

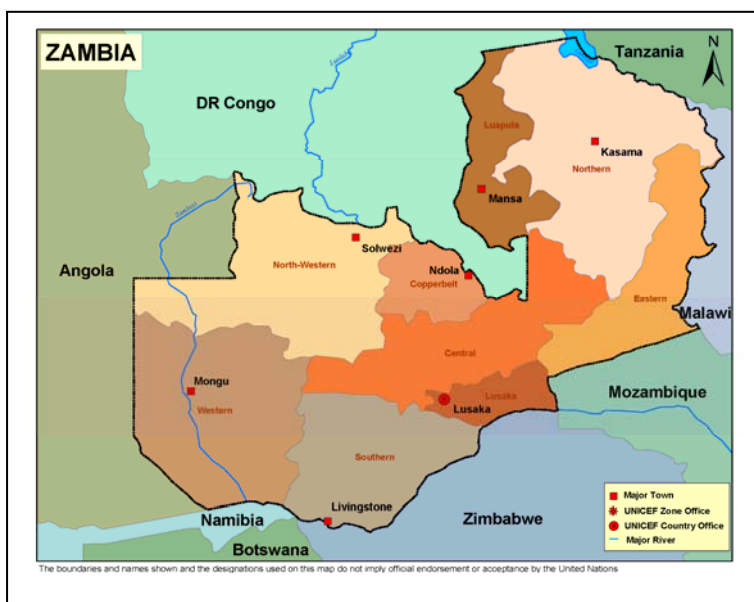
For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



# UNICEF HUMANITARIAN ACTION

# ZAMBIA

## IN 2008



### CORE COUNTRY DATA

Child population (2003 projected)	5,600,000
Orphan population (0-18 years)	1,100,000
U5 mortality rate (2003)	182
Infant mortality rate (2003)	102
Maternal mortality ratio (2002)	729
Primary school net enrolment ratio (2003)	76.2
Primary school enrolment ratio for girls (2003)	75.3
% U1 fully immunized measles (2003)	84.0
% households using improved drinking water sources (2002)	51.3
HIV/AIDS prevalence	16
% U5 underweight	28.1
% U5 wasting	5.1
% U5 stunting	46.8
% U5 with birth certificate	9.6

(Sources: Population Projections Report, Central Statistics Office (CSO), November 2003; Report on the Zambia Demographic and Health Survey (DHS) 2001/2002, CSO, February 2003; Review of National Immunization Coverage 1980-2-3, WHO/UNICEF, June 2004; Education Management Information System, Ministry of Education, November 2003.

In 2007, Zambia experienced one of the worst floods in 40 years leading to severe damage to infrastructure and affecting approximately 1.5 million people. Priority attention is being given to the food shortage due to floods and faulty rains in the Western, Southern and Eastern provinces and its consequences on the nutritional status of children. On another front, UNICEF is playing a leading role within the UN Country Team in responding to the HIV and AIDS crisis, which has reached a point of national emergency.

### Summary of UNICEF financial needs for 2008

Sector	US\$
Health, nutrition and HIV and AIDS	4,000,000
Water, sanitation and hygiene	1,410,000
Education	1,550,000
Child protection	750,000
<b>Total*</b>	<b>7,710,000</b>

\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

### 1. CRITICAL ISSUES FOR CHILDREN

Zambia is a large landlocked country with a total population of approximately 12 million (65 per cent rural) and surface area of 752 000 km<sup>2</sup>. The country ranks as one of the poorest nations in the world. The population is predominantly young, with 17.2 per cent under five years of age, and 52.2 per cent under 18 years. The relatively low population density, at 13 persons per km<sup>2</sup>, poses a huge challenge in the provision of basic social services.

Zambia is not on track to achieving most of the Millennium Development Goals (MDGs). Its development is being substantially undermined by the mutually reinforcing 'triple threat' of high HIV/AIDS prevalence, chronic and acute food insecurity and poverty, as well as weak governance. Under-five mortality is at 182 per 1,000 live births and life expectancy at birth has fallen to 37.5 years, the fourth lowest in the world. Maternal mortality stands at 729 per 100,000 live births, and is showing no signs of decreasing. The burden of infectious but preventable diseases is high and contributes significantly to child morbidity and mortality. Neonatal disease is the number one cause of morbidity and mortality, while respiratory infections (pneumonia), malaria and diarrhoeal diseases, in that order, are also important contributing factors (WHO 2006). Malnutrition underlies up to 52 per cent of all under-five morbidity and mortality in Zambia. The country has high levels of protein-energy malnutrition (28.1 per cent underweight, 46.8 per cent stunting, 5.1 per cent wasting) and micronutrient deficiencies (53 per cent suffer from vitamin A deficiency, 4 per cent of school-aged children suffer from iodine deficiency disorders; and 46 per cent have iron deficiency anaemia).<sup>1</sup> Poor family/community infant feeding practices further compound the situation: only 40 per cent of children aged 0-6 months are exclusively breastfed and about 57 per cent are breastfed up to 24 months.

In rural areas, some 4.8 million people lack access to safe water and 6.6 million to adequate sanitation. In 2002, the water supply coverage was 51.3 per cent (37 per cent in rural areas and 86 per cent in urban areas), and the sanitation coverage was 23 per cent (13 per cent in rural areas and 41 per cent in urban areas).

Against the declining provision of social services, educational access is also in jeopardy. Available statistics on net intake rate (NIR) indicate a steady drop in the number of new entrants to Grade 1 (of the official primary school entrance age of seven years) from 38 per cent in 2001 to 34 per cent in 2003. In terms of learning quality, the proportion of pupils who attained the minimum levels of learning performance in 2003 remains low with 36.7 per cent for English and 38.8 per cent for Mathematics. The combination of low enrolment and low achievement means that only one in five children realizes his/her right to a quality basic education.

HIV/AIDS is a pervasive reality: 16 per cent of Zambians in the 15 to 49 years age group are infected with HIV. Amongst urban young women, infection rates reach 22 per cent by age 20 to 24 and rise to 38 to 42 by age 25 to 39. This reality impacts not only the lives of children, but also the capacity of human resource-starved sectors, such as health and education, to respond to their needs. Currently, an estimated 1.1 million children are orphaned. It is predicted that the number will grow to an estimated 1.3 million by 2010, while simultaneously the number of adults capable of providing care will decline. Already 33 per cent of orphans live in households headed by grandmothers. Of these orphans, many are themselves infected with HIV, either at birth from HIV-positive mothers or through sexual activities, including increasing sexual abuse against children by older males. The rate of mother-to-child transmission without preventive intervention is estimated at 30 to 40 per cent. Each year 32,000 children are estimated to be born HIV-positive.

Recurrent food and water crises have exacerbated the impact of HIV and AIDS, and the social and economic vulnerability of households and Zambian society. Socio-economic issues include not only increasing morbidity and mortality, but also the breakdown of traditional coping mechanisms and increasing gender-based abuse and violence against women and children.

The 'triple threat' – malignant interaction and impact of poverty, HIV and AIDS pandemic and challenges to governance – is undermining development and leading to widening gaps between the 'haves' and the 'have-nots', threatening the human rights of millions of Zambians, especially young and vulnerable. The scale and

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<sup>1</sup> Source: IDD - IDD evaluation study, Vitamin A and Anaemia from the Micronutrients Impact Study. Both of these were spearheaded by the National Food and Nutrition Commission (NFNC).

complexity of the 'triple threat' are unprecedented in several respects. Vulnerable children and women are more disadvantaged in claiming their access to education, health-care services and protection.

### 2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Since the onset of the food and water crisis in 2002 and in the context of the 'triple threat', UNICEF, in collaboration with Government, civil society and other cooperating partners, has continued to respond to the humanitarian needs of the Zambian population. Assistance was provided in the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection, with particular emphasis on orphans and vulnerable children (OVC). Specific areas of intervention in 2007 have included:

- Support to in-depth nutritional assessment in flood-related areas in June 2007 through the National Food and Nutrition Commission and the Disaster Management and Mitigation Unit. Procurement and distribution of essential drugs and medical supplies to flood-affected regions, through the MoH.
- Cholera continues to be endemic in selected areas in Zambia (compounds in Lusaka province and Central province). UNICEF worked with Government to establish committees and provided technical and material support (lime, chlorine and oral rehydration salts). This support was instrumental to develop a surveillance system for recent outbreaks.
- Successful emergency measles immunization campaigns resulted in a drastic decline of measles cases from over 30,000 in 2001 to 15 reported in 2003. To sustain these gains and also respond to emerging measles cases in 2006, Zambia conducted a follow-up integrated measles campaign in July 2007. More than 2.1 million children aged 5-59 months were immunized against measles, including vitamin A supplementation, deworming and distribution of retreated bednets.
- After seven years of concerted efforts by the Ministry of Health, the World Health Organization (WHO) and UNICEF, Zambia achieved the level of less than 1 case of neonatal tetanus per 1,000 live births in each district and passed the Lot Quality Assurance (LQA) survey that validates the attainment of maternal and neonatal tetanus elimination (MNTE). The challenge however remains to sustain the efforts that led the country to achieve this commendable milestone.
- In August 2007 the Ministry of Health and partners distributed a record 1.4 million long-lasting insecticidal nets (LLINs), procured with funds from the World Bank and the Global Fund to fight AIDS, Tuberculosis and Malaria, at no cost to the recipient families in 29 districts of the Eastern, Northern and Southern emergency-prone provinces. UNICEF provided technical assistance during the central-level planning and monitored distribution in the districts. UNICEF also contributed US\$ 90,000 to support the district health management responsible for the transportation of LLINs to rural health centres and posts and for the training and mobilization of community members to participate in the mass distribution exercise.
- In line with the national prevention of mother-to-child transmission of HIV (PMTCT) and paediatric HIV care scale-up plan 2007-2010, UNICEF supported the expansion of PMTCT services in 2007. The availability of these services has increased from a dozen service centres in 2002 to 533 public health facilities in 2007, with 25 per cent of HIV-positive mothers receiving a complete course of antiretroviral prevention. By June 2007, 125,595 adults were on antiretroviral treatment (ART). Voluntary counselling and testing (VCT) is now offered at over 250 public centres in all 72 districts. UNICEF contributed to the supply of VCT HIV test kits in 2005 and 2006. Within one year the number of children on ART increased from 3,500 (Sep06) to 10,960 (Aug07). Partial procurement of ART drugs is done by UNICEF with resources from the Global Fund.
- During February 2007, 810 kits of classroom supplies were handed over to the Ministry of Education for distribution to flood-affected schools in six out of nine provinces. The kits included essential teaching/learning materials such as blackboards, rulers, chalk, pencils and exercise books.
- Along with the provision of classroom supplies for flood-affected schools, UNICEF supported the orientation of 840 teachers in five provinces and all Ministry of Education Standard Officers in nine provinces on the new curriculum and teaching methodologies, and a comprehensive nationwide school mapping exercise of community schools.
- UNICEF supported the training of teachers (27 women and 34 men) to facilitate the inclusion of HIV and AIDS life skills education in school curricula and extracurricular activities. These teachers introduced life skills education in 61 community schools with a total enrolment of 20,044 children in five districts in Central province. In addition, peer educators (one girl and one boy) from the same schools received training to facilitate child-to-child life skills activities. With support from UNICEF the Ministry of Education

## UNICEF HUMANITARIAN ACTION REPORT 2008

trained 150 facilitators from non-governmental and community-based organizations, working primarily with out-of-school children in four provinces, on life skills education.

- UNICEF's advocacy on behalf of orphaned and vulnerable children led to improved planning, legal policy and programme reform, and to greater coordination between Government and other actors.
- UNICEF played a substantial role in developing nationwide social protection programming in response to the concern that basic services are not readily available on a universal basis, thus remaining often inaccessible to those in greatest need. As part of this, targeted support was offered to households unable to provide for even the most basic needs, notably where elderly people are struggling to bring up their orphaned grandchildren.
- Activities at local level included protection and care of children made vulnerable by diverse risks due to poverty, including abuse, violence and exploitation; training of 168 probation officers and 200 magistrates on gender-based violence, psychosocial support and juvenile justice; support to community awareness activities on abuse and violence in four provinces.

### 3. PLANNED HUMANITARIAN ACTION FOR 2008

#### **Coordination and partnership**

The 2007-2010 Country Programme has HIV/AIDS as an overriding focus, in collaborative action with other UN agencies. Effective coordination and partnership among the UN Country Team and other partners is ensured through various mechanisms such as the Expanded HIV/AIDS Theme Group, Disaster Management Consultative Forum, National Epidemics Preparedness Committee, National OVC Steering Committee, Health Sector Committee, Education Sector Strategy Coordination Committee, and School Feeding Programme Steering Committee. UNICEF is an active member of all these planning and coordination mechanisms.

#### **Regular programme**

The 2007-2010 Country Programme has four programme components – health, nutrition and HIV and AIDS; basic education, water, sanitation and hygiene; and child protection – with a pre-eminent focus on HIV and AIDS throughout all programmes. At the same time emergency preparedness and response will be thoroughly integrated into all programme components.

#### **Health, nutrition and HIV and AIDS (US\$ 4,000,000)**

During 2008, the overall goal is to minimize the impact of both AIDS and the ongoing food crisis on the health and nutritional status of under-five children and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation, malaria prophylaxis and PMTCT Plus services. Specific interventions will include:

- Support the nutritional surveillance system in 10 sentinel sites to monitor changes in the nutritional status of vulnerable populations, measure the impact of food and nutrition interventions, and provide timely data for adapting programme interventions; (US\$ 600,000)
- Support the rehabilitation of severely malnourished children through training and capacity-building in the management of severe malnutrition; provide therapeutic food (F75, F100, Plumpy'nut, antibiotics, cooking sets) and technical assistance; (US\$ 600,000)
- Strengthen existing disease surveillance, recognition and response system; provide essential drugs and equipment to 500 health centres, and ensure adequate monitoring and response capacity for the management of cholera outbreaks; (US\$ 600,000)
- Provide micronutrient supplements to 500,000 children and 300,000 pregnant and lactating women (vitamin A, iron/folic acid); (US\$ 200,000)
- Support malaria prevention and control through the distribution of 300,000 impregnated mosquito nets and antimalarial drugs; (US\$ 400,000)
- Ensure targeted measles vaccination of under-15-year-olds in vulnerable areas; procure measles vaccines for 500,000 children, including auto-disable syringes and safety boxes; (US\$ 300,000)
- Maintain/increase expanded programme on immunization (EPI) coverage, supporting cold chain maintenance and improving injection safety; (US\$ 200,000)
- Support awareness campaigns on PMTCT targeting 500,000 pregnant women; (US\$ 150,000)

## UNICEF HUMANITARIAN ACTION REPORT 2008

- Provide supplies and equipment (drugs, hemocues, CD4 machines) for PMTCT and paediatric HIV care services for 500,000 pregnant women; (US\$ 800,000)
- Provide HIV counselling and testing to 500,000 women and children (test kits, staff support); (US\$ 150,000)

### **Water, sanitation and hygiene (US\$ 1,410,000)**

In 2008 UNICEF will intensify coordination, planning and implementation of emergency water and sanitation interventions in flood-affected and drought-prone districts in Southern, Western and Eastern provinces of Zambia. The following interventions can be expected to be implemented in 2008 in collaboration with the Ministry of Local Government and Housing, Ministry of Education, NGOs and UN development partners:

- Coordinate NGOs working in water, sanitation and hygiene emergency response through the National NGO WASH Forum, with additional coordination meetings as required during emergencies; (US\$ 20,000)
- Undertake contingency planning with NGO WASH Forum and preposition emergency water and sanitation supplies and equipment; (US\$ 100,000)
- Construct/rehabilitate water sources (approximately 100 boreholes) at an estimated cost of US\$ 3,500 per water source; (US\$ 350,000)
- Construct/rehabilitate latrines (separated for boys and girls) and handwashing facilities, and promote hygiene education and hygiene awareness programmes in 200 schools at an estimated cost of US\$ 1,500 per school; (US\$ 350,000)
- Procure/distribute 20-litre jerrycans for 200 schools for water storage and chlorine for water treatment at an estimated cost of US\$ 500 per school; (US\$ 120,000)
- Support programme in 10 districts (district coordination, technical assistance for water, sanitation and hygiene assessment and strategic planning, logistics, communications, etc.) at an estimated cost of US\$ 5,000 per district; (US\$ 50,000)

### **Education (US\$ 1,550,000)**

In 2008 UNICEF will continue assisting the Ministry of Education to respond to the damages caused by the 2007 flooding and be prepared to respond to future emergencies that are likely to disrupt access to education. The following interventions can be expected to be implemented in 2008 in collaboration with the Ministry of Education, NGOs and UN development partners:

- Provide construction materials for the rehabilitation of approximately 255 severely damaged school sites; (US\$ 600,000)
- Procure/distribute recreational kits and school supplies to 300 schools affected by potential emergency; (US\$ 250,000)
- Provide temporary school/classroom structures as necessary in emergency situations; (US\$ 300,000)
- Train 1,000 teachers, with particular emphasis on HIV and AIDS and child protection issues; (US\$ 350,000)
- In order to effectively implement education in an emergency situation, the UNICEF Education Section will require additional technical support to manage and coordinate the implementation of the above activities, including monitoring and evaluation, in collaboration with education colleagues and development counterparts. (US\$ 50,000)

### **Child protection (US\$ 750,000)**

In 2008, UNICEF will continue to mitigate the negative impact of violence and sexual abuse on children as well as extend the coverage of interventions to provide adequate care and support to OVC, based in their family and community, through the following key activities:

- Support further consultations on the draft bill on gender violence and promote its enactment; (US\$ 60,000)
- Train 90 community facilitators on the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other humanitarian principles to raise awareness on the rights of children and women in 100 communities in 18 districts, targeting traditional leaders, teachers, social workers, relief workers and other key community members; (US\$ 60,000)
- Train 100 community welfare assistance committees to monitor abuse and gender-based violence and to provide psychosocial support to victims of violence and to vulnerable households caring for OVC; (US\$150,000)

## UNICEF HUMANITARIAN ACTION REPORT 2008

- Train at least 300 law enforcement officers in the Victim Support Unit of the Zambian Police on human rights instruments and the management of cases of abuse; (US\$ 80,000)
- Support Community Welfare Assistance Committees (CWACs) in 18 districts to strengthen coping mechanisms for elderly-headed households caring for OVC and facilitate their access to basic social services. (US\$ 250,000)
- Provide technical assistance to implement and monitor child protection emergency interventions. (US\$ 150,000)