval</p> <p>√</p>

<p>Kindly clarify in the budget what "CEA activities" refers too. Please also ensure there are costs allocated to community meetings and social mobilization activities.</p> <p>Addressed in the document.</p>	<p>Page number <u>Budget</u> For Approval <input type="checkbox"/></p>
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Reviewed  Other

Add name and role	Page number	Section	Type	Addressed
	Page number	Select section	Type	<input type="checkbox"/>
	Page number	Select section	Type	<input type="checkbox"/>

Logistics

- Is there a financial limit set for NS procurement (when applicable). Please attach documentation
- Do the products/services and quantities match properly the plans included in the narrative and the budget
- If conduction local procurement, confirm that NS procurement procedures been validated by IFRC logs?
- For cash-based interventions confirm the following:
 - Financial Service Provider is in place or,
 - Financial Service Provider needs to be procured.
 - NS has experience implementing CVA.
- Is the procurement timeframe reasonable and fitting the DREF criteria?

Add name and role	Page number	Section	Type	Addressed
	Page number	Select section	Type	<input type="checkbox"/>
	Page number	Select section	Type	<input type="checkbox"/>

Quality control sheet

Criteria Validation. This section is to be completed by the **Global Team**

DREF Overview, Essential details, and Timeframe

- The Application is done in the right type of DREF funding request template (Assessment, Response or Anticipation)
- The targeted areas are clearly defined
- The event is clearly classified according to the IFRC Crisis Categorisation?
- A map of the targeted areas is available in the DREF application

Previous operations

- The previous operation section is properly filled.
- Information from lessons learnt from previous operations, if available, have informed the planning of the operational strategy.
- If this is a recurrent event, there is additional justification provided in the use of DREF funding.

Description of the event

- The date of disaster/trigger date is specified in the application.
- The event is clearly explained in terms of when, where and what occurred or is expected to occur.
- The scope and scale of the event is clearly detailed and provides enough information aligned to the assigned crisis categorization.
- In the case of a DREF request to support anticipatory actions, the application includes enough evidence, backed up by sources of information, confirming the probability of the disaster.
- Have photos been included to show the damages caused by the disaster and/or National Societies actions?
- In case of anticipatory action, the National Society clearly explains why they have decided to act now in anticipation to the event.

Current actions

- It is clear whether the National Society has started responding, and the date when they started their activities?
 - Coordination with ICRC/PNS and other organisations is well explained.
 - The activities done so far by the National Society are clearly explained
 - General coordination mechanisms in place, if any, are mentioned and explained.
 - Actions done by Movement and external partners, including support to the National Society, are explained in the application
-

Needs Analysis

- The needs analysis focused on the needs of the affected population and are clearly detailed by sector

- It is clear whether the information is coming as a result of a needs assessment by the National Society, or secondary data with clear description of the sources (e.g. UN, NGOs, authorities).
-

- Any current gaps of information regarding the needs of the population are mentioned in the application and explanation is provided on how they will be covered (e.g. challenges to reach population, need to conduct further assessment and others).

Operation

- The operation objective clearly defines the targeted population and areas, type of support and length of implementation.

- The number of targeted people and targeted areas are clear coherent throughout the document.

- In case key needs are not being covered by the DREF, National Society explains how are they going to be covered either by them or other actors.

- All proposed activities are directly linked to the specific disaster or crisis of this request.

- If the National Society is already implementing other DREF operations or emergency appeals, there is an explanation on the capacity to absorb this new operation.

- Security and safety concerns are identified, and measures/rules are in place to mitigate the risk.

- Human resources involved in the operation are explained including number of volunteers, staff member and response units.

- Other support elements such as communication strategy and monitoring of the implementation are explained.

- The explanation provided in the rationale regarding the operational strategy of the National Society clearly explains the connection with the needs of the population.

- The selection criteria of targeted people and targeted area(s) are clearly explained, and they ensure National Society is targeting those most in need.

- The capacity of the National Society to implement the proposed operation is clearly explained, including their experience implementing similar interventions.

- Content of activities is aligned with minimum Sphere standards or relevant sectoral standards (e.g. WHO and/or MoH for health crises).

- Mitigation measures are developed for each identified risk with practical steps for implementation.

- All sectors of intervention have the budget, number of persons targeted, list of activities and indicators with targets.

- If Surge personnel are being requested, the needed roles are explained.

Budget

- Volunteers' insurance is covered (either budgeted in this operation or through other means)

- Budgeted activities are consistent with the narrative in the DREF application.
-

- Does the budget avoid lump sum as much as possible?

- Items/activities listed in the budget are all eligible

- If National Society is charging admin cost to the DREF, there are no duplicated budget lines which would be included in it.

- Number of items, kits, distributions is consistent with the targeting strategy

- All budget lines, especially those which are high amount are properly justified

Financial validation

Validation by the Regional Finance Unit




Please select the type of Funding Agreement with NS

- Working Advance
 WWPP
 Cash transfer

- Has the budget been validated by the Finance Controller?

Name and Title	Comment	Signature
And name Regional Finance and Admin Manager <i>I have reviewed the budget for this DREF application and hereby confirm the validation of this budget.</i>	By email	

DREF application reviewed and submitted for approval by

Name and Title	Comment	Signature
John Roche Appeal Manager (Head of Delegation or Head of Country Cluster Delegation) <i>I have reviewed this DREF application by the National Society and the relating Review Checklist. I hereby confirm this request is submitted on behalf of the National Society.</i>		 <small>John Anthony Roche (Nov 14, 2023 18:28 GMT+2)</small>
Adrienne MBARGA DREF Regional Focal Point <i>I confirm that the DREF Review Checklist has been duly completed by relevant sectorial focal points in the Region and all required regional validations have been provided.</i>		
Matthew Croucher Regional Head of Health, Disasters, Climate and Crises (HDCC) <i>I hereby endorse the plan and budget for this DREF application.</i>		



DREF OPERATION

MDRCCxxx - Zambia Red Cross Society Response to Anthrax Outbreak

Operating Budget

Planned Operations	128,789
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	91,189
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	37,599
Environmental Sustainability	0
Enabling Approaches	99,161
Coordination and Partnerships	0
Secretariat Services	24,634
National Society Strengthening	74,527
TOTAL BUDGET	227,950

all amounts in Swiss Francs (CHF)



Volunteer sensitization

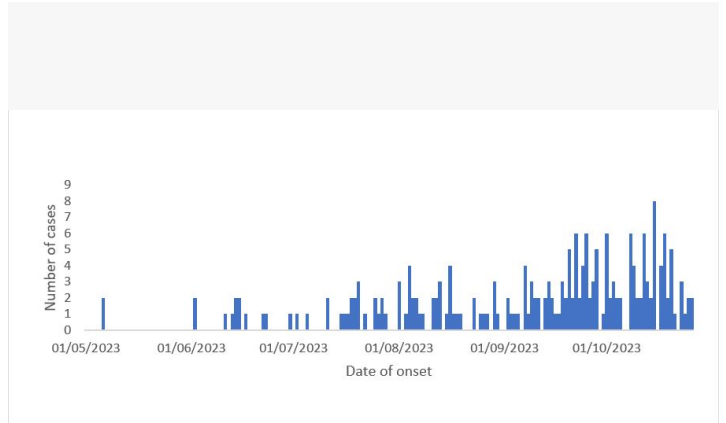
Appeal: -	Country: Zambia	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 227,950	
Glide Number: -	People Affected: 5,383,271 people	People Targeted: 3,380,191 people	
Operation Start Date: -	Operation Timeframe: 5 months	Operation End Date: -	DREF Published: -

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

consumption of dead hippos meat. The following are the names of affected districts Sinazongwe, Monze, Kazungula, Livingstone, Kalomo, Choma, Mongu, Sioma, Nalolo, Sesheke, Lumezi, Lundazi, Kasempa Mpika and Lusaka. A total of 5383271 and cumulative 4 deaths reported.



Volunteer conducting house to house sensitization.



Anthrax Epicurve

Scope and Scale

The Government of Zambia, through the office of the Minister of Health, officially declared the anthrax outbreak, signifying the paramount importance it places on safeguarding the health and well-being of the nation's citizens. In a press briefing, the Health Minister emphasised the government's unwavering commitment to the health of its people and the nation as a whole. These outbreaks encompass a spectrum of health concerns, including but not limited to cholera, measles, anthrax, rabies, and scabies. To address the anthrax outbreak and its potential ramifications, a multidisciplinary and multisectoral approach has been adopted. This comprehensive strategy brings together various sectors and disciplines to respond effectively to the crisis. It is through this collaborative effort that the Ministry of Health and its multi sectoral response teams have taken proactive measures to mitigate the impact of the outbreak and prevent further dissemination of the disease.

These measures entail a range of interventions designed to contain and manage the situation while minimising the risk to the population. The government's commitment to protecting the health of its citizens is resolute, and it is reflected in the swift and coordinated response to the anthrax outbreak. Through these efforts, the Ministry of Health is dedicated to ensuring the safety and well-being of the nation's people.

The key identified drivers contributing to the spread of anthrax in Zambia encompass a range of factors that collectively fuel the outbreak. The following are notable drivers of the outbreak:

- Low Compliance with Public Health Measures by the Public due to the following:
 - Limited knowledge and awareness of anthrax disease and its transmission pathways among the general public have contributed to a lack of vigilance and precautions.
 - Unsafe Handling of Livestock by Livestock keepers and individuals who handle animal products may not fully grasp the risks associated with infected animals or contaminated animal products. As a result, they may not implement adequate safety measures when dealing with animals or animal byproducts.
 - Underreporting of Suspected Cases or delay in reporting by Individuals who experience symptoms of anthrax to healthcare authorities due to various factors, such as a lack of understanding of the disease, fear of stigma, or challenges accessing healthcare facilities. Delayed reporting can hinder early detection and intervention.
 - Poor hygiene practices related to food preparation, consumption, and personal hygiene can facilitate anthrax transmission. This includes consuming undercooked or contaminated animal products and insufficient handwashing.
- Inadequate Coordination Among Multi-Sectoral Stakeholders:

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

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

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

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

Transportation of meat and meat products

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

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

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

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

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

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

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

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	No
Did the National Society respond?	No
Did the National Society request funding from 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:	

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

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

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

-

Current National Society Actions

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

	the interventions in collaboration with CEA, Branch development, and the PMER team.
Assessment	ZRCS is working hand in hand with MOH and ZNPFI in monitoring the situation in the country from time to time. Currently ZRCS has not done any assessment with regards to the anthrax outbreak. However, situation reports are being shared during national IMS meetings which ZRCS is part of.

IFRC Network Actions Related To The Current Event

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

ICRC Actions Related To The Current Event

Currently there is no ICRC delegation in Zambia.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Currently, the Ministry of Health together with ZNPH and the Ministry of Fisheries and Livestock are supporting the Provincial and District Health teams in affected provinces through Sensitization and community engagement currently on-going Intensifying Event based surveillance and early case detection Case management currently on-going

	Monitoring and clinical evaluation of discharged of patients currently ongoing The district is applying One health approach to control the outbreak
UN or other actors	UN and other actors are part of the cluster system that has been activated and are helping the Government in resource mobilisation, surveillance and provision of supplies. They are part of the IMS and cluster coordination. The following are some of the organisations and their roles: WHO - supports MOH in implementation of the One Health approach.

Are there major coordination mechanism in place?

The Ministry of Health through the Zambia National Public Health Institute (ZNPHI) has incorporated anthrax response into the already existing cholera National Incident Management System (IMS) at District, provincial and national levels. At the National level, the IMS is held twice per week as ZRCS participates in all. Equally, the ZRCS internal IMS was activated for the cholera outbreak which is being experienced by the country for the purpose of coordinating internal response and resource mobilisation.

Needs (Gaps) Identified



The people in the affected districts are at high risk of contracting anthrax due the human-animal interaction that exists. Most of the affected districts are near game parks while some communities live in the game parks. This renders them vulnerable to anthrax infection. On the other hand, once meat is extracted from the carcasses, some of the meat is dried and sold to far away places thereby spreading the disease. Government has put in place specific checkpoints to limit the movement of meat especially game meat but still the meat finds its way on the markets even in places where there are no game parks. Hence, the potential of cases spreading to other areas. While the Government has been responding to the outbreak, there are still gaps that the partners can fill in.

The disease itself has a devastating impact on people affected as they are not able to carry out their daily livelihood chores thereby leading to food insecurity in the longrun. Additionally, the affected areas depend largely on cattle for ploughing and livelihoods, the outbreak has affected cattle and some cattle have died increasing the vulnerability.

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

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

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



During the IMS meetings, it was mentioned that the communities were handling carcasses of infected animals without any protection. This was cited as one of the drivers of the spread of infection. Some of the people got infected through the handling of meat from the dead animals. This calls for training in the handling of the carcasses of infected animals and hygiene promotion messages to the communities. The ZRCS will also support the provision of personal protective equipment (PPE) to those who will be handling dead animals. Moreover, ZRCS will support infection prevention and control (IPC) training to the health facility and Ministry of Fisheries and Livestock staff.

Any identified gaps/limitations in the assessment

There is no actual assessment carried out in the affected district, however Ministry of Health has been sharing updates on the current situation. the major gaps identified are as follows. Low Compliance with Public Health Measures by the Public due to the

following:

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

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

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

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

Inadequate Coordination Among Multi-Sectoral Stakeholders:

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

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

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

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

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

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

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

Operational Strategy

Overall objective of the operation

The DREF allocation aims at supporting 3380191 people in need affected by Anthrax outbreak by providing RCCE and hygiene messages support in the 10 affected districts for a period of 4 months.

Operation strategy rationale

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

1. Hygiene promotion

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

2. Stop transmission through contact tracing and IPC

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

3. RCCE and social mobilization

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

4. One Health coordination w partners

ZRCS is part of the multisectoral anthrax response mechanism at national and subnational levels, coordinated by the MoH/ZNPHI. This helps to avoid duplication of efforts and improve management and coordination of the anthrax outbreak response operation. ZRCS will support meeting on one Health where necessary to ensure coordination is maintained throughout the operation.

Targeting Strategy

Who will be targeted through this operation?

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

Explain the selection criteria for the targeted population

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

Total Targeted Population

Women	946,733	Rural	47%
Girls (under 18)	804,206	Urban	53%
Men	880,937	People with disabilities (estimated)	2%
Boys (under 18)	748,315		
Total targeted population	3,380,191		

Risk and Security Considerations

Please indicate any security and safety concerns for this operation

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

Planned Intervention



Secretariat Services

Budget: CHF 24,634

Targeted Persons: 1

Indicators

Title	Target
Number of Surge deployed	1

Priority Actions

- Deployment of Surge for a period of 3 months
- Support Supervision from Country and Cluster Office



National Society Strengthening

Budget: CHF 74,527

Targeted Persons: 762

Indicators

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

Priority Actions

- Volunteer deployment
- Staff deployment
- NDRT deployment



Health

Budget: CHF 91,189

Targeted Persons: 3,380,191

Indicators

Title	Target
Number of Assessment	1
Number of IEC printed	3,000
Number of radio programs conducted	20
Number of volunteers trained on ECV, RCCE, CEA,PSS	750
number of people reached with messages	3,338,191
number of butchers reached with Anthrax messages	50
percentage of listed contacts followed up	60

Priority Actions

- Conduct risk Assessment and monitoring
- Mapping of key stakeholders for engagement
- Printing of IEC materials & Transation
- Radio programmes once per week for month in 10 radio stations
- Training of volunteers in Epic Training package which covers ECV, CEA, PSS /community-based health prevention.
- volunteers disseminating messages in animal slaughterhouses, markets and communities
- Tranining volunteers in contact tracing
- Conduct Health and hygiene promotion (sensitization door to door & through the use of the PA ssystem
- Procurement of mega phones
- Procuremnet of IPC materials (disinfectants, handsanitizer)
- Support the MoH with P



Community Engagement And Accountability

Budget: CHF 37,599

Targeted Persons: 3,380,191

Indicators

Title	Target
number of supported volunteers to conduct rumour tracking	300

Number of coordination and review meetings with stakeholders supported	30
% of complaints and feedback received and responded to by NS	80
Number of staff n volunteers trained in RCCE	-

Priority Actions

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

About Support Services

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

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

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

Since this is the first time that ZRCS is responding to the Anthrax, there is need to deploy a surge to support in the implementation of this DREF. The Surge should be someone with experience in handling Anthrax response for a period of 3 months.

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

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

How will this operation be monitored?

The monitoring of the response will be done by the PMER unit of the NS and other relevant sectors to this operation following the operation indicators. Monitoring visits are scheduled once a month for the whole period of the operation. The volunteers will be oriented on data collection using KOBO, the NDRTs will be responsible for consolidating the data and share with PMER Officer at Headquarter. The PMER will work hand in hand with Disaster Health Manager to consolidate the reports and share with in country Delegate for IFRC. A monitoring plan will be developed in the field for the NDRT who will always be there to support the day-to-day activities of the volunteers.

There will be integrated monitoring visits with country IFRC Delegate who from time to time provide the technical guidance. The IFRC cluster office will also monitor and support the operation remotely with at least one visit by either PMER, NSD or Finance. A lesson learnt workshop will be organized by the PMER unit of the NS with all relevant stakeholders of the operation.

Please briefly explain the National Societies communication strategy for this operation

Weekly operation updates will be developed by the National Society and share widely with external stakeholders.- The communications department is ensuring that the communication strategy is in place and supported and that the visibility of the operation is promoted. Frequent visits to collect materials for publication will be done by the department with support from the IFRC cluster Office. These will be published through the NS and IFRC websites

Budget Overview



DREF OPERATION

MDRCCxxx - Zambia Red Cross Society Response to Anthrax Outbreak

Operating Budget

Planned Operations	128,789
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	91,189
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	37,599
Environmental Sustainability	0
Enabling Approaches	99,161
Coordination and Partnerships	0
Secretariat Services	24,634
National Society Strengthening	74,527
TOTAL BUDGET	227,950

all amounts in Swiss Francs (CHF)

Contact Information

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

National Society contact: Cosmas Sakala, Acting Secretary General, cosmas.sakala@redcross.org.zm, +260 96 3724899

IFRC Appeal Manager: John Roche, Head of Delegation, john.roche@ifrc.org, +263 772128648

IFRC Project Manager: Gloria Kunyenga, Operations Delegate, gloria.kunyenga@ifrc.org, +260764169828

IFRC focal point for the emergency: Gloria Kunyenga, Operations Delegate, gloria.kunyenga@ifrc.org, +260764169828

[Click here for the reference](#)

Signature: 
Patrick Elliott (Nov 14, 2023 19:40 GMT+3)

Email: patrick.elliott@ifrc.org


[DREF FOR VALIDATION] Zambia ANTHRAX outbreak


Final Audit Report


2023-11-14

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