



Multi-hazard Preparedness and Response Plan

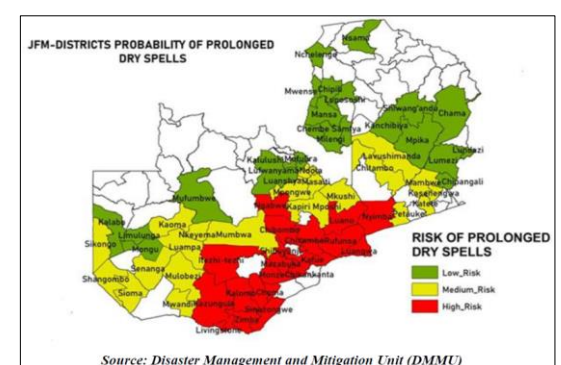
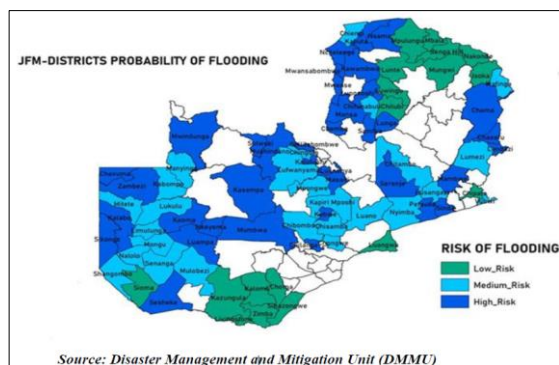
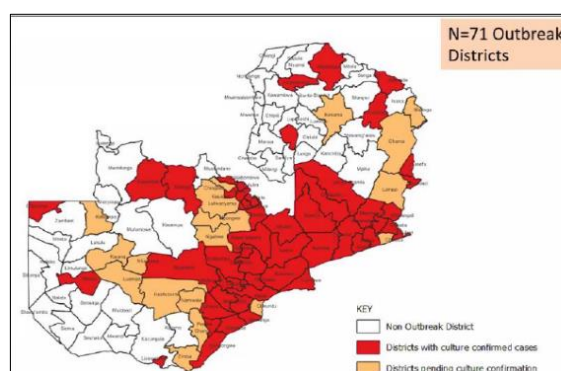
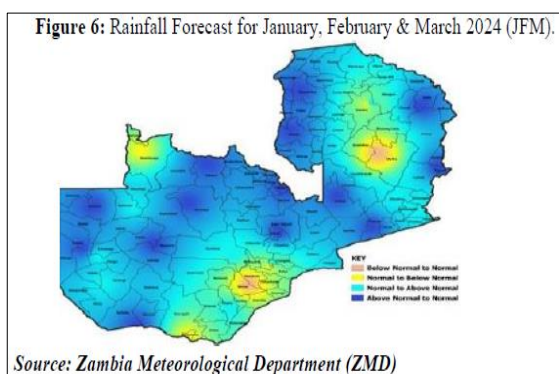


UN ZAMBIA

Key figures:

2.04 million people including 58,440 people in IPC 4 require assistance (ZVAC 2023) ¹	76 districts affected	475,000 people affected by drought-induced food insecurity will be prioritized.	
475,000 people targeted.	16 priority districts targeted	Funding Available	<u>USD 6,973,583</u>
19.9 million people at risk of cholera	71 districts affected	Funding Requested	<u>USD 38,650,454</u>
10.5 million people targeted ²	38 districts targeted	Funding Gap	<u>USD 31,956,871</u>

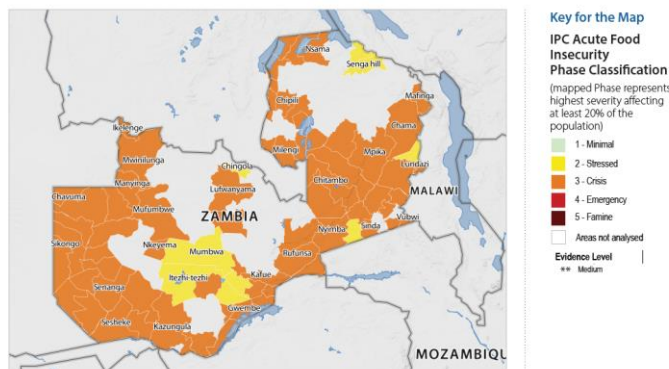
Maps: Rainfall Forecast, Cholera Outbreak and IPC 3+Districts



¹ Figure projected based on the latest assessment available, the ZVAC 2023, although according to the figures stated in the Presidential Declaration of National Disaster and Emergency on 29 February 2024 the total affected people estimate may be considerably higher. The Presidential Declaration mentions 1 million farming households affected; 1 million hectares (out of 2.2 million) of maize plantations destroyed; and 84 districts severely affected.

² Targeting affected districts in Central, Copperbelt, Lusaka and Southern province and this figure may change as the situation evolves.

PROJECTED IPC ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (OCTOBER 2023 – MARCH 2024)



Situation Overview

Key Highlights:

- Significant rainfall deficits in Central, Eastern, Lusaka, Southern and Western provinces have sharply reduced national cereal crop production prospects.
- 19.9 million people at risk of cholera³
- Prices of maize products have sharply increased since late 2023 due to low supply.
- Food insecurity is expected to worsen in IPC 3+ districts in the Central, Eastern, Southern, and Western parts of the country.
- A total of **USD 38,650,454 million** is required to respond to both cholera outbreak targeting 10.5 million people in 38 districts and to provide lifesaving and early recovery assistance to 475,000 people affected by drought and flooding.

The climate patterns for the 2023/2024 rainfall season are marked by a moderate El-Nino signal and a positive Indian Ocean Dipole which are the major global drivers of rainfall over Zambia. This weather phenomenon has already begun to give rise to hazards which are expected to occur this year from January to March but whose impacts are likely to be felt by vulnerable communities until the end of 2024. An analysis of the seasonal forecast was undertaken based on the downscaled forecast by the Zambia Meteorological Department taking into consideration historical data, and the elevation model of geographical locations of the districts. This was to effectively anticipate the risks which are likely to characterise the 2023/2024 rainfall season. The hazards currently being experienced in the country are characterised by riverine and flash floods; dry spells/drought coupled with high temperatures; epidemics of which cholera broke out in October 2023; and strong winds because of temperature variations and pressure gradients. The ongoing El Nino exacerbates the existing food security challenges, demanding increased humanitarian support, livelihoods recovery, and resilience building.⁴

The 2023 in-depth vulnerability assessment projected that approximately 2,037,712 people (22% of assessed population) in 76 districts will require urgent humanitarian assistance to reduce food gaps, protect and restore livelihood and prevent acute malnutrition. This number accounts for people in food insecurity crisis (IPC 3+), including 58,440 (9,740 households) who will be in food insecurity emergency (IPC4) during October 2023 to March 2024. The delayed onset of the rain in several districts has further exacerbated the situation. However, the UN Response Plan will target an estimated 79,000 households (representing roughly 475,000 people) in 16 priority districts with over 30%+ of the population in IPC phase 3 and IPC phase 4. A total of 85 districts spread across 10 provinces are expected to be affected by the floods and dry spells in various parts of the country, with an estimated population of 18,385,365 people, of these 6,080,100 are at risk of floods and dry spells. Therefore, the rate of acute malnutrition is expected to increase in the face of the flooding and dry spell situation, especially

³ Ministry of Health – Zambia National Public Health Institute, February 2024.

⁴ WFP and FAO: El Niño’s Impact on Food and Nutrition Security in Southern Africa - Lesson Learned for Improved Coordination and Response, 2024

for those groups in the population that are already nutritionally vulnerable and health compromised. Most of the affected households are expected to experience disruptions or losses in crop production, livelihoods, and productive assets, among others. This situation calls for an urgent need to enhance Water, Sanitation, and Hygiene (WASH) services. Delays in implementing WASH interventions is likely to further increase disease burden and mortality resulting from water borne illnesses, in addition to the on-going cholera epidemic, which are an important factor in acute malnutrition.

Zambia remains threatened by recurrent outbreaks of cholera, with 20 cholera hotspots districts spread across six provinces. Despite having developed its Multisectoral Cholera Elimination Plan in 2019, the country continues to experience an increase in the number of cholera outbreaks with an increase in the number of cases, affected districts and localities. As per the situation report of 7th February 2024, 10 of the 10 provinces had recorded cholera cases with 71 of the 116 districts reporting cases with local transmission established in 61 districts. Eastern Province reported cases that were linked to Malawi and Mozambique, linking human mobility to the outbreak. The current cholera outbreak has spread to some non-hotspot areas of Zambia. Higher temperatures are likely to exacerbate the ongoing cholera outbreak. It is certain that the increased prevalence of diarrhoeal disease transmission, which is common during warmer weather, will be further exacerbated due to higher temperatures attributable to the El Nino event currently affecting the country, and these in turn are likely to further increase levels of malnutrition in children. The existence of weak and porous borders around Zambia poses a serious threat to public health security especially during epidemics. Heightened and strengthened points of entries (POEs) is required to prevent further spread of epidemics.

The floods, droughts and epidemics increase protection concerns and exposure of children, women, and men to a range of physical risks and hazards, such as damaged buildings, drowning and outbreak of diseases. Vulnerable people such as the elderly, women and children, including refugees, migrants, internally displaced, and persons with disabilities, experience greater difficulties in accessing essential aid and services, and are vulnerable to abuse, violence, and exploitation at points of assistance. In addition, the risk of epidemics is high in congregate settings such as refugee settlements. Inclusion of forcibly displaced persons in response plans is significant due to the unique challenges and vulnerability they encounter in the country of asylum. Even if refugees, migrants, and mobile populations are included in national health policies, strategies, and systems they may still face financial, administrative, geographic, language, gender and social barriers to access services.

Strategic Objectives:

- Ensure effective coordination for multi-hazard (El Nino, floods, cholera, etc.) preparedness and response interventions for 9 months.
- Institute proper case management and infection prevention and control to combat cholera outbreak.
- Strengthen and build capacity of border officers at Points of entry (POEs) to ensure public health security. Improve access to safe water, sanitation, and hygiene facilities in the affected communities.
- Provide immediate lifesaving and life-sustaining assistance to households affected by severe food insecurity.
- Bridge emergency response with early recovery, development, and investment assistance required to mitigate the impact of El Nino-induced drought, floods, and cholera among vulnerable communities.
- Engage at risk and affected communities to access accurate and timely information to promote preventive and protective practices.

Funding:

The UN estimates the need of **USD 38.65 million** to respond to both the cholera outbreak targeting 10.5 million people in 38 districts as well as to provide immediate humanitarian assistance and early recovery support for 475,000 food insecure people including the most vulnerable refugees in the Mayukwayukwa Settlement in Kaoma District, for 9 months. The period July to September will focus on early recovery and resilience building interventions to mitigate the impact of El Nino-induced drought, floods, and cholera among the targeted vulnerable communities. So far, the UN was able to mobilize some funds to support the cholera immediate response, of which key sources are the Central Emergency Response Fund (CERF) with USD 2.5 million; the

European Union ECHO mechanism (1 million Euro) and the African Public Health Emergency Fund (APHEF) with USD 723,583.

Response by Sector:

The Response Plan includes the following seven sectors: Food Security and Agriculture; Nutrition; Health; WASH and Solid Waste Management; Education; Protection; and Early Recovery & Resilience Building.

Food Security and Agriculture

Affected areas: 76 districts in Central, Eastern, Lusaka, Southern and Western provinces

Target beneficiaries: 2.04 million including 58,440 people in IPC phase 4 (ZVAC 2023)

Priority beneficiaries: 475,000 people from 79,000 households in 16 IPC 3+ districts with 30%+ of population in crisis stage or above

Available Funding: USD 750,000

Funding Required: USD 15,000,000

Funding Gap: USD 14,250,000

UN Lead Agency: WFP

UN Partner Agencies: FAO, UNICEF, UNHCR

Sector Overview:

Zambia is dealing with a complex humanitarian crisis, driven by weather extremes, a persistent cholera outbreak, and a worsening economic situation. The latest Integrated Food Security Phase Classification (IPC) analysis estimates that 2.04 million people (21% of the rural population) face high levels of acute food insecurity (IPC Phase 3) or worse in the 2023/2024 consumption year, this includes 58,440 people in Emergency (IPC Phase 4). The hardest hit areas include southern, western, and parts of the eastern provinces, where erratic rainfall, crop failures, livestock losses, high food prices, and limited income opportunities have severely impacted food security and livelihoods.

El Niño is associated with drought, erratic rainfall, and high temperatures, leading to water scarcity, reduced food availability, and disease outbreaks. El Niño-induced food price increases, diminished agricultural labour opportunities, and disruption of supply chains contribute to malnutrition, food insecurity, and economic strain. Limited adaptive capacity, humanitarian crises, displacement, and migration further exacerbate challenges in affected regions.

The results of the 2022/23 crop focusing survey have revealed that a total of 91,981 ha of land under crop production was destroyed by heavy rains and flash floods. In addition, it has been established by the survey results that a total of 219,610 ha of land under crop production was damaged by the dry spell. The 2022/2023 season was also characterised by the outbreak of fall armyworms and stalk borers that were reported to have damaged about 8,021 ha of cropped land. In some parts of Zambia, the cassava brown streak disease was reported to have affected many fields. In total, the damage caused by flash floods, dry spells and pests stands at 319,611 hectares. Prolonged dry conditions have led to significant crop losses, with data from the Ministry of Agriculture indicating as much as 70% crop loss in Zambia's breadbasket regions, including Southern, Eastern, Central and Lusaka provinces. This situation could lead to a maize deficit of over 600k MT unless corrective measures are timely implemented.

A persistent cholera outbreak, which has been ongoing since October 2023, has led to more than 18,000 cases resulting in more than 600 deaths, with a fatality rate of 3.5%, far higher than the 1% threshold set by the World Health Organization. The outbreak has been attributed to poor sanitation and hygiene practices, lack of safe water sources, and overcrowding in urban and peri-urban areas. The government has declared a public health emergency and has implemented various measures to contain the spread of the disease, such as banning street vending, restricting public gatherings, enhancing surveillance and contact tracing, and providing cholera treatment and prevention services. These restrictions are creating limitations on livelihood options, particularly for the urban population hardest impacted by the outbreak.

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 Interventions:

Recognizing that the Government has been responding to national emergency needs in recent years, WFP and partner agencies will utilise existing government mechanisms in place and supplement through provision of

complementary food assistance, capacity building, monitoring, and logistics/procurement support, as requested by the Government.

- Support will entail enhancing the government's logistics capacity for the delivery of government's maize stocks worth more than ZMW 44 million in selected hard-to-reach districts, specifically at district level satellite depots as well as through procurement and delivery of pulses to designated affected districts.
- Support DMMU to implement an emergency cash transfer (ECT) intervention, including capacity strengthening of government structures at national and subnational levels to implement the ECT as well as support for beneficiary registration, monitoring and set up of grievance redress mechanisms.
- WFP will complement the Government's response by providing additional emergency cash transfers to an estimated 79,000 households (475,000 people) in the 16 districts in IPC Phase 3 with more than 30% of population in crisis stage or above. The aim is to provide income to affected households to diversify their food basket and address essential needs. The target households will be located where there are sufficient food markets. Rapid market assessments will be conducted to ensure availability of food items and monitor retail prices. The support will be a harmonised transfer value of ZMW 400 per month for six months.
- Targeting the same 79,000 households (475,000 people) WFP and FAO will provide improved agricultural inputs, such as short cycle crops, nutrition sensitive agriculture inputs and drought tolerant crop varieties, distribution of small livestock, and installation and rehabilitation of solar powered irrigation systems. The provision of resilient agriculture inputs will enable vulnerable farming households to maintain their productive capacity and prevent them from resorting to harmful coping practices like asset stripping and consumption of unsafe wild fruits and tubers which can lead to food poisoning. It will also help abate unnecessary migration in search of food.

Nutrition

Affected areas: [ZVAC (2023) and Cholera SitRep (12 Feb 2024)]:

- 71 districts affected by Cholera as of 12 February 2024
- 76 districts in food insecurity IPC3+, heightening risk of malnutrition

Target beneficiaries:

- 45,000 children will be targeted for treatment of severe wasting (40% of estimated caseload)
- 14,170 expected cases of cholera requiring nutrition case management; out of which 2,550 are children.

Available Funding: USD 215,000

Funding Required: USD5,100,000

Funding Gap: USD4,885,000

Details of Total Nutrition Funding required:

- Nutrition case management in Cholera and nutrition ITP in drought affected districts – USD300,000: available: \$15,000, funding gap: \$275,000.
- Identification and outpatient treatment of children with severe wasting in IPC3+ districts and cholera-affected districts- USD 4,800,000; available \$200,000. Funding gap \$4,600,000

UN Lead Agency: UNICEF - Community management of severe acute malnutrition and emergency IYCF.
WHO - Facility case management

UN Partner Agencies: WHO, WFP, UNHCR

Sector Overview:

Currently 85 districts spread across 10 provinces are expected to be affected by the floods and dry spells in various parts of the country, with an estimated population of 18,385,365 people, of these 6,080,100 are at risk of floods and dry spells. With the current situation, the rate of acute malnutrition is expected to increase in the face of the flooding and dry spell situation, especially for those groups in the population that are already nutritionally, and health compromised. Most of the affected households are expected to experience disruptions or losses in crop production, livelihoods, productive assets among others.

The 2023 in-depth vulnerability assessment projected that approximately 2,037,712 people (22% of assessed population) in 76 districts will require urgent humanitarian action to reduce food gaps, protect and restore livelihood and prevent acute malnutrition. This number accounts for people in food insecurity crisis (IPC 3+), including 58,440 (9,740 households) who will be in food insecurity emergency (IPC4) during October 2023 to March 2024. IPC 3 households are defined as those characterised by food consumption gaps that are reflected by high or above usual acute malnutrition OR are marginally able to meet minimum food needs but only by depleting essential livelihoods assets or through crisis-coping strategies. With expected El Nino impact on the next harvest season, food insecurity is likely to worsen.

In addition, the majority of the populations in need have been identified as needing water, sanitation, and hygiene services. The negative impact of drought coupled with poor sanitary conditions has contributed to the current Cholera outbreak. The transmission of cholera outbreak is associated with poor sanitary conditions experienced in dry spell conditions. Diarrhoea either increases the risk of malnutrition or worsens nutritional outcomes for already nutritionally vulnerable children. Furthermore, where cholera outbreak is the most intense, some essential community-based nutrition services have been suspended for infection control, including groupings for nutrition lesson delivery by Nutrition Support Group volunteers and associated training, reducing the support available to families at a time it is most needed. The food insecurity situation increases the risk of malnutrition among vulnerable people, especially women and young children. The overlap between current food insecurity levels and predicted El Nino impact points to a likely increase in food insecurity and risk of malnutrition, thereby likely to contribute to the high cholera case fatality rate among the populations presenting for treatment due to low population immunity.

The disruption of livelihoods due to displacement further poses a threat on optimal dietary practices especially for the vulnerable populations including pregnant and lactating women, infant, and young children, the aged, disabled and those with chronic illnesses.

Estimates and projects of SAM (Severe to Acute Malnutrition) caseload due to drought, floods - It is estimated that out of an estimated population of 18,385,365 people affected by drought (10,461,894) and floods (7,923,471); a total of 88,761 children in IPC3+ districts will need therapeutic feeds for treatment of severe wasting, including 21,445 treated as inpatients. In addition, children living with HIV (36,771) will require nutrition care and support while 23,719 children with moderate wasting in districts with IPC4 level food insecurity will need support through modified therapeutic feeding protocols.

Estimates of cholera case management requiring nutrition support - The estimated case load of populations affected by cholera in 66 districts (excluding Lusaka) with an attack rate of 71 (14,170. out of 6,782,649) expected cases of cholera; with an estimated number of 2,550 children with cholera. These children are also expected to present at cholera treatment and later referred appropriately for in-patient (510) and outpatient care (2,040)

On-going support to the Nutrition Sector for Emergency Response

The following is the on-going nutrition support in the Nutrition Sector:

- Expected CERF Funding support with \$100,000 for in-patient nutrition case management of cholera in Lusaka CTUs/CTCs
- Expected CERF Funding support with \$200,000 for procurement of therapeutic feeding and orientations in active case finding and outpatient therapeutic feeding for children with SAM in Lusaka affected by cholera.

Priority Response Interventions:

Life-saving nutrition interventions and services provided to populations affected by food insecurity due to drought, floods, and cholera.

The key focus of the nutrition contingency plan is averting excess morbidity and mortality associated with severe and moderate wasting due to flood, drought and cholera shocks in the population (children under age 5, pregnant and lactating women, the elderly, and those with chronic illnesses). This will be done through delivery of lifesaving treatment to the most vulnerable children and strengthening and expanding the routine Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF) counselling. The vulnerable to nutrition cluster will be linked to social protection and food security interventions.

Therefore, the nutrition cluster will focus on the following key strategic actions:

1. Managing children with severe acute malnutrition with complications in the hospitals (In-patient treatment)
2. Timely identification and treatment of children with severe acute malnutrition without complications at facility and community level
3. Managing high-risk children with moderate wasting in district with communities at IPC4-level food insecurity
4. Infant feeding and care practices in emergency contexts will be streamlined across the three areas above.

UNICEF, WHO and WFP in collaboration with MOH and implementing partners will provide life-saving nutrition support to different population categories during the triple emergency effects.

1. Expanding active case-finding for timely treatment of children with severe wasting in healthcare facilities and at community level
2. Provision of life saving nutrition interventions to children in nutrition treatment centres affected by humanitarian emergencies (in-patient care) and nutrition case management care to cholera patients in the Cholera Treatment Units (CTUs) and Cholera Treatment Centers (CTCs) including infant feeding practices in the same units.
3. Provision of life saving nutrition interventions to children under the age of 5 years and forcibly displaced and stateless populations during the humanitarian response to drought and flood emergencies and in cholera epidemic hotspots at outpatient and community level, including infant feeding practices

4. Management of moderate wasting with simplified therapeutic feeding protocols for children in districts with IPC4-level food insecurity

Details of support:

- 1) **Expanding active case-finding for timely treatment of children with severe wasting**
 - Mainstream active case finding into routine nutrition support group services at household level.
 - Support consistency of outreach services to most vulnerable communities
- 2) **Provision of life saving nutrition interventions to children in nutrition treatment centres affected by humanitarian emergencies (in-patient care) and nutrition case management care to cholera patients in the Cholera Treatment Units (CTUs) and Cholera Treatment Centers (CTCs)**
 - Strengthening nutrition workforce capacity in management of cholera patients with nutrition therapeutic feeds as an adjuvant treatment to three level cholera treatment protocol
 - provision of nutrition Lacto/fermented therapeutic feeds to cholera patients, tools, protocols, and equipment for treatment of cholera patients.
 - supportive supervision, mentorship, and referrals of cholera patients to next level of treatment (nutrition inpatient care for children, Discharge of adults with nutrition counselling and continuity of home care package for adults)
- 3) **Management of severe acute malnutrition in the community and health facilities:**
 - Strengthening health worker capacity in management of children with severe acute malnutrition in the health facilities (inpatient and outpatients centres);
 - supportive malnutrition case management in inpatient centres (supervision, mentorship, and referrals of cases of acute malnutrition to outpatient centres.
 - procurement and pre-positioning of therapeutic feeds, medicines and supplies, tools, and equipment for treatment of children
- 4) **Provision of life saving nutrition interventions to children under the age of 5 years and forcibly is placed and stateless populations during the humanitarian response to drought and flood emergencies and in cholera epidemic hotspots at outpatient and community level:**
 - Strengthening health worker capacity in management of children with severe acute malnutrition in outpatient treatment centres;
 - Deliver service, strengthen health worker capacity, and monitor implementation in populations forcibly displaced and stateless populations.
 - 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 in outpatient centres
 - provision of nutrition therapeutic feeds, medicines, supplies, tools, commodities, and equipment for treatment of children in outpatient centres.

Health

Affected areas:

Target beneficiaries:

- 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

Available Funding: USD 2,673,583 (WHO: USD 2,173,583; UNICEF: USD 500,000)

Funding Required: USD 6,664,174 (WHO: USD 4,664,174; UNICEF: USD 2,00,000)

Funding Gap: USD 3,990,591 (WHO: USD 2,490,591; UNICEF: USD 1,500,000)

UN Lead Agency: WHO

UN Partner Agencies: UNFPA, UNICEF, UNAIDS, UNHCR, IOM

Sector Overview:

Zambia has been witnessing a cholera outbreak first reported in Eastern Province on 22nd January 2023. This initial outbreak affecting nine districts in three provinces was declared controlled in July 2023. Subsequently, the country reported a new outbreak in Lusaka district of Lusaka province on 16th October 2023, with subsequent spread countrywide. By 26th January 2024, the country had recorded a cumulative 14,510 cholera cases and 545 deaths (CFR=3.8%) from this outbreak. The country is still witnessing a high number of cases countrywide, an unusually high case fatality, and with 58% of the deaths occurring in the community. This is the largest cholera outbreak recorded by the country affecting all the ten provinces. Eastern Province also reported cases that were linked to Malawi and Mozambique showing how human mobility has played in transmission.

Zambia frequently experiences adverse impacts of climate change that include flash floods, seasonal droughts and extremes of temperatures. Reports over time indicate that the adverse impacts are increasing in frequency and severity. The Zambia Vulnerability Assessment Committee (ZVAC) in-depth assessment conducted by the government of the republic of Zambia in 2023 revealed that about 15,167 people representing 2,527 households which is about 0.17 percent of the analysed population were in the emergency (IPC Phase 4 or worse) while a further 1,571,331 people representing 261,888 households which is about 17 percent of the analysed population were in crisis (IPC Phase 3 or worse).

As responses are usually centred in Lusaka due to its urban environment, other provinces and districts will also be a focus, specifically within areas with neighbouring countries, especially Democratic Republic of Congo, Malawi, Mozambique, and Zimbabwe. With recent outbreaks in several of these countries, the cross-border linkages highlight the interconnectedness of the regions, posing further challenges to containment efforts. To further anticipate shocks and epidemics in and near these cross-border areas, a participatory mapping exercise to help understand population mobility dynamics and characteristics and identify priority communities including forcibly displaced persons and locations that may be vulnerable to infectious disease outbreaks and other health threats will be conducted. It will also be ensured that mobility is considered in the messaging with a focus on cross-border community level awareness-raising and feedback along mobility corridors, Points of Entries (PoE) and other spaces of vulnerability.

Ongoing interventions

UN agencies are supporting cholera response and preparedness and response to climate-induced crises. Ongoing interventions include:

- Technical assistance to strengthen cluster coordination.
- Support to field operations in technical assessments, water quality monitoring.
- Trained 350 Community Based Volunteers (CBVs) to strengthen case contact tracing and community case management.
- 440 Red Cross volunteers for RCCE and community engagement equipped with PPE.
- 1,700,818 doses of Oral Cholera Vaccines from International Coordinating Group (ICG) have been procured and vaccination of targeted populations in Lusaka, Chilanga, Chongwe and Luangwa districts conducted from 17th January 2024.
- Health supplies and equipment have been procured and handed over to the government:
 - 14 tons of assorted cholera kits,

- 5,920 Gavi-supported Cholera Rapid Diagnostic Tests (RDT),
- 30 Acute Watery Diarrhoea (AWD) kits (renewable) to treat 3000 cholera patients,
- 20,000 sachets of ORS, 15 tents to set-up Oral Rehydration Points (ORP) to treat >7000 cholera patients.
- 834 boxes of 12 liquid chlorine, 31 containers of granular chlorine, 2068 buckets, 20 boxes of liquid soap all targeting 70,000 people.
- Supporting risk communication and community engagement through:
 - Operationalizing two toll call lines – 116 & 933 through which over 3,600 callers have been supported.
- Broadcasting hygiene messages on national TV and radio that have reached over 2 million and 5 million people respectively.
- Supporting procurement of 480 batteries for megaphones for public address announcements through ZANIS
- Printing and distribution of IEC materials.
- Re-triggering of Nutrition Support Groups volunteer’s lessons on handwashing and hygiene promotion.
- E- learning through the Zambia Learning Passport.

Health risks and needs assessment.

Cholera outbreaks are associated with significant effects on lives and livelihoods of people, as well as affecting critical sectors of society. Populations experience excess mortality and morbidity as the disease continues spreading with patients reporting in health facilities at a late stage of the disease. The disease-associated severe watery diarrhoea and vomiting leads to rapid dehydration and death. In Zambia, the increased metabolic demands due to cholera, combined with decreased nutrient absorption due to diarrhoea, exacerbates malnutrition, especially in children and those already suffering from undernutrition. In this outbreak, the risk of widespread transmission within affected populations and across districts is high due to inadequate WASH facilities, high population mobility and poor adherence to safety practices.

The rapid spread is likely to overwhelm the healthcare systems, especially in resource-limited settings, further impacting delivery of routine health services. The current large outbreak may significantly strain the economic stability of a community or region by affecting the workforce, increasing healthcare costs, and discouraging tourism and local commerce. Fear of the disease is leading to social stigma and discrimination against affected individuals and communities. It is also causing disruptions in daily life, with impacts on education, commerce, and community interactions. Volatile climatic changes impact several of Zambia’s key sectors such as agriculture and food security, water resources, health, forests, grasslands, and wildlife. The population in Phases 3 and 4 will require urgent humanitarian action to reduce food gaps, protect and restore livelihood and prevent acute malnutrition. Climate induced crises also results in increased the prevalence of diarrheal diseases, communicable diseases, and malnutrition. Although this affects the entire population, children, pregnant and lactating women are a population group 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 childbirth due to scarcity of resources and lack of access to health services in health facilities with optimum WASH conditions. The situation may be dire among vulnerable populations including new arrivals and persons with special needs in emergency humanitarian setting with high risk of disease outbreaks and deficient or absent quality health care services. The health of children and women in the affected districts is likely to become worse if adverse events of drought and subsequent diseases are not monitored and provided with timely and adequate health services. Addressing these risks and needs requires a coordinated public health response that includes improving health care, Water and Sanitation, promoting good hygiene practices, ensuring rapid treatment and rehydration for affected individuals, and strengthening health systems to handle the influx of patients.

Priority Response Interventions:

WHO together with UNFPA, UNICEF, UNHCR and IOM, and in collaboration with other development partners will support emergency health interventions in response to the ongoing cholera outbreak, flooding, drought, and El Nino effects through the following interventions:

1. Coordinating response to cholera outbreak

- Advocating for and supporting the operationalization of the Incident Management System (IMS), Public Health Emergency Operations Center (PHEOC) and the Epidemic Preparedness, Prevention and Management Committees at all levels.
 - Supporting supervisory visits for enhanced coordination of cholera response and mentorship and training of Incident Management Teams (IMTs) at all levels
 - Conducting risk and needs/gap assessments at national and provincial levels
 - Coordinating with partners involved in the national and sub-national EPR.
 - Mobilizing funds and commodities required to support the national and sub-national EPR efforts.
 - Strengthening capacity of health facilities near border areas/ PoEs.
2. 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, diarrheal and pneumonia diseases that may be closely associated with effects of the drought and floods.
 - 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.
 - Procure 2.5 million cholera vaccines and distribute for two rounds.
 - support emergency vaccination for cholera in targeted populations.
 - Ensure screening of new arrivals at Point of entry.
 - Build and strengthen border health at the points of entry (POEs) using the health border mobility and management system in the prevention, detection, and response to communicable.
3. Infection Prevention and Control and Hospital Waste Management
- Conducting assessments of IPC/WASH capacities and practices in CTC/CTUs, health facilities, and targeted integrated community approaches to health care delivery (e.g. ORCs/ORP)
 - Conducting Cholera related WASH/IPC training for health workers including hygienists, and support staff at national, provisional, district and healthcare facility levels to build local competences and facilitate compliance with IPC/WASH standards in health facilities.
 - Printing and disseminating SOPs, job aids/posters on IPC/WASH for the cholera outbreak in CTCs, health facilities.
 - Procuring and preposition WASH/IPC supplies in CTCs, Cholera hotspots and ORCs/ORPs to promote adherence to IPC measures including hygiene in CTCs, health facilities, (with focus on high-risk areas).
 - Supporting strengthening of hospital waste management system for safe disposal and reduced infection
4. Integrated Case Management of Infectious Disease due to cholera, Floods, drought and El Nino
- Updating, printing, and distributing case management guidelines for cholera and other hazards
 - Conducting CTC/CTU and ORCs/ORPs minimum standards and compliance assessment
 - Assessing drivers of high case mortality to design and implement adequate corrective measures.
 - Supporting capacity building for health workers in case management
 - Supporting strengthening technical capacity through recruitment of local surge personnel capacities of health workers, including supervisors for ORCs/ORPs and CTUs/CTCs and deployment of these capacities
 - Supporting clinical data collection and review of mortalities, including through mortality audits
 - Supporting regular supervisory visits of case management in the community and health facilities
 - Procuring PPEs for community volunteers and health care workers, medicines, therapeutic fluids, vitamins, supplies, disinfectants, tools, guidelines, equipment, tents for management of infectious diseases
 - Supporting a patient referral and transport system from communities (from ORCs/ORPs) to health facilities ensuring timely and safe referral of patients between the different levels of the treatment network
 - Procuring and deploying of tents and other structures and equipment for case management
 - Building capacity of health and non-health (border officials) staff at the border facilities for early detection, prevention, and response.

5. Laboratory diagnostic services
 - Supporting review of testing strategy for the different phases of the cholera outbreaks and other public health risks
 - Conducting comprehensive assessment of provincial and district laboratory capacity to confirm Cholera cases (laboratory culture and RDTs), assess antibiotic susceptibility of the bacteria and track strains, including identification of gaps and needs.
 - Conducting onsite training of provincial/district laboratory staff on Cholera and other relevant pathogen sample management, specimen transfer, testing and confirmation for outbreak response.
 - Facilitate quality control and External Quality Assurance mechanisms in coordination with reference laboratories or WHO collaborating centres.
 - Procuring and distributing cholera kits

6. Using vaccines to prevent and control outbreaks.
 - Supporting drafting and submission of applications for OCV and other vaccines as guided by current epidemiology of disease.
 - Planning and coordinating with the vaccination pillar of Government and partners the deployment of vaccines.
 - Supporting vaccination campaigns including cold chain logistics and vaccine management, advocacy, communication, and social mobilisation
 - Monitoring and evaluation of campaign once completed, including coverage survey.

7. 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.
 - Support the establishment of health information hubs for easy access to SRH/HIV services as well as commodities very close to the target population.

8. 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.

9. Risk Communication and Community Engagement
 - Strengthening national and subnational RCCE coordination mechanism led by MOH/ZNPFI to enhance preparedness and capacity to timely respond to emergencies.
 - Conduct rapid behavioural assessment to determine insights and informed messages and approaches.
 - Adapting and dissemination of multi-media messages, tools and job aids
 - Building capacity of frontline workers and mobilisers
 - Establishing contingency partnerships to implement community engagement interventions and strengthen community feedback mechanisms to track and timely respond to rumours and concerns.
 - Engagement of key influencers, civic, community, and religious leader leaders to champion change and mobilize their communities.

- Facilitating analysis of cross-border dynamic and fostering collaboration for joint RCCE planning and action

WASH and Solid Waste Management

Affected areas: Hazard prone areas throughout the country (WASH) and Urban and Peri-urban areas of Kitwe, Lusaka, and Ndola (Solid Waste Management)

Target beneficiaries: 3,000,000 million people (1,442,085 Males; 1,557,915 Females) for WASH
1,668,980 million people (809,394M; 860,500F) For Solid Waste Management. Note: These targets include displaced persons (migrants, refugees, asylum seekers, mobile populations)

Available Funding: USD 3,000,000 (WASH)

Required Funding: 6,850,000 (USD 3,850,000 - WASH; 3,000,000 Waste Management)

Funding Gap: USD 4,850,000 (USD 1,850,000 for WASH; USD 3,000,000 for Waste Management)

UN Lead Agency: UNICEF (for WASH); UNDP (for Solid Waste Management)

UN Partner Agencies: WHO, UNFPA, UNDP, UNEP, UNHABITAT, UNHCR

Sector Overview

In Zambia, safe Water, Sanitation, and hygiene (WASH) coverage rates are low. In 2023, UNICEF analysis of district collected data showed that of 2,782 healthcare facilities, 374 (13%) had no water and 1,601 (58%) had only a borehole and no running water for handwashing in the facility or maternity wards. Additionally, of 10,905 schools, 2,428 (22%) have an urgent need for water and 3,717 (34%) rely on a hand pump. As per the 2024 WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) estimates, 32 percent of the country has access to basic sanitation services, with 11 percent of the population practising open defecation, accessing water from open wells, rainy water, and rivers. Furthermore, only 18 percent of the population has access to basic handwashing facilities with soap and water, while 65 percent of the population has access to basic water.

This situation is compounded by the impacts of El Niño weather phenomenon and elevated temperatures recorded during the 2023/2024 season. In some areas of the country without rain, the water table will be lowered, thereby causing some boreholes to dry up. This will result in some communities walking longer for water sources and using less safe water sources. In other areas, floods will cause toilets to collapse and overflow contaminating water sources. The 2023 Zambia Vulnerability Assessment Report sheds further light on the dire conditions resulting from climatic and infrastructural challenges, with particular attention to the needs of persons with disabilities, women and girls and displaced persons who often face additional barriers and vulnerabilities. A significant portion of these populations are reliant on unimproved water sources and engage in open defecation; the risks to public health are substantial. These situations cause cholera, diarrhoea, and other waterborne diseases. While the urban situation nationwide is better than the national average, the sanitation coverage in population dense urban settlements with the highest cholera and flooding rates needs substantial improvement for better outcomes. Currently, only 50 percent of the urban population is estimated by JMP to have access to safely managed water, mostly from urban utilities.

Poor water quality is the underlying cause of disease. Without a doubt, rising temperatures are having an impact on the frequency of public health emergencies. Water scarcity contributes to the spread of water and vector-borne diseases, such as malaria and cholera, diseases that find fertile ground in environments where hygiene is compromised. This is evident in the ongoing 2023/2024 cholera outbreak. The heightened occurrence of water-borne, zoonotic diseases like anthrax, diarrheal diseases, Upper Respiratory Tract Infections (URTI), and various skin conditions is attributable to a combination of factors: low water levels, inefficient waste disposal, environmental shifts, and inadequate livestock management. These factors do not merely trigger disease outbreaks; they also undermine the resilience and economic stability of communities already suffering from drought/flooding effects.

In response to these environmental health crises, the Zambian government, with the support of international partners, is taking steps to improve WASH service delivery and counteract environmental degradation. These efforts include the following:

1. **Enhance Solid Waste Management:** Addressing municipal deficiencies in waste collection, transport, and disposal is crucial. By bolstering community awareness of waste management and its health impacts, the goal is to reduce the incidence of disease.

1. **Economic Support for Women Waste Pickers:** The UN's cash-for-work programs target the empowerment of women in the informal waste sector, aiming to provide them with stable incomes and to facilitate their inclusion in the formal waste management industry.
2. **Expand Sanitation and Hygiene Access:** The lack of basic sanitation services is a major obstacle to health, development, and universal health coverage. To combat the spread of disease, it's critical to promote household investment in sanitation and hygiene services to increase access beyond the 32 percent of households who currently have access to basic sanitation. Ensuring the population, schools and public health facilities in flood, drought, and cholera hotspot locations have access to safely managed sanitation. Additional activities may include promotion of sanitation and hygiene through a modified community led sanitation (CLTS) approach; Case area Targeted Interventions (CATI) in areas that report cholera/disease outbreak cases; and door to door campaigns.
3. **Expand Water Access:** With just 68 percent of the country having access to basic Water, there is a large need for investment in climate resilient water service deliveries. Zambia also needs to move beyond basic access to ensuring safely managed water systems.

In this regard, the following are identified as the specific needs to be addressed:

- **Landfill Management:** The development of engineered landfills, complete with recycling and composting facilities, will enable more environmentally friendly waste disposal.
- **Drainage Rehabilitation:** Improving existing drainage systems and installing waste traps will help prevent waterway blockages and support the maintenance of clear water flow.
- **Waste Collection Enhancement:** By establishing regular waste collection schedules and collaborating with the private sector, the focus is on promoting a circular economy that values recycling and reuse.
- **Risk Communication & Community Engagement:** A robust risk communication and community engagement strategy using various community-based and media channels will aim to engage the public on good hygiene practices, safe food handling, and effective waste disposal. Messaging will be intensified to ensure that households and communities are practising good hygiene, building durable toilets to survive the floods and droughts, and safely treating their water at the point of use.
- **Provision of Sanitation and Hygiene Services:** Distributing hygiene kits, Infection Prevention and Control (IPC) supplies and educational materials is intended to directly improve sanitation and health hygiene knowledge in vulnerable communities, including forcibly displaced persons.
- **Improved Access to Safe Drinking Water:** By increasing the availability of clean drinking water, both personal hygiene and overall public health will be supported. Immediate lifesaving WASH supplies will be procured and distributed, especially water treatment options like chlorine, to give the communities a chance to ensure that they access safe water.

Priority Response Interventions:

Landfill Management

- Engage geologists and environmental scientists to identify appropriate landfill locations pre-urban areas of Lusaka, Kitwe and Ndola
- Conduct ecological studies and community consultations to effectively manage land use and landfill for solid waste management.
- Work with civil engineers to create landfill designs that include areas for waste separation, recycling, and composting.

Drainage Rehabilitation

- Infrastructure Assessment assesses the condition of current drainage systems in Lusaka, Livingstone and Ndola.
- Repair works and the installation of advanced waste traps.
- Technical support to the local government to establish a routine check and maintenance schedule for the drainage systems.

Waste Collection Enhancement

- Strengthen Community Drop-Off Points including education institutions, markets and Bus stations and pre-urban settlements.
- Set up easily accessible collection points for recyclables in pre-urban settlements.
- Support Public Private Partnership initiative for waste processing.

Water and Sanitation

- Technical assistance to government (MoH, MWDS) on response coordination and preparedness planning
- Institutional and community WASH assessments, followed by plans and capacity development/training.
- Promote investment in sanitation at the household level, as well as investment in basic water systems.
- Leverage government funds for sanitation in public places.
- Ensure sustainability criteria are applied before determining sanitation technology options through assessments of quantity of water for handwashing/flushing/cleaning, maintenance funds availability, quality construction options, and sanitation supply chain facilities.
- Strengthen local authority and commercial water utility capacity to operate and maintain safe water systems, including monitoring of free residual chlorine levels.
- Promote hygiene and safely managed water including point of use water treatment through:
 - Procurement and distribution of supplies like granular chlorine, bottles of liquid chlorine, disinfectants, and soap
 - Household water treatment, sanitation & hygiene promotion in key affected districts
 - Drilling and rehabilitation of deep boreholes in key locations where cholera, floods or drought are recurring issues.
- Design of small-piped water schemes to enable affected communities to access government funding for mechanisation of existing deep boreholes.

Risk Communication & Community Engagement

- Strengthen national and subnational RCCE coordination mechanisms led by MOH/ZNPHI/DMMU to enhance preparedness and capacity to timely respond to emergencies.
- Conduct rapid assessment to generate insight and inform tailored messages and approaches to different audiences.
- Adapt and disseminate multimedia messages, tools and job aids.
- Collaborate with local media and government for the dissemination of RCCE materials.
- Monitor reach and impact to refine strategies.
- Build capacity of frontline workers and mobilisers
- Establishing contingency partnerships to implement community engagement interventions and strengthen community feedback mechanisms to track and timely respond to rumours and concerns.
- Engage key influencers, civic, community, and religious leader leaders to champion change and mobilise their communities.
- Facilitate analysis of cross-border dynamic and fostering collaboration for joint RCCE planning and action

Education

Affected areas: The districts will be guided by the government identified areas in: Lusaka district (Lusaka province). Potential areas are: Chikankata, Zimba, Gwembe, Kalomo, Kazungula, Mazabuka, Monze, Pemba, Sinazongwe, Namwala and Siavonga (Southern Province); Kaoma (Western province); Kawambwa (Luapula province); Solwezi (North-Western province); Kitwe, Ndola and Masaiti (Copperbelt) and Kabwe Serenje and Kapiri-mposhi (Central Province)

Target beneficiaries: The districts and the target population will be guided by the government-identified areas. Approximately 883,589 pupils and 16, 411 refugee pupils and their host communities in schools

Available Funding: USD 35,000

Funding Required: USD 2,756,280

Funding Gap: USD 2,721,280

UN Lead Agency: UNICEF

UN Partner Agencies: UNESCO, UNHCR

Sector Overview:

During humanitarian emergencies - such as floods, drought, Covid 19, Cholera etc vulnerable children (including refugees, and children on the move) 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 and the school closure due to the cholera outbreak might impact children's education and further increase the risk for them to be out of school.

Support will need to focus on those vulnerable learners who are severely affected by the emergencies to ensure continued learning process through contribution for schools to reopen and provide alternative learning opportunities. 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 the provision of tents to schools affected by floods and those with blown roofs, WASH materials, e-learning, and distribution of teaching and 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 management strengthening to respond to the challenges, and improved WASH facilities) as well as to monitor and ensure pupil attendance and prevention measures regarding the mitigation of cholera are in place and implemented accordingly.

Priority gaps in the education sector in the context of emergencies include water, hygiene, sanitation and waste management in schools, School feeding, Teaching and learning materials, support to e-learning, psycho-social support to teachers and learners. These significantly affect adolescent girls, and the anticipated protracted water and food shortages which affects attendance and learning as mentioned above.

Ongoing Interventions:

The following is the on-going Education support in the Education Sector:

- WASH and RCCE interventions for Cholera response in schools (ongoing in cholera hotspots in Lusaka, with plans to expand to Central and Copperbelt provinces)
- Spraying and disinfection of 30 school in cholera hotspots in Lusaka district

Priority Response Interventions:

To ensure school aged children in affected districts during emergencies assess education, UNICEF, UNHCR and UNESCO with the MoE and in collaboration with other development partners will support the provision of emergency education interventions in response to the ongoing cholera outbreak, flooding, drought and El Nino effects through the following interventions:

- Conduct rapid assessment on the effect of floods, drought, Covid 19, cholera on school attendance and other aspects of education.

- Establish Flexible e-learning platforms such as learning platforms, remedial learning -Catch Up to ensure continued learning for at risk learners.
- Support production units and provide emergency school feeding programme to improve nutrition intake for learners.
- Provide teaching and learning materials (ECD kits, Maths kits, school kits, dignity kit for girls, etc)
- Support school WASH interventions through the provision of Boreholes, procurement of handwashing soap, water filter/liquid chlorine, handwashing buckets.
- Conduct targeted hygiene awareness campaigns in schools and surrounding communities.
- Provide child friendly IEC/ audio materials in different languages (sign language) on hygiene practices, GBV/SEA and food security to be distributed in schools.
- Enhance school capacity in basic infection prevention, cholera, floods and drought responses and management at the school level.
- Carry out rehabilitation works on school infrastructure affected by floods.
- Support investment in Climate resilient Engineering Designs to reduce blown off roofs during periods of climate crises.
- Work with District Education Board (DEBs), Schools and Adult literacy centres to enforce a zero- tolerance policy for GBV and Sexual Exploitation and Abuse against children, adolescents and women-promote GBV clubs and safe spaces (child hotline)
- 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.
- Reinforce the monitoring and surveillance system of the MoE through provision of dedicated support to the existing mechanism in close collaboration with the MoH (referral, alert etc..).

Protection

Affected areas: Cholera, Droughts and El Nino: Potentially Chikankata,imba, Gwembe, Kalomo, Kazungula, Mazabuka, Monze, Pemba, Sinazongwe, Namwala and Siavonga (Southern Province), Lusaka district (Lusaka province), Kaoma (Western province), Kawambwa (Luapula province), Solwezi (North-Western), Kitwe, Ndola and Masaiti (Copperbelt) and Kabwe Serenje and Kapiri-mposhi (Central province)

Target beneficiaries: 3 million (women, men, girls, and children)

Available Funding: USD 20,000

Funding Required: USD 10,130,900

Funding Gap: USD 10,110,900

UN Lead Agency: UNHCR

UN Partner Agencies: IOM, UNDP, UNICEF, UNFPA

Sector Overview:

Zambia, according to the United Nations World Food Programme's Zambia Country Strategic Plan, ranks 146th out of 189 countries on the Human Development Index with a score of 0.584. The poverty statistics are stark: 77% of the rural population and 47.9% of the urban population live in poverty. Households led by women have an even higher poverty rate of 57%. Meanwhile, the country is experiencing increasing income inequality, as indicated by a Gini coefficient of 0.57. Rural dwellers, who primarily engage in subsistence agriculture (52.3%), face obstacles to lifting themselves out of poverty due to use of traditional farming methods and limited access to markets and resources. This vulnerability is compounded by their exposure to disasters such as droughts, floods, pest infestations, epidemics, and volatile prices.

Recent epidemics and climatic crises have exacerbated the vulnerability of the population with increased risks and hazards, including disease outbreaks, heightened child mortality, and pervasive misinformation.

The Zambian authorities are addressing these challenges through various social protection programs aimed at the poor and vulnerable, focusing on social assistance, food security, livelihood empowerment, and protection. A central initiative is the Social Cash Transfers (SCT) Programme, which supports 1,086,492 households, according to the Zambia Integrated Social Protection Information System (ZISPIS). The UN's multi-hazard protection interventions will assist those unable to work due to limitations such as insufficient access to markets, capital, or land.

Certain groups, including the elderly, women, children, youths, persons with disabilities, displaced persons, migrants, and marginalised communities, face significant barriers to accessing essential public services and are at increased risk of abuse, violence, and exploitation. Gender discrimination further endangers women and girls, particularly adolescents, exposing them to risks such as child marriage, sexual abuse and exploitation, and trafficking. Gender-Based Violence (GBV) victims, due to their diminished power, struggle to recover from socio-economic shocks. These trends project a very vulnerable situation for vulnerable groups, including children; and have consequences such as mental health and psychosocial distress. Existing services, including child protection and GBV helplines and referral pathways, are already overwhelmed and in urgent need of expanded resources to meet the growing demand.

While the cholera response efforts have predominantly been Lusaka-centric, there is a shift to also prioritise other provinces, especially those bordering countries like Malawi, Mozambique, and Zimbabwe. This shift aims also to prevent the spread of disease. The strategy includes enhancing cross-border community awareness and feedback, particularly in mobility corridors and Points of Entry (PoE).

Key areas of need:

1. Gender-based violence (GBV) prevention and protection and Prevention of Sexual Exploitation and Abuse (PSEA)
2. Prioritisation of child protection activities.

3. Strengthening of community volunteers, linked to case management (below) and to formal social workers, to address protection risks (additional support for female headed households).
4. Social Protection Programs to buffer against the impacts of disasters
5. Risk Communication and Community Engagement (RCCE) at district and community levels.
6. Data and Research
7. Coordination and Orientation
8. Case Management
9. Provision of Mental Health and Psychosocial Services (MHPSS)

Priority Response:

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

1) Prevention of and Protection from heightened risk of Gender Based Violence and Violence Against Children:

- Support government and relevant actors to identify high-risk areas and risk factors driving GBV as a result of the hazard(s).
- Strengthen and/or deploy existing UN PSEA network to guide implementation of an inter-agency, multi-sectoral PSEA/GBV programmes and support government response.
- Strengthen and expand community mobilization by working with community-based structures at community level - this will also strengthen and expand community structure response or Case Management in the longer term;
- Strengthen partnerships with minority group-friendly organizations to protect and support vulnerable populations, particularly women, young people and children, from exploitation.
- Establish safe spaces for women and children;
- Ensure community awareness on safe access to free water, food and treatment.
- Work with established local structures to enforce a zero- tolerance policy for GBV and Sexual Exploitation and Abuse against children, adolescents and women including Engagement of men and boys, community leaders (religious, traditional and civic) including application of accountability to affected population and creation of community feedback mechanism accessible for communities including for women and girls.
- Sensitization on services available for women and children in relevant languages to ensure they are aware of emergency food distribution and cash transfers.
- Conduct prevention of GBV using multi-media campaign materials in relevant languages and formats.
- Support social welfare system volunteers to sensitise 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.

2) Key additional child protection activities will be prioritized.

- Individual protection assistance (both in-kind and cash).
- Strengthening Best Interest Assessment and Determination for vulnerable children this includes unaccompanied and separated children. This may include provision of direct assistance to children, family tracing and reunification.
- Provision of health care, legal and psychosocial counselling support to children affected by the hazard(s) but also for vulnerable children including GBV survivors.
- Registration and follow up on GBV cases referred to the available services.
- Support social welfare system to provide targeted assistance to child-headed households and families with parents or children with disabilities, particularly where this has resulted from the hazard(s) and the family structure has just been ruptured.
- Establishment and strengthening of safe temporal shelters to house GBV survivors and other vulnerable populations.

3) Strengthen the capacities of community actors including social workers to address heightened protection risks that arise due to the hazards.

- Psychological first aid, referrals, and psychosocial support through static and mobile approaches.
 - Key community actors such as community welfare assistants and health workers will be targeted to strengthen their capacities on PSEA/GBV and child protection.
- 4) Social Protection Programmes aimed at cushioning and mitigating the effects of disasters.**
- Provide psychosocial support and counselling.
 - Strengthen social protection safety nets for extremely vulnerable individuals, including women-headed households, through targeted interventions including cash transfers (*to collaborate with Food Security and Agriculture Pillar where ECT will be delivered*).
 - Support affected children and families to access community based Mental Health and Psychosocial Support (MHPSS), other actors providing such services, and referrals to health facilities.
- 5) Risk Communication and Community Engagement (RCCE) activities at the district and community level:**
- Establish two-way communication channel for affected population which includes updates from responding actors on response activities.
 - Coordinate systematic information collection and sharing among responding organizations in relation to protection-specific prevention and response.
 - PSEA messaging that is gender, age and disability sensitive is integrated across sectors. interventions, and communities will be sensitized.
 - IEC materials including in local languages, braille and illustrations to ensure inclusion of non-national populations including refugees and migrants.
 - Use culturally appropriate approaches to facilitate an understanding of SEA misconduct and awareness of prohibited behaviours for all humanitarian workers.
 - Facilitate sensitization of affected children, families and communities on GBV and SEA prevention, reporting and referral pathways, promote awareness on PSEA in relation to cholera response through use toll-free childline/lifeline 166 and 933; SMS messaging and household visits for face-to-face information sharing, including refugee households/settlement sites in Lusaka, children centres and children with disability.
- 6) Data and Research**
- Conduct Rapid Gender Assessment and service mapping for strengthening referral mechanism for child protection, trafficking in persons and GBV cases.
 - Conduct desk review of available secondary data on GBV and PSEA related issues affecting vulnerable groups.
 - Using data from the Minimum Initial Service Package (MISP) calculator establish the number of pregnant and lactating women.
 - Compile Minimal Initial Service Package (MISP) work plan.
- 7) Coordination and Orientation**
- Conduct stakeholder intervention mapping – Compile 4Ws.
 - Conduct protection orientation meeting for all protection members via existing protection coordination platforms.
 - With government as co-chair, develop Protection Sector disaster response plan.
 - Identify, orient and deploy protection monitors in affected communities and facilitate them to monitor, detect, document and report incidences of violence especially SGBV/SEA and Violence against Children and people with disability.
 - Establish and operationalize coordination and referral mechanisms including referral pathways for GBV Survivors in affected areas District Community Development and Social Welfare officers.
 - Orient Zambia Disaster Management and Mitigation Unit (DMMU) and all sectors on Prevention of Sexual Exploitation and Abuse (PSEA) and prevention of GBV in emergency- including in the context of distribution of food and non-food items.
 - Orient all frontline workers, including contractors and volunteers, that are implementing drought response work (food distribution, health, WASH, nutrition and social cash transfer) on child protection in emergency.
 - Develop GBViE Protection Referral Pathway complementing existing referral pathways.

- Capacity Building of service providers in GBViE principles.

(8) Case Management

- Procure and distribute rape Kits (Kit 3) dignity kits & hygiene kits for management of SGBV survivors and dignity of women and adolescent girls respectively.
- Pre-positioning of kits UNFPA
- Distribution of kits UNFPA
- Orient a multidisciplinary team of 66 people (Health, Legal aid, Police protection, social workers), in target districts, and support multidisciplinary response mechanisms for survivors of sexual assault.
- Provide comprehensive care and support to GBV survivors including access to health, psychosocial, legal and economic empowerment services.
- Provision of post GBV services and support (including provision of tele-psychosocial counselling- through helpline 116 and 933)

Early Recovery and Resilience Building

Affected areas: Central, Eastern, Lusaka, Southern and Western Provinces

Target beneficiaries: 475,000 people from 79,000 households in 16 IPC 3+ districts with 30%+ of population in crisis stage or above

Available Funding: USD 100,000

Funding Required: USD 180,000

Funding Gap: USD 80,000

UN Lead Agency: UNDP

UN Partner Agencies: FAO, WFP, UNICEF, UNHABITAT, UNHCR

Sector Overview

In the context of Zambia, the environmental and climatic factors play a pivotal role. The country's varied landscape leads to diverse climate conditions, making it particularly sensitive to phenomena like El Niño, which historically has caused extreme weather patterns such as severe droughts and floods. These climatic extremes significantly affect agriculture, deplete water resources, and disrupt livelihoods, especially in rural areas where farming is a crucial source of sustenance and income.

The health sector in Zambia faces significant challenges, highlighted by the ongoing cholera outbreak with a death toll exceeding 500. This situation is exacerbated by inadequate water and sanitation systems and limited healthcare access, primarily in rural and expanding peri-urban areas. The healthcare infrastructure is under immense strain, with challenges including inadequate staffing, insufficient facilities, and a lack of resources, complicating the effective management of large-scale health emergencies.

Socioeconomically, up to eighty percent of Zambia's population relies on subsistence agriculture. The erratic weather patterns associated with El Niño, such as unpredictable rainfall and droughts, pose severe threats to food security and livelihoods. This has broader economic implications, affecting not just agriculture but also other vital sectors like tourism and mining.

In terms of infrastructure and urbanisation, Zambia's rapid urban growth, particularly in major cities like Lusaka, has led to an increase in informal settlements that often lack proper sanitation facilities. This situation increases vulnerability to health hazards like cholera. The existing infrastructure, especially in rural areas, struggles to handle the dual challenges of extreme weather and public health crises.

The governance and institutional response in Zambia face significant challenges in managing concurrent crises, such as disease outbreaks and natural disasters. While there are policies in place for disaster management, health emergencies, and climate change adaptation, their effective implementation is often hampered by limited resources and institutional capacities. International aid and collaboration play a crucial role in supporting Zambia's efforts, particularly in health services and disaster response. However, there is a need for more robust collaboration among the Zambian government, international partners, and local communities to ensure a coordinated and effective response.

In the community and societal context, there is an urgent need for widespread public health education and heightened awareness, especially in rural and underserved urban areas. Involving local communities in the planning and execution of health and disaster preparedness strategies is essential for the success of these initiatives.

Environmental and sustainability concerns are paramount. Issues like deforestation exacerbate the impact of floods and droughts, highlighting the need for sustainable environmental management practices. Furthermore, the broader implications of climate change for Zambia necessitate a strategic focus on long-term adaptation and resilience-building measures.

On-going support to the Early Recovery and Resilience Building Sector Response

- UNHCR funds \$275,109 for the Meheba rural electrification project. The project aims to facilitate electrification of Kananga Primary School, Kananga Rural Health Centre, Meheba A Secondary School,

Meheba A Primary School, Meheba Rural Health Centre, Meheba Police and surrounding businesses and households for both forcibly displaced persons and host communities with completion dates of June 2024.

- UNHCR funds \$ 500,000 through the BADEA Project for Public lighting and solarisation of refugee settlements in Zambia. The scope of the work will include facilitating, design and installation of solar-powered public lighting of facilities in Mantapala, Meheba and Mayukwakwa settlements and host communities in Zambia through solarisation of education , health facilities.
- WFP funds US\$500,000 in premium payments to broaden the coverage of the Government's sovereign drought insurance to enhance recovery and resilience building of small holder farmers during the 2023/2024 season.

This pillar will mainly capitalize on interventions already on-going in the development context. The pillar will focus on enhancing coordination among agencies and other development actors responding to emergencies to ensure that linkages are created with early recovery and resilience building interventions from programmes and projects in the development context in targeted districts around the key priorities highlighted below. This approach will assist in creating a nexus between humanitarian and development to facilitate a smooth transition from emergency response to development perspective in the affected districts.

Priority Response: Linkage to the following development interventions:

1. **Environmental and Climatic Adaptation:**

- Systematic implementation of climate resilient farming practices.
- Building long-term water conservation and management systems.
- Upgrading and expansion of early warning systems with latest technologies and broader reach.

2. **Socioeconomic Resilience:**

- Diversification of rural economies with a focus on climate resilient agriculture and crops.
- Development of insurance schemes for farmers and small businesses against climate risks.
- Investment in agricultural research and development.

3. **Infrastructure and Urbanization Management:**

- Planned development of urban areas with resilient infrastructure.
- Upgrading housing to be disaster-resistant, with proper sanitation and facilities.
- Development of rural infrastructure to support health and local economic activities.

4. **Effective Governance and Institutional Response:**

- Institutional capacity building for disaster risk reduction and management.
- Policy reforms to ensure a resilient framework for resource management.
- Strengthening governance structures for transparent and accountable crisis management through the decentralisation local government programme.

5. **International Collaboration:**

- Strengthening long-term partnerships for developmental aid.
- Engaging in international programs for sustainable development and climate change mitigation.
- Fostering international exchanges for best practices in governance and crisis response.

6. **Community and Societal Engagement:**

- Strengthen the capacity of local health committees and disaster preparedness groups.
- Continuous education programs on public health, sanitation, and environmental stewardship.

- Strengthening community resilience through empowerment and resource allocation.

7. Environmental Sustainability and Management:

- Development of a national strategy for sustainable land use and environmental conservation.
- Investment in large-scale reforestation and land rehabilitation projects.
- Legislative action for the protection of critical environmental zones.

General Coordination

The Zambia United Nation Resident Coordinator's Office (UNRCO) will co-lead the response in collaboration with the Zambia Disaster Management and Mitigation Unit (DMMU). To coordinate the response and avoid duplication of efforts, the UN has assigned seven sector-lead agencies to co-lead priority sector response in collaboration with line ministry offices. The UN System will draw on lessons from the past humanitarian responses to support the DMMU to strengthen coordination mechanisms at all levels (national, provincial and districts). The UNRCO will work in collaboration with the DMMU to coordinate multisectoral assessments that may be required to be undertaken to inform and refine implementation plans to enhance an evidence-based response. The seven-priority sector technical committees are activated as per the recovery action plan for the response at the national, province and district levels and include Health; Food Security and Agriculture; Nutrition; Education; WASH and Solid Waste Management; Protection; and Early Recovery & Resilience Building.

The UN will continue to conduct periodic response coordination meetings at both national and subnational levels. UN coordination meetings at national level will focus on strategic and operational issues. Province and district coordination meetings will focus on operational issues. The UN Country Team, together with Government lead agencies, will decide on the frequency of coordination meetings in consultation with UN sector lead agencies and partners including INGOs and national NGOs. UN sector lead agencies will continue to coordinate sector responses in collaboration with the DMMU, line ministries, INGOs and national NGOs.

Funding (by sector)

Sector	Required (USD)	Available	Gap
Food Security and Agriculture (WFP)	15,000,000	750,000	14,250,000
Nutrition (UNICEF)	4,800,000	200,000	4,600,000
Nutrition (WHO)	300,000	15,000	285,000
Health (WHO)	4,664,174	2,173,583	2,490,591
Health (UNICEF)	2,000,000	500,000	1,500,000
WASH (UNICEF)	4,850,000	3,000,000	1,850,000
Solid Waste Management (UNDP)	3,000,000	0.00	3,000,000
Education (UNICEF)	2,756,280	35,000	2,721,280
Protection (UNHCR)	1,100,000	20,000	1,180,000
Early Recovery and Resilience Building (UNDP)	180,000	100,000	80,000
Total	38,650,454	6,973,583	31,956,871