SOCIO-ECONOMIC RESPONSE TO COVID-19 REPORT

CONTRIBUTION TO GRZ COVID-19 MULTI-SECTORAL CONTINGENCY PLAN AND RECOVERY EFFORTS
Table of Contents

4 Executive Summary
6 Introduction
8 Situation Analysis
9 Assessments at a Glance
11 Key findings
13 Theory of Change
14 UN Socio-economic Response
17 Five Strategic pillars
17 Health First
19 Protecting People
22 Economic Response & Recovery
24 Macroeconomic response & Multilateral collaboration
28 Social Cohesion & Community Resilience
31 Resource Mobilization and Partnerships
32 Challenges and Lessons Learnt
33 Annexes
33 Annex I: Re-programming of Existing Resource
34 Annex II: Socio-economic Donor Engagements
36 Annex III: UN Socio-Economic Donor Engagements

List of Tables
10 Table 1: Summary of UN – IFI supported assessments in response to COVID-19 in Zambia
10 Table 2: UN-IFIs Supported COVID-19 Assessments by sector.
14 Table 3: Guiding questions on people we must reach
15 Table 4: Targeted People by UNSER Interventions

List of Figures
8 Figure 1: Cumulative cases of COVID-19 in Zambia
8 Figure 2: Cumulative Deaths of COVID-19 in Zambia
9 Figure 3: UNCT Total Contribution to Covid-19 Response by Area
11 Figure 4: UN-IFIs supported assessments estimated budget by sector
13 Figure 5: Theory of Change
16 Figure 6: Alignment with GRZ contingency Plan
24 Figure 7: Zambia's Fiscal Deficit
24 Figure 8: Zambia's Growing Debt Burden
31 Figure 9: Resource mobilization
### Abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>COVID</td>
<td>Corona Virus Disease</td>
</tr>
<tr>
<td>CSO</td>
<td>Central Statistical Office (ZamStats)</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>DMMU</td>
<td>Disaster Management and Mitigation Unit</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>GRZ</td>
<td>Government of the Republic of Zambia</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HSEIA</td>
<td>Household Socio-Economic Impact Assessment</td>
</tr>
<tr>
<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
</tr>
<tr>
<td>IFIs</td>
<td>International Financial Institutions</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>IMF</td>
<td>International Monetary Fund</td>
</tr>
<tr>
<td>INFF</td>
<td>Integrated National Financing Framework</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organisation for Migration</td>
</tr>
<tr>
<td>LCMS</td>
<td>Living Conditions Monitoring Survey</td>
</tr>
<tr>
<td>MCTI</td>
<td>Ministry of Commerce Trade and Industry</td>
</tr>
<tr>
<td>MNDP</td>
<td>Ministry of National Development Planning</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MSME</td>
<td>Micro, Small and Medium Scale Enterprises</td>
</tr>
<tr>
<td>NDP</td>
<td>National Development Plan</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>PLWD</td>
<td>People Living with Disabilities</td>
</tr>
<tr>
<td>POE</td>
<td>Points of Entry</td>
</tr>
<tr>
<td>PSEA</td>
<td>Prevention of Sexual Exploitation and Abuse</td>
</tr>
<tr>
<td>SCT</td>
<td>Social Cash Transfer</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SMEs</td>
<td>Small and Medium Enterprises</td>
</tr>
<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
</tr>
<tr>
<td>UNCT</td>
<td>United Nations Country Team</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commission for Refugees</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
</tr>
<tr>
<td>UNSDPF</td>
<td>United Nations Sustainable Development Partnership Framework</td>
</tr>
<tr>
<td>UNSER</td>
<td>UN Framework for Socio-Economic Response</td>
</tr>
<tr>
<td>VNR</td>
<td>Voluntary National Review</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>ZIPAR</td>
<td>Zambia Institute for Policy Analysis and Research</td>
</tr>
<tr>
<td>ZNPHI</td>
<td>Zambia National Public Health Institute</td>
</tr>
</tbody>
</table>
I. Executive Summary

The UN Zambia Socio-Economic Response Report sets out a framework for socio-economic support to be provided by the United Nations Country Team (UNCT) to Zambia in the face of the Covid-19 pandemic. The framework has considered the United Nations Secretary-General’s April 2020: A UN Framework for Immediate Socioeconomic Response to Covid-19. It is one of three critical components of United Nations efforts in Zambia to save lives, protect people and rebuild better, alongside and complementing the health response, led by the World Health Organization, and the humanitarian response, led by the Humanitarian Country Team. The framework puts together the UNCT response, progress, challenges and pledges budgets thereof needed to ensure adequate response to Covid-19 in the country intended for short-term, medium-term and long-term as well as complementing the efforts put in the 7NDP.

The UN framework for the socio-economic response to Covid-19 in Zambia, hereunder referred to as the UNSER, is also the response and contribution to the Government of the Republic of Zambia’s Covid-19 Multi-sectoral Contingency and Response Plan issued in March 2020 which aims at providing a coordinated, multi-sectoral, preparedness and response mechanism in the context of the threat from the global outbreak of the novel coronavirus disease (Covid-19). However, the UN framework even goes beyond the period covered in the Covid-19 Multi-sectoral Contingency and Response Plan in order to draw an ambitious and proactive roadmap to keep the country's economy and households afloat.

Zambia’s Covid-19 caseload has so far been relatively low, with 2,283 cases and 82 fatalities as of 16 July 2020. However, the local transmission of Covid-19 in Zambia is yet to be contained and given the higher rate of infection in surrounding countries, especially in South Africa, Zambia’s major trading partner in the region, the risk of a jump in the number of cases remains very high. Considering the progression of the pandemic from merely 2 confirmed cases on the 18th of March to over 2 million in 4 months, the country's health system is not equipped to effectively face an eventual massive outbreak. With the cold season (flu season), the levels of vulnerability to Covid-19 are significant for many people.

Zambia is expected to (and already is to some degree) suffer disproportionately from the socio-economic impact of the Covid-19 crisis compared to the actual spread of the disease in its territory. Innumerable effects on the socio-economic sphere include:

i. Increased delivery challenges in health and education systems, resulting in poor health and education outcomes;
ii. Falling levels of trade and tourism;
iii. Supply chain disruptions and decreasing internal consumption rendering thousands of people jobless, especially women, youth and informal workers; as well as
iv. Volatile financial markets, lower foreign investment and reduced remittances putting the country’s macroeconomic stability under stress. The economy will negatively be affected.

In Zambia, just as elsewhere in the world, the Covid-19 crisis is revealing new and compounding pre-existing vulnerabilities and inequalities that have to be more effectively addressed by the government, such as those based on gender, age, disability, ethnicity, citizenship status, conflict and climatic risk exposure, displacement and migration, and on other personal situations that can complicate access to welfare and generate discrimination in society. These vulnerabilities often intersect at the individual and community levels.

To mitigate socio-economic shocks stemming from the public health crisis, the government through the Covid-19 Multi-sectoral Contingency and Response Plan set up an Epidemic Preparedness Fund under the Ministry of Health amounting to K57 million; the national Cabinet also approved a Covid-19 Contingency and Response Plan with a budget of K659 million under the Disaster Management and Mitigation Unit. The United Nations in Zambia is bringing its collective experience and knowledge of the country's development trajectory and vulnerabilities, its strong partnership with government, society, the private sector, and development partners, its wide and multi-pronged programmatic capacities and an array of financial instruments to help the government deliver a coherent, gender-responsive and human rights-based response that can protect the rights of people and communities living under the duress of the pandemic, and to support their inclusive and sustainable recovery.

The UN Framework Socio-Economic Response UNSER is organized into five pillars and combines downstream support with...
to delivery systems and communities and upstream support
to policy and programme management by government. The
five-pronged framework aims to: i) help comprehensively
protect the health system during the Covid-19 crisis; ii) at the
same time, defend people through social protections and ba-
sic services; iii) protect jobs, small- and medium-sized enter-
prises and vulnerable workers in the informal sector through
economic recovery; iv) help guide the necessary surge in
fiscal and financial stimulus to make the macroeconomic
framework work for the most vulnerable and foster sustain-
able development and strengthen multilateral and regional
responses; and v) promote social cohesion and build trust
through social dialogue and political engagement and invest
in community-led resilience. These five pillars are connected
by a strong environmental sustainability, peace building,
rights based and gender equality imperative to build back
better.

The proposed United Nations programme of action for re-
ponding to Covid-19 crisis over the next 18 months in Zam-
bia amounts to $225,517,889, of which 4.7% ($10,512,037.5)
is already available from existing and re-purposed core and
joint programme funds of United Nations agencies, while
$215,005,852 needs to be mobilized from global and coun-
try-level pooled funds, bilateral sources and international
financial institutions. While resources are mobilized, the Unit-
ed Nations response is already in motion, as all UN agencies
have re-purposed parts of their portfolio to respond to imme-
diate needs, including distributing cash grants to most-ffect-
ed households, raising awareness of the pandemic among
vulnerable groups, supporting small and medium-sized
enterprises, helping micro-finance institutions to maintain
their cash flow and upgrading water, sanitation and hygiene
access in at-risk communities. Other support initiatives are
in the nutrition, food security and education sectors. Several
multi-sector impact assessment initiatives, in collaboration
with the Zambian government, are being fast-tracked to elim-
inate blind spots in the coverage of vulnerable populations.
The United Nations in Zambia will continue playing its part
on this journey, embracing the objectives, principles and
approaches, and will support the government to take the
resolute policy and programmatic actions needed to tackle
underlying structural causes of vulnerabilities, inequalities
and fragility and build back a better Zambia.
II. Introduction

Seventy-five years after the last world war, the world has found itself yet again in a global battle. This time all of humanity is on the same side. The Covid-19 pandemic is far more than a health crisis: it is affecting societies and economies at their core. As of 16 July, the pandemic has now reached every country and taken over 579,319 lives with more than 13,338,364 million cases. While the impact of the pandemic will vary from country to country, it will most likely increase poverty and inequalities at a global scale, making achievement of Sustainable Development Goals (SDGs) even more urgent.

Covid-19 is fundamentally a human crisis. No-one is untouched. No single individual, sector nor society has been spared. No economy has gone unscathed. Without urgent socio-economic responses, global suffering will escalate, jeopardizing lives and livelihoods for years to come. Immediate development responses in this crisis must be undertaken with an eye to the future. Development trajectories in the long-term will be affected by the choices that countries make now and the support they receive.

The 2030 Agenda must be preserved, and the SDGs must be reached. As the Secretary-General has highlighted, it is in fact development deficits, failures in achieving the Millennium Development Goals (MDGs) and delays in our SDG trajectories that have made so many countries across every continent so vulnerable to this crisis. Indeed, the virus is exposing structural fragilities that would have been attenuated through more rapid, effective and universal development responses in the past. The pandemic is exacerbating and deepening pre-existing inequalities, exposing vulnerabilities in social, political, economic, and biodiversity systems, which are in turn amplifying the impacts of the pandemic. The most pervasive of these inequalities is gender inequality.

As noted in the UN Emergency appeal, Covid-19 pandemic will have a multifaceted effect on the lives of the people in Zambia considering that movement restrictions still 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, people living with disabilities, people living with HIV, youth, poor households, refugees 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.

Since 20 March 2020, all schools are closed (except for the examination grade pupils who are now attending lessons) as part of Government of Zambia measure to stop the spread of the virus, resulting in disruption of learning for more than 3.5 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 Zambia. With prolonged school closure, children especially girls, are 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. Furthermore, the compound effects of the pandemic in Zambia have generated severe losses in the tourism, mining, manufacturing, construction as well as wholesale and retail trade sectors on account of the pandemic. The combination of lower fiscal revenues, and higher public spending to fight the pandemic, are not making debt servicing any less challenging.

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. In the case of Zambia, this meant involvement of the Government of the Republic of Zambia, local stakeholders, United Nations and other International development partners. It is for this reason among others that the Government of Zambia (GRZ) through the Ministries of National Development Planning (MNDP hereafter) and Ministry of Finance, has confirmed its high interest to take the lead of coordinated multi-partner-supported socio-economic assessments of the effect of Covid-19 on key sectors, vulnerable groups (including the informal sector), businesses and SMEs, macro-economic framework etc.

https://covid19.who.int/
https://en.unesco.org/covid19/educationresponse
In March 2020, the UN Country Team in Zambia (UNCT) provided technical support to the GRZ in a collaborative effort to quickly assess the impact of Covid-19 and to co-develop the GRZ Covid-19 multi-sectoral contingency plan, which comprises a central pillar focusing on the health response with two additional pillars concentrating on (i) the continuity of essential goods and services and (ii) preservation of socio-economic stability.

In order to support the Government multi-sectoral contingency plan, the UNCT developed the Zambia UN Covid-19 emergency appeal, which was meant as integrated response plan (health, humanitarian and socio-economic) that was costed and spans over 6 months (May-October 2020). With the launch of the UN framework for the immediate socio-economic response to Covid-19 (UNSEF), and preliminary findings of the second wave of socio-economic rapid assessments, the UNCT is updating its socio-economic response in support of the GRZ Contingency plan in preparing this report.

This report is articulated around the five streams of work that constitute the UN framework for the immediate socio-economic response to Covid-19 including

1. ensuring that essential health services are still available and protecting health systems;
2. helping people cope with adversity, through social protection and basic services;
3. protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic response and recovery programmes;
4. guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; and
5. promoting social cohesion and investing in community-led resilience and response systems.

These five streams are connected by a strong environmental sustainability and gender equality imperative to build back better.
III. Situation Analysis

The ongoing Covid-19 outbreak and its aftermath poses severe challenges for an economy like Zambia and the livelihoods of the population. Local transmission of the Covid-19 virus in Zambia is yet to be contained. Zambia recorded its first two cases of Covid-19 on 18th March 2020. A total of 2283 Covid-19 cases were confirmed as of 16 July, refer to the chart below.

Figure 1: Cumulative cases of COVID-19 in Zambia

According to the World Health Organization, Covid-19 deaths in Zambia have spiked from 11 deaths reported on 23rd June to 82 on 16th July5.

Figure 2: Cumulative Deaths of COVID-19 in Zambia

On the 14th March, the government announced increased screening response, and preventative measures, instituted mandatory 14-day self-quarantine and monitoring for persons entering Zambia from any country with confirmed Covid-19 cases, and announced it would require mandatory isolation for any suspected or confirmed cases.

Since mid-March, all incoming flight passengers (primarily Zambian) have been subject to rigorous quarantine measures. Stay-at-home orders, reinforced by restrictions on vehicular traffic, are also in force until that date. At the end of April, the GRZ began to ease restrictions on certain types of businesses, and in early May, restrictions on several activities were eased. However, following the WHO guidance, various infection prevention and control measures, including movement restrictions, physical distancing, and disinfection measures, are likely to need to continue over the mid- to longer-term to prevent the uncontrollable spread of infection. This will remain the case while the southern African region remains severely affected by the virus. Nevertheless, poor compliance to recommended prevention measures, including use of masks, hand hygiene and physical distancing, as well as limited laboratory testing, remain key challenges.

Zambia is among the most vulnerable economies in the Sub-Saharan region, with a continued heavy reliance on agriculture and mining, and a majority of the economically active population engaged in the informal economy. The economy is also, to a large extent, dependent on the tourism sector, as well as to some extent remittances from migrant workers. The decline of the tourism and hospitality sector activities, declining remittances, increased food insecurity, and the contraction of the social contract in the country, as observed in the UN supported Rapid Assessments, have in turn subjected a large section of the country’s population into vulnerability. With weak social protection systems with limited social assistance or social insurances, the poor and vulnerable households will be affected due to the slowing down of economic progress in Zambia. The country ranks among the countries with highest level of inequality globally. As of 2015, about 58% Zambians earned less than the international poverty line of $1.90 per day (compared to 42% across Sub-Saharan Africa) and more than three quarters of the poor lived in rural areas6. Covid-19 is likely to have contributed to worsen the situation.

The socio-economic aspects of the Covid-19 crisis will lead to increased challenges for many groups in precarious employment situations, including workers in private sectors and their families, informal labourers and daily wage workers, small businesses, and rural communities, due to potential loss of employment, debt obligations, travel restrictions, inflation,

5https://covid19.who.int/region/afro/country/zm
and food and commodity shortages. Conditions for already excluded groups will also worsen. These include, for example, elderly, unemployed, persons living with disabilities, disadvantaged women (single parents, single-headed households, women victims of GBV), disadvantaged children (neglected children, children from low income households, children subject to abuse), informal/undocumented workers, and unemployed youth.

The UN in Zambia is supporting the Government with initiatives in the immediate response to the Covid-19 outbreak and will continue its work in support of the short, medium and long-term socio-economic response efforts. In line with the principle of ‘leaving no one behind’, activities are focusing on socio-economic support to the most vulnerable groups of the population and those most severely impacted by the outbreak and its attendant economic slowdown. The support will be designed to ensure that SDG investments and achievements to date are not reversed. The UNCT has been collaborating with IFIs in supporting government-led Covid-19 related socio-economic impact assessments. Key to this collaboration is the adoption of a two-pronged approach: rapid and in-depth assessments and following the UN Framework for Immediate Socio-Economic Response. These activities are directly in line with UN's global Integrated Response to Covid-19, and the immediate priority area of Socio-Economic Impact Assessments and Response.

The activities are serving as short- and medium-term response to the socio-economic crisis, as well as directly contributing to an enhanced and comprehensive long-term programmatic response as well as informing direction to the formulation of the country’s 8th National Development Plan.

Zambia’s current preparedness, weak health infrastructure, and limited required technology and human resources to fight the Covid-19 outbreak makes the country particularly vulnerable. In addition to the enormous and immediate health risks and the potential pressures on the health sector, the global economic disruptions and the resulting impact on global value chains, plus restrictions in global travel and trade are already severely impacting the country’s economy and people’s livelihoods. Early signs indicate that Zambia’s heavy economic reliance on countries such as South Africa and China, which are its main trade partners and main sources of revenues and investments, will exacerbate the socio-economic impact of the global Covid-19 crisis in the country.

To support socio-economic response those most severely affected by the social and economic consequences of the Covid-19 pandemic, a dedicated response package amounting US$10,512,037.5 is provided broken down as in figure below.

**Figure 3: UNCT Total Contribution to Covid-19 Response by Area**

The response is targeting towards the most vulnerable groups, such as daily wage earners, informal sector workers and vulnerable households. The detailed table at the annex has been provided showing what each agency has contributed towards Covid-19.

**Assessments at a Glance**

UN along with other partners is supporting the GRZ to ensure an effective crisis response, and in preserving stability and addressing social concerns as the pandemic unfolds.

Pursuant to an internal mapping, analytics and discussions spearheaded by UNDP on the initial planned 33 Covid-19 related socio-economic assessments supported by the UN and IFIs, a total of 27 assessments are now being carried out with the support of the UNCT in Zambia. Of these, 5 have already been completed, 6 are on-going, and 16 are planned. The UNCT has been collaborating with IFIs in supporting government-led Covid-19 related socioeconomic impact assessments. Key to this collaboration is the adoption of a two-pronged approach: rapid and in-depth assessments and following the UN Framework for Immediate Socio-Economic Response.

Eleven rapid socio-economic impact assessments in Table 1 below, will have been completed by the end of July 2020.
Table 1: Summary of UN – IFI supported assessments in response to COVID-19 in Zambia

<table>
<thead>
<tr>
<th>Sector</th>
<th>Status</th>
<th>Completed</th>
<th>Ongoing</th>
<th>Planned</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Labor</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Security</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td>1</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Migration</td>
<td></td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socio-Economic</td>
<td></td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Trade and Security</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>5</td>
<td>6</td>
<td>16</td>
<td>27</td>
</tr>
</tbody>
</table>

These cover a wide range of sectors, including health, food security. It is important to note that of the planned 16 assessments, 5 are on health, 4 socio-economic, 3 on migration and development, 2 on education 1 on trade and security and 1 on the economic sector. In addition to ensuring that all the above provide gender disaggregated data, a gender focused assessment is planned to further understand the impact of the pandemic on gender equality.

Further, and within the work spearheaded by the UNCT under the technical leadership of UNDP, a UN supported coordinated in-depth socioeconomic assessment of the impact of Covid-19 at household level is planned under the leadership of GRZ. A large group of UN agencies have expressed their interest in participation in this household survey, which will provide more robust data to support the development of Zambia’s recovery efforts, which should ensure a smooth transition through 2021 and further guide the development of the Eighth National Development Plan (8thNDP) and the next UN Sustainable Development Cooperation Framework.

Table 2: UN-IFIs Supported COVID-19 Assessments by sector.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Title</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>UN-Habitat</strong> Assessment of vulnerability levels to Covid-19 in selected informal settlements</td>
<td>Socio-economic</td>
</tr>
<tr>
<td></td>
<td><strong>UNDP</strong> Mitigating the Impact of Covid-19 in Zambia: A Rapid Assessment</td>
<td>Socio-economic</td>
</tr>
<tr>
<td></td>
<td><strong>UNDP</strong> Socio-economic impact of COVID-19 on gender equality in Zambia</td>
<td>Socio-economic</td>
</tr>
<tr>
<td></td>
<td><strong>UNDP</strong> Rapid COVID-19 Business Survey</td>
<td>Socio-economic</td>
</tr>
<tr>
<td></td>
<td><strong>UNDP</strong> An assessment of the socioeconomic impact of Covid-19 in Zambia: Integrated Household Level Survey and a Macroeconomic Analysis</td>
<td>Socio-economic</td>
</tr>
<tr>
<td></td>
<td><strong>IOM</strong> Rapid survey on the situation of migrants and mobile populations at Points of Entry and along the transport corridor in Zambia in the context of Corona Virus and HIV</td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td><strong>IOM</strong> Planned Point of Entry Assessment</td>
<td>Trade and Security</td>
</tr>
<tr>
<td></td>
<td><strong>IOM</strong> National Diaspora Remittances Survey</td>
<td>Migration and Development</td>
</tr>
<tr>
<td></td>
<td><strong>IOM</strong> Zambia Diaspora Mapping and Profiling Survey</td>
<td>Migration and Development</td>
</tr>
<tr>
<td></td>
<td><strong>IOM</strong> Population Flow Monitoring Survey</td>
<td>Migration and Development</td>
</tr>
<tr>
<td></td>
<td><strong>UNAIDS</strong> Rapid Survey on the Need of people living with HIV in Zambia in the context of coronavirus</td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td><strong>UNHCR</strong> COVID-19 Rapid Assessment on Food Security, Livelihoods and Local markets.</td>
<td>Socio-economic</td>
</tr>
<tr>
<td></td>
<td><strong>UNHCR</strong> Participatory Assessment (COVID-19) in Meheba, Mantapala and Mayukwayukwa</td>
<td>Socio-economic</td>
</tr>
<tr>
<td></td>
<td><strong>UNHCR</strong> Comprehensive Risk Analysis Related to COVID-19</td>
<td>Socio-economic</td>
</tr>
<tr>
<td></td>
<td><strong>WHO</strong> Rapid Assessment of Health expenditure during COVID-19 pandemic (WHO)</td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td><strong>WHO</strong> Mapping the health workforce situation in the context of COVID-19 response (WHO)</td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td><strong>WFP</strong> COVID-19 Impact Rapid Assessment</td>
<td>Food Security</td>
</tr>
<tr>
<td></td>
<td><strong>UNESCO</strong> Rapid assessment on the impact of COVID-19 on education</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td><strong>UNESCO</strong> In-depth assessment of the education sector preparedness to respond to COVID-19</td>
<td>Education</td>
</tr>
</tbody>
</table>
Table 2 above, shows the various assessments being conducted in Zambia with the support of the UN and in collaboration with the IFIs. These assessments aim at supporting the GRZ in assessing the Covid-19's impact on socio-economic spheres and contribute to policy and response measures in Zambia.

Whereas the rapid assessments were undertaken in 6-8 weeks; the in-depth socio-economic assessment will be carried out in 4-6 months. The rapid assessments chiefly aim at providing a quick analytical and policy support, and rapid technical guidance feeding into GRZ’s response measures. Through the rapid assessments, government, the UN and development partners at large could rapidly design, adjust, scale up and implement cash transfer programmes to respond to immediate economic impacts of Covid-19. Further, the rapid assessment of the potential impact of the Covid-19 crisis were needed in order to quantify the spending necessary to contain it.

The Covid-19 related assessments helped setting out the following key objectives:

- Stock taking pre-Covid-19 environment;
- Devising approaches to assess Covid-19 impact on vulnerable groups in Zambia;
- Identifying the transmission mechanisms, hotspots, and possible effects of Covid-19 on key sectors of the Zambian economy, business and SME;
- Identify potential and realized protection-related vulnerabilities and risks for Persons of Concern, including refugees, in the advent and sustained prevalence of Covid-19;
- Identifying the immediate and medium-term recovery needs;
- Formulating recovery plans, which comprise additional programmes of interventions needed to address the expected setback on 7NDP progress due to Covid-19 socio-economic impact;
- Noting the complexity of the Covid-19 effects in the economy, the UN also recommends in-depth assessments aiming at:
  - Assessing the macro-economic impact of Covid-19 in Zambia. Herein, a three-step approach is essential for the socio-economic response to the Covid-19 crisis. (i) an assessment of the potential impact of the crisis is needed in order to quantify the spending necessary to contain it. (ii) an assessment of the fiscal space available for increasing spending, as it will in large part determine the government’s capacity for action. (iii) an analysis of policy priorities and available policy measures considering both financing and implementation constraints faced by governments is equally required;
  - Assessing the impact on vulnerable groups, using a Household Socio-economic Impact Assessment (HSEIA) tool;
  - Developing a recovery framework to inform the 8th NDP and the corresponding UN Sustainable Development Framework.
  - It is cardinal to appreciate that the UN supported assessments subsequently recommend optimal short- and long-term policies towards sustainable recovery and strategies for building back better and putting the country back on track towards attaining the SDGs.

Whereas the UN supported assessments cover a wide range of sectors in line with the UN Emergency Appeal, and the GRZ multi-sectoral plan, the bulk of estimated resources target the socio-economic assessments, with the in-depth assessment taking more than 58% of the total estimated resources, whereas followed by the assessments on health and education with 18.3% and 10.7% respectively. Overall the estimated budget for the socio-economic assessments is around $616,200.

**Key Findings**

Since the onset of UN socioeconomic response, a major chal-
lenge has been related to having real time and comprehensive evidence to better inform policy formulation and response measures.

- The absence of a robust and evidence-based Covid-19 reference framework in the country, from which the UN and development partners socio-economic response would be guided, remains a challenge to be addressed. The current Seventh National Development Plan (7NDP) was developed back in 2016 and to a great extent, most of its development priorities would require re-orientation. Further, the GRZ Covid-19 multi-sectoral contingency plan, although it is meant to be a living document is however, emergency driven and short term in nature.

- The 7NDP envisaged the undertaking of a Living Conditions Monitoring Survey (LCMS) to update the 2015 LCMS, and this has not been done to date, making the availability of the much-needed data and socioeconomic response measures, a challenge.

- It is understood that discussions on the development of a recovery plan / programme are underway within government. However, the involvement of development partners therein remains limited and partner support and response measures are conditioned to the short term GRZ Covid-19 multi-sectoral contingency plan. This has in part led to short-term supporting socio-economic responses as per the UN appeal and rather fragmented medium-term socio-economic responses, lacking robust analysis of key issues, largely in response to individual government requests. The UN Framework for Socio-economic Response offers a strategic framework that can assist in devising evidence-based responsive and effective recovery programmes that articulate GRZ vision to bounce back quickly, build back better and re-chart a sustainable development pathway.

- The pre-Covid-19 challenging fiscal space for financing the 7NDP, which has limited government’s ability to effectively respond to the pandemic, including through informed socio-economic response measures.

- The UNDP supported rapid assessment of Covid-19 impact on the economy estimated that with the arrival of the pandemic, the Zambian economy’s growth rate would be reversed downwards to -2.6% to account for risk in the various sectors. Covid-19 was estimated to have significant effects on sector GDP contributions across all industries with tourism, wholesale and retail sector being among the worst affected.

- UNDP’s rapid assessment results also found that the wholesale and retail, and tourism sectors would incur significant jobs loses of 14,634 and 14,297 respectively in a conservative scenario and 29,267 and 19,063 respectively if high restrictions were implemented. The tourism sector would be the hardest hit, losing more than 60% of the pre-Covid-19 jobs if significant government interventions were not put in place to preserve jobs. This was later verified as massive job losses in the tourism industry became a reality with travel restrictions within Zambia and lockdown policies across the globe.

- The Covid-19 has adversely affected business operations in Zambia. Seventy-one per cent (71%) of the respondents in the UNDP supported Business Survey indicated that they were partially closed while 14% of businesses were totally closed. Only 15% reported to have maintained normal operations.

- Sectors like education, transport and tourism were impacted particularly hard compared to others like health and social work, energy among others. Eighty-five per cent (85%) of the organisations working in education reported to be completely closed.

- The Covid-19 Business survey also found that although the majority of enterprises are determined to continue their operations by adhering to the ‘new normal’ requirements during the Covid-19 outbreak, enterprises are facing challenges; with the most significant challenge being the loss of customers rated at 77.3% of the total enterprise respondents. Other challenges include supply chain cuts (at 37.7%), high commodity prices/material prices reported (at 36.0 %) and problems with late payments (at 32.3%) among others. Put differently, businesses in Zambia have been seriously impacted by the Covid-19 pandemic and lost a significant number of clients and or revenue streams, some of them have managed to reorient their activities and pivot to new opportunities and however, there is a call to action to address the disruptive environment.

- Businesses will need support from government, UN and other development partners for them to recover and even start doing better than before.

- The pandemic is having a devastating impact on various livelihood activities particularly, those that are non-agri-cultural related, with people losing their jobs, or having to downsize or completely close their businesses. The Covid-19 pandemic is also disrupting markets and supply chains to the local markets in refugee settlements.

- Households in Zambia are aware of COVID-19, and the vast majority have knowledge of and practice behaviours that are necessary to lower the risks of contracting and spreading the virus.

- Less than half of children who were in school before the pandemic are engaging in any distance learning. Of those who are, the most common means is through educational TV shows.
**Theory of Change**

The UN Socio-economic response theory of change is focused on supporting the Government of the Republic of Zambia to tackle the health emergency as well as to address the social and economic impact of the pandemic. Additionally, it aims at reducing the country’s vulnerability to the pandemic allowing a transparent, human rights compliant, gender sensitive and effective recovery process, placing attention on populations for whom this emergency compounds preexisting marginalization, inequalities, and vulnerabilities.

The theory of change articulated above illustrates the United Nations’ framework for the socio-economic support to the Republic of Zambia in the face of COVID-19. The socio-economic response framework consists of five streams of work to include:

1. **Health First**: Protecting health services and systems during the crisis;
2. **Protecting People**: Social protection and basic services;
3. **Economic Response & Recovery**: Protecting jobs, small and medium-sized enterprises, and the informal;
4. **Macroeconomic Response and Multilateral Collaboration**;
5. **Social Cohesion and Community Resilience**.

The framework is an integrated support package to protect the needs and rights of people living under the pressure of the pandemic, with focus on the most vulnerable groups, and people who risk being left behind. These five streams are connected by a strong environmental sustainability and gender equality imperative to build back better and further contribute. Each pillar presents tangible deliverables and activities intended to support a comprehensive approach towards the socioeconomic challenges of the pandemic. As an immediate response, the United Nations’ Country Team will focus on the three broad themes to include:

1. Engagement with IFIs, cooperating partners and other stakeholders
2. Socioeconomic assessment and
3. Portfolio Review of UN Assistance to GRZ which intend to directly contribute to safeguarding the SDGs progress and address Covid-19 challenges in Zambia as a direct support and contribution to GRZ Covid-19 Multi-sectoral contingency plan and recovery efforts.

**Figure 5: Theory of Change**

<table>
<thead>
<tr>
<th>Tackling the immediate emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focusing on the social impact &amp; the economic response</td>
</tr>
<tr>
<td>Recovering better</td>
</tr>
</tbody>
</table>

**UN Socio-economic Response and Recovery to Safeguard SDG progress and address COVID-19 Challenges in Zambia**

**Engagement with IFIs, Cooperating partners and other**

**Portfolio Review of UN Assistance to GRZ**

**Socio-economic Assessment**

**Economic Response & Recovery**: Protecting jobs, small and medium-sized enterprises, and the informal

**Macroeconomic Response and Multilateral Collaboration**

**Social Cohesion and Community Resilience**

**UN Partnership Framework**
IV. UN Socio-economic response

The People we must reach

Throughout our response, the guiding reference must remain the 2030 Agenda for Sustainable Development and its central promise to ‘leave no one behind’. To achieve the SDGs, there is need ‘to reach more vulnerable people’. Yet, today, the risks of leaving many behind from life-saving measures are great and grave, because time is of essence, resources are limited, social protection systems are weak, some people are too often made invisible, gender inequality is so pervasive, and also because the crisis creates risks to further exclude and discriminate.

As clearly stated in the Covid-19 Global Humanitarian Response Plan, the aim is to enable us to fight the virus in the world’s poorest countries, and address the needs of the most vulnerable people, especially women and children, older people, and those with disabilities or chronic illness.

According to UNDP’s Rapid Assessment of the Socio-Economic Effects of the Covid-19, Zambia’s March inflation7, statistics have already shown a marginal increase, suggesting that Covid-19 is likely to have a real impact on households’ welfare and poverty, especially among the most vulnerable households8. The Government’s Covid-19 Multi-sectoral Contingency and Response Plan also indicates that lives, food security and livelihoods of people are increasingly at risk in the immediate, short and long terms. The past year before the Covid-19 pandemic, Zambia was already experiencing and addressing effects of shortages of food and increasing malnutrition to an estimated 2.3 million people resulting from successive poor agricultural seasons (Zambia Vulnerability Assessment Committee Report, 2019). The pandemic may cause loss of income for households as it is happening during the harvesting season9.

Covid-19 mitigation programmes must prioritise the most vulnerable groups. These include women, children, migrants, refugees, internally displaced persons, older persons, persons living with disabilities, rural communities and those on low-income due to their high incidence and risk of poverty. We have an obligation to ensure everyone is protected and included in the response to this crisis. Hence, our support to governments, from assessment to programming, from policy advice to advocacy will be driven by the following guiding questions:

Table 3: Guiding questions on people we must reach

<table>
<thead>
<tr>
<th>OUR PURPOSE</th>
<th>THE UN’S GUIDING QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tacking the immediate emergency</td>
<td>▶ Who has been targeted when devising the country’s health and socio-economic response measures?</td>
</tr>
<tr>
<td>Focusing on the social impact and the economic response</td>
<td>▶ What is the demographic and where do they reside?</td>
</tr>
<tr>
<td>“Recovering better”</td>
<td>▶ Where are the gaps?</td>
</tr>
<tr>
<td></td>
<td>▶ Which barriers keep people beyond the reach of infrastructure, employment, services, jobs and other socio-economic response measures?</td>
</tr>
<tr>
<td></td>
<td>▶ How can those who are excluded, marginalized and vulnerable come into the fold? How can they be made more resilient to shocks and crises?</td>
</tr>
<tr>
<td></td>
<td>▶ How can the responses help remove and avoid exacerbating structural drivers of exclusion, inequalities and discrimination?</td>
</tr>
</tbody>
</table>

---

7 ZamStats, Annual inflation rate as measured Consumer Price Index (CPI) for June 2020
8 Assessing the Socio-Economic Effects of the Covid-19 in Zambia, Policy Brief No. 1/2020, UNDP.
VULNERABLE POPULATION

At-risk populations experiencing the highest degree of socio-economic marginalization and requiring specific attention in the response:

- Women
- Older persons
- Adolescents, children and youth, especially girls and young women
- Persons with disabilities, persons with mental health conditions
- Migrants, refugees, stateless and internally displaced persons, conflict affected populations
- Minorities
- Persons in detention or in institutionalized settings (e.g. persons in psychiatric care, drug rehabilitation centres, old age homes)
- Slum dwellers, people in informal settlements, homeless persons
- People living with HIV/AIDS and other people with pre-existing medical conditions
- Small farmers, fishers, pastoralists, rural workers in informal and formal markets, and other people living in remote rural areas as well as urban informal sector and self-employed who depend on market for food
- The food insecure, particularly in countries affected by prolonged conflict and crisis
- People in extreme poverty or facing insecure and informal work and incomes
- Groups that are particularly vulnerable and marginalized because laws, policies and practices do not protect them from discrimination and exclusion (e.g. LGBTI people, undocumented migrants).

Table 4: Targeted People by UNSER Interventions

<table>
<thead>
<tr>
<th>Pillars</th>
<th># People in Millions</th>
<th>Wome n</th>
<th>Elderly</th>
<th>Youth</th>
<th>People with Disabilities</th>
<th>Migrants/ Displaced people</th>
<th>Detainees</th>
<th>Slum/ informal settlers</th>
<th>HIV/AIDS &amp; Pre-existing medical condition s</th>
<th>Small farmers, fishers, pastoralist, rural workers</th>
<th>Food insecure</th>
<th>Extreme poverty stricken</th>
<th>Vulnerable/ Marginalised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Health First</td>
<td>5.0</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>2: Protecting People</td>
<td>1.9</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>3: Economic Response &amp; Recovery</td>
<td>1.2</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>4: Macroeconomic Response &amp; Multilateral Collaboration</td>
<td>0.043</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>5: Social Cohesion &amp; Community Resilience</td>
<td>0.043</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>
Alignment with GRZ Contingency Plan

The objective of the Government of Zambia Covid-19 Multi-sectoral Contingency and Response Plan is to provide a coordinated, multi-sectoral, preparedness and response mechanism in the context of the threat from the global outbreak of the Covid-19. The 4 specific objectives of this response plan are:

1. To coordinate, plan and monitor the implementation of measures on Covid-19;
2. To prevent, treat and halt the spread of Covid-19;
3. To ensure the continuity of provision of essential goods and services; and
4. To preserve socio-economic stability including protection of the most vulnerable in society.

The United Nations Socio-Economic Response is specifically aligned to objectives 3) and 4) of the GRZ Covid-19 Multi-sectoral Contingency and Response Plan, as follows:

Objective 3 – Continuity of Provision of Essential Goods and Services. The UN Socio-Economic Response is contributing to the attainment of this objective by ensuring the continued supply of essential goods such as vital medical drugs, fuel, food and other essential commodities by leveraging its extensive logistics and procurement networks. Essential services that are being facilitated via the response include among others water and sanitation, electricity, education and ICT.

Objective 4 – Preservation of Socio-economic Stability
Under this pillar the Socio-economic response is leveraging the work of UN agencies to enforce law and order. Some initiatives include the development of Standard Operating Procedures (SOP) to guide the Zambia Police in the enforcement of Covid-19 compliance measures.

In addition, the response has prioritized the protection of the most vulnerable groups affected by the Covid-19 pandemic among the People living with disabilities, women and girls as well as the youth. The response has also provided financial and technical support to the GRZ to undertake socio-economic assessments which among other things will inform the formulation of the eighth National Development (8NDP) Plan.

Lastly, the response under this pillar is accelerating project implementation in activities for livelihoods such as goat rearing, beekeeping & fish farming to reduce the anticipated food insecurity and compromised nutrition due to the impact of Covid-19.

Figure 6: Alignment with GRZ contingency Plan

<table>
<thead>
<tr>
<th>FOUR PILLARS of THE GRZ MULTI-SECTORAL CONTINGENCY PLAN</th>
<th>FIVE PILLARS of THE UN SOCIO-ECONOMIC RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PILLAR 1: Coordination, Planning and Monitoring</td>
<td>HEALTH FIRST: Protecting health services and systems during the crisis</td>
</tr>
<tr>
<td>PILLAR 2: Prevent, Treat and Halt COVID-19</td>
<td>PROTECTING PEOPLE: Social Protection and Basic Services</td>
</tr>
<tr>
<td>Strategy 1: Ensure the continued supply of vital medical drugs, fuel, food and other essential goods</td>
<td>MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION</td>
</tr>
<tr>
<td>Strategy 2: Ensure the continued supply of water and sanitation, health, electricity, education, ICT and other essential services</td>
<td>SOCIAL COHESION &amp; COMMUNITY RESILIENCE</td>
</tr>
<tr>
<td>PILLAR 4: Preservation of Socio-economic Stability</td>
<td></td>
</tr>
<tr>
<td>Strategy 1: Ensure enforcement of law and order</td>
<td></td>
</tr>
<tr>
<td>Strategy 2: Protection of the Vulnerable Groups</td>
<td></td>
</tr>
<tr>
<td>Strategy 3: Maintain Economic Stability</td>
<td></td>
</tr>
<tr>
<td>Strategy 4: Livelihoods and Food Security</td>
<td></td>
</tr>
</tbody>
</table>
Five Strategic Pillars

The UN Socio-Economic Response framework consists of five streams of work – an integrated support package offered by the United Nations Development System (UNDS) to protect the needs and rights of people living under the duress of the pandemic, with particular focus on the most vulnerable countries, groups, and people who are at risk of being left behind. These five streams of work include:

1. ensuring that essential health services are still available and protecting health systems;
2. helping people cope with adversity, through social protection and basic services;
3. protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic response and recovery programmes;
4. guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; and
5. promoting social cohesion and investing in community-led resilience and response systems. These five streams are connected by a strong environmental sustainability and gender equality imperative to build back better.

HEALTH FIRST: Protecting health services and systems during the crisis

In Zambia all income groups are impacted by Covid-19 pandemic, with the rapid spread of the virus revealing critical gaps in national health systems’ emergency preparedness capacities and essential public health functions. Economic downturn, resulting from the pandemic is a significant risk to all, with the potential to further compound and reverse the gains in health systems resilience for health security and progress towards Universal Health Coverage (UHC) and other health-related SDG targets. Covid-19 has also revealed the growing interdependences across health and beyond, and the need for a whole of government and a whole of society approach.

Zambia has adopted a holistic approach in building capacities for health emergencies, risk reduction and access to quality health services; transformed health systems with a focus on Primary Health Care (PHC) and essential public health functions organized on a system-wide, population-wide basis, embedded with emergency preparedness for health security and UHC, in support of the national health development agenda; Monitoring of GPW13, UHC and IHR (2005) have reported progress in health systems resilience, emergency preparedness and risk reduction, access to quality health services.

Priority Activities

- Map Human Resource Health and Nutrition 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 human and nutrition of policy guidelines, standards and SOPs for health system resilience.
- Strengthen capacity of POEs to coordinate and respond to Covid-19.
- Engage and involve the community to ensure sustained Primary health care
- Identify, estimate needs and procure and distribute essential medicines, health and nutrition 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, MR) and injection supplies (syringes, safety boxes) for 3 months and procurement of PPEs (Gloves, Masks, Coveralls),

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>REQUIREMENTS (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2M</td>
<td>5.0M</td>
<td>$6.5M</td>
</tr>
</tbody>
</table>
• Infection Prevention and Control (IPC) supplies, Diagnostics and Equipment for pediatric 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
• Procurement of essential SRH commodities including contraceptives for continuation of essential SRH services during the pandemic.
• Procure and distribute Mama Packs to vulnerable pregnant women and girls at risk of Covid-19.
• Procure and PPES to health care providers delivering essential SRH services and are at risk of contracting Covid-19.
• Procure and distribute essential maternal health medicines and supplies.
• Support MOH to disseminate printed Guidelines and Protocols on Covid-19 Management in health facilities providing RMNCAH services.
• Procurement of more PPEs for Health care Providers delivering essential SRH including FP services.
• Distribute procured IPC supplies to selected provinces in support of continuity of Sexual and Reproductive Health services.
• Assess health care providers who contracted Covid-19 during SRH service provision.

**Implementation Progress:**
• Developed Protocols for provision of essential SRH health services for health facilities in the context of COVID-19
• Procurement of Mama Packs to vulnerable pregnant women and Girls including selected Baby layette
• Procured and distributed IPC supplies for health facilities delivering essential SRH services
• Supported the development of a module for the provision of a community-centered package of ASRH services.
• Supported the last mile distribution of commodities in target Provinces, aimed at sustaining access to RH commodities amid challenges presented by Covid-19.
• Amplified key messages around SRHR in the context of Covid-19 using multi-media platforms; as well as undertaking of community outreach activities in target Provinces.
• Conducted IPC capacity building training for POE health care and non-health frontline staff and provided Covid-19 supplies at Kasumbalesa, Nakonde, Mwami-Mchinji and Chirundu borders.
• Supported cross border coordination engagements at Chirundu One Stop Border Post to enhance collaboration between border management authorities.

**Mpulungu District:**
Midwife monitoring a pregnant women Photo: Georgina Smith UN
It is of utmost importance to ensure that the population everywhere continues to have access to social services and social protection, for it is a known fact that during pandemics such as the Covid-19, GBV, VAC and SEA increase due to various factors. Zambia has a high rate of GBV and according to the 2018 Zambia Demographic and Health Survey (ZDHS), more than one in three (36%) women aged 15 – 49 have experienced violence since age 15. Further, forty-seven (47) percent of ever married women age 15-49 experienced physical, sexual or emotional violence by their current or most recent husband or partner.

Protection of vulnerable groups is one of the four pillars of the national Covid-19 response and this is also one of the sectors in the UN Covid-19 Emergency Appeal. Protection is being looked at from two fronts; one is social protection in terms of life-saving social security relief interventions and protection from gender-based violence, sexual exploitation and abuse and violence against children.

The protection response will be implemented through the Ministry of Community Development and social services (MCDSS), Ministry of Health and Ministry of Gender, Ministry of Youth, Sport and Child Development using existing systems, that are already in place. These systems have been strengthened through technical assistance leveraging on the existing GRZ-UN Joint Programme on Social Protection, GRZ-UN Joint Protection on GBV and other agency specific partnerships with government line ministries.

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, including ensuring that GBV essential services are maintained.

Surplus harvest had been recorded this agricultural season, with production levels of up to 3.4 million tons of maize, a 69 percent increase from previous season, as well as an increase in production of rice, potatoes and sorghum. While improved food security is expected for rural farming households in the short to medium term, however, poor urban households who depend solely on markets for food have experienced limited purchasing power due to the high commodity costs. Although cross border trade and supply chain continue to operate, heightened border control measures have led to increased transport time and costs, transferred to consumers with a corresponding increase in commodity prices. In the medium term, access to agricultural inputs, labor force and market would further compromise food production, distribution and consumption.

With limited dietary diversity and high stunting rates in the country, COVID-19 could further affect food consumption and dietary patterns. Support would need to focus on increasing availability of affordable and nutritious food to meet key nutrition needs.

**Priority activities**

- Time-bound cash-based transfers to address the socio-economic impacts of the pandemic, to provide a minimum level of liquidity in communities most affected by the crisis by securing their purchasing power to buy essential food commodities. In the medium term, the targeted households to transition to relevant social protection systems.
- Provide nutrition messaging through various media in line with cash-based transfers to promote consumption of nutritious food.
- Monitoring of main imported commodities, regional and international food availability and prices, and cross-border movement of cargo to avoid potential disruptions in the supply chain.
- Market and price monitoring, as well as household food security monitoring to increase awareness on the impact of COVID-19 on staple prices and essential commodities, as well as monitor the food security levels.
- On-demand delivery of government-supplied food and non-food items to targeted areas.
On-demand logistics services to the Government and humanitarian partners. Logistics services could encompass common distribution platforms, commodity handling and warehouse management, as well as transportation of medical items within the country.

Continue to advocate for humanitarian corridors to remain open in order to ensure a smooth flow of essential goods, including food.

Enhance the resilience of smallholder farmers to climate change, by scaling up existing programmes that promote climate-smart agriculture and drought tolerant crops, facilitating access to markets and financial services, as well as technologies and systems to enhance productivity.

Ensure that vulnerable people and refugees receive life-saving nutritional support.

Provide technical assistance to the Government and strengthening its capacity to efficiently implement national food-based safety nets.

**Implementation Progress**

**SOCIAL PROTECTION**

- Expanded 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.
- Aligned social protection programmes with other relevant responses to the pandemic, such as public health, hygiene, disability inclusion, food security and child protection.
- Provided 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.
- Provided 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.
- Provided 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-19 pandemic using the ILO Rapid Assessment Tool.
- Provided technical support to design of modalities for registration and identification of potential beneficiaries from the informal economy.
- Strengthen government systems for the delivery of expanded caseloads, 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.
- Provision of digital solutions to the service providers in the justice sector – the Zambia Police and Judiciary to ensure continued access to justice services for GBV survivors.
- Increasing the number of safe shelters for GBV Survivors and ensuring the requirements of social distancing, through outsourcing of buildings.
- Support the establishment of GBV one stop centres in the resettlement areas of Meheba and Mayukwayukwa to support the implementation of the multidisciplinary management of GBV with the anticipated increase during the period of mobility restrictions.
- Adapt referral pathways so that expected increased number of GBV victims can access services (e.g. from violence within households and violence suffered by stay-in workers and use of hotlines).
- Provided Dignity Hygiene Kits to vulnerable women and girls including adolescents with disabilities especially those in refugee camps.

**PROTECTION FROM GBV, SEA & VAC**

- Conducted training of religious leaders in COVID-19 and GBV prevention using SASA methodology.
- Provided skills and information on positive parenting and spiritual counselling.
- Conducted training of traditional and religious leaders in prevention of the spread of COVID-19 and GBV using multi-media platforms.
- Engaged adolescent boys (9-14yrs) in SGBV prevention through sport.
- Engaged community members on COVID-19 and GBV prevention using community volunteers and small group discussions
- Developed guidelines for continuation of essential services and these guidelines have since been approved.
- Leveraged on gender transformative and child-sensitive approaches to protect the most vulnerable groups, that includes children, adolescents, and families with a member living with a disability.
• Supported child and family welfare systems strengthening, vulnerable children, adolescent girls, young women and families at risk of, neglect, abuse, exploitation, violence; and/or being abandoned and excluded from services due to increased socio-economic stresses within families and interruptions of service delivery will be specifically targeted for emergency cash transfer and other social protection interventions.

• Conducted training of Lifeline/Childline staff and telephone operators on Protection against Sexual Exploitation and Abuse (PSEA) through online training led by UNICEF, including obligations of partners, prevention, reporting and responding to PSEA (in line with the UN Protocol on the Provision of Assistance to Victims of SEA) as well as self-care sessions.

• Prepositioned of other services such as health, justice and shelters.

• Conducted physical door to door awareness campaign of COVID-19 prevention and GBV services.

• Conducted capacity building for frontline officials on identification and protection of vulnerable migrants and victims of trafficking.

• Provided support towards durable solutions, including voluntary return to country/community of origin for vulnerable migrants including victims of trafficking.

• Distributed of dignity kits to vulnerable girls and young women including in refugee settlements.

• Conducted rapid gender assessment to ascertain gendered impact of COVID-19 Zambia.

• Conducted orientation in GBV and VAC management and for all frontline workers.

• Conducted orientation in Prevention of Sexual Exploitation and Abuse (PSEA).

• Provide PPE for GBV service providers in various sectors.

• Continued support to service providers for medical response, shelters, toll free helplines for mental health and psychosocial support, and other social services.

• Prevention of GBV, VAC and SEA through social behavior change communication.

• Dissemination information on Covid-19 and GBV prevention using community radio stations.

• Printing and dissemination of guidelines for continuation of essential services.

• Promotion the alignment of shock-responsive social assistance – emergency cash transfer plus linkages to case management for identification of most vulnerable to ensure access to social protection and social assistance services.

• Provision of psychosocial support for COVID-19 affected children and parents through free telephone services (116&933) and online chart services, social media (WhatsApp, Facebook) including in Refugee Settlements.

• Prepositioning of other services such as health, justice and shelters.

• Physical door to door awareness campaign of COVID-19 prevention and GBV services.

• Procurement of dignity kits to vulnerable girls and young women including in refugee settlements.

• Continued support towards attainment of justice and protection for victims of trafficking and other vulnerable migrants.

• Supported training of Health Care providers, Victim Support Unit, Paralegal and One stop Centres staff for GBV service provision during the Pandemic.

• Minimum Initial Service Package Integrated into GBV service provision training.

Nyimba District
Beneficiaries of the Emergency Cash Transfer programme receiving their final payment. Photo: Mulikita, UNICEF
The Covid-19 pandemic is a jobs and livelihoods crisis that is threatening the SDG progress. Small and medium-sized enterprises (SMEs), including informal sector workers, farm workers, the self-employed and daily wage earners workers have been affected the most. Jobs in the service industries are affected, including in the tourism and arts sector. It is estimated that the Covid-19 pandemic will severely impact the livelihood and food security of already vulnerable groups with about 1.2 million households falling into poverty. This includes one million households with children and about 230,000 households headed by women.

Priority Activities
The UN’s response in the field of economic recovery will focus on protecting and improving the productive sectors, protecting jobs and promoting decent work. The UNCT’s response will including:

- Conduct rapid and detailed socio-economic assessments and produce policy briefs to inform the government’s economic recovery plan including pro-poor macro-economic management policies on the effects of the Covid-19 pandemic.
- Conduct a Business Enterprise Survey to assess the effect of Covid-19 on micro, small, medium and large enterprises
- 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 most impacted provinces of Zambia.
- Undertake inclusive and multi-partner socio-economic impact study on the effects of Covid-19 pandemic 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).
- Conduct Informal Sector Survey and implementing 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.)
- Strengthen coordination platforms 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.
- Support Solar for Health initiatives to promote the use of sustainable green energy as part of the economic recovery plan to both improve healthcare services while providing opportunities to innovate MSMEs and SMEs.

Not only will the above interventions help the government and its development partners understand the profound impact of the crisis on the business sectors and vulnerable groups, but it will also contribute to developing informed fiscal and monetary policies and support to sustain the pre-gains on SDGs while ensuring a smooth, quick social and economic recovery.

The policy briefs developed will help the government take urgent measures that will minimize the impact of the crisis. These will be developed through a platform of key stakeholders involving the government, the private sector actors, the International Financial Institutions.

Implementation Progress:
- A Business Enterprise Survey to assess the impact of Covid19 on SMEs, as well as large businesses was undertaken with the support of the UNDP and under the leadership of the Ministry of Commerce Trade and Industry (MCTI). This survey is a key instrument to inform GRZ’s policy and support measures to the business environment under the ‘new normal’ and beyond towards
• Terms of Reference, resource mobilization and partnership between UNDP and ILO has been established to conduct Informal Sector Survey which will assess the Covid-19 impact on the sector and guide policy and programme interventions towards recovery in the informal sector, including safeguarding the progress made towards the achievement of SDGs.

• Undertaken a rapid assessment of the effects of COVID-19 to support a Government's preparation of the GRZ Covid-19 multi-sectoral contingency plan and the UN Emergency Appeal. This rapid assessment aimed at highlighting the poverty implications of the Covid-19 pandemic on different types of vulnerable households in Zambia as well as estimate the likely employment and output losses in the key sectors of the Zambian economy.

• Undertaken a rapid assessment through a phone-based household survey to monitor how the Covid-19 pandemic is affecting Zambia’s economy and people and to inform interventions and policy responses. This was led by the World Bank based on a sample of 1,602 households in both urban and rural areas in all ten provinces of Zambia.
 Amid the devastating effects of Covid-19 in Zambia, a country already in distressed macroeconomic situation, GRZ with its partners understand the need to turn the Covid-19 shocks into opportunities for revisiting the country’s growth and development path, particularly looking at strategies on economic diversification, macro-economic and fiscal policies, public finance management, and focusing on efficient and effective natural resources governance. The UNSER can use socio-economic impact assessments as entry points to encourage GRZ to develop strategies for economic diversification, and natural resource governance. These assessments also offer opportunities to review and reinforce partnerships with other stakeholders, also vested in the socio-economic health of these countries. The UNSER will focus on the following five streams of work: (i). protecting existing health services and strengthening health systems; (ii) helping people through social protection; (iii) protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic recovery programmes; (iv) guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; and (v) promoting social cohesion and investing in community-led resilience and response systems.

A three-step approach is essential for the socio-economic response to the Covid-19 crisis. First, a rapid assessment of the potential impact of the crisis is needed in order to quantify the spending necessary to contain it. Second, an assessment of the fiscal space available for increasing spending, as it will in large part determine the government’s capacity for action. Third, an analysis of policy priorities and available policy measures considering both financing and implementation constraints faced by governments is equally required. The possible implications of the proposed policy measures will need to be accounted for as well.

UNDP’s rapid assessment of the potential impact of Covid-19 on the Zambian economy noted Zambia historic pre-Covid-19 fiscal deficits which determined the country’s inability to sufficiently finance its development programs. According to assessment, in 2019, fiscal deficit, on a cash basis, was 8.2% of GDP, against a budget target of 6.5% of GDP.

With the of the emergence of the Covid-19 crisis, government revenue and expenditure will be severely impacted, thereby causing the fiscal deficit to widen further. This was later confirmed by the Ministry of Finance in several statements indicating that the budgeted revenue collection is projected to fall short of target by at least K14.8 billion or 19.7% in 2020. The analysis by UNDP also brought forward debt sustainability challenges which the IMF had previously indicated that Zambia was at high risk of debt distress.

A recent IMF mission to Zambia noted that ‘the social and macroeconomic impact of the Covid-19 shock, on top of a severe drought last year, will be heavy. Growth is forecast at around -5% in 2020, substantially lower than envisaged at the beginning of the year, and the number of people living in extreme poverty is expected to increase. Fiscal pressures in 2020 have increased due to significantly lower revenue collections and higher spending needs. Zambia has requested support under the G20 Debt Service Standstill Initiative, which would provide temporary fiscal space this year. Discussions covered both near- and medium-term policies to address these challenges and the underlying macroeconomic vulnerabilities, including the main elements of the revised 2020 Budget.
High debt levels can limit the capacity of a country to provide basic public services and in recent years as Zambia’s debt levels have been rising, the country has been spending more on debt servicing than on education and health combined. Findings from assessments undertaken by UNDP, the IMF, and the World Bank, point out to a contraction of economic performance for Zambia owing to the outbreak of Covid-19 pandemic which has resulted in, among others, a decline in commodity prices and disruptions in trade among countries. Downside risk to the outlook include:

- Commodity prices are likely to be subdued as the demand for copper and other commodities reduces due to the impact of the Covid-19 thereby affecting foreign exchange earnings;
- Adverse weather conditions in the 2019/2020 rain season which so far has recorded drought and flash floods in some areas;
- Instability in the macroeconomic fundamentals such as the exchange rate, lending rates and inflation may hamper growth in the country’s vital sectors;
- Tight liquidity conditions as well as high costs of borrowing.

In the face of the Covid-19 pandemic, the Zambian authorities have requested emergency assistance from the IFIs. The GRZ is committed to restoring debt sustainability through fiscal policy adjustment and debt management in line with the 2020 budget speech and various statements by the Minister of Finance. The GRZ also agreed on an extension on a budget support programme with the IMF. Government’s self-motivated fiscal restraint and austerity measures remained a good basis for engagements with IFIs and other Cooperating and Development Partners.

For instance, Zambia is currently implementing over twenty-five projects financed by the World Bank Group through grants and loans valued at USD1.1 billion. These projects are in agriculture, energy, infrastructure, trade development, and water and sanitation sectors. Others are in health, education, and climate resilience. The current Covid-19 support from the World Bank Group to Zambia includes:

- USD$1.3 million Covid-19 grant for training of health personnel, procurement of diagnostic tests and equipment, and procurement of medical and laboratory supplies;
- USD$5 million for continuity of health activities such as provision of vaccines medicines for, T.B, malaria, AIDS, HIV;
- USD$3.1 million reprogrammed loan under the Zambia Health Services Improvement project towards Covid-19;
- USD$0.5 million reprogrammed loan under the Southern Africa Tuberculosis and Health Systems Project Africa Centre for Diseases Control project towards Covid-19; and,
- Social Cash Transfer Support from the UK and Sweden to be channeled through the World Bank under the Girls’ Education and Women’s Empowerment and Livelihood loan project. The loan and grant are approximately US$100 million and US$ 30 million, respectively.

The International Fund for Agricultural Development (IFAD) has put in US$40 million of its own funds as seed money for the Rural Poor Stimulus Facility “to get started” while more funds are raised from other development and cooperating partners around the globe. To help weather the economic effects of Covid-19 and subject to a mutually agreed action plan, some of the areas to be financed through IFAD’s Rural Poor Stimulus Facility, are:

- Providing inputs and basic assets to enable small-scale producers to maintain production and establish fast-maturing alternative agriculture enterprises;
- Facilitating access to markets in conditions of restricted movement and ensuring that markets remain open; and,
- Delivering targeted funds through existing financial institutions that work with rural based small-scale producers and small and medium agriculture enterprises - to preserve services, markets and jobs.

IFAD has further repurposed US$ 668,000 towards Covid-19 under its three ongoing programmes namely; Rural Finance Expansion Programme (RUFEP), Enhanced Smallholder Agribusiness Promotion Programme (E-SAPP) and the Enhanced Smallholder Livestock Investment Programme (E-SLIP). Each programme has developed a contingency plan to address Covid-19 impacts, as follows:

RUFEP - US$ 210,000. In line with the Programme’s contingency plan, the funds will go towards;
- Promotion of digital financial solutions for CBFIs and MSMEs
- Targeted health messages in rural areas
- Support to socio-economic studies and recovery policies

E-SAPP - US$ 240,000. In line with the Programme’s contingency plan, the funds will go towards;
- Food security seed packs for vulnerable households
- Nutrition and health awareness campaign in rural areas, provision of protective equipment
• Targeted e-extension services through radio programmes.
  E-SLIP - US$ 218,000. In line with the Programme’s contingency plan, the funds will go towards:
  • Livestock pass-on for vulnerable households
  • Mobile learning and extension services platform on livestock
  • Strengthened linkages to private sector

The GRZ is cognizant of the tight liquidity conditions that continue to impact on businesses and households in the country. Zambia is also faced with reduced tax, and non-tax revenue inflows due to the Covid-19 induced economic slowdown. Even under such a difficult scenario, the Government remains committed to dismantling of arrears, prudent utilisation of resources, and implementation of fiscal consolidation measures. Within this environment, GRZ recently announced a K30 million facility for the youth empowerment scheme, coupled with among other facilities - the K10 billion medium term financing facility being managed by the Bank of Zambia, the K1 billion recently released for crop purchases by the Food Reserve Agency - and the US$29 million for implementation of the aquaculture seed fund under the Zambia Aquaculture Enterprise Development Project aimed at enhancing fish production for more than 3,000 entrepreneurs, demonstrating the Government’s commitment to mitigation of Covid-19 and liquidity constraints in society. Another initiative is the recently approved Covid-19 bond by Cabinet. So far, the Government has issued K5.2 Billion, through the Bank of Zambia. Some of the funds to be raised from the Covid-19 bond will be used to pay off the retirees and those on the separatees payroll who have been waiting for their benefits for a long time. To help address outstanding domestic arrears, part of the resources from the bond will also be used to pay local contractors, and suppliers of goods and services.

Priority Activities
Key programmatic options in the UNSER could include the following:
• In partnership with the IFIs, support social protection and safety-net mechanisms, and cash transfer programmes (including Cash for Work and public works), with complementary livelihood assistance in rural crop and livestock workers and producers, support to micro/small/medium businesses, for the local population, including host communities, refugees, IDPs, migrants, and other vulnerable and marginalized population groups.
• Support SMEs to start local production of Covid related medical prevention supplies: Protection equipment and products through qualified SMEs with the aim of increasing local supply of preventive equipment, create employment, and encourage innovation and local manufacturing.
• Support Covid medical supply chain management: Supporting civil society organizations with small grants to distribute prevention supplies and kits for use in remote areas, such as markets, cattle camps, and public spaces.
• Seize the Covid-19 response period as an opportunity to support innovation challenges for local entrepreneurs involved in the manufacturing.
• Should support the functioning and business continuity of market supply chain through SMEs. This includes focusing on export substitution and build local supply chains for SME promotion and job creation for local entrepreneurs, including micro enterprises that can attract women and youth.
• Support GRZ to develop macro and micro recovery roadmap for the Private Sector / SMEs.
• Support to mainstream gender in all initiatives as much as possible, not only to guarantee that women are included in the response, but that specific and ongoing measures are taken to avoid they are not left behind.
• Advocate stimulus packages must include social protection measures that reflect an understanding of women’s special circumstances and recognition of the care economy.

Specific Measures Taken by GRZ to Mitigate the Impact of Covid-19
The Government of the Republic of Zambia has prioritised the saving of lives by providing resources to the Ministry of Health and the Disaster Management and Mitigation Unit (DMMU) to face the pandemic head-on. Understanding the economic challenges being faced by businesses, through the Ministry of Finance, GRZ also instituted measures intended to mitigate the negative impact of the pandemic and help businesses transition through this very difficult period. Some of these measures include:

(i) Funding towards covid-19 response
• Allocation of ZMW57 million to the Epidemic Preparedness Fund under the Ministry of Health; and
• Allocation of ZMW659 million to support the Cabinet approved COVID-19 Contingency and Response Plan under the Disaster Management and Mitigation Unit.

(ii) Tax relief
• In order to expedite the provision of medical related devices needed to support the fight against Covid-19, Government extended the list of medical supplies that
are not subject to Import Duty and Value Added Tax for an initial period of 6 months. The list comprises individual items such as: testing equipment, protective garments, thermometers, disinfectants, sterilisation products and medical equipment such as ventilators and patient monitoring devices.

- Suspension of excise duty on ethanol for use in alcohol-based sanitisers and other medical related commodities;
- Removal of provisions of SI 90 relating to claim of VAT on imported spare parts, lubricants and stationery to ease pressure on companies;
- Suspension of export duties on the export of concentrates in the mining sector to ease pressure on the sector; and
- Suspension of export duty on precious metals and crocodile skin.

- To assist companies and businesses manage their cash flows during this period when they are faced with reduced revenues, GRZ further waived tax penalties and interest on outstanding tax liabilities resulting from the impact of Covid-19.

(iii) Easing of liquidity to alleviate the economic pressures associated with the Covid-19 induced liquidity challenges the President announced the availing of ZMK2.5 billion in financial relief for businesses.

(iv) COVID bond - The Ministry of Finance has progressed with the modalities of setting up of an SME Fund to be allocated from the Covid-19 Mitigation Bond. The Bond is targeting to raise up to ZMW8 billion in tranches from the Banking sector and Pension Funds. The bond proceeds will solely target to finance domestic expenditures as it is supposed to be applied to boost the economy. No foreign related expenditures will be covered as this will defeat the objective of improving liquidity in the market and negatively impacting the exchange rate of the Kwacha against major tradable currencies.

(v) Bank of Zambia’s ZMW10 billion medium-term refinancing facility

The financial sector’s liquidity challenges have further been eased through the Bank of Zambia’s ZMW10 Billion Medium-Term Refinancing Facility. This Facility is available for eligible commercial banks and non-bank financial institutions to access in order to restructure, refinance or extend credit to businesses and households impacted by Covid-19 on more favourable terms. As at 13th July 2020, eleven (11) banks and twelve (12) non-bank financial institutions have submitted applications for financing worth a total of ZMW4,821.2 million, out of which ZMW3,875.6 million has been approved, representing 80% approval of total financing requested and of which 23% has already been disbursed to 9,762 beneficiaries.
SOCIAL COHESION & COMMUNITY RESILIENCE

In coordination and partnership with relevant actors including GRZ 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, civil society organizations 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.
• Provide PPEs to 2,000 SRH service providers for Health facilities and CBDs.
• Minimum Initial Service Package Integrated into GBV service provision.
• 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, Muchinga, Eastern, and Central Provinces.
• Address community security negative impacts on social cohesion related to lack of awareness and information about Covid-19 pandemic among local communities through building capacity of local leadership structures on promoting and protecting rights of members.
• Support design of plans and Standard Operating Procedures for quarantines lockdown, roadblocks, safe and dignified burials arising from deaths attributed to Covid-19.
• Support the government to promote digital initiatives

Communities will bear the brunt of the socio-economic impact of Covid-19. They also hold the key to flatten the curve, respond to the pandemic and ensure longer-term recovery. They will need investment. At the same time, just when that social capital—the networks of relationships among people who live and work in a particular society, enabling that society to function effectively—is at a premium, the pandemic will place considerable strains on social cohesion, magnifying existing fault lines and creating new ones. 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 migrants and those who have been identified as having had Covid-19.

In coordination and partnership with relevant actors including GRZ 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, civil society organizations 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.
• Provide PPEs to 2,000 SRH service providers for Health facilities and CBDs.
• Minimum Initial Service Package Integrated into GBV service provision.
• 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, Muchinga, Eastern, and Central Provinces.
• Address community security negative impacts on social cohesion related to lack of awareness and information about Covid-19 pandemic among local communities through building capacity of local leadership structures on promoting and protecting rights of members.
• Support design of plans and Standard Operating Procedures for quarantines lockdown, roadblocks, safe and dignified burials arising from deaths attributed to Covid-19.
• Support the government to promote digital initiatives
for the delivery of public services while leveraging digital solutions for the economy (mobile payments, e-trade, etc.) to close the digital divide for the marginalized people and strengthen the financial inclusion for young people and women.

- Strengthen and build community resilience through the promotion of nature-based innovative livelihood solutions.
- Promote community-based solutions to stimulate local development and entrepreneurship for women and vulnerable groups.
- Technical and advisory services to develop standard operating procedures for key government institutions in the justice system.
- The most vulnerable women in the context of COVID-19 in Zambia are rural women, elderly women, expectant and nursing mothers, single women heads of households, women with disabilities, women living with HIV and survivors of gender-based violence placed in the shelters with limited access to essential services, including healthcare. Most women are employed in the informal sector in Zambia.
- On top of that, many women are the main caregivers for children and other family members and are often financially dependent on male relatives. Women have less educational and labour market participation opportunities, especially those from vulnerable setting such as women with disabilities, survivors of gender-based violence, single mothers and women living with HIV.
- It is for this reason that UN will implement initiatives aimed at empowering women and girls facing challenges during the Covid-19 pandemic in Zambia. The immediate needs of women survivors of violence will be addressed. There is need to elevate the advocacy agenda to integrate the medium and longer-term needs of women including in the areas of economic empowerment, representation in decision-making processes on Covid-19 recovery, and accountability of resources at national and local levels.
- The UN response includes specific interventions that seek to promote gender responsive approaches to the fight against Covid-19 by addressing the negative impacts of the pandemic on women and girls such as increase in gender based violence, increase women's burden of unpaid work, economic dis-empowerment of women and rise in gender gaps in employment. In collaboration with the Ministry of Gender and CSOs, support will be directed to:
  - Assess the impact of Covid-19 on gender equality in Zambia. This will provide policy advise for the planning and allocation of resources for the Covid-19 responses.
  - Developing public outreach and awareness campaigns through sensitization and adapted messages, including sign language, targeting LNOB groups, these include women and girls, sex workers, people living with disabilities.
  - Design and implement public awareness campaigns to strengthen social cohesion, solidarity and gender-equitable behaviour during and post-Covid-19, with a strong emphasis on male engagement including engagement of national and local influencers as advocates to raise awareness that anyone is at risk of infection - #anyone-can-getCovid-19.
  - Support engagement with men and boys on prevention of Covid-19 behavioural change and GBV/domestic violence.

**Implementation Progress:**

- The UN support to law enforcement to complement the health measures included strengthening the capacity of the Zambia Police Service to respond to Covid-19. UN technical assistance and resources enabled the Zambia Police Service to develop and launch Standard Operating Procedures which provide specific guidelines for officers at checkpoints, police stations and the community. With a strong focus on human rights, the SOPs provide for various scenarios depending on the gravity of the Covid-19 outbreak. In addition, with technical support from the Standing Police Capacity, Office of High Commissioner for Human Rights (OHCHR), Zambia Human Rights Commission and the Ministry of Justice, the UN supported the development of training guidelines and modules for police officers to enable the roll-out of training in targeted districts.
- A total number of 24,408 refugee beneficiaries have been supported with cash assistance. This number comprises 71 individuals (22 females and 49 males) in Lusaka, 11,514 in Maheba and 12,823 in Mayukwayuka. The cash assistance provided has mainly been used to access basic needs and supplement on the livelihood activities of beneficiaries.
- Other interventions have included Health and WASH Covid-19 emergency facilities and supplies, community mobilization and logistics and provision of logistics and coordination of Covid-19 response interventions.
- The UN in collaboration with different institutions towards information sharing, reporting and coordination disability issues at district, provincial and country level, has supplemented the quest of identifying ways of reaching out to those furthest left behind and finding
out ways they can be reached out, assisted and given change. This includes addressing communication barriers to inclusion through Covid-19 education, information and awareness in accessible formats for all persons with disabilities which include sign language videos for the deaf, audio messages for the visually impaired and easy ready messages; and

• Collaboration with the Government through the Ministry of Chiefs and Traditional Affairs in Luapula Province of Zambia and the Ministry of Religious Affairs and National guidance, the Zambia Agency for persons with disabilities (ZAPD), towards building partnership aimed at eradicating stigma and discrimination related to persons with disabilities.

Lusaka District
UNODC Zambia NPO Dr Mujinga Ngonga handing over COVID-19 PPE, screening equipment and maternity medical equipment courtesy of UNAIDS and SIDA to Zambia Correctional Services Deputy Commander Mr. Lloyd Chilundika at Mukobeko Maximum Correctional Facility. Looking on is UNAIDS Zambia Country Director Dr. Tharcisse Barihuta. Photo: Charles Nonde, UNIC Lusaka.
V. Resource Mobilization and Partnerships

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 humanitarian 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 (Covid-19 TF), tailored for different national needs and context to streamline the processes to disburse the required funding for the implementation of programmes and projects. The Covid-19 TF will be established with funding earmarked for projects implemented for and in Zambia indicated in a UN response plan that is 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 of the Republic of Zambia, 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.

Figure 9: Resource mobilization
VI. Challenges and Lessons Learnt

Since the onset of UN socioeconomic response, a major challenge has been related to having real time and comprehensive evidence to better inform policy formulation and response measures. Implementation process of the response to Covid-19 has met several challenges which include among others the owing:

• GRZ leadership on response: MOHS or DMMU
• Insufficient data sharing from GRZ
• Sectors do not have assigned personnel full time on coordination of sector.
• Limited quantitative data from sectors
• No disaggregation of data from sectors
• Limited funding to meet the needs.
• Difficulties in targeting and reaching the vulnerable populations particularly in rural areas including refugee hosting districts and settlements.

The absence of a robust reference framework from the government side from which the socioeconomic framework would be guided. The current Seventh National Development Plan (7NDP) was developed back in 2016; formulated in a different context, as such there is need to have a new guide that could integrate the current situation. Therefore, to a great extent, most of its development priorities require re-orientation.

Further, the 7NDP envisaged the undertaking of a Living Conditions Monitoring Survey (LCMS) to update the 2015 LCMS, and this has not been done, making the availability of the much-needed data and socioeconomic response measures, a challenge.

GRZ prepared the Covid-19 National Multi-sectoral Contingency and Response Plan to provide a framework for coordinated multisectoral preparedness and response to the socio-economic threat posed by Covid-19. However, this was meant for only a short term running up to the end of June 2020. Furthermore, it is understood that discussions on the development of a recovery plan are underway within government. The country seems to have limited clear development plan to facilitate the formulation of a long-term Effective socio-economic recovery plan and programmes.

As the country continues recording new cases of infections and death due to Covid-19 implying that in a few months the Contingency Plan will essentially come to the end while the Pandemic and its impact may continue affecting the country.

The pre-Covid-19 challenging fiscal space for financing the 7NDP, which has limited governments ability to effectively respond to the pandemic, including through informed socio-economic response measures. In the context of a crisis such as Covid-19 and the shock it has subjected the economy to, a structured approach promoted by the guidelines towards SDGs would offer an opportunity to comprehensively measure what has been lost and what has been gained and thus offer a better reflection of how the country can correct now and for the future even as ideas are being organized towards the 8thNDP.

Huge political impetus and mobilisation of resources and assets provide an opportunity to catalyse changes to break the “panic-then-neglect cycle”. Current investments and public private partnership during Covid-19 should be leveraged to build sustainable capacities for longer-term preparedness, resilient health systems and UHC. Increased cooperation across the UN agencies and with regional and global policy and economic frameworks will allow the UN to work with MoHs and allied sectors to fast recover, restore, transform, and prepare national health systems.

Although government, the UN and other partners have devised and are implementing mitigating measures, the interventions are barely reaching the rural areas which are host to some of the most vulnerable people. In particular, the refugee hosting settlements have for instance not had access to materials and platforms for continuous and catch up learning, thus increasing the risk of refugees and host community pupils dropping out perpetuating and amplifying the education inequalities and vulnerabilities. More needs to be done to ensure these services reach these vulnerable populations.
ANNEXES I

In support of the government Covid-19 Multisectoral Contingency and Response Plan and the UN emergency appeal, the UNCT has embarked on a process of reviewing its portfolio to identify available projects and resources to be reprogrammed to address the immediate needs in response to the pandemic. This has resulted in various coordinated immediate response measures in support of the national response that is presented below.

Re-programming of existing resources

<table>
<thead>
<tr>
<th>UN AGENCY</th>
<th>PROJECT/AREA</th>
<th>AMOUNT (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFP</td>
<td>Food Security</td>
<td>3,499,000.00</td>
</tr>
<tr>
<td>WHO</td>
<td>Health</td>
<td>232,790.00</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Nutrition</td>
<td>120,915.00</td>
</tr>
<tr>
<td>IOM</td>
<td>Health</td>
<td>65,000.00</td>
</tr>
<tr>
<td>IOM</td>
<td>Health</td>
<td>22,000.00</td>
</tr>
<tr>
<td>IOM</td>
<td>Health</td>
<td>30,000.00</td>
</tr>
<tr>
<td>UNICEF</td>
<td>WASH</td>
<td>19,000.00</td>
</tr>
<tr>
<td>UNDP</td>
<td>Health</td>
<td>200,000.00</td>
</tr>
<tr>
<td>UNDP</td>
<td>Protection</td>
<td>693,717.00</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Health</td>
<td>300,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>5,182,422.00</strong></td>
</tr>
</tbody>
</table>
## ANNEXES II: UN Socio-Economic Donor Engagements

<table>
<thead>
<tr>
<th>Donor</th>
<th>UN Agency</th>
<th>Sector</th>
<th>Project Description</th>
<th>Amount (US$)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Programme for Education</td>
<td>UNICEF</td>
<td>Education</td>
<td>Accelerated funding for COVID-19</td>
<td>10,000,000</td>
<td>Commitment</td>
</tr>
<tr>
<td>UNICEF</td>
<td>UNICEF</td>
<td>Education</td>
<td>Thematic contribution backed by Standard Chartered Bank for Education activities</td>
<td>200,000</td>
<td>Commitment</td>
</tr>
<tr>
<td>Global Programme for Education</td>
<td>UNICEF</td>
<td>Education</td>
<td>Advance funding for initial COVID-19 response</td>
<td>70,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>CERF</td>
<td>WFP</td>
<td>Food Security</td>
<td>Provide food and nutrition support to crisis-affected populations</td>
<td>3,499,000</td>
<td>Re-programmed</td>
</tr>
<tr>
<td>SIDA</td>
<td>UNICEF</td>
<td>Health</td>
<td>Continuation of essential health services through ensuring essential health commodity security.</td>
<td>5,000,000</td>
<td>Commitment</td>
</tr>
<tr>
<td>KfW</td>
<td>UNICEF</td>
<td>Health</td>
<td>Continuation of essential health services through ensuring essential health commodity security.</td>
<td>4,000,000</td>
<td>Commitment</td>
</tr>
<tr>
<td>DFID</td>
<td>UNICEF</td>
<td>Health</td>
<td>Amendment to SUN Fund Transition Agreement for COVID response</td>
<td>1,303,838</td>
<td>Commitment</td>
</tr>
<tr>
<td>DFID</td>
<td>UNFPA</td>
<td>Health</td>
<td>Strengthening Health System Resilience</td>
<td>1,229,509</td>
<td>Commitment</td>
</tr>
<tr>
<td>DFID</td>
<td>WHO</td>
<td>Health</td>
<td>Supplies, activities (preparedness, surveillance, response)</td>
<td>1,205,393</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>USAID</td>
<td>UNICEF</td>
<td>Health</td>
<td>Health, WASH and RCCE response for COVID-19</td>
<td>600,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>USAID</td>
<td>UNICEF</td>
<td>Health</td>
<td>Covid-19 Responses</td>
<td>600,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>UNHCR</td>
<td>UNHCR</td>
<td>Health</td>
<td>Health and WASH COVID 19 emergency facilities and supplies</td>
<td>480,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>USAID</td>
<td>WHO</td>
<td>Health</td>
<td>Surveillance, RCCE, case management, transport</td>
<td>470,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>CERF</td>
<td>WHO</td>
<td>Health</td>
<td>Surveillance, RCCE, Rapid response</td>
<td>232,790</td>
<td>Re-programmed</td>
</tr>
<tr>
<td>DFID/SIDA</td>
<td>UNICEF</td>
<td>Health</td>
<td>Nutrition and WASH response - reallocation from existing grants</td>
<td>200,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>CHINA</td>
<td>WHO</td>
<td>Health</td>
<td>Support to 8 response pillars</td>
<td>100,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>AFDB</td>
<td>WHO</td>
<td>Health</td>
<td>IPC and Lab supplies</td>
<td>70,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>EU</td>
<td>IOM</td>
<td>Health</td>
<td>Strengthening PoE cross border coordination, COVID-19 Supplies, Training of health and non health workers</td>
<td>65,000</td>
<td>Re-programmed</td>
</tr>
<tr>
<td>Population, Refugees, and Migration</td>
<td>IOM</td>
<td>Health</td>
<td>COVID-19 IPC Training for frontline workers; POE Cross Border Coordination; IPC Supplies</td>
<td>30,000</td>
<td>Re-programmed</td>
</tr>
<tr>
<td>Organization</td>
<td>Agency</td>
<td>Programme Area</td>
<td>Description</td>
<td>Amount</td>
<td>Source</td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Government of the Netherlands</td>
<td>IOM</td>
<td>Health</td>
<td>COVID-19 IPC training for frontline workers and community change agents; IPC supplies</td>
<td>22,000</td>
<td>Re-programmed</td>
</tr>
<tr>
<td>Private Foundation</td>
<td>IOM</td>
<td>Health</td>
<td>IPC supplies</td>
<td>3,250</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>DFID/SIDA</td>
<td>UNICEF</td>
<td>Nutrition</td>
<td>Nutrition and WASH response - reallocation from existing grants</td>
<td>200,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>CERF</td>
<td>UNICEF</td>
<td>Nutrition</td>
<td>Reallocation to provide supplies for service providers to protect them in COVID response</td>
<td>120,915</td>
<td>Re-programmed</td>
</tr>
<tr>
<td>UNHCR</td>
<td>UNHCR</td>
<td>Protection</td>
<td>Documentation, Cash based interventions and community mobilisation in response to the COVID-19 pandemic</td>
<td>310,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>KFW</td>
<td>UNICEF</td>
<td>Social Protection</td>
<td>COVID-19 Emergency Cash Transfers (C-ECT)</td>
<td>8,750,000</td>
<td>Pledge</td>
</tr>
<tr>
<td>European Union</td>
<td>UNICEF</td>
<td>Social Protection</td>
<td>COVID-19 Emergency Cash Transfers (C-ECT)</td>
<td>5,000,000</td>
<td>Pledge</td>
</tr>
<tr>
<td>DFID</td>
<td>UNICEF</td>
<td>Social Protection</td>
<td>COVID-19 Emergency Cash Transfers (C-ECT)</td>
<td>2,000,000</td>
<td>Commitment</td>
</tr>
<tr>
<td>Sweden</td>
<td>UNICEF</td>
<td>Social Protection</td>
<td>COVID-19 Emergency Cash Transfers (C-ECT)</td>
<td>1,000,000</td>
<td>Pledge</td>
</tr>
<tr>
<td>Ireland</td>
<td>UNICEF</td>
<td>Social Protection</td>
<td>COVID-19 Emergency Cash Transfers (C-ECT)</td>
<td>650,000</td>
<td>Pledge</td>
</tr>
<tr>
<td>KFW</td>
<td>UNICEF</td>
<td>WASH</td>
<td>Support WASH services through water treatment chemicals/urban WASH) + WASH/IPC in health care facilities + NFIs</td>
<td>5,000,000</td>
<td>Commitment</td>
</tr>
<tr>
<td>USAID</td>
<td>UNICEF</td>
<td>WASH</td>
<td>Strengthening of WASH/Infection Prevention Control in 19 designated health facilities and National Handwashing campaign</td>
<td>165,000</td>
<td>Paid Contribution</td>
</tr>
<tr>
<td>KFW</td>
<td>UNICEF</td>
<td>WASH</td>
<td>Provision of soap to Meheba, Mayukwa and Mantapala refugee settlements and hygiene promotion (Reprogramming)</td>
<td>100,000</td>
<td>Commitment</td>
</tr>
<tr>
<td>UNICEF</td>
<td>UNICEF</td>
<td>WASH</td>
<td>Provision of granular chlorine</td>
<td>19,000</td>
<td>Re-programmed</td>
</tr>
</tbody>
</table>
### ANNEXES III: UN Socio-Economic Donor Engagements

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Budgets (US$)</th>
<th>Funded (US$)</th>
<th>Funding Gap (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillar 1: Health First</td>
<td>20,137,580.00</td>
<td>4,078,433</td>
<td>16,059,147</td>
</tr>
<tr>
<td>Pillar 2: Protecting People</td>
<td>83,880,309.00</td>
<td>6,033,604.50</td>
<td>77,846,705</td>
</tr>
<tr>
<td>Pillar 3: Economic Response &amp; Recovery</td>
<td>62,000,000.00</td>
<td>150,000</td>
<td>61,850,000</td>
</tr>
<tr>
<td>Pillar 5: Social Cohesion &amp; Community Resilience</td>
<td>59,500,000.00</td>
<td>250,000</td>
<td>59,250,000</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>225,517,889.00</td>
<td>10,512,037.50</td>
<td>215,005,852</td>
</tr>
</tbody>
</table>