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Final Report

Zambia: Food Insecurity

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRZM014
Date of Issue: 07 September 2022	Glide number: DR-2021-000170-ZMB
Operation start date: 11 November 2021	Operation end date: 31 March 2022
Host National Society(ies): Zambia Red Cross Society	Operation budget: CHF 251,556
Number of people affected: 1.58 million in crisis (IPC 3)	Number of people assisted: <ul style="list-style-type: none"> • Direct assistance: 6,000 people (1,000 HH) • Indirect assistance: 4,542 people
Red Cross Red Crescent Movement partners currently actively involved in the operation: International federation of Red Cross and Red Crescent Societies (IFRC) and the Netherlands Red Cross (NLRC)	
Other partner organizations actively involved in the operation: WFP, DMMU (Disaster Management and Mitigation Unit), UNICEF	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. On behalf of Zambia Red Cross Society (ZRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

According to Integrated Food Insecurity Phase Classification ([IPC Report](#)) issued in September 2021 and covering the period from July to September 2021, about 1.18 million people in Zambia were facing high levels of acute food insecurity, classified in Crisis (IPC Phase 3) with 77,938 people being most affected in Luapula, Lusaka and Western provinces, as seen in table 2 of the [EPoA](#).

According to the same IPC Report, the projected period starting from October 2021 to March 2022, normally coincides with the lean season when the country's food security situation was expected to deteriorate, with around 1.58 million people (13% of the analysed population) classified in Crisis (IPC Phase 3). The most affected provinces were Luapula, Lusaka, North-Western, Northern, Southern and Western as seen above, with 296,438 people affected as highlighted in the table on the right, indicating a steep rise in the number of people affected by the food insecurity crisis, which indicated that the situation may worsen in the coming months if nothing is done. As such, the food insecure population required urgent humanitarian assistance to reduce food gaps, protect and restore livelihoods and prevent acute malnutrition.



Figure 1: A beneficiary receiving cash from an MTN agent

Faced with this situation, Zambia Red Cross, with support from the IFRC, launched a [DREF Operation](#) for CHF 251,556 on 11 November 2021 to contribute to support 6,000 people (1,000 HH) of persons affected by Food insecurity, by providing food and livelihoods, WASH and Protection Gender and Inclusion support in the Kalabo district of the Western province for a period of 4 months from December 2021 to March 2022.

Summary of response

Overview of Operating National Society

ZRCS held an emergency meeting on 26 October 2021 following the release of the Southern Africa Seasonal Forecast by the Government, which also shared the projections of the [Integrated Food Security Phase Classification \(IPC\)](#) food insecurity analysis. During this meeting, ZRCS analysed the current food insecurity situation and given the alarming number of people at risk, activated its multi-hazard contingency plan which has six (6) hazards namely, droughts, floods, population movement, locust, Cholera and civil unrest. ZRCS in collaboration with Ministry of health and Ministry of Community Development and social services at district level conducted an emergency needs assessment in Kalabo district which identified three communities namely Salunda, Lumei and Lutwi as being the most affected by the then prevailing food insecurity. ZRCS through this operation, managed to lobby for funds to assist 1,000 vulnerable households in Kalabo that were adversely affected by the Food insecurity the country was experiencing.

The DREF Operation was implemented within four (4) months from December 2021 to March 2022 and targeted three sectors for the intervention namely Livelihoods and basic needs, Health and Nutrition, Water, Sanitation and Hygiene and Protection, Gender and Inclusion (PGI) which incorporated Community Engagement and Accountability (CEA). The main intervention under the livelihoods and basic need sector was provision of unconditional cash grants to 1,000 vulnerable beneficiary households. The said beneficiaries who received the cash grants were successfully registered and using MTN Mobile money cash transfer, received K500 ZMW per month for 3 months in the months of January February and March 2022 which brought the total sum to 1500ZMW per household. Out of the 1000 registered beneficiary households, 811 registered females as the ones to collect the cash while 189 registered males as the recipients of the assistance. Each of them represented a household. The selection criteria for the vulnerable households who benefited from the cash intervention included the aged, 65 years and above, chronically ill, disabled, child-headed and female headed.



Figure 2: ZRCS volunteers checking for Oedema on a child



Figure 3: ZRCS volunteers during sanitation activities

Under the health and nutrition sector, a nutrition assessment was conducted in the three target communities which showed that cases of malnutrition in under-5s had increased in some communities. Some 35 volunteers [22 M and 13F] were also trained in Community Based Health and First Aid (CBHFA), hygiene promotion and malnutrition screening. The trained volunteers were deployed in the three target communities to conduct hygiene promotion campaigns as well as the screening for malnutrition after which positive malnutrition cases were referred to the nearest health facilities.

The WASH sector intervention included among other key activities; the rehabilitation of boreholes where ZRCS, in coordination with the district Local Council managed to rehabilitate and equip 16 boreholes. Linked with the boreholes, 16 water committees were formed and trained in water management in communities benefitting from the rehabilitated boreholes.

The operation also enabled ZRCS to provide 960 dignity kits, 2880 bottles x 750ml chlorine and 960 water storage containers to 960 women and girls from the 3 target communities. Additional sanitary pads and multipurpose soap was procured and distributed to 1680 school going girls in the target communities and Kalabo town. The 35 local volunteers

were also trained in Protection Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA). PPEs such as facemasks, hand sanitizers and gloves were provided to the 35 volunteers. Visibility material such as ZRCS branded t-shirts and Covid-19 prevention materials such as re-usable face masks and hand sanitizers were given to volunteers. ZRCS ensured that it worked closely with the local stakeholders in every activity.

Overview of Red Cross Red Crescent Movement in country

IFRC, through its in-country delegate, provided technical and backstopping support in collaboration with the Harare Country Cluster Delegation. IFRC supported the ZRCS throughout the implementation of this operation. ZRCS has only one Participating National Society in the country, the Netherlands Red Cross, which also provided technical support whenever requested upon. Bi-weekly meetings were held to discuss the progress that was being made as well as challenges faced during the implementation of the operation.

Overview of other actors actions in country

During the implementation of the operation in Kalabo District, no other actor came on board to respond to the food insecurity in the district apart from some government ministries such as Ministry of health and ministry of community development and social service and the district council that ZRCS reached out to work with in the implementation of some activities under the DREF operation.

Needs analysis and scenario planning

ZRCS, at the beginning of the operation in November 2021, conducted an emergency needs assessment to know the extent of the disaster and the needs of the affected population. Qualitative and quantitative data was collected from individual households, key informants and focus group discussions in the target communities and analysed. Data was collected using Kobo, analysed and conclusions drawn.

The main sources of income noted were petty trading which accounted for 22% while 17% indicated that they did not have any source of income. The main food consumed in the target communities were cereals such as maize. 40% of the respondents purchased their food and 29% depend on own production. The main coping strategies employed were reduced food portion size (25%) and consumption of less preferred food items (21%). 51% used well/spring as the source of water and 85% indicated that they never treated their drinking water. On sanitation facilities, respondents indicated open defecation in undesignated places, 95% of the respondents indicated that the main source of fuel for their cooking is firewood.



Figure 4: FGD with Mothers during nutrition assessment

Recommendations made from the assessment were as follows.

- ❖ **Source of income:** Provision of cash voucher assistance, as it was noted that the main source of income selling from own livelihood activities and 17% indicated that they had no source of income therefore the provision of cash assistance was seen to contribute to improved source of income for the targeted communities and enable them buy food requirements.
- ❖ **Source of food:** It was evident from the assessment that the food consumption from the target communities was already compromised as the main source was only cereals accessed from the markets which was eaten with mostly vegetables and wild fruits. Therefore, targeted communities needed the support as it was evident that the situation was likely to worsen.
- ❖ **Source of water:** The main source of water from the target communities was from open well/springs/rivers and during the assessment it was noted that 85% of the respondents did not treat their water even those that indicated that they treated their water the accounted for an exceptionally low percentage. In that view, there was need to provide Non-food items such a chlorine to help increase access to clean water that would eventually reduce water borne diseases.
- ❖ **Sanitary facilities:** The needs assessment revealed that the communities practiced open defecation, which had a potential to result into disease outbreaks especially during rainy season. It was in that regard that the operation considered hygiene promotion by volunteers to encourage latrine construction at household level.

- ❖ **Dietary:** It was noted that due to food shortages at household level, people opted for reduced frequency of meals and quantities as coping mechanism. The operation opted to support the families with cash to complement the food availability.
- ❖ **Livelihood activities:** One of the major coping strategies that the target community employed was reduced planned expenses for agricultural inputs (seeds, fertilizers) to buy food. This would compromise the future livelihood activities and sustainability. It was therefore seen imperative that the target community is supported on smart agriculture to ensure that they also do not resort to livelihood activities that may have an adverse effect on climate change.
- ❖ **Type of fuel used:** The needs assessment also revealed that most people in the community used firewood as means of fuel for cooking. Firewood has a negative effect on the climate because of cutting down of trees. It was therefore, recommended that the community was to be sensitized on the effects of climate change, introduction of a deliberate intervention to plant back indigenous trees as well as introduction of cook stoves that would save the energy.
- ❖ **Nutrition:** There was also the need to conduct community based active surveillance on nutrition in under five children **pregnant** and lactating mother to assist detecting of malnutrition and identify populations at risk of suffering from it this would assist adverse effects of food insecurity and protect the more at-risk population.

The DREF operation was structured in a way that it could assist the affected vulnerable households based on the findings and recommendations of the emergency needs assessment including the areas to be targeted under the intervention, which were the most hit.

Risk Analysis

There was potential increase in scope on humanitarian needs due to the seasonal forecast of normal to above normal in the district. There was a also high chance of having more people in the district experiencing food shortage due to flooding that resulted from above normal rains that the district was experiencing at that time. There was a risk of stretching the capacity of the Government, ZRCS and IFRC to manage and mobilise enough resources. In addition, Covid 19 was another potential risk for the operation to ZRCS staff and volunteers. To mitigate possible contraction of the disease by staff and volunteers, ZRCS procured PPEs such as facemasks, hand sanitizers and gloves that were used during the implementation of any activity. There was a risk of the affected families not utilising the cash received for the intended purposes of buying food due to other pressing needs at household level. To mitigate this potential risk ZRCS throughout the cash intervention sensitized the beneficiaries were benefiting from the program on what the intervention aimed to achieve and how to spend their cash wisely. Seasonal flooding in Kalabo District posed a risk for reaching out to the affected population due inaccessible roads that got flooded. However, strategies were put in place to meet the beneficiaries in areas that were accessible

B. OPERATIONAL STRATEGY

Overall Operational objective:

The overall objective of the DREF operation was to support 6,000 people (1,000 HH) of persons affected by Food insecurity, by providing food and livelihoods, WASH and Protection Gender and Inclusion support in the Kalabo district of the Western province for a period of 4 months from December 2021 to March 2022.

ZRCS conducted a detailed assessment to identify the actual needs, gaps of the affected population and mapping of key actors per intervention sector. The assessment was conducted in November 2021 and captured information on the needs and priorities of different community groups, preferred communication channels for receiving information and giving feedback, community social and power dynamics. ZRCS responded to the situation by providing immediate food needs through Protection, Gender and Inclusion (PGI)-sensitive unrestricted cash, health, and WASH interventions to the affected people through working with key stakeholders within (IFRC, Volunteers, NLRC) and outside the Movement (Government, UN agencies and NGOs).

Communities were fully engaged in the DREF operation through the identification of the 1,000 beneficiary families for the cash program. The identification was held through community meetings where they agreed and approved the selection of the vulnerable households to be supported with the cash program. ZRCS procured 10 suggestion boxes which were stationed in health facilities and schools within the target communities which enabled communities to provide their complaints and feedback about the operation. Help desks were also set up during cash distributions and beneficiaries with any complaints or queries about the programme freely presented their feedback.


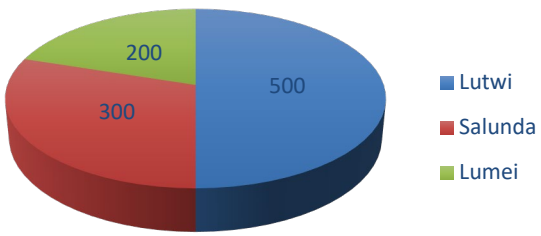
To ensure community participation under the WASH sector intervention, water committees were formed in communities where boreholes were rehabilitated. These committees were trained in water/borehole management by ZRCS with the

help of the Kalabo district council. The training of ZRCS community-based volunteers in a few trainings such as CBHFA, Hygiene promotion, PGI & CEA were also conducted.

Two NDRTs were deployed in Kalabo District to support implementation of the operation activities. The deployment of NDRTs enabled fast and timely implementation of the activities.

A lesson learnt workshop with participation of key stakeholders such as the Disaster Management and Mitigation Unit (DMMU), Ministry of community development, MTN, Kalabo district council and community-based leaders took place to discuss and document major key lessons learnt from this operation that can be applied to improve the implementation of future DREFs.

C. DETAILED OPERATIONAL PLAN

 Livelihoods and basic needs People reached: 6,000 Male: 2,000 Female: 4,000		
Indicators:	Target	Actual
% of surveyed households who report being satisfied with the assistance received	80%	85%
% of surveyed households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities (SADD)	80%	80%
# of households receiving cash support for food	1,000	1,000
# of cash disbursements provided	3	3
# of volunteers involved in activities.	25	25
Narrative description of achievements		
<p>ZRCS throughout the implementation of this operation ensured it engaged all the relevant stakeholder at National, Provincial, district and community level. An emergency needs assessment with of district stakeholders such as Ministry of Health and Ministry of community development was conducted which identified three communities namely Salunda, Lumei and Lutwi community as being the most affected communities with the food insecurity, therefore, the DREF targeted these three communities.</p> <p>A market assessment/cash feasibility assessment was conducted to assess the capacity of the markets to provide the people with the sufficient basic needs resulting from the increased demand that would come about as people are provided with unconditional cash grants. The market/ cash feasibility assessment showed favourable results for a cash intervention.</p> <p>ZRCS through community meetings conducted beneficiary identification and registration exercise for the three communities between 15th December ,2021 to 19th December 2021. Officers from Ministry of Health, Ministry of Community Development and Social Services and Social Welfare also participated in the beneficiary identification and registration exercise in all 3 communities. ZRCS purchased 1,000 sim cards which were provided to all the 1,000 beneficiaries that were registered to receive unconditional cash grants of K500/month for 3 months. Ten mobile phones were purchased by ZRCS to assist beneficiaries during sim cards registration as well as cash withdrawal. The sim card registration exercise by MTN ran concurrently with the beneficiary registration, therefore, once a beneficiary was registered by ZRCS and given a brand-new sim card they would then proceed to the MTN desk to have their sim card registered and activated on mobile money.</p>		
<div style="text-align: center;">  <p>Registered Beneficiaries/Community</p> <ul style="list-style-type: none"> ■ Lutwi ■ Salunda ■ Lumei </div>		
<p><i>Figure 5: Number of beneficiaries registered under each community</i></p>		



Selection criteria for 1000 registered households was:

- Aged; 65years and above
- Chronically ill
- Child headed
- Disabled
- Female headed

Figure 6: ZRCS officers registering beneficiaries in Salunda community

The first cash distribution to the 1000 beneficiaries was conducted in December 2021 while the second cash distribution was done in January 2022 and the third and last cash distribution in the first week of March 2022. ZRCS also conducted the first post distribution monitoring (PDM) in the 3 communities in January 2022 and the 2nd PDM which was a combination of for the second and third cash distribution in March 2022. The overall objective of the Post Distribution Monitoring (PDM) was to assess the quality of the cash distribution process, cash utilization and the immediate outcomes of the unconditional emergence Cash Assistance in the affected households of Kalabo District. The PDM combined the household survey and the focused group discussions. The team found that all beneficiaries received their cash. Families who benefited were able to buy food and other basic needs such as paying for school fees and improve their livelihoods such as starting small businesses including small livestock keeping.



Figure 7: ZRCS officer conducting a Focused Group discussion among women during PDM in Lumei community

Challenges

- Poor network often delayed the completion of the cash distributions. This paused a security risk as beneficiaries finished late and had to go back to their homes in the night.
- Logistically, due to seasonal rainfall, the ZRCS/MTN team had mobility challenges as they had to wait for rains to stop before they proceed to the communities. This affected completion of beneficiary registration processes.
- Mainly the elderly beneficiaries were forgetting or losing their PIN numbers which meant that they had to wait for MTN to help resolve the issues and took some time, resulting in delayed distributions.

Lessons Learned

- Mobile cash transfer is appreciated and convenient to the beneficiaries as most people in the community are familiar with mobile money cash transfers.
- The collaboration between ZRCS and Community Development Ministry of Social welfare worked well especially the use of ZRCS volunteers and Community Welfare Aid Committees (CWACs) as well as support by the district social welfare office.
- Application of lesson learnt from previous DREF Operations led to the successful implementation of this cash response as some challenges were avoided.



Health

People reached: 5,700

Male: 1,938

Female: 3,762

Indicators:	Target	Actual
% of targeted households reached with health interventions	100% or 6,000 people	95% or 5,700 people
# of health risks identified during the assessment	-	-
# of volunteers supporting community-based surveillance	50	35
Minimum number of women and girls of childbearing age reached	960	960

Narrative description of achievements

ZRCS throughout the implementation of activities under this sector worked with the Ministry of Health at the District level. Below are the activities that were implemented under the HEALTH sector.

Needs assessment to identify the Nutrition challenges in the affected communities

The nutrition needs assessment was successfully conducted across Salunda, Lumei & Lutwi Communities prior to any nutrition intervention by ZRCS. The assessment was guided by the four (4) main objectives bellow.

- Identify dietary concerns among pregnant/lactating mothers, under-5 children, and other groups in Kalabo District.
- To identify mother and child nutrition programs.
- Determine factors affecting existing mother and child feeding programs in target communities.
- Determine factors affecting existing mother and child feeding programs in target communities. Assess internal and external elements that may affect strategy implementation and identify gaps or issues (including those if unattended would derail success, such as challenges to participation).



Figure 8: FGD with Men during nutrition assessment

Training of local volunteers in CBHFA

The DREF successfully trained a total number of 35 volunteers [22 Males, 13 Females] on CBHFA, particularly for the modules of maternal and child health, Epidemic Control for Volunteers (ECV) with particular emphasis on vector-borne/ water-borne disease prevention, CEA and covid19 community and household prevention. These trainings were facilitated by MoH and MLGH.



Figure 9: Volunteer trainings in session (CBHFA, Hygiene promotion, ECV, Nutrition and Covid19 prevention)

Volunteers conduct screening activities for malnourished children and refer them to healthcare centres as necessary.

The Food Insecurity DREF for Kalabo successfully supported the training of 35 volunteers [22 Males, 13 Females] by Ministry of Health (MoH) staff on community malnutrition screening and referrals. This made an integral aspect of the community Based Surveillance System for early case detection of malnutrition and other associated illnesses in under 5 children for timely response/management. The training included theory and practices on different aspects of nutrition screening such as Oedema, Mid Upper Arm Circumference (MUAC), Weight for Age, Length/Height for Age, as well as

Length/Height for Weight. ZRCS volunteers were given screening and reporting tools by MoH. They were also linked to respective Health Centres in areas of Salunda, Lumei & Lutwi. ZRCS volunteers undertook field visits after the training to identify children with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition, of which a total number of 3,001 under-5 children were screened out of which 1,140 were boys and 1,861 were girls.

Actions undertaken include:

- ✓ All the children found with Mild, Moderate, and severe Acute Malnutrition were referred to the nearest health facility in each catchment area. These children's details were captured for possible follow-ups should they default.
- ✓ ZRCS volunteers also linked the identified malnourished children with respective health centres for possible community management of mild cases. They also offered health promotion and Education messages to the care takers.
- ✓ ZRCS volunteers were able to negotiate with health facility staff for immediate enrolment of severely malnourished under 5 children into the MoH nutritional support programme.



Figure 10: ZRCS Volunteer conducting nutrition screening using MUAC tape

Procurement of PPEs for volunteers

ZRCS procured and distributed PPEs such as face masks, hand sanitizers and gloves to protect volunteers from covid-19 infections. These PPEs were distributed to the 35 volunteers. These were won by our volunteers during trainings, and community outreach activities:



Figure 11: Volunteers wearing face masks and gloves

Challenges

- It was difficult for the NDRTs to monitor community outreach activities on health when the ZRCS field vehicle had a major breakdown between January and February 2022.
- Flooding in the target communities especially Salunda ward posed a serious challenge in terms of access.

Lessons Learned

- Stakeholders' engagement in planning and implementation of project activities helped in establishing ownership and sustainability of interventions post project closure.
- The involvement of local structures such as the health facility staff, and traditional leaders helps speed up activity implementation time.
- The deployment and integration of ZRCS volunteers work into MoH through health centres and the respective Community Health Workers (CHWs) prevented the duplication of efforts on community health and nutrition.



Water, sanitation and hygiene

People reached: 10,542

Male: 3,584

Female: 6,958

Indicators:	Target	Actual
# of volunteers trained in basic hygiene	50	35
# of boreholes rehabilitated	10	16
# of water management committees setup	10	16
# of people provided with safe drinking water	6,000	6,854
# of stakeholders' and coordination meetings	3	3
# of HH reached with door to door hygiene campaigns	1,000	1,757
# of volunteers involved in hygiene promotion	50	35
# of women and girls receiving dignity kits	960	960
# of hygiene promotion sessions conducted	16	124
# of radio shows broadcast	4	9
Narrative description of achievements		
<p>Trained volunteers conducted hygiene promotion every week in the targeted communities where a total of 1,757 HHs (10,542 people) against the total of 1,000 HHs targeted for a total of 124 hygiene promotion sessions conducted. The number of people reached includes the families which received the cash grants.</p> <p>A total 16 boreholes were rehabilitated against the planned 10 because of the spare parts that were removed but were still in good condition. These were used to rehabilitate more boreholes.</p>		
Challenges		
<ul style="list-style-type: none"> The heavy rains in Kalabo posed a serious challenge during borehole rehabilitations. This was noted to have caused unexpected delays, thereby affecting coverage in terms of numbers targeted per site. E.g., boreholes under Salunda ward were not rehabilitated as planned due to lack of access to the sites. It was difficult for the NDRTs to monitor community outreach activities when the ZRCS field vehicle had a major breakdown. 		
Lessons Learned		
<ul style="list-style-type: none"> Accessibility of project areas impacts project implementation and hence need thorough prior planning and coordination with other humanitarian actors. Often initial needs assessment leaves out some of the vital information and hence the need for continuous assessments. For instance, Kalabo district had a greater number of boreholes requiring rehabilitation than the 10 initially targeted by the DREF operation. 		

Strategies for Implementation

Indicators:	Target	Actual
% of volunteers trained and oriented on the CEA and volunteer Code of Conduct	100% or 50 volunteers	70% or 35 volunteers
% of community feedback and complaint received and responded to	at least 70%	80%
# of volunteers insured	50	0
# of volunteers provided with PPE	50	35
Narrative description of achievements		
<p>➤ The CEA training and workshop took place from the 24th to 25th of December 2021. The facilitator trained the 35 volunteers [22 Males and 13 Females] for one and half days; and the afternoon of the second day was dedicated to developing a strategy to be used by the volunteers. This training course aimed to equip teams with skills to start the process of mainstreaming CEA into the DREF operation, mainly the ZRCS activities in Kalabo district. Those attending the course were expected to take on responsibility and contribute to the roll out of CEA, with support from IFRC.</p>		

- A PGI training to 35 volunteers [22 Males and 13 Females], initially trained in CEA, was also conducted on. For volunteers to effectively engage and assist the Communities, the Volunteers needed to understand aspects of Protection, Gender & Inclusion in program implementation. This enabled them to effectively and efficiently manage the Communities affected in all aspects related to Dignity, Access, Participation & Safety (DAPS).
- A one-day training for 35 Volunteers was held in Protection, Gender & Inclusion in Kalabo District.
- ZRCS procured 10 suggestion boxes which were stationed at health facilities and schools in the target communities. The complaints and feedback committees were formed within the communities who assisted in ensuring that they collected the complaints or suggestions that came through the boxes. These complaints or comments about the programme were thereafter sent to the NDRT deployed in Kalabo who would escalate any cases that required special attention from HQ.
- Protective personal equipment (PPEs) to all 35 volunteers [22 Males and 13 Females] that were assisting with the implementation of various activities under the DREF in Kalabo district was provided. Among the PPEs provided included disposable facemask, surgical gloves and hand sanitizers.
- Visibility material such as ZRCS branded shirts, caps and bibs were provided to the 35 volunteers [22 Male and 13 Female]. A complete briefing on volunteer roles, responsibilities, do's, don'ts and risks volunteers are likely to face during the operation and the code of conduct was also provided to the volunteers after which all the 35 volunteers signed the code of conduct.

Challenges

- The PGI and CEA training was not done at the same time. The CEA training was done first after which the PGI training followed.
- Little time was allocated to the PGI training as the funds that were remaining under the budget line for PGI/CEA training could only accommodate a one-day training in PGI.
- Volunteers could not be insured due to under budgeting. Most insurance companies stated that volunteers could only be insured up to a minimum of 12 months and not 3 months as allocated in the budget.
- PPEs such as raincoats and umbrellas were not procured due to budget constraint, this posed a risk of volunteers catching a cold (flu) after getting soaked by the rains as this DREF was being implemented during the rainy season.

Lessons Learned

- Conduct the CEA/PGI training at the same time so that all topics for both components can be adequately covered.
- Allocate enough funds for volunteer insurance
- Include procurement of raincoats and umbrellas in future operations being implemented in the rainy season.

D. Financial Report

The overall amount allocated for this DREF operation was CHF 251,556 of which CHF 243,623 (97%) was expended. A balance of CHF 7,933 will be returned to the DREF pot.

Explanation of variances:

- Cash disbursement budget line was overspent by CHF 3,562 (4%) because of transport, volunteers and staff costs. Some disbursement had to be repeated due to long distances to reach out to the affected population and one day disbursement was not possible.
- Transport and Vehicles Costs was over expensed by CHF 7,133 (421%) due to terrain and long distances of the affected areas. Kalabo District is located to close to 800 Kilometres from Lusaka.
- International Staff was underspent, leading to a savings of CHF 5,265 on this budget line. This was because of the COVID situation and the cyclone that affected Malawi where Cluster Delegation team could not travel to Zambia.
- National Society Staff budget line was overspent by CHF 6,076 (62%) due to long distance to Kalabo Districts for monitoring and distribution of NFI.
- Travel budget line was expensed by CHF 417 although not budgeted for, because of need for monitoring and supervision of activities.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/11-2022/7	Operation	MDRZM014
Budget Timeframe	*	Budget	APPROVED

Prepared on 22/Aug/2022

All figures are in Swiss Francs (CHF)

MDRZM014 - Zambia - Food Insecurity

Operating Timeframe: 11 Nov 2021 to 31 Mar 2022

I. Summary

Opening Balance	0
Funds & Other Income	251,556
DREF Allocations	251,556
Expenditure	-243,623
Closing Balance	7,933

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs	95,357	101,548	-6,191
AOF4 - Health	13,806	10,435	3,370
AOF5 - Water, sanitation and hygiene	88,694	85,632	3,061
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	197,856	197,616	240
SFI1 - Strengthen National Societies	44,402	41,474	2,928
SFI2 - Effective international disaster management	9,298	4,533	4,765
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	53,700	46,007	7,693
Grand Total	251,556	243,623	7,933

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FINAL FINANCIAL REPORT

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MDRZM014 - Zambia - Food Insecurity

Operating Timeframe: 11 Nov 2021 to 31 Mar 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	154,114	144,659	9,455
Water, Sanitation & Hygiene	68,466	55,449	13,017
Cash Disbursement	85,648	89,210	-3,562
Logistics, Transport & Storage	3,995	9,342	-5,347
Distribution & Monitoring	2,302	515	1,787
Transport & Vehicles Costs	1,693	8,826	-7,133
Personnel	32,989	26,270	6,719
International Staff	5,291	27	5,265
National Society Staff	9,788	15,864	-6,076
Volunteers	17,910	10,380	7,531
Workshops & Training	21,429	18,564	2,865
Workshops & Training	21,429	18,564	2,865
General Expenditure	23,676	29,919	-6,243
Travel		417	-417
Information & Public Relations	6,085	13,360	-7,275
Office Costs		13	-13
Communications	847	766	80
Financial Charges	635	127	508
Other General Expenses	16,110	15,236	874
Indirect Costs	15,353	14,869	484
Programme & Services Support Recover	15,353	14,869	484
Grand Total	251,556	243,623	7,933

Contact information

Reference documents

-
- [Emergency Plan of Action \(EPoA\)](#)

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How we work

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

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