

## ZAMBIA SITUATION REPORT NO. 39




**Disease Outbreak:** COVID-19    **Response start date:** 30<sup>th</sup> January, 2020    **Outbreak Declared:** 18<sup>th</sup> March, 2020  
**Date of report:** 26<sup>th</sup> April, 2020    **Prepared by:** MOH/ZNPHI/WHO    **Correspondence:** [ims.covid@znphi.co.zm](mailto:ims.covid@znphi.co.zm)

### 1. 1. SITUATION UPDATE




#### 1.1 CURRENT CASE NUMBERS

- As of 17:00 hours on Sunday, 26<sup>th</sup> April, 2020:
  - There were **4 new confirmed cases of COVID-19, 0 recoveries and 0 deaths** recorded in the past 24 hours.
  - The total number of confirmed cases recorded to date is **88, with 3 deaths (CFR=3.41%) and 42 recoveries** (Refer to Annex 1).
  - All confirmed cases are admitted to designated isolation facilities. There are currently **43 active cases**; 37 in Lusaka, 5 on the Copperbelt and 1 in Kabwe.

#### Zambia Numbers

 **88 Confirmed (4 new)**  
 **3 Deaths (0 new)**  
 **42 Recoveries (0 new)**

#### Global Numbers

(Source: JHU)  
 **2,917, 073 confirmed (58,584 new)**  
 **203,545 deaths (3,671 new)**  
 **828,259 recoveries (18,336 new)**  
*\*New: in the last 24hrs*

### 1. EPIDEMIOLOGICAL HIGHLIGHTS

Table 1: COVID-19 Surveillance and case management summary, based on 26<sup>th</sup> April 2020 report

Parameter	Number
Cumulative number of high risk persons under observation	10,322
Cumulative number of high risk persons that have completed 14 days observation	2,931
Cumulative number of alerts notified & verified as non-cases	1,092
Number of suspected cases reported today	33
Cumulative Number of Samples Received	5,932
Total Number of Results Processed	5,284
Tests per 1,000,000 population	311
<b>Total Number of Confirmed COVID-19 Positive Cases</b>	<b>88</b>
Total number of currently isolated positive cases	43

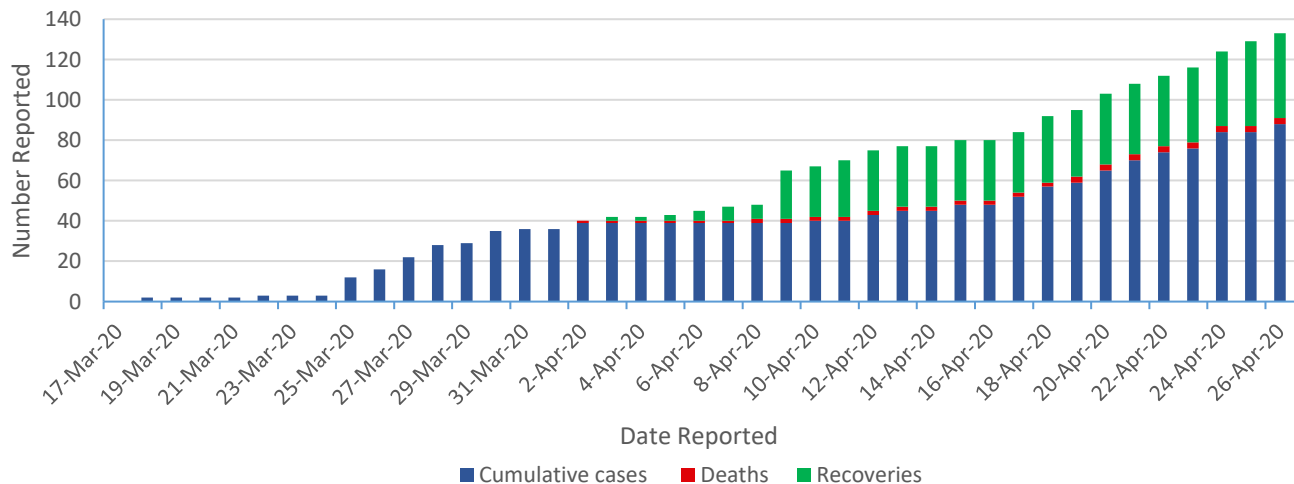


Figure 1: Daily cumulative COVID-19 confirmed cases (N=88), deaths (N=3) and recoveries (N=42) as of 26<sup>th</sup> April 2020

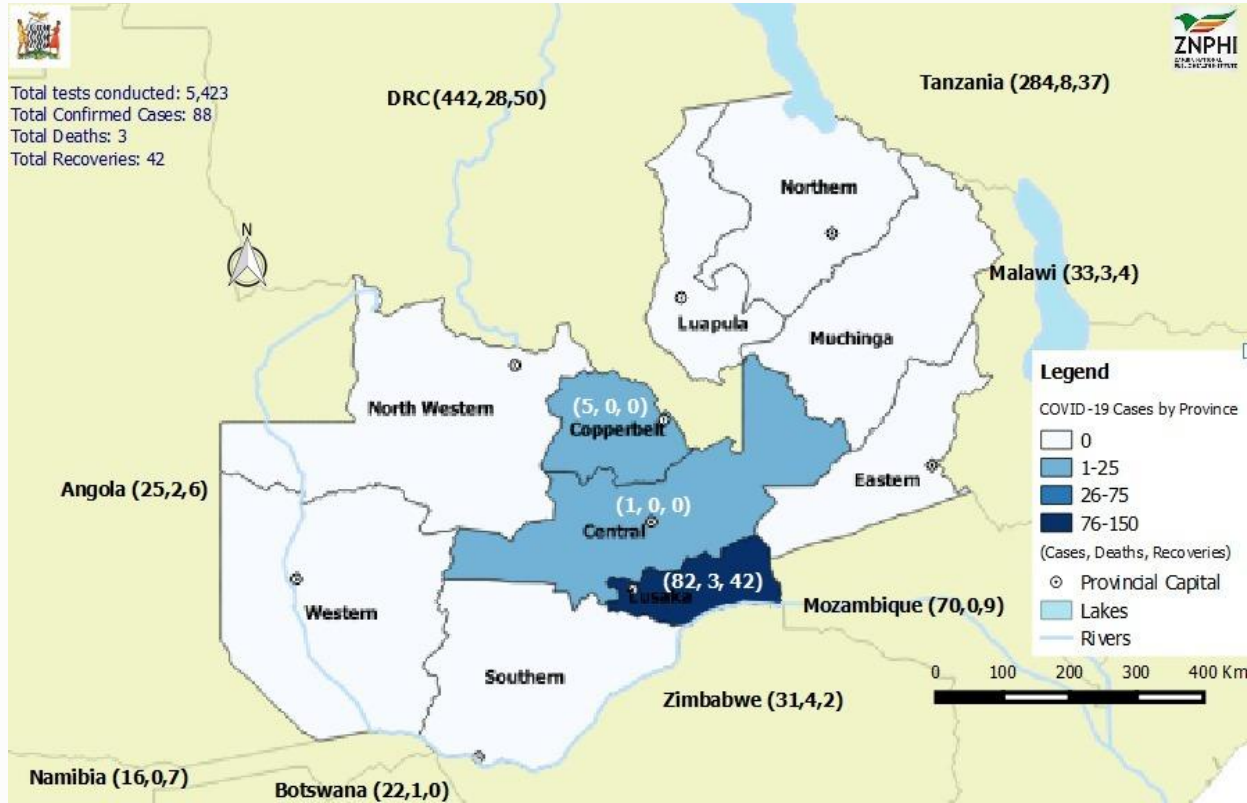


Figure 2: Map of Zambia showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province, as well as confirmed cases, deaths and recoveries (in brackets) in neighbouring countries as of 26<sup>th</sup> April 2020

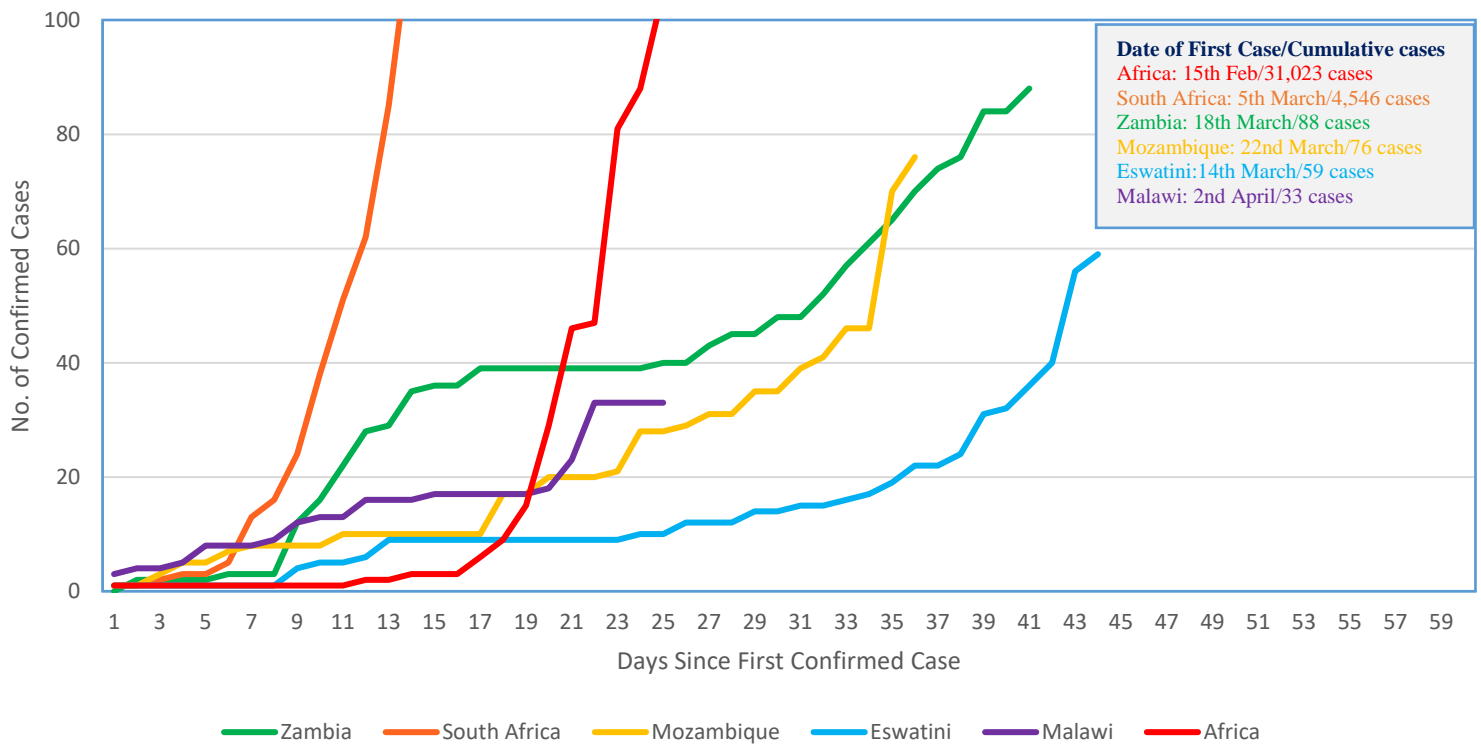


Figure 3: Cumulative trend graph comparing top 5 countries in Southern Africa with highest case numbers and the whole of Africa recorded since outbreaks declared (Sources: MoH Zambia, NICD South Africa, Africa CDC)

Table 2: Summary of COVID-19 cases recorded country-wide as of 26<sup>th</sup> April 2020

Reporting Province	New Cases	Total Confirmed Cases	New Deaths	Total Deaths	New Recoveries	Total Recoveries	Transmission Classification	Days since last confirmed case reported
Lusaka	3	82	0	3	0	42	26 Imported 56 Local	0
Copperbelt	1	5	0	0	0	0	4 Imported 1 Local	0
Central	0	1	0	0	0	0	1 Local	10
Southern	0	0	0	0	0	0	N/A	N/A
Eastern	0	0	0	0	0	0	N/A	N/A
Western	0	0	0	0	0	0	N/A	N/A
Northern	0	0	0	0	0	0	N/A	N/A
N/Western	0	0	0	0	0	0	N/A	N/A
Luapula	0	0	0	0	0	0	N/A	N/A
Muchinga	0	0	0	0	0	0	N/A	N/A
<b>Total</b>	<b>4</b>	<b>88</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>42</b>	<b>30 Imported; 58 Local</b>	

- **Age and Sex distribution:** Of confirmed cases 62% are male and 38% are female. The most affected age group remains those aged between 15-30 years old, with 33% of the confirmed cases falling in this age bracket, followed by the 31-44 age group (27%) and 45-60 age group (22%).

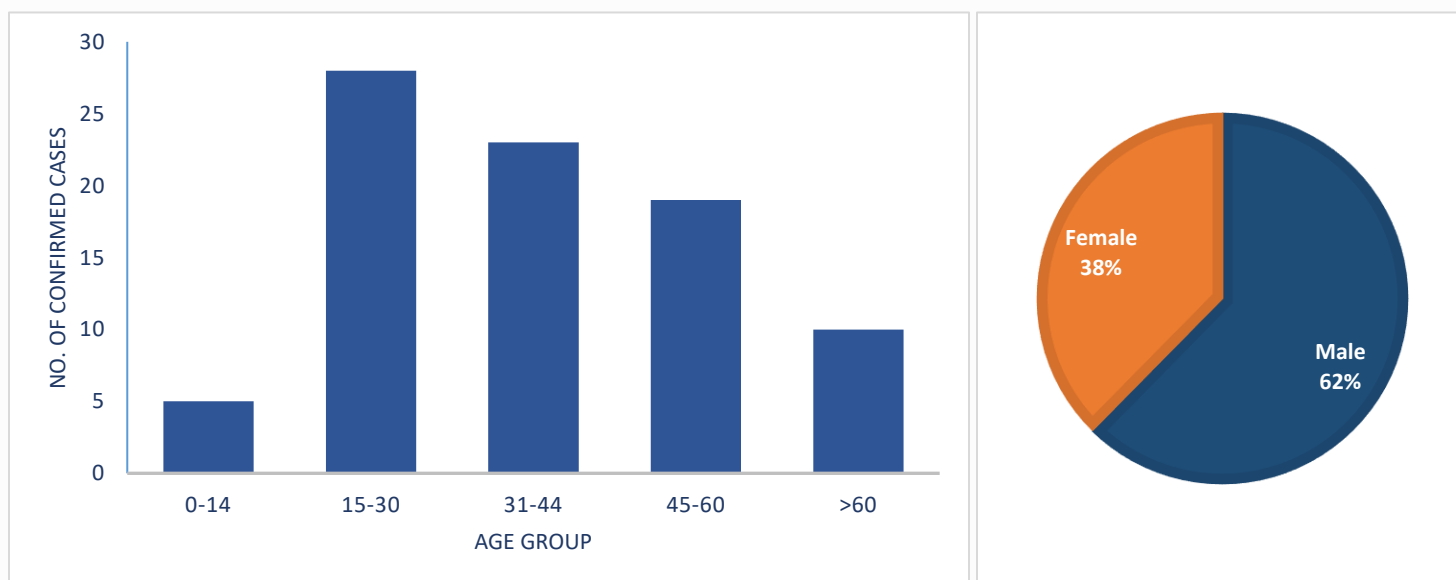


Figure 4: Age and Sex distribution of confirmed cases, as of 26<sup>th</sup> April 2020

## ➤ ACTIONS TO DATE

### 2.1 CO-ORDINATION

- **Regional/Continental level:** Zambia hosts the Southern Africa Regional Collaborating Centre of the Africa CDC and has been coordinating the response at regional level. To date, Southern Africa has recorded **4,711 confirmed cases of COVID-19 including 100 deaths and 1,553 recoveries**. Zambia continues to participate in AU meetings to ensure continued regional and continental trade and strategies to stop transmission of COVID-19.
- **Policy Level:** The **COVID-19 contingency plan** continues to be regularly updated as the outbreak evolves. The government continues to enforce the measures and interventions to control the spread of COVID-19 countrywide as outlined in the Statutory instruments **SI21 and SI22 of 2020 on COVID-19 and presidential directives** issued in March 2020. The measures include wearing of a mask while out in public; continued screening of travellers into Zambia; redirection of all international flights to land and depart from KKIA only; suspension of non-essential travel to countries with confirmed COVID-19 cases; restriction of public gatherings; restaurants to operate only on take away and delivery basis; and closure of all bars, nightclubs, cinemas, gyms and casinos.
  - In his third presidential address on COVID-19, HE Dr. E. C. Lungu stated that following the expiration of the 14-day extension period of restrictions and other outbreak control measures, some activities may continue to be undertaken subject to adherence to public health regulations, guidelines and certifications. Failure to adhere to public health regulations, guidelines and certification will attract penalties including revocation of licenses. These activities are:
    - congregation in places of worship on condition that handwashing/sanitising, social distancing and mandatory wearing of face masks are observed
    - sporting activities such as golf and tennis which do not involve physical contact between players and where the sport is played in a non-crowded space can resume; however, bars on these premises must remain closed
    - barbershops and saloons may operate with strict adherence and observance of social distancing, regular sanitising and hand washing.
  - It is estimated that ~30% of health workers are likely to become infected with COVID-19 in the course of duty. Following the rising number of health workers confirmed as COVID-19 cases, the government has directed that IPC measures in health facilities must be reinforced in order to protect frontline health workers. These include reorientation of all staff in IPC practices, designated senior members of staff

assigned to enforce IPC compliance, increased stock of PPE to guarantee availability for all staff, and additional manpower assigned to ensure disinfection of all surfaces.

- Following continued disregard of quarantine directives, travellers into Zambia will be isolated at designated facilities, including 4 identified hotels, at own cost while awaiting test results.
  - Meetings of the Committee of Ministers, Committee of Permanent Secretaries, and the National Epidemic Preparedness, Prevention Control and Management Committee (NEPPC&MC) have been convened since the declaration of the outbreak
  - Press briefings are held daily on the evolving outbreak situation in Zambia.
- **Technical level:** The ZNP HI continues to provide leadership and partner collaboration on the response.
- The IMS continues to meet at the ZNP HI (with a Zoom link provided to ensure social distancing) on Tuesdays and Thursdays. (Refer to Annex 2 for structure)
  - All the response pillars under the IMS have an Incident Coordinator whose responsibility it is to map the partners and resources for the respective units to ensure no duplication of efforts and resources. Public Health Specialists in each of the sub-districts in Lusaka serve as Incident Commanders and coordinate daily activities of field teams.
  - Technical co-ordinating meetings are being held with cooperating partners and other stakeholders. The meetings are chaired by the Director, ZNP HI

## 2.2 SURVEILLANCE AND OUTBREAK INVESTIGATION

Surveillance is being actively conducted around the country at community level, health facilities, points of entry (POEs), and sentinel sites. Efforts for rapid detection of any cases of COVID-19 in Lusaka, Kabwe and Kafue continue including testing, contact tracing, monitoring of persons under quarantine and adherence, verification and follow up of alerts and timely transport of cases to isolation facilities. Sub-district teams continue to carry out quarantine adherence monitoring, follow up of confirmed cases, contact tracing, follow up and verification of alerts, and risk communication

- **Case finding:** Four (4) new cases were reported today; 3 were reported from Lusaka and 1 from the Copperbelt.
- **Contact Tracing:** Investigations to trace and screen all contacts remain in effect. Rapid response teams in Kabwe, Kafue and Lusaka continue to conduct mass screening and contact tracing. Surveillance teams also continue to actively follow up contacts of confirmed cases and community alerts.

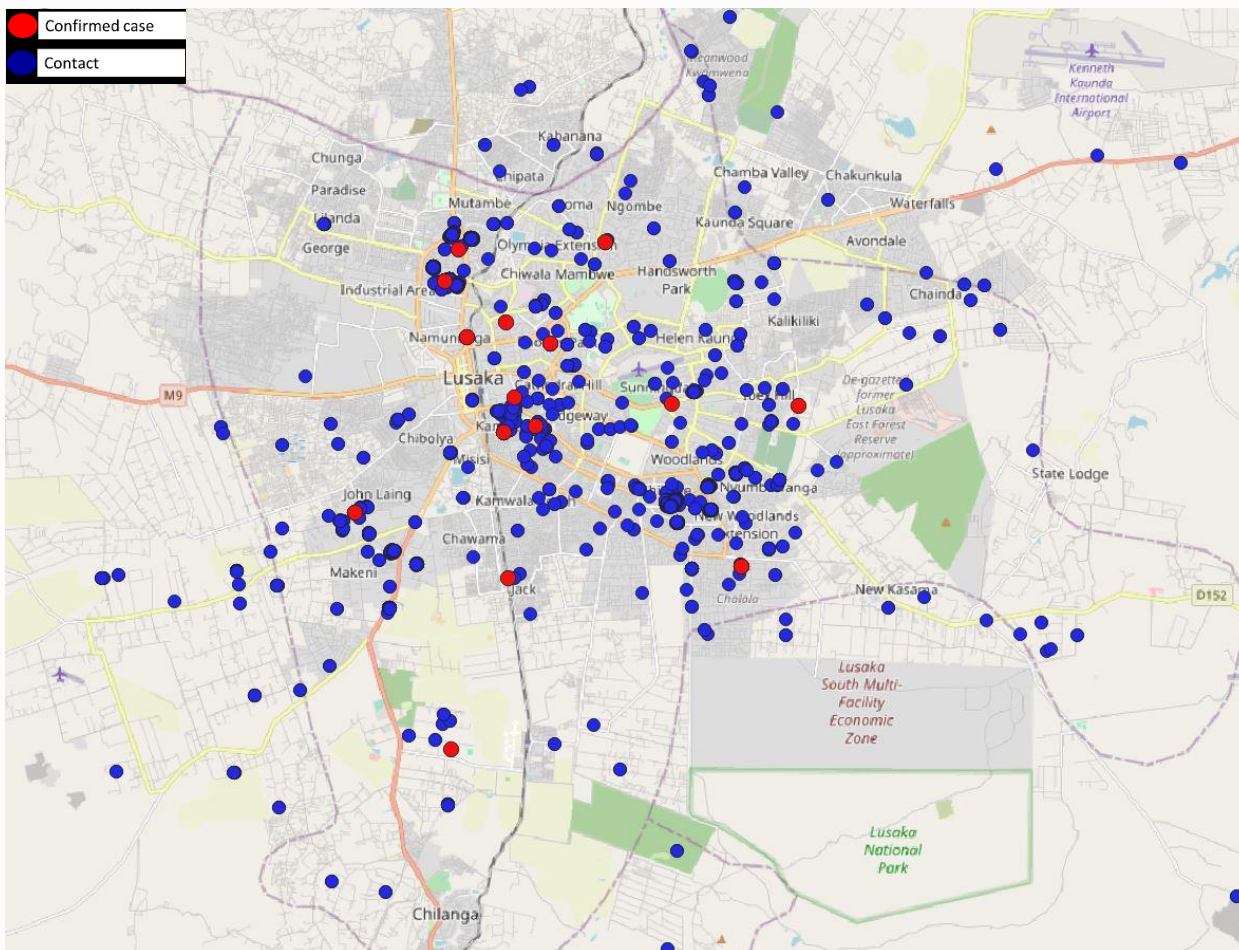


Figure 5: Distribution of confirmed cases and traced contacts in Lusaka, last updated 25<sup>th</sup> April 2020

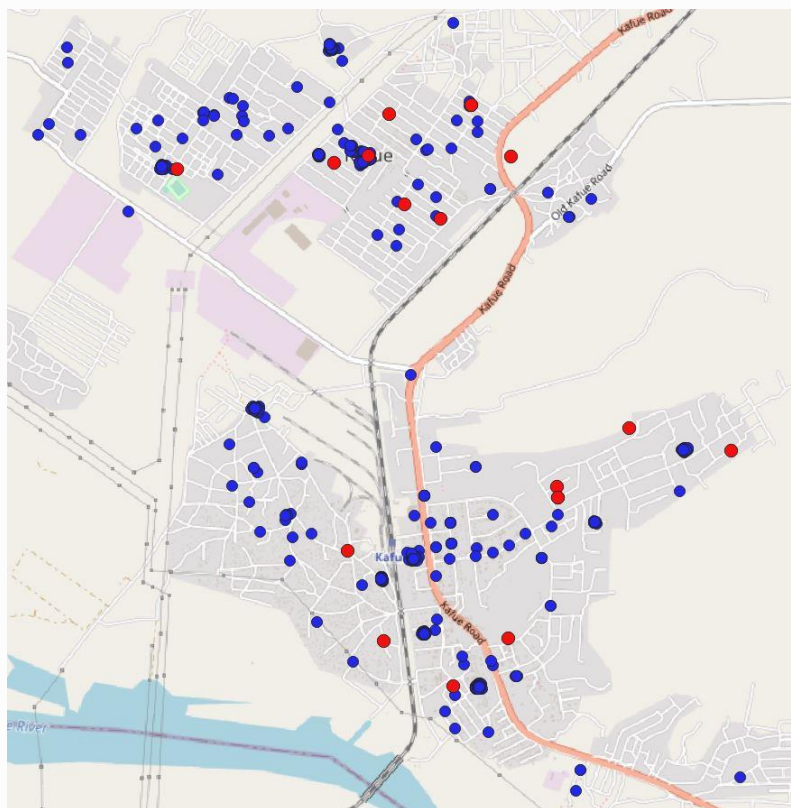


Figure 6: Distribution of confirmed cases and traced contacts in Kafue, last updated 25<sup>th</sup> April 2020

- **Points of Entry:** Active screening continues in all PoEs. Trucks entering the borders carrying essential commodities proceed to their destination under secure escort, at which point the drivers are placed under quarantine pending test results. Other activities conducted:
  - POE staff in Chanida, Mfuwe, Lusunthe and Mwami were trained on COVID-19 basics and IPC
  - Updated data on all screening at POE across the country is available in Table 3 below
  - The International Organisation for Migration (IOM) has come on board to support training of POE staff in IPC and supply of commodities such as PPE, screening tools and IPC commodities.
  - The mapping exercise of POEs was finalised, with 61 designated, authorised and unofficial POEs identified.
  - Four hotels have been identified to serve as quarantine facilities for international travellers into Zambia, namely the Radisson Blu, Hilton, Cresta Golfview and Fallsway. Accommodation will be at the travellers' own cost.
- **Laboratory:** There are currently 3 designated laboratories for COVID-19 diagnostics, namely the University Teaching Hospital Virology Lab (UTHVL) (WHO-certified National Influenza Centre), the School of Veterinary Medicine (SVM), UNZA and the Tropical Diseases Research Centre (TDRC) on the Copperbelt. A sample referral system is in place for samples being collected in other provinces. Zambia is utilising **Polymerase Chain Reaction (PCR) testing** for COVID-19 diagnosis. Some rapid diagnostic testing (RDT) has been conducted using a total antibody test (IgM and IgG). The RDT has an 86.43% sensitivity and 99.57% specificity. However, preliminary data has shown that there is a higher likelihood of false positives and false negatives within the first 3-5 days of infection; sensitivity does increase by day eight. Therefore, any results from the RDT have to undergo confirmatory testing with PCR.
  - In the last 24 hours, **389 PCR tests** were conducted; **four (4)** of which were positive. A total of **5,932 samples** have been received to date; of these, **5,284 results** have been processed with **88 confirmed positive (1.67% positivity rate)** for SARS-CoV-2. The testing coverage is **311 per 1,000,000 population** (92% increase in the last one week). The summary of tests conducted to date is available in Annex 1
  - The standard turn-around time for the PCR test is 24 hours, but can take up to 36-48 hours where repeat or confirmatory testing is required
  - Testing of community alerts, suspects under quarantine, contacts of confirmed cases as well as re-testing of confirmed cases is ongoing.
  - **Criteria for testing:** individuals who meet the case definition or individuals who have had contact/been exposed to a confirmed positive case and/or are symptomatic. Testing is being expanded in all

communities with confirmed cases. Targeted areas for mass screening and testing during the coming week include **Makeni, Rhodes Park, Madras and Kamwala.**

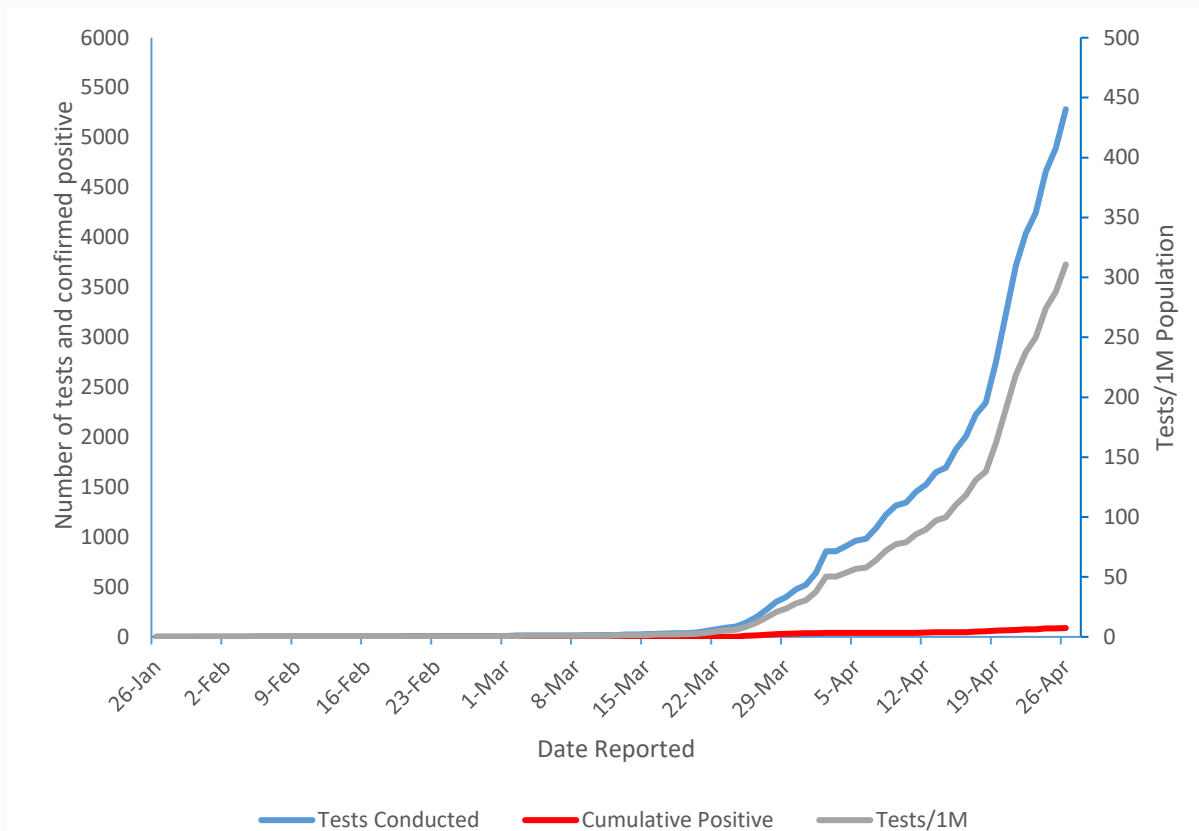


Figure 6: Graph showing cumulative number of PCR tests conducted, confirmed cases and tests per 1M population as of 26<sup>th</sup> April 2020

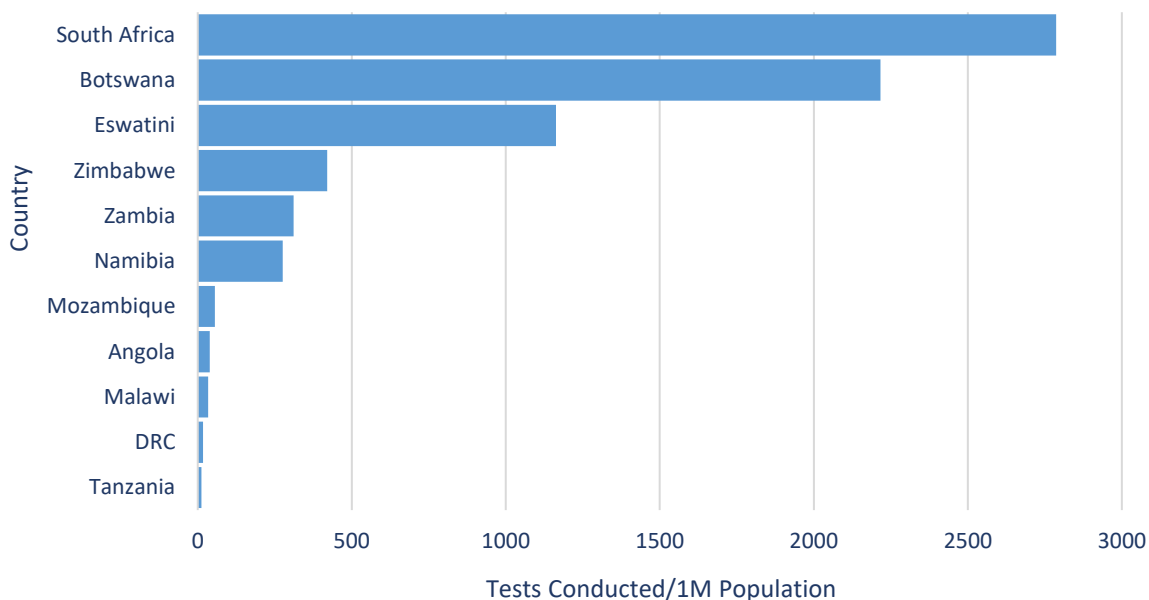


Figure 7: Number of COVID-19 tests conducted per million population by Country in Southern Africa (Source: Africa CDC COVID-19 dashboard), 26<sup>th</sup> April 2020



➤ **Case Management:** All confirmed cases are admitted to the designated isolation facilities. Psychosocial care is also provided for staff and patients at the isolation facilities. *Patients are only considered recovered once they record two negative re-test results within a 24hour period.* Refer to Annex 1 for detailed summary. Additionally, all health workers are required to undergo 14-day quarantine following their shift at the isolation facilities before they return to their communities. There are currently **43 active COVID-19 cases** being managed at various facilities.

- **Levy Mwanawasa Hospital:** In the last 24 hours, the facility had 2 new admissions of confirmed cases; 0 recoveries were recorded. There are currently 23 patients admitted at the facility (all confirmed positive). All patients are stable except one who is being treated for severe malaria.
- **Courtyard facility:** In the last 24 hours, the facility had 1 new admission of a confirmed case. There are currently 14 patients admitted at the facility (all confirmed positive). All patients are stable
- **Masaiti District Hospital:** In the last 24 hours, the facility had 1 new admission of a confirmed case; no recoveries were recorded. There are 5 confirmed positive cases still admitted
- **Kabwe Mother, New-born and Children's Hospital:** In the last 24 hours, the facility had 0 new admissions; there is currently 1 confirmed case admitted.
- **COVID-19 Screening Facilities:** Dedicated screening structures have been set up at the UTH and Levy Mwanawasa, away from the areas of routine service delivery.
- **Isolation facilities** have also been set up in all high risk districts across the ten provinces; a detailed list is available at Annex 4

➤ **Outbreak Investigation:**

- The Ministry of Health through the ZNP HI has received ethical clearance to conduct two of its planned research activities to date, namely a prospective study on the first few cases of COVID-19 in Zambia, their close contacts and the transmission dynamics, severity, and clinical spectrum of infection; and a spatio-temporal analysis and predictive modelling study on COVID-19.
- Proposals have also been developed for a COVID-19 prevalence survey and KAP study

## 2.3 INFECTION, PREVENTION AND CONTROL (IPC)

➤ **Activities conducted include:**

- Monitoring of IPC practices in Health care facilities with Designated ETHs to enforce IPC standards in all isolation facilities
- Logistical support for IPC equipment and Materials with support from UNICEF to isolation and quarantine areas.
- Training of HCWs at Levy Isolation facility in IPC with support from World Vision

## 2.4 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- RCCE response activities to date include: 300,000 posters and leaflets printed with messages on precautions and signs and symptoms; community sensitisation in high density areas using PA trucks; community messaging in high density neighbourhoods; over 108,000 requests for COVID-19 information on the “878” SMS platform; public service announcements on television and radio; over 11,255 interactions on the Covid-19 Bot (<https://corona.e-ngoma.com/MOHCovid-19BOT>) and 12 billboards carrying COVID-19 messaging around Lusaka.
- Highlights for the week ending 25<sup>th</sup> April 2016:
  - Mandatory use of face masks in public remains a major point of discussion across all platforms, including issues of affordability, effectiveness, re-use and home-made masks
  - The U-Report platform offers users access to information on COVID-19 by texting ‘corona’ to 878. The service is free of charge. A U-Report SMS poll initiated on 22<sup>nd</sup> April, 2020 with 9,200 responses found that just over half of respondents knew about calling 909 in the case of symptoms, whereas more than a third still thought the best practice was to immediately go to a medical facility. In the same poll, more than a third of respondents said a mixture of garlic and lemon was an effective Covid-19 treatment. The greatest concerns for respondents with regard to COVID-19 were fear of dying, stigma and discrimination, where to seek help, and impact on potential streams of income and livelihood. To counter the knowledge gaps identified through of this poll, information was immediately disseminated on the U-Report platform through a Question and Answer format to clarify each of the myths and misconceptions that respondents had.
  - The results of a separate poll by ZAZU which ran between 1<sup>st</sup> - 10<sup>th</sup> April, 2020 found that people outside Lusaka do not consider COVID-19 as serious of a threat. Nearly a third of overall respondents are keen to receive information on how to stay safe, though the recognition that everyone can be infected and levels of knowledge of the main symptoms was high. Nearly 90% of respondents knew that COVID-19 can be passed on by asymptomatic persons.
  - A third poll by Geo-Poll of 12 sub-Saharan countries found Zambians were among the most concerned about COVID-19: 96% of responders said they had taken steps to protect themselves; 71% said they were in some form of self-quarantine, limiting travel and visits to people outside their household; 72% said that if they had mild symptoms they would go to hospital; 68% did not know anyone who had been tested; 67% said they were shopping for food/essentials less than normal; 77% said they had worries about food insecurity in the last 7 days. The most popular sources of information on COVID-19 were social media (41%) and television (39%).

- Other RCCE activities include:
  - Distribution of IEC materials
  - Translation of updated COVID–19 IEC materials in local languages
  - Radio announcements and discussions
  - Monitoring & technical support on COVID in four provinces
  - Community engagement and sensitisations in markets & bus stations

### 3. GAPS AND CHALLENGES

- **Surveillance and outbreak investigation:** Inadequate electronic data tools for field operation; low testing coverage (349 per 1,000,000 population).
- **Case management:** increasing number of HCWs getting infected; additional oxygen, ventilators and accessories required; upgrade required for a number of isolation facilities outside Lusaka
- **Laboratory:** Long laboratory turnaround time (backlog of samples); manual data entry delaying reporting of results
- **IPC:** Non adherence to IPC standards; limited PPE stocks; inadequate number of HCWs trained in IPC especially outside Lusaka
- **Risk Communication:** continued myths and misconceptions in the community including fear regarding tainted swabs and perception that COVID-19 only affects affluent populations; insufficient PA systems in the provinces; require support for community sensitisation

### 4. PRIORITY ACTIONS AND RECOMMENDATIONS

- **Surveillance and outbreak investigation:** Upload new integrated screening forms and test electronic data capturing tool; continued mass screening and contact; continued active case finding, monitoring of quarantined persons and responding to community alerts country wide
- **Case Management:** Re-training of HCWs in IPC; introduction of IPC competence evaluation for HCWs in isolation; Psychological evaluation of all infected HCWs; Complete facility based trainings for Livingstone and Kabwe; Finalise treatment protocols; Identify surge staff for UTH isolation centre
- **Laboratory:** Trial of new sample extraction methods (Daan Extraction kit donated by the Jack Ma Foundation, Easy Mag reagents donated by ZPRIME CVS Project) and test use of RT-PCR machine offered for use by ZAMBART; Streamline sample registration procedures in consultation with field teams; Include more data entry clerks to the team.

- **IPC:** Conduct IPC training for HCWs at Tubalange, UTH & Bauleni isolation facilities; Preposition adequate PPEs in all isolation facilities; Escalate training of IPC trainings to other provinces in the country; Assess isolation facilities in 6 remaining provinces
- **RCCE:** Print revised translated COVID – 19 IEC materials; Intensify PA in Communities; Continued Radio announcements; Continue distribution of IEC materials; Continued sensitisations in markets & bus stations
- **POEs:** POE training & supply of IPC commodities in Eastern province, Kasumbalesa and Nakonde with support from IOM; Assessment of all the 61 designated, authorized and unofficial POEs; Training of 30 community change agents

## 5. CONCLUSION

In the last 24 hours, Zambia recorded 4 new confirmed cases of COVID-19, 3 from Lusaka province and 1 on the Copperbelt, bringing the total number of cases recorded to date to 88. Recent evidence cautions against drastic modifications to public health control measures. Current response measures will continue to be reinforced in order to rapidly contain the spread of the outbreak. Furthermore, the government will continue to modify intervention measures to facilitate a balance between a gradual return to normalcy and continued economic activity.

### ANNEX 1: EPIDEMIOLOGICAL DATA AS OF 17:00HRS ON 26<sup>th</sup> APRIL 2020\*

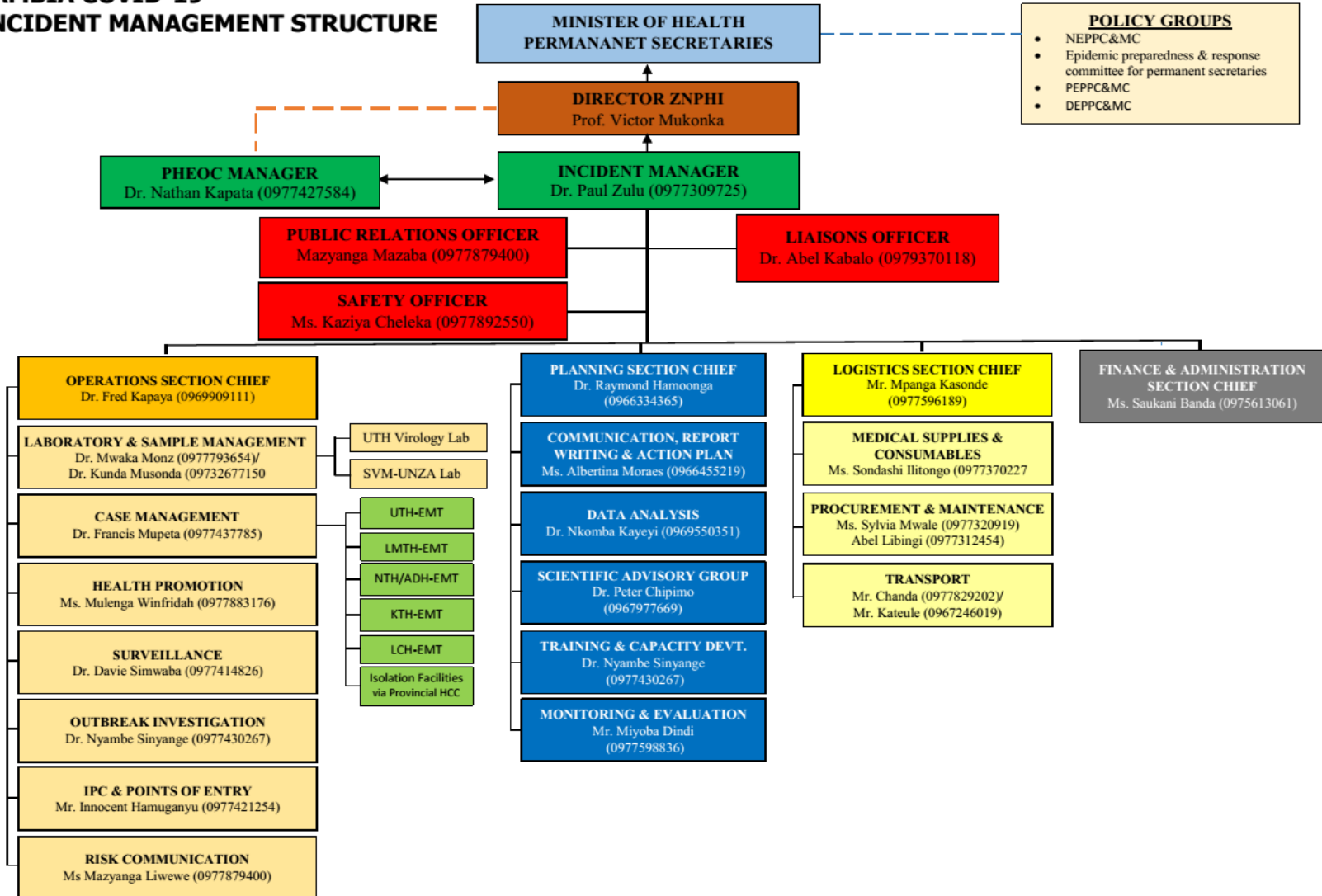
Total Cases	Daily Total			Cumulative since outbreak declared		
Suspected cases	33					
Confirmed cases	4			88		
Recovered	0			42		
<b>Diagnostics and Laboratory Testing</b>						
Samples received**	677			5932		
Samples with results processed	389			5284		
COVID-19 positive	4			88		
COVID-19 negative	385			5196		
Samples with results pending	648			-		
<b>Statistics By Health Facility</b>	<b>Kabwe MNC</b>	<b>Levy</b>	<b>Masaiti</b>	<b>Courtyard</b>	<b>Daily Total</b>	<b>Cumulative since outbreak declared</b>
<b>Admissions/Discharges</b>						
Confirmed Case Admissions	0	2	1	1	4	88
Currently Admitted	1	23	5	14	43	-
Recoveries	0	0	0	0	0	42
<b>Deaths</b>						
Deaths among suspected cases	0	0	0	0	0	0
Deaths among lab confirmed cases	0	0	0	0	0	3

\*Reported figures may vary due to continual data cleaning and verification as part of quality assurance

\*\*Includes samples for re-test of confirmed positive cases

## ANNEX 2: NATIONAL LEVEL INCIDENT MANAGEMENT SYSTEM FOR THE COVID-19 PREPAREDNESS RESPONSE

### ZAMBIA COVID-19 INCIDENT MANAGEMENT STRUCTURE



## ANNEX 3: CORONAVIRUS DISEASE 2019 (COVID-19) CASE DEFINITIONS

### Case Definitions

#### **1. Suspect case:**

A. Patient with acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), AND with no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 during the 14 days prior to symptom onset,

**OR**

B. Patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset,

**OR**

C. Patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation

**2. Probable case:** A suspect case for whom testing for COVID-19 is inconclusive or is tested positive using a pan-coronavirus assay and without laboratory evidence of other respiratory pathogens.

**3. Confirmed case:** A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

**4. Person Under Investigation:** a suspected case, irrespective of admission status, with either history of travel to an area with local transmission or worked in/attended a health care facility treating COVID-19 infections or admission to a facility for severe pneumonia of unknown aetiology

**5. Contact:** a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case: a. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes; b. Direct physical contact with a probable or confirmed case; c. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR d. Other situations as indicated by local risk assessments.

#### ANNEX 4: LIST OF DESIGNATED ISOLATION FACILITIES FOR THE COVID-19 OUTBREAK RESPONSE

PROVINCE	DISTRICT	ISOLATION FACILITY
<b>Eastern</b>	Chipata	Walera HP and Chipata District Hospital
	Chadiza	Sadzu RHC and Chilenga HP
	Lundazi	Lundazi New Hospital Male Ward
	Mambwe	Agriculture Field Training Centre and ADRA shade in Nsefu
	Petauke	Zuze Health Post
	Katete	Katete Livestock Market
	Nyimba	Chininkhu Health Post
	Sinda	Ukasimbe Health Post and Chinzule HP
	Vubwi	Chigwe Health Post
	Kasenengwa	Kanzutu Health Post
	Lumezi	Lumezi Hospital, Mwasemphangwe Zonal and Mwanya RHC
	Chasefu	Kanyanga Mission Hospital
	Chipangali	Mkanda RHC and Chinunda RHC

<b>Southern</b>	Lusangazi	Ukwimi Trades
	Livingstone	Mosi Oa Tunya Health centre
	Zimba	Zimba Basic school
	Siavonga	Kabbila Health Post
	Pemba	Pemba Main Clinic
	Kalomo	Mawaya Clinic
	Monze	Mulumbwa Health Post
	Mazabuka	Research clinic
	Chikankata	Nansenga Rural Health centre
	Namwala	Nchole Health Post
	Choma	Njase Clinic
	Gweembe	Munyumbwe HAHC
	Kazungula	Kazungula hospital admin block
Sinazongwe	Sinazongwe rural health centre	
<b>Lusaka</b>	Chilanga	Tubalange Mini Hospital, Mount Makulu Health Post
	Chirundu	Lumbembe Clinic
	Kafue	Shikoswe Clinic
	Luangwa	Kavalamanja RHC, Chitpoe RHC, Kasinsa RHC, Mandombe RHC



	Lusaka	Levy Mwanawasa, UTH, Tubalange Mini Hospital, Chawama SD, Matero SD, Chilenje SD, Kanyama SD, Chipata SD, Victoria Hospital, Bauleni
	Rufunsa	Rufunsa RHC, Chinyunyu RHC
<b>Muchinga</b>	Isoka	Lualizi and Kafwimbi RHC
	Lavushimanda	Red Rhino school, Muwele Market .
	Nakonde	Nakonde Hospital and Nakonde Urban Clinic.
	Chama	FTC
	Shiwang'andu	Lwanya RHC
	Mpika	Chibansa RHC
	Kanchibiya	Kopa Primary school ,LuchembeKanchibiya resettlement scheme,Chalabesa RHC.

	Chinsali	Nambuluma RHC
	Mafinga	Mulekatembo
<b>Western</b>	Senanga	Litambya RHC
	Shangombo	Shangombo Secondary School
		Shangombo RHC
	Kaoma	Kaoma Trades
		Kaoma Youth Resource Centre
	Luampa	Kahumbu Primary School
	Lukulu	Lukulu Old Hospital
	Mitete	Lukulu Old Hospital
	Kalabo	Wenela RHC
	Nalolo	Muoyo RHC
	Sioma	Old Nangwesh Refugee Camp
	Mulobezi	Mulobezi HAHC
Mwandi	Situlu Health Post	

	Sesheke	Mulimambango
	Sikongo	Sikongo RHC
	Limulunga	Nan'oko Health Post
	Mongu	Mongu D Hospital, Mweeke HP
	Nkeyema	Nkeyema Zonal Health Centre
<b>Central</b>	Chitambo	Muchinka RHC
	Mkushi	Kasalamkanga RHC
	Serenje	Serenje Boma School
	Iuano	Old Mkushi Health Centre
	Kapiri	Tazara dry port
	Kabwe	Old Mukobeko clinic
	Chibombo	Twalumba RHC
	Chisamba	Malombe RHC
	Shibuyunji	Sichobo Rural Health Centre
	Mumbwa	Mumbwa Urban Clinic

	Itezhi tezhi	Itezhi tezhi Basic School/Uphill Scholl and and Itezhi Tezhi Boarding School
	Ngabwe	Iwonde primary school
<b>Copperbelt</b>	Chililabombwe	Council Hall
	Chingola	Kalilo Health Centre
	Kalulushi	Kalulushi Urban Health Centre
	Kitwe	Garnerton Clinic
	Luanshya	Chibolya Clinic
	Lufwanyama	Shimukunami Rural Health Centre
	Masaiti	Masaiti District Hospital
	Mpongwe	Bwembelelo Health Post
	Mufulira	Mutundu RHC
	Ndola	Itawa clinic
	Mushidamo	Kichikwe RHC

<b>North-western</b>	Solwezi	SGH/Solwezi College of Nursing
	Kalumbila	Nkulumazhiba Health Facility
	Mwinilunga	Farmers Training College
	Ikelenge	Sachibondu Mission RHC
	Ikelenge	Mukangala RHC (Secondary site)
	Kasempa	Mukinge Mission
	Mufumbwe	Mufumbwe Day Secondary Sch
	Manyinga	Loloma Mission Hospital
	Kabompo	Government Guest House
	Zambezi	Chilenga Health Facility
	Chavuma	Chavuma District Hospital
<b>Northern</b>	Chilubi	Chaba RHC Chilubi RHC
	Kaputa	Kaputa RHC Kalaba RHC Kapepula HP

	Kasama	Lukupa Rural Centre
	Lunte	Chitoshi RHC Mukupa Koama RHC Mulenga Mapesa HP
	Lupososhi	Chungu RHC Nsombo RHC
	Luwingu	Ipusikilo RHC
	Mbala	Chulungoma Urban Clinic Kaluluzi Health Post
	Mporokoso	Township Clinic Chiwala RHC
	Mpulungu	Mpulungu Urban Clinic
	Mungwi	Mungwi Baptist HC, Kayambi RHC
	Nsama	NsumbuRHC
	Senga	Nsumbu RHC, Mwiluzi HP, Sumbi HP

