

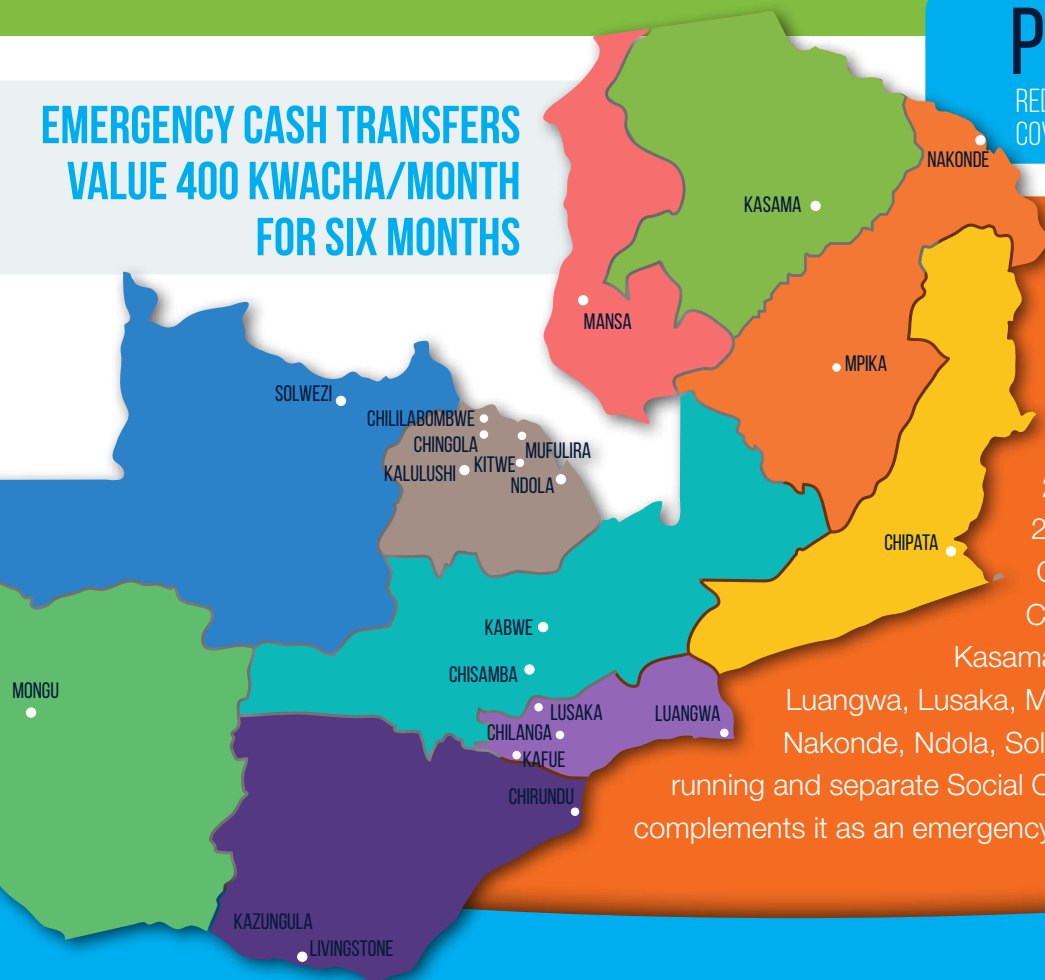
COVID-19 EMERGENCY CASH TRANSFER

The global COVID-19 pandemic has caused more than a million deaths worldwide and over 38 million infections. At the same time, the social and economic impacts of the pandemic are threatening economies and livelihoods, undermining progress towards the Sustainable Development Goals (SDGs).

Since recording the first COVID-19 cases in March 2020, Zambia has seen a rising number of cases and deaths, and like elsewhere, preventive measures have been introduced which in turn have affected livelihoods. Widespread poverty in Zambia threatens to undermine efforts to control the pandemic, when marginalised groups do not have full access to information nor the means to engage with hygiene and distancing measures. The pandemic is now expected to increase pressures on existing vulnerable groups, already struggling with poverty and multiple overlapping deprivations. The situation is likely to deteriorate further as the ripple effects move through the global economy and in the sub-region.

On 28 July 2020, the Government of the Republic of Zambia launched the COVID-19 Emergency Cash Transfer (ECT) programme through the Ministry of Community Development and Social Services and the Ministry of Labour and Social Security with technical support from the United Nations agencies (United Nations Children’s Fund (UNICEF), the International Labour Organisation (ILO), the United Nations Development Programme (UNDP) and the World Food Programme (WFP)) and non-governmental organisations (Plan International, ChildFund and the Zambia Red Cross Society).

**EMERGENCY CASH TRANSFERS
 VALUE 400 KWACHA/MONTH
 FOR SIX MONTHS**



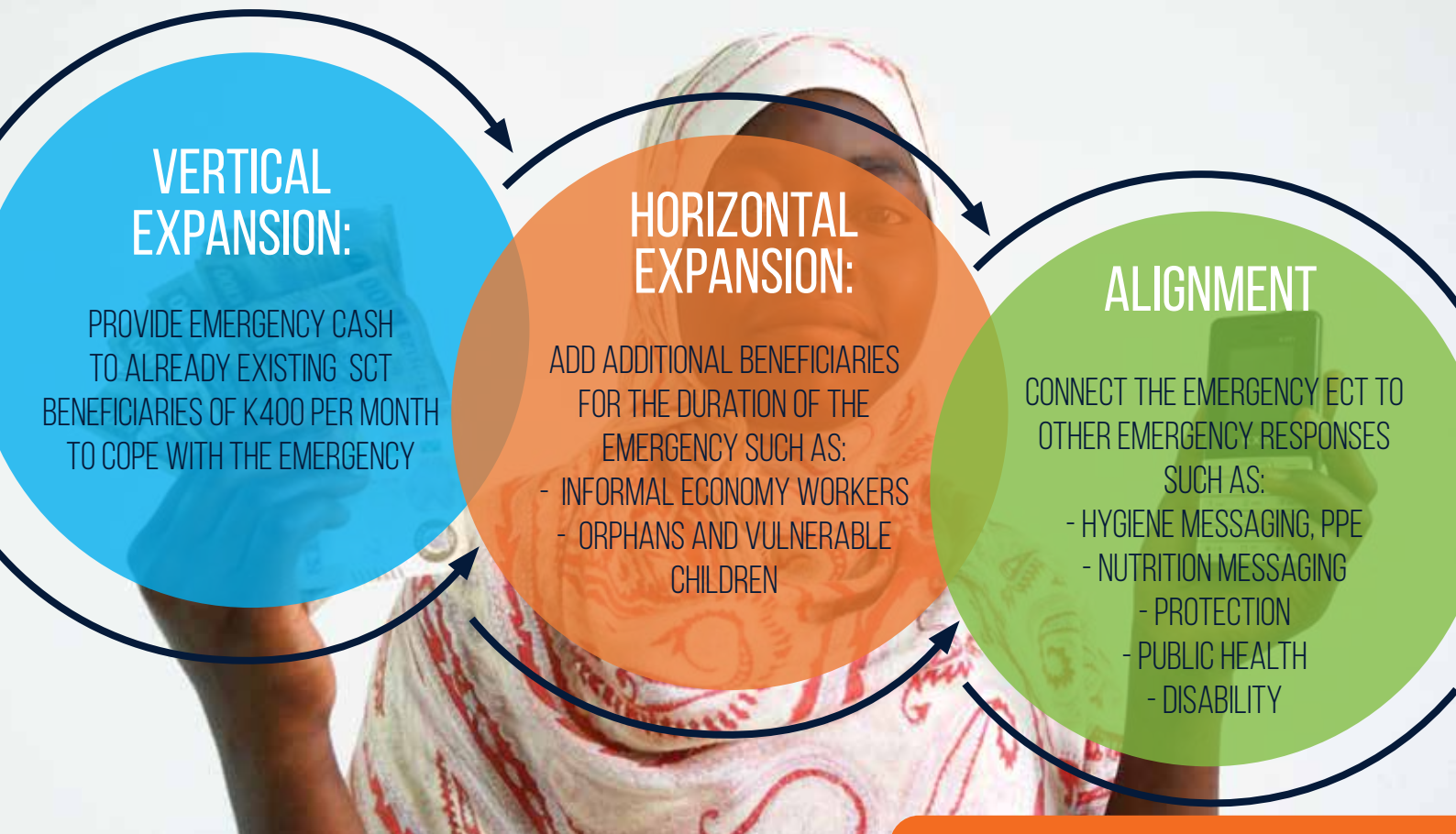
PROGRAMME GOAL

REDUCTION OF THE SOCIAL AND ECONOMIC IMPACTS OF COVID-19 ON POOR AND VULNERABLE HOUSEHOLDS

Payments are made bi-monthly (K800) or tri-monthly (K1200), depending on the district. The COVID-19 ECT programme is a temporary intervention to support 204,000 vulnerable households in 22 districts (Chilanga, Chililabombwe, Chingola, Chipata, Chirundu, Chisamba, Kabwe, Kafue, Kalulushi, Kasama, Kazungula, Kitwe, Livingstone, Luangwa, Lusaka, Mansa, Mongu, Mpiika, Mufulira, Nakonde, Ndola, Solwezi). It does not replace the long-running and separate Social Cash Transfer programme, rather it complements it as an emergency social assistance programme.

The COVID-19 ECT programme will be implemented through three shock-responsive social protection strategies:

- 1** Under the **vertical expansion** strategy, the ECT is given to all households already on the Social Cash Transfer (SCT) programme in the implementation districts, because the standard SCT is not sufficient to support the chronically poor households through the emergency. The SCT covers households with members who are severely disabled, chronically ill and on palliative care, headed by a single woman taking care of three or more children, headed by a child, or with an elderly member.
- 2** Under the **horizontal expansion** strategy, additional beneficiaries are covered on a temporary basis as far as available resources allow, to include those who have become vulnerable because of the COVID-19 pandemic. This includes orphans and vulnerable children, informal workers and other high risk groups related to disability, chronic illness, and gender.
- 3** Under the **alignment** strategy, beneficiaries of the ECT are linked to other relevant services during the emergency, such as information on health and COVID-19, support to personal hygiene, information on nutrition, support to protection from violence and abuse and support to the disability-specific needs during the emergency. As an example, the ECT transfer value has been set to include the costs for washable face masks for all household members.



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Implemented by
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