HIGHLIGHTS (9 Dec 2020)

- The Ministry of Health has confirmed 17,916 COVID-19 cases and 364 deaths as of 7 December.

- The number of districts reporting COVID-19 infections had increased from 68 in September to 96, as of 30 November.

- Education partners report that 16 per cent of nearly 39,000 learners in Eastern and Southern provinces have dropped a reading level during COVID-19 school closures.

- The food security situation remains of major concern, amid a infestation of the African Migratory Locusts in 14 districts across Central, Southern and Western provinces.

- Nearly 2 million people are facing severe food insecurity between October 2020 and March 2021, despite increased crop production in most areas.

KEY FIGURES

<table>
<thead>
<tr>
<th>people in need</th>
<th>people targeted</th>
<th>partners operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1M</td>
<td>6.2M</td>
<td>27</td>
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FUNDING

<table>
<thead>
<tr>
<th>requested (May-Oct 2020)</th>
<th>received</th>
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<tbody>
<tr>
<td>$132.9M</td>
<td>$66.2M</td>
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</tbody>
</table>

51.7% funded

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INTERACTIVE (29 Oct 2020)

Emergency Appeal Financial Tracking

https://reports.unocha.org/en/country/zambia/  
Downloaded: 9 Dec 2020
BACKGROUND (9 Dec 2020)

Situation Overview

Since the first case of COVID-19 on 18 March 2020, the Ministry of Health (MOH) has confirmed over 17,916 cases with 364 deaths (case fatality rate of 2 per cent) as of 7 December 2020. The number of districts reporting COVID-19 infections has increased from 68 in September to 96, out of 116 countrywide, by end of November. The capital Lusaka, Copperbelt and Ndola districts continue to report the highest transmission. The increase is attributed to increased testing capacity, with an average of 4,000 daily tests. Test positivity remains at less than 1 per cent, according to MOH. However, testing capacity is still centralized, with most provinces not having supplies in stock to sustain testing on the available platforms. Health partners are calling for increased surveillance and vigilance, to mitigate against a potential second wave. Pandemic fatigue and COVID-19 denial is reportedly contributing to the low compliance by the public on preventative and social distancing measures.

The Ministry of General Education has engaged in regular monitoring to ensure compliance to health prevention measures in learning institutions. Since the opening of schools in September, the authorities have reported a reduction in new infections among the learners and teachers. According to a study conducted by VVOB-Education for Development NGO in September, to assess learning outcomes of school children during the COVID-19 pandemic, at least 67 per cent of learners in grade 3 to 5 are attending class. Out of these, at least 16 per cent of the students have dropped a reading level (E&S: 38,346 learners), while 10 per cent lost skills in addition, 7 per cent in subtraction, 12 per cent in multiplication and 6 per cent in division.

According to the acute food insecurity analysis in Zambia released in December, it is estimated that around 1.42 million people (22 per cent of the analysed population) were facing high levels of acute food insecurity (IPC Phase 3 or above) between July and September 2020, despite increased crop production in most areas. This includes 1.24 million people in Crisis (IPC Phase 3) and nearly 190,000 people in Emergency (IPC Phase 4). Although the price of maize has been on a decline since the start of the 2020/2021 consumption year, it still remains above the Stressed (IPC Phase 2). Despite the good harvest of 2020, the food security situation could deteriorate when more households will rely on the market for food, in the midst of the kwacha depreciation and high job losses in the formal and informal sectors due to COVID-19. It is projected that nearly 2 million people will be severely food insecure from October 2020 to March 2021.
The 2020/2021 rainfall season, which coincides with the projected period, has been forecast to be above normal in most of Southern Africa. Flooding, however, is also expected to increase, thereby affecting most of the household that live in flood-prone areas in the north and northeastern parts of the country.

This comes at a time when the Ministry of Agriculture (MOA) has reported an infestation of the African Migratory Locusts in 14 districts across Central, Southern and Western province, threatening food insecurity in the coming months. The Ministry of Agriculture and partners, FAO and International Red Cross are responding to the situation. More than 22,000 hectares have been surveyed in the Kasava, Simahala and Subilo plains along the Zambezi River. In addition, MOA and partners procured PPEs, chemicals and motorized sprayers and distribution to affected districts is under way. The Meteorological Department of Zambia has reported normal to heavy rains from November to March 2021, which create conducive breeding grounds for the locusts. Zambia's planting season is underway and with concerns that farmers are unwilling plant for fear of the impact of the locusts on households food security.

**CLUSTER STATUS (9 Dec 2020)**

<table>
<thead>
<tr>
<th>Education</th>
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</thead>
<tbody>
<tr>
<td>35,301 students fed in schools in 2 districts</td>
</tr>
</tbody>
</table>

**Needs**

- The nationwide school closure disrupted learning for more than 4.4 million children and adolescents and interfered with the provision of critical services to millions of children and youth, including school feeding programs for disadvantaged children.

- The need for remedial learning and catch-up classes tailored to the level of children's ability/understanding after reopening of school remains critical. Education partners are considering a combination of distance and classroom teaching to ensure continued education for all children.

- Prolonged school closure is likely to expose children especially girls at increased risk of teenage pregnancy, sexual abuse, child marriage and other harmful practices. Major reasons for not returning to school after reopening include but not limit teenage pregnancies and early marriages forced by parents, lack of interest and motivation by learners after six-month schools’ closure, children help parents fend for food by doing piece work, relocation of parents to fishing camps or other areas not accessible to nearby schools, sickness and disability. Most of the schools in the rural areas are under-resourced and ill-equipped to provide support to the students learning at home and parents are unable to support children’s learning. This has widened the equity gap between those who can afford the virtual learning and those who cannot, potentially leading to life-long negative impact.

- Reopening of schools in September 2020 required additional support and ongoing monitoring to ensure all preventive measures are followed by the schools and learners.

- Adherence to COVID-19 preventive measures and MoGE guidelines, including social distancing, handwashing and wearing the masks is a big problem for many schools, especially in rural remote areas due to lack of safe water and handwashing facilities, inadequate classroom facilities and lack of additional desks, disbelief by population that COVID-19 is real.
The Early Child Education (ECE) level has reported challenges in ensuring physical distancing among the young learners whose curricular is play-based. In many communities, children in the ECE programme are yet to return to school, as parents fear that the teachers will not be able to manage the preschoolers.

**Response**

- The Ministry of General Education (MoGE) COVID-19 Response and Recovery Plan highlights the continuity of learning as its core priority and has presented a series of education delivery options and strategies. Education partners are monitoring schools to ensure adherence to COVID-19 protection and prevention measures and have supported MOGE with circulation of the Guidelines to Support Re-Opening of Schools.

- Education Sector partners conducted comprehensive ‘Back-to-School’ awareness raising and sensitization campaign with a particular emphasis for girls’ return to schools. Sector partners supported airing of COVID-19 prevention messages through community radio stations in Southern and Western provinces alongside continued literacy learning through 515 literacy lessons aired on community radio stations and reading camps.

- A total of 8,500 stories have been produced by teachers and 178 stories by parents to support continued literacy for grade 1 to 4 learners by World Vision. Support to continued literacy learning through 515 literacy lessons aired on community radio stations and reading camps.

- More than 35,081 learners (17,052 boys and 18,029 girls) in Gwembe and Shangombo received through school feeding program.

- Started implementation of education response program by UNICEF together with MoGE and partners in 20 districts of five provinces funded by Global Partnership for Education through establishment of 180 boreholes, procurement of 11,000 solar radios with SD cards, procurement and provision of 15,000 desks, teaching and learning materials (student’s packs) to benefit 134,000 learners, and PPE supplies to schools, procurement of video conferencing equipment for 10 provincial centers, awareness raising and back to school campaigns.

- Education partners trained over 200 community facilitators on Emergent Literacy and Math at Home (ELM at Home) and conducted ELM lessons for ECE and primary grade learners.

- British Council Zambia has launched the digital library of educational resources through which learners can access learning materials by registering online. The program was free for only one month.

- Ongoing monitoring at schools by MoGE, CAMFED, Save the Children, ZANEC and other partners to assess the situation in schools after reopening and adherence to protection and prevention measures.

- VVOB Assessment on Learning Loss as a result of COVID-19 and schools’ closure conducted among children of 3-5 grades in Eastern and Southern provinces of Zambia. The major results of assessment are the followings: a) 2020 has been a year where 3-5 grade learners made little or no progress on basic skills; b) school enrollment (3-5 grades) dropped by 4.67 per cent; c) at least 16 per cent of G3-G5 learners drop a reading level (E&S: 38,346 learners); d) 10, 7, 12 and 6 per cent of G3-G5 learners lost the skills to do addition, subtraction, multiplication or division, respectively.

- Back to School Campaign conducted by Save the Children to prioritize education and return to school, especially for girls. The major reasons of not returning to school are teenage pregnancies and early marriages, relocation of parents for sources of living, lack of interest and motivation by learners, child work, sickness and disability, etc.

**Gaps**

- Absence of empirical data, including disaggregated data on children and schools per area, age and type of interventions and information on children’s access to education through different modalities (TV, radio, e-learning, self-study materials).
Education partners have reported exorbitant airtime costs for radio programmes in addition to lack of zero rate arrangements with mobile network operators. This has resulted in high costs of operation requiring additional resources to ensure continuity and spread across the country.

Lack of communication infrastructure and electricity coverage in rural districts and power outages in urban areas continue to affect children’s access to virtual educational lessons.

**CLUSTER STATUS (9 Dec 2020)**

<table>
<thead>
<tr>
<th>Health</th>
<th>17,916</th>
<th>5M</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 cases (as of 7 December)</td>
<td>people targeted</td>
<td></td>
</tr>
</tbody>
</table>

**Needs**

- The Ministry of Health has reported a steady decline in the number of COVID-19 infections from over 1,700 cases per week to about 278 per week in the last two months, needing a more sensitive surveillance system and response.
- Out of the country's 116 districts, 96 districts had confirmed COVID-19. Districts in Lusaka, Copperbelt and Southern provinces continue reporting the highest number of cases.
- The country continues to experience challenges with mortality reporting, with inconsistent numbers of reported deaths relative to cases. About three quarters of the deaths are occurring in the communities which may be indicative of gaps in health seeking behavior and completeness of the surveillance system.
- The national laboratory testing capacity has improved, but is still centralized, with most provinces not having supplies in stock to sustain testing on the available platforms. Only three of the ten provinces have all round testing capacity. Diagnostic and laboratory capacities are still inadequate and unsustainable. There are also challenges with supply chain management of diagnostics including testing strategies to guide decentralization of testing capacities using the Rapid Diagnostic Test (RDT).
- The country continues experiencing low levels of compliance of the populations to recommended preventive measures including social distancing, masking and hand hygiene. Social and religious places are opening beyond recommended hours while social events have resumed.
- The field teams responsible for surveillance, case investigation and contact tracing are inadequate and have inadequate resources for effective response such lack of transport for routine field work.
- Inadequate triangulation of epidemiological data from various sources including sero-surveys, lab-surveys, and hospital-based data to better understand and interpret the epidemiological patterns of infectivity, caseload, and case fatality; as well as study and analyze the predictability of the second wave with early warning and further strengthening of the preparedness.
- Inadequate regular in-depth gap analysis of critical diagnostics and life-saving essential health commodities including sustained and smooth provisions of medical oxygen therapy services at hospital to further improve the case management for COVID-19.
• Need for building back better with health system resilience for sustaining the continuity of essential health services and continued monitoring of the consequences of COVID-19 on health systems.

• The utilization of health facilities for routine services has declined due to fear of contracting SARS-CoV-2 in health facilities. There is a need for a robust unitary system to monitor performance of the health system.

• The country is health commodities insecure due to strained funding of routine health services, with reliance on partners to support commodity security.

Response

• Health sector partners continued providing technical support, policy advocacy, and resources mobilization support to COVID-19 response in field operations countrywide.

• Sector partners delivered personal protective equipment (PPEs) to the Ministry of Health including, 11,720 N-95 masks, 557,950 surgical asks, 65,352 gowns/coveralls, 26,600 face shields and 1,682,760 pairs of gloves. An additional procurement request for PPEs, laboratory and case management supplies worth $1,650,500 is under process.

• Sector partners supported MOH with diagnostic items, including Ag-based laboratory reagents to support, 92,000 tests (Cobas 6880, Gene-Xpert Xpress, TagPath and Aptima Hologic). So far, 32,848 tests of Cobas 6880® SARS-CoV-2 and 5,000 tests of Gene-Xpert® Xpress SARS-CoV-2 have been delivered. Another 5,000 tests of Gene-Xpert® Xpress; 4,032 tests of Cobas 6880; 20,000 tests of Aptima; and 5,000 tests of TagPathCOVID-19 CE-IVD RT-PCR are in the pipeline to be delivered by end of this month. Procurement order for another 20,000 tests of Aptima SARS-CoV-2 has been raised.

• Sector partners delivered oxygen equipment, including 310 units of oxygen concentrators procured and delivered to the MSL (Medical Store Limited), 260 units of oxygen cylinders and 150 units of Low-pressure Oxygen Gauze.

• The sector supported the rehabilitation and recommissioning of Oxygen Plants in University Teaching Hospitals (UTHs) Lusaka (Children Hospital). The rehabilitation work has begun for Mansa General Hospital in Luapula and Lewaniika General Hospital in Mongu (Western Province) that will improve and ensure smooth availability of medical oxygen therapy to support the life-saving treatment of patients with respiratory diseases, including those with COVID-19.

• The sector supported preparations and funding for roll-out of the revised third edition Integrated Disease Surveillance and Response (IDSR) strategy that emphasizes reporting of priority diseases, conditions and events from all levels which will increase the sensitivity of monitoring trends of diseases, conditions and events including COVID-19.

• Monitoring routine service delivery through DHIS-2 (District Health Information System 2) being strengthened.

• Sector partners continued to support at the technical level and provision of critical safety, laboratory and patient management supplies, vaccines and essential medicines, policy advocacy and resources mobilization.

• Support to continuation of essential health services, traditional vaccines (BCG, bOPV, Td and MR) for entire country’s three-month requirement were procured and delivered. Another nine-month nationwide requirement of all four vaccines (BCG, bOPV, Td and MR) are in the pipeline. The shipments of these vaccines are being managed as per the Zambia 2020 vaccines forecast.

• Sector partners procured 2,815 UN Inter-agency Emergency Health Kit (IEHK-2017) for basic curative treatment and essential maternal, newborn and child health (RMNCH) services. A partial shipment 66 kits delivered to Medical Stores Limited (MSL) and another shipment of 349 kits are expected to arrive in mid-November while 229 kits in first week of December. A total of 19 itemized RMNCH essential drugs procured and delivered to MSL and under distribution to the health facilities.
- Sector partner continued supporting MoH disease control programs to implement plans for sustaining essential health services
- Sector partners supported the assessment and improvement of the delivery system for oxygen and other life-sustaining critical care supplies and equipment.
- Sector partners also supported the MoH Community Health department and MoGE to equip and engage teachers and prefects in schools with basic knowledge and skill in the COVID-19 prevention and response. A total of 600 (six hundred) teachers and prefects were trained as School Safety Officers who trained and monitor 14,862 pupils in Lusaka and Copperbelt.

### Gaps

- Inadequate laboratory supplies to match the laboratory testing needs.
- Low compliance of the community to recommended public health measures is still evident.
- Coordination among the Incident Management System (IMS) logistics Team of ZNPHI, the Clinical Care and Diagnostic Services (CCDS) of MoH and the Medical Stores Limited (MSL) on the distribution planning and last-mile delivery of COVID-19 supplies.
- Regular updates on the current epidemiological trend with recent data as well as triangulation of local data from various sources to better understand and interpret the epidemiological patterns and the predictability of a second wave.
- The sub-national level decentralized laboratory services capacity on COVID-19 in line with MoH testing strategies and directives of conducting daily tests.
- Reluctance of community to continue use of health facilities for routine health care.
- Inadequate stocks of PPE in health facilities offering routine services.
- Inadequate adherence to IPC recommendations by health workers offering routine services.
- Lack of a comprehensive service delivery monitoring framework.

### SECTOR STATUS (9 Dec 2020)

**Food Security**

- 1M people targeted
- 322K ppl targeted w/ cash in 6 urban districts

### Needs

- According to the acute food insecurity analysis in Zambia released in December, around 1.42 million people (22 per cent of the analysed population) were facing high levels of acute food insecurity (IPC Phase 3 or above) between July and September 2020, despite increased crop production in most areas. This includes 1.24 million people in Crisis...
(IPC Phase 3) and nearly 190,000 people in Emergency (IPC Phase 4). The situation is attributed to the impact of flooding, below-normal rainfall, an outbreak of Fall Armyworm, high staple prices and the socio-economic impact of COVID-19.

- Between October 2020 and March 2021 (lean season), Zambia’s food security situation is expected to deteriorate, and more households expected to rely on the market for food. At least 1.98 million people (29 per cent of the analysed population) will be facing high levels of acute food insecurity (IPC Phase 3 or above) and require urgent humanitarian action.

- Despite the Government relaxation of some of the COVID-19 containment measures, Food Security partners have reported that the socio-economic impact of the pandemic, including job losses and reduced remittance into the country will continue to have far-reaching effects on the livelihoods of many vulnerable and low-income people in urban and peri-urban settings, limiting their ability to meet their food and nutrition needs.

- According to the results of a rapid food security impact assessment to establish the impacts of COVID-19 on livelihoods and food security among the urban populations, over 322,000 people (64,400 households) in over 90 high density and low-income urban and peri-urban areas in Lusaka, Kafue, Livingstone and Kitwe districts experienced food insecurity as a result of the pandemic, and are in need of humanitarian assistance to meet their food and other essential needs.

**Response**

- Preparations for the expansion of the COVID-19 Emergency Cash Transfer (ECT) programme to Livingstone, Kitwe and Kalulushi districts are underway, with over 131,000 people expected to be reached with cash assistance for six months. In the reported period, the sector has identified and enrolled all eligible beneficiaries in the three districts. Once scaled up, the sector will provide assistance to all the 64,415 identified vulnerable households in six districts (Lusaka, Kafue, Kitwe and Livingstone, including Chilanga and Kalulushi recently added to the targeted districts).

- Overall, since July 2020 the sector has assisted 36,311 households (among them 143 refugee households), reaching 181,555 people in Lusaka and Kafue districts. Each family in Lusaka and Kafue received ZMW 1,600 (approximately US$88) via mobile money services to cover their needs for four months.

- The sector continued to coordinate with the Government the implementation of the COVID-19 ECT programme, with the Ministry of Community Development and Social Services (MCDSS) taking a lead in community engagement and sensitization activities through its district and community level structures.

**Gaps**

- To implement the COVID-19 Food Security Response, the sector requires a total of $48.9 million, of which $11 million has been secured so far, enough to reach vulnerable and food insecure people in Lusaka and Kafue and to expand to other areas. The ECT needs responding to food insecurity for the six districts are expected to be met with the available contributions.
needs

- There is need for continued provision of PPEs for health workers and community volunteers for service delivery at facility level and to strengthen community outreach services.
- Nationally, the Severe Acute Malnutrition (SAM) Programme coverage is still low at 43 per cent compared to 70 per cent national target. The cure rate still at 65 per cent compared to the 75 per cent national target.
- National estimated SAM prevalence is 1.5 per cent, with an estimated SAM burden of 133,902 children under age 5. Estimated SAM cases are 60,783 and 131,962 expected moderate acute malnutrition (MAM) cases. SAM patients are nine times more likely to die than well-nourished children.
- There is need to increase health worker and volunteers capacity to provide SAM management and IYCF counselling on prevention and treatment interventions at facility and community levels. Currently, less than 50 per cent are trained against a target of 80 per cent.
- There is need to scale up promotion and protection of the key recommendations for infant feeding and protecting breastfeeding in the context of COVID-19.

response

- Support to Ministry of Health in rolling out IMAM programme in drought and COVID-19-affected districts.
- NGOs coordinating with MoH supported the distribution of RUTF from district level to various health facilities that needed replenishment and pre-positioning ahead of the rainy season.
- Of the 24,871 children targeted, 8,521 children aged 6 to 59 months with severe acute malnutrition were treated with a cure rate of 64 per cent, mortality rate of 6 per cent and defaulter rate of 12 per cent. A total of 4,153 children with moderate acute malnutrition were also admitted and treated.
- Orientation on monitoring and evaluation was conducted in central province targeting 20 MoH data staff. Support on data quality was offered to Lusaka district for nutrition data management to increase reporting rate and quality.
- Infant and Young Child Feeding (IYCF) capacity building was conducted for 486 community health workers (198 females and 288 males in Chilombo, Chisamba, Kaphiri and Serenje Districts of Central Province, Nyimba, Katete, Petauke, and Mambwe districts of Eastern Province
- IYCF sessions(messages) and cooking demonstrations were conducted, reaching out to 20 OTP sites in Eastern Province (5 in Katete, 5 in Nyimba, 5 in Petauke and 5 in Mambwe ). Total number of participants reached were: 78 men, 450 women, 102 boys and 153 girls, bringing the total reach to 783. One cooking demonstration was conducted at Chibombo Rural Health Centre reaching a total of 26 mothers in Chibombo district of Central province. IYCF counseling and cooking demonstrations benefited pregnant and lactating women and care givers in Samfya reaching a total of 140 (79 females and 10 males, Chiengi 48 females and 3 males). COVID19 awareness sessions were included during the IYCF and cooking demonstration sessions.
- Monthly nutrition programme review meetings with community health workers held in Central and Eastern provinces reaching out to 196 males and 131 females’ with a total reach 327.
- About 245 community health workers were oriented in active case finding in three districts; Chiengi, Lunga and Samfya districts of Luapula Province.
Six districts (Mongu, Kalabo, Limulunga, Sikongo, Nalolo and Senanga) in Western Province were supported by MoH and People in Need (PIN) NGO and provided IMAM services and SAM treatment in 74 health facilities and 3 other facilities were supported by Kalabo DHO.

The Sector facilitated trainings on Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF) in 14 districts from the provinces of Southern, Eastern, Western, Lusaka, where 330 health facility workers were trained in. 808 community health volunteers were trained in Integrated IMAM and IYCF.

Sector partners delivered 908 boxes of RUTF across the 14 districts to the IMAM program. The response also supported the distribution and preposition of RUTF in the various health facilities that needed replenishment.

The Sector delivered COVID-19 PPEs to various districts and the districts have allocated and distributed the items to health facilities. The COVID-19 PPEs delivered to the health facilities include: 2,810 face shield, 843 hand sanitizers, 843 liquid soap, 281,000 gloves, 112,400 non-medical masks, 2,810 aprons and 1,405 protective gowns. The items procured but to be delivered in November include 281 handwashing stations and 281 thermometers.

Gaps

- Only 58 districts have consistent stocks of RUTF with the rest of the country without RUTF to manage SAM children. Nationally, more than 50 per cent of facilities are without therapeutic feeds due to funding constraints.

- In the context of COVID-19, inaccessibility due to bad terrain and roads and low community outreach services, not all beneficiaries can be reached. There is need to consider programme adaptations e.g Family MUAC for early identification and self-referrals of wasted children if funds are availed.

- Most of the 58 drought-prone districts have poor network and accessibility to some facilities affecting efficient distribution of supplies and timeliness of report submission. Poor terrain, areas in islands and long distances pose a significant challenge especially in Western province increasing the costs of the programme.

- Very few or no livelihood, WASH or school feeding activities taking place in the catchment areas of health facilities, which would complement the IMAM programme.

- The current nutrition project budget is limited and not enough to cover 100 per cent capacity building for health workers and volunteers in the target districts and only 55 per cent coverage of health facilities in six districts in western province targeted by People in Need. There is need to increase to 100 per cent coverage to reach all health facilities and communities in target districts.

- Lack of new SOPs for COVID-19 at health facility level, leading to non-implementation of the new COVID-19 SOPs at health facility level.
There is increased need for information and response GBV services, i.e. a report by Childline indicates that numbers of COVID-19 calls related to GBV has increased by 22 per cent since the outbreak of COVID-19; this includes increase in number cases in need of child protection and mental health psychosocial support services.

Protection partners have reported the need for more safe shelters for GBV survivors and PPE’s for community action teams that conduct GBV outreach. Currently there are only three Government-run shelters and five run by civil society organizations in the 10 provinces in the country.

Vulnerable women and girls infected with COVID-19 require access to menstrual hygiene products.

Reduced income due to COVID-19 pandemic is contributing to an increased exposure to risks of survival sex in Maheba settlement.

**Response**

- Sector partners supported the refugee women and men’s networks cluster GBV/COVID-19 sensitizations, in Lusaka. Five sensitization sessions were conducted targeting local markets and community water points (water kiosks) in Chipata, Chawama, Kanyama and Mandevu compounds reaching 276 individuals who included both Zambians and refugees.

- UNHCR has rolled out the new GBV policy on the prevention of risk mitigation and response to refugees and the host community in all settlements through community information sessions.

- Refugees in the settlements continued to access child-friendly services including identification of children at risk and participation at child safe parks. A total of 1,217 children (384 girls and 833 boys) were reached with messages on the service referral pathway and information on response services available.

- Sector partners engaged a consultant to conduct a rapid assessment in Nakonde, Chirundu and Ndola to inform understanding of community risk profiles, myths and misconceptions regarding COVID 19. The findings will help develop appropriate communication interventions to increase COVID-19 awareness.

- Sector partners procured dignity and mama kits to be distributed in Nakonde, Chirundu and Chililabombwe-Kasumbalesa districts.

- With support from Humanitarian Thematic Fun, adolescent girls and young women were reached with GBV information and services in Nakonde, Chirundu and Chililabombwe-Kasumbalesa districts.

- In all other parts of the country GBV services are being provided through the Ministry of Health and the Zambia Police Service.

**Gaps**

- Inadequate nutrition services to support malnourished children in refugee settlements.

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**SECTOR STATUS (9 Dec 2020)**

**Social Protection/ Multisectoral Cash**

- **1.2M** people targeted
- **18K** households received cash transfers

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https://reports.unocha.org/en/country/zambia/

Downloaded: 9 Dec 2020
Estimated 4.1 million people nationally are affected directly and indirectly by the COVID-19 pandemic, especially in terms of the socio-economic and cultural impacts and the Government of Zambia responses to COVID-19.

An estimated 1.2 million people in urban and per-urban settlements are extremely poor and vulnerable with poor access to health, alternative learning options for their children, limited income-earning opportunities and overall low access to key services.

A total of 700,000 people (150,000 households) are targeted under the Emergency Cash Transfer (ECT) in 18 worst affected districts.

Sector partners are implementing cash transfers, targeting existing social cash transfer households and additional beneficiary households on a temporary basis. The response involves a vertical expansion (increase in the amounts paid to existing social cash transfer households) as well as a horizontal expansion (inclusion of additional beneficiaries). The programme also involves supporting those beneficiary households to access additional services in public health, nutrition, WASH, child protection, GBV and disability.

Sector partners delivered ECT payments to 18,021 households in nine districts. Beneficiary households receive a registered phone and a sim card enabling mobile payments (400 Zambian Kwacha a month for six months paid in two instalments of 1,200 Kwacha).

The Social Protection ECT response is closely coordinated with the Food Security sector who are also implementing a cash response in five additional urban districts.

Government of Zambia counterparts and lead on the ECT programme are at times overwhelmed with competing priorities of implementing the regular social cash transfer programme being funded by the World Bank as well as the social protection systems strengthening the work that is required, which slows down the implementation rate.

Available funding is inadequate to meet the needs of the 4.1 million people. The partners are only able to reach about 700,000 people with the current resources.

SECTOR STATUS (9 Dec 2020)

Water, Sanitation and Hygiene (WASH)

136K people received with soap & WASH supplies

1.6M people targeted
According to the 2018 Zambia Demographic and Health Survey (ZDHS), more than 36 per cent per cent of Zambia’s population lacked access to basic drinking water services while more than 67 per cent lacked access to basic sanitation services in 2018. An estimated 10 per cent of the population practiced open defecation while 76 per cent of households did not have access to a handwashing facility with soap and water in 2018.

Lack of adequate WASH services may pose serious challenge for effective prevention and control of COVID-19. For effective COVID-2019 response, it is, therefore, critical not only to sustain the existing water, sanitation and hygiene services but also scale up these to reach the unserved and under-served vulnerable population, as well as meet the increased demand.

Against the above backdrop, the WASH response is meant to contribute to Government of Zambia’s wider efforts aimed at reduction of exposure to and prevention of the human to human transmission of COVID-19 through strengthening IPC and sustaining and scale-up of WASH services and promotion of appropriate hygiene behaviour.

The critical needs in the WASH sector include strengthening of WASH and infection prevention and control (IPC) measures in the health care facilities and schools; improvement and continuity of water supply to vulnerable communities, especially in the rural and high-density urban areas; provision of critical supplies including soap and handwashing stations to vulnerable populations and hygiene promotion together with infection prevention and control messaging.

As part of efforts to support continuity of water supply services, critical water treatment chemicals have been supplied to 11 commercial utilities that serve over 6 million people in the urban and peri-urban areas.

A total of 137 health care facilities and COVID-19 treatment centers benefitted from WASH and IPC improvement measures in Nkeyema, Kaoma, Lukulu, Sikongo, Mongu, Limulunga, Kalabo, Mitete, Nalolo, Senanga, Chibombo, Chongwe, Rufunsa, Chikankata, Mazabuka, Monze, Pemba, Kalomo, Zimba and Kazungula districts.

Approximately 56,250 people were reached with safe water in Chibombo district and peri-urban areas of Lusaka district.

About 322 schools benefited from hygiene supplies, including handwashing stations, soap and hand sanitisers in Kafue, Chongwe, Rufunsa, Lusaka, Mwense, Samfya, Monze, Mazabuka, Pemba, Kazungula, Mwandi and Livingstone districts.

An estimated 136,000 vulnerable people were provided soap and/or other critical WASH supplies in Siavonga, Chirundu, Kafue, Chongwe, Lusaka, Samfya, Mwense and Livingstone districts.

A total of 1,955,532 people were reached with messages on safe hygiene practices in different districts in Lusaka, Luapula, Southern, Central and Copperbelt Provinces.

Planned activities to support continued improvement of WASH has not started due to funding gaps.

**Response**

**Gaps**

**SECTOR STATUS (9 Dec 2020)**

**Risk Communication and Community Engagement**
2.5M people engaged in RCCE activities

4M people targeted

Needs

- Need for coordinated evidence-based community campaigns to promote health seeking behaviors and COVID-19 prevention and mitigation practices.

Response

- Over 9.1 million people reached on COVID-19 messaging on prevention and access to services through radio, TV, social media and IEC material including posters/fliers and billboard campaign in cooperation with MOH/ Health Promotion Unit.
- At least 2.5 million people engaged on COVID-19 through RCCE actions to promote handwashing, social distancing and appropriate use of masks.
- In collaboration with the Lusaka District Health Office, a 30-days COVID-19 media campaign was carried out in Lusaka between September and October.
- Sector partners mapped densely populated areas such as Kanyama and Matero, areas with populations over 100 people, large- and small-scale markets, graveyards, door to door campaign using evidence-based planning tool, GRID 3 Mapping. This resulted in identification of areas needing more focus and increased number of team visits to conduct sensitization and awareness raising.
- Through established feedback mechanisms approximately 140,000 people have shared their concerns and asked questions/clarifications for available support services to address their needs.
- Sector partners supported school-based health education, and compliance continued to be monitored.

Gaps

- Current interventions need to be further integrated into continuation of services across multi-sectoral platforms such as child health interventions, addressing vulnerability and protection against violence.
- To intensify RCCE activities across 10 provinces additional capacities and resources are required.
- Securing public trust and adherence to public health measures will require time and efforts.

COORDINATION (9 Dec 2020)

General Coordination

- In May, the Government of Zambia launched the COVID-19 Multisectoral Contingency and Response Plan. In line with the Government’s Plan, UN and partners developed the $132.9 million COVID-19 Emergency Appeal targeting 6.2 million people. The Appeal was launched by the Vice President Inonge Wina. With a successful mobilization of $66.2 million amounting to 50.5 per cent funded as of November.
WHO continues as the technical co-lead agency supporting the Ministry of Health and Zambia Public Health Institute (ZNPHI) overall coordination of the COVID-19 response. The United Nations Resident Coordinators Office is co-leading UN response across with line ministries as lead and UN agencies co-leading sector responses.

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