

RAPID GENDER IMPACT ASSESSMENT OF COVID-19 IN ZAMBIA

July 2021



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List of Abbreviations

7NDP	Seventh National Development Plan
BOZ	Bank of Zambia
CEPI	Coalition for Epidemic Preparedness Innovations

COVID 19	Corona Virus Disease
CST	Community Skills-development and Training
ERP	Economic Recovery Programme
FSPs	Financial Service Providers
FGD	Focus Group Discussions
FSP	Food Security Pack
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender Based Violence
GDP	Gross Domestic Product
GNCZ	General Nursing Council of Zambia
GRZ	Government of the Republic of Zambia
HPCZ	Health Professionals' Council of Zambia
IPA	Innovations for Poverty Action
KGS	Keeping Girls in Schools
KII	Key Informant Interview
LCMS	Living Conditions Monitoring Survey
MCDSS	Ministry of Community Development and Social Services
MOH	Ministry of Health
NGO	Non-Governmental Organizations
OSC	One Stop Centres
PLHIV	Persons Living with HIV
PWDs	Persons with Disabilities
SCT	Social Cash Transfer
HGSFP	Home Grown School Feeding Programme
TEVETA	Technical Education, Vocational and Entrepreneurship Training Authority
UN	United Nations
UNICEF	United Nation's Children Fund
WHO	World Health Organization
YDF	Youth Development Fund
ZamStats	Zambia Statistical Agency
ZIPAR	Zambia Institute for Policy Analysis and Research
ZNPFI	Zambia National Public Health Institute

Foreword

The advent of the Covid-19 pandemic has impacted all areas of development including gender issues such as Gender Based Violence. This has had adverse effects on the way people live their lives. Of concern, is the global evidence that the pandemic is likely to worsen gender inequality and increase vulnerabilities. The social consequences of the pandemic are the risk of reversing the gains that Zambia has made so far in attaining Gender equality.

The Rapid Gender Impact Assessment of COVID-19 was commissioned to fully understand the impact of the pandemic. The study was undertaken under the auspices of the GRZ-UN Joint Programme on Gender-Based Violence Phase II with support from the Governments of Sweden and Ireland.

The results from the study show that the economic sectors that were worst hit by the pandemic were those with a high representation of women, sectors with high levels of informal jobs mainly occupied by women, worsening their level of vulnerability. The findings of the study also revealed that women were highly exposed to the pandemic as they made up the majority of frontline health workers and were also the majority primary care givers attending to the sick in homes. The findings further revealed that the incidences of abuse against women and children had also increased during the pandemic. These findings confirm that women have been disproportionately affected by the pandemic.

The rapid assessment identified the empowerment needs of women and the institutional mechanisms that can be used to address the challenges. These needs are critical in designing appropriate immediate and long-term measures to empower women and ensure they recover from the pandemic and build resilience to withstand future shocks.

Dr. Sastone Silomba

PERMANENT SECRETARY – MINISTRY OF GENDER

Acknowledgments

I would like to extend special gratitude to the Governments of Ireland and Sweden for their unwavering support in the fight against Gender Based Violence through their financial support to the Phase II GRZ-UN Joint Programme on Gender Based Violence (GRZ-UN JP GBV II Project). Appreciation also goes to the United Nations system through the United Nations Development Programme (UNDP) and other GBVII project UN participating agencies (IOM, ILO, UNFPA, UNICEF) for complementing Government's efforts in promoting gender equality in the country. I further wish to recognize the effort and hard work of all officers and members of staff within the Ministry of Gender for providing the guidance throughout the assessment.

Despite being faced with challenges especially the effects of the Covid-19 epidemic, the concerted efforts of the UN Joint team, the Ministry of Gender, the GBV II implementing partners, the research team and all stakeholder community respondents yielded the much-needed positive results towards the completion of the study on the Rapid Assessment on the Impact of Covid-19 on Gender Equality.

I wish to acknowledge and appreciate the Zambia Institute for Policy Analysis and Research (ZIPAR) for the successful undertaking of the study on the Rapid Assessment of the Impact of Covid 19 on Gender Equality on behalf of the GRZ-UN JP GBV II Project. I would also like to acknowledge and appreciate the contribution and continued support of all line Ministries including the Zambia Statistical Agency (ZamStats) for their technical support and other stakeholders in the fight against Gender Based Violence. I further thank all the people in the communities that were visited and the institutions that took time to respond to the interviews by the researchers.

It is my sincere hope that, with the multi sectoral approach adopted by many anti-GBV players, the outlined recommendations from this assessment will successfully inform Project implementation as we endeavour to reduce Gender Based Violence in Zambia.

Dr. Sastone Silomba

PERMANENT SECRETARY – MINISTRY OF GENDER

Executive Summary

To understand the impact of the pandemic, the Zambian Government through the Ministry of Gender and the coordination of UNDP with support from the UN agencies and the Governments of Sweden and Ireland commissioned this study under the GBV Phase II GRZ-UNJP¹ programme. Zambia, like many other countries, has been ravaged by the COVID-19 pandemic which by 22nd July 2021 had registered over 188 million confirmed cases plus more than 4 million deaths. During the same period Zambia had recorded 176,742 confirmed COVID-19 cases and 2,867 deaths. Like many past pandemics, the impacts have affected gender disproportionately and, in most cases, women have been affected more adversely.

The COVID pandemic is expected to have a gendered impact on economic, health and social well-being. This study presents the findings of a rapid assessment conducted in Zambia between January and July 2021 to understand the gendered impact of the pandemic.

Economic Impact: The study found that the sectors with high representation of women were amongst the worst hit by the pandemic. These sectors also recorded the highest decline in economic growth. The Accommodation and food (-28.3 %), (Education (-22.1 %), Public administration (-21.4 %), Wholesale and retail trade (-11.8 %) all recorded a decline in economic growth. In response to the pandemic, the Government issued a K10 Billion (\$4.5 million) bond to cushion the effects of the pandemic, worryingly, the heavily impacted sectors such as Wholesale and Retail had the lowest utilisation of this facility. The likely implication is that these sectors that are dominated by females will likely experience delayed recovery.

Health Impact: The study found that the majority of frontline workers are women. In Zambia 65% of health workers, compared to the global average of 70% are female. This implies that women are highly exposed to the pandemic. However, the infection rates show that more men (52.3%) contracted the virus compared to women 47.7%. Though disaggregated data was not available for deaths, global data indicates that mortality rates have been higher among men.

Despite the pandemic, all health facilities remained accessible during the pandemic and continued to provide services to members of the community. Community members interviewed in both rural and urban areas confirmed that they were still able to access essential services at health facilities located within their communities.

¹ Gender Based Violence Phase II Government of the Republic of Zambia-United Nations Joint Programme

Social Economic Impact: The social-economic impact of the pandemic was mainly transmitted through the loss of income and disruptions to livelihoods. This also resulted in unintended social consequences such as an increase in the incidence of abuse. Majority of the respondents in the areas visited reported an increase in GBV. This was confirmed by the National GBV statistics that showed a 5% increase in GBV cases in 2020 compared to 2019. The burden of the GBV cases was on women and girls who accounted for 79% and 74% of GBV victims in 2019 and 2020 respectively.

The restrictive measures implemented during the pandemic had direct impact on urban dwellers who reported losses in income due to disruptions to their livelihoods. Respondents in rural areas were indirectly affected as they could not access key markets that they rely on to sell their agricultural output as majority of households were mainly small-scale agricultural households.

The closure of schools, restrictions in movement and home management of the COVID-19 patients increased the burden of care work for women. Nearly all female respondents confirmed that they significantly had more work to do during the pandemic. In addition to house chores women are responsible for caring for the sick, this was made worse by the fact that over 90% COVID-19 cases were managed at home.

Identifying priority needs for women empowerment

The study identified priority needs for women empowerment. These needs were categories as immediate, intermediate and long term.

Immediate Needs: These are needs that were identified as needs that could easily be met in the shortest possible time, the immediate needs were identified as follows;

1. *Extension of Provision of Emergency Cash Transfers with a focus on female headed households.*
2. *Promotion of women led Microfinance initiatives such as Savings Groups.*

Intermediate Needs: These are needs that may not be met immediately but could be met in a three-year period.

1. *Facilitation of access to credit facilities and business grants:* Concerns over sustainability and impact of similar interventions entails that the provision of funds must be coupled with business development services to ensure sustainability and that businesses succeed.

2. *Provision of skill training and recognition of prior learning (formalize skills):* The provision of this intervention must leverage on already existing platforms like the Community Skills-development and Training (CST) under MCDSS. Additionally, those with skills acquired informally must receive facilitation for their skills to be formally recognized and certified

Long-term Needs: These are needs that are critical in addressing gender inequality but many only be achieved a period of five years or more.

1. *Improving access to secondary education for girls:* Access to secondary school education remains low in Zambia's as only 29% of eligible children are in school. Addressing imbalances in the labour force such as the low participation of women in the formal sector and productive industries can be addressed by improving access to education for girls.
2. *Extension of social protection to Informal sector and Household sector:* Access to social security is extremely low in Zambia. In the informal and household (domestic workers) sectors access to social security is at meagre 6% and 1% respectively. Improving access to social security especially in sectors with high representation of women is critical to safeguarding their livelihoods.

Recommendations

The study makes three broad recommendations;

1. *Leverage on existing institutional mechanisms for immediate responses to the pandemic:* There currently exists the Committee on Safeguarding Social Protection under the Economic Recovery Programme (ERP) 2020 and the Inter-agency Coordinating Committee under the Zambia COVID 19-Response Incident Management System. These mechanisms provide for a platform to support the Government to address the immediate and intermediate needs identified.
2. *Establish multi-sectorial platform to address the post -COVID-19 socio-economic effects:* The current economic recovery mechanism addresses the need to strengthen social protection, however, these mechanisms are silent on the interventions to social-economic challenges such as GBV that have been worsened by the pandemic. Thus, medium term coordination with wider representation from stakeholders is required to specifically address these challenges.

3. *Enhance the quality of social protection to cushion the vulnerable:* There is need to enhance the efficiency of the Social Cash Transfer programme which is the largest social protection programme. Despite plans to expand the programme, the increased transfer amounts fall far below the national poverty line. Additionally the programme has been plagued by late and irregular disbursements. A well implemented SCT programme is critical in meeting the needs of vulnerable households whose plight has worsened.

Introduction

The COVID 19 pandemic has ravaged the globe since the first cases were recorded in 2019, by July 2021, 188 million cases had been recorded worldwide with 4 million deaths recorded.² The pandemic has had many consequences beyond the impact on health, people across the globe have had to change their ways of life to adjust to the pandemic. The disruptions to livelihoods have socio-economic consequences whose impact has also been gendered.

It is expected that COVID-19 outbreak will exacerbate already existing gender inequalities and vulnerabilities between various groups around the globe. Evidence from past pandemic experiences such as the Ebola virus outbreak, shows that men, women and other vulnerable groups being disproportionately impacted by the epidemic. Therefore, as the global economy struggles to cope with the socio-economic and health consequences of the COVID-19 pandemic, it is anticipated that it will affect women and men differently and make existing gender inequalities worse.

The global COVID-19 pandemic has put at stake the hard-won advances Zambia has made towards the attainment of the Sustainable Development Goals and minimizing risks exacerbating the existing socio-economic inequalities, particularly those between women and men. Between 18th March 2020 and 12^h July 2021, Zambia had recorded 176,742 confirmed COVID-19 cases and 2,867 deaths. In response to the pandemic, the Government over the past year and half has implemented a series of measures to curb the spread of the pandemic. These included temporary lockdowns of Kafue and Nakonde towns, the closure of all schools, restriction of out-of-town travel and the closure of bars, night clubs, cinemas, gyms and casinos (GRZ, 2020).

The measures implemented to curb the spread of the pandemic led to disruption in access to economic opportunities and limited access to social services. The business closures in Zambia mostly affected the accommodation and food industry where majority of the workers were females. The restriction of movements has also slowed business for informal traders and those generally in the wholesale and retail industry where the majority are female (ZamStats, 2020). The 2019 Labour Force Survey showed that there were twice as many women as there were men in the wholesale and retail industry implying that these closures may be exerting greater impact on gender equality.

² <https://github.com/CSSEGISandData/COVID-19>

The social aspects are anticipated to be affected through increased violence caused by an intimate partner and an increase in the burden of care work. Disruptions to work resulting from the pandemic such as closure of schools or ‘work from home’ practices entail that the level of care work is expected to increase as a result of the pandemic.

Objectives of the Rapid Assessment

The objective of the assignment was to assess the Socio-economic Impact of Covid-19 on Gender Equality in Zambia. Key to this assessment was the establishment of the key drivers of vulnerability of COVID-19 on women and how it is currently impacting and likely to impact in the medium- and longer-term socio-economic wellbeing of women. The assessment used a gender responsive lens due to the recognition that vulnerabilities amongst women’s groups tend to be unique to men. The assessment also sought to identify transformative ways of addressing gender inequalities and ensuring women’s empowerment in this pandemic.

The specific objectives of the assessment were to:

1. Assess sector-wide current, medium-term and long-term likely impacts of the epidemic on gender equality in Zambia;
2. Conduct rapid gender assessment of COVID-19 and analyze immediate and longer-term impact in Zambia;
3. Identify priority needs for women and affected households with a particular focus on building resilience for recovery through women empowerment programmes;
4. Recommend institutional mechanisms and policy measures to be considered in response to gender equality in Zambia, including measures to prevent and mitigate GBV during the pandemic and its aftermath.

Methodology

Research design

The Rapid Gender Assessment mostly relied on a qualitative inquiry to gain an in-depth understanding of the drivers that are likely to exacerbate the prevalence of the gendered effects of COVID 19. Secondary macro-economic level data was analysed quantitatively with the intention to bring out the statistical and demographic inferences that demonstrate the differences in the effects of the pandemic on different categories of women and girls.

To quantitatively establish Zambia's current sector-wise employment differences with regards women compared to their male counterparts, and to further understand the extent of the distribution of resources with regards to gender, the study examined secondary data from various trusted data sources. These documents included the Ministry of Finance Fiscal Tables and Yellow books, Labour Force Surveys, ZamStats monthly bulletins and other relevant government programme documents and cooperating partner programme documents. The Yellow Books for instance, provided a framework for assessing the attention given to the well-being of women including opportunities created, that is, the monetary resources channelled towards women. The Labour Force Surveys was scrutinised for information on the characteristics of employed persons, particularly, women. The classification of employed persons by industry was important in our analysis as it helped understand sectors where women are overrepresented, and this information was analysed together with the quarterly industrial (sector-wise) GDP contributions obtained from the ZamStats monthly bulletins.

The main research process included the following ;

- a) *Literature Review*: This was done to establish the impact of COVID-19 on gender equality in Zambia. This process included a desk review of gender action plans and policy interventions was conducted and combined with macro level government programme documents and cooperating partner programme documents. Documents were also reviewed to assess gender strategies for COVID-19 response.
- b) *Rapid Electronic Key Informant Interview (KII)*: To establish the current effects of COVID-19 on gender outcomes, KII were conducted with relevant Government personnel and implementing partners from UN Agencies and other cooperating partners.
- c) *Macro-Level Resource and Data Mapping*: To understand the equitable distribution of resources and to investigate the economic effects of the pandemic with regards to gender the study analysed secondary data from various trusted data sources such as the Ministry of Finance Fiscal Tables and Yellow books, Labour Force Survey data among others.
- d) *Focus Group Discussions (FGD)*: To understand the actual effects and experiences of COVID-19 on gender the assessment mapped and identified vulnerable groups and other groups at risk of vulnerability. FDGs were conducted with women, adolescents, Persons with Disabilities (PWDs), Persons Living with HIV (PLHIV), women working in the healthcare sector and domestic workers, among other groups.

Data Analysis

Data from the qualitative interviews was kept in the form of field notes and was later transcribed by the research assistants. The data was then securely stored on the ZIPAR server and analysis was done using domain analysis. Secondary data was obtained with permission from the relevant authorities such as the Zambia Statistical Agency (ZamStats), the Ministry of Home Affairs and Ministry of Health. Secondary data was analysed using STATA and EXCEL software to obtain descriptive statistics.

Zambia's Economic Context and the COVID 19 - Pandemic

The economic aspects of the pandemic are transmitted through loss of income or employment due to the pandemic. The McKinsey Global Institute estimated that half of the job losses due to COVID will be borne by women despite women only accounting for 40% of the global labour force, making them 1.8 more times more vulnerable to the pandemic than men (McKinsey Global Institute, 2020).³ This is reinforced by other evidence that has shown that the impact of COVID 19 has been higher in industries with a higher representation of female employees (Alon, 2020); (ILO, 2020). Therefore, it is reasonable to expect that more women compared to men will suffer from loss of income due to loss of employment or reduced working hours.

Evidence suggests that due to the pandemic, women's economic and productive lives will be affected disproportionately and differently from those of men as women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector (UN, 2020). This entails that women's capacity to absorb economic shocks is therefore less than that of men. The starting point for understanding the gendered economic impact of women is through an assessment of the sectoral output and employment effects for the relevant sectors. These parameters are considered for the accommodation and food (tourism); agriculture; manufacturing; arts and recreation activities; and wholesale and retail sectors, economic sectors as they have a considerable female representation (Ibid). Further, the informal sector accounts for a larger proportion of women, making their livelihoods further constrained due to the pandemic.

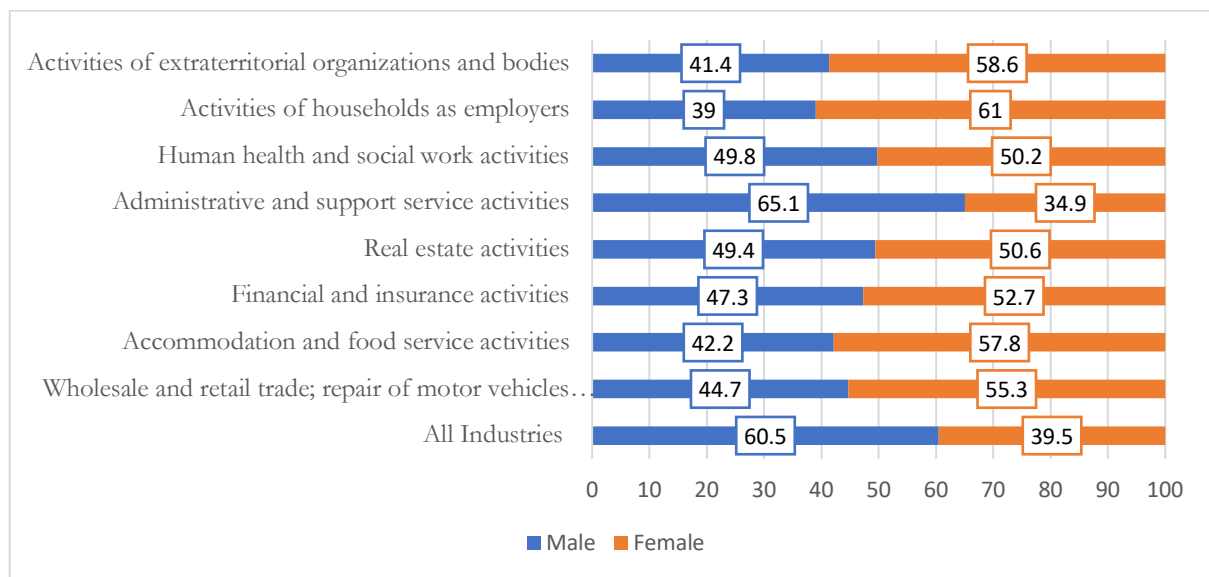
Employment Status of Women in Zambia.

Zambia's informal sector accounts for about 70% of employment in the country, with an overwhelming 76% of employed females belonging to the informal sector (ZamStats, 2020). With the emergence of the pandemic, most businesses have experienced severe disruptions due to the reduction in the number of person-to-person interactions that characterize the informal sector. Within some of these sectors where informal employment is common, workers were already subject to low pay, poor working conditions and lacking social protection (pension, healthcare, unemployment insurance) before the pandemic (UN, 2020). Reduced economic activities in the informal sector directly affects females as the majority of them belong to this sector. The lockdown

measures affected both output and employment in the informal sector, and especially those specific economic sectors with a larger female representation.

With Zambia’s 2020 GDP estimated at -2.7%, the first recession since 1998, the slowdown in economic growth stems mostly from sectors with a huge female representation, save for the agriculture sector (Zamstats, 2021).

Figure 1: Industries in Zambia dominated by Females (15 years or older)



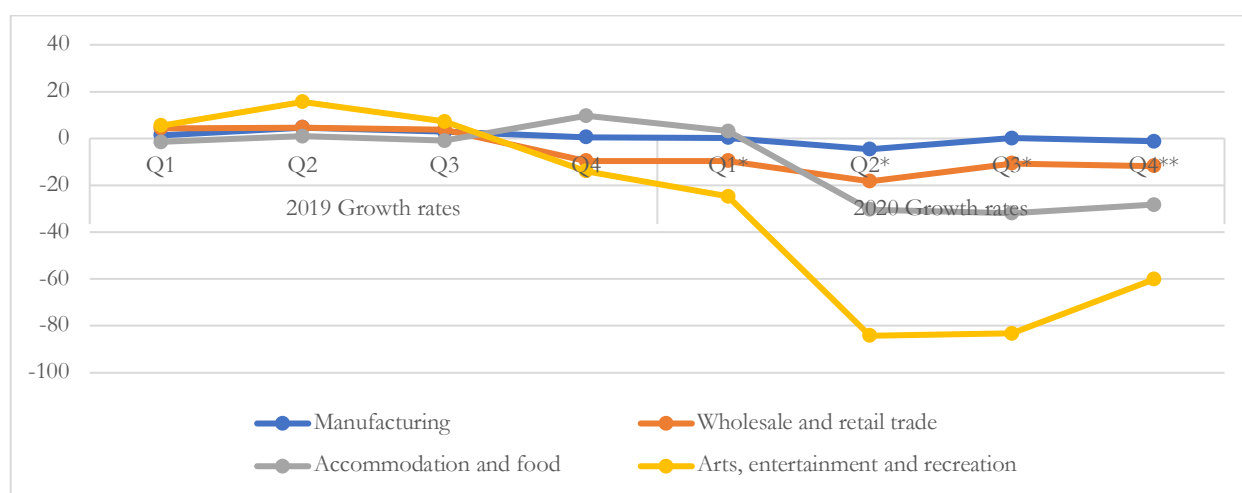
Source: ZamStats Labour Force Survey; 2019

As shown, Figure 1 shows that Activities of extraterritorial organizations and bodies(proxy for Humanitarian and NGOs), Activities of households as employers (proxy for Domestic workers), Wholesale and retail, and Accommodation and food service activities had the highest female representation compared to male in both absolute and relative terms (ZamStats, 2020). Coincidentally, Zambia’s GDP biggest contributor by value addition, the Wholesale and retail trade component, which happens to have an overrepresentation of female, grew at -2.4% in fourth quarter of 2020 and was the major reason to the country overall negative growth rate (Zamstats, 2021). Import reductions due to COVID-19 restrictions in origin countries, the recent rapid Kwacha deterioration, and importantly, reductions in household incomes have adversely affected the sector, leading to lost incomes and jobs.

Declining Economic Growth in the Sectors dominated by Women

A number of sectors (Fig. 2) showed a downward trend in their growth, most recording negative rates in 2020 which coincided with the onset of the pandemic. Latest estimates show that as at fourth quarter 2020, negative growth rates were recorded in the following six industries: The Arts, entertainment & recreation (-60.1 %), Accommodation & food (-28.3 %), (Education (-22.1 %), Public administration (-21.4 %), Wholesale & retail trade (-11.8 %), and Manufacturing (-1.3 %), most of which have a high representation of women (Zamstats, 2021); (ZamStats, 2020).

Figure 2: GDP sectoral growth rates for selected sectors.



Source: Authors construction from ZamStats March 2021 Bulletin.

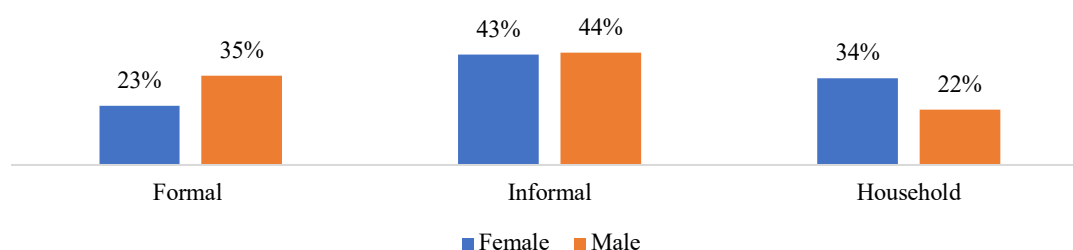
Zambia's output in industries such as accommodation and food that proxy tourism contracted by 28.5% signifying the magnitude of the impact of COVID-19 on the tourism sector. Being a labour-intensive sector, direct and indirect jobs were estimated at 469,700 which accounted for 16% of total employment in 2019. The tourism sector is core of the national diversification strategy under the 7NDP, and the sector has shown significant growth potential, nearly doubling in GDP contribution between the period 2010 and 2018 (ZIPAR, 2020).

However, COVID-19 travel restrictions, and the cancellation of many planned visits, flights, business and leisure events severely affected the sector. This is seen from the shrinking of the Accommodation & food sector by 28.3% (Zamstats, 2021) in the fourth quarter of 2020, again, leading to lost incomes and jobs in the sector.

Women account for the highest share of informal workers and are the least protected

Women are among the groups highly vulnerable to the impact of COVID-19 on the labour market. The jobs losses as a result of the pandemic are expected to be more severe among workers in the informal sector. Women in Zambia are at high risk as they have limited opportunities to meaningful employment (ILO, 2020). Of all employed women in Zambia, 77% are either employed in the Informal or Household sector as shown in Figure 3.

Figure 3: Sector Employment by Sex



Source: Authors construction from the 2019 Zambia Labour Force Survey Data

The employment shares in the informal sector entail that women have limited access to social security, In 2019, only 17% of employed women have access to social security compared to 26% of employed males. Further, 70% of employed women were employed without contracts (ILO, 2020). The implication is that when it would be easier for a firm to reduce female workforce when faced with that decision because of the low separation costs. The low separation cost also entails that if a women lost her job she would leave without any separation benefits.

Government Response to cushion the impact on the economy

To help mitigate some of these effects, the Zambian government has implemented a number of economic mitigation measures through the Ministry of Finance and the Bank of Zambia. In April 2020, the Bank of Zambia (BOZ) established a Targeted Medium-Term Refinancing Facility to enable Financial Service Providers to support businesses and households that have been impacted by COVID-19. The Facility had an initial amount of K10 billion and tenors of five years for priority sectors identified in the 7th National Development Plan (agriculture, manufacturing, tourism and energy) and three years for other sectors (BOZ, 2020).

The package was meant for eligible commercial banks and non-bank financial institutions to access in order to restructure, refinance or extend credit to businesses and households impacted by COVID-19 on more favourable terms while ensuring that financial institutions adhere to set

objectives. The Bank of Zambia directed that 60% of the fund to be channeled into the above listed priority sectors while the remaining 40% will be injected to SME's and micro-enterprises. Table 2 shows that as at 18th January 2021, about K4.5 billion of the K7.9 billion (56%) approved advances were for the priority sectors. This is not far off the target. However, Table 3 shows that only about 43% of the approved advances (K3.4 billion out of K7.9 billion) had been disbursed (BOZ , 2021).

Table 1: Approved Advances - Priority and Non-Priority Sectors (K 'millions)

Category	Value of Amount (Priority Sectors)	Value of Amount (Non-Priority Sectors)	Total
Banks	3,965.08	2,526.15	6,491.23
Non-Banks	539.70	901.89	1,441.59
Total	4,504.78	3,428.04	7,932.82

Source: Bank of Zambia (2021)

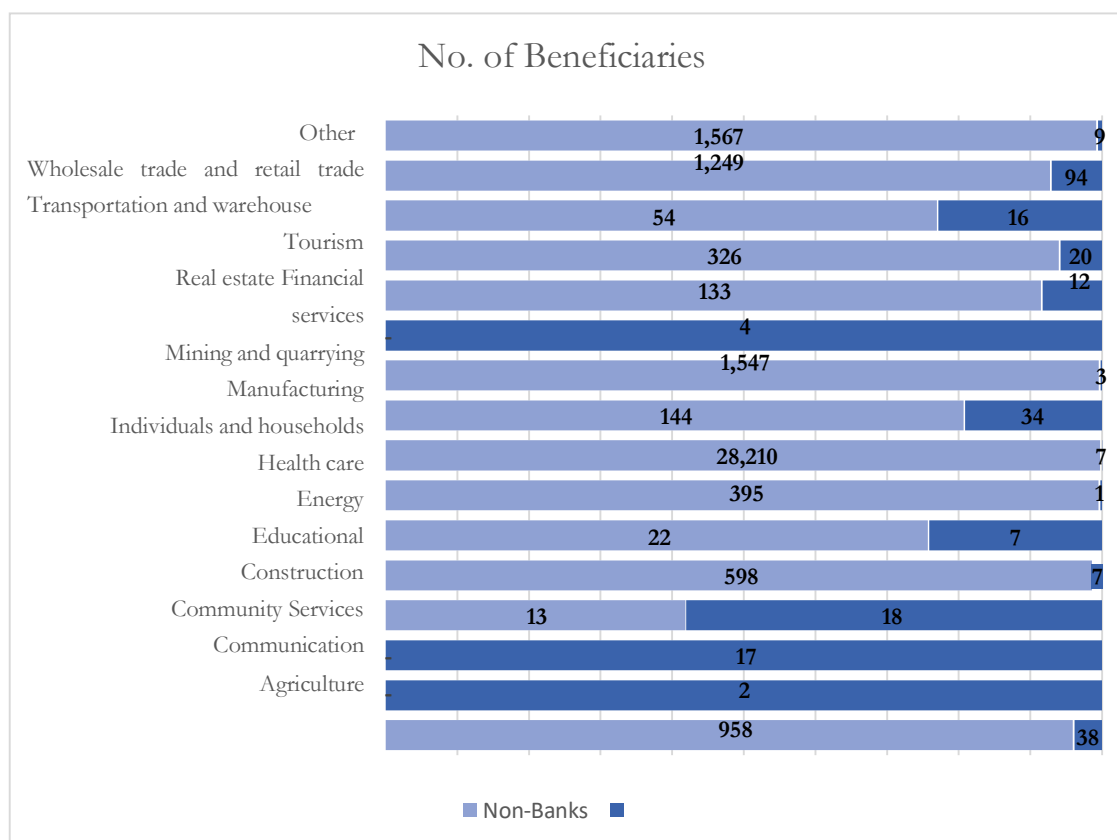
Table 2: Disbursed Advances (Value in K' millions)

Category	Number of FSPs	Value	Disbursed %age
Banks	8	2,243.24	34.6%
Non-Banks	11	1,162.23	80.6%
Total	19	3,405.47	42.9%

Source: Bank of Zambia (2021)

The Bank of Zambia issued strict guidelines on the K10 billion stimulus package to ensure key sectors of the economy receive adequate investment allocations. Figure 4 shows the number of beneficiaries by sector. What is notable is that the heavily impacted sectors (e.g., Wholesale and Retail) did not take up this opportunity at the time. The likely implication is that sectors that dominated by females will likely recover more slowly, this implies that females will be impacted for longer periods by the pandemic compared to their male counterparts.

Figure 4: Number of Beneficiaries from Disbursed Advances



Source: Bank of Zambia (2021)

Further, the Government established another economic stimulus package which will be financed through the issuance of a COVID-19 bond. This is in addition to other economic measures instituted by the Government such as the availing of K2.5 billion in financial relief for businesses, and the Bank of Zambia’s K10 Billion Medium-Term Refinancing Facility (BOZ, 2020). The COVID-19 Bond is mainly aimed at stimulating economic activity and the resources raised will be specifically targeted towards local entities that have been affected by the impact of COVID-19. The issuance of this K8 billion bond is expected to improve the liquidity levels in the economy, necessary to stimulate private-sector driven economic growth.

Sector-specific efforts have also been made by the Government and one such effort is that of the Tourism sector. The tourism industry has suffered due to the COVID 19 pandemic and the resulting limitation in travel and events. To revive the sector and mitigate against these effects, the Government proposes to:

- Reduce corporate income tax rate to 15% from 35% on income earned by hotels and lodges on accommodation and food coaches.
- Suspend license of renewal fees paid by hotels and lodges.

- Suspend the retention fees paid by tourism enterprises.
- Suspend registration fees for hotel managers.
- suspension of import duty on safari game viewing motor vehicles, tourist buses and coaches;

The recovery of the tourism sector is critical considering its potential to contribute to job creation and diversification. The expectations are for the reduced corporate income tax rates to stimulate further investments in the tourism sector and promote of local tourism. However, since the reduced tax rate will apply specifically to income from accommodation and food services, other income from services such as beverages, tours, and adventure activities may still be taxable at the rate of 35%. This may necessitate the segmentation of income and expenses between the different sources to ensure that the appropriate tax rate is applied to each income source. On the whole, and more so in the medium term, this measure, together with other measures highlighted elsewhere in this analysis will certainly assist the resuscitating the tourism sector.

Gender Sensitive Resource Allocation during the Pandemic

An assessment of gender sensitive allocations reveal that Government made efforts to channel resources towards the economic empowerment of women. The Yellow Book (2021) Output Based Budget shows that out of the total Budget of K54.1 million for the Ministry of Gender, K45.8 million (85% of the Ministry of Gender Budget) was allocated to the Gender Equity and Equality Programme (GRZ, 2020). These funds will be channelled towards the promotion of gender rights, equality and economic empowerment of women. This is an improvement from K13.7 million (out of K29.9 million) or 46% of the Ministry of Gender Budget for 2019 (GRZ, 2019). Further, resources were also allocated towards technological support to improve productivity of women in agriculture and enhance capacity building in entrepreneurship and business skills. Reports indicate that in the year 2019 and first half of 2020, the Ministry trained a total of 122 cooperatives in agriculture and entrepreneurship. The Ministry further targets to train a total of 250 women led cooperatives in 2021. This will be essential in promoting chiefdom led job and wealth creation by empowering women led cooperatives through the provision of Agriculture Equipment to women. In the year 2019 and first half of 2020 the Ministry provided equipment to a total of 230 cooperatives and targets to provide equipment to a total of 250 women led cooperatives in 2021 (GRZ, 2020).

If all these measures are properly implemented, we could see an improvement in the performance of some of the hard-hit sectors, which happen to have a substantial representation of women and

an eventual rise in the country's GDP. However, we are cognizant of the fact that most of these tools, however, are largely targeted towards the formal sector thereby diminishing their ability to contribute to the livelihood of the general population as almost 70% of the total employed persons in Zambia are in the informal economy. The informal sector therefore poses a particular set of problems for policymakers responding to the COVID-19 crisis. Quarantines, social distancing measures, restriction of movement and closures of business and economic activity disproportionately affected those individuals and families who derive their livelihood from informal activities, and these being mostly women. This basically entails that more still needs to be done to mitigate these gendered effects.

Gendered Health Implications of COVID-19 in Zambia

As earlier alluded to and like elsewhere across the globe, COVID-19 has had gendered and disproportionate health implications on the Zambian Society. This could be attributed to the similarities in structural settings in terms women and men representation in sectors mainly affected by the Pandemic. For instance, at global level, women make-up 70% of the labour force in the health and social care sectors(UNDP, 2020). In like manner, although lower than global averages, Zambia's health and social care sector has more women than men at 50.2% and 49.8% respectively (ZamStats, 2020). This high proportion of women in the healthcare sector entails women are more at risk of contracting COVID-19 than men as they form the majority of the frontline staff to the response against the pandemic.

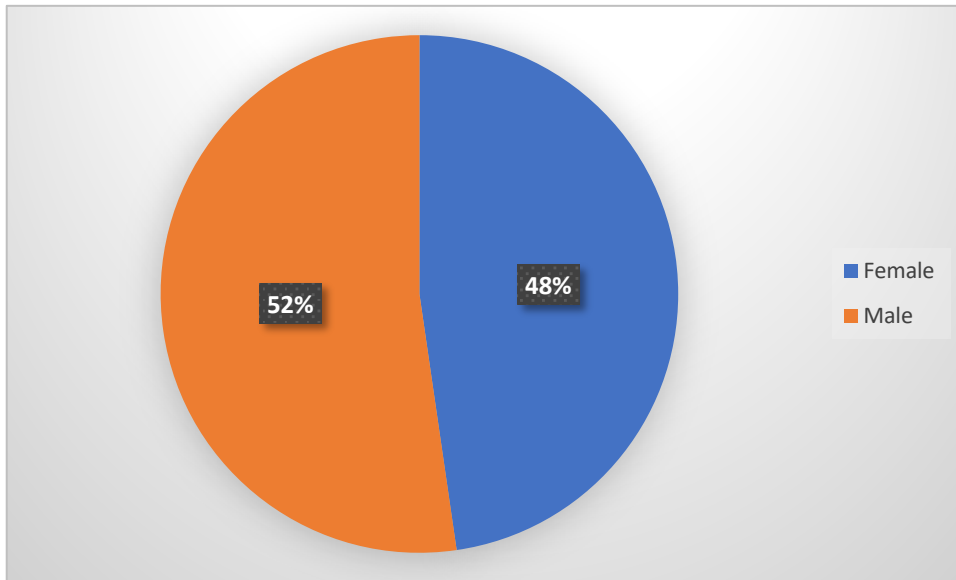
Health Burden of the Pandemic

Since Zambia recorded its first COVID-19 cases in March 2019, the country has experienced three cycles of the pandemic that have been referred as 'waves'. These waves have been characterized by a surge in the number of positive cases, hospitalizations and deaths. Zambia is currently experiencing a third wave that started around May 2021. As of 12th July 2021, Zambia had recorded a cumulative of 176,742 positive cases out of 1.9 million tests contacted. This translates into a cumulative positivity rate of 9%. Zambia had also recorded a cumulative death toll of 2,867 of COVID-19 related deaths (ZNPFI, 2021). This represents a case fatality rate of 1.5% which is just below the global rate of 2.1%.

In terms of disproportionate impact of COVID-19 on gender, current available data obtained in May 2021 from the Zambia National Public Health Institute (ZNPFI) indicates that more men in

Zambia have contracted COVID-19 than women at 52.3% and 47.7% respectively. Figure 5 below shows the proportions of infections between men and women.

Figure 5: Proportion of COVID-19 by sex



Source: Zambia National Public Health Institute, May 2021

The higher prevalence of infections among men could be attributed to different factors such as the nature of their work or their higher participation in economic activities. As earlier shown in Figure 1, men account for 60.5% of employed persons thus employment status of men could imply that men remain relatively mobile during the pandemic resulting in higher exposure rates.

Social factors such as of social gatherings/attitudes could also explain the higher infection rates among men as they are more likely to socialize compared to women. For instance, the study by Nzala *et al.*, (2011) found that alcohol consumption in Zambia was higher among men at 37.9% to 12.2% for women. The study involved 1928 participants drawn from a population of young adults in the age group 24-34. The implication of this is that men are much more likely to be found in social gatherings where COVID-19 guidelines are less strictly observed such as beer halls.

Further, data disaggregated by age, shows disproportionate impact among age-groups. For instance, the confirmed cases were higher among women in the age band of 15-39 at 51% compared to male peers at 49%, whereas the age group of 40-60+ had a higher prevalence for men than women at 57% and 43% respectively. Although further scrutiny is required to ascertain reasons for the pattern of case prevalence in these demographic groups.

Table 3: Distribution of infections by age group and Gender

COVID-19 Infections by Age and Gender		
Gender	Age	Infections
Female	15-19	3,966
Male	15-19	2,496
Female	20-29	10,586
Male	20-29	9,405
Female	30-39	8,167
Male	30-39	10,130
Female	40-49	4,851
Male	40-49	7,836
Female	60+	2,367
Male	60+	2,708

Source: Zambia National Public Health Institute 2021

At the time on analysis, data on deaths was not available in disaggregated format in Zambia. However, global data shows that fatality rates are higher among men, studies in Europe and South America, thus, males are disproportionately affected by the health burden (Manfred, 2021); (Undurraga, 2020).

Exposure to the Pandemic

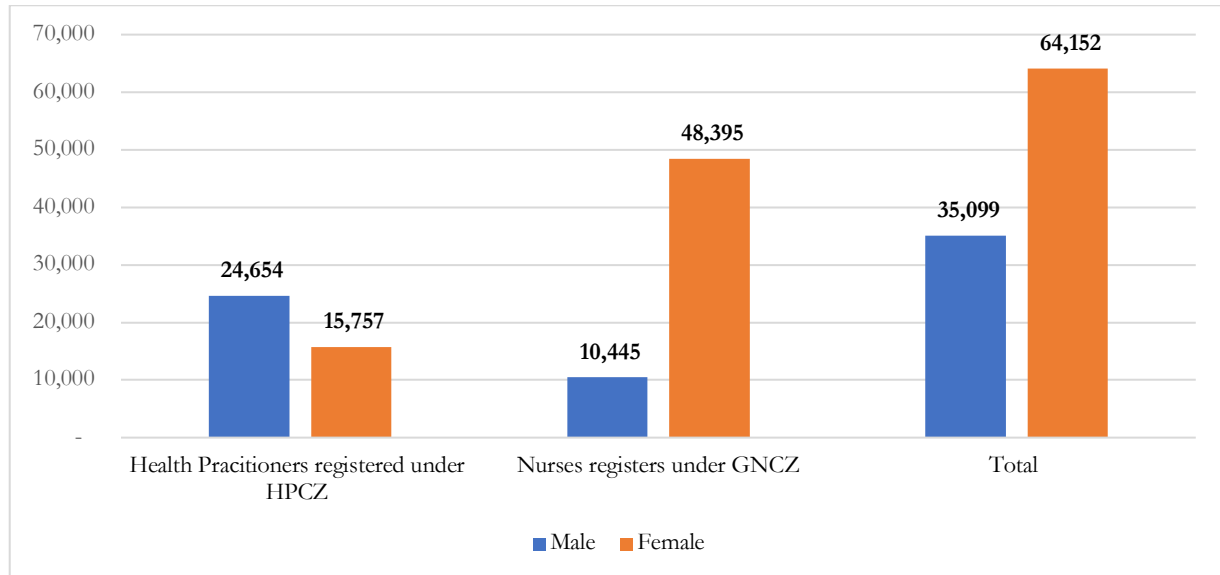
As earlier shown, men are adversely affected by the health implications of the pandemic in Zambia. However, women are also highly exposed to the pandemic due to the nature of work and family responsibilities (care work) that include nursing the ill family members. As earlier shown, females spend almost three times as much time on non-remunerated care work as men (Andrew, 2020).

Zambia's health sector is dominated by women with females accounting for 50.2% of workers in the Human Health Industry, a proxy for the health sector. Further, women make up 65% of youth employed in the Human Health Industry in Zambia compared to 35% male representation (ZamStats, 2020). This therefore, could explain the higher number of confirmed cases for women in the age group of 15-39 (See table 3).

The higher representation of females in the health care sector is consistent with the global health workforce which is also dominated by females. This implies that female workers are the majority of frontline workers and are at higher risk of exposure. The actual figures of registered health

workers in Zambia reveal that 65% of registered health workers are female while 35% are male as shown in figure 6. This confirms assertions that the majority of frontline workers are females.

Figure 6: Health Workers in Zambia by Registration and Sex, 2020



Source: Author's construction from Health Professionals' Council of Zambia (HPCZ) and the General Nursing Council of Zambia (GNCZ) administrative records

Government Response to the Pandemic

In response to the pandemic, Zambia announced plans to vaccinate 46% the population equalling over 8 million eligible Zambians. In order to achieve this the Government secured doses of the COVID-19 vaccine through the COVAX facility. The facility is global initiative supported through partnership by the World Health Organization (WHO), Global Alliance for Vaccines and Immunization (GAVI), United Nation's Children Fund (UNICEF) and the Coalition for Epidemic Preparedness Innovations (CEPI) (UN, 2021). The first consignment of the vaccine was received in April 2021 and amounted to a total of on 228,000 doses. In July 2021 an additional 228,000 doses of the vaccine was received under the COVAX facility (UN, 2021).

Prior to receiving the first doses of the vaccine, the Government developed the National COVID-19 Vaccine Deployment Plan which was to provide guidance on the distribution of the vaccine. The plan prioritized frontline health workers and other core public workers who included teachers, immigration, police, religious and traditional leaders. Members of the public deemed at higher risk of contracting COVID-19 such as the elderly (above the age of 65) and those with underlying conditions were also prioritized (MOH, 2021).

However, public response was poor to the first round of vaccines even from the segments of the population that were prioritized. As a result, the vaccination was opened to general members of the public as the rollout of the programme was on a voluntary basis. As of 12th July 2021, 155,000 people had received their first dose of the vaccine representing 2% of the targeted population, by the same date 42,000 were fully vaccinated representing 0.5% of the target population (ZNPFI, 2021). The vaccination rollout was set in two phases with the first phase targeting to vaccinate 3.6 million people by the end of 2021 (MOH, 2021). Despite the low vaccination rates, it might too early to make an assessment on whether this will be achieved as the vaccination programme is still ongoing. However, the successful rollout of the vaccine to the targeted population is critical for the full reopening of the economy.

Socio Economic Impact of the pandemic on Households and the Community

Emerging evidence shows that restrictive measures such as the 'lockdown' measures have the potential to weaken protection systems and increase women's exposure to higher risks of gender-based violence and limit access to essential health services (UN, 2020). This is compounded by the fact that women in Zambia are already vulnerable, the country has one of the highest child marriage and teenage pregnancy rates globally (GRZ , 2015). Additionally, the *Zambian Demographic Health Survey (2018)* shows that 29% of girls aged 15-19 years have already given birth or were pregnant with their first child. Over 45.9% of adolescence girls and women are exposed to GBV while the prevalence of HIV among females aged 15-49 years is 11.3% (Zamstats , 2019).

Impact on livelihoods

The public health guidelines measures that have been implemented during the pandemic such as restrictions on movement and others may have not had a different impact on rural communities compared to urban communities. The rural communities are mostly dominated by informal activities such as subsistence farming and these households were affected by the restrictive measures put in place to respond to the pandemic as they had limited access for their produce. According to the 2015 LCMS 89% of rural households were classified as small-scale agricultural households. Agricultural produce from rural households is usually targeted for sale in the urban communities or through formal and informal markets situated along the main roads that link districts (ZamStats, 2016). However, the enforcement of measures in urban districts created challenges in accessing those markets. The general slowdown of the economy coupled with

restrictions in movements experienced reduction in access to the roadside markets whose traders are mainly women.

“We rely on Lusaka as the main market for the vegetables we produce in Chongwe, marketeers usually come here to make order (bulk purchases) on daily basis. However, since the pandemic the number of marketeers we receive has reduced as they its difficult as fewer people come to the markets because they are afraid contracting the virus”

Community member – Palabana Community – Chongwe

Loss of income and disruption of livelihoods was consistent in the high-density areas in the urban districts and rural districts. Community members in the rural districts targeted by the study reported a loss in income at household level.

Access to essential services during the pandemic

Maintaining access to essential services such as health, reproductive health services and GBV related services during a crisis is cardinal as studies have shown that during pandemics other essential services are often neglected as efforts are usually focused on combating the pandemic. According to the WHO, 90% of countries reported disruptions in the provision of essential services due to the COVID-19 pandemic (WHO, 2020). The situation has not been different in Zambia at the height of the pandemic in June 2021, over 1000 patients required hospitalization and this critically stressed the health system. In response, the Government converted wards in three major Hospitals in Lusaka namely; University Teaching Hospital, Levy Teaching Hospital and Maina Soko military Hospital into isolation centres. Hospitals across the country also made provision to designate wards or hospital beds for COVID-19 admissions.

Despite the pandemics, all health facilities remained accessible during the pandemic and continued to provide services to members of the community. This included other hospital-based facilities such as One Stop Centres (OSC) that are set up to provide GBV related service. Service providers in the health facilities reported that the designation of staff to handle COVID -19 cases especially in District Hospitals had reduced available staff to provide non-COVID-19 health services. Service providers in rural Health facilities noted that they recorded a decline in members of the community seeking other health services during the pandemic. The service providers attributed this to concerns from communities about contracting the virus at the health facilities. However, other health facilities did not record a decline in members seeking other health services during the pandemic.

“Our Hospital in Chipata did not experience a decline in the number of non-COVID-19 patients during the pandemic. In order to meet the demand for health services, we relied on other health facilities such as clinics to manage less critical out-patient services. Medical personnel have had to work more shifts and longer hours in order to meet demand. Our services would be enhanced with additional staff as the current number of staff is not adequate.”

Resident Doctor Designated to the COVID-19 Ward – Chipata Central Hospital

Community members interviewed in both rural and urban areas confirmed that they were still able to access essential services at health facilities located within their community. They confirmed that there were no disruptions to the usual services.

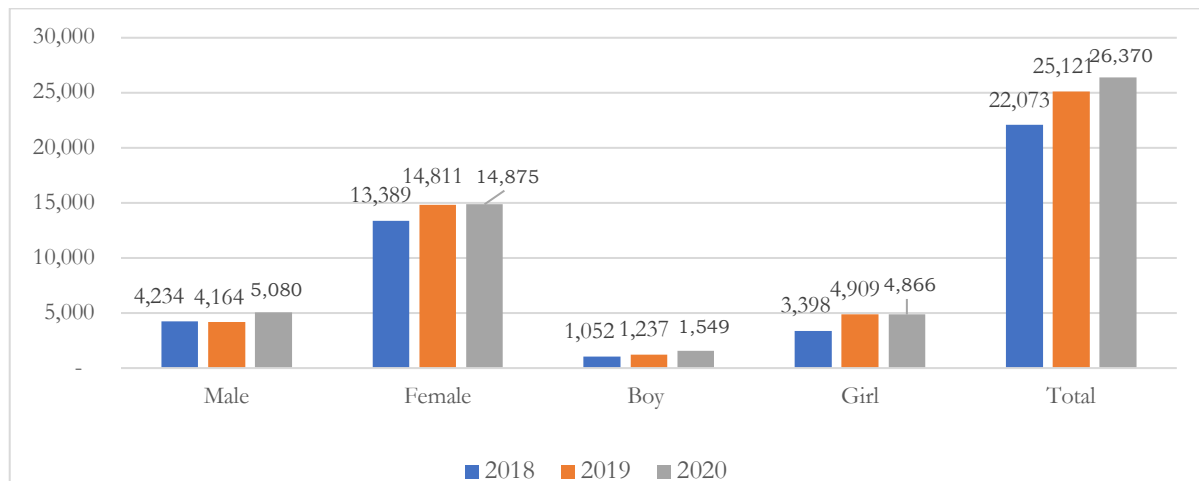
“My cousin who accesses the ART services at our local clinic was still able to collect their medicine throughout the pandemic and during the times there was a lockdown. Staff at the clinic still continued to make follow ups on adherence to treatment.”

Community member – Mandevu township, Lusaka

Incidence of abuse during the pandemic

Evidence has shown that lockdown measures often lead to an increase in Gender Based Violence (GBV) as the victims will be forced to spend more time with their abusers. The situation could be worse for Zambia as the data shows that more than 90% of incidences of abuse are committed by individuals that are known to the victim (UNDP, 2021). As shown in Figure 7, National records on GBV indicate that there was an increase in the GBV cases recorded in 2020 compared to 2019. Cases increased from 25,121 in 2019 to 26,370 representing a 5% increase. The burden of GBV is also higher for women and girls who accounted for 79% and 74% of cases reported in 2019 and 2020 respectively.

Figure 7: National Reported GBV Cases



Source: Zambia Police Victim Support Unit Records 2018-2020

The increase in the incidence of GBV cases in communities was corroborated by community members interviewed in both urban and rural communities. Community members attributed the increase in GBV cases due to the frustrations resulting from the loss of income/employment for men who then resorted to dealing with these frustrations by abusing their partners and wives.

Coping Mechanisms and Social Consequences

The pandemic had an adverse effect on households across the country. In response, to these effects household members developed strategies to deal with the impact. Some of these were positive strategies while others were mostly negative mechanisms.

Community members who had suffered losses developed some mechanisms to cushion the impact of the pandemic by seeking alternatives opportunities or innovating the current business. A young lady in Lusaka’s Chawama township reported having moved her business from the market to her home when the number of clients reduced. She also reported providing house calls to sustain her business.

“When I realized that most of my customers had stopped coming to the market to plait their hair because of the pandemic, I started to get in touch with them started doing their hair either at their homes or I would allow them to come to my house”

Female Youth with a hair dressing business – Chawama Lusaka

Due to the loss of income at household levels, community members interviewed reported having to ration or reduce the number of meals per day as a coping mechanism. This is consistent with

studies by the World Bank and Innovations for Poverty Action (IPA) conducted in Zambia in 2020 that found that 4 of 5 households reported a loss income while some households reported skipping a meal due to the pandemic (World Bank , 2020); (IPA, 2020).

“Our family has had to reduce the number of meals that we eat because everyone is now at home, those who used to eat lunch from work or school are now so must reduce portion so that everyone can have a share”

Community Member – Mwinilunga

However, the loss of employment had also forced some community members to turn to alcohol and drug abuse as a way of dealing with the frustration of loss of income. Further, members of community attributed the increase in GBV at community level to the increase in drug and alcohol abuse.

“Some of the men in our community lost their jobs and now have nothing today and so they spend a lot of their time drinking alcohol. These men usually come home drunk and abuse their wives and children”

Community Members – Rufunsa

Other negative coping mechanisms reported by community members was the increase in transactional sex. It was reported that the limited economic opportunities forced women especially those who were sole providers to turn to illicit activities such as prostitution to make ends meet.

“We are aware of female members in our community that are the bread winners of their families that have now turned to prostitution because they lost their jobs.”

Community Members – Zambia Compound – Kafue

Impact of the closure of schools

The closure of schools is one of the measures that have been taken by Government to address the pandemic. In March 2020, the Government announced the closure of all schools and encouraged online learning. While this initiative is commendable, it may not work for rural schools with poor internet connectivity and in some cases not electricity. This could also exacerbate the rural-urban inequality gap.

“During the pandemic my college was able to offer classes over ZOOM, however, internet connectivity was a challenge and I also needed to constantly purchase ‘bundles’ (data). As a result, I sometimes missed some classes. There was also not enough time to cover all the courses using the online learning facility.”

College Student - Roma - Lusaka

The indefinite closure of schools did not only disrupted learning but has also left over one million children who would usually benefit from Zambia’s Home-Grown School Feeding Programme (HGSFP) at risk of hunger. The school feeding programme guarantees meals to learners in primary school during learning days. However, the meals are not available to learners when the schools are closed, as a result, the prolonged closure of schools puts young children who benefit from the programme at risk of hunger. This is worsened by the fact that many households were already facing food insecurity due the pandemic as already shown.

The burden of Care Work

This burden of care work is usually borne by the females as they are often the primary caregivers at home. This work may range from taking care of children due to the closure of schools to taking care of the elderly and nursing the sick. These assertions are supported by (Andrew, 2020); (Hank, 2020), who argued that during pandemics females spend on average 2.5 times more time in non-remunerated care work compared to males and those women take on the larger share of care work during pandemics.

The study found that the measures put in place to combat the pandemic such as the closure of schools and reduced economic activity implied that household member spent more time at home thus increase the burden of care work. In addition to the time spend at home, women are also responsible for caring for the sick. During the pandemic, majority of the COVID-19 cases were managed in the community implying that majority of the sick were cared for by family members. As of 12 July, 90% of cases on average were managed from home, this rate has also been higher during non-peak periods of the pandemic (ZNPFI, 2021).

“Women have been greatly impacted. Apart from doing all the house chores, they also have to look after the young and ensure they are safe and following the Covid 19 preventive measures strictly, which is a challenge”

Community Development Officer – Chinsali

“During the pandemic we had so much work at home because everyone was always around and we had to cook and clean up after the whole household including the kids who are usually in schools.”

Female Community member – Shikoswe – Kafue

Impact of Covid on People Living with Disabilities

Persons with disabilities, like women and children, face a disproportionate impact of COVID-19. Studies around the globe have shown that persons living with disabilities face the CoVID-19 challenges from a disadvantaged vantage point as they are in many cases already socially and economically excluded (OECD/ILO, 2019). In addition to being excluded, people living with disabilities have had fair share of the brunt of pandemic deaths. For instance, as at 6th May 2020, the COVID-19 related deaths in care homes where older people with disabilities are overrepresented, were reported to range between 19% and 72%.⁴ This segment of the global population also faces other kinds of vulnerabilities as can be seen from a study in Uganda, which reports that among 10,000 persons with disabilities surveyed, 45% worry more about how they would feed their families than about getting infected (OECD/ILO, 2019).

Although this study does not delve into detailed statistics in looking the plight of people living with disabilities during the pandemic in Zambia, it is intuitive to assert that they face similar changes as elsewhere around the globe. This is so because they share similar challenges such as being less likely to ensure physical distancing, more likely to be socially isolated and more likely to be unemployed among others.

Government Response to safeguarding Livelihoods

The Government’s response to the pandemic was to increase the allocations to Social Protection significantly increased in 2021. Key social protection programmes such as the Social Cash Transfer (SCT) and Food Security Pack (FSP) received a significant increase in budgetary allocations of 128% and 801% respectively. In nominal terms, the allocation to SCT increased from K 1 billion to K 2.3 billion while the allocation to the FSP increased from K 112 million to K 1 billion. This resulted in an increase in the beneficiaries targeted for each programme for 2021. The number of

⁴ <https://www.un.org/en/coronavirus/we-have-unique-opportunity-design-and-implement-more-inclusive-and-accessible-societies>

targeted beneficiaries under the SCT was increased from 700,000 households to 994,000 while the number of beneficiaries for the Food Security Pack increased from 80,000 to 280,000 (MOF, 2020).

Further, the Government through the support of the UN agencies under the GRZ-UN Joint Programme on GBV Phase II supported the continuity of economic activities for female marketeers by establishing COVID-19 compliant markets (safe markets) in three areas of Lusaka, namely, Chilenje, Matero and Nyumba Yanga. The initiative supported 900 female marketeers to sustain their livelihoods. To further support the delivery of GBV services, the GRZ-UN Joint Programme on GBV Phase II access to counselling for survivors through Lifeline Childline Zambia. This initiative supported child and adult survivors to report and seek Psychosocial support for GBV cases.⁵

Identifying priority needs for women empowerment

Providing economic empowerment to women is critical in addressing the inequalities that exist between men and women. These inequalities have now been worsened by the pandemic and this worsens the vulnerability of women. However, empowerment must be provided in a manner that is sustainable and that contributes to building resilience against current and future shocks.

The majority of respondents interviewed indicated that they were in need of support to recover lost income that affected the consumption levels at household level. Respondents also indicated the need for financial empowerment to assist in reviving business that had been adversely affected by the pandemic. Other respondents indicated the need to access affordable credit facilities to revive or start new businesses while others requested to for support in the form of skills acquisition. Therefore, the identified needs will be categorized into immediate, medium-term and long term.

Immediate Needs

The immediate needs are needs that were identified as needs that could easily be met in the shortest possible time, the immediate needs were identified as follows;

⁵ GRZ-UN Joint Programme on GBV Phase II MPTF ANNUAL PROGRAMME1 NARRATIVE PROGRESS REPORT REPORTING PERIOD: 4 DECEMBER 2019 – 31 DECEMBER 2020

1. *Extension of Provision of Emergency Cash Transfers with a focus on female headed households:* In 2020, joint efforts by the UN and Government were made to provide cash transfers to 258,000 households were supported under the COVID-19 emergency cash transfers initiative for period of six months. As an immediate response, the extension of this initiative to vulnerable female headed household would provide significant relief to these households.
2. *Promotion of women led Microfinance initiatives such as Savings Groups:* Microfinance initiatives such as savings groups are an effective tool in ensuring that vulnerable community's access affordable credit while giving them an opportunity to invest. As of 2018, Zambia had over 300,000 members of whom 72% were female (ZIPAR, 2020). The promotion of Savings Groups among identified female beneficiaries must be done in collaboration with existing Non-Governmental Organisations (NGOs) that are already promoting savings groups. This strengthen sustainability of the intervention as the partner NGOs are able to provide the required technical support to these groups on a long-term basis.

Intermediate Needs

The intermediate needs are needs that may not be met immediately. These were identified as needs to support the sustainable running of businesses and the facilitation of skills acquisition to further grow businesses or support entrepreneurship. Respondents identified the need to be supported through loans or access to credit and the provision of skills such as tailoring.

1. *Facilitation of access to credit facilities and business grants:* The Government through various empowerment programmes has already targeted some women for support. However, concerns have been raised over sustainability and impact of these programmes. A 2017 evaluation of the Youth Development Fund (YDF) revealed that only 16% of funds loaned out were repaid further, 20% of recipients did not actually start a business while 40% of the business failed (ZIPAR, 2017). While providing credit to women is critical, the lessons learnt from the administration of similar interventions entail that the provision of funds must be coupled with business development services to ensure that businesses succeed. Further, the implementation of this facility must be done in collaboration with an institution whether public or private that has experience in managing similar facilities.
2. *Provision of skill training and recognition of prior learning (formalize skills):* The Government under the Ministry of Community Development and Social Services (MCDSS) and the Ministry

of Youth and Sports currently offers short-term training programs through Community Skills-development and Training (CST). The provision of skills to identified female beneficiaries may be done using this existing platform. Additionally, those with skills acquired informally must receive facilitation for their skills to be formally recognized and certified by the Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA). The formal recognition of skills has proved to increase the employability of recipients.

Long-term Needs

The long-term needs are classified as such as they may require few years before they are implemented or before the recipients can receive the benefits. These have been identified as the provision of education opportunities for girls in secondary schools and the extension of social protection to workers in the informal and the household sector where women are highly represented.

1. *Improving access for to secondary education for girls:* Access to secondary school education in Zambia remains relatively low and has been worsening. Only 29% of children eligible to be in secondary schools were actually in school between 2014 and 2018, during this period the number of children out of schools also increased (ZIPAR, 2020). As a result, women have very low participation in the labour force, in 2019, women only accounted for 39.5% of the employed population. Women also accounted for the larger proportion (60%) of employed persons with no education (ZamStats, 2020). The completion of secondary schools is critical as it affects future and career progression opportunities.

The Government currently supports secondary school enrolment of girls in Social Cash Transfer (SCT) households through the Keeping Girls in Schools (KGS) (Initiative). The KGS currently supports 13,000 learners which is approximately 29% of girls enrolled in secondary. However, given the high proportion of learners outside the school system there is need provide additional support in order to enhance the opportunities available to girls.

2. *Extend social protection to Informal sector and Household sector:* Access to social security in Zambia remains low and is limited to the formal sector. Zambia's household sector (proxy for domestic workers) accounts for 36% of all employed persons. Half of the workers in this sector are female. More worryingly, less than 1% of workers in this sector have access to social security. Similarly, access to social security in the informal sector remains low, only

6% of informal workers have access. Women account for 40% of workers in this sector (ILO, 2020). The extension of social protection to these sectors also implies that workers will be able to access health insurance which is key to reducing out of pocket health related costs especially in a time of the pandemic when new health costs have been introduced.

Recommendations

The study makes the following recommendations to be considered to address gender inequality;

1. *Leverage on existing institutional mechanisms for immediate responses to the pandemic:* Currently partner organisations have continued to provide support through the Multi-sectorial Contingency and Response Plan. Social protection intervention are implemented by the Committee on Safeguarding Social Protection as guided by the Economic Recovery Programme (ERP) 2020 while Health management of COVID-19 is coordinated through Zambia COVID 19-Response Incident Management System which has the Inter-agency Coordinating Committee. These mechanisms provide for a platform to support the Government to address the immediate and intermediate needs identified.
2. *Establish multi-sectorial platform to address the post -COVID-19 socio-economic effects:* The current economic recovery mechanism addresses the need to strengthen social protection, however, these mechanisms are silent on the interventions to social-economic challenges such as GBV that maybe worsened by the pandemic. Thus, medium term coordination with wider representation from stakeholders is required to address these challenges. The medium term coordination must focus on consequences of the pandemic that are not included in the current mechanisms especially those that relate to gender inequality.
3. *Enhance the quality of social protection to cushion the vulnerable:* There is need to enhance the efficiency of the Social Cash Transfer programme which is the largest social protection programme. Despite plans to expand the programme, the increased transfer amounts fall far below the national poverty line. The new transfer amount remains below the 2015 K 214 extreme poverty line (2020 adjusted poverty line – K 374)⁶. The high inflation rate (22.8%) further imply that the value has also eroded (Zamstats, 2021). Additionally, the programme has been plagued by late and irregular disbursements. A well implemented

⁶ Simulated using the MicroZAMOD, ZIPAR, UNUWIDER 2021

SCT programme is critical in meeting the needs of vulnerable households whose plight has worsened during the pandemic.

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Appendix 1

Rapid Assessment Research team

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8.	Tamara Zimba	Enumerator	ZamStats
9.	Glen Kabuswe Musonda	Enumerator	ZamStats
10.	Charles Phiri	Enumerator	ZamStats
12.	Chisoni Malenga	Enumerator	ZamStats