

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS**

19-RR-ZMB-39661

ZAMBIA

RAPID RESPONSE

DROUGHT

2019

RESIDENT/HUMANITARIAN COORDINATOR	COUMBA MAR GADIO
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REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	22.09.2020
<p>The UN Zambia CERF After Action Review took place on the 22 September 2020, via zoom, due to COVID-19 restrictions on group meetings. The online meeting was attended by the UN Resident Coordinator and Resident Coordinator Office team, the Ministry of General Education, Ministry of Community Development and Social Services, UN technical sector leads and operational support staff from UNICEF, WFP, WHO, UNFPA, OCHA as well as implementing partners World Vision, Save the Children, Caritas, Red Cross and DAPP.</p> <p>Prior to the meeting each UN agency consolidated feedback from their implementing partners in submitting the sector project reports for CERF Final Report. In addition, OCHA designed an online survey focusing on the process of CERF application, implementation and lessons learnt for CERF. The survey was circulated to Government, UN agencies technical personnel and NGO personnel in advance of the AAR. A total of 17 respondents completed the online survey representing 8 UN agencies, 9 from NGOs and 1 Red Cross. All sectors and districts were covered in the survey respondents. Findings from the online survey were presented at the AAR for further discussion and recommendations. A workshop report was compiled and circulated to all participants for comments. A copy of the AAR report is attached in this report.</p>	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>On 5 October, the UNCT discussed the CERF final report and any additional comments or considerations for the CERF secretariat to embrace. Members of the UNCT received a copy of the report for review and comment prior to UNCT meeting. Overall, the Heads of Agencies were satisfied with the funding received from the CERF secretariat and the resultant lifesaving activities which were implemented in a timely manner. The CERF funding was deemed the catalyst to securing additional resources towards the drought response. Finally, the UNCT members acknowledged the understanding and flexibility the CERF secretariat demonstrated when NCEs had to be submitted due to COVID-19. UNCT appreciate the support and timely responses from the CERF secretariat.</p>	
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>The CERF final report and After-Action Report was circulated to all UN agencies, sector leads and implementing partners for their comments and feedback to capture all viewpoints.</p>	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF funding provided the critical resources for UN agencies and implementing partners to initiate an immediate response to the drought 2019/2020, which affected the food security and livelihoods of 2.3 million people in Zambia. CERF funding enabled a multisectoral response in five sectors: food security, nutrition, education, protection and WASH and acted as a catalyst in engaging donors to contribute an additional \$20million towards the response.

On 18 March Zambia recorded its first COVID-19 case and the Government of Zambia instigated a series of measures including closure of schools and regional airports, restriction on large gatherings, cessation of recreational activities including bars, restaurants, sporting groups and religious services. During this time of uncertainty, and through the flexibility of CERF funding, the UN and implementing partners reprogrammed funding towards procurement and distribution of critical PPEs for critical front-line workers in health facilities and in communities, supported surveillance of COVID-19 patients and their contacts.

In summary, CERF funding facilitated UN Zambia and implementing partners the means to respond to the critical needs of people affected by the drought, floods and COVID-19 in a timely efficient and life-saving manner.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

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a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	89,500,000
FUNDING RECEIVED BY SOURCE	
CERF	7,988,674
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	US \$20,511,326
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	US\$28,500,000

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Agency	Project code	Cluster/Sector	Amount
UNFPA	19-RR-FPA-051	Protection - Sexual and/or Gender-Based Violence	685,273
UNICEF	19-RR-CEF-114	Education - Education	506,495
UNICEF	19-RR-CEF-115	Nutrition - Nutrition	498,577
UNICEF	19-RR-CEF-116	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,139,550
WFP	19-RR-WFP-071	Food Security - Food Assistance	4,360,000
WHO	19-RR-WHO-055	Health - Health	798,779
TOTAL			7,988,674

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	\$6,367,603
Funds transferred to Government partners*	\$228,984
Funds transferred to International NGOs partners*	\$935,752
Funds transferred to National NGOs partners*	\$381,634
Funds transferred to Red Cross/Red Crescent partners*	\$74,701
Total funds transferred to implementing partners (IP)*	\$ 1,621,071
TOTAL	7,988,674

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

In September 2019, the Zambia Vulnerability Assessment Report (ZVAC) reported more than **2.3 million people** were facing IPC Phase 3 (Crisis) or worse food security situation during the lean season, between October 2019 and March 2020. The devastating effects of erratic rains, dry spells, and late start of 2018/2019 rain season on agriculture production were the main causes of reduced crop production contributing to the acute food insecurity conditions across the country. The drought affected 58 districts across the Southern, Western, Eastern and Central provinces of Zambia as well as some parts of Lusaka. More than **1.9 million (20%)** affected populations were identified in Phase 3 (Crisis) and **450 000 (5%)** in Phase 4 (Emergency) here. In July, only 39% of households had cereal stocks to last more than 6 months, of which 31% had for more than 10 months. The three most affected districts of **Gwembe – 15,000 people, Shangombo – 13,000 people and Lunga – 6,000 people** were in Phase 4 and faced huge food gaps as the situation deteriorated due to consecutive reduction in cereal production, largely due to erratic and late start of rains. More districts were expected to slip into worse off phases of food insecurity if humanitarian assistance was not provided.

The ZVAC also revealed an increase in severe acute malnutrition levels in drought-affected districts. Acute malnutrition (wasting) has a prevalence of nearly 6 per cent across nine provinces of Zambia. Out of the 87 districts assessed, 24 districts 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 Shangombo (33 per cent), Sioma (29 per cent) and Kalabo (21 per cent). The severe dry spell resulted in water shortages and many water sources in IPC 3 and 4 districts dried up. The ZVAC assessment also revealed that the dry spell resulted in an increased number of diarrhoea cases in drought affected districts, this is partly due to the high percentage of people (64 percent) getting their water from unimproved source; 95 percent of people who do not treat their water before use, and high percentage of open defecations.

Overall, the drought situation affected households' main food source and major source of income. According to humanitarian partners assessment reports, some schools in IPC Phase 4 districts ceased implementing school feeding programs due to a lack of funding. In Shangombo, food insecurity resulted in some community and primary schools' closure, as students abandoned learning in search of food and other unmet needs. The severe food insecurity forced adolescent girls into engaging in negative coping mechanism such as child labour and transactional sex. According to NGOs, schools recorded low number of attendance and high dropout rates. Teen pregnancies and early marriages were affecting mainly girls and children's life and wellbeing. More than ever students were exposed to gender-based violence, sexual abuse and exploitation.

As the Government of Zambia (GRZ) had not experienced drought conditions since 2007, and with such excessive numbers of people in need, the GRZ requested UN and partners' support to respond to the crisis unfolding. The request for CERF funding was made based on humanitarian need to immediately respond to those affected by the drought through the provision of critical food supplies and access to water to prevent the situation from deteriorating further.

3. CONSIDERATION OF FOUR PRIORITY AREAS¹

CERF funding ensured the continued prioritization of women and girls including gender-based violence, reproductive health, child protection and Prevention of Sexual Abuse (PSEA) which were embedded in the response throughout the entire project cycle. From the onset women and girls' inclusion in the initial rapid assessments consultations in the food security, education, protection, WASH and nutrition sectors ensured that their voices guided the type and modality of a response. Community members played a key role in defining the targeting process aimed at identifying the most vulnerable households in the community. Women and girls, persons living with disabilities, elderly, child headed households and female headed households were classified as the most vulnerable and as requiring support. During the implementation phase, community volunteers through the Community Welfare Assistance Committees (CWACS) and Satellite Disaster Management Committees (SDMCs) participated in the distribution and sensitization activities, which reinforced the messaging of targeting criteria and provided clarity on the rights and entitlements of inputs received. Trainings were required to have equal representation of men, women, boys and girls. Key messaging on prevention of sexual abuse and exploitation was tailored for specific audiences and was delivered alongside distribution of inputs. In addition, complaints response mechanisms were established to ensure feedback from the communities on the process. Inputs were also documented to inform the response.

a. Women and girls, including gender-based violence, reproductive health and empowerment

Women and girls were targeted across all sectors in the response and information sessions on GBV and appropriate referrals mechanisms were conducted. Information was disseminated through drama performances at community level and popularising the toll-free numbers for the Lifeline/Childline call-centre. Through these call-centres, adolescent girls and young women were reached with information on Sexual Reproductive Health (SRH) including on the nearest service delivery points and health. Further, adolescent girls and young women were targeted to receive dignity kits for menstrual hygiene management. Several myths and misconceptions of dignity kits were circulated. Partners revised their sensitization strategy and reoriented beneficiaries on all the different components of the dignity kits, their purpose and their uses.

b. Programmes targeting persons with disabilities

To ensure access to information, persons with disabilities, specifically those with hearing impairment, were targeted through information provided on television which had sign language interpretation. Further, through another programme, the Disabilities' Inclusion Programme, which was implemented in Luapula, some health care providers received orientation on disability inclusion, which enabled them to offer disability friendly services. Persons with disabilities were included not only in the targeting and selection criteria but also as part of the community response. They also trained as community volunteers raising GBV awareness. They formed part of the team informing other community members of referrals systems.

c. Education in protracted crises

Not applicable

d. Other aspects of protection

To safeguard and foster the protection of food and Emergency Cash Transfer (ECT) recipients, other aspects of protection focused on the orientation of and awareness raising among service providers in PSEA. This included all UN, Government officials and NGO partners, mobile network providers, bank officials and the security personnel who accompanied the vehicles

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf

transferring the cash from district to district. Frontline workers from various entities were given orientation to ensure understanding of the punitive measures and zero tolerance principle among aid organisations. This is critical in the context of the drought situation considering the government and other partners were distributing food stuffs as well as providing ECT, which is a potential avenue through which aid workers take advantage of unsuspecting beneficiaries. Further, community members were also engaged to ensure they understood that all aid is free, and no favours of any kind were required. These orientations contributed to minimised reports of sexual exploitation and abuse. In addition, PSEA was embedded in child protection structures at the district and community level where district official and community members were trained on PSEA, case management and appropriate referral pathways

4. PRIORITIZATION PROCESS

Zambia's Vulnerability Assessment Committee (ZVAC) report revealed 2.3 million people in 58 out of 116 districts were classified as food insecure at IPC 3 (Crisis) and IPC 4 (Emergency) classification. Upon the release of the ZVAC report, the Government of Zambia Disaster Management and Mitigation Unit (DMMU) organised a series of consultation meetings with all partners including Government ministries, UN agencies and civil society to strategize a response. Sectors such as WASH for lack of available water points, high prevalence of MAM, early school leavers and others, most affected by the drought were prioritised. As the districts were identified in order of severity in IPC categorization, other indicators of vulnerability (poverty vulnerability index, nutrition survey) alongside operational presence of partners further clarified the prioritization of sectors and districts. In October 2019, the UN and partners developed sector specific strategies and finalised on the Humanitarian Response Plan for the Drought 2019/2020. The total amount required for the response was \$89.5 million.

In November, nutrition partners screened 84 per cent of the more than 10,700 children in Shangombo district, out of which 995 were allegedly Moderately Acutely Malnourished (MAM) and 372 were Severely Acutely Malnourished (SAM). The SMART survey was rolled out in all 58 districts in January -March 2020 and noted a decrease in the number of GAM cases.

In November 2019, the Government of Zambia DMMU and UN Resident Coordinator organised a joint observations mission for the Cooperating partners to Shangombo District which was classified as IPC-4 (severely stressed). The UN RC, UN agencies, donor representatives from Canada, Britain, Germany, Sweden and EU participated in the mission. The purpose of mission was to see the impact of the drought in one district of the IPC 4 in urgent need of assistance and to encourage the donor community to support humanitarian response efforts.

5. CERF RESULTS

CERF allocation US\$8 million to the UN system in Zambia to respond to the drought crisis and ensure provision of life saving activities. This funding enabled UN agencies and partners to deliver over 3,347 metric tonnes of Government supplied maize to feed 339,386 people affected by the drought in 13 districts; to deliver 3,482 metric tonnes of maize to feed 260,000 people affected by the floods in 32 districts; provide school meals to 35,301 children in 133 schools; train 384 people in Child Protection and Prevention of Sexual Exploitation and Abuse (PSEA); screen 65,254 children under 5 for malnutrition of which 1,539 were treated for SAM and 1,180 were treated for MAM; provide access to safe water to an estimated 80,500 people; built the capacity of 3,320 WASH Committee members to manage water supply facilities; reached 7,794 who accessed GBV referral pathways and support mechanism through the sensitization of communities on gender, GBV, PSEA; orientated 126 multidisciplinary teams on GBV survivors centre approach; trained 130 community volunteers on GBV response and referral mechanisms. With the onset of COVID-19, CERF funding was reprogrammed to provide 181,555 people with a total amount of \$3.2 million through an emergency cash transfer programme in the urban setting.

Food Security: Through the CERF grant, WFP provided demand driven logistics support to the Government of Zambia for the movement of maize meal to both drought and flood-affected populations. A total of **3,437 metric tons** of maize meal was

delivered to 13 drought-affected districts reaching some **339,386** food insecure **people**, with distributions managed by government-contracted NGOs. Furthermore, a total of **3,248 metric tons** of maize meal was distributed to 32 flood-affected districts reaching some **260,000** flood-affected **people**. As part of the response to COVID-19, WFP has provided cash assistance to **181,555 urban people** living in disadvantaged peri-urban areas of Lusaka and Kafue districts, distributing a total of **USD 3.2 million** (ZMK 58 million).

Education Through the CERF support, UNICEF with its partners (Save the Children and Ministry of General Education) provided Emergency School Feeding to 35,301 (17,052 boys and 18,249 girls) learners in 133 schools, affected by drought and hunger in Gwembe and Shangombo districts. All schools were supplied with feeding supplies (beans, oils and grains) and utensils. Between January and March 2020, Save the Children recorded increased overall enrolment in target schools from 26,535 to 34,820. This increase was attributed to the provision of nutritious meals in supported schools, accounting for 89% of enrolled children reporting to schools during the period up to March 2020 before schools closed.

Nutrition: Through the CERF grant, UNICEF and its partners (Ministry of Health district health teams) were able to reach 65,254 children under five who were screened for malnutrition, while 1,539 children aged 6 to 59 months with Severe Acute Malnutrition (SAM) and 1,320 Moderately Acutely Malnourished (MAM) Children were admitted and treated in the outpatient Therapeutic Programme. A total of 54 health workers and 781 volunteers were trained on IMAM and 243 volunteers were trained on Infant and Young Child Feeding (IYCF) and counselling support to mothers and caregivers to enhance childcare. Over 6,407 cartons of RUTF was procured for the treatment of SAM and MAM.

WASH: Through this CERF grant, UNICEF and its partners have provided access to basic drinking water supply to an estimated 80,500 people in drought affected communities of Chirundu, Luangwa and Rufunsa districts in Lusaka Province and Gwembe, Siavonga and Sinazongwe districts in Southern province of Zambia. This was achieved through drilling of 137 new boreholes, which were equipped with handpumps and rehabilitation of 185 existing boreholes. The project has resulted in strengthened local capacity through training of 40 pump mechanics and 332 water point committees (comprising 3,320 members) in sustainable operation and management of water supply facilities, and provision of 110 special sets of tool kits for timely repair and maintenance of water supply facilities.

Protection: Through the CERF grant, UNFPA and its partners provided information and services to 58,487 people in Gwembe, Sioma, Shangombo, Lunga districts of Zambia. Because of awareness raising and establishment of a referral system, a total of 7,794 individuals reported GBV cases in health facilities and police stations. A total of 126 multi-disciplinary teams were orientated on the GBV survivors centre approach and supported multidisciplinary response mechanisms for survivors of sexual assault. Further, 310 (263 F & 47M) received medical GBV response services. A total of 130 (42 F: 88 M) community volunteers were oriented on GBV response.

Health: Through the CERF grant, WHO and its partner Ministry of Health (MOH), 4 District Health Teams (DHT) and the Zambia National Public Health Institute (ZNPPI) rolled out an electronic surveillance platform, to support maternal and perinatal death surveillance and response, train rapid response teams, and implement events-based surveillance with particular attention to COVID-19 response. A total of 41 mid-level managers and MCH coordinators were sensitised on MPDSR and health response to SGBV; 52 district programme officers, mid-level managers and MCH coordinators were sensitised on PSEA and health response to SGBV. Through CERF funding WHO supported MOH in COVID-19 surveillance of 1,465,937 people.

6. PEOPLE REACHED

Through this CERF funding over 780,941 people in 27 districts were reached through food security, nutrition, WASH, education, health and protection. This total number of people reached reflects the food security beneficiaries as it targets the most affected wards in each district. Each of the sectors operated in districts classified as IPC-4 (emergency) with high potential of overlap such as children targeted in the school feeding programmes were from the same ward's food security

beneficiaries' households. Similarly, WASH boreholes selected beneficiaries from the same wards that were targeted in protection initiatives. Discussions with sector leads concluded that the potential of the various tailored interventions targeting the same beneficiaries was significantly high and concurred that to avoid duplication of figures food security figures would most accurately reflect number of people reached under CERF funding.

As COVID-19 pandemic hit Zambia, WHO re-programmed its intervention to support MOH to respond to the crisis through provision of support in contact tracing and surveillance reaching over 1,465,937 people indirectly. As surveillance cut across the general population and detailed data disaggregation was not available, it was agreed that this figure did not reflect the total number of people reached during drought response.

Overall, food security, health, education and WASH surpassed their original targets while protection and nutrition struggled to reach targets due to the impact of COVID-19 restrictions on public and large gatherings severely curtailing the community outreach and sensitization engagements.

Food Security: Reached 780,941 against the revised target of 774,391. This is attributed to inclusion of the flood-affected people in Eastern, Muchinga, Northern and Luapula Province as well as the urban poor impacted by COVID-19 loss of livelihoods and increased vulnerability to food insecurity.

Education: the education sector surpassed the number of beneficiaries of 33,500 and reached 35,685 due to savings made in reduced rations costs. This enabled the sector to increase the number of school children able to take part in the school feeding programme.

WASH: The WASH sector exceeded its original target of 60,000 households with access to clean water to 80,500 as a result of increased number of boreholes completed and savings in the cost of borehole rehabilitation and construction.

Nutrition: In March 2020, Government COVID-19 restrictions on movements and large gatherings resulted in delays in the planning and implementation of capacity building activities and service provision resulting in low coverage of community outreach services. The project reduced the number of health workers trained

Protection: Overall, the protection sector exceeded its original target of 161,894 and reached 1,187,152 with GBV messaging and community dialogues through its utilisation of radio and television programming, which reached a broader number of people. In addition, the sector increased the number of community volunteers from 120 to 130 for training on GBV due to large vastness of geographical area to be covered. However, in late February, insecurity incidences resulted in temporary cessation of activities and subsequent COVID-19 mitigation efforts to reduce the spread of COVID-19, including the cessation of all travel and large gatherings, resulted in the protection sector having to reduce the number of front-line staff and community volunteer and thus project capacity building and sensitization was deferred. Hence, the sector reached 58,487 out of the planned 110,208.

Health: The health sector encountered challenges, including a polio outbreak response in January, which delayed the roll out of initial trainings. In February, WHO had to prepare its prevention and response efforts to the Corona Virus disease epidemic. The onset of COVID-19 risk was not planned. Funds for surveillance have been utilised to provide an initial response to COVID-19. The implementation of a surveillance response in Lusaka and Copperbelt provinces resulted in 1,465,937 people under surveillance.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	738,130	780,941
Total	738,130	780,941²

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	162,389	191,914	184,533	199,294	738,130
Reached	183,678	191,173	198,985	207,105	780,941

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	3,547	3,874	1,977	1,603	11,001
Reached (Out of the total reached)	3,674	3,823	3,979	3,179	14,655

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	0	0	16,750	16,750	33,500
Food Security - Food Assistance	182,137	189,570	197,316	205,368	774,391
Health - Health	63,793	64,564	74,888	75,792	279,037
Nutrition - Nutrition	0	0	6,780	7,020	13,800
Protection - Sexual and/or Gender-Based Violence	0	55,104	27,552	27,552	110,208
Water Sanitation Hygiene - Water, Sanitation and Hygiene	16,268	16,934	18,644	19,404	71,250

² WFP classified its beneficiaries as Host Communities and Refugees on the project level (see table 4b under Project 19-RR-WFP-071). However, based on the project activities, it is assumed that these are the same beneficiaries as initially targeted under the category Other Affected Persons.

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	213	171	17,052	18,249	35,685
Food Security - Food Assistance	183,678	191,173	198,985	207,105	780,941
Health - Health	0	0	0	0	0 ³
Nutrition - Nutrition	0	0	1,356	1,503	2,859
Protection - Sexual and/or Gender-Based Violence	7,965	25,409	8,106	17,007	58,487
Water Sanitation Hygiene - Water, Sanitation and Hygiene	18,381	19,132	21,064	21,923	80,500

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

7. CERF'S ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

Without CERF funding, UN agencies and partners would have struggled in supporting the Government of Zambia response in a timely manner. Through CERF funds, partners were able to rapidly respond to the humanitarian needs of those affected by the drought across the six critical sectors namely; food security, education, WASH, nutrition, health and protection. Timely distribution of funding facilitated the quick mobilisation of NGOs to support the humanitarian response and engage with community structures on the ground to respond. Furthermore, CERF funds enabled partners to procure food supplies for communities and facilitated NGOs to support school feeding programmes, enabling children to continue attending.

In April, as COVID-19 continued to spread in Zambia, securing resources to respond was a challenge. As part of the re-programming of CERF funds towards COVID-19 under food security and health, CERF funds enabled the timely and local procurement of PPE supplies for front line health workers and community volunteers in responding to COVID-19. In addition, this was the first funding received for the COVID-19 food security response that allowed to provide cash assistance to poor urban households impacted by the COVID-19 crisis.

b) Did CERF funds help respond to time-critical needs?

YES

PARTIALLY

NO

With CERF funding UN agencies and partners were able to respond to the time critical needs of beneficiaries. It enabled agencies particularly the timely mobilisation of NGOs as implementing partners to immediately start interventions. CERF funding facilitated agencies and implementing partners to respond to the multisectoral needs in the various humanitarian sector areas. It allowed the protection sector to quickly set up services and information in areas where such activities were non-existent, where the risk of women and girls was greatly increased due to high levels of food insecurity and in households seeking alternative sources of income in which women and girls bore the burden.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

UN agencies and implementing partners reported that the CERF funding contributed to the Government's sectoral and intersectoral coordination meetings. As the CERF funding complemented the Government's initial start-up phase, it facilitated the sectors to

³ Targeted health sector beneficiaries under project 19-RR-WHO-055 were not reached due to reprogramming of activities vis-à-vis Covid-19. Reprogrammed activities (surveillance and contact tracing) only catered to indirect beneficiaries.

strategize their response, for partners to update on their progress, coordinate their efforts of interventions and avoid overlap of partners and activities. In addition, CERF funding enabled UN agencies to immediately contract NGOs to further support the response efforts. At intersectoral coordination meetings, partners discussed the sector strategy, key challenges, areas of collaboration. Ultimately the funding encouraged partners to participate in sector meetings, to strategise and plan response.

d) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Without CERF funds, the mobilisation efforts would have been greatly hindered to respond. As a result of the UNCT securing the \$8 million to deliver a multisectoral response, it acted as a catalyst in improving resource mobilization from other donors. Thanks to the CERF funding to respond quickly to immediate humanitarian needs, initial fast response was possible, which enabled the identification of gaps, which enabled other donors to provide additional funding support. Donor support came online from mid-December through to March 2020.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

N/A

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Application for CERF funding required a lot of coordination and support within UN Zambia and with OCHA ROSEA. It was a clear and simplified process. The CERF secretariat was considerate of the challenges the country teams encountered and maintained an open door policy discussing the requests for NCE. Indeed, the CERF secretariat demonstrated a trust in UNCT requests for NCE and a flexibility to support such requests.	Maintain the collaborative, open dialogue and flexibility in working with UNCT teams.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF application process is simple, clear and funds are dispersed quickly. CERF secretariat was flexible and quick to respond to agencies request for NCE	Continue with flexible approach and support agencies requests for NCE based on the rapidly changing context in the country.	RCO/ OCHA
Strong partnerships between UN agencies and NGOs resulted in timely and efficient response	Quicker response and contract review of agreement with NGOs. Central contract review of agreements with NGOs per sector. A CERF guidance document on allowable budget lines, input ceilings and processing timelines standardized across all sectors could help minimise proposal preparation, review and processing time for all sectors. This will allow adequate time for implementation and not preparation of proposals.	UN Agencies
Coordination at national level was adequate but there is greater need to improve the provincial and district level.	From onset of humanitarian response, develop a clear strategy and communication flow with Government DMMU on the inclusion and engagement of provinces. Strengthen the coordination capacities of the Provincial District	RC in close liaison with DMMU

	Disaster Management Committees (DDMCs)	
Crucial to demonstrate a coordinated response that allowed donors to provide additional resources to the response and for UN agencies to tap into other intersectoral funding opportunities	<p>Advocate for intersectoral coordination meeting by Government with implementing partners. In addition, ensure the UN maintains a separate internal coordination to ensure clear communication, and strategic approach on challenges which may be encountered or in which issues need more strategic advocacy approaches.</p> <p>Maintain status quo of the existing coordinating mechanisms through sector clusters as a precursor to leveraging joint funding</p>	RC/ OCHA
UN internal process for procurement, recruitment need to more consideration and flexibility to respond quickly to humanitarian context. At times, UN were operating in a development mode rather than an emergency.	UN agencies to review systems and its flexibility to respond to humanitarian crisis.	UN Agencies
The development humanitarian approach needs to be further explored and invested in Zambia. There is a need to build on the learning and skills agency and implementing partners have garnered in this response and to ensure that such skills and learning is build on for the next humanitarian crisis	UNCT to build on the skills and learning acquired by UN Agencies and implementing partners technical leads in humanitarian response through establishment of a humanitarian – development nexus approach.	RCO
There is need to be flexible and embrace change as observed during the COVID-19 outbreak. CERF funding was flexible and adapted quickly to change by offering implementation extension and amendment	Continued flexibility and adaptation	All stakeholders

PART II

9. PROJECT REPORTS

9.1. Project Report 19-RR-FPA-051 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Zambia
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-FPA-051
5. Project Title:	Responding to Sexual and Gender Based Violence through integrated and Lifesaving interventions in priority drought affected districts in Zambia		
6.a Original Start Date:	05/12/2019	6.b Original End Date:	04/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	04.09.2020
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,300,000
	c. Amount received from CERF:		US\$ 685,273
	d. Total CERF funds forwarded to implementing partners		US\$ 461,634
	of which to:		
	Government Partners		US\$ 80,000
	International NGOs		US\$ 0
	National NGOs		US\$ 381,634
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through the CERF Project Rapid Response grant, UNFPA and its partners provided information and services to 58,487 people in Gwembe, Sioma, Shangombo, Lunga districts of Zambia. As a result of awareness raising and establishment of a referral system, a total of 7,794 individuals reported GBV cases in health facilities and police stations. These cases were referred to various service delivery points particularly health, police and social services. Out of this number, reports were also made through the toll-free call centre. GBV coordination and referral mechanism were strengthened in each district which ensured that protection issues were discussed in all the coordination meetings held at district level. A total of 126 multi-disciplinary teams were orientated on the GBV survivors centre approach and supported multidisciplinary response mechanisms for survivors of sexual assault. Further, 310 (263 F & 47M) received medical GBV response services during the implementation of the project. The coordination mechanism was established in each district to address limited service availability due to vastness of districts and sparse distribution of populations, A total of 130 (42 females and 88 males – two (2) persons with disabilities) community volunteers were oriented on GBV response exceeding a target of 120. The project was for 6 months from December 2019 to June 2020 but secured an additional 3-month extension until September 2020.

3. Changes and Amendments

The humanitarian context evolved from a severe drought, to severe floods that delayed implementation in some of the areas, with roads and bridges being heavily affected and access to project sites cuff off for several weeks. This was followed by widespread incidents of

community gassing that caused insecurity for community volunteers and programme implementing partners. The onset of COVID-19 led to movement restrictions and further delays in the implementation. Further, due to the supply chain challenges occasioned by the COVID-19 pandemic no cost extension was sought and granted to ensure that other components of dignity kits procured from global suppliers were received in Zambia. The delay with the production of some of the components of the rape treatment kits due to covid-19, led to the reprogramming of some interventions with CERF secretariat approval. The funds were utilized to procure hygiene supplies and personal protective equipment to contribute to continuity of GBV services in health facilities and GBV One Stop Centres.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	55,104	27,552	27,552	110,208
Total	0	55,104	27,552	27,552	110,208
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	330	165	165	660

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	7,965	25,409	8,106	17,007	58,487
Total	7,965	25,409	8,106	17,007	58,487
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	2	2

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

There were some security concerns during the implementation period because there was gassing of individuals in various parts of the country. This led to late start of some of the interventions. Furthermore, with the onset of COVID-19 movements were further restricted and this led to delay implementation some of the interventions. It was observed that male involvement is critical to the success of the interventions especially because they are the drivers of GBV and thus engaging them was critical. Other challenge was the flooding in some of the districts in January and March.

Targeting of persons with disability was based on the census data which gives an indicator

of 2.5% of any population and therefore this was an over-estimation.

4.c Persons Indirectly Targeted by the Project

The programme indirectly targeted traditional leaders such as chiefs and head persons who are community “gate keepers” and influencers regarding social norms, behaviours and attitudes towards gender-based violence.

5. CERF Result Framework

Project Objective	To reduce Gender Based Violence and mitigate its effects by providing timely, safe, and high-quality gender-sensitive and response to survivors in 4 priority drought affected districts.
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Output 1	Strengthened institutional and community capacity to respond to protection concerns among women, girls and children in target districts Protection - Sexual and/or Gender-Based Violence			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of SGBV cases reported in affected districts (disaggregated by sex and disability status)	10,740 [7544 physical and 3,196 sexual]	7,794	Partner Reports
Indicator 1.2	Existence of a functional SGBV coordination mechanism at district service delivery level	Yes	Yes	Partner Reports
Explanation of output and indicators variance:		There is a discrepancy between what was planned and what was achieved largely due to vastness of some of the areas and this created a limitation in terms of telephone connectivity to enable use of the toll-free lines and accessibility to facilitate case reporting		
Activities	Description	Implemented by		
Activity 1.1	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.	YMCA and Ministry of Health		
Activity 1.2	Identify, orient and deploy 50 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	YMCA and Ministry of Health		
Activity 1.3	Establish and operationalize coordination and referral mechanisms including referral pathways for GBV Survivors in affected areas	YMCA and Ministry of Community Development and Social Services		
Activity 1.4	Orient 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	YMCA and Ministry of Community Development and Social Services		
Activity 1.5	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	YMCA and Ministry of Community Development and Social Services		

Output 2	Multisector GBV response services are integrated in the drought induced humanitarian response in target districts			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of service providers oriented on GBV survivor-centred approach by sector (disaggregated by sex)	66 participants: [50 Health workers: 4 Lunga; 18- Gwembe; 12- Shangombo ;16- Sioma]; 1 social welfare	126 Total [31 F: 95 M] 36 Gwembe 25 Lunga 37 Sioma 28 Shangombo 97 Health 11 Welfare Officers 6 Education 8 Police 4 Judiciary	Partner Reports
Indicator 2.2	Number of men, women, girls and boys who have received GBV response services (disaggregated by sex and disability status)	215 (2% of 10,740)	310 [263 F:47M]	In Patient Records Out-patient Records
Explanation of output and indicators variance:		To ensure that services were provided in the remotest parts of the districts, service providers from the interior were also targeted for the orientation. Because of the sensitisation in the communities, there was increased demand and more people were able to receive services from the facilities. This explains the performance above the set targets for the indicators		
Activities	Description	Implemented by		
Activity 2.1	Procure rape Kits (Kit 3) dignity kits & hygiene kits for management of SGBV survivors and dignity of women and adolescent girls respectively	UNFPA		
Activity 2.2	Pre-positioning of kits	UNFPA		
Activity 2.3	Distribution of kits	UNFPA		
Activity 2.4	Provide comprehensive care and support to GBV survivors including access to health, psychosocial, legal & economic empowerment services	UNFPA, YWCA, Lifeline/Childline, Ministry of Health, Ministry of Community Development and Social Services		

Output 3	Strengthened community engagement and participation in the GBV response in target districts			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of community volunteers oriented on GBV response (disaggregated by sex and disability status)	120 volunteers	130 [42F: 88M]	Partner Activity Reports
Indicator 3.2	Number of people reached with GBV messages (disaggregated by sex and disability status)	161,894 people	1,187,152	Partner Activity Reports
Indicator 3.3	Number of community dialogues undertaken on SGBV by community-	N/A	59	Partner Activity Reports

	based volunteers (disaggregated by sex and disability status)		
Explanation of output and indicators variance:		<p>More community volunteers were trained due to vastness of the communities because in some districts the settlements are sparsely distributed</p> <p>There were more community dialogues undertaken because there were more community volunteers trained.</p> <p>The discrepancy on the number of people reached with GBV messages was largely attributed to the information provided through community and public radio and television programmes. For example, most community members listen to the public and community radio especially because the programmes were mainly aired in the local language.</p>	
Activities	Description	Implemented by	
Activity 3.1	Orient community volunteers in targeted districts and facilitate them to undertake identification, referral and reporting of GBV incidences	YWCA and Ministry of Community Development and Social Services	
Activity 3.2	Conduct targeted awareness on prevention and identification of cases of GBV and other forms of abuse, consequences of the abuse, available services and reporting mechanisms (this includes awareness raising among other UN Agencies aid workers and government officials).	YWCA and Ministry of Community Development and Social Services	
Activity 3.3	Facilitate social welfare community-based volunteers to conduct awareness and sensitization of communities on increased risk of violence in aid-distribution settings and communicate reporting of cases	YWCA and Ministry of Community Development and Social Services	

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Through implementing actors such as community volunteers and community leaders, the project ensured a wide reach across marginalized people. The people were informed of information and services available through the project. Attention to accountability to the affected population was underlined during the field monitoring visits. Special attention was paid to listening to the needs of the affected population to ensure that their needs were met. For example, identification of myths and misconceptions about dignity kits during monitoring led to modifications to project. Implementation and introduction of a component to orient beneficiaries on the different components of the kits including their uses]

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Local communities especially the community-based groups such as Community Welfare Assistance Committees (CWACs) were engaged and involved through the Ministry of Community Development and Social Services - MCDSS. It is hoped that these groups will continue implementing protection interventions in the community post-CERF programme since other programmes such as Emergency Cash Transfer will continue with UNICEF and MCDSS. Traditional leaders such as chiefs and head persons were also engaged.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Affected people were provided with relevant information through community meetings and radio. The implementing partner and the UNFPA consultants also informed volunteers on the policies of UNFPA especially the issue of zero tolerance to sexual exploitation and abuse.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

[This was implemented through the established community help desks which were at community level. Community volunteers were trained in this and the referral pathway information was also given. They are the ones who were operating these desks. The community volunteers also informed all community members on the existence of the helpline services and gave them the toll-free number as well.

The trained community volunteers handled the complaints and they referred some of them to the Ministry of Community Development and Social Services, Health Facilities and the Police. Brochures, leaflets & t-shirts with various information about GBV and PSEA were printed and distributed. Materials had UNFPA logos further information about UNFPA was given during all community meetings. The IEC materials were also printed in the local languages that are widely spoken in these districts.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

This was implemented through the established community help desks which were at community level. However, there were no SEA complaints made. Community members were given information on how to identify and report cases and where to access services.

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

The evaluation of the CERF funded project was not part of the original design and/ budget allocation and as such this was not undertaken within the life of the project. Secondly the COVID-19 and insecurity challenges that led to delays in implementation of the planned activities meant that the project could not be completed within the original planned period of 6 months, when an evaluation would be feasible in the following months prior to reporting. However, the UN is currently implementing the UN Sustainable Development Partnership Framework which encompasses humanitarian work, including CERF funded interventions. This project will be covered within this evaluation in 2021.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

9.2. Project Report 19-RR-CEF-114 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Zambia
3. Cluster/Sector:	Education - Education	4. Project Code (CERF):	19-RR-CEF-114
5. Project Title:	Zambia Drought Response – Education: Emergency School Feeding Programme		
6.a Original Start Date:	15/11/2019	6.b Original End Date:	14/05/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	04.09.2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,700,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 506,495
	c. Amount received from CERF:		US\$ 506,495
	d. Total CERF funds forwarded to implementing partners		US\$ 452,327
	of which to:		
	Government Partners		US\$ 39,406
	International NGOs		US\$ 412,921
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through CERF support, UNICEF with its partners (Save the Children and Ministry of General Education) provided Emergency School Feeding to 35,301 (17,052 boys and 18,249 girls) learners in 133 schools, affected by drought and hunger in Gwembe and Shangombo districts. All schools were supplied with feeding supplies (beans, oils and grains) and utensils, which included, 157 cooking sticks, 158 kitchen buckets, 24,878 spoons and plates, 212 serving spoons, 12,000 cups, 198 buckets and 138 basins.

The provision of meals to learners contributed to reducing absenteeism and improving learner attendance in target districts. Between January and March 2020, Save the Children recorded increased overall enrolment in target schools from 26,535 to 34,820. This increase was attributed to the provision of nutritious meals in supported schools, accounting for 89% of enrolled children reporting to schools during the period up to March 2020 before schools closed. Further, the project was able to achieve improved reporting rates for children in examination classes, with 96.64% (for boys) and 98.86% (for girls) reporting after schools re-opened between June and August 2020.

Through this support, 384 (213 men and 171 women) were trained in Child Protection and Prevention of Sexual Exploitation and Abuse (PSEA) in target districts.

3. Changes and Amendments

UNICEF Zambia's request for CERF was approved on 4 December 2019 for the *Zambia Drought Response – School Feeding Project* and immediately entered into a Programme Cooperation Agreement with Save the Children to implement the programme in two districts. However, the project faced some challenges that affected the timely delivery of results. The major challenges included heavy rains that led to poor accessibility and delayed delivery of food supplies to target districts. This challenge was further compounded by wide-spread gassing incidents in early 2020 which eventually led to the halting of implementation of project activities until the situation improved. Subsequently, the outbreak of COVID 19 pandemic led to the closure of schools in the country and negatively impacted the

implementation of the project.

Drawing from Government guidance to reduce the food rations for children to align with the national school feeding guidelines; was the realisation of significant saving which was made by the partner due to reduced rations compared to the ones planned earlier on. As a result, a decision was made to increase reach from 25,000 to 33,000 learners (children), and this was subsequently approved.

The factors above necessitated a No Cost Extension (NCE) and re-programming requests, both of which were approved by CERF. An NCE request was approved to extend the grant end period from 14 May 2020 to 04 September 2020. The other request was to increase the number of schools from 100 to 133 and the number of learners from 25,000 to 33,000. At the time of reporting, a total of 35,301 learners, which is 107% of the target, was reached through the Emergency School Feeding programme in two districts.

The COVID-19 pandemic and the measures put in place by the Government changed the school feeding landscape as some classes were closed and gathering of large groups were not allowed. This led to adopting a mixed approach of implementing the project as some children were still in their homes apart from those in examination classes. The mixed approach entailed school-based feeding and a take-home ration method to take care of learners that are continuing their studies in their homes. A framework for implementation of the two methods and Standard Operating Procedures (SOPs) were developed and approved by the Ministry of General Education to ensure that feeding continued but in line with the national COVID-19 guidelines. The implementation frameworks and SOPs will be useful for similar programme initiatives within the current context and beyond.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Education - Education				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	16,750	16,750	33,500
Total	0	0	16,750	16,750	33,500
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	550	550	1,100

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Education - Education				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
0Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	213	171	17,052	18,249	35,685
Total	213	171	17,052	18,249	35,685
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0
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In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The initial number of children planned to be reached was 25,000, but 35,301 children were reached due to the savings that were made by the partner due to reduced rations. A re-programming request to increase the reach was approved. 384 participants (213 men and 171 women) were reached through trainings in Child Protection mechanisms to ensure safety of the learners in the two districts.
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4.c Persons Indirectly Targeted by the Project

Due to the COVID-19 pandemic and closure of schools in March 2020, the feeding modality was changed from school prepared meals to take-home rations. As a result of the takehome ration modality, the project indirectly reached 4,964 (2,408 boys, 2,556 girls) children from within the households where the meals were prepared and consumed. These children were not initially targeted, but they benefitted from the school feeding.

5. CERF Result Framework

Project Objective	25,000 children in Gwembe (Southern Province) and Shangombo (Western Province) affected by drought and hunger benefit from emergency school feeding by April, 2020
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Output 1	25,000 children benefit from emergency school feeding Education - Education			
Sector	Education - Education			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of school children benefitting from the school feeding. (for approx. 65 days)	33,500	35,301	Monthly returns report, monitoring reports for school feeding and take-home distribution lists
Indicator 1.2	Number of schools targeted.	133	133	Project Monitoring Reports
Indicator 1.3	Emergency School feeding effectively implemented and monitored- the number of monthly reports on programme performance	5	7	Monthly Situation and Project Monitoring Reports
Indicator 1.4	Percentage of enrolled children reporting to school (boys/girls)	>90%	98%	School Registers /Emergency School Feeding Project monthly attendance monitoring reports.
Explanation of output and indicators variance:		The variances in the project were in terms of the implementation period and reach. A No Cost Extension from 14 May to 4 September was requested and approved including approval to increase the reach from 25,000 to 33,000 learners.		
Activities	Description	Implemented by		
Activity 1.1	Procurement and distribution of emergency school feeding to children	Save the Children and Ministry of General Education through Provincial and District Education Offices for Shangombo and Gwembe districts.		
Activity 1.2	Monthly monitoring and reporting on performance of the	Save the Children, Ministry of General Education at HQ,		

	emergency school feeding programme	Provincial and District Offices and UNICEF.
Activity 1.3	Monthly attendance report for the participating schools	Save the Children and District Education Offices in Gwembe and Shangombo.

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The crisis-affected people participated in the design through rapid assessments which solicited responses on available capacities to manage the emergency school feeding programme and operational gaps. Communities participated during implementation through management of the programme, construction of kitchen areas, food stock item management and preparation of food for the emergency School Feeding Programme. During monitoring visits, children, community members and other stakeholders provided feedback on the project interventions in terms of what was working well and areas that required improvement. The children specifically provided feedback on their experiences and their opinions about the school meals and these views were used to strengthen the delivery of project results at the school level.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Community engagement meetings at the point of entry and planning for the project were conducted and provided platforms for engagement with communities in the response. The Government already have structures and systems for delivery of the home-grown school feeding under the School Health and Nutrition (SHN) and these were engaged and utilised in the management of the project. The SHN guidelines already address the participation of various groups like women, girls and other marginalised groups.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Inception meetings with key district stakeholders were held where the mandate of UNICEF and Save the Children were explained, including project deliverables. The implementing partner- Save the Children explained its Child Safeguarding principles which goes along with the staff code of conduct. Trainings on Child Protection and Safeguarding were conducted in Gwembe and Shangombo targeting the key stakeholders from line Ministries and gate keepers. The trainings were scaled up at the community level where Child Protection structures including the traditional leaders, such as the village head persons and Chiefs representatives were oriented on the principles and how staff are expected to behave and the procedure for reporting misconduct.

These meetings also provided an opportunity for community members to understand the project and identify their roles in the school feeding programme which included fetching of firewood, collection of water and the actual cooking of food for the school children.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

Complaints and response mechanisms were established through consultations conducted with school-going children and the communities to come up with the most preferred and convenient methods for complaints. This included a review and strengthening of already existing feedback mechanisms which other stakeholders and institutions were using in schools and communities. One of the mechanisms used was the face-to-face (meetings) for complainants who were comfortable to table issues in an open meeting. The other mechanisms used included Child Help Line hotline (116), use of focal point persons and complaint boxes in the schools. Sensitisation on the use of these mechanisms were done in all the supported schools and surrounding communities.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

The inception meeting between UNICEF and Save the Children made this a requirement for the programme and the partner was supported to ensure enough training and sensitisation was conducted. At the local level, the partner ensured Sexual Exploitation and Abuse (SEA) was embedded in the child protection and referral mechanisms. District stakeholders in both Shangombo and Gwembe were trained in case management and created the referral pathways for reporting and management of cases of this nature. The trainings were rolled out at the community level where child protection structures identified and agreed on the complaints and referral pathways and reporting channels of SEA related cases. The partner also collaborated with Child Helpline and popularised the hotline 116 for reporting and handling of SEA related complaints. This mechanism is already being implemented in the target districts.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation has been planned.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

9.3. Project Report 19-RR-CEF-115 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Zambia
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-CEF-115
5. Project Title:	Emergency Nutrition – Drought response in 14 drought affected districts of Zambia		
6.a Original Start Date:	03/12/2019	6.b Original End Date:	02/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	02.09.2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,843,801
	b. Total funding received for agency's sector response to current emergency:		US\$ 498,577
	c. Amount received from CERF:		US\$ 498,577
	d. Total CERF funds forwarded to implementing partners		US\$ 103,823
	of which to:		
	Government Partners		US\$ 103,823
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

The main objective of this project was to provide life-saving nutrition assistance to 14 drought affected districts (Shangombo; Gwembe, Sioma, Lunga; Mambwe; Nyimba; Chirundu; Chongwe; Luangwa; Rufunsa; Siavonga; Sinazongwe; Mwandia; Sesheke). Through the CERF grant, 65,254 children under five were screened for malnutrition, while 1,539 children aged 6 to 59 months with Severe Acute Malnutrition (SAM) and 1,320 Moderately Acutely Malnourished (MAM) Children were admitted and treated in the outpatient Therapeutic Programme.

To enhance service delivery and improve the quality of the Integrated Management of Acute Malnutrition (IMAM) Programme, 54 health workers and 781 volunteers were trained on IMAM and 243 volunteers were trained on Infant and Young Child Feeding (IYCF) and counselling support to mothers and caregivers to enhance childcare. To support the treatment of SAM and MAM Children, 6,407 cartons of RUTF was procured. A total of 17,954 hand sanitisers for infection prevention of COVID-19 were also procured and delivered to target districts.

The project ensured increased access to SAM and MAM treatment, including increased capacity of health workers and volunteers to deliver lifesaving treatment to vulnerable children and supporting the routine IMAM Programme. During COVID-19, the project also ensured continuity of service provision at facility and community level.

3. Changes and Amendments

The unexpected onset of the COVID-19 pandemic led to travel restrictions and delays in the planning and implementation of capacity building activities and service provision, resulting in low coverage of community outreach services. This ultimately affected UNICEF's ability in reaching the beneficiary targets and necessitated the project to having to adapt its strategy. For example, the project had to reduce the numbers of health workers to be trained in large groups, and partners had to adapt decentralised capacity building approaches for health workers and volunteer training. This was all done to ensure children could still receive quality services, while

factoring in the restrictions imposed because of COVID-19 and the need to adhere to social distancing practices and non-assembling at the initial stages. Furthermore, the provision of individual Mid Upper Arm Circumference (MUC) tapes to mothers to support early identification and self-referrals of wasted children helped limiting contact with service providers and minimise possible infections.

The key recommendations for infant feeding and promoting breastfeeding and service delivery in the context of COVID-19 and systematic social behaviour change communication around continuous breast feeding in the context of COVID-19, handwashing before breast feeding, social distancing at nutrition centre was also not done at scale as funding for this component was not planned within the CERF grant, and additional funding for COVID-19 did not come through. However, Infection Prevention and Control (IPC) was taken into consideration and Personal Protection Equipment (PPEs) supplies, which included masks, gloves and hand sanitizers were procured to ensure protection of health workers, which eventually prevented the interruption of IMAM service delivery.

UNICEF requested an amendment as follows:

- To re-allocate funding from monitoring and support supervision to capacity building for volunteers to strengthen outreach services in the communities accompanied with supplies for their protection (sanitizers, masks and IEC materials); and
- To extend the CERF implementation period 02 September 2020 to complete project activities.

The reasons for amendment was to allow for implementation of activities as progress was affected by heavy rains, flash floods, country-wide security incidents including gassing and COVID-19, which negatively affected the pace of implementation. These challenges resulted in inaccessibility to target facilities/communities, and affected project activities. The project, which was originally expected to expire on 28 May 2020, was approved for extension on 4 May 2020 with a new expiry date of 02 September 2020.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	6,780	7,020	13,800
Total	0	0	6,780	7,020	13,800
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	488	505	993

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	1,356	1,503	2,859

Total	0	0	1,356	1,503	2,859
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	COVID-19, capacity building, inaccessibility due to bad terrain and roads and low community outreach services, led to inability to reach all beneficiaries projected as targets for the project.
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4.c Persons Indirectly Targeted by the Project

Women of childbearing age, pregnant and lactating mothers

5. CERF Result Framework

Project Objective	To manage Moderately Malnourished children in order to reduce cases of SAM children, and contribute to reduction in acute malnutrition, morbidity and mortality.
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Output 1	Enhanced MoH and NFNC capacity to implement and monitor nutrition response in the affected districts.			
Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of community level volunteers trained in IMAM data collection, active case finding and management of IMAM	2,150(250 nurses and 1,900 volunteers)	781 volunteers 54 health workers	Training reports, PHO Training Data Base and Training Attendance registers
Indicator 1.2	Number of 14kg cartons of RUTF supplied to intervention districts	6,900	6,407	District stores records, Delivery notes and Goods received notes
Explanation of output and indicators variance:		<p>There was need for more resources and re-planning especially in flooded and peripheral hard to reach islands and communities, therefore trainers and volunteers needed additional time during the trainings to complete training modules as scheduled (Lunga and Nyimba districts).</p> <p>Delays in trainings which were mainly due to COVID-19 restrictions on the gathering of people for the trainings. There was also delays in the onboarding of NGOs to support the districts with trainings. With the easing of COVID-19 restrictions, the infection preventions strategies in place and NGOs onboard, trainings and programme scale up is being accelerated.</p> <p>Western province has poor road network, difficult terrain, which affected accessibility to some facilities and interrupted the delivery of supplies thus slowing down the implementation of activities.</p>		
Activities	Description	Implemented by		
Activity 1.1	Train 2,150 community level volunteers on IMAM programme – active case finding, community management of IMAM and IMAM data collection	MoH conducted the training with support from World Vision International (WVI,) and PLAN International through the partnership they have with UNICEF.		

Activity 1.2	Procurement and supply of 6,900 cartons of RUTF for IMAM treatment	UNICEF procured supplies on behalf of the MoH.
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Output 2	Active Nutrition screening at both community and health facility level to facilitate early detection of cases of acute malnutrition for referral for lifesaving treatment.			
Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of children screened in the 14 districts	189,090	65,254	IMAM reports
Indicator 2.2	Number of children treated	13,800	2,859	IMAM reports, Health Facility records
Explanation of output and indicators variance:		<p>There were also unforeseen weather conditions, requiring water transportation, which affected planning and scheduling for activities in Lunga district. Some beneficiaries live far away from Outpatient Therapeutic Programme (OTP) sites and were unable to access the health services resulting in high defaulter rates. In areas, such as, Lunga, the nomadic lifestyle of island-based beneficiaries made follow ups for SAM and MAM patients challenging and resulted in low coverage for community outreach services, ultimately affecting the numbers of beneficiaries reached. The COVID-19 situation also affected the monthly passive screening and growth monitoring and promotion which were the key platforms being used by the IMAM programme, thus affecting outreach services and monitoring activities.</p> <p>With the onset of COVID -19, the health workers and volunteers could not provide the needed nutrition services because of IPC concerns and no clear guidance on continuity of service provision in the context of COVID-19. The beneficiaries were also not sure on how to protect themselves and access services including fear of being infected. With the IPC measures put in place including, guidelines and awareness raising at community level, provision of PPEs for service providers, the beneficiaries were able to come to the health facilities for nutrition services and for community outreach activities.</p> <p>There were delays in training (OTP, IMAM, Maternal Infant Young Child Nutrition (MIYCN), Growth Monitoring Promotion (GMP) and outreach) due to COVID-19 restrictions affecting the OTP services and data collection and reporting. For this reason, the current admission figures are under-representing the true number of children reached, as only the hospital data is at times reported and not the community data. This challenge has also affected outreach system for referrals and defaulter tracing.</p> <p>Although data collection and reporting for IMAM is mainstreamed into the Health Management Information System but hosted in a data bases in MoH, the systems remains weak and the overall reporting rate is low</p>		
Activities	Description	Implemented by		
Activity 2.1	Implement active case finding of MAM cases in communities	MoH - Health workers and volunteers, WWI and PLAN International		
Activity 2.2	Operationalize and implementations of the IMAM treatment programme in the 14 districts	National Food and Nutrition Commission (NFNC) in partnership with MoH - Health workers, volunteers, WWI and PLAN International		
Activity 2.3	Programme monitoring, end-user monitoring	MoH, WWI, PLAN International, Disaster Management and		

		Mitigation Unit (DMMU), UNICEF. Partly remote monitoring due to COVID-19
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6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

A vulnerability assessment was conducted which informed the selection of the 58 worst hit drought districts and the priority activities for the districts. This also formed the basis for the design of the project and life -saving identified nutrition activities in the 14 target districts out of the 58 districts.

Community consultations and meetings were held, enabling women, girls, the minority, disabled and the aged to participate. This helped take into consideration their perspectives, prioritise and address their needs for nutrition interventions and activities, and ensure their perspectives are considered during the design, implementation and monitoring stages of the project. The project ensured the physiological admission criteria is applied fairly in the selection of beneficiaries, to select those who meet admission criteria. Data was collected and disaggregated by sex, age and disability in the outputs and in the database and reports. Criteria for selection of beneficiaries was coordinated through the MoH/NFNC ensuring those in dire need are prioritised and reached. The project was implemented through existing MoH structures to ensure sustainability and accessibility to vulnerable and marginalised groups, while OTP are also located in safe and accessible places. A coordination mechanism for the drought response was established.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Existing local and national mechanisms were used to engage all segments of the community through MoH structures. These mechanisms were adequate to capture the needs and voices of women, girls and the marginalised groups. Through the coordination mechanism and meetings chaired by NFNC, inputs were generated with progress and challenges incorporated in the design and implementation process. The coordination forums were attended by NGOs, United Nations agencies, MoH, commenting and giving feedback on suggested approaches, inputs from the community and issues at community level which were integrated into the design of the project.

Appropriate feedback and recommendations were provided by beneficiaries to MoH at district, provincial and national level. And UNICEF ensured the engagement of the community in the implementation and monitoring of activities. The NGOs were also involved at the community level with the beneficiaries and reported back to MoH and UNICEF

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The project prioritised and worked through existing government structures and facilities. UNICEF's work with MoH and NGOs ensured staff who were engaged in the project were skilled, were vetted during recruitment, and understood the responsibility of working with children, women and vulnerable people including safeguarding their rights. Community forums and engagements were conducted at district and community level. Information of project activities was shared through existing facilities and via health workers, volunteers, NGO staff. During orientation by NGOs, MoH and NGO staff were informed on policies to safeguard and protect their rights including routes for reporting incidences.

Affected people were constantly provided with relevant information from NGOs, MoH staff, community leaders about implementing NGOs, their principles especially with regards to protecting children and young people, safeguarding policy and staff conduct while engaging with the communities. This was emphasised in all meetings and engagements with affected communities at community level

as well as during orientation meetings and trainings with MoH staff and district level stakeholders.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

The project design and implementation strategy ensured stakeholders, communities and beneficiaries can access information, raise concerns and suggestions, and report. They were clearly informed and reminded of the expectations and limitations of emergency response activities versus long-term development. There were weekly meetings with the NGOs supporting implementation at district level together with MoH staff at district level. The issues raised pertaining beneficiaries and implementation were tackled during the meetings.

There are also plans to procure complaint boxes for all facilities under the project and collect relevant messages to inform the content of IEC materials, including sourcing of a hotline to be advertised through IEC.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

[UNICEF, MoH, and NGOs implementing the project have and follow their Code of Conduct and key policies pertaining to Sexual Exploitation and Abuse (SEA). Mapping was done to identify gaps in referral and reporting of child protection and SEA/Sexual Gender Based Violence (SGBV) related complaints. And training of MoH staff in Child Protection and SGBV was conducted. An orientation to strengthen and establish referral and reporting pathways for SEA and SGBV is ongoing in implementation areas.

Posters for SEA were printed and distributed to beneficiaries in all the 58 drought affected districts by UNICEF with clear information of SEA and reporting mechanism of violations. NGO staff were obligated to ensure children and beneficiaries they work with are aware of their responsibilities and rights to prevent and respond to any harm against them arising from actions and behaviours of NGO staff, associates and visitors e.g. consultants, and the routes for reporting such incidents. The NGOs also had to include their SEA/SGBV strategy the Project Cooperation Agreements developed with UNICEF.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

Nutrition surveys which were undertaken in January 2020 show a Global Acute Malnutrition (GAM) rate below 4% in all the sample areas with a Severe Acute Malnutrition (SAM) rate of <1%, which is an indication that the emergency response made considerable difference when compared to the baseline of 8.7% GAM rate recorded in the Vulnerability Assessment Committee (VAC) undertaken by DMMU in July 2019. No formal evaluation of the project was planned.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

9.4. Project Report 19-RR-CEF-116 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Zambia
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-RR-CEF-116
5. Project Title:	Provision of water supply services to drought affected communities		
6.a Original Start Date:	03/12/2019	6.b Original End Date:	02/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	02.09.2020
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 4,700,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,139,550
	c. Amount received from CERF:		US\$ 1,139,550
	d. Total CERF funds forwarded to implementing partners		US\$ 267,894
	of which to:		
	Government Partners		US\$ 5,755
	International NGOs		US\$ 262,139
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners have provided access to basic drinking water supply to an estimated 80,500 people in drought affected communities of Chirundu, Luangwa and Rufunsa districts in Lusaka Province and Gwembe, Siavonga and Sinazongwe districts in Southern province of Zambia. This was achieved through drilling of 137 new boreholes which were equipped with handpumps and rehabilitation of 185 existing boreholes.

The project has resulted in strengthened local capacity through training of 40 pump mechanics and 332 water point committees (comprising 3,320 members) in sustainable operation and management of water supply facilities, and provision of 110 special sets of tool kits for timely repair and maintenance of water supply facilities. The active engagement of district stakeholders at various stages of the project has also contributed to enhanced capacity of district staff in effective management of WASH emergency response interventions.

3. Changes and Amendments

The key changes and amendments which were made to the project following approval from CERF are listed below:

- Following delays in project implementation due to heavy rainfall, flash flooding, poor road conditions and gassing incidents in the country, the project duration was extended by a period of three months beyond the initial planned completion date of 02 June 2020;
- Based on the needs on the ground, interventions planned/being undertaken by other partners and following consultations with the Government, the number of target districts was changed from 10 to six; and
- Funds initially allocated for the procurement and distribution of critical WASH supplies including soap, chlorine, Menstrual Hygiene Management (MHM) kits were reprogrammed and used for rehabilitation and drilling of additional boreholes to meet

the priority needs. To ensure effective supervision of drilling and rehabilitation works and given the geographical spread of the target districts, an institutional consulting firm was engaged instead of the individual consultant.

The above changes did not result in any unspent balance under the project.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	16,268	16,934	18,644	19,404	71,250
Total	16,268	16,934	18,644	19,404	71,250
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	1,171	1,220	1,342	1,396	5,129

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	18,381	19,132	21,064	21,923	80,500
Total	18,381	19,132	21,064	21,923	80,500
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	1,323	1,378	1,516	1,578	5,795

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

Effective partnerships and savings in the cost of borehole rehabilitation interventions resulted in increase in the number of boreholes rehabilitated thus resulting in a higher number of beneficiaries reached than planned

4.c Persons Indirectly Targeted by the Project

N/A

5. CERF Result Framework

Project Objective	To reduce morbidity and mortality related to waterborne diseases and poor hygiene among the drought affected communities.
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Output 1	Drought affected population have access to sufficient water and of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene - Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people provided with access to safe water supply	71,250	80,500	Project Reports
Explanation of output and indicators variance:		Effective partnerships resulted in savings in the cost of borehole rehabilitation and increase in the number of boreholes drilled and rehabilitated. This led to reaching a higher number of beneficiaries than originally planned.		
Activities	Description	Implemented by		
Activity 1.1	Drilling of 100 new boreholes and equipping the same with handpumps	Contractors including China Gansu Engineering Corporation and Srujala Tech Ltd were engaged to drill a total of 137 boreholes and equip the same with handpumps. A consulting firm i.e. WRC Consultant Ltd were engaged to supervise the drilling works and equipping of the boreholes.		
Activity 1.2	Rehabilitation of 150 existing water points	World Vision Zambia partnered with UNICEF to rehabilitate a total of 185 existing water points while WRC Consultant Ltd supervised the rehabilitation works.		
Activity 1.3	Capacity building for operation and maintenance including training of water point committees, pump mechanics and operation and maintenance kits for the boreholes supported	World Vision Zambia partnered with UNICEF to conduct the capacity building trainings for 332 water point committees (having a total of 3,320 members) and 40 pump mechanics.		
Activity 1.4	Procurement of critical WASH supplies	UNICEF directly procured 110 sets of tool kits, following consultations with the target districts on the need for operation and maintenance kits.		
Activity 1.5	Distribution of critical WASH supplies	UNICEF distributed 110 sets of the toolkits among the target districts. The districts subsequently distributed these kits among the pump mechanics in the target communities.		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Prior to commencing implementation of the project interventions, a joint team comprising District WASH Officer, UNICEF staff and a Consultant conducted an assessment of WASH needs in the target communities. The beneficiaries were engaged during these assessments and participated in identification of sites for borehole drilling and rehabilitation. During the implementation phase, District and World Vision staff engaged with the communities on establishment of community-based Water Point Committees, which were subsequently trained in the operation and maintenance of water points. Moreover, local pump mechanics were engaged in supervision of the drilling and rehabilitation works on behalf the communities.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Local and national mechanisms were used to engage all parts of communities in the response. This included start up meetings with the communities; sensitisation and awareness meetings on the project; formation and training of gender-balanced water point committees (which included 50 per cent women members); and handover of completed water facilities to beneficiary communities.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The affected people were provided relevant information through project start-up meeting in which the scope of the project was explained. During the implementation, World Vision and district councils staff held regular meetings with the communities to share information about the project and gather community feedback.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

A complaint mechanism involving the use of complaint box at each site during the drilling operations as well as use of existing community channels of reporting to the local leaders and/or district authorities was implemented. In addition, information on World Vision hotline for submission of complaints/feedback was also shared with the communities

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

The project staff of the implementing partner and contractors were trained in PSEA and handling of related complaints prior to the start of the project interventions. As part of the training of the water point committees, World Vision also oriented the committee members on PSEA.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
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No	No
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Supplementary information (optional):

[Add text here]

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation for the project is planned. However, UNICEF Consultants, NGO partner and the concerned District Councils conducted regular monitoring visits to the project site.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

9.5. Project Report 19-RR-WFP-071 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Zambia
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-071
5. Project Title:	Emergency Food Assistance to Drought Affected People in Zambia Drought Emergency Response		
6.a Original Start Date:	04/12/2019	6.b Original End Date:	03/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	03/09/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 54,300,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 20,200,000
	c. Amount received from CERF:		US\$ 4,360,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 335,393
	Government Partners		US\$ 0
International NGOs		US\$ 260,692	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 74,701	

2. Project Results Summary/Overall Performance

Under this funding, WFP provided demand driven logistics support to the Government of Zambia for the movement of maize meal to both drought and flood-affected populations. A total of **3,437 metric tons** of maize meal delivered to 13 drought-affected districts reaching **339,386** food insecure **people** with distributions managed by government-contracted NGOs. Further, **3,248 metric tons** of maize meal delivered to 32 flood-affected districts reaching **260,000 people**. With funding from other donors, WFP complemented the Government food basket for drought-affected people by distributing pulses to better meet people's food and nutrition needs.

As part of the response to COVID-19, WFP provided cash assistance to **181,555 urban people** living in disadvantaged areas of Lusaka and Kafue districts, distributing a total of **USD 3.2 million** (ZMK 58 million). As COVID-19 confirmed cases continued to rise, WFP, in consultation with the Government, distributed four months' worth of rations (ZMK 1,600 per household) to allow targeted families to purchase food in bulk and avoid overcrowding when visiting pay points and markets, thereby reducing the risk of contracting or further spreading the virus. Integration of nutrition messages in awareness raising activities among assisted people accompanied the response to promote the choice and consumption of nutritious foods.

3. Changes and Amendments

The modifications, approved by CERF, allowed WFP to extend the project completion date by three months (from 3 June 2020 to 3 September 2020), as well as the reprogramming of CERF funding towards both drought and flood-affected districts, as well as to assist vulnerable food-insecure households in urban and peri-urban areas most impacted by COVID-19 with cash-based transfers.

Since the start of the drought response in November 2019, food deliveries and distributions were hampered by numerous factors, including funding limitations, insufficient allocation of maize meal by the Government, policy changes in government commitments, limited capacity of cooperating partners and external influence on targeting and distributions. One of the main challenges to the achievement of the planned CERF targets was the limited allocation of maize meal from the Government to WFP to deliver. As of June

2020, the Government had only allocated **4,300 metric tons** of maize meal, representing **24 percent** of the total WFP planned tonnage to deliver on behalf of the Government under the CERF funding. The Government also halved the standard ration size for maize meal from **400 grams/person/day** to **200 grams/person/day**, because of improvements in harvests of early maturing crops. As WFP did not expect to achieve planned targets in the 13 CERF-targeted districts within the agreed project period, it requested a first project revision for **no cost extension and reprogramming in April 2020**. The request was also based on the persisting food security needs that had been exacerbated by heavy rains and flash floods in the 2020 rainy season, as well as by the COVID-19 outbreak.

DMMU requested WFP to provide logistics support to deliver **3,248 metric tons** to 32 flood-affected districts in 6 provinces and **448 metric tons** of maize meal to Kalabo, Sikongo, Mitete and Limulunga, districts not originally targeted under the CERF funding.

The second modification was requested and approved in July 2020 to increase the amount allocated to COVID-19 response, as WFP remained with a balance of funds allocated to the provision of logistics support for the delivery of government-supplied maize meal to drought and flood-affected people. This was mainly due to significantly reduced transport costs, as most of the commodities were uplifted from districts closer to the beneficiaries instead than from Lusaka, following a good harvest that increased the availability of maize meal in those locations. Furthermore, WFP did not receive the planned 448 mt to be distributed in the four additional locations requested by the Government (Kalabo, Sikongo, Mitete and Limulunga), as the Government did not allocate these quantities for WFP to uplift.

The modification also amended the transfer value for COVID-19 cash assistance – reduced from ZMK 813 to ZMK 400. Beneficiary figures were also adjusted based on a rapid food security assessment undertaken by WFP in Lusaka and Kafue in June.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	182,137	189,570	197,316	205,368	774,391
Total	182,137	189,570	197,316	205,368	774,391
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	3,547	3,544	1,812	1,438	10,341

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Food Assistance				
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4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	183,503	190,991	198,795	206,907	780,196
Refugees	175	182	190	198	745

Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	183,678	191,173	198,985	207,105	780,941
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	3,674	3,823	3,979	3,179	14,655

<p>In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:</p>	<p>In total, 780,941 people were reached under this project, slightly above the target of 774,391 people following the latest project modification. Of these, 181,555 people were reached with cash-based transfers under the COVID-19 urban food security response (including 745 urban refugees), 339,386 people under the drought response and 260,000 people reached under the flood response.</p> <p>However, the number of drought-affected people assisted under this project is lower than initially planned, as the initial plan was to reach 517,056 drought-affected people with 18,614 mt of maize meal for a period of six months. WFP could not meet this initial target as, by the end of the drought response in June 2020, the Government had only allocated some 4,300 metric tons of maize meal, representing 24 percent of the amounts that WFP planned to deliver on behalf of the Government under the CERF funding, as well as decided to halve the standard ration size for maize meal from 400 grams/person/day to 200 grams/person/day, citing improvements in harvests of early maturing crops as the main reason for adjusting the ration size. Furthermore, the delayed allocation of maize meal to WFP resulted in targeted people in most districts being reached for less than the initially planned six months rations. (explanation applies also for section 4.c).</p>
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4.c Persons Indirectly Targeted by the Project

Not applicable.

5. CERF Result Framework

Project Objective	Deliver emergency life-saving assistance to the most vulnerable people affected by the drought
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Output 1	18,614 mt of maize meal delivered to targeted districts affected by the drought Food Security - Food Assistance			
Sector	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of women, men, boys and girls receiving food	774,391 (including recipients of cash for food following reprogramming)	599,386 (recipients of food) 181,555 (recipients of cash for food)	Partner distribution reports
Indicator 1.2	Quantity of food delivered	18,614mt	6,685	Partner distribution reports
Indicator 1.3	Total amount of cash distributed to 180,057 people	US\$ 3,201,016	US\$ 3,2 million (to 181,555 people)	Partner distribution reports
Explanation of output and indicators variance:	In total, 780,941 people were reached under this project, slightly above the target of 774,391 people following the latest project modification. Of			

	<p>these,181,555 people were reached with cash-based transfers under the COVID-19 urban food security response (including 745 urban refugees), 339,386 people under the drought response and and 260,000 people reached under the flood response.</p> <p>However, the number of drought-affected people assisted under this project is lower than initially planned, as the initial plan was to reach 517,056 drought-affected people with 18,614 mt of maize meal for a period of six months. WFP could not meet this initial target as, by the end of the drought response in June 2020, the Government had only allocated some 4,300 metric tons of maize meal, representing 24 percent of the amounts that WFP planned to deliver on behalf of the Government under the CERF funding, as well as decided to halve the standard ration size for maize meal from 400 grams/person/day to 200 grams/person/day, citing improvements in harvests of early maturing crops as the main reason for adjusting the ration size. Furthermore, the delayed allocation of maize meal to WFP resulted in targeted people in most districts being reached for less than the initially planned six months rations.</p> <p>As WFP did not expect to achieve the initially planned targets for the drought response in the 13 CERF-targeted districts within the agreed project period, it requested two project revisions for no cost extension and reprogramming in April and July 2020, respectively. The requests were also based on the persisting food security needs that had been exacerbated by heavy rains and flash floods in the 2020 rainy season, as well as by the COVID-19 outbreak. Revised targets (beneficiary numbers and amount of food and cash distributed were met in line with the approved reprogramming requests, and in some cases slightly exceeded.</p>	
Activities	Description	Implemented by
Activity 1.1	Delivery of maize meal from government (Food Reserve Agency) warehouses to targeted districts	WFP and DMMU
Activity 1.2	Distribute food	Government (government-contracted NGOs)
Activity 1.3	Conduct food distribution monitoring and post distribution monitoring	WFP and NGO partners (CARITAS, Development Aid for People to People (DAPP), Oxfam, Red Cross, Action Africa Help)

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Under the drought response, affected communities played critical role in refining targeting criteria formulated by availing themselves as key informants as a way of avoiding exclusion or inclusion errors, with the facilitation of community volunteers through the Community Welfare Assistant Committees (CWACs) and Satellite Disaster Management Committees (SDMCs). Affected communities were also involved during implementation, when they participated to pre-distribution meetings with a focus on their rights and entitlements (composition of the food basket and ration sizes), distribution processes, selection criteria and objectives of the support being provided. During the sensitization, beneficiaries were encouraged to provide their feedback, which was used to adjust programme implementation where required. Finally, they played a critical role in the post distribution monitoring, providing feedback around the clarity of the targeting criteria, selection process and food entitlements, as well as they provided information on their level of satisfaction of the assistance.

A similar level of engagement was ensured for the COVID-19 response. Participation of targeted beneficiaries was ensured since the targeting through the participation of community networks (Local Council through the Community Ward Development Committees

(CWACs) to the identification protocol, which refined and supplemented the technical targeting process done using the rapid food security and vulnerability assessment. Beneficiaries were informed about their rights and entitlements throughout implementation. All programming and outreach activities have been undertaken with the support of community leaders and through CWACs, enabling WFP to engage directly with the beneficiaries at community level. The feedback collected after the first round of disbursement conducted in July was used to put in place mitigation and corrective measures during the second round of disbursements in August and will also inform programmatic decisions and adjustments for the next expansion phase in Kitwe, Chilanga and Livingstone, which will be implemented with resources received from other donors.

In both responses, people had an opportunity to voice any issues during distribution and post-distribution meetings, and during data collection. This allowed WFP and its cooperating partners to make any necessary programmatic adjustments arising. For example, for the drought response, feedback gave rise to the engagement of volunteers to help the elderly and people with disabilities carry home their food rations from refugee settlement distributions.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

This is covered above and in section 6. b second question.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

In order to ensure AAP, WFP ensured to undertake consultations with relevant stakeholders; provide timely information; and put in place appropriate and functional complaints and feedback mechanisms, including help desks and suggestion boxes.

Under the drought response, prior to distributions, partners held meetings with drought-affected people to ensure they were aware of their entitlements, rights, the distribution process and the availability of feedback channels, and were given guidance on protection from sexual exploitation and abuse.

For the COVID-19 cash-based transfer intervention, WFP, the Government through the Minister of Community Development and Social Services (MCDSS) and other participating UN agencies undertook joint communication around the cash transfer programme, duration and transfer value throughout its implementation. Various channels were leveraged, including radio messages, the print media and mobile public announcements. WFP monitors and the Community Welfare Assistance Committees (CWACs) also visited the targeted compounds to raise awareness in communities. SMS communication was also used to send messages to beneficiaries and to ensure that assisted people were aware of their entitlements and of the cash redemption process. A strong accent was put on the fact that the cash transfers are provided free of any charge for the beneficiary.

For both responses, WFP incorporated questions into outcome monitoring tools to determine refugees preferred channels for information

Sharing, as well as the preferred complaint and feedback mechanisms.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

To improve AAP, complaints committees were established under the drought response. Members were elected by their communities and were responsible for registering complaints and feedback. Committee members were always present during food distributions, and WFP and cooperating partners worked together to address any issues raised. Distribution meetings were also used to collect eventual complaints and general feedback on the response. Those who wanted to provide feedback in writing, or to remain anonymous, were encouraged to use suggestion boxes installed at key points at food distribution points in drought-affected districts.

Under the COVID-19 response, WFP leveraged existing grievance mechanisms within the Government to enable regular feedback from beneficiaries and facilitate timely corrective measures. Periodical monitoring on the utilisation of the grievance mechanisms has been conducted, with results informing programmatic adjustments. A dedicated toll-free number has been activated for information and eventual complaints. WFP also facilitated the establishment of help desks. WFP field monitors were extensively trained to receive and follow up on all complaints registered by beneficiaries to ensure that they are investigated and responded to comprehensively. These mechanisms will be intensified during the expansion phase.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

A mechanism specifically for matters of SEA was not established, as SEA-related complaints were received through the usual feedback and complaint mechanisms. However, to enhance understanding on Protection, sexual exploitation and abuse (PSEA), WFP facilitated a training for the Government, WFP and partners. The training focused on the key aspects of PSEA, including humanitarian principles, SEA concepts, individual obligations, staff reporting mechanisms, complaints and feedback mechanisms and community reporting and referral mechanisms. Participants were also informed about WFP's minimum monitoring requirements and standard operating procedures. Forty (40) people participated in the training, comprising nine government staff, 16 WFP staff and 15 WFP partner staff, drawn from different districts in Southern, Western and Eastern province.

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project

7.b Please specify below the parameters of the CVA modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Multipurpose Cash Transfer*	US\$ 3.2 million	Multi-purpose cash	Food Security - Food Assistance	Unconditional	Unrestricted

Supplementary information (optional):

The cash-based transfer modality was chosen for the COVID-19 response in support of urban populations because, despite the measures put in place to control the spread of the virus, markets have remained functional. In addition, unlike food transfers, cash provides flexibility to address the multifaceted needs of the most vulnerable households impacted by the effects of the pandemic. From a supply chain perspective, cash transfer as opposed food is cost effective and its delivery timelier and more immediate.

The cash-based transfer approach has also a nutrition-sensitive focus, as cash provides flexibility on the diverse foods that can be procured and consumed. In this way, vulnerable households have the means to access a more diverse, nutritious range of food during a time of economic constraint. Nutrition messages and social and behavioural change communication (SBCC) have been a key component of the response to promote the choice and consumption of nutritious food.

The government, in collaboration with partners including WFP, has been working on different interventions that aim to provide information to the public around the COVID-19 pandemic. These channels are being leveraged to provide nutrition messages to beneficiaries receiving cash assistance.

**Either regular or one-off, corresponds to the amount of money a household needs to cover, fully or partially, a set of basic and/or recovery needs.*

8. Evaluation: Has this project been evaluated or is an evaluation pending?

There is not planned evaluation. However, the UN agencies involved in the emergency response will carry out an After-Action Review (currently ongoing).

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

9.6. Project Report 19-RR-WHO-055 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Zambia
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-055
5. Project Title:	Provision of essential health services to populations most affected by drought in 4 districts of Western and Southern provinces		
6.a Original Start Date:	05/12/2019	6.b Original End Date:	04/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	04/09/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 798,779
	c. Amount received from CERF:		US\$ 798,779
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through the CERF funding WHO was able to sensitise 41 mid-level managers and MCH coordinators from all the health facilities in the four districts on MPDSR and health response to SGBV in the 4 districts which would potentially benefit 64,564 women and 75,792 girls; 52 national programme officers, mid-level managers and MCH coordinators from all the four provinces and districts sensitised on PSEA and health response to SGBV and Maternal & Perinatal Death Surveillance Report (MPDSR) Cycle and process and Service Quality Assessment (SQA) done with an average of eight health facilities per district visited during this period. The funding enabled capacity to be built at community and health facility level to provide quality care to about 55,807 children under 5 years in the community and those coming to the health facilities through the orientation of 92 community health workers in integrated community case management (ICCM) and orientation of 91 health workers in Integrated Management of Common New-born and Childhood Illnesses (IMNCI). With CERFs approval, WHO reprogrammed activities towards COVID-19 mitigation efforts reaching 1,465,937 people reached during surveillance in COVID-19.

3. Changes and Amendments

The project was expected to achieve all the planned targets within the agreed upon time. However, due to the outbreak of Global Pandemic that required to build capacities for response, CERF funds were mobilized to be utilised for COVID-19 response. Approval for use of funds from Humanitarian to COVID-19 was sourced and granted.

Health Intelligence Data Management During COVID-19 Response: At the onset of the first COVID-19 case in Zambia, WHO established a temporal data collection system for use during the COVID-19 response. This system is built on Kobo-Collect and utilizes

excel spreadsheet. Due to numerous challenges encountered in surveillance data management during the COVID-19 response, WHO has worked with MoH and ZNPFI to define a data strategy that will be utilized to manage data once a long-term real-time data management and surveillance system is agreed upon, accepted and launched by both MoH. Other systems proposed by partners have not taken off and still in design and piloting phase.

With support from WHO, the surveillance and community case management SoPs have been developed by the surveillance and rapid response team from MoH, ZNPFI and partners. The SoPs focus on surveillance (case definitions; alert, suspect and case management) sample management from collection to laboratory; infection prevention control of healthcare workers and the public in different settings, management of COVID-19 program and cases at points of entry; community management of cases and risk communication and community engagement. These guidelines are designed for use by front-line workers (RRTs) in contact tracing.

Results achieved on COVID-19 Surveillance and Response to End project:

- Built capacity for 6 Rapid Response Teams for Lusaka Sub-Health Districts to ensure provision of rapid response in Lusaka at the on-set of COVID-19 cases.
- Hired 6 vehicles for use in responding to COVID-19 cases in Lusaka districts for quick response in the initial phase
- Initiated the establishment of the Emergency Operations Centre at the ZNPFI that is currently utilised as a command centre for national response
- All the 116 districts (20 in each district making a total of 2,320 personnel) have been oriented using the guidelines. The orientation constituted personnel from health, community development, house of chiefs, local government, district commissioner's office, education, church, immigration and private sector)

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	63,793	64,564	74,888	75,792	279,037
Total	63,793	64,564	74,888	75,792	279,037
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0

Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	297,037 people were originally targeted in the CERF initial project. Due to Covid-19, reprogrammed activities only produced indirect beneficiaries.
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4.c Persons Indirectly Targeted by the Project

With the reprogramming of activities, the following results have been achieved:

1,452,000 people reached during surveillance in COVID-19;

13,568 screened and treated for malaria;

369 reported for diarrhoea disease management

Total number of people indirectly reached using CERF funds: 1,465,937

5. CERF Result Framework

Project Objective	To reduce morbidity and mortality from diseases, conditions and events related to drought among the drought affected communities in Gwembe, Lunga, Shangombo and Ngabwe districts, Zambia.
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Output 1	Surveillance data & information on priority diseases, conditions and events among the affected population is collected and shared to guide health services delivery Health - Health			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of mid-level managers and frontline health workers sensitized on (B.) Maternal and Perinatal Death Surveillance and Response (MPDSR)	140	41	Program Reports
Indicator 1.2	Proportion of Health facilities supervised	60 (25 health facilities)	(32 health facilities reached)	Program Reports
Explanation of output and indicators variance:		All health facilities targeted were reached (Gwembe – 40; Shangombo – 10; Lunga- 5; Ngabwe – 5) making a total of 60 health facilities. Supervision was undertaken for Reproductive Health, Child Health and Risk Communication and Community Engagement		
Activities	Description	Implemented by		
Activity 1.1	Monitor trends of priority diseases, conditions and events	MoH and WHO		
Activity 1.2	Meeting to strengthen/build capacity for e-IDSR	MoH and WHO		
Activity 1.3	Conduct meetings for Maternal and Perinatal Death Surveillance and Response	MOH and WHO		
Activity 1.4	Print case definitions and reporting tools	WHO		

Activity 1.5	Supervise health facilities in 4 districts for reinforcement of surveillance, record search and case management	MoH and WHO
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Output 2	Community capacity to detect, report and manage drought-related health events strengthened			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of districts implementing EBS	4	0	NA
Indicator 2.2	Number of community gatekeepers trained in case identification and reporting	100	0	NA
Indicator 2.3	Number of mid-level managers trained in (E.) rapid response	105	0	NA
Indicator 2.4	Number of community volunteers trained on ICCM and IMNCI	220	183	Training Reports
Explanation of output and indicators variance:		Indicators 2.1; 2.2 and 2.3 were not implemented. Funds were diverted to COVID-19 response after approval		
Activities	Description	Implemented by		
Activity 2.1	Roll out EBS to 4 districts	No implementation		
Activity 2.2	Sensitizing CHWs on EBS and reporting community events	No implementation		
Activity 2.3	Training district and health facility teams on rapid response	No implementation		
Activity 2.4	Training of community volunteers on Integrated Community Case Management (ICCM)	MOH and WHO		

Output 3	Common childhood, adolescent and reproductive health diseases, conditions and events in the catchment population appropriately managed			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Proportion of health facilities with tracer drugs in stock for 22 of the 26 weeks	80 (34 health facilities)	0	N/A
Explanation of output and indicators variance:		Drugs for IMNCI management were not purchased as funds were diverted to the COVID 19 response		
Activities	Description	Implemented by		
Activity 3.1	Procure pharmaceutical, non-pharmaceutical commodities and vaccines	Not done		

Output 4	Affected community members reached with targeted risk communication messages			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Proportion of target population reached with risk communication messages	80 (34 Health Facility)	(60 health facilities)	Activity Report
Explanation of output and indicators variance:		A total of 60 health facilities in Gwembe – 40; Shangombo – 10; Ngabwe – 5 and Lunga districts – 5) have been oriented in Risk Communication		

		messages. This was done together with the MoH
Activities	Description	Implemented by
Activity 4.1	Health risk communication messaging conducted through media	MoH and WHO
Activity 4.2	Awareness creation conducted on SGBV and other SRH priority needs addressed	MoH and WHO, together with UNFPA

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WHO participated and provided financial support to the vulnerability assessment was conducted which informed the selection of the 58 worse hit drought districts and the priority activities for the districts. The results of the VAC informed the selection of the 4 priority districts in which WHO accessed the CERF funds for implementation of Surveillance, Reproductive Health, Child Health and Risk Communication activities linked to health.

MoH and WHO engaged the 4 District Teams in coming up with the priority diseases that required to be monitored during the implementation period. This included a review of the current disease trends in the district health information system that are associated with the drought humanitarian emergency. Priority was given to malaria, measles, diarrhoeal diseases, measles; perinatal death; while risk communication focused on alerting communities on these diseases.

The project was managed by MoH and WHO. The areas are technical areas and require technical knowledge and therefore implementation was done in the respective health facilities. Recruitment of patients into treatment is utilised for any person meeting the case definition for the particular disease.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

National and District mechanisms to engage the Ministry of Health and the community level structures that work directly with MoH were utilised. These include, the national epidemic and preparedness committees at national, district and community level. The ZNPHI is the appointed focal point for implementation of public health emergencies in the MoH. Therefore, the ZNPHI activates the Incidence Management Structure (IMS) at various levels. These structures are chaired by the MoH and ZNPHI representative responsible for the particular level. This IMS structure ensure that feedback is provided to all partners including WHO.

The implementation of the planned activities was conducted in line with the Ministry of Health guidance. The provinces and districts. A national level planning engaging the 4 targeted districts was conducted to ensure harmonization of technical areas surveillance, reproductive health, child health and risk communication.

At district level, the DHMT is responsible for supervising community level personnel such as community health workers that are in direct contact with the community.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Vulnerable and affected communities were recruited at the health facility level when they reported for treatment. Community Engagement was undertaken in 10 clinic catchments areas. The project worked with existing government structures and facilities. WHO and MOH ensured staff who were engaged in the project were skilled. An orientation on SEA for health workers was conducted as part of the training for the humanitarian response. Information of project activities was shared through existing facilities and via health workers and community health workers during orientation of DHMTs staff were informed on policies to safeguard and protect their rights

including routes for reporting incidences.

Though the project did not report any SEA incidence information was constantly provided with relevant information from WHO and MoH staff. The information focused on vulnerable women, children and patients from SEA. This was part of curricula for training, in addition emphasis was given in all meetings and engagements with affected communities at community level as well as during orientation meetings and trainings with MoH staff and district level stakeholders.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

[As part of surveillance in the MPDSR, a question was inserted to monitor the occurrence of SEA of women by health workers. The MoH and WHO national level ensured that the project was designed to accommodate SEA reporting mechanism even though MoH has not instituted this in its code of conduct. During orientations, MoH staff were informed of their obligations towards the populations they serve including consequences of non-compliance to SEA requirements and measures

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

WHO did not use downstream partners. All WHO personnel are trained in protection and Sexual Exploitation and Abuse and therefore adhere to the organizations SEA code. All the trainings included an orientation on. In addition, MoH orientation on the humanitarian response project included SEA in its training. This was also done jointly with UNFPA

Posters for SEA that were developed and printed with support from UNICEF were accessed and distributed to the 40 targeted health facilities in the 4 districts. The MoH code of conduct on abuse was reviewed and discussed during the various orientations. MoH staff were obligated to ensure children and women are aware of their responsibilities and rights to prevent and respond to any harm against them arising from actions and behaviours of MoH staff.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation planned for this project

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

Project Code	Sector	Agency	Partner Type	Total funds transferred to partner in USD
19-RR-CEF-114	Education	UNICEF	INGO	\$412,921
19-RR-CEF-114	Education	UNICEF	GOV	\$8,129
19-RR-CEF-114	Education	UNICEF	GOV	\$16,408
19-RR-CEF-114	Education	UNICEF	GOV	\$14,869
19-RR-CEF-115	Nutrition	UNICEF	GOV	\$103,823
19-RR-FPA-051	Protection	UNFPA	NNGO	\$381,634
19-RR-FPA-051	Protection	UNFPA	GOV	\$80,000
19-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	INGO	\$262,139
19-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,198
19-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,025
19-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,029
19-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,152
19-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,351
19-RR-WFP-071	Food Assistance	WFP	INGO	\$27,959
19-RR-WFP-071	Food Assistance	WFP	INGO	\$27,959
19-RR-WFP-071	Food Assistance	WFP	INGO	\$10,062
19-RR-WFP-071	Food Assistance	WFP	INGO	\$52,707
19-RR-WFP-071	Food Assistance	WFP	INGO	\$74,701
19-RR-WFP-071	Food Assistance	WFP	INGO	\$412,921

ANNEX 2: Success Stories

EDUCATION EMERGENCY SCHOOL FEEDING PROGRAMME – GWEMBE AND SHANGOMBO DISTRICTS OF ZAMBIA

CASE STUDY: WHEN I BECOME A NURSE, I WILL HEAL PEOPLE IN MY COMMUNITY

Chipego*, 14, girl

Summary:

Chipego and her family were among the more than 2.3 million people⁴ across Zambia estimated to have been left severely food insecure in 2019. This was a result of a combination of prolonged, severe drought in the western and southern provinces of Zambia and floods mainly in the north. Many households lost their key source of livelihoods including livestock, and their farms yielded less than expected due to the failed rains. With the onset of the coronavirus in Zambia, the situation worsened due to economic restrictions introduced to limit the spread of the pandemic.



Figure 1: Chipego at home smiling

Chipego is among the 4.5 million children across the country who were sent home on 20 March 2020 when schools closed as one of the early prevention measures to manage the pandemic. She is in the sixth grade of primary school and is worried about the impact of the school closure: ***“We also used to eat at school but now we have to depend on the food at home. I am happy that in spite of the schools closing the food is still being provided.”***

Chipego’s story in her own words

“Before the schools closed because of the coronavirus outbreak, we were eating at school. But when they closed, we could only eat at home. Recently mum has started going to collect food for us from school and this makes us happy because we now have more food to eat. When she collects the food at the school, they give her the food we were eating at school which is beans and maize. I hope schools reopen soon so I can finish and become a nurse. When I become a nurse, I will heal everyone who has a disease including those dying from coronavirus.”

Chipego’s mother shares the family’s challenge in finding food (quotes):

“The rations we have been receiving from the school are helping us provide food to the children. I have four children who are not going to school while one is in Grade 7, so she eats from school [schools have since reopened for exam classes]. We have been struggling to provide adequate food to the children due to the poor harvest we had in the last three crop seasons. There has been a continuous drought in this village over the past few years so even when we get a bit of maize it finishes before we can reach the next season. Before the droughts, when we harvest in April the food would reach us until December in that year. But in the 2019-2020 season, the April harvest would not even reach the month of August so these rations are helping us extend as far as possible towards the next crop season.”

⁴ <https://www.unocha.org/story/zambia-prolonged-drought-increases-food-insecurity>

The beans, maize and cooking oil we receive has added some variety to our diet as in the past we would mostly eat nshima with vegetables only.”

The intervention:

Southern Province was hit by the drought that affected the 2019/2020 farming season. This resulted in low crop yields and loss of animals affecting food security for a lot of households in districts like Gwembe. The hunger situation saw a high number of children dropping out of school to help parents mobilise food which was often in the form of foraged wild fruits and roots. Before the coronavirus outbreak, Save the Children had been running an emergency school feeding programme with support from UNICEF with funding from the United Nations Central Emergency Response Fund. Under this programme, children at school are provided with food as a way of reducing absenteeism caused by the food insecurity at the household level. For children who managed to continue learning during the food insecurity situation, evidence of inconsistent attendance and low participation in class and extracurricular activities was noted in many schools. When schools were closed because of the coronavirus outbreak, the distribution modality was changed by packaging the food into take-home food packs collected by parents and guardians from schools. The Ministry of General Education gave official approval to the change in modality on condition that public health guidelines were adhered to at collection points. For Chipego’s mother, receiving on behalf of four children meant she was able to feed all four children for nearly six weeks. As part of the UNICEF supported COVID-19 response, schools under the emergency school feeding programme were also supplied with handwashing facilities and child-friendly IEC materials.

Through CERF support, UNICEF with its partners (Save the Children and the Ministry of General Education) provided Emergency School Feeding to 35,301 learners in 133 schools who were affected by drought and hunger in Gwembe and Shangombo districts.

***Chipego not real name. Changed for safeguarding reasons.**

Story written by: Nina Mweemba

Photos: Malama Mwila / Save the Children

For more information contact John James, Chief of Communication, UNICEF Zambia, jjames@unicef.org

For full resolution photos, click here:

<https://www.dropbox.com/sh/k5canz61xu73gzl/AACykRk2YDmmSdapmFSC1y0Ia?dl=0>



Figure 2: Chipego with her sisters fetching water for home at the local borehole



Figure 3: Chipego's mother prepares the beans while the girls pound the maize in the background



Figure 4: Chipego smiles as she is interviewed by a Save the Children Staff



Figure 5: Women collecting take home rations from a school for their children at home



Figure 6: Chipego (in yellow t shirt) with two of her sisters and their mother

WFP – Food Assistance Gwembe and Shangombo Districts

Over 2.3 million people in 58 districts became food insecure after two repeated dry spells during the 2017/18 and 2018/19 farming season and more recent flash floods.

With CERF funds, WFP ferried Government-sourced maize meal, dispatching some 3,400 metric tons of maize to 13 drought-affected districts and reaching some 340,000 food insecure people with distributions managed by government-contracted NGOs, while some 3,200 metric tons of maize meal were delivered to 32 flood-affected districts reaching some 260,000 people. With funding from other donors, WFP complemented the Government food basket for drought-affected people by distributing pulses to better meet people's food and nutrition needs.

Gwembe, a district in southern Zambia was one of the most affected districts, classified as IPC phase 4 (Emergency). There, 36,000 people that benefitted from the response. Esta Simanwva, a 75-year-old smallholder farmer, who had her field scorched by temperatures, was one of the 36,000 in Gwembe. She said the drought life of her community, as some resorted to eating wild fruits and to the support provided by the WFP and partners, Gwembe dwellers their food needs for three months.



the high beneficiaries changed the families roots. Thanks Government, could meet

“This is the worst drought I have ever was born. It's almost been two days meal. Thank you for this food. The will have assured maize meal and said Esta.

seen since I since I ate a community pulses now,”

Figure 2 Esta WFP Zambia, Sophia Smeulders

Throughout the implementation of the response, with the Government allocating less maize meal for WFP to deliver than initially planned, and with COVID-19 starting impacting people's incomes, livelihoods and food security, especially in disadvantaged urban areas such as the projection of the bumper harvest in most parts of the country, WFP requested and received approval to promptly reprogramme part of the CERF funding. The timing was crucial, as WFP could start providing cash assistance to vulnerable food-insecure households in urban and peri-urban areas of Lusaka and Kafue, most affected by COVID-19.

According to rapid food security assessments conducted by WFP in Lusaka and Kafue districts over 190,000 people residing in high density, low-income areas are food insecure due the impacts of the pandemic and in need of humanitarian assistance.

With the CERF funding, WFP reached so far over 180,000 people, with a focus on households with people living with disabilities, chronically ill members on palliative care, households headed by a child or a vulnerable single woman taking care of three or more children and households with elders. Each food insecure household received a monthly cash transfer of ZMW 400 (USD 22), with their needs covered for a total of four months, in order to buy food and other essential items. Nutrition messaging accompanied the response to promote the choice of healthy foods.

Anasetazia Phiri, a 67-year-old widow from Lusaka's Chibolya township, found it difficult to buy food for her grandchildren during the COVID-19 crisis, as her sales stand drastically dwindled.

"I had lost all hope. But then I received a text message saying that I had received ZMW 800 (US\$ 44) for the next two months," she said.

Anasetazia used some of the money to buy two bags of vegetables and the rest for



Figure 3 Anastasia with her grandchildren, WFP Paul Mboshya Jr

67-year-old widow Chibolya township, buy food for her during the COVID-19 from her vegetable dwindled.

But then I received a that I had received for the next two

some of the money to maize meal, chicken, cooking oil and saved emergencies.

With funding from other donors, WFP plans to scale up its assistance to reach 322,000 people in four districts (Lusaka, Kafue, Kitwe and Livingstone), to cover their food and nutrition needs for a period of six months.

WASH: Help for Gwembe valley: clean and safe water restored for communities in Zambia



Schembrucker/UNICEFZambia/2020 Gwembe District

Smallholder farmer and father-of-six Mr Fredrick Hangoma was one of the many affected by the low rainfall in southern Africa during the 2018-2019 wet season.

“The 2018/2019 season is one of the worst droughts I have experienced in this area,” he said. “Temperatures were extremely high causing all water reserves built for livestock to dry and also shallow wells.”

Mr Hangoma’s home village of Milindi in Gwembe District in southern Zambia came to be reliant on only one working hand pump.

The drought affected an estimated 77,000 people in Gwembe District, and 2.3 million people nationally. The low rainfall damaged the staple maize crop harvests, dried up the streams used by animals and threatened increased malnutrition for children.

“The situation was very stressful as we had to use water sparingly to reserve some for the livestock regardless of the hardships,” he said.

With funding from the United Nations Central Emergency Response Fund (CERF), UNICEF in partnership with World Vision Zambia and Gwembe Local District Council, rehabilitated the water point in the village.

“The water point was rehabilitated and equipped with an India Mark II handpump installed at a depth of 45 metres to enable easy water access even in times when water levels go down,” said Mr Chizela Moonga, the District WASH Coordinator at the local council.

“During the handover of the water point to the village, there were more 270 users registered with the Water Point Committee,” said Mr Moonga. “The committee is gender balanced comprising five men and five women identified and chosen during community awareness meetings to lead and coordinate water supply management functions in the village,” he said.

With UNCERF funding for water, sanitation and hygiene interventions in support of the Government’s drought response plan, UNICEF and its partners have provided an estimated 80,500 people in droughtaffected communities with access to a basic drinking water supply across six targeted districts in Lusaka and Southern provinces.



Schembrucker/UNICEFZambia/2020 Mr Hangoma and Son Chris Hangoma



Schembrucker/UNICEFZambia/2020 Milindi Village rehabilitated water point

And beyond the work rehabilitating and constructing boreholes, UNICEF also helped promote improved hygiene practices including handwashing with tippy-taps.

For access to high resolution photos featured here, please click on this link:
<https://www.dropbox.com/sh/xtzcpw5j6i1bl4v/AAAJ1BVZKKzb0ZVjVDDDBZ8VEa?dl=0>

For more about this story, please contact John James, Chief of Communication, UNICEF Zambia, jjames@unicef.org

Project Title:

Responding to Sexual and Gender Based Violence (SGBV) through integrated and lifesaving interventions in priority drought affected districts in Zambia

Funding Window: Rapid Response
Duration: 1st January, 2020 to 3rd September, 2020
Implementing Partner: Young Women Christian Association (YWCA)

Project Context:

During emergencies such as droughts, the risk of violence, exploitation and abuse is high, particularly for women and girls. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime. Pre-existing gender inequalities have indeed been exacerbated due to the humanitarian crisis. Women and adolescent girls are often at particular risk of sexual violence, exploitation and abuse, including forced or early marriage. Survivors of violence can also suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, and sexually transmitted infections including HIV.

To reduce gender-based Violence and mitigate its effects by providing timely, safe, and high-quality gender-sensitive services response to survivors in Gwembe district (being one of the 4 priority droughts affected districts).

Number of People directly reached: **58,487**

Number of People indirectly reached: **1,150,025 members of the public including traditional leaders**

Number of People to be given Dignity kits: **1,351**

Breaking the silence against Gender based Violence

Having been married since 2005, 32-year-old Mrs M, a mother of 5 children is the first wife to her husband. Her husband has 2 wives. Polygamy is rife in this particular province (Southern) and this district (Gwembe) as well. Mrs. M narrates that she has been repeatedly abused by her husband since 2007. Since then, she has lived to endure the Gender Based Violence, as it is a traditional norm that women keep such issues a secret, or else one gets labelled as uncultured and immature. On the fateful night of 6th May, 2020, she was beaten by her husband after an argument between them. The beating was so severe that she ended up in hospital.

The experiences she has faced are immense. Many of the women are enduring similar ordeals. *“My husband is usually violent and this is common to many women in these communities,”* Mrs. M said.

UNFPA has contracted a short-term local consultant for Gwembe district, who is working with the government departments to ensure access to life-saving services for sexual and reproductive health and prevention and response to GBV. As the lead UN agency addressing GBV, UNFPA has also partnered with Young Christian Women Association (YWCA) a Non-Government Organisation to train volunteers that are serving as protection monitors. Additionally, we are working closely with community leaders such as headmen and the neighbourhood watch groups, as well as collaborating with health facilities to ensure that women and girls that have survived SGBV can safely access support and services, through the established referral pathway. The support and services include medical response where a survivor gets Post Exposure Prophylaxis (PEP), Emergency Contraceptives (EC), psychosocial support, policing as well as access to justice. Through policing, the GBV perpetrator was picked-up by police for questioning at the police station.

“Because of the Protection and GBV response activities in the district and the precedence set by the CERF project in assisting the VSU to pick up a GBV perpetrator, my husband has now reformed because he was counselled by the VSU officers who are also trained in counselling because of the nature of cases they handle. I am now enjoying a violence free marriage and I believe other men will stop beating their wives and the women have realised that they can speak out against GBV,” Mrs. M narrated.

Further because of the multi-disciplinary orientation the service providers are coordinating and working together in a better way. In addition, there is a referral pathway through which the survivors access a comprehensive package of services.

With the support of CERF funding, UNFPA and partners, women and girls are being given a voice to speak against the social ills going on within their homes and the communities where they live, without feeling guilty for voicing out against the vice. More people especially women and girls are now able to report GBV cases. *“I have continued to encourage more GBV survivors who are in the situation in which I was to report GBV and seek support from either the health facilities nearest to them or the police station.”* Mrs. M explained.

UNFPA anticipates that as a volunteer sensitising fellow women on GBV, Mrs. M will contribute to increase reporting of cases in Gwembe district. This will increase the efficacy of community reporting desks established by the project.

Link to pictures with captions: <https://bit.ly/3kHkXh9>

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CWAS	Community Welfare Assistance Committees
ECT	Emergency Cash Transfer
DMMU	Disaster Management and Mitigation Unit
GBV	Gender Based Violence
GMP	Growth Monitoring Promotion
GRZ	Government of Zambia
IMAM	Integrated Management of Acute Malnutrition
IPC	Infection Prevention and Control
iCCM	in integrated community case management
IYCF	Infant and Young Child Feeding
IMNCI	Integrated Management of Common New-born and Childhood Illnesses
MAM	Moderately Acutely Malnourished
MCDSS	Ministry of Community Development and Social Services
MIYCN	Maternal Infant Young Child Nutrition
MOG	Ministry of Gender
MOH	Ministry of Health
MNCH	Maternal Child Health
MPDSR	Maternal and Perinatal Death Surveillance Report
NCE	No Cost Extension
NFNC	National Food and Nutrition Commission
NGOs	Non-governmental Organisations
OTP	Outpatient Therapeutic Programme
PPEs	Personal Protection Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
SDMCs	Satellite Disaster Management Committees
SGBV	Sexual Gender Based Violence
SOPs	Standard Operating Procedures
VAC	Violence Against Children
WVI	World Vision International
YWCA	Young Women Christian Association
ZVAC	Zambian Vulnerability Assessment Committee
VSU	Victim Support Unit