

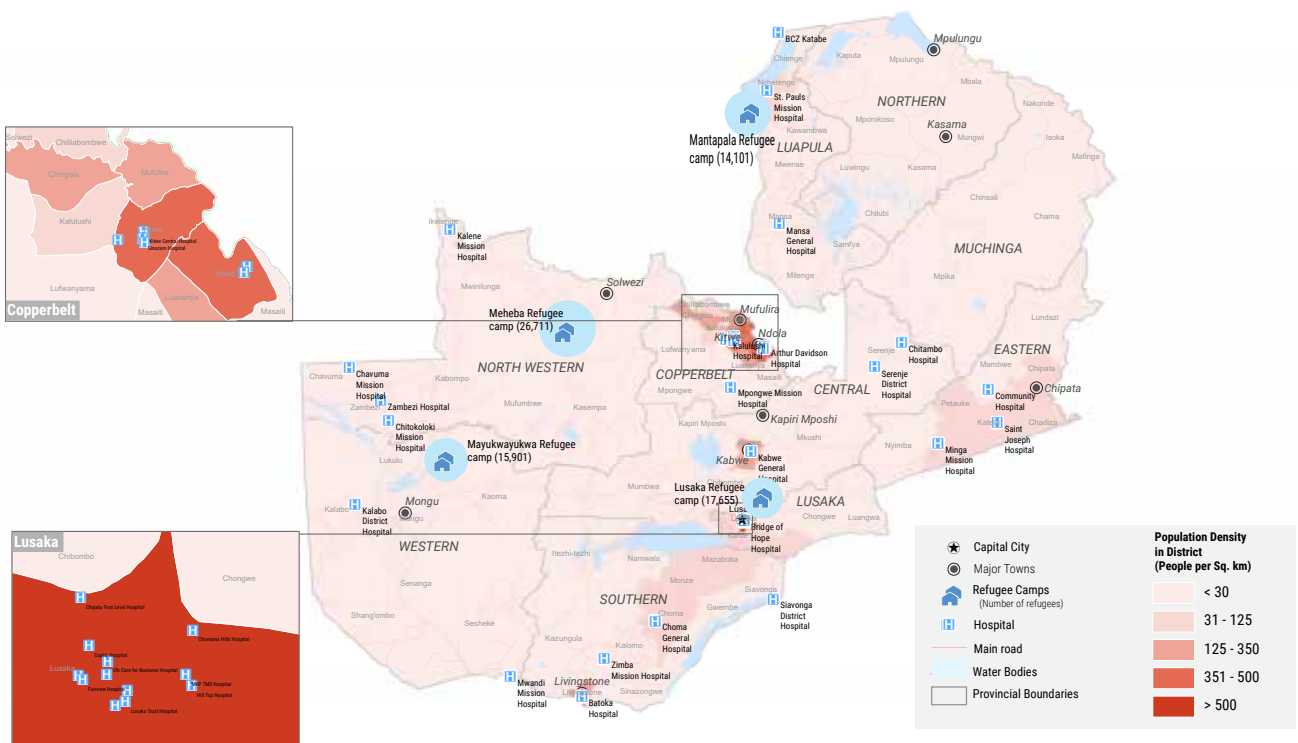
UNITED NATIONS COVID-19 EMERGENCY APPEAL ZAMBIA

MAY -
OCTOBER
2020

REVISED JULY 2020



Overview Map



The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

COVER PHOTO

During a food distribution in Siakasipa FDP, Kazungula District, people wait to receive aid maintaining social distancing.

Photo: World Vision/Bernard Zgambo

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Foreword by the Resident Coordinator

The UN System in Zambia recognises and commends the efforts of the Government of Republic of Zambia in taking the lead in scaling up the response and putting preventive measures in place to stop the further spreading of the virus.

The United Nations stands in solidarity with the Government and people of Zambia in responding to the COVID-19 pandemic. UN agencies, delivering as one, will continue to support various aspects of COVID-19 response in Zambia around 10 sectors outlined in the COVID-19 Multi-sectoral Contingency and Response plan, also reflected in this Emergency Appeal. With the valued support and collaboration of Cooperating Partners, the UN has supported the formulation of the health COVID-19 Preparedness and Response Plan, and Multisectoral Contingency and Response Planning, resource mobilisation, risk communication and community engagement, training of technical staff, strengthening surveillance in communities, procurement of personal protective equipment, promoting Water, Sanitation and Hygiene (WASH) in health facilities and strengthening infection prevention measures.

COVID-19 pandemic will have a multifaceted effect on the lives of the people of Zambia considering that movement restrictions put in place to contain the pandemic are impacting people's ability to access basic services to sustain their livelihoods. These well-intended preventive measures will undoubtedly exacerbate existing vulnerability of disadvantaged population groups such as the elderly, disabled, people living with HIV, youth, poor households, refugee and migrants. Extended quarantine and other social distancing measures have increased reports of domestic violence, as a result of household stress over economic and health shocks, combined with forced coexistence in confined living spaces. Given the increase in reports of GBV, ensuring that women and girls can access GBV support services remains a critical and life-saving activity.

The fight against COVID-19 is clearly a mammoth task that can only be accomplished with the full involvement of all stakeholders. As experts have indicated, this is a new epidemic for which a lot is yet to be learnt and one that has overwhelmed the entire global village.

The principle of leaving no one behind underlies the premise of this Appeal. The UN recognises the fact that the COVID-19 pandemic requires a multisectoral response with all stakeholders at their various levels playing a key role. The UN System in Zambia, the Government of the Republic of Zambia, Cooperating Partners and other key stakeholders must act collectively. All actors must work together to address the most urgent lifesaving needs to reduce the impact of COVID-19 across health, education, WASH, protection, nutrition, food security, law and order and social cohesion and economic stability.

As COVID-19 pandemic comes at a time when Zambia is facing other challenges such as repeated climate shocks, which could threaten progress against the Sustainable Development Goals. It is therefore, extremely urgent that there is a collective and concerted effort to mitigate the additional impact of the COVID-19 crisis. Lastly, it is important to remember that COVID-19 came just as the UN globally was embarking of the Decade of Acceleration to achieve the SDGs by 2030. The UN cannot lose sight of that because the Global Goals remain its blueprint for attaining sustainable development.

Together we can and will defeat COVID-19.



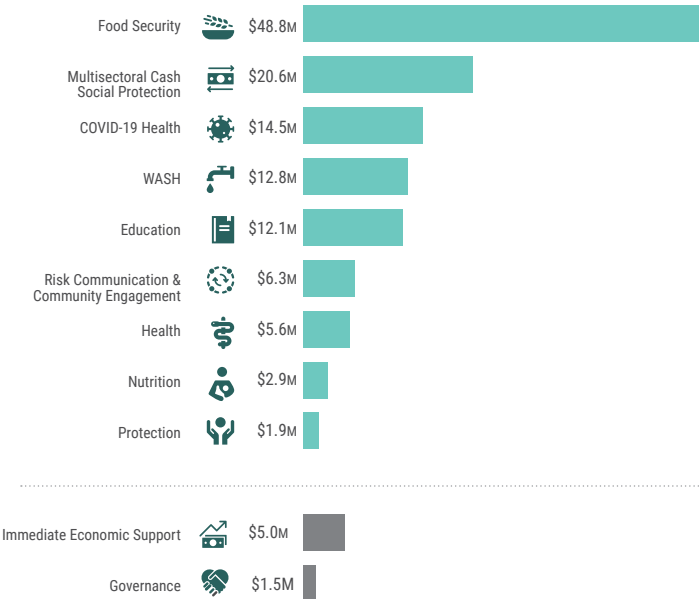
Dr. Coumba Mar Gadio

United Nations Resident Coordinator

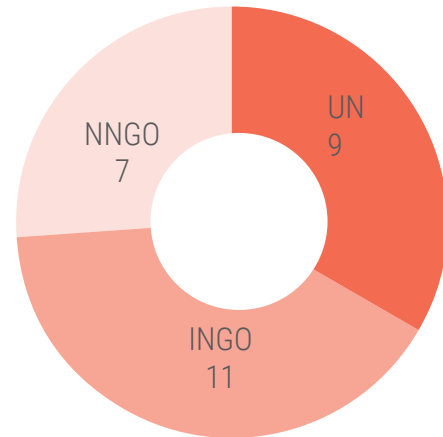
Emergency Appeal at a Glance

PEOPLE IN NEED	PEOPLE TARGETED	EMERGENCY REQUIREMENTS (US\$)	IMMEDIATE DEVELOPMENT REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
10.1M	6.2M	\$125.6M (Included in GHRP*)	\$6.5M	27

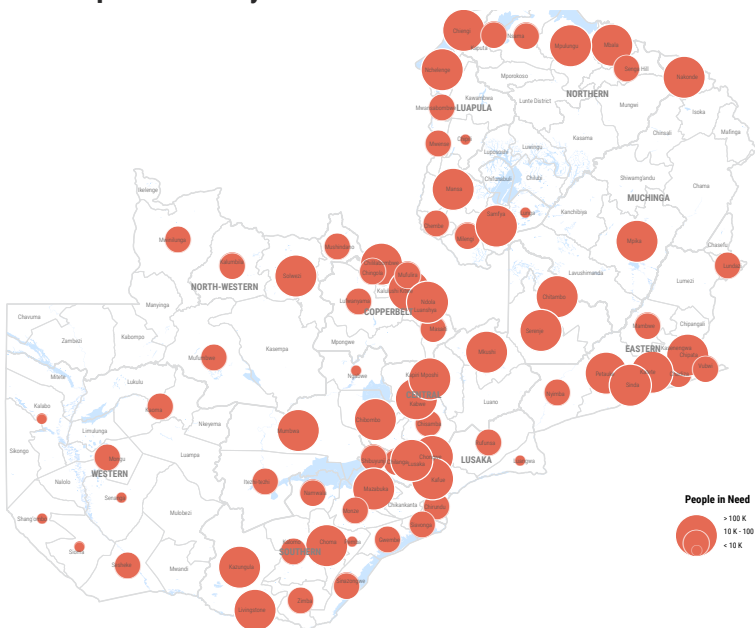
Requirements by Sector



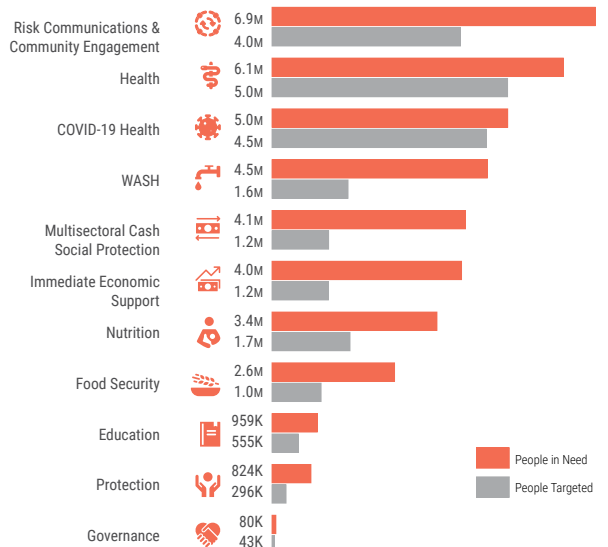
Operational Partners by Type



People in Need by District



People in Need and Targeted by Sector



*COVID-19 Global Humanitarian Response Plan

COVID-19 Emergency Situation & Response Priorities

(as incl. in GHRP July 2020)

Direct health impact on people and systems

Zambia recorded its first case of COVID-19 on 18 March 2020. As of 7 July, a total 1,895 confirmed cases had been confirmed out of which 42 had died. Of the 42 deaths, 24 were brought in dead, highlighting the likelihood of wider prevalence in the community. Out of the country's 119 districts, 35 have reported COVID-19 cases.

Indirect impacts on people and systems

The COVID-19 pandemic is unfolding at a time when Zambia is struggling to recover from consecutive drought and flood disasters which have resulted in increased food insecurity in more than 58 districts for the past two seasons. While there has been an improvement in food security conditions following a good harvest during the 2019/2020 season, many communities are now being impacted by COVID-19. The nutritional status of children and women is expected to deteriorate because of limited access to basic commodities and services, while availability of food could be affected by disruptions in the market. The disruption of school feeding programs that 97,000 children depended on could lead to further deterioration of nutrition conditions of the most vulnerable. Prolonged school closure puts children, especially girls, at risk of protection violations, including sexual abuse, child marriage and other harms. Zambia has one of the highest child marriage (31 per cent) and teenage pregnancy rates globally, according to the most recent ZDHS: 32 per cent of girls aged 15-19 years have already given birth or were pregnant with their first child and over 46 per cent of adolescence girls and women are exposed to GBV.

Most affected and at-risk population groups

About 70 per cent of the urban population reside in informal settlements that are highly dense, with inadequate basic services, such as water supply, sanitation and no proper solid waste disposal facilities. Further, overcrowded areas including refugee camps are at risk and require specific interventions. Zambia hosts 88,064 refugee population in five refugee settlement areas in Lusaka, Luapula, North, North Western and Western province. Prevalence of HIV/AIDS in Zambia among females aged 15-49 years is 11.3 per cent, which could be exacerbated with increased protection risks.

COVID-19 response priorities and achievements

Immediately after the first confirmed case, the Government of the Republic of Zambia introduced measures to mitigate against the spread of the virus including closure of international airports, restrictions of public gatherings, closures of religious institutions, bars and restaurants. In May, the Government launched its COVID-19 Multi-sectoral Contingency and Response Plan together with the UN and partners' COVID-19 Emergency Appeal, which complements the Government Plan. The Emergency Appeal targets 6.2 million most at-risk and vulnerable people with urgent assistance. Under the Appeal, partners have scaled-up their response:

- Over 4,505,347 people have been reached with COVID-19 messaging

on prevention and access to services; with 400,000 at-risk people have been sensitized in a door-to-door campaign in Lusaka

- Approximately 656,000 vulnerable and food insecure people residing in high-density, low-income urban and peri-urban compounds of Lusaka, Kafue, Livingstone and Kitwe will receive cash-transfers from July to December 2020 to meet their basic food needs.
- Approximately 100,000 households in urban and peri-urban COVID-19 hotspot areas will receive social protection emergency cash transfers by December 2020
- 7,389 schools supported with provision of PPE and sanitary-hygiene supplies, building capacity of teachers, sensitization of parents/ caregivers to support children's distance learning and back-to-school when operation of schools resume, targeting 550,000 children and adolescents.
- 307 health care facilities and isolation centres benefitted from WASH and infection prevention and control (IPC) improvement measures while 2,579 healthcare facility staff were trained on IPC.
- Over 28,000 people were provided access to safe water while 106,66 people and over 96 schools were provided with WASH supplies including soap and/or hygiene kits.
- 169,546 children & women have received essential healthcare services, including immunization, prenatal, postnatal, HIV & GBV care nutrition
- 14,318 children and adults accessed safe channels to report sexual exploitation and abuse; 12,969 children, parents and primary caregivers have been provided with community based mental health and psychosocial support during the COVID-19 response

Response gaps and challenges

Partners are concerned that there is a noted relaxation of people's adherence to proven recommended public health measures including wearing masks, hand hygiene and social distancing. Continuity of learning is a challenge to many vulnerable children who cannot access TV, Radio and on-line learning and other platforms that have been established by the Ministry of General Education. Many schools in the rural area are under-resourced and poor-equipped to provide support to the students learning at home and parents are unable to support children's learning, widening the equity gap between the well-off and worse-off in learning, potentially leading to life-long negative impact. Furthermore, an increase in the caseload and the number of brought-in-dead points to the potential of wider community transmission, alongside lack of healthcare-seeking behaviour. There is insufficient testing and supplies to accurately determine the prevalence and trends of COVID-19 in Zambia. PPEs supplies are insufficient to equip, capacitate and protect all front-line workers and provide appropriate monitoring and support to POEs and health facilities.

Overview of the Crisis

The Government of Republic of Zambia reported the first confirmed cases of COVID-19 on 18th March 2020. As of April 27th, 2020, there were 89 confirmed cases, three deaths and 42 recoveries. Confirmed cases are located in three provinces: Lusaka (83 cases), Copperbelt province (5 cases) and Central (1 case). Zambia introduced a series of measures including closure of three international airports, closure of all schools, movement restrictions and closure of non-essential services such as restaurant, bar, gym and public gatherings to curb the transmission rate. However, international land borders remained open, including movement of commercial and border crossing, to avoid negative impact on trade and the economy. The Government of the Republic of Zambia (GRZ), Disaster Management and Mitigation Unit (DMMU) estimates that 7.6 million people in 43 districts are at risk of COVID-19 due to presence of main border crossing, location on major highways or transport corridors, population density, industrial activities and populations with pre-existing health conditions. Urgent response is needed to meet the needs and protect the most vulnerable people from direct public health and indirect impact of COVID-19 on the social and economic impact of the crisis.

COVID-19 pandemic travel and movement restrictions will have a devastating impact on livelihoods for vulnerable populations, particularly those without a salary who rely on informal sectors to earn a living. Over 65.4 per cent of Zambians work in the informal sector where women, who account for the majority of workers in informal sector (including street vendors) will be particularly affected. Other vulnerable groups who rely on the informal sector to support their basic needs such as person living with HIV/AIDS, women, children, adolescent girls and the elderly will be adversely affected.

The COVID-19 pandemic is unfolding at a time when, the country is struggling with recent drought and flood disasters which has resulted in increased food insecurity in more than 58 districts for the past two seasons. While there has been improvement in food security conditions following a good harvest during the 2019/20 rainy season, according to preliminary results of a WVI/WFP rapid assessment. Most communities indicated that the food that they harvested will only last them for an average period of 6 months before they can resort to other sources such as markets.

Despite a recent improvement in malnutrition (reduction of Global Acute Malnutrition rates from 7 per cent in to less than 4 per cent currently) the nutritional status of children and women is expected to deteriorate as a result of limited access to basic commodities and services.

Availability of food and basic commodities could be significantly affected by disruptions in the market including a slowdown of imports due to the movement restrictions. Further, the disruption of school feeding programs that 97,000 children depended on, could lead to further deterioration of nutrition conditions of the most vulnerable.

Zambia's health system is also expected to come under severe stress owing to COVID-19 pandemic with human resource, essential health commodities and supplies being diverted to support the response.

Pregnant and lactating women and people living with HIV/AIDS are particularly at risk. Zambia has the highest fertility rate in Africa with an average fertility rate of 6 children and approximately 2,062 births per day. This is attributed to the lack of access for family planning for young girls. In 2018, the maternal mortality rate was 183 deaths per 100,000 live births¹. Further, there is an increased risk of mortality and morbidity due to chronic non-communicable and communicable diseases (TB and malaria) and the occurrence of resistance to ARVs for PLWHIV. In addition, maintaining the country wide vaccination strategies is critical to ensuring the lives of children under age 5 are not undermined (to date, only 68 per cent of children in Zambia are considered to be fully immunized). People with chronic conditions such as hypertension, diabetes mellitus, persons living with HIV (PLWHIV) may also have difficulty obtaining drugs and other essential health service and supplies from health facilities.

Lack of adequate health, water and sanitation services may pose serious challenges for effective Infection Prevention and Control (IPC) of COVID-19 and further increase vulnerabilities, particularly of women, children, people with disabilities, the elderly and people living with HIV.

According to 2018 Zambia Demographic and Health Survey (DHS) more than 36 per cent of Zambia's population lacked access to safe water and more than 67 per cent lacked access to basic sanitation⁵. An estimated 10 per cent of the population practiced open defecation while 76 per cent of households did not have access to a hand washing facility. About 70 per cent of the urban population reside in informal settlements that are highly dense, with inadequate basic services, such as water supply, sanitation and no proper solid waste disposal. Further, overcrowded areas including refugee camps are at risk and require specific interventions. Zambia hosts 88,064 refugee population in five refugee settlement areas in Lusaka, Luapula, North, North Western and Western province. The refugee population in Zambia has limited health and basic service access with in the settlement areas.

Nation-wide school closures will impact children's overall well-being and exacerbate socio-economic inequalities. Since 20 March 2020, all schools are closed as part of Government of Zambia measure to stop the spread of the virus, resulting in disruption of learning for more than 4.4 million children and adolescents. According to the Human Development Report of 2019, child marriage below the age 18 is as high as 31 per cent in Zambia². Prolonged school closure puts children especially girls, at increased risk of teenage pregnancy, sexual abuse, child marriage and other harms. Teachers also face unprecedented challenges of ensuring the continuity of learning for their pupils while caring for their own and their families' safety. Many schools in rural area are under-resourced and ill-

-equipped to provide support to the students learning at home and parents are unable to support children's learning, widening the equity gap between the well-off and worse-off in learning, potentially leading to life-long negative impact.

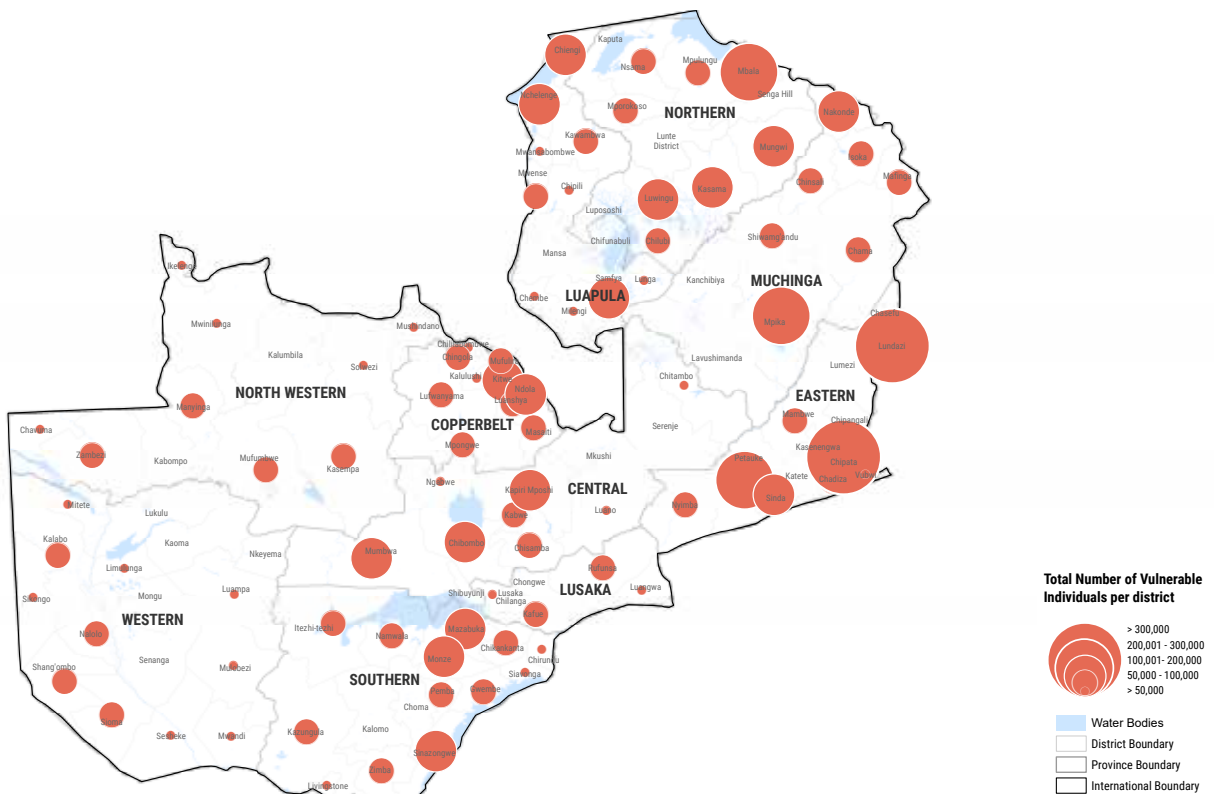
An increase of protection risks is extremely high as people resort to negative coping mechanisms such as transactional sex, violence, and increased child marriage and child labor. Zambia has one of the highest child marriage and teenage pregnancy rates globally. According to the Zambian Demographic Health Survey 32 per cent of girls aged 15-19 years have already given birth or were pregnant with their first child. Over 45.9 per cent of adolescence girls and women are exposed to GBV. Prevalence of HIV/AIDS in Zambia among females aged 15-49 years is 11.3 per cent. The protection risks, including increased child marriages, could exacerbate the high HIV/AIDS prevalence in the country.

The scale of the social impact of the pandemic could decrease cohesion and further deepen inequalities leading to stigma and discrimination and greater potential for conflict against refugees and those who have been identified as having brought COVID-19. The rise of harmful stereotypes, the resulting stigma and pervasive misinformation related to COVID-19 can potentially contribute to more severe health problems, ongoing transmission, and difficulties controlling the disease outbreak. Stigma and misinformation even among the host communities especially in the urban settlements where most migrants live and work, increase

the likelihood of preventing potentially infected people from immediately seeking care. House holds could also hide sick family members for fear of discrimination, especially for minorities and marginalized groups. Targeting and violence against individuals, households or communities affected by COVID-19 may also increase. In camps, rural and peri-urban communities and compounds where basic services like WASH facilities are accessed from a common point, stigmatization could prevent households to access the services. Further, frontline duty bearers in law enforcement such as police officers are at risk to contract the virus.³

The pandemic is likely to have a lasting impact on the country's socio-economic conditions with an estimated 1.2 million households that could fall further behind including nearly 230,000 female-headed households⁴. The COVID-19 pandemic and measures taken by the government is highly likely to impact the macroeconomic conditions. As a result, the economic sectors such as the manufacturing, mining and other commodity supply chains will be disrupted, likely to create a snowball effect resulting in job losses in several sectors of the economy (tourism, transportation, retail and restaurants, amongst others).

Vulnerable Population by District



Strategic Objectives and Response



Strategic Objective 1

Support public health responses to contain the spread of the COVID-19 pandemic by decreasing morbidity and mortality.



Strategic Objective 2

Provide life-saving assistance and protect livelihoods, prioritizing the most vulnerable and those most at risk.



Strategic Objective 3

Support to maintain social cohesion through immediate interventions to improve governance, human rights and gender equality, community engagement and coordination, and mitigating longer term impact on fragile small to medium scale businesses.

The United Nations and NGO Emergency Appeal for Zambia prioritizes the most urgent and lifesaving interventions necessary to reduce the impact of COVID-19. The Appeal covers a six-month period (May to October 2020). It complements the Government of Zambia's COVID-19 Multisectoral Contingency and Response Plan which focuses on strengthening preparedness and response to COVID-19 pandemic. In particular, the appeal supports the COVID-19 public health response which requires additional resources to provide life-saving activities to those affected by COVID-19. The Emergency Appeal addresses the needs of the most vulnerable in society including women and girls, refugees, people living with HIV and AIDS, and the elderly.

The appeal targets at-risk communities across the 11 sectors: COVID-19 Public Health, Health, Education, Risk Communication and Community Engagement, WASH, Protection, Nutrition, Food Security, Multisectoral Cash/Social Protection, Governance and Immediate Economic Support. Priority focus is to ensure that the health services and health workers have the support and equipment to respond and that all other essential services can be continued and prevent further decline in the reality of the most vulnerable in society. To maximize efficiency and effectiveness, wherever possible, activities included in the Emergency Appeal will build on, augment, adapt and expand activities and initiatives already being implemented, including through Multisectoral Cash/social protection platforms, cash transfer programmes in Zambia.

The Appeal reflects the centrality of protection and a Rights Up Front approach to COVID-19, which is imperative to prevent stigma and discrimination at this critical juncture. Community engagement and accountability to affected people will be at the heart of the response, both to enhance understanding of the additional impact of COVID-19 on

people that are already vulnerable and to inform and adjust programming approaches and priorities as the response continues. Prevention of Sexual Exploitation and Abuse (PSEA) will be prioritized across all aspects of the Appeal's implementation, including through ensuring that all people receiving assistance are aware that it is unconditional and know how to access complaints mechanisms and survivor-centered services. Recognizing that local actors will play a central role in the response to COVID-19, the Emergency Appeal prioritizes the principles of partnership. All actors engaged in the Appeal commit to working closely with established networks of community-based organizations to reach people in need in a principled.

Capacity and Access

Under this Appeal, 9 UN agencies, 11 INGOs and 7 NNGO will implement urgent activities in the targeted districts in support of the Government of Zambia's response. In order to effectively implement the activities in the Appeal, the United Nations Resident Coordinator will engage with the Government to: ensure sustained access to particularly vulnerable hotspot areas and facilitate internal movement of supplies and workers in the case of lock-down.

Partners engaged in the Appeal commit to respecting all public health measures necessary to ensure community's safety, alongside effective localization measures. This will help reinforce community acceptance and reduce the risk of spreading the Corona virus while helping those in need.

Monitoring & Accountability

Monitoring

The UN Resident Coordinator, in consultation with the UN Country Team and NGO partners will monitor and oversee the overall implementation of the COVID-19 appeal. Partners will strengthen monitoring efforts and systems to ensure that the response is fit for purpose and at the required scale. Overall progress against the Appeal will be discussed at regular sector and inter-sectoral coordination meetings between the Government of Zambia, the United Nations and partners. Sectoral response monitoring will be undertaken using monitoring tools in collaboration with respective line ministries. Sectors will establish outcome indicators and progress will be reported against this indicator disaggregated to provincial and district level, and disaggregated by population groups, sex and age. All sectors will provide report progress using sector indicators through the 5Ws mapping tool (Who does What, Where, For Whom and When) on monthly basis. Using sector reports, UN Zambia will provide information products and analysis will be produced on a regular basis, such as the Dashboard, Funding Overview and Operational Presence map.

Accountability of Affected People

Partners will use existing mechanisms such as community complaints and feedback mechanisms and toll-free hotlines, to collect feedback and provide appropriate and timely feedback to affected population in Zambia. All sectors will establish or strengthen existing community feedback mechanisms and sectors will provide timely response as per the feedback collected. All partners will ensure that communities are aware of interventions and are able to share their feedback on the service delivery. Communities will be sensitized and engaged in the targeting criteria and selection of beneficiaries on key priority activities. Sectors will engage with local radios stations to develop local content for appropriate radio messaging with affected communities.

Sectoral Response



CHOMA DISTRICT

*A boy washes his hands at Choma District. Photo: UNICEF/
KarinScherbruckner*

Health



PEOPLE IN NEED

6.2M

PEOPLE TARGETED

5.0M

REQUIREMENTS (US\$)

\$5.6M

PARTNERS

3

PROJECTS

3

The main objective is to ensure continuity of basic health services and providing additional support to equip health staff and facilities to manage COVID-19 impact, targeting the most vulnerable and at-risk communities.

Priority Activities

- Map Human Resource Health needs and strengthen human resource capacity for continuation of health services at all levels
- Map and plan for continuation of critical services to the most vulnerable population including Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAHN) and emergency obstetric and newborn health services.
- Support development of policy guidelines, standards and SOPs for health system resilience.
- Engage and involve the community to ensure sustained Primary health care
- Identify, estimate needs and procure and distribute essential medicines, supplies and equipment
- Support use of technology for improved data and information management and use.
- Monitor the performance of routine health services system
- Procurement of essential medicines, the Interagency Emergency Health Kits 2017 (IEHK-2017 basic and supplementary); and traditional vaccines (BCG, Td, bOPV and MR) and injection supplies (syringes, safety boxes) for 3 months and procurement of PPEs (Gloves, Masks, Coveralls), Infection Prevention and Control (IPC) supplies, Diagnostics and Equipment for paediatric and neonatal care providers at designated isolation facilities and treatment centres; and the health workers at district hospitals, health centers and community level for 3 months.
- Provide menstrual hygiene products to vulnerable women and girls infected with COVID-19



LUSAKA DISTRICT

Anita Enane, WHO technical officer demonstrating how to use hand sanitiser at Chifundo Hospital, Lusaka. Photo: WHO/Anita

Contact information

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COVID-19 Public Health



PEOPLE IN NEED

5.0M

PEOPLE TARGETED

4.5M

REQUIREMENTS (US\$)

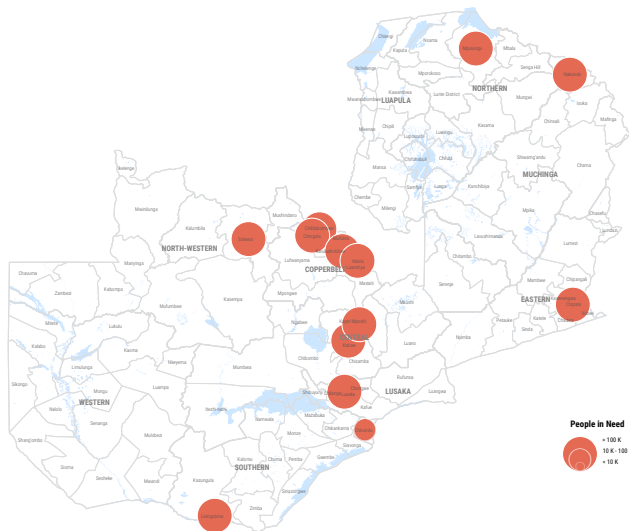
\$14.5M

PARTNERS

6

PROJECTS

6



The health sector has adopted the WHO recommended pillars to respond to the crisis. WHO will provide a supportive role and provide technical support to the Ministry of Health through Zambia National Public Health Institute and the Ministry of Information for the conduct of activities at national and subnational levels. The response will focus on preventing the importation of COVID-19 through Point of Entry (PoE), the timely detection of potential COVID-19 positive cases and appropriately responding and managing COVID-19 cases. All PoE of entry personnel will be trained on screening protocols and equipped with screening triage. Large teams of surveillance and contact tracers to implement effective surveillance systems is required.

Key focus for the health sector is to ensure that all cadres of health workers are fully trained in Infection Prevention Control (IPC) and Standard Operations Procedures for Managing COVID-19 in accordance with WHO Guidelines. There is inadequate supplies of Personal Protective Equipment (PPE), laboratory equipment and swabs for health workers to effectively manage the response. Health facilities are also lacking in WASH and IPC which requires immediate attention and support by partners.

Priority Activity

- Surveillance, Rapid Response Team, contact tracing and Case Investigation including Points of Entry
- Building the national laboratory capacity

Contact information

Shikanga O-TIPO, Epidemiologist, Emergencies Program, WHO, otipos@who.int

- Infection Prevention and Control is available and implemented
- Support for active surveillance, including health screening, referral and data collection at POE,
- Promote readiness for infection prevention and control through, among others, provision of necessary personal protective equipment, medical kits and supplies for frontline officials at the border and along mobility corridors,
- Support the development/revision and dissemination of POE specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral, including the development of training curricula and manuals,
- Training for immigration and border health staff on SOPs to manage ill travellers, infection prevention and control and integrated and coordinated border management,
- Improve border infrastructure including the construction of isolation facilities to manage ill travellers, and the provision of necessary equipment and supplies for screening,
- Provision of health information for travellers and improving hygiene infrastructure and equipment at POE sites and establishing mechanisms to support the dissemination of risk communication information on COVID-19 within the border area, including border markets,
- Secure the provision of safe water for drinking and handwashing, adequate sanitation facilities and waste management systems at Points of Entry and health-care facilities along the mobility corridors,
- Support cross border collaboration and sharing of information on risks and trans boundary transmission with border officials at adjacent border posts to promote joint action and complementarity of efforts.
- Support the strengthening of quarantine measures for persons at POEs to promote full adherence to the social distancing measures.
- Strengthen measures for promotion of social distancing within the POE at Immigration halls as well as in long distance transport.
- Operations Support and Logistics to all aspects of COVID-19 response

Education



PEOPLE IN NEED

959K

PEOPLE TARGETED

555K

REQUIREMENTS (US\$)

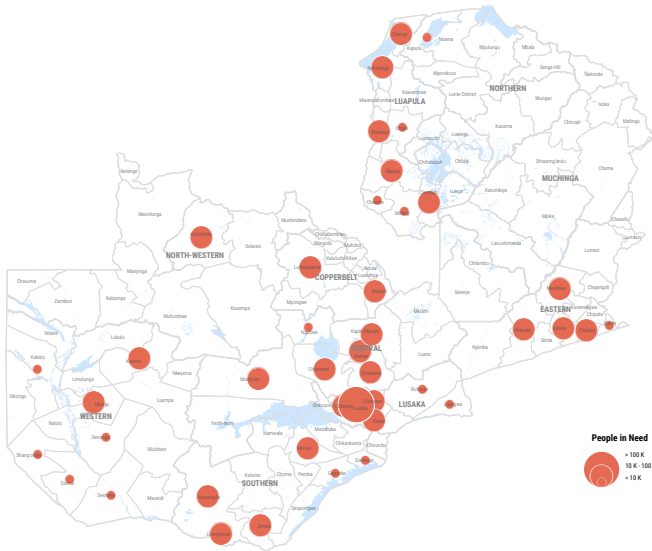
\$12.1M

PARTNERS

8

PROJECTS

8



The response activities will be aligned with the Ministry of General Education response plan. UN agencies and other education partners partners will provide technical and implementation supports to the sector strategy areas. Special considerations and attentions will be given to the most disadvantaged and vulnerable population groups, such as children under poverty, in rural/remote areas, with disabilities, disaster stricken (drought, floods and others), refugees, migrants and minorities.

Priority Activities

- Develop and implement different types of distance learning programmes/modalities through different platforms for ECE, Primary and Secondary education level learners
- Strengthen the institutional capacity and system to deliver different types of alternative and distance learning, monitoring and assessment to ensure continuity of learning, especially for disadvantaged children
- Support teachers, schools and educational authorities to

effectively implement distance learning and monitor children's learning and assess progress

- Provide supports and raise awareness among community members, parents and other family members on the importance of continuity of learning, support to learners at home, infection prevention and readiness for back to school
- Support the education system, schools, teachers, learners and parents for the opening of school (back to school).
- Learners and teachers support at the opening of school, through psycho-social supports, school feeding, and school level hygiene and infection prevention supports
- Develop strategies and implement remedial or accelerated learning



CHOMA DISTRICT

A girl washes his hands at Choma District.

Photo: UNICEF/KarinSchermbrucker

Contact information

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Food Security



PEOPLE IN NEED

2.6M

PEOPLE TARGETED

1.0M

REQUIREMENTS (US\$)

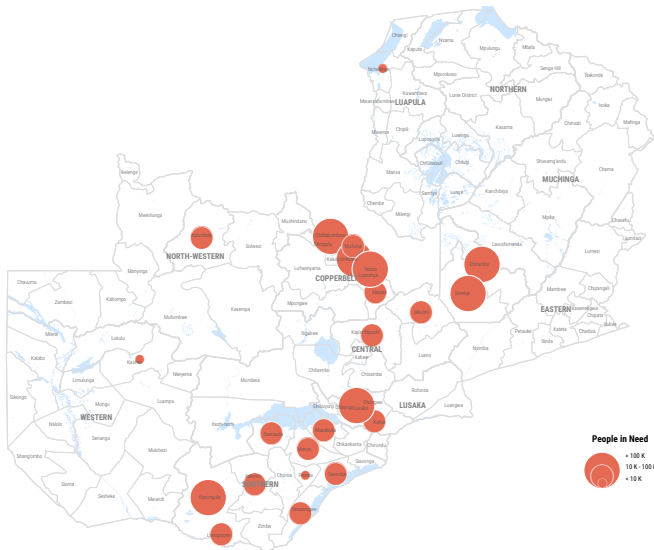
\$48.8M

PARTNERS

5

PROJECTS

5



Food security sector partners including UN and NGOs will closely work with government line ministries, and private sector stakeholders to support implementation of food security response to provide assistance for populations at risk as a result of the COVID-19 pandemics. In view of this, UN will be extending its current food support targeting primarily households in urban areas. Cash supplement will be provided to vulnerable and affected population in urban areas in view of the anticipated challenges to access food through markets. Mobile technology will be used to identify, target and facilitate access to food and/or cash for poor and low-income earning households. Food Security partners will use existing Vulnerability Analysis and Mapping (VAM) tools to monitor impact of COVID-19 on food security and market situation. To effectively meet the food relief needs of the COVID-19 affected people, WFP will leverage its logistics capacity and expertise to provide support to the Government through the DMMU to deliver food supplies particularly maize meal to COVID-19 affected people in the four urban/peri-urban districts.

Priority Activities

- Market and food security monitoring including facilitating the setting up and subsequent implementation of the food security monitoring and analysis. Cross border trade monitoring will be an integral part of the overall market monitoring to ascertain potential disruptions in the supply chain and impact it will have on commodity prices.
- Implementing Cash-based transfers in collaboration with Disaster Management and Mitigation Unit (DMMU), Ministry of Community Development and Social Services (MCDSS), and relevant private sector partners to enable vulnerable urban/peri-urban population groups including refugees, elderly people with pre-existing medical conditions, people with disabilities and low-income earners especially women working in the informal sector, to meet their food security needs.
- Food security partner will provide logistic support to the Government through the Disaster Management and Mitigation Unit (DMMU).
- Advocate for and support implementation of temporary policy adjustments to cushion key players negatively affected by the COVID-19 response. This activity targets advocating and supporting implementation of temporary policy environment to promote movement and trading of key agricultural inputs and equipment critical for the food production.
- Complement government resources dedicated for direct support to households at risk.
- Increasing capacity of agricultural based SMEs to revive agricultural input and output marketing affected by COVID-19 response measures.
- Directly support operational and technical capacity of the government in implementation of interventions to sustain the agricultural supply chains.

Contact information

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Governance



PEOPLE IN NEED

80K

PEOPLE TARGETED

43K

REQUIREMENTS (US\$)

\$1.5M

PARTNERS

2

PROJECTS

2

In coordination and partnership with relevant actors including Government of the Republic of Zambia at district, provincial and national levels, UN will contribute to the overall objectives to halt further transmission of COVID-19, and mitigate the impact of the outbreak, including the socio-economic impact. Activities will be implemented in collaboration with the Ministries of Chiefs and Traditional Affairs, Religious Affairs, and Local Government as well as chiefs, traditional leaders, religious leaders and local civic leaders, migrants' associations and other community social interest groups.

Priority Activities

- Equip approximately 20,000 police officers in the security and law enforcement sector in Zambia with required COVID-19 knowledge, information and skills to take precautions and deal with the COVID-19.
- Provide basic PPE and other materials to enable 8,000 law enforcement officers in targeted provinces (Lusaka, Copperbelt and Southern Provinces) to perform their duty while reducing their risk of contamination dealing with citizens particularly offenders of new restrictions.
- In collaboration with public health officials from Ministry of Health, provide targeted training (using a cascade approach) to correctional officers in four insolation centers (Livingstone, Lusaka, Kabwe, and Kitwe), judiciary, and other law enforcement agencies.
- Provide PPE and other prevention materials to key correctional facilities holding approximately 15,000 inmates (in Lusaka, Copperbelt and Southern Provinces) to mitigate the spread of the virus.
- Promote measures that decongest detention centers and other correctional facilities in harmony with government policies.
- Procure cost-effective digital information technology solutions to enable court sessions (subordinate courts (20 out of 64) dealing with criminal cases of persons in custody to proceed to ensure access to justice to citizens and particularly vulnerable populations.
- Public awareness promoting community collaboration and outreach encouraging citizen responsiveness and adherence to government measures to restrict movement and to counter stigmatization against refugees and migrants targeting approximately 2 million people in key high-risk areas Lusaka, Southern, Copperbelt and Central Provinces.
- Support design of plans and Standard Operating Procedures for quarantines lockdown, roadblocks, safe and dignified burials arising from deaths attributed to COVID-19.
- Technical and advisory services to develop standard operating procedures for key government institutions in the justice system.

Contact information

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Immediate Economic Support



PEOPLE IN NEED

4.0M

PEOPLE TARGETED

1.2M

REQUIREMENTS (US\$)

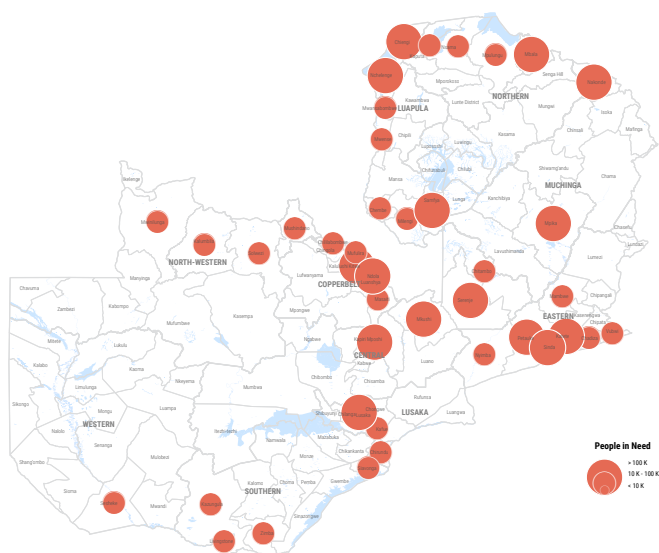
\$5.0M

PARTNERS

3

PROJECTS

6



The policy briefs developed to help the government take urgent measures that will minimize the medium and long-term impact of the crisis, in particular, for vulnerable and marginalized groups will be developed through a platform of key stakeholders involving the government (the Ministry of National Development Planning, the Ministry of Finance, the Bank of Zambia, amongst others), the private sector actors such as the Zambia Chamber of Commerce and Industry (ZACCI), the International Financial Institutions (World Bank, African Development Bank, etc.) and coordinated by the United Nations through UNDP.

It is estimated that the COVID-19 outbreak will severely impact the livelihood and food security of already vulnerable groups with potentially 1.2 million of households falling behind poverty including 1.1 million of households with children and nearly 230,000 households headed by women.

Not only will the projects help understand the profound impact of the crisis on these business sectors and vulnerable groups, but it will also help develop informed fiscal and monetary policies and support to sustain the pre-gains on SDGs while ensuring a smooth, quick social and economic recovery. In addition, quick impact projects will be developed, in support of fiscal, social and monetary policies taken by the government, to address the immediate needs of Small and

Medium-Sized Enterprises (SMEs) and vulnerable and marginalized groups involved in the informal sector in the three (03) provinces of Zambia that are impacted by COVID-19 (Lusaka, Livingstone and Copperbelt)

Priority Activities

- Conduct quick impact and need assessments and produce policy briefs to inform the government macroeconomic management policies, including pro-poor monetary, fiscal and exchange rate policy responses on the effects of the COVID-19 outbreak.
- Implement quick impact projects to provide advisory support and immediate relief to at least 50 small businesses and vulnerable and marginalized groups in the informal sector to assist with business continuity, health and safety and enable adaptation to the crisis context (about 500,000 households with children or headed by women) in the three impacted provinces of Zambia.
- Undertake inclusive and multi-partner socio-economic impact study on the effects of COVID-19 outbreak to ensure that No-One is Left Behind through the targeting of the most vulnerable and marginalized groups (Elderly, Women, Youth, People with Disabilities, immune-deficient, HIV positive and TB, Sex Workers, Inmates, Shanty Compound Dwellers, Homeless People/street children, People living in remote rural areas, migrants, former refugees, health workers and other vulnerable groups).
- Conduct policy and programme interventions to address the development impacts of COVID-19 in order to safeguard the progress made towards the achievement of SDGs (e.g. livelihoods, employment, short term job schemes, access to basic services, social protection, fiscal stimulus packages, cash transfer schemes, disaster risk reduction, etc.)
- Create a coordinate platform of private sector actors to act as a consultative advisory group for the provision of monetary, fiscal and social policies and support the establishment of quick impact projects for the SMEs and vulnerable groups.

Contact information

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Multisectoral Cash/Social Protection



PEOPLE IN NEED

4.1M

PEOPLE TARGETED

1.2M

REQUIREMENTS (US\$)

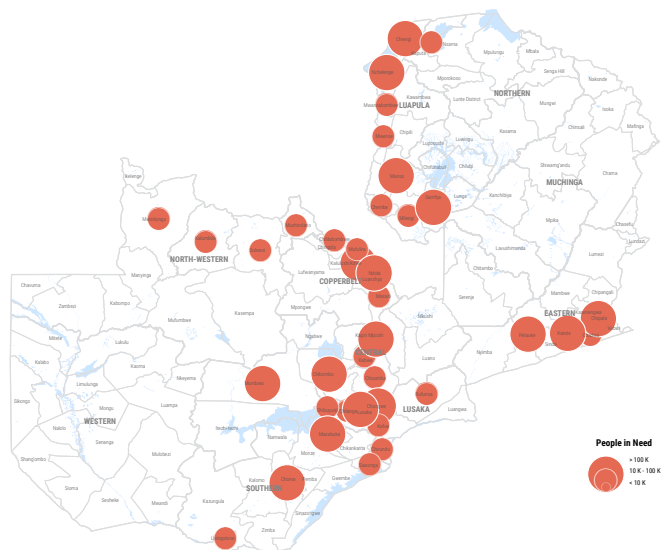
\$20.6M

PARTNERS

6

PROJECTS

6



The response will be implemented through the Ministry of Community Development (MCDSS) using existing systems, that are already in place and have been built/strengthened through technical assistance leveraging on the existing GRZ-UN Joint Programme on Multisectoral/Social Protection. In addition, the response will also leverage UNDP and ILO expertise and comparative advantage in fostering gender main-streaming, sensitivity and responsiveness and the targeting of most vulnerable people in the government's shock-responsive social protection programmes

Priority Activity

- Expand the Government Social Cash Transfer programme to include a vertical expansion (increase in transfer value) and horizontal expansion (include additional groups in the SCT programme on a temporary basis through the emergency cash transfers (ECT) approach.
- Provide immediate social assistance and life-saving social security relief to the most vulnerable people not targeted by existing government social assistance and social security programmes through innovative approaches.

- Provide emergency social assistance to the most vulnerable groups of the populations at increased risk due to the pandemic on a temporary basis and solidarity packages or survival kits to those excluded from the existing schemes.
- Technical support to conduct rapid program costing of remedial programs focused income support to informal sector workers with a higher probability of being negatively impacted by the COVID pandemic using the ILO Rapid Assessment Tool.
- Technical support to design of modalities for registration and identification of potential beneficiaries from the informal economy.
- Align social protection programmes with other relevant responses to the pandemic, such as public health, hygiene, disability inclusion, food security and child protection.
- Strengthen government systems for the delivery of expanded case loads, especially inclusion of vulnerable informal sector participants.
- Support advocacy for increased positioning of social protection as key priority in the response to the epidemic; advocacy for increased financing.
- Leverage the use of digital solutions and smart applications to optimize the delivery of Social Transfers solutions to the targeted groups.
- Support Post-Distribution Monitoring of cash assistance through third party monitors, private sector, Universities and tertiary institutions etc.

Contact information

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Nutrition



PEOPLE IN NEED

3.5M

PEOPLE TARGETED

1.7M

REQUIREMENTS (US\$)

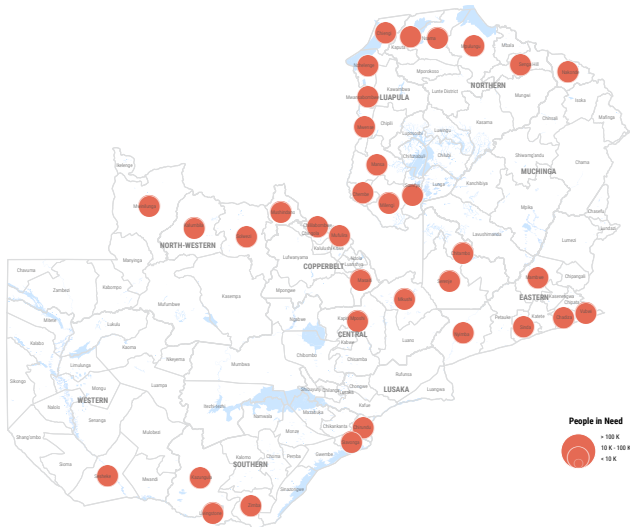
\$2.9M

PARTNERS

5

PROJECTS

5



Given the threat of COVID-19 infection, it will be critical to ensure uninterrupted delivery of both preventative and life-saving nutrition services while at the same time ensuring that the vulnerable population groups and the nutrition service providers are protected

from the contracting the virus. Nutrition services are currently provided through health centers, health posts, outreach sites and at community level districts across the country.

Priority Activities

- Procurement and pre-positioning of nutrition supplies and equipment
- Providing guidance on alternative programme delivery arrangement and patient flow in order prevent transmission of COVID-19 through handwashing and physical distancing
- Supporting risk communication through awareness raising of communities and nutrition service providers on COVID-19 risks and mitigation measures
- Maintain services for the management of Severely Acutely Malnourished children in the COVID-19 affected districts.
- Facilitate nutrition sector planning, programme implementation, monitoring and reporting in the context of COVID-19 response



Contact information

Josephine Ippe, Chief of Nutrition, UNICEF, jippe@unicef.org

LEVY MWANAWASA MEDICAL UNIVERSITY, LUSAKA DISTRICT

WHO technical officer providing HCW & IPC training with focus on PPE at Levy Mwanawasa Medical University, Lusaka. Photo: WHO/DrShikanga

Protection



PEOPLE IN NEED

824K

PEOPLE TARGETED

296K

REQUIREMENTS (US\$)

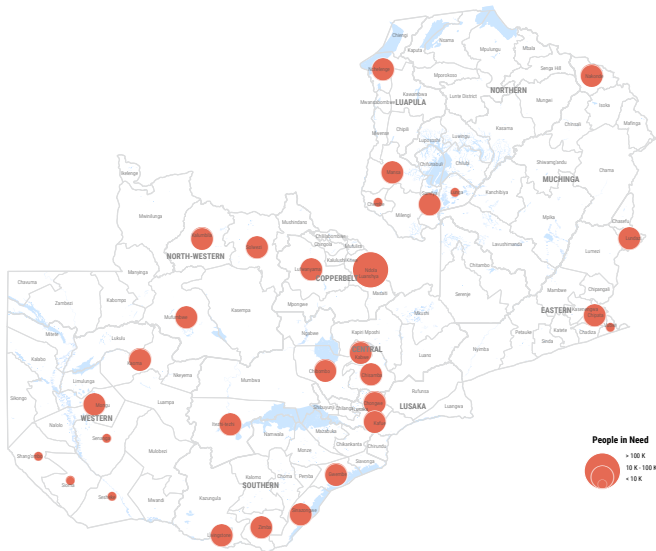
\$1.9M

PARTNERS

9

PROJECTS

9



The main objective is to ensure the first line of care and support is available for survivors of GBV; service providers are fully trained with appropriate support and resources to respond; appropriate messaging and community engagement on protection targeting vulnerable populations including children, women, migrants, refugees, people living with disability.

Measures taken by the government to control the spread of COVID-19 has already impacted GBV survivor's livelihoods and means of income. To prevent adolescent and women from engaging negative coping mechanisms, provision of livelihood support including people with disabilities and vulnerable PLHIV living in urban areas will be critical.

Priority Activities

- Strengthen and implement mechanisms for the prevention of mental, sexual, physical and social abuse of the vulnerable groups due to COVID-19.
- Provide psychosocial service, sexual, physical and social abuse of the vulnerable groups due to COVID-19

- Provide technical support to ensure GBV prevention and clinical management care and referral systems are functioning according to national guidelines
- Provide support to functioning of response helplines increasing remote access to psychosocial support with trained service providers
- Support the provision of COVID-19 relevant psycho-social support to children, adolescents and parents/care-givers through free helplines and on-line chats
- Support implementation of mandatory guidance for preventing and responding to COVID-19 for children from childcare facilities and reformatory schools and the placement in temporary alternative care for children whose families are affected by COVID-19
- Prevention of violence, discrimination, marginalization and xenophobia through promotion of social cohesion messaging and activities
- Capacity building, orientation and support for GBV service providers
- Procurement of dignity kits, rape kits, hygiene kits and other supplies for GBV services.

Contact information

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Risk Communication and Community Engagement



PEOPLE IN NEED

6.9M

PEOPLE TARGETED

4.0M

REQUIREMENTS (US\$)

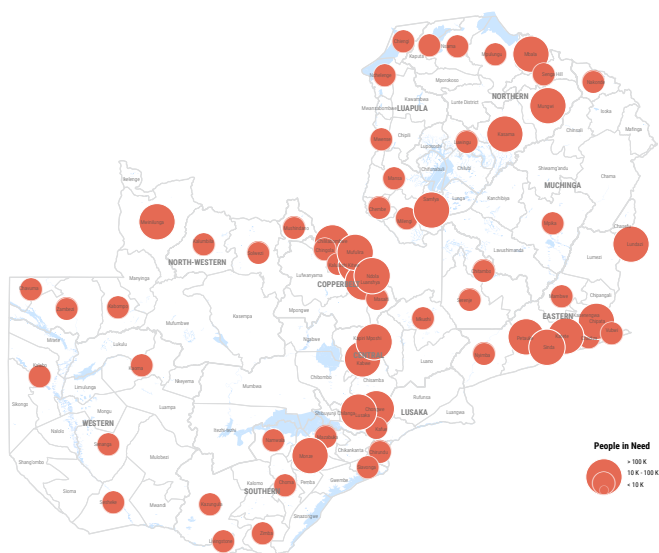
\$6.3M

PARTNERS

8

PROJECTS

8



The most immediate action to prevent person-to-person spread requires individuals to maintain social distance and personal hygiene. The likelihood of individuals practicing these preventive and care-seeking measures depends on their COVID-19 related knowledge, perceived threat of them both acquiring the disease and suffering its full severity, motivation to protect others through these practices, social norms that support these practices, of course, access to suitable hygiene products and infrastructure. However, perceptions can change with corresponding changes in information, events, actors, and circumstances – and vice versa – some causing negative thoughts, feelings and behaviours. Hence, there is need to make real-time changes to what information is provided and how; to induce empathy for those who will be worst hit by the epidemic; and, to change normative social and hygiene behaviours for the foreseeable future.

Priority Activities

- Establish RCCE coordination mechanism & channels for timely dissemination of age appropriate and gender transformative messages and materials in all languages and adopt relevant communication channels
- Understand the dynamics of target audience through conducting

rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channel

- Prepare messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups. Messages should emphasize the severity and susceptibility of the disease with role models, testimonials about dangers and effectiveness of solutions.
- Identify trusted community groups (influencers such as religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, etc.)
- Engage with existing public health and community-based networks, youth and women's groups, media, local NGOs, schools, local governments, border communities, and other sectors using a consistent mechanism of communication.
- Utilize two-way 'channels' for community and public information sharing 909 – national hotline, Ministry of Health (MOH) Facebook and Twitter pages, and radio shows
- Establish large scale community engagement mechanisms, that take into consideration the need for social distancing, such as using PA systems, radio;
- Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
- Document lessons learned to inform future preparedness and response activities
- Awareness campaigns to prevent of xenophobia against migrants due to stigma and discrimination,
- Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards vulnerable groups, including refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level by supporting dialogue between groups and local leadership structures (including religious and traditional).

Contact information

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Water, Sanitation & Hygiene (WASH)



PEOPLE IN NEED

4.5M

PEOPLE TARGETED

1.6M

REQUIREMENTS (US\$)

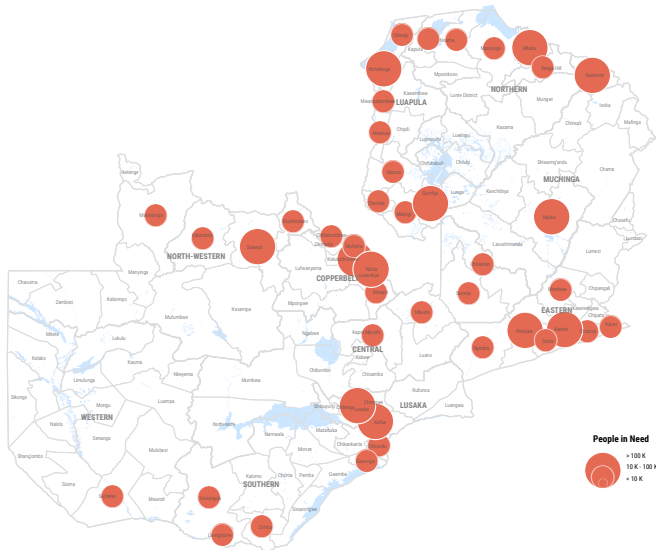
\$12.8M

PARTNERS

9

PROJECTS

9



soap/sanitiser, water containers, household water treatment options, handwashing stations etc;

- Support, including contingency planning, water treatment chemicals, equipment, generators, spares, PPEs, logistics, direct subsidy for water supply, staff incentives, operation/ logistics etc, to commercial utilities, local authorities and partners for continuity of critical WASH services, especially to the vulnerable communities, social institutions, collective vulnerable sites and public spaces;
- Strengthen WASH and IPC measures in educational facilities;
- Hygiene promotion campaigns together with infection prevention and control messaging to promote safe hygiene practices; and
- Sector coordination, technical assistance including strengthened capacity to respond to the pandemic.

The main objective is to sustain the existing water, sanitation and hygiene (WASH) services and scale-up these to reach the un-served and under-served vulnerable population, as well as meet the increased demand. For effective COVID-19 Response, it is, therefore, critical to sustain existing support and scale up water, sanitation and hygiene services.

Priority Activity

- Strengthening of WASH and infection prevention and control (IPC) measures in the health care facilities/isolation/treatment centres and points of entry;
- Improvement and continuity of water supply to vulnerable communities, especially in the high-density urban areas and refugee settlements, collective vulnerable sites such as prisons, social institutions and public spaces (extension of service lines, completion of the stalled projects, water trucking, additional water points etc);
- Improvement of sanitation services to vulnerable communities through quick-impact actions (sludge emptying services, temporary latrines etc);
- Provision of critical supplies to vulnerable populations including



LUSAKA CITY COUNCIL

A health worker attaching the MOH posters at Mtendere Market at Lusaka City Council. Photo: WaterAid/Chileshe Chanda

Contact information

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Coordination

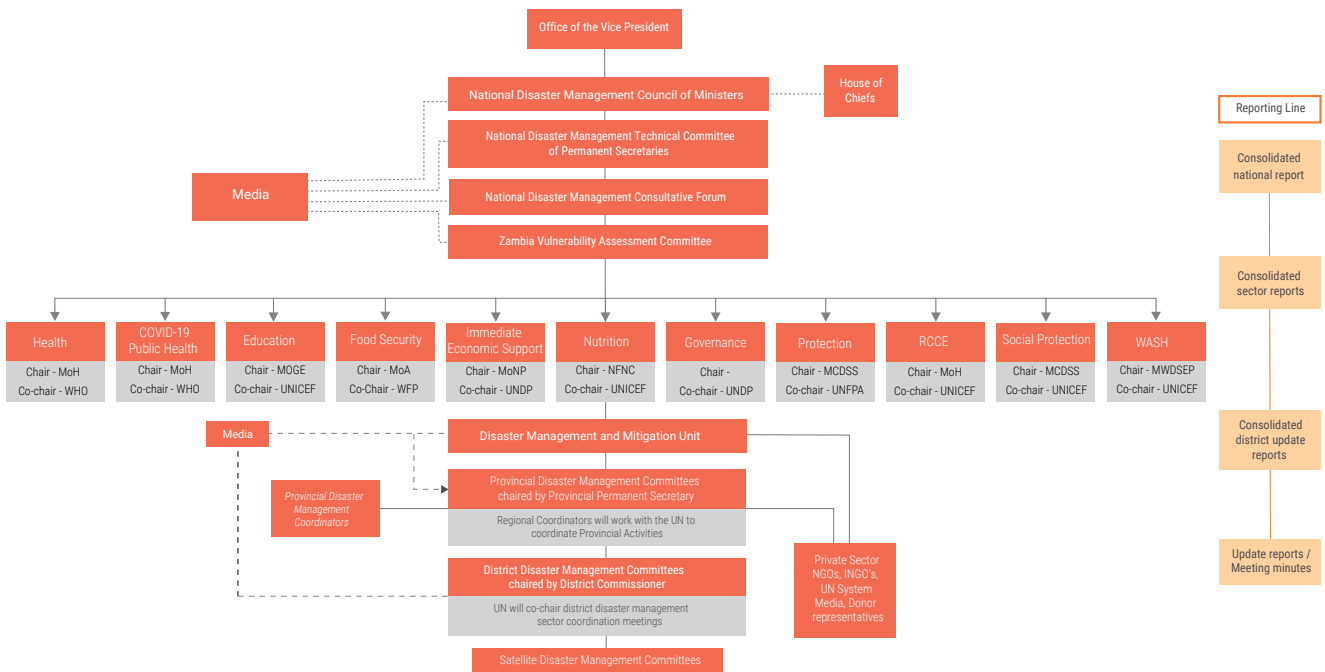


United Nation’s Resident Coordinator’s Office will co-lead COVID-19 response in collaboration with DMMU to complement the Government’s response. This appeal prioritized 11 sectors and UN sector agencies will continue to co-lead sector coordination and overall progress against the appeal will be discussed at regular meetings between the Government of Zambia, the United Nations and partners.

- WHO Zambia Country Office will continue to be a technical co-lead agency and will continue to support Ministry of Health and Zambia National Public Health Institute (ZNPHI).
- To coordinate the COVID-19 response and avoid duplication of effort, the UN and partners have identified priority sectors to support the Governments effort to stop the spread of the virus and prevention of further cases in Zambia.
- Sector co-leads in collaboration with respective line ministries will organize regular sector coordination meetings with partners to provide technical guidance and overall management of sector response.

- Inter-sectoral coordination meetings will be organized in collaboration with DMMU, line ministries, UN agencies and partners focusing on the strategic and operational synergies between sectors.
- UN will continue to conduct periodic internal coordination meetings. UN coordination meeting will focus on strategic and operational level. UNCT will decide on frequency of coordination meetings in consultation with UN sector lead agencies and partners including INGO’s and NNGO’s.
- Disaster management consultative forum will be chaired by National coordinator and co-chaired by UNRC will oversee overall response and provide strategical guidance in response to COVID-19 appeal.

Coordination Mechanism



Contact information

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Laura Hastings, Humanitarian Affairs Officer, OCHA, laura.hastings@un.org

Annexes

GWEMBE DISTRICT

A family, who benefits from disability support through social cash transfer rehabilitated water point, walk around their crops in Milindi village. Photo: UNICEF/KarinSchembrucker



Methodology for Calculations of People in Need and People Targeted

People in Need (PIN) and People Targeted by Sector:

Health: The figures were derived from the total population in the 13 high risk districts of focus. The total figure of people in need was computed considering the national poverty level (53 per cent of people live below poverty line), the refugee population in Zambia, the number of health workers, the country HIV prevalence of 11.1 per cent, the proportion of the population that is aged 40 years and above (15 per cent), the proportion of malnutrition in children aged below 5 years and the proportion of the prevalence of chronic diseases in the population. The figures were computed without overlap between the population cohorts of interest.

Education: Out of 7.5 million people at risk in the selected hotspot district, 20 per cent (1.5M) are children. 57 per cent of the population of Zambia is in poverty. We took 57 per cent of 1.5 million so people living in poverty to determine people in need which is 959,000. The targeted 555,000 based on Geographical location – remote and difficult to access schools would get more support as opposed to schools in urban/peri-urban areas.

Governance: The people in need (Security and Law enforcement personnel) are found in four high risk areas: Lusaka, Copperbelt, Central and Southern. Persons in lawful custody (24,000), remanded persons (pre-trial detainees) (6,000), Zambia Police Service (20,000), Armed forces 19,000, judicial personnel 5,500, and immigration estimated at 5,000. The targeted populations in lawful custody (15,000), pre-trial detainees (3,000), Zambia Police Service (20,000), armed forces 5,000, judicial and immigration officers (200).

Immediate Economic Support: After government prioritization exercise from 43 districts, and based on the Social welfare index, the most vulnerable individuals are considered as the people in need.

Nutrition: The nutrition sector considered the vulnerable demographic group of children under age five (U5) years and women in the reproductive age to be of immediate need of assistance at such a time of emergency including COVID-19 pandemic. GRZ through the Disaster Management and Mitigation Unit (DMMU) has identified some 43 districts throughout the country with an estimated population of 7,616,107 considered to be at high risk of COVID-19. Assuming a working proportion of 20 per cent for under-five population, 1.5 million U5s will be in need in the COVID-19 hotspot districts. Based on the population density for the 2010 national population census (ZamStats), female constitutes 50.7 per cent of the population in the COVID-19 hotspot districts; this roughly translates to 1.9 million women of reproductive age (15-49 years), bringing to 3.4 million

people in need of nutrition services.

The nutrition sector targets 2.9 percent of the U5 population estimated to have moderate acute malnutrition (MAM, 1.2 per cent to have severe acute malnutrition (SAM) and an incidence rate of 2.6 percent. In summary, 10,680 Children aged 6-59 months in DMMU districts; 375,000 children aged 0-23 months nationwide 32,500 caregivers/ community members; 4,500 health workers in DMMU districts are targeted for nutrition intervention.

Protection: The total Population in need is calculated at a rate of 15 per cent of the total population at risk based on what was indicated in the National COVID-19 Contingency and Response Plan. This is a figure based on the number of cases we anticipate to have in the target districts.

RCCE: As per the ZICTA media landscape, ownership of mobile population by house hold in 2018 were approximately 74 per cent over all in country, working television were reported as 63 per cent and internet access were recorded as 18 per cent. Keeping in mind the WHO guideline of physical distancing, for Inter Personal Communication (IPC), the population targeted were 80 per cent with in the high risk district. Reach of the NGO partners in these areas were also taken into consideration and in refugee camps the mobility is very high it is difficult to reach 100 percent in locations like refugee camps, settlements near the inter national borders, fishing camps and other mobile population.

Multisectoral Cash/Social Protection: The PIN is the number of Vulnerable individual as identified by social welfare.

WASH: PIN and targets were calculated by UNICEF and NGO partners. The key data sets used in this regard are as follows: (a) total population at risk as per of 7,616,108 as per the COVID-19 National Multi-sectoral Contingency and Response Plan, (b) proportion of population having access to basic water (X) = 60 per cent (high priority criteria) and (iii) proportion of population having access to basic handwashing facility Y = 24 per cent. The PIN was then calculated using the formula: $(\text{total pop at risk}) * \%X + ((\text{tot pop} * X) * (1 - \%X)) * \%Y$.

Overall People in Need and Target: The overall PIN is calculated by aligning all the sector's (except from RCCE as it is considered an enabler) people in need and targets by district, and taking the highest figure by district to ensure minimum duplication. Every effort was made to ensure that there was no duplication during calculations of people in need and people targeted.

Participating Organizations

Organization	Requirements (US\$)	Organization	Requirements (US\$)
CAMFED	100K	The Centre for Infectious Disease Research in Zambia (CIRDZ)	115K
CARE International in Zambia	900K	UNDP	8.5M
Catholic Relief Services	380K	UNESCO	80K
ChildFund Zambia	2.5M	UNFPA	5.4M
Children International Zambia (CI-Z)	50K	UNHCR	2.1M
Common Ground Network	5K	UNICEF	35.5M
Expanded Church Response	2.3M	UNODC	2K
FAO	3.7M	WaterAid Zambia	250K
ILO	1.5M	WFP	43.6M
IOM	1.3M	WHO	10.7M
Norwegian Church Aid	1.3M	World Vision	4M
Oxfam In Zambia	929K	Zambia Open Community Schools (ZOCS)	1.5M
People In Need (PIN)	540K	Zambia Red Cross Society	100K
Plan International	1.9M	Others	1.9M
Save the Children	929K		

Planning Figures by Sector

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER PROJECTS
Health	6.2M	5.0M	5.6M	3	3
COVID-19 Health	5M	4.5M	14.5M	6	6
Education	956K	554K	12.1M	8	8
Food security	2.6M	1.0M	48.8M	6	6
Governance	80K	43K	1.5M	2	2
Immediate Economic Support	4.0M	1.2M	5.0M	3	6
Nutrition	3.5M	1.7M	2.9M	5	5
Protection	824K	296K	1.9M	9	9
RCCE	6.9M	4.0M	6.3M	7	7
Multisectoral Cash/Social Protection	4.1M	1.2M	20.6M	6	6
WASH	4.5M	1.6M	12.8M	9	9
Total	10.1M	6.2M	132.1M		67

Projects

AGENCY	SECTOR	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
CAMFED	COVID-19 Health	Awareness on COVID-19	100,000	dkasanda@camfed.org
CARE International in Zambia	WASH	Enhancing access to essential water and hygiene supplies for COVID-19 prevention	900,000	Henry loongo; Emegency Coordinator; LoongoH@carezam.org;
Catholic Relief Services	WASH	Provision of WASH commodities and PPEs to support and strengthen 30 health facilities in Lusaka province in their response to COVID-19	380,000	Juan Sheenan, Country Representative, juan.sheenan@crs.org
ChildFund Zambia	WASH, COVID-19 Health Education	Integrated Water, Sanitation and Hygiene promotion project (iWASH) ; Teaching and Learning Response to COVID-19 Pandemic; COVID-19 Urban and Rural Emergency Cash Response in districts not covered by the ECT/SCT.	2,537,920	Juan Sheenan, Country Representative, juan.sheenan@crs.org
Children International Zambia	COVID-19 Health	Strengthening community action in nutrition interventions - COVID-19 response	50,000	director@lus.children.org.zm
Common Ground Network	COVID-19 Health	COVID-19 Youth and Student Response	5,000	David Mvula (david.mvula@gmail.com
Expanded Church Response	RCCE	Faith Based Coordinated National Community Volunteer/Worker Service Corps for Mass Best Practices Engagment to Mitigate COVID-19 Spread and Impact	2,300,000	Troy L. Lewis; troy.lewis@ecrtrust.org
FAO	Food security	Strengthening of Food Supply Chains in Support of Populations at Risk of Food Insecurity	3,700.000	Mphatso Mtendere, mtendere.mphatso@fao.org
ILO	Protection	Extension of Social Protection to Informal workers in times of crisis; Mainstreaming disability and HIV into COVID-19 multi-sectoral responses; COVID-19 Urban Emergency Cash Response: Inclusion of Informal Sector Participants	6,762,500	Kelobang Kagisanyo (Kagisanyo@ilo.org , Mwenya Kapasa (kapasa@ilo.org)

IOM	PoE Governance	Points of Entry and border health security; Strengthening protection mechanisms for vulnerable migrants in Zambia during and after COVID-19; Mainstreaming COVID-19 awareness campaign messages targeting migrants and mobile population in border district and Settlement Areas; Promoting Social Cohesion amongst COVID-19 affected communities along the mobility continuum.	2,330,000	JONATHAN CHISAMBA jchisamba@iom.int
Norwegian Church Aid	WASH	COVID-19 WASH Emergency Response Project in Eastern , Southern, Luapula and North Western Provinces of Zambia	1,300,000	Lennart Leif Reinius, Lennart.Reinius@nca.no
Oxfam In Zambia	COVID-19 Health	Corona Virus Emergency Response - COVER PROJECT	1,528,534	Dailes Judge <djudge@oxfam.org.uk
People In Need (PIN)	Nutrition	Emergency Nutrition response; Increasing resilience and early recovery in affected communities impacted by the COVID-19 pandemic.	540,000	gregory.chikwanka@peopleinneed.cz
Plan International	Protection, Nutrition, COVID-19 Health	Provision of critical supplies to vulnerable populations during COVID-19 pandemic; Nutrition in COVID-19 Emergency Response Hope for Girls and Women in the wake of COVID-19; Social Protection support in Emergencies in 10 Districts of Luapula, Central and Eastern provinces in light of COVID-19.	2,701,025	Ramin Shahzamani Country Director Ramin.Shahzamani@plan-international.org
Save the Children	Protection Education RCCE	Supporting Protection and wellbeing of children during COVID-19; Supporting children's continued learning & well-being during COVID-19; Supporting child friendly response	1,188,908	Esther Nkumbwa ,esther.nkumbwa@savethechildren.org
UNESCO	COVID-19 Health	Response to COVID-19 pandemic through support to MoGE's Education Contingency Plan	50,000	Alice Saili, a.mwe-wa-saili@unesco.org
UNDP	Governance, Immediate Economic support	To support the capacity of security/law enforcement institutions and the judiciary in Zambia to respond to the COVID-19 threat and simultaneously safeguard human rights and protect vulnerable populations; Support to COVID-19 socio economic recovery; Immediate social assistance support to LNOB groups impacted by COVID-19	8,900,000	Gregory Saili .gregory.saili@undp.org

UNFPA	COVID-19 Health, Health, Protection, RCCE	Preventing COVID-19 infection among Health; Care Workers with a focus on providers of SRH services and their clients-women and young people; Sustaining the provision of quality Essential Sexual Reproductive health services in times of COVID-19 pandemic; Strengthening Risk Communication and Community Engagement with a focus on young people, women and health workers; Protection of vulnerable groups at risk of violence, exploitation and abuse	5,442,017	Womba Mayondi mayondi@unfpa.org
UNHCR	COVID-19 Health, Food Security	COVID-19 health Provision of Livelihood opportunities for Refugees and Host Community; Provision of food to the Refugees through Cash Based Interventions (CBI)	3,452,400	George Omondi Oduor, oduor@unhcr.org
UNICEF	COVID-19 Health, Education, Nutrition, Protection, WASH, RCCE, Multisectoral Cash/Social protection	Public Health Emergency (PHE) respond to contain the spread of COVID-19 pandemic. Strengthening health system resilience to sustain essential health services for new-born and children to mitigate the impact of COVID-19; Nutrition Response to Emergency; Mitigating the impact of COVID-19 on vulnerable children and adolescents; Strengthening Government Leadership and Coordination Capacity on RCCE; Community engagement on prevention and response; WASH Emergency Response; Urban Emergency Cash Response: Expanding Existing Government Social Cash Transfer Programme	27,768,911	Noala Skinner, nskinner@unicef.org
WaterAid Zambia	WASH	Strengthening COVID-19 prevention and preparedness measures in health care facilities; WaterAid COVID-19 Response	500,000	Pamela Chisanga
WFP	Food Security	Mitigating the impact of COVID-19 on Food and Nutrition Security of Vulnerable People;	43,550,000	Allan Mulando, Allan.Mulando@wfp.org
WHO	COVID-19 Health, Health	Coordination for COVID-19 preparedness and control; Infection Prevention and Control (IPC); Managing cases of COVID-19; National laboratory capacity; Operational Support and Logistics; Surveillance and contact tracing; Continued provision of quality key essential health services in Zambia to reduce morbidity and mortality	7,612,952	Shikanga O-TIPO, otipos@who.int
World Vision	Nutrition, Food security	Nutrition Sector COVID-19 Response; Food security COVID-19 Emergency Response (COVER) - Zambia	3,950,000	Bernard Zgambo, bernard_zgambo@wvi.org
Zambia Open Community Schools	Education	Community School Action amidst COVID-19	3,000,000	Zocs2008@gmail.com
Zambia Red Cross Society	COVID-19 Health	Support to COVID-19 Response in Zambia	100,000	Kaitano Chungu, kaitano.chungu@redcross.org.zm

Acronyms

ART	Antiretroviral Therapy	MCDSS	Ministry of Community Development and Social Services
ARV's	Antiretroviral	MOGE's	Ministry of General Education
BCFs	Behaviour Change Facilitators	MoH	Ministry of Health
CBT	Cash-Based Transfer	NCD	Non-Communicable Diseases
CCC	Core Commitments to Children	NGOs	Non-Governmental Organisation
CCCM	Camp Coordination and Camp Management	PiN	People in Need
CFMs	Complaints and Feedback Mechanisms	PLW	Pregnant and Lactating Women
CHWs	Community Health Workers	PLWHIV	Pregnant and Lactating Women with HIV
CwC	Communication with Communities	PoEs	Point of Entry
CP	Child Protection	PPE	Personal Protective Equipment
DC	District Coordinator	PSEA	Protection from Sexual Exploitation and Abuse
DMMU	Disaster Management and Mitigation Unit	RC	Resident Coordinator
DTM	Displacement Tracking Matrix	RCCE	Risk Communication and Community Engagement
ECD	Early Childhood Development	RMNCAHN	Reproductive, Maternal, Newborn, Child and Adolescent Health & Nutrition
ECE	Early Childhood Education	SAM	Severe Acute Malnutrition
ECT	Emergency Cash Transfer	SDG's	Sustainable Development Goals
ESAG	Emergency Strategic Advisory Group	SGBV	Sexual and Gender Based Violence
GoZ	Government of Zambia	SME's	Small and Medium Sized Enterprises
FGD	Focus Group Discussion	STI	Sexually Transmitted Infections
FSC	Food Security	SOPs	Standards of Operations
FSP	Food Security Pack	TB	Tuberculosis
GAM	Global Acute Malnutrition	UN	United Nations
GBV	Gender-Based Violence	UNFPA	United Nations Population Fund
GRZ	Government of Republic of Zambia	UNHCR	United Nations High Commissioner for Refugees
HHs	Households	UNICEF	United Nations Children's Fund
HIV	Human Immunodeficiency Virus	USD	United States Dollar
HGSFP	Home Grown School Feeding Programme	VAM	Vulnerability Assessment and Monitoring
IASC	Inter-Agency Standing Committee	WASH	Water, Sanitation and Hygiene
IDP	Internally Displaced Person	WFP	World Food Programme
IDSR	Integrated Disease Surveillance and Response	ZACCI	Zambia Chamber of Commerce and Industry
IEHK	Inter-agency Emergency Health Kits	ZAMSTATs	Zambia Statistics Agency
IOM	International Organization for Migration	ZVAC	Zambia Vulnerability Assessment Committee
IPC	Integrated Food Security Phase Classification	ZNPHI	Zambia National Public Health Institute
MAM	Moderate Acute Malnutrition		

End Notes

1. ZNPHI 2018, 'Fully Immunizations Coverage of Under 5 Children and its Correlates Among Women in Lubuto, Ndola, Zambia'. <http://znphi.co.zm/thehealthpress/full-immunisation-coverage-of-under-five-children-and-its-correlates-among-women-in-lubuto-ndola-zambia/>
2. <http://www.hdr.undp.org/en/countries/profiles/ZMB>
3. https://www.interpol.int/en/content/download/15014/file/COVID19_LE_Guidelines_PUBLIC_26mar2020.pdf
4. Living Conditions Monitoring Survey VII 2015. <https://www.catalog.ihns.org/index.php/catalog/7105/study-description>
5. Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF. 2019. Zambia Demographic and Health Survey 2018. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, Ministry of Health, and ICF. <https://dhsprogram.com/pubs/pdf/FR361/FR361.pdf>

How to Contribute

UN COVID-19 Trust Fund

The proposed funding mechanism, which allows one or multiple donor contributions to finance the proposed activities, builds upon tested and successful country-level pooled funds experience while leveraging on existing governance structures to support both immediate needs and socio-economic response and recovery. It also enables a multi-stakeholder collaboration between the Government, the Cooperating Partners including the international financial institutions, the private sector and both local and international non-governmental organizations.

Given the urgent and pressing requirements to address this multidimensional crisis, the United Nations Secretary General through his Call for Solidarity, established the UN COVID-19 Response and Recovery Trust Fund, to streamline the processes to disburse the required funding for the implementation of programmes and projects.

In Zambia, a country-level COVID-19 Trust Fund will be established with funding earmarked for projects implemented for and in Zambia indicated in the Emergency Appeal that are fully aligned with the COVID-19 Multisectoral National Contingency and Response Plan.

The oversight of this funding will be conducted by a National Coordination Mechanism, led by the government, to ensure an integrated response and joint resource mobilization efforts that provides a holistic picture on all initiatives developed and implemented to support the national response to COVID-19 outbreak. The National Coordination Mechanism will make all decisions related to the fund allocation and prioritization of activities as depicted in the graph below.

Re-programming of funding towards COVID-19 response will be documented and reported by recipient UN agencies. Donors may also give directly to projects outlined in the Emergency Appeal. However, donors are encouraged to use the funding mechanism suggested in the UN appeal to enhance accountability, transparency and coordination.



Contribute towards the Zambia Emergency Appeal

Donors can also contribute directly to aid organizations participating in this Emergency Appeal based on the projects outlined.



About

This document is consolidated by the UN Country Team and partners. It provides a shared understanding of the crisis, including the most pressing need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries