

2019-2020

# HUMANITARIAN RESPONSE PLAN

October 2019 - March 2020

ZAMBIA



TOTAL PEOPLE IN NEED

2.3 MILLION

Including over 15,000 refugees in Mayukwayuka who require assistance

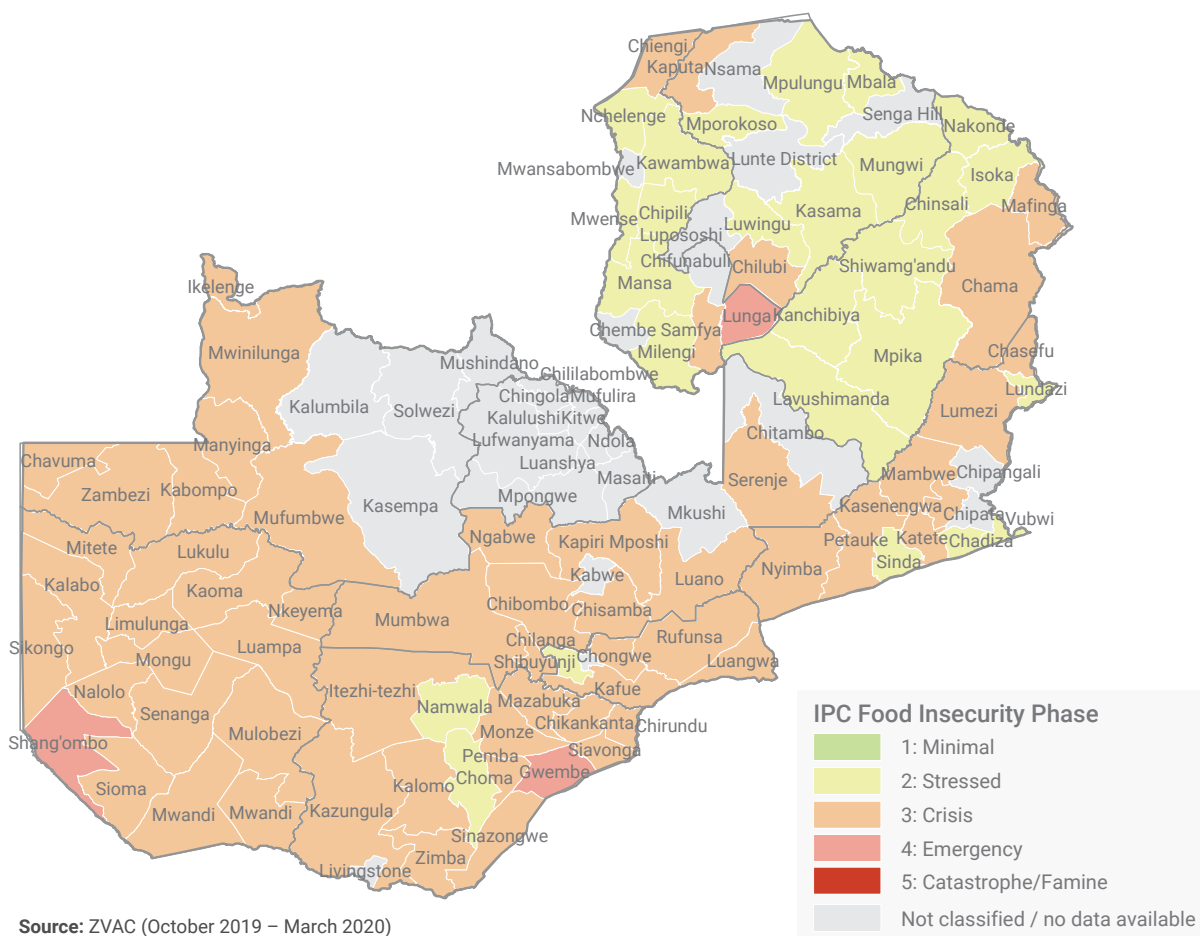
TOTAL PEOPLE TARGETED

2.3 MILLION

More than 450,000 households affected by drought-induced food insecurity.

TOTAL FINANCIAL REQUIREMENTS (US\$)

\$89.5 MILLION



This document is produced by the Humanitarian Country Team, the Zambia Disaster Management and Mitigation Unit (DMMU) and the United Nations Resident Coordinator's Office in Zambia, with the support of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The projects reflected here support the national Government in its Recovery Action Plan. It covers the period from October 2019 to March 2020.

# TABLE OF CONTENTS

HUMANITARIAN RESPONSE PLAN AT A GLANCE	4
ZAMBIA SITUATION OVERVIEW	5
SCOPE OF PLAN AND STRATEGIC OBJECTIVES	6
RESPONSE BY SECTOR	7
Food Security	8
Health	10
Nutrition	11
WASH	12
Education	14
Protection	15
Early Recovery	18
ANNEX	22



## HUMANITARIAN RESPONSE PLAN

## AT A GLANCE

## STRATEGIC OBJECTIVE 1



Provide immediate life-saving and life-sustaining

assistance to the population affected by severe food insecurity

## STRATEGIC OBJECTIVE 2



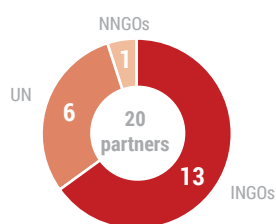
Strengthen the resilience of the most vulnerable

communities to mitigate the impact of drought

## NUMBER OF PARTNERS

20

## PARTNER TYPE



## TOTAL PEOPLE IN NEED



2.3M

## TOTAL PEOPLE TARGETED



2.3M

## REQUIREMENTS



\$89.5M

## FUNDING REQUIREMENTS BY SECTOR



6.5M\*

45.8M

52.3M



1.3M

13.8M

15.1M



0.04M

6.4M



5.0M



4.7M



4.4M\*\* 4.4M



1.7M

Funding received

Funding gap

XX - Funding requirement



Food Security



Early Recovery



Health



Protection



WASH



Nutrition

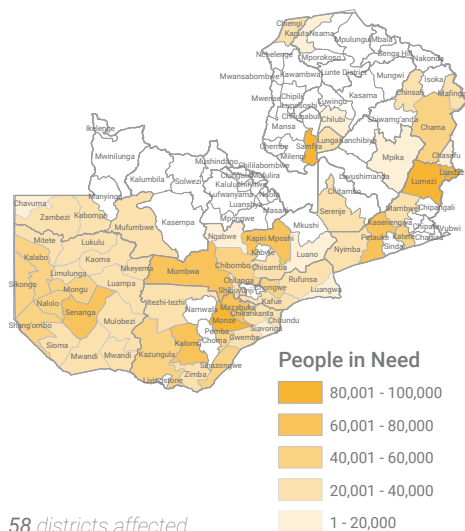


Education

\*\$6.5m received for Food Security sector is for emergency cash transfer

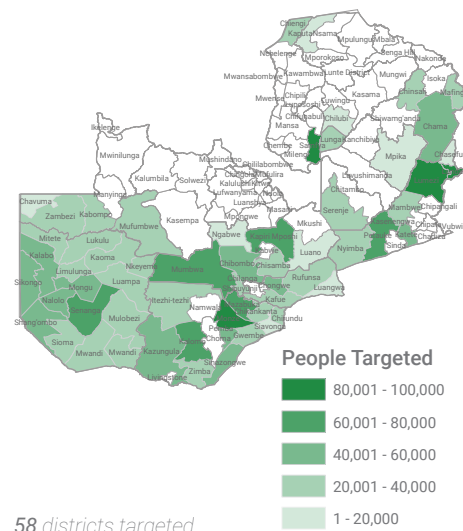
\*\*\$4.4m received for Nutrition Sector is for treatment of severe acute malnutrition (SAM), nutrition surveys, essential drugs and capacity building

## PEOPLE IN NEED (BY DISTRICT)



58 districts affected

## PEOPLE TARGETED (BY DISTRICT)



58 districts targeted

**ZAMBIA**

# SITUATION OVERVIEW

## Key Highlights:

- Significant rainfall deficits in Southern and Western provinces have sharply reduced national cereal crop production prospects.
- Prices of maize products have sharply increased since late 2018 due to low supply.
- Food insecurity is expected to worsen in 58 drought-affected districts in the southern and western parts of the country.
- A total of \$89.5 million are required to provide life-saving and early recovery assistance to 2.3 million people.

More than 2.4 million people are expected to be severely food insecure during the lean season (October - March), with at least 430,000 of them in Emergency levels (IPC 4), according to the last Zambia Vulnerability Assessment Committee (ZVAC) / IPC report. The devastating combination of prolonged and severe drought in the southern part of the country over the last two rainy seasons and floods in the north has driven increasing hunger. According to the Zambia Meteorological Department (ZMD), 2018-2019 rainfall season was one of the poorest the southern half of Zambia has faced since 1981, negatively impacting crop production and consequently food availability and food access. Pest infestations and livestock diseases outbreaks, including foot-and-mouth disease (FMD), contagious bovine pleuropneumonia (CBPP) and fall army worm compounded the situation.

A total of 58 districts registered a huge decline in maize production, the main staple food. Three districts, including Luanga, Shang'ombo and Gwembe are projected to increase to IPC Phase 4 between October 2019 and March 2020. The situation is especially concerning in Gwembe district, in the Southern Province, which recorded a 98 per cent reduction in maize production, compared to last year and the five-year average. The district had the highest proportion of households that reported to have sold more than unusual amount of livestock. At national level, about 16 per cent decline in

production has been registered (from 2,394,907 metric tons produced last season to 2,004,389 metric tons the current one).

The 2019 Vulnerability Assessment has revealed an increase in severe acute malnutrition levels. Acute malnutrition (wasting) has a prevalence of nearly 6 per cent across the nine provinces of Zambia. Out of the 87 districts assessed, 24 indicated prevalence of wasting above the national prevalence of 4 per cent. The highest levels of wasting were registered in the districts of the Western Province, including Shang'ombo (33 per cent), Sioma (29 per cent) and Kalabo (21 per cent). Other districts with medium severity of wasting include Mongu, Limulunga, Luano and Ngabwe, with the prevalence of 11 per cent each. Siavonga, Sinazongwe, Kazungula, Namwala, Lunga, Kaoma and Nkeyema indicate medium wasting prevalence of 10 per cent.

Diminishing access to clean water has increased the risk of communicable disease outbreaks, such as typhoid and cholera. In areas affected by drought, 64 per cent of the population relies on unsafe sources to collect water and 95 per cent do not treat their water for use. Open defecation is a common practice and only 11.2 per cent of the population use improved latrines.

**SCOPE OF PLAN AND**

# STRATEGIC OBJECTIVES

**Strategic Objective 1**

Provide immediate life-saving and life-sustaining assistance to the population affected by severe food insecurity

**Strategic Objective 2**

Strengthen the resilience of the most vulnerable communities to mitigate the impact of drought

06

**FUNDING**

The UN and INGOs are seeking US\$89.5 million to provide immediate humanitarian assistance and early recovery support for 2.3 million people including the most vulnerable refugees in the Mayukwayukwa Settlement in Kaoma District, for seven months.



# RESPONSE BY SECTOR

# \$52.3 MILLION

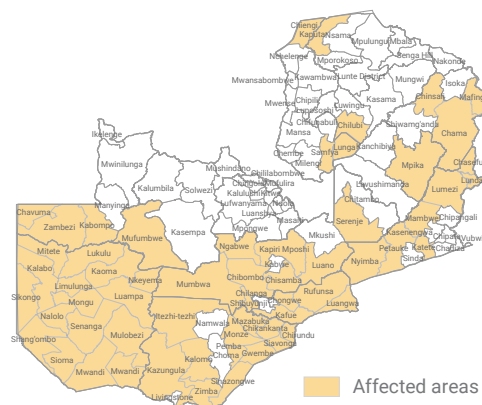
## FUNDING REQUIREMENTS

## FOOD SECURITY



### Sector Overview

According to the 2019 Crop Forecast Survey (CFS), most of Central, Eastern, Lusaka, Southern and Western provinces have been affected by prolonged dry spells and experienced an overall 50-60 per cent reduction in maize production. The assessment further revealed that only 39 per cent of households had cereal stocks to last more than six months. As families deplete their own production, the number of people that will require emergency food support during the lean season is likely to increase if no immediate support is provided.



### PEOPLE IN NEED



# 2.3M

### PEOPLE TARGETED



# 2.3M

Including over 15,000 refugees in Mayukwayikwa settlement of Kaoma Districts

### # OF PARTNERS



# 16

Lead Agency: WFP

The reduced production poses a challenge in terms of access to food for households that are largely dependent on subsistence farming as their main source of income and food. This will also affect the capacity of households to resume production in the coming two months. Poor households from both the local and refugee populations and low-income earners who depend on markets as the main source of food are expected to be impacted by high commodity prices. About 39 per cent of the households who were already spending more than 65 per cent of their income on food will be exposed to further food insecurity as prices increase during the lean season. Moreover, reduced production due to ongoing drought and pest infestation has left households to depend on local markets to access food. However, high commodity prices have affected household ability to fill the food gap through local market access. Reduced production has led to increased price of commodities ranging between 6.6 per cent and 17.9 per cent for different categories of processed maize meal. The situation is exacerbated by unpredictability of the Government's Social Cash Transfer (SCT) that would have cushioned food gaps and most households will have challenges to access commodities through markets without additional support due to high prices and eroded purchasing power.

ZVAC indicates that affected households are selling unusual quantities of animals to fill the households food gap. Gwembe is one of the districts with the highest proportion of households that were reported to have sold unusual quantities of animals. Further, the outbreak of foot-and-mouth diseases including other livestock diseases in Southern and Central provinces are likely to impact household's food diversity and coping strategies leading to depletion of livelihood options

Recognizing that high malnutrition rates in Zambia are associated with inadequate consumption of diversified healthy diets, among other factors, households with low purchasing power could apply negative coping strategies such as reducing the number of meals and type of food they consume, further compromising the nutritional status of children under age 5 and pregnant and lactating women.



### Priority Response

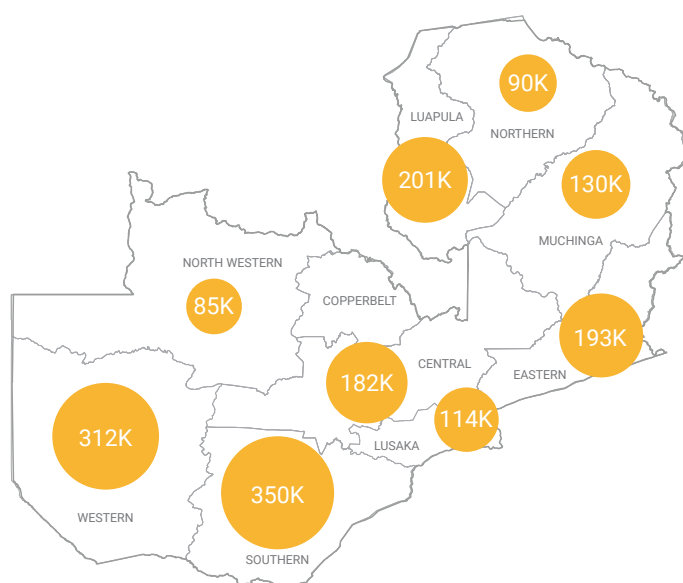
Recognizing that the Government has been responding to national emergency needs in recent years, WFP will utilize existing government's mechanisms in place and complement through monitoring and logistics/procurement support, as requested by the Government.

Support will entail delivery of government's maize stocks to selected hard-to-reach districts, specifically at district level satellite depots, complementing the government's broader logistics efforts to transport maize to most affected districts. In addition, food security partners will procure and deliver pulses to designated affected districts and complementing the government's emergency cash transfer locations. The recovery action plan indicated the cost for procurement and deliver of pulse with logistic service for maize distribution is estimated to amount to USD94 million for six months. Food security partners will engage to mobilize USD52.3Million to provide urgent food support for drought affected population in 58 districts. WFP in collaboration with line ministry, DMMU and RCO/OCHA will conduct periodic monitoring of response activities and provide progress updates and reports.

### Food Security Sub Sector: Emergency Cash Transfer

UNICEF in collaboration with WFP and INGOs will implement the emergency cash transfers targeting more than 66,000 households. The districts that will be targeted through ECT will be the three IPC Phase 4 (Emergency) districts and 10 additional IPC Phase 3 (Crisis) districts. Emergency cash transfers will complement food distribution activities through, providing income to households in that are not receiving in-kind food distribution but where there are sufficient food markets. This cash transfer also provides income to households to diversify household's food baskets and address unmet needs. The support will be a regular social cash transfer (SCT) transfer value of K90 (US\$7) for households without disabilities and K180 (US\$14) for households with persons with disabilities.

### IPC PROVINCIAL POPULATION IN PHASE 3 AND ABOVE



# \$6.4 MILLION

## FUNDING REQUIREMENTS

### HEALTH



#### PEOPLE IN NEED



## 1.5M

#### PEOPLE TARGETED



## 1.5M

- 1.5 million children under-age 2 for immunization
- 350,000 children under age 5 for common childhood illnesses and early childhood development
- 1.6 million women of reproductive age and adolescents for sexual and reproductive health services

#### # OF PARTNERS



## 4

**Lead Agency: WHO**

#### Sector Overview

Drought also results increase in the prevalence of diarrhoeal diseases, communicable diseases and malnutrition. Although this affects the entire population, children, pregnant and lactating women are population groups at higher risks due to existing vulnerability. Women and girls are also vulnerable to gender-based violence, unplanned pregnancies and increased risk from complications of pregnancy and child birth due to scarcity of resources and lack of access to health services in health facilities with optimum WASH conditions. The health of children and women in the 58 districts affected by drought is likely to get worse if monitoring of adverse events of drought and subsequent diseases are not monitored and provided with timely and adequate health services.

#### Priority Response

WHO in collaboration with UNFPA, UNICEF and GRZ will provide emergency health response for drought affected population through:

##### 1) Integrated Disease surveillance and Response During Emergency

- Build Knowledge and skills in managing integrated disease surveillance and response for use in monitoring trends of communicable diseases such as measles, malaria, diarrhoeal and pneumonia diseases that may be closely associated with effects of the drought.
- Use data in planning and managing drought service delivery for health services
- Child Health - survival and thriving.
- Support emergency vaccination for children under age 5 (measles mass vaccination).
- Procure 1.6 million measles vaccine and distribute.

##### 2) Sexual and Reproductive Health

- Build capacity and support community volunteers on identifying pregnant women in affected population and linking them to services to ensure continued access to services and subsequently delivery by skilled birth attendants; prevention and management of SGBV survivors; prevention of child marriage, and other SRH services.
- Build capacity of health care providers in provision of integrated SRH/HIV/GBV services and adolescent friendly services.
- Intensify SRH service delivery through outreach support in targeted districts.
- Procurement, prepositioning and distribution of adequate health input supplies.

##### 3) Targeted Adolescent Friendly Services

- Provide adolescents information on SRH, GBV, HIV, and what SRH services are available and where they can be accessed, including referral mechanisms.
- Ensure continued access to education, both formal and non-formal.
- Work with established local structures to enforce a zero- tolerance policy for Sexual Exploitation and Abuse against adolescents and women.
- Establish or identify safe-spaces for adolescents, where appropriate.
- Through adolescents, raise awareness in community about sexual violence, strategies for prevention, and care available for survivors.

# \$4.4 MILLION

## FUNDING REQUIREMENTS

### PEOPLE TARGETED



# 589k

- 460,000 under-five children
- 105,500 pregnant and lactating mothers
- 23,920 children with severe acute malnutrition.

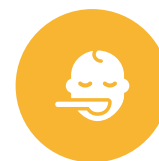
### # OF PARTNERS



# 3

Lead Agency: UNICEF

## NUTRITION



### Sector Overview

Prior to the emergency, the proportion of children 6-23 months who consumed a minimum acceptable diet (at least four food groups) is very low at 12 per cent. The current food insecurity coupled with negative coping strategies, will result in a poor infant feeding practices and a surge acute malnutrition cases. The onset of food in-security situation has most-likely will compromise infants and young children feeding (IYCF) practices in food insecure districts and will expose children to an increased risk of morbidity and mortality. The reduced access to food due to the ongoing and worsening food insecurity situation increases the risk of sub-optimal complementary feeding practices and poor maternal nutrition practices, and consequently will aggravate risk of mortality due to malnutrition and subsequent medical complications. In Mayukwayukwa Refugee Settlement, there is a high prevalence of anaemia in children (6-59 months) at 45.8 per cent out of 395 children. Prevalence of anaemia in women of reproductive age (15-49 years.) is 23.7 per cent out of 342 of non-pregnant women (15-49 years).

The global acute malnutrition (GAM) rate in the drought-affected region of the country is 8.7 per cent. The Ministry of Health routine data showed that the average reported mortality from SAM in children below the age of five years, from 2016-2018 was 8 per cent (from children enrolled in a treatment programme), indicating poor quality of services for the SAM children. This mortality rate, if applied to the estimated number of cases of SAM for 2019, tragically translates to an estimated 11,600 child deaths. This data is likely to be under reported, due to poor documentation and information management system. Similarly, prevalence of chronic malnutrition (stunting) (6-59 months) in Mayukwayukwa refugee settlement is 34.6 per cent of the 379 stunted (chronically malnourished) children (aged 6-59 months). The demand for supplementary feeding in the refugee settlement is high and is expected to rise during the lean period.

### Priority Response

UNICEF in collaboration with MoH and implementing partners will provide life-saving nutrition support for, infant and young child feeding in emergency interventions with the intention to detect and treat severe acute malnutrition in 23,920 children 6-59 months in the 58 drought-affected districts targeting affected district based on planning figure of 2.3 million people in need:

#### 1) Management of severe acute malnutrition:

- Strengthening health worker capacity in management of children with severe acute malnutrition.
- Support for inpatient and outpatient treatment for severe acute malnutrition.
- Community mobilisation/outreach to ensure communities can identify cases and access the services (i.e. community-based management of severe acute malnutrition).
- Supportive supervision, mentorship and referrals of cases of acute malnutrition.

#### 2) Provision of micronutrient supplementation, vitamins and minerals such as:

- Vitamin A supplementation and de-worming of children under age 5 .
- Ferrous and folic acid supplementation of among women of reproductive age.

# \$4.7 MILLION

## FUNDING REQUIREMENTS

### PEOPLE IN NEED



# 100k

### PEOPLE TARGETED



# 100k

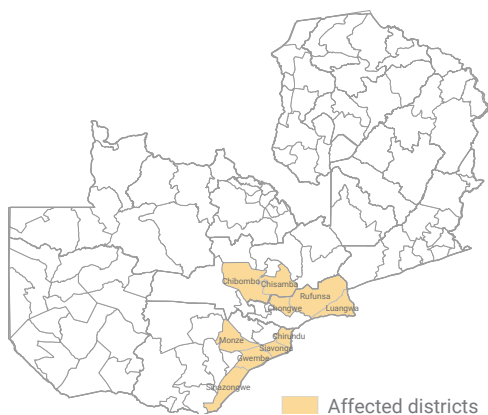
### # OF PARTNERS



# 4

Lead Agency: UNICEF

## WASH



Affected districts

### Sector Overview

According to 2019 Zambia Vulnerability Assessment report, 32 per cent of drought affected population are using water from an unimproved source and 12 per cent of the population practice open defecation. The poor rainfall, coupled with high temperatures during the 2018/2019 season, has contributed to water stress. Shortage of safe drinking water for both humans and agricultural production has negatively affected food production (and prices), thereby putting people at risk of food insecurity,

diarrhoeal disease outbreaks (including cholera due to poor access to safe sanitation) and malnutrition.

Low water levels in rivers and the drop-in groundwater levels is also likely to result into increased interactions between wild animals and livestock. These interactions are likely to lead to an increase in livestock diseases (e.g. anthrax) as livestock and wild animals will be drinking from same water sources. The occurrence of livestock diseases is likely to further erode the coping capacity, and livelihood of the population within the drought-affected areas.

Limited access to basic sanitation services and safe drinking water is a major obstacle to achieving improvements in the health and development of children and women in the country. It underpins a host of problems, contributing to childhood illness, malnutrition, and elevated school drop-out rates for adolescent girls, amongst other issues. Against the above backdrop, the proposed WASH response is meant to contribute to the alleviation of the impacts of drought through (i) improved access to safe drinking water for humans and livestock and, (ii) provision of sanitation and hygiene services. In this regard, the following are identified as the specific needs to be addressed:

- Sufficient water (quality and quantity) for water for domestic use as well as for livestock.
- Adequate sanitation facilities in communities, schools and healthcare facilities.
- Spare parts for smooth operation and maintenance of water points.
- Critical WASH supplies including water collection and storage containers, chlorine and menstrual hygiene kits.
- Awareness on safe hygiene practices.

### Priority Response

#### Water Supply

- Rehabilitate 300 non-functional water sources.
- Drill 200 new boreholes (and equipping with hand pumps or solar powered system).
- Support the repair/upgradation of 20 piped water systems.
- Support water trucking (as a short-term measure, and with clear plan for improvement of medium to longer term intervention).
- Conduct water quality monitoring and surveillance at the source and household level.



- Conduct training of 400 village water, sanitation and hygiene (V-WASH) committees, 40 pump mechanics.
- Provide 40 operation and maintenance kits and spares parts.

**Sanitation and Hygiene**

- Adequate sanitation facilities in communities, schools and healthcare facilities.
- Awareness on safe hygiene practices.

# \$1.7 MILLION

## FUNDING REQUIREMENTS

### PUPILS IN NEED



# 90k

### PUPILS TARGETED



# 90k

*The districts and the target population will be guided by the government-identified areas. Approximately 90,000 pupils.*

### PARTNERS



**Lead Agency: UNICEF**

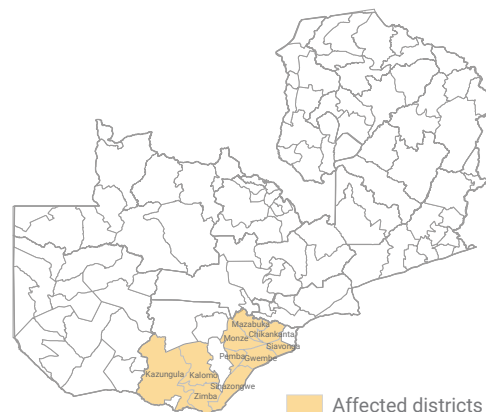
**Co-Lead: UNESCO**

## EDUCATION



### Sector Overview

During humanitarian emergencies such as drought, vulnerable children, especially school aged girls are particularly at risk of dropping out or missing school days in search of water, food and firewood and taking up increased households' responsibility. The reduced income at household level will push some of the vulnerable children, boys and girls as well as teachers to undertake additional income generating activities putting aside their schooling and learning. Decreased daily food intake will affect the learning performance at school.



Support will need to focus on those vulnerable learners who are severely affected by the drought to ensure continued learning process. To mitigate the risks of rising attrition rates and to increase access to education, tailored humanitarian preparedness and response measures are needed. The support will focus on immediate humanitarian responses such as distribution of learning materials to alleviate the financial pressure of the families on the education of children, school-based capacity building to provide school-level responses (such as school-based vegetable gardens, school management strengthening to respond to the challenges) as well as to monitor and ensure pupil attendance.

Priority gaps in education sector in the context of drought include water and hygiene in schools, significantly affecting adolescent girls, and the anticipated protracted water and food shortages which will affect attendance and learning as mentioned above.

### Priority Response

To ensure school aged children in drought affected district assess education, the UNICEF, MoE, and partners will:

- Provide conduct rapid assessment on the effect of drought in school attendance and other aspect of education.
- Provide support to improve school management and planning to address the immediate issues around pupils' attendance and performance due to drought.
- Establish Flexible learning methodologies (or remedial learning) to ensure at-risk learners continue learning.
- Provide teaching and learning materials (ECD kits, Maths kits etc).
- To improve nutritional intake of children, schools will be provided with emergency school feeding programme.
- Conduct district level monitoring and follow up to ensure monitoring of school attendance.

District level sector and humanitarian coordination and monitoring (within Education sector, with WASH, Food Security and Livelihood, Health and Nutrition, Social Protection – cash transfer) to ensure comprehensive response at school level.

**\$5.0  
MILLION**

**FUNDING  
REQUIREMENTS**

## PROTECTION



### Sector Overview

According to ZVAC, women and girls of reproductive age constitutes more than 25 per cent the total drought-affected population. The drought exposed women, children and girls for more protection risks such as gender-based violence and abuses. Increased movement of people in search of food and water, further exposed women and girls (especially pregnant and lactating women) for sexual abuse, exploitation and unsafe migration including human trafficking. This is because it is usually women and girls who walk long distances in quest for food, water and firewood fuel or who move within or across borders in search of alternative livelihood opportunities.

This situation predisposes women and children, especially girls, to transactional sex in return for food, water and other basic needs. The other concern is disruption of basic social services especially education, health and other social services. Health facilities may not have adequate skills and supplies to provide comprehensive post-GBV services which include but are not limited to health, psychosocial support and legal services. Disruption of services limits the quality of service delivery and reduces access to comprehensive post-GBV services.

Humanitarian response personnel from UN Agencies, Government and Non-Governmental Organizations, and community volunteers will need to ensure they have adequate knowledge on the prevention of sexual exploitation and abuse. Being a protracted refugee population in Zambia with limited resources being channelled to Mayukwayukwa, refugees found in Kaoma District are naturally more prone to protection risks.

A rapid assessment will be conducted to ensure empirical data is available on the magnitude of the emergency and identify high-risk areas and factors driving gender-based violence (GBV) and violence against children. This will ensure interventions are informed by evidence. A displacement tracking survey will also be undertaken to monitor human mobility and displacement resulting from food insecurity.

The potential needs are listed below:

- Prevention of and protection from gender-based violence.
- Integrated Service Delivery with dignity kit and other supplies, such as rape treatment kits and IEC materials.

### Priority Response

UNFPA in collaboration with UNICEF, IOM and INGOs will implement and mainstream protection responses focused on:

- 1) **Prevention of and protection from gender-based violence and violence against children:**
  - Dignity and safety of women (pregnant and lactating) and adolescents' girls ensured through life saving protection from sexual and gender – based violence including HIV/AIDS and STIs and child marriage in drought affected regions;
  - Prepare and print information on SRH, GBV, and HIV/AIDS;

### PEOPLE IN NEED



**1.8M**

### PEOPLE TARGETED



**1.8M**

*Women, girls and children*

### # OF PARTNERS



**3**

**Lead Agency: UNFPA**

- Provide/ Conduct sensitization sessions for women and girls, and response team on GBV/ violence against children, SRH and HIV/AIDS issues during food, water or any other life-saving commodities' distribution;
- Through adolescents, raise awareness in community about sexual violence, strategies for prevention, and care available for survivors;
- Work with established local structures to enforce a zero- tolerance policy for GBV and Sexual Exploitation and Abuse against children, adolescents and women;
- Sensitization on services available for women and children to ensure they are aware of food distribution and emergency cash transfers;
- Conduct anti-GBV multi-media campaigns.
- Support social welfare system volunteers to sensitize communities on violence against children and to identify, refer and follow up cases of violence and cases of children experiencing difficulties in accessing basic services;
- Support social welfare system to provide target assistance to child-headed households and families with parents or children with disabilities;

## **2) Integrated protection services and supplies:**

- Life-saving integrated services such as post-rape treatment, mental health, psychosocial support and safe places for GBV survivors.
- Support and strengthen existing community-based structures on GBV prevention, protection and post GBV services to survivors.
- Strengthen referral mechanisms/referral pathways and develop SOPs for GBV response in the affected regions.
- Procure and distribute Rape treatment Kits, and dignity kits.
- Conduct targeted awareness raising activities on prevention and identification of cases of GBV, consequences of GBV, available services, provisions of the law, and reporting mechanisms.
- Train community volunteers in targeted districts on identification of GBV incidences, and strengthen referral mechanisms.
- Provide health care, legal and psychosocial counselling support to GBV survivors.
- Register and follow up on GBV cases referred to the available services.
- Conduct women and girls' safety assessments in the target areas.
- Establish or identify safe-spaces for adolescents, where appropriate.
- Compile protocols for partners providing food assistance – risks that children are very vulnerable to SEA to gain food provisions.
- Support to GBV coordination at district level (engagement with MCDSS and ZP and others) to have clear protocols in place for identified cases of GBV which are referred to needed services (health, Social workers and police).
- Orientation of staff on how to use above protocols.



**3) Capacity development:**

- PSEA Orientation for GRZ, UN Agencies, NGO staff and community volunteers
- Child Protection and GBV orientation for GRZ, UN Agencies, NGO staff and community volunteers including food distributors and volunteers at health centres
- Multi-disciplinary training for GBV management for health, psychosocial, education, police and paralegals
- Orientation with DSWOs in affected districts on risks of potential unaccompanied and separated children as they move across districts (or within district) to find employment and/or food and provision of support in care decision-making.

**4) Information management and documentation support:**

- Conduct rapid assessment to compile empirical data on status and protection needs of women, adolescent (especially adolescent girls) and children in the target districts.
- Develop policy briefs and infographics to inform evidence-based response.

**5) Protection dignity kits supplies:**

- Rape treatment kits
- Dignity kits
- IEC Materials including in local language, Braille and illustrations

# \$15.1 MILLION

## FUNDING REQUIREMENTS

## EARLY RECOVERY AND RESILIENCE BUILDING



### Sector Overview

According to ZVAC report, affected households are selling unusual quantities of livelihood assets such as cattle to fill the household's food gap. Gwemba districts is one of the districts registered the highest selling of cattle to fill household food gap. About 39 per cent of drought-affected households already spending more than 65 per cent of their income on food. As a coping mechanism, households are engaged in selling of livelihood asset which will affect long term household resilience.

### PEOPLE IN NEED



# 120k

### PEOPLE TARGETED



# 120k

Vulnerable households

### # OF PARTNERS



# >8

Lead Agency: UNDP

To promote household early recovery and resilience of affected population, partners will undertake the following activities:

- Agricultural inputs such as seed and fertilizers;
- Livestock disease surveillance and management to provide vaccinations and treatment;
- Farm ponds (multi-purpose);
- Community infrastructure, including: small weirs, canal and water distribution systems, Irrigation systems (boreholes, solar panels, water tanks, drip irrigation system), solar powered boreholes for livestock watering and other purposes, boundary fences for selected irrigation infrastructure;
- Efficient cook stoves introduced benefiting women;
- Affordable and renewable energy system: solar systems deployed for use in rural areas;
- Promotion of small ruminants and village chicken production: Chickens and goats;
- Aquaculture promotion targeting small scale fish farmers;
- Small scale agriculture irrigation promotion and water harvesting;
- Water tracking for Livestock: System set up to track water monitoring with GPS points;
- Post-harvest processing capacity building and promotion of value chains through market linkages.

To improve nutritional resilience of affected population, early recovery support for more than 1,362,130 children 6-59 months including 3,000 refugee children will include:

1) Capacity building support for MoH, NFNC and DMMU to monitor nutrition response in the affected districts. This includes:

- Strengthening of nutrition surveillance to provide time critical nutritional status information.
- Strengthening monitoring of the IMAM programme through orientation in use of IMAM database and orienting volunteers in collection and reporting data from outreach sessions.
- Strengthening supply chain management of anthropometric equipment and therapeutic feeds Procurement of all equipment, drugs and supplies required for management of severe malnutrition.

2) To facilitate active Nutrition screening at both community and health facility level to facilitate early detection of cases of acute malnutrition for referral for lifesaving treatment.

3) Provision of support for optimal infant and young child feeding in emergencies (IFE).

**Activities include:**

- Strengthening community volunteers' capacity to complement health worker efforts through the provision of IYCF counselling at community level.
- Protection, support and promotion of early, exclusive and continued breastfeeding, through support to mothers (establishment of support groups),
- Building capacity of community and health facility based IYCF-E counsellors' provision of counsellors
- Establishment of Infant feeding corners at health facilities and key community meeting points.
- Provision of appropriately targeted support for artificially fed infants, monitoring and policy action for prevention of uncontrolled breastmilk substitute donation and distribution, provision of appropriate complementary foods.

To improve learning process, partners will:

- Procure teaching and learning materials.
- District level sector and cross-sectoral coordination, capacity building of district level authorities.
- School Improvement Planning training focusing on draught related challenges and support to the affected pupils.
- Training of teachers and school heads on food security, climate change, tree planting through innovative technologies and school gardening.
- Implementation of flexible/remedial learning programme (training of teachers, materials reproduction).
- Providing training for school personnel on food security, climate change, tree planting through innovative technologies and school gardening (for home grown school feeding).

While this response plan focuses on immediate life-saving and early recovery requirements, development partners will work with the Government on medium to longer term interventions to help mitigate the impact of future shocks. These include establishing effective early warning systems, climate smart extension services (such as installation of automatic weather stations and ground and surface water monitoring stations) and empowerment of farmers with adequate knowledge, skills and means to adapt their livelihoods and ensure sustainable management of the environment. This approach will ensure a smooth transition from the acute crisis to the implementation of activities to better cope with the challenges related to future change weather patterns and enhance the resilience of communities in optimally managing disaster risk reduction activities; hence, self-reliance of the community capacities to manage the impact of climate change.

## GENERAL COORDINATION

Zambia United Nation Resident Coordinator Office will co-led drought response in collaboration with Zambia Disaster Management and Mitigation unit (DMMU). To coordinate drought response and avoid duplication of effort, UN has assigned seven sector lead agencies to co-led priority sector response in collaboration with line ministry office. The seven priorities sector technical committees are activated as per recovery action plan for drought response at national, province and district level. The sectors are Food Security, Nutrition, Health, WASH, Protection, Early Recovery and Education.

As usual, UN will continue to conduct periodic internal drought response coordination meetings both at national and province level. UN coordination meeting at national level will focus on strategic and operational level. Province and district coordination meetings will focus on operational issues. The UN Country Team (UNCT) will decide on frequency of coordination meetings in consultation with UN sector lead agencies and partners including INGOs and NNGOs. UN sector lead agencies will continue to coordinate sector responses in collaboration with DMMU, line ministry, INGOs and NNGOs.



# ANNEX

## COORDINATION MECHANISM

