

## Zambia 2007 – 2010

### I. Progress on key indicators

Indicator	Value	Year	Value	Year
Child population (millions, under 18 years)	<b>6.1</b>	2004	<b>6.7</b>	2008
U5MR (per 1,000 live births)	<b>182</b>	2004	<b>148</b>	2008
Underweight (% , moderate and severe)	<b>23</b>	2002-2003	<b>15</b>	2007
Maternal mortality ratio (per 100,000 live births)	<b>730</b>	1995-2001	<b>590<sup>a</sup></b>	2001-2007
Primary school enrolment (% net, male/female)				
Primary school attendance (% net, male/female)	<b>68/68</b>	2001-2002	<b>80/80<sup>b</sup></b>	2007
Survival rate to last primary grade (%)*	<b>88</b>	2001	<b>75</b>	2006
Use of improved drinking water sources (%)	<b>58</b>	2004	<b>60</b>	2008
Use of improved sanitation facilities (%)			<b>49</b>	2008
Adult HIV prevalence rate (%)	<b>16.5</b>	2003	<b>15.2<sup>c</sup></b>	2007
Child labour (% , children 5–14 years old)	<b>11</b>	2004	<b>12<sup>d</sup></b>	1999
GNI per capita (US\$)	<b>450</b>	2004	<b>950</b>	2008
One-year-olds immunized with DPT3 (%)	<b>80</b>	2004	<b>80</b>	2008
One-year-olds immunized with measles vaccine (%)	<b>84</b>	2004	<b>85</b>	2008

\*Baseline data refer to primary school children reaching grade 5.

a The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths is 830 per 100,000 live births.

b Survey data.

c State of the World's Children, 2007.

d Indicates data different from standard definition.

## **II. Progress on key MTSP indicators 2007 – 2010**

### Focus Area I – Young child survival and development

- Medium-term budget/expenditure framework includes quantified targets for scaling up high impact health and nutrition interventions.

### Focus Area II – Basic education and gender equality

- Education sector plans fully include specific measures to reduce gender and other disparities;
- Quality standards for primary education based on “child-friendly schools” or on similar models adopted.

### Focus Area III – HIV / AIDS and Children

- HIV/AIDS education fully integrated into the national curriculum at the secondary level.

### Focus Area IV – Child Protection from violence, exploitation and abuse

- Country programme fully conducted a gender analysis of key child protection issues;
- Gender-sensitive programmes addressing social conventions and norms that contribute to violence, exploitation and abuse fully implemented.

### Focus Area V – Policy Advocacy and Partnerships for Child Rights

- UNICEF provided significant support to the most recent CRC reporting process.

## Consolidated Results Report: UNICEF Zambia Country Programme 2007-2010

UNICEF MTSP Focus Area	Key Results Expected	Key Progress Indicators			Description of Results Achieved	Constraints and Facilitating Factors
		Indicator	Baseline	Current		
Focus Area 1 Young Child Survival and Development	1.1 80 % of children under one year reached by EPI throughout Zambia.	1.1.1 % of one year olds immunized against measles	79% (JRF 2005)	92% (JRF 2009)	<p>All cause child mortality has decreased from 168 in 2002 to 119 per 1000 live births in 2010 due to multiple factors.</p> <p>Polio is eradicated in Zambia and deaths due to Measles are near zero while maternal and neonatal tetanus remains eliminated.</p> <p>Significant progress has been made in malaria control with increase in access to treatment, ITN ownership and utilization, indoor spraying and public education. The combined impact of these interventions is estimated to have reduced mortality related to malaria by some 66%, largely amongst children.</p> <p>Community capacity to manage childhood illnesses including malaria has increased.</p> <p>Prevention and treatment of other common childhood illnesses have been scaled-up through IMCI and Vitamin A supplementation during Child Health Week.</p>	<p>Zambia's health system is fragile and fails to delivery services efficiently. High per capita health expenditure and poor health outcome measures have persisted.</p> <p>Critical shortage of human resources, weak management support systems coupled with weak inter-sectoral cooperation compounds the situation.</p> <p>Improvements are necessary to improve results on malaria prevention and treatment. Of particular concern is reducing the rate of essential drug stock-outs in remote rural areas</p>
	1.2 60% of children under 5 years and pregnant women have access to malaria prevention and treatment.	1.1.2 % of children who received at least one high-dose vitamin A supplement within the last six months	67% (MoH 2002)	90% (MoH 2009)		
1.2.1 % of households with at least one ITN		44.4 % (MIS 2006)	62.3 % (MIS 2008)			
1.2.2 % of pregnant women and U5s sleeping under a treated net		23.4% (PW) 22.8 % (U5s) (MIS 2006)	43.2%(PW) 41.1% (U5s) (MIS 2008)			
1.2.3 Malaria case fatality rate for children under 5		43 per 1,000 (HMIS 2004)	40 per 1,000 (HMIS 2008)			
1.3 Population with access to clean water increased from 37% to 50% and sanitation from 13% to 35% in over 600 schools, 40 rural health centres and 2,220 villages in five targeted provinces	1.3.1 % of population with access to safe water supply in project areas	37% (Rural) (CEN 2000)	46% Rural (JMP 2010)	<p>Over 8,000 people gained access to safe water supply through self-supply construction or improvement of over 400 wells. School children in 207schools were provided with access to safe water through construction or repair/rehabilitation of boreholes.</p> <p>The community led total sanitation (CLTS) approach has been established as a model for improving access and utilization of improved sanitation in rural communities in 11 districts. Of the 1,050 villages triggered, over 700 villages were verified as open defecation free by the end of 2009. Over 25,000 improved sanitation facilities were constructed by households covering 150,000 people. School children in 207schools were provided with access to child-friendly, gender segregated and integrated sanitation and hygiene facilities. The same children were trained in health promoting life skills which includes, personal hygiene, HIV, leadership, entrepreneurship and theatre</p> <p>CLTS has raised the efficiency of expenditures, leveraging community contributions and improving management (hence reducing costs) on an on-going basis.</p>	<p>Institutional strengthening at district level was a key factor in the delivery of improved water supply.</p> <p>The CLTS 'self-supply' approach underpinned very rapid results in expanding access to sanitation. The investment in community training has a substantial multiplier effect, as households are responsible for the costs and labour necessary for construction.</p>	
	1.3.2 % of population with access to sanitary latrine in project areas	13% (Rural) (CEN 2000)	43% (Rural) (JMP 2010)  65% (Rural) (project areas)			

<b>Focus Area 2</b> Basic Education and Gender Quality	2.1 New entrants to primary school who had access to some form of early childhood care and development before enrolled in grade one increased from 16% to 30%.	2.1.1 % of grade one pupils who had some form of early childhood care and development before enrolled in grade one	15.9% (EMIS 2004)	21.2% (EMIS 2008)	Percentage of new entrants to primary school who have had access to some form of ECCDE increased from 16 to 20.1 per cent.  Enrolment in primary schools increased from 85 to 104.7 per cent among basic and community schools pupils (MoE, Statistical Bulletin 2008).  Drop-out rates in primary schools grade 1-7 1.7% (B), 2.4% (G), 2.7% (T)	Integration of ECCDE in the National Development Plan and National Implementation has not resulted in service provision by MoE. There is no evidence that increases in access to ECD are in any sense pro-poor.  Completion rates are high but learning outcomes low, according to the National Learning Assessments, only around one third of grade 5 students meet the minimum requirements for maths and language.  Inaccurate population data leading to high net enrolment ratios  Drop-out rates not available in project areas
	2.2 Primary school age boys and girls enrolled in primary school increased from 85.7% to 95% for boys and 84.7% to 95% for girls	2.2.1 Net primary school enrolment ratio (Grade 1-7)	85.7% (Bb), 84.7% (G) (EMIS 2004)	104.3% (B) 105.2% (G) (EMIS 2008)		
	2.3 Primary completion (Grade 7) rate for boys and girls increased from 78.3% to 85% and 65.8% to 85%	2.3.1 Primary completion rate	78.3% (B), 65.8% (G) (EMIS 2004)	100.9% (B) 88.6% (G) (EMIS 2008)		
	2.4 600 schools in 20 project districts provided with safe water supply, sanitation and hand-washing facilities	2.3.2 Drop-out rate in basic and community schools of project areas	n/a	n/a		
<b>Focus Area 3</b> HIV and AIDS and Children	3.1 Access to a complete course of ARVs by HIV positive pregnant women increased from 25% to 60% to reduce MTCT through roll-out of PMTCT services from 36 districts to all 72 districts	3.1.1 % of pregnant women testing HIV positive who received ART & other interventions to prevent PMTCT	n/a	60.9% (UNGASS 2010)	These achievements resulted from strong partner coordination and comprehensive planning such as the national Paediatric ART/PMTCT scale up plan 2007-2010.  Global Fund, PEPFAR, and UNITAID facilitated health worker capacity improvement, provision of medical equipment/supplies and use of more efficacious antiretroviral regimens for PMTCT.  Policy and technological innovations such as provider-initiated testing and counselling and use of dried blood spot (DBS) technology respectively has improved services for early infant diagnosis and treatment Paediatric HIV.  ZDHS 2007 shows that 36% of women age 20-24 years have comprehensive knowledge about HIV which provides a proxy for understanding the knowledge of caregivers of children age 0-6 years	Critical shortage of human resources for health and capacity of healthcare workers Low facility level delivery and low numbers of ANC HIV retesting.  The low male involvement and couple testing hinders progress of effective PMTCT services.  Data on the knowledge of caregivers and teachers not available
	3.2 Paediatric AIDS treatment increased from 5% of infected and diagnosed under 15 years to 20%	3.2.1 % of children born to HIV positive mothers who received cotrimoxazole	n/a	34% (UNGASS 2010)		
		3.2.2 % of children HIV positive who are on ART	5% (HMIS 2005)	36% (UNGASS 2010)		
		3.2.3 % of teachers and caregivers of children 0-6 years with correct knowledge about HIV and AIDS	n/a	n/a		
3.3 30% of households headed by grandparents and children identified as particularly vulnerable by national criteria receiving	3.3.1 % of households headed by grandparents and children on social transfer scheme.	n/a	n/a	Social cash transfer scheme piloted in five districts, reaching 10% of households in those districts.	Decision making on scaling up cash transfers delayed until 2010. However, national ownership has increased and funding has been secured, and prospects for substantial scale up in 2011-2013 are strong.	

	social transfers in predictable and consistent manner	3.3.2 Number of households identified as being the most vulnerable reached with psychosocial support	n/a	n/a	District Child Protection Committees coordinate and support the improvement of services to street children and other most vulnerable children in 16 targeted districts	Strategy for implementation was to provide capacity building for Government and NGO service providers, to strengthen systems and increase quality of social welfare systems
<b>Focus Area 4</b> Child protection from violence, exploitation and abuse	4.1 National legal framework and enforcement mechanisms are in place in line with CRC and CEDAW protecting rights of children and women especially in relations to sexual and gender based violence.	4.1.1 Number of victims of sexual and gender based violence assisted by legal resource centres.	n/a	n/a	Establishment of ten GBV response centres, with capacity building for 500 social workers, judicial & medical personnel, police and civil society groups. National Multi-sectoral GBV Guidelines developed. Institutions training police, lay-magistrates and prosecutors incorporated justice for children and GBV in curricula.  Multi-media campaign on GBV and human trafficking reached 3 million adults and children.  Legislative review on child-related laws complete. Strengthening of child justice system with training of 2,000 child role players including judicial and prisons personnel, police and probation officers and civil society. Child Justice Forums and child friendly courts rolled out to 30 districts.	Slow pace in the alignment of ratified international instruments(CEDAW, CRC and African Charter) with the national legislation  Lack of family & specialised courts to deal with GBV and children's cases  Significant delay in bringing draft GBV for consideration in Parliament, and weak political leadership for key measures contained in the bill  High turnover of trained and experienced personnel in the social services sector, the judiciary and the police undo the progress of capacity development programmes.  Poor data collection systems
<b>Focus Area 5</b> Policy advocacy and partnerships for children's rights	5.1 Stakeholders capacity for collection, analysis and dissemination of strategic information on children and women improved at national, provincial and district levels through use of ZambiaInfo	5.1.1 No. of ZambiaInfo updates and disseminations.  5.2.1 % of staff trained in user module of ZambiaInfo for UN Programme Staff, MoFNP, CSO, MoE and MoH  5.2.2 % of staff using ZambiaInfo for planning, monitoring and reporting	n/a  n/a  nil	Version 1  40 staff trained  Less than 5%	Social Policy and Economic Analysis Section (SPEA) established in 2009 to ensure that the overarching national social and economic policy framework, development plan, budget, and other strategies and commitments of Government adequately reflect the rights and needs of vulnerable children and women  SPEA led 2008 Situation Analysis of Children and Women. Ministry of Finance and National Planning distributed 2,500 copies (as a key source for preparation of the new National Development Plan) and it was tabled in Parliament by the Minister.  Close collaboration with DFID, ILO and Irish Aid in advocacy for scaling up social cash transfers. UNICEF will manage M&E, MIS and capacity support for expanded programme.  Two-year research programme on the effects of crisis / appropriate social protection responses launched. The research uses the human well-being analysis approach and is linked to the Global Impact and Vulnerability Alert System (GIVAS)	A review of the use of ZambiaInfo showed that a new strategy is needed for its implementation to have any impact on decision-makers. Starting mid 2009 SPEA engaged with MOFNP to better position ZambiaInfo as an effective decision-making support tool directly linked to the National Development Plan.