

Zambia

Executive Summary

This year marked the end of the 2011-2015 Programme of Cooperation. In 2015, UNICEF Zambia, working with the Government of Zambia (GRZ) and other cooperating partners, made significant contributions toward the realisation of the rights of children. These include:

The Social Cash Transfer (SCT) coverage recorded a 35 per cent increase: from 130,000 to 200,000 households. To enable Government to effectively reach these households, UNICEF Zambia supported the strengthening of national targeting and cash delivery systems and advocacy and coordination efforts, which resulted in an increase in budgetary allocations of more than 100 per cent between 2014/2015 and 2016.

A total of 46 districts have scaled-up the water, sanitation and hygiene (WASH) management information system (MIS) through real-time monitoring (RTM), using mobile-to-web technology. The latest WASH MIS report shows that 1,161,126 additional people gained access to improved sanitation, bringing the cumulative total to 3,128,126 million new users and coverage of 68 per cent of households with a hand-washing facility.

Full implementation of the European Union (EU)-funded Millennium Development Goal initiative (MDGi) programme commenced in 2015. The programme will contribute to the improvement of reproductive, maternal, new-born and child health (RMNCH) and nutrition services, with a focus on 11 districts hosting 30 per cent of the population (4.1 million people). In preparation for 2016, technical support was given to the Government at the national level through the mid-term expenditure framework (MTEF) 2016-2018, for evidence-based planning. All MDGi interventions are aligned to Government plans and priorities.

UNICEF Zambia supported a ground-breaking qualitative study on child marriage, based on which the Government has come up with a consortium of 11 ministries aimed at ending child marriage (ECM), while civil society organisations (CSOs) formed an ECM network supported by the governments of Canada and the United States and the UK Department of International Development (DFID). Child marriage is a multifaceted issue requiring a multi-sectoral response for effective results. Through this partnership, a national strategy on ending child marriage was drafted.

In some areas UNICEF Zambia faced constraints in meeting the planned results of the Country Programme. One was the estimated 700,000 children currently out of school in Zambia, a number that has been rising for the past several years due, in part, to the country's rapidly growing population and the limited resources available to expand education facilities at an equivalent pace. UNICEF continued to support the Ministry of General Education (MGE) in addressing this issue. A study on out-of-school children (OOSC) in Zambia was published, with intent to progress toward development of an OOSC strategy within the MGE. The development of the strategy became stalled, but will be prioritised in the next Country Programme.

Coordination of refurbishment of health facilities under the MDGi programme was another

challenge for the first half of the year. Ongoing efforts, in coordination with the Government, should re-enforce field monitoring and improve the quality and timely completion of the work.

To support the achievement of children's rights in Zambia, UNICEF forged a number of collaborative partnerships. The following three represent a representative sample. To implement MDG1, UNICEF works with the EU, World Health Organisation (WHO) and UN Population Fund (UNFPA). UNICEF Zambia also started coordinating with other partners working with Government to implement similar health system-strengthening programmes in other parts of the country, such as DFID, the Swedish International Development Agency (SIDA) and the World Bank.

UNICEF Zambia strengthened its capacity in the field of public finance for children. This facilitated steps towards developing partnerships in this area of work, with local think-tanks, civil society organizations (CSOs), the International Monetary Fund (IMF), and the Ministry of Finance (MoF). These partnerships were indispensable for successful budget advocacy.

UNICEF Zambia co-chaired, with the World Food Programme (WFP), the United Nations (UN) nutrition technical working group (TWG), working to promote UN coherence in supporting Government activities in the Scaling-Up Nutrition movement and the National First 1000 Days programme. The National Food and Nutrition Commission, the Government advisory wing, was supported to host a national dialogue on priority areas, in order to strengthen the multi-sectoral approach for addressing stunting.

UNICEF Zambia led advocacy and technical support from the WASH cooperating partner group, resulting in formal Government engagement in creating a full-fledged Water Supply and Sanitation Directorate within Ministry of Local Government and Housing (MLGH) to address the critical capacity gap for management and coordination of the WASH Sector.

Humanitarian Assistance

During the reporting period, there were no major humanitarian situations that required UNICEF Zambia response. The Country Office was compliant with UNICEF's corporate early warning/early action preparedness benchmarks, having all sectors and sections updated and in a state of readiness. As part of the Country Office strategy to build capacity of various partners to prepare for and respond to humanitarian situations, UNICEF Zambia supported responsible government partners led by the Disaster Management and Mitigation Unit (DMMU), in the Office of the Vice President.

UNICEF Zambia supported DMMU, line ministries and NGOs with technical and logistical assistance to undertake an in-depth vulnerability and needs assessments in 48 most vulnerable districts. The assessment found that some areas had experienced a reduction in maize production by as much as 38 per cent, and would require food assistance. Relief food was being distributed as of September 2015 by the Government to affected households (including 2,210 schools with school feeding) in 31 of the 48 districts of Central, Eastern, Luapula, North-western, Southern and Western Provinces. For the 2015/2016 rainy season, El Niño is likely to lead to more prolonged dry spells in the southern half of the country and flash floods in most low-lying areas along major rivers, (particularly the Luangwa and Zambezi), including urban flood-prone settlements characterised by poor infrastructure and drainage, thus threatening agricultural production and exacerbating the risk of food and nutrition crises and disease outbreaks in these areas. Subsequently, together with other UN and non-UN partners, UNICEF Zambia supported DMMU in making the 2015/2016 contingency plan to respond with pre-

emptive food assistance. As part of capacity development for humanitarian action preparedness for disease outbreaks, UNICEF Zambia, in partnership with DFID, supported prepositioning of essential medicines and supplies through MOH and the Ministry of Community Development/Mother and Child Health (MCDMCH) in the 26 epidemic-prone districts.

Some 21 districts reported experiencing lowering of the groundwater table hence drying of some water points, especially those using shallow wells and scoop holes, resulting in longer waiting times and queues to collect water. UNICEF Zambia responded to this situation through its WASH programme by integrating DRR and resilience-building, through the drilling of 58 water points in hard-to-reach areas most prone to water-borne diseases (including islands).

UNICEF Zambia supported the districts with emergency operational funds (US\$5,000 each) for investigation, support supervision and response activities. To enhance knowledge and skills and build resilience in integrated disease surveillance and response, UNICEF Zambia supported the MoH/MCDMCH headquarters, provincial health offices (North-Western, Luapula, Copperbelt, Southern, Central and Western) and Defence health personnel to conduct trainings. A total of 80 health staff were oriented in the principles of integrated disease surveillance and response, a WHO-initiated strategy aimed at improving the ability of districts to detect and respond to diseases and conditions that may cause high levels of morbidity, disability and mortality. The trainings enhanced the capacity of surveillance and public health personnel involved in disease outbreak detection, investigation, response, evaluation and feedback.

Following the training, government departments set up rapid response teams from MoH/MCDMCH that investigated disease outbreaks in Western, Northern, Central, Luapula, Eastern, North-Western, Lusaka and Copperbelt provinces. Emergencies responded to include a localised cholera in a few districts and dysentery and typhoid in a number of districts, including Lusaka. The training of health staff, prepositioning of emergency supplies, water provision in needy districts, promotion of community-wide sanitation through community-led total sanitation (CLTS) and provision of emergency funds all contributed to avert large-scale water borne disease outbreaks.

Zambian children continued to experience the impacts of: (a) poor performance of commodity prices in the international market, particularly copper prices, (b) weakening of the local currency (Kwacha) against the US dollar and the South African Rand, (c) poor 2014/2015 seasonal rains with resultant deficit in electricity generation capacity and (d) uncertainty relating to the short interval between the 2015 presidential election and the 2016 general election, coupled with the constitution-making process.

UNICEF Zambia partnered with UN agencies to support the capacity of DMMU and line ministries to assess and monitor the impact of the economic situation on children – particularly in urban areas of Zambia, which rely on markets for household food – across all sectors, including water and sanitation, education, agricultural and livestock, food security, nutrition, health and social protection. UNICEF Zambia continued to provide support to the GRZ social cash transfer programme that has over 180,000 households enrolled and that addresses multiple vulnerabilities including chronic poverty, HIV/AIDS and disability.

Mid-term Review of the Strategic Plan

Zambia has one of the fastest urban growth rates in the sub-region, resulting in a growing number of urban poor in peri-urban areas and increased numbers of vulnerable children (poverty, disease, violence and abuse). The scale and depth of urban poverty in Zambia is

probably underestimated by official poverty analyses. In response to this issue, the GRZ and partners tend to focus support for urban areas in formal settlements, whereas the poorest population are found in informal settlements. Over the past few years, Zambia has experienced a challenging economic outlook (depreciating currency, inflation, erratic and low rainfall), which is likely to put pressure on livelihoods and budgets. UNICEF Zambia will intensify advocacy and technical support around key social sector budgets to ensure more efficient allocations and spending, in particular, and to enhance its emergency response preparedness capability. Despite Zambia's classification as a lower-middle-income country, significant parts of the country face classic challenges that are characteristic of low-income countries. UNICEF Zambia's strategy has continued to be a mix of innovative support to service delivery while, concurrently, supporting actions to ensure national and sub-national level capacity to provide and monitor service delivery for children.

In 2015, UNICEF Zambia's programme of support reinforced four lessons in relation to implementation of the Country Programme to deliver results for children.

First is the potential of using cash transfer programmes (which are expanding throughout Eastern and Southern African as an entry point for multi-sector programming. Through a multi-year impact evaluation, UNICEF Zambia learned about the wide scope of impacts under Zambia's (unconditional) cash transfer programme. In a context in which poverty is a key contributing driver of child deprivation in several dimensions, addressing household poverty and resilience is a prerequisite for reducing these deprivations. In addition, UNICEF Zambia's experience is that expansion of cash transfer programmes tends to come with stronger social welfare sectors, which provide a concrete platform for reaching families. This, in turn, constitutes a major window of opportunity for referrals and programme linkages. This deserves more attention within governments and UNICEF country programmes. UNICEF Zambia and the GRZ have started work on operationalising linkages between cash transfers and HIV prevention.

Second is the need for continued engagement of sub-national structures across all sectors and the role that two-way communication between national and sub-national levels plays in strengthening programme management. The provincial structures have been essential in anchoring technical oversight to districts and facilities as schools and hospitals, ensuring that programme interventions are supported. In addition, programme data-management continued to be a challenge in terms of completeness, accuracy and timeliness, making evidence-based dialogue and decision-making difficult. Support for enhancing data management systems, with a focus on data quality assurance and follow up with lower levels, greatly assisted in improving the reporting rate and quality of reports.

Third is that reaching the most vulnerable communities in rural areas requires joint support from several sectors: WASH, health, education and traditional sectors notably (respectively represented by these line ministries: MLGH, MoH, MGE and Ministry of Chiefs and Traditional Affairs (MoCTA). In this framework, appropriate coordination mechanisms are required at the decentralised level (districts, provinces, chiefdoms) to ensure that extension workers/stakeholders play their role in key national programmes and are accountable. In this context, UNICEF Zambia provided decentralised technical support through technical advisors, NGOs, community volunteers and chiefs to make critical achievements at the grassroots level.

The fourth lesson relates to the current global campaigns on child marriage and violence against children, which helped support the work and collaboration at national and sub-national levels. A good example of this global partnership is that of the Canadian and Zambian

Governments in 2014 when they co-sponsored a resolution at the UN on ending early, forced and child marriages, which has now been brought to the country level. UNICEF Zambia is making use of the structures of its organisation from global, regional to country level to bring an end to child marriage, programming its strengths in terms of knowledge generation and sharing, partnership building and advocacy to initiate evidenced-based and sustainable changes at the country level. Zambia hosted the first African Union Girls' Summit in November 2015, demonstrating the importance of international campaigns in reinforcing national programmes.

Summary Notes and Acronyms

ACRWC - African Charter on the Rights and Welfare of the Child
AMP - Annual management plan
ANC - Antenatal care
CCTV - Closed circuit television
CDC – Centre for Disease Control
CEDAW - Convention on the Elimination of all Forms of Discrimination against Women
CHAZ - Churches Association of Zambia
CIDRZ - Centre for infectious disease Research in Zambia
CLTS – Community-led total sanitation
CMT - Country management team
CPAT - Common premises administrative team
CPMP - . Country programme management plan
CPs - Cooperating partners
CRC - Convention on the Rights of the Child
CRPD - Convention on the Rights of Persons with Disabilities
CSC - Commodity security centre
CSOs - Civil society organisations
DMMU - Disaster Management and Mitigation Unit
DRR - Disaster risk reduction
DMMU - Disaster Management and Mitigation Unit
ECD - Early childhood development
ECM - Ending Child Marriage
EID- Early infant diagnosis (of HIV)
EGPAF - Elizabeth Glazer Paediatric Aids Foundation
EMIS – Education management information system
GBV – Gender-based violence
GFATM – Global Fund for AIDS, Tuberculosis and Malaria
GRZ – Government of the Republic of Zambia
HACT - Harmonised approach to cash transfers
HTC – HIV testing and counselling
HMIS - Health management information system
H-Well - Health and wellbeing survey
iCCM- Integrated community case management
ICT4D - Information communication technology for development
ILO - International Labour Organisation
IMAM - Integrated management of acute malnutrition
IMF - International Monetary Fund
IOM - International Organisation for Migration
IRI - Interactive radio instruction methodology
IYCF - Infant and young child feeding

KPIs - Key performance indicators
 MCDMCH - Ministry of Community Development Mother and Child Health
 MCDSW - Ministry of Community Development and Social Welfare
 MDG - Millennium Development Goal
 MDGi- Millennium Development Goal initiative
 MGCD - Ministry of Gender and Child Development
 MIS - Management information system
 MLGH - Ministry of Local Government and Housing
 MNCH – Maternal, new-born and child health
 MNP - Micronutrient powder
 MOCTA - Ministry of Chiefs and Traditional Affairs
 MoE - Ministry of Education
 MoF - Ministry of Finance
 MoGE – Ministry of General Education
 MoJ – Ministry of Justice
 MoH – Ministry of Health
 MSL - Medical Stores Limited
 MTEF - Medium-term expenditure framework
 NGO - Non-governmental organisation
 NOP - Nutritionists’ orientation package
 ODF - Open defecation-free
 OMT - Operations management team
 PCA - Programme cooperation agreement
 PMTCT – Prevention of mother-to-child transmission
 PSCM - Procurement and supply chain management
 RCT - Randomized control
 RTM - Real-time monitoring
 SAM - Severe acute malnutrition
 SLIP- School-level improvement plans
 SCT - Social cash transfer
 SDG(s) – Sustainable Development Goal(s)
 SOP - Standard operating procedures
 SRH - Sexual and reproductive health
 SUN - Scaling-up Nutrition
 TWG - Technical working group
 UN - United Nations
 UNDP - United Nations Development Programme
 UNDSS - United Nations Department of Safety and Security
 UNFPA - United Nations Population Fund
 VAC - Violence against children
 VMMC - Voluntary medical male circumcision
 WASHE - Water Sanitation and Hygiene Education
 WFP - World Food Programme
 WHO - World Health Organisation
 ZCHARD - Zambia Centre for Advanced Health Research and Development
 ZPPA - Zambia Public Procurement Authority

Capacity Development

UNICEF Zambia’s support for the U-Report continued in 2015, with more than 89,000 young people reached through SMS with information on HIV, availability of services and participation in

behaviour-change communication among young people. In the SCT programme, UNICEF Zambia supported MCDMCH to design a mechanism to address grievances for potential beneficiaries of the cash transfers. UNICEF Zambia also supported the implementation of a decentralised MIS by training district-level cadres on the use and administration of the system.

Similarly UNICEF Zambia supported the implementation of child-friendly procedures to ensure justice for children by training of new magistrates and police officers from the child protection unit. The Zambia Police Service conducted an assessment of the training curriculum for its colleges and conducted an assessment of community perceptions of police attitude towards children in contact with the law. The latter is being used to design a course for police on handling cases affecting children.

UNICEF Zambia supported the development of Zambia's Open Defecation-Free (ODF) Strategy 2020, the WASH Capacity Development Strategy and the National WASH MIS. Training was given to government officers at national and district levels on procuring and managing contracts, coordination, planning and results-based reporting. Under the MDGi programme, UNICEF Zambia supported MCDMCH to develop a communication strategy based on neighbourhood health committees.

Through UNICEF Zambia's advocacy, a directorate for early childhood education was established in the MoGE, which also received support to train head teachers on implementation of inclusive education and provincial and district staff on education standards and evaluation guidelines.

As part of the Country Office strategy to build capacity of various partners to prepare for and respond to humanitarian situations, UNICEF Zambia supported responsible government partners, led by DMMU, to build capacity within national systems to respond to emergencies.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Zambia supported the preparation of several reports from the multi-year impact evaluation of Zambia's SCT programme. The findings from these reports informed an advocacy initiative to increase Government budget allocation for cash transfers. This initiative focused on highlighting poverty reduction and the economic and productive impacts of SCT to key influential stakeholders, including the IMF and MoF and presenting the SCT as a reliable and affordable destination for investments in poverty reduction, with a high rate of return. Government eventually increased the SCT budget for 2016-2018.

UNICEF Zambia supported the MoCTA to conduct a qualitative study on the dynamics leading to child marriage in Zambia. The findings informed the development of the national end child marriage strategy, which awaits endorsement by the 11 ministries comprising the consortium on ending child marriage. The findings refined the country narrative on child marriage, where the practice is often portrayed as a 'cultural practice'. The study concluded that in the vast majority of cases, child marriage is less a 'cultural practice' than a reflection of social and economic inequality. UNICEF Zambia used the study findings to lobby for a multi-sectoral response to tackle the challenge of child marriage.

UNICEF Zambia supported the MOH to pilot the home fortification project, a community-based intervention to addressing iron deficiency and anaemia among young children aged six-to 23 months. Evidence from the operational research that accompanied this pilot shows that micronutrient powder (MNP) is effective in reducing the prevalence of iron deficiency anaemia in

young children. The MoH worked on a scale-up plan to integrate home fortification into national programmes.

UNICEF Zambia supported Child Development Department and NGOs to prepare the Government and NGO reports on implementation of the Convention on the Rights of the Child (CRC) in Zambia. The two reports provided valuable analysis of the status of children's rights in Zambia.

Partnerships

UNICEF Zambia supported the GRZ to finalise the country's pledge to the global strategy for women's, children's and adolescents' health (2016-2030). This is part of a global effort to galvanise all stakeholders' capacities in improving women's, children's and adolescents' health and wellbeing. Zambia submitted its pledge for continued increases in the budget allocation for health sector, support for initiatives such as immunisation and SUN and increasing the capacity of health workers.

UNICEF Zambia, through the civil society alliance for SUN (CSO-SUN) engaged the caucus of parliamentarians to raise awareness and garner their involvement in advocating for inclusion of nutrition in national development plans.

To enhance the capacity of officials in the MCDMCH, UNICEF Zambia supported participation of a high-level delegation led by the Minister in the 'Third Call to Action (A Promise Renewed)' summit in New Delhi. The Government appreciated good examples of key high-impact interventions and commitments to taking interventions to the last mile. This has contributed to discussions on adopting a sustainable community health worker strategy.

UN agencies (International Labour Organisation, ILO; International Organisation for Migration, IOM; UNICEF; and WFP) partnered with DFID, Irish Aid, and the Finnish and Swedish governments to support the implementation of Zambia's social protection policy in a coherent and well-coordinated manner. The joint cooperating partners' advocacy, coordinated by UNICEF, contributed to a 66 per cent increase in the 2016 GRZ budget for SCTs.

In 2015, UNICEF Zambia continued to engage the private sector on mobilising resources for children. Initial discussions were held with Airtel, Stanbic Bank Zambia Ltd, Samsung and Barclays Bank. Discussions include how businesses can support the Children's Rights and Business Principles initiative.

To promote civil society voice on child rights, UNICEF Zambia initiated strategic partnerships with UNFPA, Save the Children and Plan International, particularly on the campaign on ending child marriage.

External Communication and Public Advocacy

UNICEF Zambia made presentations to the pre-sessional working group on the Committee on the Rights of Children and provided an assessment on the progress GRZ is making in protecting the rights of children in Zambia. UNICEF also supported the preparation of the GRZ report on the CRC and the alternative civil society report on the CRC. This engagement, together with presentations made to the Parliament, has galvanised efforts for the enactment of the Children's Bill that is currently being discussed in Parliament.

Building on the robust climate ambassadors programme, UNICEF Zambia partnered with the

Zambia Wildlife Society to support over 200 school-based clubs whose mandate is to promote child and adolescent participation in environmental sustainability through the child ambassador programme. One of the ambassadors was selected to be part of the GRZ delegation to the 2015 Paris climate change conference. Climate ambassadors planted over 30,000 trees in 2015.

Together with UNFPA and supported by DFID and the Government of Canada, UNICEF Zambia supported GRZ (coordinated by Ministry of Gender and Child Development) to host the first African Union Girls Summit on Ending Child Marriage. The main objective of the summit was to share experiences, good practices and challenges to ending child marriages at the country, regional, continental and international levels. The summit was also structured to secure commitments from stakeholders, notably governments, to invest more on ending child marriage in their respective countries.

UNICEF Zambia, in coordination with WHO and UNFPA, supported the partnership for maternal, new-born and child health (PMNCH) to hold a board meeting and draft the post-MDGs strategy. The event was particularly important to maintain focus on the unfinished business of high maternal and neonatal mortality rates in Zambia.

South-South Cooperation and Triangular Cooperation

UNICEF Zambia supported MCDMCH to invite officials from the Zimbabwe Government to explore options for effecting payments for SCT, based on experience in Zimbabwe. Consequently, the ministry is evaluating the option of using security firms, particularly in urban areas, for effecting cash transfer payments with improved efficiency and timeliness of payments in support to vulnerable children – who are the primary targets of the SCT programme.

UNICEF Zambia's programme on hygiene and sanitation is known across the sub-region for the high level of Government ownership – particularly its engagement with traditional leaders. The MoLGH hosted two missions from Tanzania and Lesotho on scaling-up government-led hygiene and sanitation programmes with public funds. Zambia also participated in the 2015 AfricaSan Conference in Dakar, Senegal and received two of the six awards given out to governments, including an award for excellence in local leadership. In Zambia, the number of new users of improved sanitation reached 3.1 million, which included an estimated 1.4 million children. Zambia contributed to the Mozambique Government-organised MozSan Conference and a training of sanitation cadres workshop organised by the Government of Namibia.

MCDMCH hosted senior officials from the Ghana Health Service to share good practices and lessons learned about integration of prevention of mother-to-child transmission of HIV (PMTCT), early infant diagnosis (EID) and paediatric treatment, care and support services into maternal, new-born and child health programmes.

Zambia hosted a regional workshop involving 10 countries (eight bordering Zambia and South Africa) on protecting children at high risk of trafficking and exploitation due to migration. Zambia is often a transit country for people moving from the DRC, Horn of Africa and Great Lakes region to South Africa. Workshop participants exchanged views on rights and vulnerabilities of children on the move, and integration processes. UNICEF Zambia, IOM and UNHCR provided technical support to Government under a Joint Programme funded by the EU.

Identification and Promotion of Innovation

UNICEF Zambia coordinated innovation initiatives through a cross-sectoral working group that focused on harmonising efforts around the use of innovative tools to generate results for

children. The use of information communication technology for development (ICT4D) tools for strengthening RTM and increasing beneficiaries' engagement in Government programmes is a core area of support. Programme Mwana, which uses rapid SMS communication to transmit early infant HIV diagnosis results, is now being used by the MoH for antenatal care (ANC) health information monitoring and a new m-Vaccination initiative for RTM is being built using the same SMS platform.

The MoLGH was supported with RTM of the sanitation conditions of approximately 3 million people. SMS data were collected routinely by community champions and transmitted to an adapted version of the open source district health information system II, which generates progress dashboards for coverage monitoring from community to national levels. The system also resulted in greater accountability, better data quality and high cost-efficiency per village targeted.

The U-report tool currently has 89,000 adolescent and youth who are able to access a free, confidential SMS advice line for HIV and sexual reproductive health (SRH). Use of the tool for polls, campaigns and reporting is being expanded, with the tool used to promote HIV testing and to assess the reach of HIV campaign messages. The potential of the tool to support RTM of the quality and utilisation of high-impact HIV and SRH services by adolescents will be explored further in 2016.

BongoHive, an NGO dedicated to facilitating technological entrepreneurship, was supported in 2015 to manage an 'innovative ideas challenge'. Seven groups of innovators and entrepreneurs are currently being assisted by BongoHive to develop competing Zambia-specific ICT solutions for undertaking social mapping and tracking maternal, new-born and child health (MNCH) service utilisation.

Support to Integration and cross-sectoral linkages

Child marriage is a multifaceted issue requiring a multi-sectoral response for effective results. The Government has put in place a consortium of 11 ministries on ending child marriage, while CSOs have formed a network on ending child marriage. UNICEF Zambia has thus supported the Government in the development of a multi-sectoral strategy to end child marriage.

Preliminary data from the 2015 VAC Survey was released by the Government. From the evidence generated, a national strategic communication and advocacy campaign will be developed for political and social mobilisation. A commitments document on strategies for responding to VAC was also elaborated. For adoption of the document, engagement from other line ministries, such as, health, education, justice, home affairs, chiefs and traditional affairs, gender and child development is required to develop a multi-sectoral national response plan.

UNICEF Zambia is supporting the Ministries of Home Affairs and Health to strengthen the birth registration system. Birth registration services are being decentralised through selected health facilities, with the aim of registering under-five children at birth at the community level. The Births and Deaths Act is also being amended to allow for birth certification at the sub-national level, through UNICEF's support to MoHA, the Ministry of Justice (MoJ) and the Zambia Law Development Commission.

Cross-sectoral linkages in the WASH sector were enhanced, including through: the provision of WASH package in schools, developing guidelines to scale-up menstrual hygiene management to enhance education performance for adolescent girls and development of a WASH package

for improved infection prevention and control in health facilities.

HIV-sensitive social protection commenced in 2015, with support from the Dutch Government. UNICEF Zambia facilitated the design and operationalisation of linkages between cash transfers and HIV services. Adolescents in SCT-beneficiary households in selected communities now benefit from a mix of SCT and HIV services in their local clinics.

Service Delivery

Zambia's demographic and health survey (ZDHS) and UNICEF Zambia supported baseline studies on key MNCH&N indicators in 11 districts, which were used to inform the MDGi programme design. UNICEF Zambia also supported the national Government, through the medium-term expenditure framework (MTEF) for evidence-based planning, implementation, monitoring and supervision of integrated health and nutrition services in 11 districts, covering 4.1 million people. An assessment of 55 emergency obstetric and new-born health facilities in 11 districts for refurbishment, construction and equipment was completed. Refurbishments are now ongoing in 19 facilities and all 55 are expected to be completed in 2016. Equipment and supplies (including delivery beds and incubators for new-born care) were procured and distributed to 22 facilities. Procurement for the remaining 33 is ongoing.

Technical support was given to the Government for quarterly monitoring for action meetings in 11 districts, to review key indicators and augment data use. Support will start in early 2016 to improve on timeliness, completeness, accuracy and use of data from the health management information system (HMIS).

UNICEF Zambia supported the development and implementation of school-level improvement plans (SLIP) focusing on school management capacity and creation of child-friendly schools in 424 schools. Community involvement through SLIP, training of 60 community action groups and parenting education activities (reaching 3,591 primary caregivers) re-enforced accountability.

UNICEF Zambia supported 165,000 people to gain access to safe drinking water through support for the construction of 420 new water sources, 58 manual drilled boreholes and 200 rehabilitations. Village water committees (460 new and 200 old) were strengthened for better management of water points in 20 districts. The newly developed MIS based on DHIS-2 provided planning information for water supply. Through marketing and building capacity of traditional leaders, 885,000 new users, covering 60 per cent of households, were reached with improved sanitation.

Human Rights-Based Approach to Cooperation

UNICEF Zambia supported the GRZ and NGOs to prepare the Government and NGO report on implementation of the CRC in Zambia. The two reports provided a valuable analysis of the status of rights of children in Zambia. The Committee on Child Rights reviewed the reports and made observations for GRZ response.

UNICEF Zambia supported the Government during the consultative review process to review the national child policy, suggesting strategic directions for strengthening the components of the child protection system (now approved) and the social welfare policy (still in draft). The result of consistent advocacy and evidence-generation from pilot districts influenced the amendment and adoption of the Birth and Death Registration Act.

With UNICEF Zambia support the Government, through the MCDMCH, finalised the draft of

foster care, adoption and family tracing and reintegration guidelines. This is a first step to concretise the child care reform initiative aimed at ensuring accountability in child care facilities.

UNICEF Zambia further supported the incorporation of child rights, child justice and child protection concepts into the Zambia Police's new training curriculum, with a strong focus on the CRC, Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), African Charter on the Rights and Welfare of the Child (ACRWC) and Convention on the Rights of Persons with Disabilities (CRPD) provisions on children. The Child Code Bill was also drafted to facilitate the harmonisation of legislation related to child welfare.

The Zambia Education Act of 2011 was reviewed with a view to ensuring that children's right to education in a safe and protective environment is respected. UNICEF Zambia, through its partners, held advocacy campaigns with parents and policy-makers around early learning, resulting in increased commitment from traditional chiefs to support the uptake of early learning in their respective chiefdoms. Communities were further engaged in addressing social-cultural impediments to education. This contributed to the retrieval of more than 538 out-of-school learners.

Gender Mainstreaming and Equality

An integrated approach to gender-focused programming is being applied by UNICEF Zambia, with focus on strengthening the linkages between child marriage, teenage pregnancy, gender-based violence (GBV) and HIV. Ending child marriage was the most significant gender intervention. A qualitative assessment of the causes of child marriage in six districts was conducted with the findings supplementing data from the 2014 ZDHS. This strategic information was used to finalise the draft National Action Plan to End Child Marriage, which has a multi-sectoral approach to addressing the issue overseen by a consortium of ministries. UNICEF convened a child marriage and teenage pregnancy stakeholders' meeting, prior to the AU Girls' summit, to gather evidence and strengthen programming partnerships for addressing the linkages between the two issues.

The ECM initiative is managed by the chief of child protection, supported by a child protection office and an education staff member. Approximately US\$500,000 was spent on the ECM initiative. The Office plans to mobilise around US\$2.5 million for this initiative in 2016.

The Office also has a significant inter-sectoral focus on gender-responsive adolescent health and HIV, with participation from the health, social policy and education sections. Adolescent girls have been prioritised within PMTCT and paediatric HIV services and a re-review of the MoH draft Operational Plan for PMTCT and paediatric treatment to ensure a focus on adolescent mothers. Nutrition and MNCH programming were engaged around the need to focus MoH managers on adolescent mothers and their children. UNICEF organised disaggregated adolescent age and sex data from the 2014 ZDHS which showed that HIV prevalence has been increasing among males while decreasing among females; the data were used to mobilise partners in the national adolescent health working group, to increase their focus on adolescent boys within their HIV prevention activities.

Environmental Sustainability

To reduce dependence of electric refrigerators, especially in rural areas, UNICEF Zambia in collaboration with JICA procured 300 solar refrigerators for health centres, overcoming the current energy challenges Zambia is facing and benefitting an estimated 1,667,300 children under five and 1,834,000 women of child-bearing age with immunisation services.

By promoting the low-cost manual on drilling in suitable areas, UNICEF Zambia contributed to increased affordability for safe drinking water by 240 per cent (from US\$6,200 to US\$2,600 per facility), allowed provision of safe drinking water sources in hard-to-reach environments (flooded areas, islands that heavy rigs cannot access) and contributed to significant savings in terms of carbon footprint (no hydrocarbon fuels required).

UNICEF Zambia also trained 250 child climate ambassadors to undertake awareness activities and community projects that included: planting 32,000 trees to help absorb carbon emissions, sensitisation of additional 28,000 children, launching 10 climate change adaptation projects (including; sustainable farming, sensitisation about alternative energy sources to charcoal burning); establishing 175 environmental clubs in schools. Twenty clubs were designated as environmental resource centres and media hubs used by children to research and produce multimedia content for social media and mass media programmes. In addition, 100 children in five provinces held meetings with leaders to discuss environmental challenges faced in their communities.

As part of the global initiative, the UNICEF Zambia Country Office completed the environmental footprint assessment in 2015. As this was the first year to record emissions systematically, some of the data were difficult to estimate. As a result, the Office intends to establish improved measurement systems in 2016. Overall, the emissions data for Zambia is quite low, reflecting the low emissions factor for hydro-generated electricity. Nonetheless, reducing consumption, increasing recycling, improving waste management and ensuring that procurement is from environmentally sustainable sources will be key priorities going forward.

Effective Leadership

The UNICEF Zambia Country Management Team (CMT) met monthly, with oversight of management, programme and operational key performance indicators (KPIs). Weekly key management indicators were shared by the M&E team to allow timely follow-up action. UNICEF had a number of additional office priorities focusing on improving quality assurance mechanisms and capacity.

The office prepared the country programme management plan (CPMP) for the new Country Programme 2016-2020. As part of the changes, attention was placed on strengthening staffing for programme planning, M&E and routine oversight, including budget and harmonised approach to cash transfers (HACT) management. A new unit was established to bring these key functions together under the Deputy Representative's office. The Office also received an internal audit visit, the outcome of which concluded that subject to implementation of the agreed recommendations, controls and processes were generally established and functioning during the period under review. Action plans are in place to close the recommendations completely within 2016.

The Office updated the risk assessment matrix at the start of the year, to inform the annual management plan (AMP) for 2015 and the preparation for the CPMP. A review of the matrix was conducted as part of the annual management review; relevant actions will be incorporated into the AMP for 2016. The review highlighted some significant changes in the operating context over the year.

Efforts continued to strengthen business continuity preparedness. An emergency task force is in place with representatives from each UNICEF programme section, supported by the Emergency

focal point, who coordinates with the DMMU.

Management relations with the Staff Association have been open and constructive, with active participation of the association in development of the CPMP. Further efforts were made to increase open communication through regular all-staff meetings.

Financial Resources Management

UNICEF Zambia continued to improve systems and procedures to ensure efficient, prudent and effective management of its financial resources. The CMT used the dashboards from Insight in its monthly meetings to facilitate review of progress and status of key management indicators. The Office closely monitored expenditures for all expiring grants.

The Country Office invested significant efforts in strengthening implementation of HACT, managed by a new, dedicated HACT post. Implementation plans for assessment, assurance and training activities were all completed at high levels. The Office also set up an improved system for analysing information from the HACT processes, so that it feeds into updated partner risk profiles and informs decision-making for future partnership management. UNICEF Zambia maintained the leadership of the UN HACT Working Group, which has also made progress, setting up a web-based portal for information-sharing.

All bank reconciliations were completed, uploaded and approved in VISION within the deadlines, with regular follow-up of the reconciling balances. A number of bank errors were identified through the process, which allowed for timely follow-up and resolution. Monthly financial closure and review of accounts was consistently performed.

The Office was included in the successful pilot implementation of the new bank transfer system, which has simplified bank transfer processes while improving the speed of payment transactions into vendor bank accounts.

As a follow-up to audit observations and to improve transaction process efficiency, the Operations team initiated a regular forum to meet with Programme colleagues to discuss and address process bottlenecks (payments, liquidations, procurement). This will be broadened in 2016 and progress monitored through measuring process timelines.

Fund-raising and Donor Relations

UNICEF Zambia engaged with donors and cooperating partners, resulting in an estimated US\$ 27,000,000 being raised in Other Resources (OR) from shared funding proposals. Out of 20 funding proposals developed, nine were funded, one was rejected and the rest rolled over with prospects of funding in 2016. Key donors included: national committees for UNICEF (Netherlands, Danish, German, Italian, Swedish, United Kingdom, and United States Fund), and Governments (Canada, DFID/UK, Finland, Ireland, Japan and Netherlands), as well as the European Commission.

The Country Office could not fully implement the updated resource mobilisation strategy. To increase funding for children, in light of learning from the 2011-2015 strategy, during the new Country Programme UNICEF will aim to streamline operationalisation of the updated strategy by taking into account positive trends in resource mobilisation and innovative strategies. These will include: proactive communication about the new programme to both traditional and potential donors, joint fundraising and advocacy with Government, creation and maintenance of resource mobilisation and leveraging tools, and emergency fundraising. A resource mobilisation task

force (RMTF) was set up, and is expected to ensure the implementation of the updated strategy. The RMTF will coordinate, set strategic direction, organise priorities for fundraising and optimise partnership opportunities and leveraging.

The quality of donor proposals and reports benefitted from the updated workflow processes for their preparation. The CMT monitored the status of donor reporting monthly, resulting in 98 per cent of donor reports being submitted on time.

Engagement with national committees remained a cornerstone of UNICEF's fundraising strategy, successfully hosting delegations from four National Committees (Netherlands, South Korea, U.S. and UK) and networking with UNICEF Germany.

The total funded OR was US\$ 65,617,233, of which US\$ 37.8 million was for 2015 with utilisation at 100 per cent and the balance US\$ 27.8 million re-phased to 2016.

Evaluation

The integrated monitoring and evaluation plan (IMEP) continued to be the key tool for prioritizing major evaluations in the office, with the M&E team as technical advisors for the evaluation function, providing technical support to the planning, management, response and dissemination of evaluations. The CMT ensured that the IMEP reflected strategic pieces of evaluation with clear linkages to stakeholder interests. The Standard Operating Procedures (SOP's) for management of the IMEP activities, developed in 2013 provided a good framework for facilitating IMEP development and monitoring of its implementation.

Six evaluations were planned, of which three were completed and the other three are due for completion in 2016. Those completed were:

- (a) Interactive radio instruction methodology (IRI) – a quasi-experimental evaluation of a pilot programme in early childhood education, which revealed that IRI contributed to positive learning outcomes for children in language, fine motor skills and problem solving. Development of a management response is underway.
- (b) SCT impact evaluation that was a final follow-up in a randomised control trial (RCT) series, aimed to show impact of SCT after 48 months of implementation, which revealed consistent impacts over the four-year period including, a 10 per cent reduction in extreme poverty and evidence that SCT served as an enabler for other services, such as, sanitation and infant and young child feeding (IYCF). This evidence was used in advocacy efforts resulting in a budget increase by Government to SCT of more than 90 per cent.
- (c) U-Report impact evaluation, which measured the impact of SMS-based campaigns on voluntary medical male circumcision (VMMC) uptake. This RCT found no significant impact of the intervention on VMMC uptake.

Additionally, to support capacity development of national evaluation capacity, UNICEF Zambia facilitated an assessment of existing evaluation capacities in Government and advocated for, and investment in, country-led evaluations.

Efficiency Gains and Cost Savings

As a member of the local UN operations management and common premises administrative teams (OMT and CPAT, respectively), UNICEF Zambia continued to benefit from significant economies of scale realised as part of the Delivering as One strategy. Benefits included common long-term agreements, duty-free fuel, common conference rooms, provision of rent-free offices, security, building maintenance, repairs and maintenance of equipment and motor

vehicles. Further efficiencies were gained due to reduction in staff time to evaluate bids, contract negotiation and awarding of contracts.

ZCO is housed at the UN House, enabling numerous cost-sharing mechanisms. The office is not subject to the commercial rates currently prevailing at US\$25/square metre per month around Lusaka’s central business district. With the current office space requirement for UNICEF Zambia of almost 2,500 square metres (due to increased staff recruitment), and costing almost US\$750,000 per annum against contributions to common services of around US\$300,000 per annum, this translates into an annual estimated savings of US\$450,000.

To help identify strategic areas for increasing common action among OMT member agencies, the OMT has been working on a revised business operations strategy for 2016-2020, with improved metrics to capture efficiency gains. In addition, in follow up to the environmental footprint assessment, UNICEF Zambia will establish clear guidance in 2016 for reducing emissions that will also reduce costs.

Supply Management

During the reporting period, supply components played a key role in supporting programme implementation, including supply plan forecasting, procurement of supplies and contracting of services.

UNICEF Zambia 2015	Value in US\$
Programme Supplies	4,514,329
Contracting of Services	7,507,876
Construction Services	754,261
Operational Supplies	392,373
Total	13,168,839

To enhance sourcing strategies, the Office developed an innovative, web-based supplier registration project. The on-line platform was finalised, and will be launched in the first quarter of 2016. Data collection of GPS coordinates for supply deliveries began in 2015, to support enhanced logistics and end-user monitoring, which will continue in 2016.

In addition, in 2015 the Country Office continued to support the GRZ with procurement services, valued at more than US\$23 million. UNICEF Zambia hosted a procurement services workshop in Lusaka in June 2015, with the support of UNICEF’s Supply Division. The workshop was an innovation intended to raise awareness among UNICEF Zambia’s partners and other stakeholders around the services that UNICEF can offer for national procurement. Participants represented entities such as: MCDMCH, MoE, MoF, Medical Stores Limited (MSL), Zambia Public Procurement Authority, United Nations Development Programme (UNDP) and the World Bank.

As a part of supply chain strengthening, UNICEF Zambia provided support to the MoH through the Essential Medicines and Logistics Improvement Programme to establish a commodity security centre at MSL. With UNICEF Zambia support, the country now has a national supply chain strategy in place, which has been adopted and communicated to cooperating partners in health. The Office also advocated for the inclusion of nutrition commodities on the essential drugs list, which is yet to be approved.

Security for Staff and Premises

In coordination with the local UN Department of Safety and Security (UNDSS) and the OMT, a number of security enhancements were implemented in 2015, including upgraded security access controls for the premises through improved chip-enabled access cards. Security for staff at the premises was supported by high-resolution, motion-activated digital closed circuit television (CCTV), which monitors the premises 24/7. Most staff members are issued radios and staff members receive monthly airtime to enable them communicate in case of an emergency. Significant security upgrades to the UN House compound and premises were planned for 2015 (managed by the common services team), but will be implemented in early 2016.

The Country Office also put a number of interventions in place to deliver programmes safely in the field. To ensure continuous communication between the office and staff in the field, vehicles have HF radios and when necessary, satellite phones are used by staff members, particularly when they go to areas with limited cell phone network coverage. The Office enforced the rule of not driving after 18:00 hours to reduce the risk of accidents due to poor visibility, and has devised fatigue-management measures by implementing guidelines that permit drivers to rest after covering a certain number of kilometres in a day. UNICEF's safe-travel guidelines were endorsed by UNDSS for adoption by all agencies in Zambia.

Minimum Operating Residential Security Standards are in place for international staff residences. Noting that there has been an increase in reported crime in Lusaka in 2015, (attributed to the worsening economic situation and long hours of darkness due to load-shedding) additional measures are being reviewed, notably the addition of generators.

Human Resources

As part of developing the new CPMP for 2016-2020, Zambia Country Office reviewed the overall staffing structure and mix against the planned results of the Country Programme. A revised structure was approved with no overall change in staffing numbers: 26 per cent international posts, 38 per cent national officers and 36 per cent general service. Currently the gender ratio is 51 per cent male to 49 per cent female staff.

During the year there were a number of staffing gaps, which were filled through a mix of approaches: support from colleagues within the region on stretch assignments, and extended duration for staff as officer-in-charge, giving them an opportunity to learn on the job. The Office continued to support Zambian staff to benefit from regional stretch assignment opportunities. Two national colleagues were appointed to international posts during the year.

Office management and the Staff Association established a task force to address areas where UNICEF Zambia achieved low scores in the Global Staff Survey 2014. While completion of performance evaluation processes were on-track in 2015, there was recognition through survey follow-up that further support was required to enhance supervisory skills and build a coaching culture in the office.

The Office learning and training strategy is structured around the areas of management and leadership, programme excellence and core learning at all levels. The recent internal audit commended the Office for having a structured induction programme. Linked to this, on-boarding and off-boarding processes were strengthened during the year.

Completion of all phases of the performance appraisal process is a key indicator in the CMT's agenda. The CMT is committed to further expanding attention to performance management,

ensuring a clear connection between Office results and individual objectives and accountabilities.

Effective Use of Information and Communication Technology

With the virtualised infrastructure in place in the Country Office, huge benefits have been accrued as a result of reduced investment in physical hardware and software and therefore reduced costs. For example the number of physical servers required has declined by more than half with the presence of only two physical servers and one Veeam backup server, also resulting in reduction of power consumption and emissions. The air conditioning in the server room is adequate to prevent the equipment from overheating.

Users in the Country Office have OneDrive for storage instead of the often limited space on their local hard-drives enabling them to synchronize and share work files from anywhere, therefore increasing efficiency in working with other users. SharePoint has also enabled users to collaborate and share among themselves.

The Office has extensively used Lync, which provides an integrated solution for voice, instant messaging, online meetings and desktop sharing to efficiently, effectively and cost-effectively communicate with other users in different locations around the world.

Open-source software was used for the U-Report platform, where over 89,000 young people currently access information on sexual health issues via SMS. The U-Report server is still securely housed in the Office, with real-time metrics data being uploaded to the Zambia U-report website. A consultant manages the platform, including the application and consolidation of poll data and system maintenance issues.

The Office is exploring how the platform can be used to provide information and promote participation of rights-holders in other programmes. The Project Mwana platform is fully operated by the MOH, which was able to expand the SMS services to gather additional information on the delivery of child health services at health facilities.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2016, children, mothers and pregnant women have equitable access to high impact interventions contributing to the attainment of MDG targets for child and maternal survival and development

Analytical Statement of Progress:

Zambia continues to make progress towards the reduction of maternal and child mortality. The 2014 ZDHS, shows that between 2007 and 2014 the maternal mortality ratio decreased from 591 to 398/100,000 live births; under-five mortality rates decreased by 37 per cent (from 119 to 75/1,000 live births), while new-born mortality rates declined by 29 per cent (rom 34 to 24 per 1,000 live births).

UNICEF continued to support implementation of high-impact MNCH interventions for the reduction of maternal and child mortality; coverage has shown significant improvement over the years. Between 2007 and 2014 contraceptive prevalence rates increased from 41 per cent to 49 per cent; pregnant women attended by skilled providers during antenatal consultations increased from 94 per cent to 96 per cent and skilled attendance at birth rose from 47 per cent

to 64 per cent. In 2014, 80 per cent of districts reported DPT3 coverage of 80 per cent. However, fully immunised coverage stagnated at 68 per cent between 2007 and 2014. UNICEF supported the government to quantify and procure all traditional vaccines and leverage \$580,000 from the Pfizer Foundation for implementing an innovation on immunisation services delivery to the grassroots in two districts. UNICEF also provided technical support in development of the national plan for switching polio vaccine from tOPV to bOPV, joining other countries in the world seeking to achieve polio eradication; and leveraged resources through development of a GAVI health system-strengthening proposal worth \$9,096,176 as well as planning and implementation of the GAVI Alliance Joint Appraisal. The support provided by UNICEF during the reporting period to strengthen the national cold chain system and implementation of the REC strategy in low-performing districts is likely to have made a positive impact that will be reflected in future surveys.

Challenges faced in MNCH included: high level of teenage pregnancies (29 per cent), high HIV prevalence among pregnant women and adolescent girls, at 12 and 5.7 per cent respectively. Health systems are generally weak, resulting in major gaps in service provision along the continuum of care. Between 2012 and 2015 Zambia operated with two health sector ministries (MOH and MCDMCH), which delayed coordination of policy and strategy. Since 2011, sector funding in the national budget has fluctuated from 8.6 per cent in 2011 to 11.3 per cent in 2013, 10 per cent in 2014 and 9.9 per cent in 2015.

To improve supply chain management, in 2013 UNICEF supported development of a national supply chain strategy that is awaiting Government endorsement. In 2015 UNICEF supported strengthening the capacity of Medical Stores Limited in supply chain management and supported a programme to improve essential medicines logistics. UNICEF, the Global Fund and UNFPA, in collaboration with other development partners (World Bank, DFID, USAID and SIDA), facilitated a national dialogue that analysed bottlenecks in procurement and supply chain system and proposed actions to catalyse implementation of the national supply chain strategy. Although the District Health Management Information System (DHIS2) is used countrywide, not all its capabilities are functional and the system is fraught with incomplete and untimely reporting. Strengthening the HMIS system to address existing challenges will be a major focus area for UNICEF in 2016.

In 2015 UNICEF commenced implementation of the US\$ 54.8 million EU-funded Millennium Development Goal initiative. MDGi aims to improve maternal and child health and nutrition services (MNCH&N) in 11 districts in Lusaka and Copperbelt provinces that host 30 per cent of Zambia's population (4.1 million people). The 11 districts were supported with essential medical equipment and supplies and commodities, including utility vehicles, motorbikes and motorbike ambulances. Refurbishment works are ongoing in 19 of 55 targeted health facilities. Health care providers' capacity was built to improve their skills and competencies in maternal, new-born and child health and they were provided with working guides and necessary job-aids.

In 2015 UNICEF, WHO and UNFPA leveraged \$7 million from the RMNCH Trust Fund to support improvements in maternal and child health in one province.

With financial support from the Gates Foundation, an innovative approach to implementation of integrated community case management (iCCM) in two districts is underway to demonstrate the impact that close and regular community health workers' supervision and supply monitoring using SMS technology will have on improving child health at community level.

With DFID funding support, national epidemic preparedness and response planning and response in all districts was strengthened through the formation of 10 provincial rapid response technical teams, which trained district health workers on Ebola Virus disease and preparedness and response to other diseases and provided on-going technical oversight.

Lack of broader funding opportunities and a generally weak and inadequately coordinated health system constrained progress in 2015. Therefore resource mobilisation, building partnerships, supporting health systems for quality service delivery and reinforced community engagement actions will be prioritised in 2016.

OUTPUT 1 Care givers and children in targeted districts have knowledge of essential set of behaviours ensuring continuum of health and nutrition care

Analytical Statement of Progress:

Although Zambia's 2014 DHS reported significant improvement in key maternal and child health indicators, attendance figures continued to be low with only 24 per cent of mothers attending antenatal care in their first trimester, 56 per cent attending four ANC visits and only 16 per cent of new-borns receiving their first postnatal check-up within two days after birth, as compared to 63 per cent of mothers who receive postnatal care within the first two days following delivery.

UNICEF supported the Government to implement activities to empower communities to demand quality services and adopt healthy practices and positive social norms.

In 2015, a KAP survey was conducted to gain further understanding of community attitudes about maternal and child health, and thus inform strategies for behaviour-change communication.

The MCDMCH, with support from UNICEF, UNFPA, WHO, Churches Health Association of Zambia, World Vision and CARE, finalised training manuals for community volunteers to ensure a uniform approach to training nationally. The materials included safe motherhood action groups, home-based new-born care, basic information on birth preparedness, community systems for reducing maternal and new-born delays and home visits during pregnancy and after delivery. UNICEF supported the training of community based volunteers from 15 districts on safe motherhood (309), family planning (285) and community-based new-born care (120). Altogether, 20 targeted districts had active Safe Motherhood Groups in 2015. Only 13 of the targeted 20 districts were supported to implement C4D plans, due to budgetary constraints.

In 11 MDGi districts, communities were mobilised to form radio listening groups and listened to a series of nutrition programmes (The First 1000 Most Critical Days - "The Bushes that Grow"). The groups served as platforms for refining community action plans. Further, in five H4+ (Global Initiative to Accelerate Support for Maternal and Newborn Health) districts, community gatekeepers were engaged to foster delivery in facilities and prevention of teenage pregnancy. The use of a layette containing "Mama Kits", as an incentive to increase institutional delivery in poor remote areas, was adopted by the Government as a policy and UNICEF supported the procurement of Mama-Kits for 16 districts. Neighbourhood health committees were identified as the frontline or operational-level vehicle for communication for development (C4D) as part of the C4D strategy. In 2016 the capacities of these committees will be strengthened and integrated behaviour-change communication implemented using community engagement, mass communication and CSOs to improve maternal, new-born and child health.

OUTPUT 2 Duty bearers National and Sub national levels have strengthened capacity to deliver and monitor high-impact MNCH health and nutrition interventions

Analytical Statement of Progress:

In 2015, 11 districts in Copperbelt and Lusaka provinces received technical and financial support to implement their MNCH plans. Twenty-two health facilities received essential medical equipment, supplies, motorbikes, motorbike ambulances and a vehicle for each district. Supplies for an additional 33 facilities were ordered. Fifty-five health facilities targeted for refurbishment were assessed and works began in 19, with completion targeted for June 2016. Some 1,706 health workers and volunteers from the 11 districts were trained in integrated case management of common childhood illnesses at facility and community levels (IMCI and iCCM), community family planning commodities distribution, community birth preparedness, postnatal care promotion, emergency obstetric care and long-acting, reversible contraception methods.

The 11 districts were supported to strengthen evidence-based planning as part of the MTEF, and all have costed plans for 2016. UNICEF supported 16 low-performing districts in Eastern, Muchinga and Lusaka provinces to develop micro-plans for routine immunisation, with focus on hard-to-reach communities. In partnership with WHO and USAID, UNICEF supported the 2015 national malaria indicator survey, which included anaemia testing for women of reproductive age. Results will indicate progress towards malaria-related MDG targets and inform strategies to address maternal anaemia and the development of a national malaria strategic plan 2017-2012.

The enhanced Zambia inventory control system (EZICS) pilot is on-course to strengthen the supply chain. Procurement of equipment is ongoing for the MSL's warehouse and commodity security centre, thus improving supply services to over 2,000 health facilities nationwide. Despite these efforts the health supply chain system still faces challenges, in particular, delayed operationalisation of the 2013-2016 national supply chain strategy, which proposes a transfer of drug procurement function to MSL, under-funding to MSL and lack of a sub-sector information management and monitoring system.

In five districts (Lukulu, Kalabo, Serenje, Chama and Chadiza) 30 health facilities were supported with two boat engines, ten motorcycles, one ambulance and 41 high-frequency radios to facilitate delivery of quality MNCH services.

The Gates Foundation funded an iCCM study in Chipata and Chadiza districts, where a DHIS2-based mobile health platform is in place and 80 community health workers have been trained. Data collection will commence in 2016. The study will provide evidence on effective implementation of iCCM (focussing on supply and logistics management and supervision of community health workers) and attendant costs.

In 2016 mentorship, quality of care assurance and monitoring for action will be reinforced.

OUTPUT 3 National and sub-national levels have the capacity to plan and budget for scaling up of high impact MNCH and nutrition interventions

Analytical Statement of Progress:

Using the MDGi programme baseline studies, UNICEF supported the Government to reinforce capacity at national and sub-national levels in planning and budgeting for high-impact MNCH and nutrition interventions. The 11 MDGi districts received technical and financial support to implement annual plans and undertake evidence-based planning for the following year. The 2016 plans put emphasis on 'monitoring for action' in the 11 districts. UNICEF also supported

the Government to finalise terms of reference and contracted an institution to support Government efforts to improve the HMIS with special focus on timeliness, completeness, quality and use of data management information. MSL was supported to improve the national supply chain for drugs and medical supplies, whereby 60 of 105 districts use the pull system of ordering drugs and supplies, which are delivered to the last mile by MSL. Key bottlenecks in the supply chain system include delayed finalisation and implementation of the national supply chain strategy, which proposes transfer of drugs and medical supplies quantification and procurement functions to MSL; low funding for MSL's logistics function and lack of a common management information and monitoring tool in the sub-sector. Despite these challenges, the piloting of EZICS is nearing completion. UNICEF, GFATM and UNFPA, with cooperation from the World Bank, DFID, USAID and SIDA among other partners, facilitated national dialogue led by the MOH that analysed bottlenecks in procurement and supply chain system and proposed follow-up actions to catalyse implementation of the national supply chain strategy.

In partnership with WHO and USAID, UNICEF supported the Government in data collection for the National Malaria Indicator Survey 2015, which included anaemia testing in women for the first time. Survey results will inform strategies to address anaemia as a contributing factor to maternal mortality, indicate progress towards MDG targets on malaria and provide required information for the development of the national malaria strategic plan for 2017-2021.

The main challenges included poor coordination among partners for joint support to Government for the MTEF process and monitoring for action. Priorities for 2016 will include Institutional capacity building for service delivery, with a special focus on planning, budgeting and monitoring for action; support for strengthening the HMIS; and advocacy for coordination among partners to support Government efforts in integrated and coordinated planning and monitoring

OUTPUT 4 National and sub-national levels have the capacity to prepare and respond to emergencies in accordance with the CCC

Analytical Statement of Progress:

With funding from DFID, UNICEF supported the Government to strengthen its capacity for emergency preparedness and response (EPR), including for Ebola virus and other disease outbreaks. While no emergency was recorded, multiple reports were received from districts of suspected cases of diseases of epidemic potential. In 2015 UNICEF supported three provinces (Luapula, Western and Southern) and 95 per cent of districts nationally to update their EPR plans. Zambia has major constraints in relation to monitoring disease epidemics due to weak national disease surveillance systems. Closer monitoring by the provincial medical office is required to ensure that all districts update their preparedness plans annually.

In 2015 Mansa, Nakonde, Kapiri Mposhi, Nyimba and Lusaka districts reported increased cases of suspected typhoid, dysentery, cholera and plague, respectively, and were assisted to respond through financial support for case management, social mobilisation and procurement of essential supplies. All districts that had reported suspected disease outbreaks had a response initiated within eight weeks of reporting.

Following the outbreak of Ebola Virus Disease in West Africa, UNICEF supported the MoH to train 312 health workers from 10 provincial health offices and district health offices on preparedness for and response to Ebola. Further, the MoH's code of practice on environmental health officers at ports of entry was updated. The ministry was further supported to update national epidemiological reports and bulletins. Adequate response to suspected outbreaks at

the district level remains challenging, due to insufficient and unpredictable funding.

It is apparent that districts require constant technical support in epidemic preparedness, planning and response. Further, lack of a clear definition of an outbreak, leads districts to take any increase in incidence of a disease condition as an outbreak. Also epidemic preparedness is not part of the annual sector work planning process, it was recommended to the MoH to institutionalize EPR planning as part of the annual medium term expenditure framework planning process. The Ministry of Health erratically shares epidemiological data with stakeholders, making it difficult for partners to make evidence based decisions on whether to offer response support or not. UNICEF among other partners has recommended that the MoH commences the sharing of epidemiological data through a paper or web based bulletin at an appropriate frequency as soon as possible. In 2016, UNICEF will support the MoH at provincial and district levels to prepare for and respond to disease outbreaks.

OUTCOME 2 Children, adolescents and pregnant women have improved and equitable use of proven HIV prevention, care and treatment interventions

Analytical Statement of Progress:

To attain the elimination agenda for PMTCT, Zambia began transitioning to PMTCT Option B+. At the beginning of 2015, the estimated PMTCT option B+ coverage was 73 per cent, which was a significant reduction from the 88 per cent Option A coverage of 2013. The biggest B+ implementation bottleneck was the requirement for all MCH Option B+ sites to have trained staff and the laboratory capacity to carry out CD4+, liver function and kidney function tests. UNICEF, together with partners, supported the Government to review and revise this criteria, which helped expand B+ service coverage to 95 per cent of MCH sites. The result of this increased availability has led to 86 per cent of HIV-positive pregnant women being able to access PMTCT option B+. With continued UNICEF and partner support, the Government should be able to achieve the 2016 target of 95 per cent coverage. The mother-to-child transmission rate target is for only 2 per cent of infants born to HIV-positive mothers to be HIV-positive at 18 months; the current transmission rate at six weeks is on-track, at 3 per cent, but recent data suggests a significant increase to 13 per cent at 12 months (MOH HMIS). UNICEF, the MOH and partners suspect that breastfeeding practices are a main cause and have initiated a study to assess the drivers of this increased transmission rate.

Zambia has a strong policy environment for paediatric HIV treatment. UNICEF assisted the Government, under the Zambia National AIDS Strategic Framework 2011-2016, to develop and implement a joint national strategy and operational plan for EMTCT and paediatric antiretroviral therapy (2011-2015). Additional support was provided by UNICEF to review, update and extended this plan to 2017. The NASF target is for 75,000 HIV positive children, aged 0-14, to be on treatment by 2016. Currently only 47,000 children are receiving treatment (mid-2015 HMIS). UNICEF support to the national Paediatric AIDS task force on coordination, supervision and monitoring is on-going, including strengthening adherence support, defaulter tracing and linkages to care. UNICEF assisted the task force to develop an acceleration road-map during the last half of 2015. After mid-year, one major bottleneck was the stock-out of EID reagents; emergency reagent supplies were only recently being distributed to laboratories. UNICEF is supporting the MOH to expand the use of the Programme Mwana SMS system for transmitting HIV test results, and there should be a significant increase in the identification of HIV-positive children once the testing backlog has been addressed. UNICEF is also working with the MOH and partners to strengthen paediatric supplies management.

The national framework set a target of a 15 per cent reduction in HIV prevalence among young people aged 15-to-24. Between 2007 and 2014, HIV prevalence among females in that age group declined from 8.5 per cent to 7.7 per cent, a 9 per cent reduction (ZDHS 2014). Among adolescent girls aged 15-to-19 there was an 11 per cent reduction (from HIV prevalence of 5.4 to 4.8 per cent). Among males aged 15-to-24, the target was achieved, with a 17 per cent reduction HIV prevalence (from 6.5 per cent to 5.4 per cent). This decline was among young men aged 20-to-24, while among adolescent males aged 15-to-19 HIV prevalence increased by 14 per cent (from 3.6 per cent to 4.1 per cent). UNICEF is supporting further analysis of this data, and will support partners to expand prevention actions with adolescent males. Over the 2007-2014 period, HIV testing among adolescents aged 15-to-19 increased by 150 per cent (from 28 per cent to 50 per cent among females and 11 per cent to 27 per cent among males).

During 2015, UNICEF Zambia provided support to the National AIDS Commission technical working group on HIV testing and counselling (HTC) to promote HIV testing among adolescents, through SMS and radio messages and through various peer-to-peer methods (peer educators, counsellors, U-reporters, etc.). UNICEF assisted the MOH to roll out the adolescent health system, with a focus on HIV and SRH services, in 15 districts, and this capacity development assistance will continue in 2016. UNICEF also supported the collection and analysis of disaggregated HIV data from 25 health facilities in four rural districts, which showed that adolescents accounted for approximately 23 per cent of all HTC clients. Based on this data the development of HTC Plus – post-test support services that link both HIV negative and positive adolescents with community-level HIV prevention and care services – will be a priority activity in 2016.

OUTPUT 1 National AIDS Council, and key sectors have the capacity to formulate policies, mobilize resources, coordinate and monitor implementation of proven interventions for HIV prevention, care and treatment for children, adolescents (10-19 years) and women

Analytical Statement of Progress:

UNICEF has been assisting the Government to implement the PMTCT programme since 2000. The Option B+ approach was adopted in January 2013 by the MOH, whereby all pregnant women living with HIV would be initiated on lifelong anti-retroviral treatment. Implementation was initially very slow, due to the MOH's phased approach, where each facility which was to provide Option B+ would need to be able to undertake CD4+, liver function and kidney function tests. UNICEF assisted the Government and partners to review and then revise the assessment policy, so that lab tests could be conducted by other nearby health facilities with capacity to do so while the attending facility initiated treatment, which increased B+ service coverage to 1,424 ANC sites (89 per cent). The percentage of HIV-positive pregnant women initiated on treatment also increased, from 73 per cent to 88 per cent, in 2015. UNICEF supported the MOH to update its integrated EMTCT/paediatric ART operational plans in 2015 with the development of a specific 2016-17 Option B+ scale-up plan.

Zambia was not able to maintain the reduction in mother-to-child transmission rates, which increased from 3 per cent at six weeks to 13 per cent at 18 months, with breast feeding practices as one major factor. UNICEF and partners (CDC, USAID, WHO and the Global Fund), initiated in the second half of 2015 an 18-months cohort prospective PMTCT impact study, which is following 1200 mother/infant pairs in six provinces to assess the impact of PMTCT programme on mother-to-child transmission of HIV. The study is expected to be completed by August 2016.

Through convening the M&E task force of the national adolescent health technical working

group, UNICEF also supported the MOH in 2015 to develop and test, in four districts, tools for collecting age- and gender-disaggregated HIV and SRH adolescent service utilisation data and calculating coverage rates. Preliminary data found that adolescent girls aged 15-to-19, represented 27 per cent of ANC clients in one district. The use of these tools will be expanded to 11 districts in 2016 and then integrated into the health information system.

OUTPUT 2 Health sector central and sub-national levels have capacity to provide effective HIV services for pregnant women living with HIV

Analytical Statement of Progress:

Zambia had 88 per cent coverage of PMTCT in 2013, using Option A. Option B+ was introduced in 2013 and coverage of 73 per cent was attained in 2014, which rose to 88 per cent in 2015. Although the PMTCT option B+ plan had been developed and was based on a simplified e-MTCT protocol with no CD4 testing and the use of a one pill triple-drug antiretroviral combination therapy, roll-out of the service to ANC sites was quite slow in the initial phase. UNICEF provided coordination, planning and monitoring support, to re-mobilise the PMTCT technical working group and accelerate the roll-out of the B+ process in 2015. This involved advocacy with partners for a streamlined health facility assessment process and an expanded mentoring approach for the rapid training of providers on the new protocol. The consequence of this accelerated revised approach was a significant increase in Option B+ coverage in 2015. The most recent MOH data suggest that 89 per cent of MCH sites, country-wide, are implementing PMTCT option B+. Based on this increased coverage, the Government estimates a coverage rate of 88 per cent of HIV-positive pregnant women initiated on Option B+.

OUTPUT 3 Health sector central and sub-national levels have capacity to provide proven HIV prevention, care and treatment services to children 0-14 years old

Analytical Statement of Progress:

Zambia continues to face challenges in achieving its paediatric HIV treatment targets. The 2016 target is for 75,000 children on treatment, but coverage in mid-2015 was only 47,000. Zambia is one of the PEPFAR ACT (accelerate children's treatment) countries, so there are significant partners and resources available within the country, and national level plans for scaling-up paediatric treatment are in place. Provider-initiated counselling and testing is a key strategy, and paediatric treatment was integrated into community outreach programmes and training for community health workers. Provincial and district targets and plans are also in place for ensuring that every PMTCT facility has an site for anti-retroviral treatment, and support is being provided for the revision of training materials to ensure the integration of EID promotion and follow-up.

Government ownership of the Mwana programme, which uses SMS technology for EID, is robust, with 814 of 1,500 ANC sites utilising the tool, reaching 67,000 infants with EID results in 2015 through UNICEF and other partner support. UNICEF continues to provide some software management and coding technical support and assistance for the expansion of these services. The national paediatric treatment working group meets regularly to monitor its joint work plan and to assess the current situation; UNICEF is a key partner and co-convenor and has supported the MOH to develop an acceleration road map for stepping up the pace of HIV treatment for children and adolescents during the last half of 2015. This roadmap identified lack of follow-up as a significant bottleneck. This issue was exacerbated in the latter half of 2015 by the critical shortage of EID testing kits and laboratory reagents. There is currently a significant backlog of EID tests to be assessed, and it will take some time to clear this bottleneck from the system; the MOH, UNICEF and partners are currently exploring ways to clear the backlog. In

addition, there is a bottleneck around treatment initiation of identified HIV-positive children under 15 years. Around 6,000 HIV positive children aged 0-14 were identified in 2015, but some 1,800 were not initiated due to loss to follow-up or because of lack of parental/caregiver consent. Some districts have had significant gaps, and the issue has been prioritised for assessment and analysis by the technical working group in 2016.

OUTPUT 4 Adolescents (10-19 years) have access to proven HIV prevention, care and treatment services

Analytical Statement of Progress:

The focus of current HIV and adolescent output has been to support efforts to increase the utilisation of high-impact HIV interventions. UNICEF assisted the MOH, under MDGi, to establish adolescent HIV and SRH services in 11 districts and 55 health facilities. District adolescent health working groups were established and health workers trained on the adolescent health standards. Peer educators are being trained and deployed to provide HIV and SRH information and referrals for HIV testing and SRH services, and adolescent age- and gender-disaggregated HIV services utilisation data will be routinely collected. Under the HIV-sensitive social protection learning initiative, social welfare community volunteers are promoting HIV services for adolescents in an additional four districts. Disaggregated HIV and SRH utilisation data was collected from 25 facilities and a baseline knowledge, attitude and practice survey was underway in late 2015. A mix of peer education, drama and school-based interventions will be rolled out in early 2016 and KAP utilisation data will be used to assess which mix of interventions were most effective in increasing use of HIV services. The findings will be used to design a minimum package for inclusion in the national adolescent health strategy, which is to be updated in 2016. Engagement is ongoing for the US\$16 million DREAMS initiative, centred around joint support to HTC-Plus post-test support services in the three MDGi districts where UNICEF and USAID technical assistance overlaps.

Zambia currently has 88,000 young people signed up to U-report. Approximately half use the tool to access confidential HIV and SRH information through an SMS advice line. Around 20 per cent of users respond regularly to polls, and the tool has been used to gather information on HIV testing, condom use, teenage pregnancy and the reach of various campaigns. A revised U-report HTC campaign was also supported; feedback and utilisation data was being assessed. The National AIDS Commission used U-report polling data as inputs for C4D interventions, and UNICEF assisted the Commission to design and implement a radio campaign that promotes HIV testing and condom use (with funds from ESARO). A U-report poll is planned for early January to check the reach and acceptability of the radio campaign. This poll will provide a link to a free download of the hip hop campaign song, to test whether such incentives can increase polling response rates among adolescents.

OUTCOME 3 By 2016, the most vulnerable Zambian population have improved use of water supply and sanitation facilities as well as improved hygiene practices

Analytical Statement of Progress:

Significant achievements were realised in the area of sanitation and hygiene: 1,161,126 additional people gained access to improved sanitation (cumulative total of 3,128,126), while 3,762 villages were verified open defecation-free (ODF), a cumulative total of 7,367 villages. This has increased the national coverage of rural sanitation to 67 per cent, while in UNICEF-supported districts, coverage stands at 73 per cent from a baseline of 43 per cent. (2015 MLGH updates). With UNICEF support, three districts and 24 chiefdoms were declared ODF by the Government after rigorous verification processes. The national rate of open defecation was

brought down to 14 per cent from 22 per cent. Additionally, to support Government creation of an enabling environment for sanitation, UNICEF supported the development of a national ODF strategy aimed at reaching 0 per cent by 2020. It is anticipated that this strategy will not only reduce open defecation, but will ultimately reduce stunting rates among children as well.

This strong push to prioritise sanitation and hygiene resulted in the successful scaling-up of a real-time-monitoring surveillance system in 46 districts across the country's 10 provinces. The surveillance system gathers monitoring data on different aspects of sanitation and hygiene, including access to safe drinking water and school WASH standards. To date 3,000 community champions, health technicians and chiefs were using the RTM system to report on sanitation and hygiene coverage. The RTM system has resulted in greater accountability, better data quality and greater cost-efficiency per village targeted. With support from Government and other partners, such as the African Development Bank and International NGOs, the RTM system has the potential to expand, through the creation of a national WASH management information system and inclusion of indicators from other sectors.

In terms of hygiene promotion, community and local commercial radios, journalist networks and national media (ZAMCOM and ZNBC) were fundamental partners in successful hygiene promotion during the reporting period. Hygiene promotion was part of a national hand-washing campaign that also included participatory theatre with community outreach at schools, as well as road shows. An estimated 6,342,000 people were reached with key messages and the proportion of households with functional hand-washing stations was raised from 8.3 per cent to 67 per cent. On this basis, UNICEF successfully influenced DFID to fund the consolidation phase of the sanitation and hygiene programme (over US\$6.3 million through March 2018). The cooperating partners WASH group then included UNICEF in a troika responsible for leading the group in 2016. Furthermore, with UNICEF support, the Government initiated critical institutional reforms to create a full-fledged water supply and sanitation directorate within the Ministry. This is a crucial step to address capacity gaps in the WASH sector and enable national, rural and urban WASH programmes to meet SDG 6.

In the area of institutional WASH, through UNICEF support the Ministry of General Education has promoted comprehensive and affordable school WASH packages in 13 per cent of all Zambian schools since 2012. This paved the way for scaling up school sanitation, improving the learning environment for adolescent girls. Revision of the school health and nutrition policy framework, conducted with UNESCO support, provided an opportunity to integrate the newly adopted school WASH standards and national menstrual hygiene management guidelines currently under development. Through advocacy, the packages were disseminated, leveraging interventions from USAID, EU and African Development Bank. At the operational level, over 70 districts have benefited from the school WASH programme, with 465,000 pupils gaining access to adequate WASH facilities (307,000 pupils in more than 700 schools in 40 districts in 2015).

In the reporting year, a WASH package for health facilities supported by UNICEF (including standards for WASH facilities, operating procedures for infection prevention and control and a training curriculum) were developed, successfully piloted in four main health facilities, and adopted by the Government. A dedicated task force led by MOH was set up to coordinate and harmonise implementation of the package and scaling-up to 51 additional health facilities.

In the area of water supply, 169,500 people in 22 targeted rural districts gained access to safe water supply during 2015. For better affordability and equity, UNICEF continued supporting the Government to scale up the use of low-cost manual drilling, as well as strengthen the capacity of local enterprises. In addition, UNICEF supported the Government to develop the supply chain

and maintenance framework to equip boreholes with Afridev pumps that mitigate iron contamination. Seventy-three Afridev pumps were installed and equipped in four districts, while supplies for 263 Afridev hand-pumps and spare parts for 20 districts were procured.

Furthermore, to strengthen the sustainability of water supply facilities, 280 area pump-menders and 12 district rural water supply and sanitation focal points were trained in operation and maintenance approaches, while, 37 district officers were trained in the management and supervision of water supply services. At the village level, 460 new village WASH committee members, 200 existing WASH committees and 920 water caretakers (50 per cent women) were trained to ensure routine maintenance of water points. As a result of technical skills enhancement, 19 districts have demonstrated the competences required for the effective planning, managing and supervision of WASH activities, including operation and maintenance.

OUTPUT 1 The most deprived population in target districts has sustainable access to safe drinking water

Analytical Statement of Progress:

With technical support from UNICEF Zambia, the MLGH continued to improve access to safe drinking water by effectively supporting the national rural water supply and sanitation programme. As a core programme innovation, 15 per cent of hand pumps were equipped and fitted with Afridev pumps in areas with high iron content to mitigate contamination, and therefore sustain functionality and usage of provided facilities. UNICEF contributed to the reduction of drilling costs from \$6,200 to \$2,600 through promotion of low-cost manual drilling in suitable areas, thereby increasing the affordability of safe drinking water by almost 240 per cent. In 2015, six local enterprises were trained in manual drilling and have successfully undertaken tenders for manually drilled boreholes as a result of the skills training. This facilitates the provision of safe drinking water sources in hard-to-reach areas, particularly flood-prone communities and islands inaccessible by heavy drilling rigs. In addition, 19 districts have demonstrated the capacity to effectively plan, manage and supervise water supply activities as a result of skills enhancement training. Districts continued to operate and manage spare parts shops for the sustainable operation and maintenance project for rural water supply in their respective districts throughout the reporting year. In communities, a total of 460 new village Water Sanitation and Hygiene Education (WASHE) committees were established and trained, while 200 existing committees were offered refresher courses. Some 920 water point caretakers (50 per cent women) also received training in water point management. Training in operation and maintenance was also provided to 280 area pump-menders.

In 2015 the target for people gaining access to safe drinking water (123,000 people) was met and exceeded (169,500 people). This achievement resulted from the construction of 420 new water sources, 58 manual drilled boreholes and 200 rehabilitations supported by UNICEF. To date, 1,691,050 people in 19 target districts have access to new and improved drinking water sources, from a baseline of 800,500 people.

In terms of monitoring, considerable progress was made with the newly developed management information system, which uses the DHIS-2 computer application. This provides planning information needed for water supply where water supply indicators have been customised in four pilot districts.

OUTPUT 2 The most deprived population in target districts has access to improved sanitation and hygiene practices

Analytical Statement of Progress:

UNICEF played a central role in the creation of an enabling environment for sanitation and hygiene. This included support to the development of the ODF Zambia strategy 2020; development and validation of the national urban sanitation strategy, with a focus on equity for sanitation in peri-urban areas; development and validation of MLGH capacity development strategy; evaluation of the national rural water supply and sanitation strategy (as an input for development of the 2016-30 National Rural WASH Programme); and finally, revision of the national water and sanitation policy particularly in regard to sanitation status and definitions. It is anticipated that this will assist the Government to achieve the SDGs for sanitation.

Complementary to the policy documents, UNICEF supported capacity building of water and sanitation staff in 10 provinces to manage and monitor national WASH programmes. As a result, the Government has continued to make improvements by effectively supporting the promotion of sanitation through district authorities and traditional leaders at the community level.

The verification of ODF villages continued to improve, following simplification of the verification and certification procedure. A total of 1,161,126 additional people gained access to improved sanitation, bringing the cumulative total to 3,128,126. The number of ODF villages increased by 3,762 in the reporting year (cumulative total of 8,167 villages). Eighteen chiefdoms became ODF, bringing the total to 24, and the Government has since declared three districts to be ODF.

The RTM system was scaled up to 17 additional districts (reaching 46 in total). Overall, 1,900 community champions and 620 environmental health technicians were trained as key contributors to RTM. In addition, 46 chiefs were equipped with tablets to view real time indicators on sanitation performance in their chiefdoms and sustain ODF status. Today, this cadre is routinely reporting on more than 17,000 villages.

Three more sanitation marketing training workshops were completed, with 104 more artisans trained from 34 new chiefdoms. The cumulative total is now 184 people trained from 49 chiefdoms in areas where greater risks of pit collapse were identified.

To support hygiene promotion, the involvement of community and local commercial radios and media continued to be useful. This was part of a national hand-washing campaign that also included participatory theatre with community outreach at schools, and road shows. An estimated 6,342,000 people were reached with key messages and the proportion of households with functional hand-washing stations rose from 8.3 per cent to 67 per cent.

OUTPUT 3 The most deprived Schools in target districts benefit from WASH Interventions

Analytical Statement of Progress:

UNICEF worked jointly with the MoGE and MLGH to improve the prioritisation of school-based WASH interventions. With support from ESARO, an advocacy paper that revealed the significant benefits of having access to toilets in schools was developed and disseminated. It revealed that enrolment ratios of girls to boys for schools with optimal latrine coverage is 2.4 times that of schools with no toilets, while drop-out rates between grades 1 and 9 for girls increased exponentially (from about 1 per cent to 7.4 per cent) in schools with no toilets. It is expected that this paper will influence continued prioritisation for school WASH interventions.

UNICEF supported the promotion of more affordable school WASH standards for Government schools, which reduced the cost of a toilet from \$2,500 to \$1,000, while in community schools the cost was less than \$500 per toilet. These standards included mass hand-washing stations

for daily practice by children. These have since been adopted as the national standard by the Ministry. On-site technical support for construction was provided to 40 districts, while in 19 districts local masons and district education buildings officers were trained in the construction of community school toilets.

At the policy level, UNICEF influenced the integration of the sanitation, hygiene, and nutrition WASH policy into the MGE's main education sector policy, which will increase support to WASH in schools interventions.

The adopted school-led total sanitation manual and certification guidelines were distributed and are currently in use. Some 774 schools reached the WASH standards in 2015, bringing the cumulative total to 1,089. Eighty schools benefited from software interventions and a campaign promoting group hand-washing practices brought the total to 306 reached.

Key WASH indicators were integrated in the education management information system (EMIS) for improved monitoring and accountability. In addition, the transitioning of the national EMIS from paper trail to mobile-to-web reporting system is being piloted in 50 schools under the leadership of the MGE and in collaboration with Step-up Zambia (USAID).

To improve education performances for adolescent girls, the development of the national menstrual hygiene management guidelines was initiated and is being finalised. A framework to measure the outcomes for adolescent girls' school attendance was developed and will be implemented in 50 target schools.

Some challenges were experienced; i.e., the target for schools receiving the full WASH package (software and hardware) was reduced from 1,500 to 1,442 schools due to funding gaps. Another challenge was the delay in implementation, especially for construction.

OUTPUT 4 The most deprived Health Facilities in target districts benefit from WASH Interventions

Analytical Statement of Progress:

Under the EU-funded MDGI programme and with support from UNICEF, the Government, through the MoH, is supporting WASH in Health interventions to reduce healthcare associated infections (HAI) related to maternal and child health.

Prior to the intervention, no WASH in health standards or guidelines were available in Zambia. Based on a desk review and a pilot in four health facilities (HF), a WASH package for health care facilities, including WASH standards, standard operating procedures for infection prevention and control and a training curriculum, were developed and adopted.

To support advocacy, a micro-biological research study was conducted in four pilot facilities, showing significant impact of WASH interventions on water quality and hygiene status; this research was validated and disseminated, allowing leveraging of interventions from the European Investment Bank (currently engaging in a nationwide WASH-in-health programme). The Government also set up a coordination mechanism for WASH in HF that includes the MCDMCH, MoH, Zambia Environmental Health Agency (ZEMA), MLGH, Ministry of Works & Supply, Transport & Communication and implementing partners. This will promote a harmonised approach to implementing WASH intervention in health facilities.

Training of Health care workers and staff in infection prevention, control and hand-washing was provided in two provinces and three districts, and included training in operation and

maintenance of incinerators, chlorine production units and chlorine dosing pumps. Four pilot facilities received the full WASH package (WASH refurbishments; provision of chlorine production units, chlorine dosing pumps and incinerators; training at health facility, provincial and district levels; construction, including hand-washing/drinking water stations, incinerator houses and waste storage and ablution blocks). It is expected that these packages will significantly reduce infections in health facilities.

OUTPUT 5 DMMU and partners at national and sub-national level have capacity to provide for safe water, sanitation and hygiene in emergencies that meet Sphere standards

Analytical Statement of Progress:

In early 2015 Zambia experienced less rainfall due to El Niño, affecting southern African countries during the 2014/2015 rainy season. For Zambia, El Niño usually means less rainfall, which affected some parts the country across all sectors, including water and sanitation, agricultural and livestock, food security, health and education. This has increased food insecurity, which is currently affecting 31 districts where the Government is distributing relief food. Additionally, reduced water levels at water points was reported in 21 districts, leading to people spending longer waiting hours at water points. Reduced rainfall has been worse for some areas, where water sources are reported to be drying up, especially those using surface water, scoop holes and unprotected shallow wells. Water and sanitation-related outbreaks in the Western, Northern, and Central, Luapula, Eastern, North-Western, Lusaka and Copperbelt provinces were reported by the Rapid Response Team from the MOH/MCDMCH. In response, UNICEF supported the DMMU to develop the 2015/2016 contingency plan in affected areas, as well as responding to the situation in 26 epidemic-prone districts through building resilience and drilling boreholes.

Other emergencies responded to by UNICEF were outbreaks of cholera, dysentery and typhoid in certain districts, including Lusaka; Bubonic Plague in Nyimba; and other outbreaks throughout the country.

UNICEF also supported the pre-positioning of granular and liquid chlorine for water treatment, soap for hand-washing and water quality testing kits to strengthen water quality monitoring in Zambia. To further improve WASH sector stakeholder coordination and WASH emergency activities beyond response, into recovery and development (integrating DRR and resilience building), UNICEF is currently advocating for the placement of a WASH officer within the DMMU structure. Due to the pre-positioned WASH emergency supplies, all WASH-related outbreaks that were reported in 2015 in all 26 epidemic-prone districts were contained on time.

OUTCOME 4 Children under five have increased their consumption of nutrient-dense food

Analytical Statement of Progress:

Zambia's 2013/14, DHS showed that the prevalence of stunting decreased only slightly, from 45 per cent in 2007 to 40 per cent (42.1 per cent in rural areas against 36 per cent in urban areas). With a prevalence of global acute malnutrition (GAM) among under-five children of 5 per cent to 6 per cent since the 1990s, the situation could be classified as poor; furthermore it is worth noting from the DHS 2013-14 that 2.2 per cent of under-five children are severely wasted, and that anaemia is a severe public health problem, affecting 55 per cent of children under five, especially children under 24 months of age (68 per cent compared to 47 percent for children older than 24 months).

Infectious morbidity and inadequate IYCF practices and morbidity are the main causes of the

observed nutrition situation. The survey showed that among children under age five, 21 per cent had a fever in the two weeks preceding the survey (DHS 2013-14). Advice or treatment was sought from a health facility or provider for just 16.1 per cent of these children, compared to 61.6 per cent for diarrhoeal diseases. Factors contributing to these health-related issues include limited access to water, sanitation and hygiene facilities. Improved sources of drinking water are used by 46.6 per cent and 89.5 per cent of the rural and urban population, respectively, and 73.1 per cent of the urban population and only 26.2 per cent of the rural population have access to improved sanitation facilities.

The DHS (2013-14) states that despite breastfeeding being almost universal (98 per cent), only 73 per cent of infants under six months of age are exclusively breastfed. Furthermore, inadequate complementary feeding practices were observed, with respect to both timing of introduction and dietary quality. Complementary foods are often introduced early, with 17 per cent of children under age six months and 39 per cent of children age four-to-five months consuming solid or semi-solid foods in addition to breast milk, hence reducing exclusive breastfeeding rates. Although all children aged six-to-nine months should receive complementary foods, only 83 per cent of children in this age group are both breastfeeding and receiving complementary foods. The quality of complementary food is a concern, only 11 per cent of Zambian children between six and 23 months of age consume a minimum acceptable diet.

Nutrition interventions suffer, among other problems, from insufficient nutrition service delivery due to lack of qualified human resources. The Zambia nutrition manpower study conducted in 2014 reviewed existing posts, pre-service training and constraints on the roles of nutritionists at various public service levels. Study recommendations included: 1) development and provision of nutritionists with cross-sector action planning tools to support new nutrition activities that involve multisector and multiple partner collaboration and participation; and 2) provide nutritionists with clear guidelines and standard formats for monitoring nutrition activities and for routine reporting of key performance indicators related to their work.

In order to improve the implementation of nutrition programmes in Zambia, UNICEF collaborated with the Government in a review of four key programme documents: the nutritionists' orientation package (NOP), IMAM guidelines, the statutory instrument for salt iodisation, and the "First 1000-days" frontline workers guide. The latter was finalised, edited, printed and distributed to end-users to raise communities' awareness and provide counselling on best practices during the key first 1000 days of a child's life. The NOP is undergoing final editorial review in readiness for printing. The draft IMAM guidelines were reviewed twice and are ready for external review.

As part of the implementation of the micronutrient powder (MNP) pilot project in Mbala district the MoH, with UNICEF support, commissioned operational research specifically aimed at generating lessons about how to integrate and scale-up MNP distribution to children aged six to 23 months through a public health facility. The results of the embedded effectiveness survey were disseminated, and the MoH convened a workshop dedicated to elaborating a plan for scaling-up home fortification with MNPs in 22 other districts.

The EU-funded MDGi Project, a joint programme of the Government and UNICEF in collaboration with UNFPA and WHO, was planned to take place over a period of five years (2013-2018) in 11 districts. In 2015, the project focused on health system strengthening and support for health and nutrition service delivery at both facility and community-levels.

Due to competing priorities at the MoH, there has been no progress on the statutory instrument for salt iodization. UNICEF continued to reinforce advocacy and follow up with the Government to get this activity back on track. Moreover, progress in supporting decentralised levels in timely implementation of activities was hampered; for example, delayed adaptation of IMAM training materials, which delayed the capacity building of health workers to provide quality care.

Monitoring the outcome status was affected by lack of survey data, or inconsistency between indicator definitions from different monitoring surveys. The latest iodine deficiency disorders survey was not conducted in 2015. The DHS 2013/14 could not serve as the follow-up of child feeding practices, as the definition of acceptable diet had been modified to include a fourth food groups.

OUTPUT 1 MoH, MCDMCH and NFNC are able to formulate nutrition policies, strategies and guidelines, and coordinate their implementation

Analytical Statement of Progress:

The level of upstream work undertaken in the reporting year was meant to improve the enabling environment by developing key national strategic documents to guide nutrition programming and implementation, and generating evidence on micronutrient deficiencies and testing innovative approaches to combat them. UNICEF was involved in collaboration with the Government in reviewing four key programme documents: the NOP, IMAM Guidelines, the statutory instrument for salt iodization, and the First 1000-day frontline workers guide. The latter was finalised, edited, printed and distributed to the end-users: health workers, agriculture extension workers and community health workers for use in the communities they serve, to raise awareness and provide counselling on the key first 1000 days best practices.

The NOP is undergoing final editorial review in readiness for printing. The draft IMAM guidelines were reviewed twice during two workshops and are ready for external review. The workshops, convened by the MCDMCH provided opportunities to review the training package to ensure alignment with the draft guideline. The training package will be pre-tested during the training of health workers in the outpatient therapeutic programme prior to finalisation in 2016. The adaptation process was co-funded by the Government. The MoH will bring in an international IMAM expert for finalising the guidelines, monitoring tools and training package, as well as conducting a training of trainers to build up a pool of IMAM master-trainers in the country.

There was no progress on the statutory instrument for salt iodization. UNICEF will continue to reinforce advocacy and follow up with the Government to get this activity back on track. In 2016, the common Government-UNICEF work plan includes a review of legislation on fortified foods and breastmilk substitutes, which will be supported by a plan to engage parliamentarians in nutrition advocacy

OUTPUT 2 MoH and MCDMCH have the capacity to implement high impact nutrition interventions

Analytical Statement of Progress:

The interventions under output 2 were aimed at addressing directly two major determinants of stunting: anaemia (through home fortification with MNP and deworming); and repeated episodes of acute malnutrition, which contributes to stunting and multiplies the risk of death by nine-fold. Zambia DHS surveys showed that 2.0 per cent and 2.2 per cent of under-five children were affected by severe wasting in 2007 and 2014, respectively. Currently the country's IMAM

programme has only a 19.5 per cent geographic coverage, and a defaulter rate of 16 per cent for the outpatient therapeutic programme. Almost all (99 per cent) first to third level hospitals provide inpatient therapeutic services, but are affected by death rates as high as 22 per cent.

The output indicators were achieved in 2015; that is, the targeted values or status for those indicators were actually reached.

In order to contribute to the improved survival of children with severe acute malnutrition, Ready to Use Therapeutic Food adequate to treat an estimated 3,047 children was procured for the 11 districts covered by the MDGi project. Further capacity was built in the MOH to improve nutrition data and supply chain management, to improve management of therapeutic nutrition products. This was achieved by hiring a technical assistant who provided technical backstopping to provincial and district nutritionists, in addition to strengthening support to the MSL in the distribution of therapeutic feeds. Results have been seen, with districts with as low as 10 per cent reporting rate reaching 100 per cent, but overall improvement rose from 52 per cent to 60 per cent.

Child Health Weeks are implemented twice-yearly by the MCDMCH to provide all eligible children, especially the hard to reach, with vitamin A capsules and deworming tablets. UNICEF's support consisted of financial and technical assistance for planning and procurement of supplies, as well as logistic support to reach the remote districts for monitoring. An estimated 2,668,698 children were reached with vitamin A capsules and deworming in June 2015.

As part of the implementation of the MNP pilot project in Mbala district, the MoH, with UNICEF support, commissioned an operational research study specifically aimed at generating lessons on how to integrate and scale-up MNP distribution to children aged six-to-23 months through a public health facility. UNICEF contracted the University of British Columbia to conduct the research; the final report was completed in 2015.

OUTPUT 3 Families in selected districts have knowledge of positive behaviours in infant and young child feeding

Analytical Statement of Progress:

Stunting in Zambian children occurs mainly between the ages of six-to-23 months. The proportion of children with stunting increases sharply, from 25 per cent among children six-to-eight months to 54 per cent in children aged 18-23 months, reaching a plateau. Inadequate complementary feeding is common among children aged six-to-23 months; only 11 per cent are fed with a minimum acceptable diet. Poor complementary feeding is the major determinant of stunting in this age group. Dietary diversification, along with improved health and hygiene practices are pivotal to improving the quality of complementary feeding and reducing stunting prevalence among infants and young children in Zambia.

Capacity development of technical staff in health facilities and community volunteers to deliver and monitor integrated behaviour-change communication for adoption of adequate IYCF practices is the core element under output 3.

UNICEF supported training of 121 of the targeted 130 health workers and 147 of 509 targeted community volunteers in IYCF in 11 MDGi districts. These trained personnel provide counselling to mothers and caretakers at health facilities and in community outreach sites. With the added advantage that the community volunteers are well respected in their communities they have authority to convey messages on the best IYCF practices required for stunting reduction. To

complement messages received at health facilities and in outreach sites, IYCF messages were communicated through mass media, specifically via 14 radio programmes delivered in 10 provinces. Districts were also supported with funds to procure and place community information boards in communities. A total of 48 neighbourhood health committees (of the targeted 54) were oriented on establishment and use of the community information boards in 11 programme districts.

IYCF counselling and demonstrations of complementary feeding through community outreach will continue in 2016. Expansion of counselling and education services on hygiene practices and promotion of households' access to a minimum WASH package for key hygiene practices will be promoted.

OUTCOME 5 By 2016, learners have improved equitable access to quality, inclusive and gender-sensitive education

Analytical Statement of Progress:

Throughout 2015 Zambia made steady progress in indicators related to education. Gender parity at the primary level was achieved, along with progress at the secondary level, where the gender parity index (GPI) currently stands at 0.85. Improvements were made against the country's high dropout rates; overall national dropout rates in grades one through seven fell from 2.4 per cent in 2012 to 1.8 per cent in 2014.

Although girls' dropout has fallen, it spikes at grade nine at 5.3 per cent (versus 2.3 per cent for their male peers), coinciding with the onset of puberty. UNICEF Zambia supported a number of life skills and girls' empowerment interventions aimed at keeping girls in school, mitigating teenage pregnancies and supporting girls' re-entry. UNICEF supported strengthened advocacy around, and implementation of, the re-entry policy that supports girls who re-enter the formal school system after giving birth. UNICEF also supported the Government to launch a campaign to end child marriage. Yet despite these efforts, the rate of pregnancy among schoolgirls remains high; 13,275 girls dropped out of school in 2014 due to pregnancy (from 12,752 in 2012). While the number of girls who dropped out in 2015 due to pregnancy in the five UNICEF target provinces declined – from 7,179 in 2012 to 5,601 – this group still represents 42 per cent of the national total, suggesting the need for continued focus on this issue in 2016.

UNICEF Zambia also supported the dissemination of results of the first early grade reading and math assessments (EGRA/EGMA) undertaken by the MGE. These internationally recognised and instituted assessments will continue to complement other national assessments by measuring the effectiveness of the revised curriculum introduced in 2014, to support children to achieve early grade literacy and numeracy skills by teaching in local languages. Mean scores show that only 12 per cent of children in grade two had achieved the national standard for literacy; 28 per cent did so for numeracy.

Access to early childhood education (ECE) also increased slightly, to 15.4 per cent (up from 14.7 per cent in 2013) of grade one entrants reporting pre-school experience. The number of ECE facilities remained too low to meet the planned 2015 target of 30 per cent. Despite issues of access, the sub-sector was strengthened with the creation of an ECE directorate, launch and roll-out of a new ECE curriculum and submission of a national ECE policy to Cabinet. At the national and sub-national levels, multi-sectoral ECE coordination committees were strengthened, and ECE teacher capacity increased through inclusion in the continuous development programme. Additionally, the introduction of EGRA/EGMA and the planned inclusion of ECE data in the national EMIS will strengthen the Ministry's focus on early learning.

UNICEF Zambia also supported the roll-out of the revised curriculum, capacity building of teachers in school-level monitoring, strengthening of school management and the development of teaching and learning materials and standards and guidelines. However, student performance on assessments showed that learning levels remain alarmingly low. The mean scores on the sample-based grade five examination remained below 40 per cent and declined slightly from 2012 scores: 31 per cent for boys, 32.5 per cent for girls in English (against 34 per cent for boys and girls in 2012); 36 per cent for boys, 35 per cent for girls in Maths (against 39 per cent for boys, 37 per cent for girls in 2012); and 34 per cent for boys, 35 per cent for girls in Life Skills (37.5 per cent for boys, 37 per cent for girls in 2012).

However, the transition rate from grade nine to ten is 49.9 per cent nationally, contributing to the low grade 12 completion rate of 31.7 per cent (34.8 per cent for boys, 28.6 per cent for girls). Moreover, despite Government commitment to the sector (public expenditure for education in 2015 was at 20 per cent of the overall budget, in line with international standards), significant and continued infrastructure investments is required to keep pace with the growing youth population. In 2015, 68 per cent of the overall education budget was invested in personal emoluments and 20 per cent in infrastructure and school construction, while only 12 per cent was invested in quality education programming. The number of out-of-school children (OOSC) in Zambia is rising, with an estimated 700,000 out-of-school, up from 500,000 in 2013. UNICEF Zambia supported a team from the Ministry to engage in the ESARO Out-of-School Initiative in 2015 and will support the MGE to consolidate its existing OOSC initiatives into a more defined and better-coordinated program in 2016.

UNICEF Zambia, along with partners, has in the past supported the MGE to strengthen the collection, analysis and use of data for planning and reporting. The latest, less impressive, results may be in part a reflection of stronger data as much as poor performance, which will strengthen the sector in the long-run.

To increase gains and sustain achievements, UNICEF's programming in 2016 aims to support providing a foundation for school readiness through ECE; quality interventions aimed at strengthening school-level management; the use of data for planning; reading and maths at-level programmes to ensure all children "break-through"; inclusiveness and access for all, particularly secondary-level access for girls; and supporting the Ministry to explore lower-cost models of school construction.

OUTPUT 1 MESTVEE has Policies and Institutional Framework to Deliver Early Learning

Analytical Statement of Progress:

The Government continued to uphold its commitment to ECE, demonstrated by the significant steps taken to improve access to and quality of ECE. The ECE policy was finalised in 2014 and submitted to Cabinet. However, policy approval was delayed due to the Cabinet Office recommendation to also develop the ECE policy implementation plan to guide the operationalisation of the policy. The process advanced in 2015, and the draft implementation plan is in place. It is currently awaiting stakeholder validation and the development of a performance management framework with associated indicators. This process was expected to be completed by the end of December and submitted for review by MGE management and subsequent submission to the Cabinet Office for approval. It is expected that the process will be completed in early 2016.

The MGE in 2015 piloted an output-based budget, which now includes a distinct budget line for

ECE. This approach will improve monitoring of ECE-related results in the 2015 education budget. Additionally, there was an increase in funding allocated to ECE, from 0.1 per cent in 2014 to 0.5 per cent in the 2015 education budget. However, overall funding for ECE remains low in comparison to the level of investment required to increase access and improve quality in ECE delivery. Currently, only 15.4 per cent of Grade 1 entrants have ECE experience, a slight increase from 14.7 per cent in 2013. However, much work still needs to be done to meet the Government target of 25 per cent.

UNICEF supported the development of ECE materials and teacher training, which have increased MGE capacity to roll out the new ECE curriculum. For example, support was given to work on translating the ECE materials into the seven main local languages. This work is on-course; printing and roll-out of the materials is expected to commence in January 2016.

As a result of joint advocacy efforts by UNICEF and cooperating partners, the Cabinet Office approved the establishment of an ECE Directorate within the Ministry; the directorate is now operational and officers were appointed to serve in the directorate. This is a major step in institutionalising ECE into the education sector, increasing MGE capacity to manage, coordinate and implement ECE at all levels, which will harmonise the implementation of ECE initiatives and facilitate partner support to the sector.

OUTPUT 2 Schools and Communities have Capacity to Provide Quality Early Learning in Target Districts

Analytical Statement of Progress:

Tremendous progress was made towards ensuring that schools and communities have the capacity to provide quality early learning through the implementation of the new national ECE curriculum. It now provides a framework within which ECE is being delivered at school level. Two hundred and seventy UNICEF-supported ECD centres are implementing the new curriculum, using new ECE teaching and learning materials, contributing to an increased number of children benefitting from a more child-centred pedagogic approach. With the change of policy regarding the language of instruction, UNICEF is supporting the curriculum development centre to translate ECE instructional materials into seven local languages.

UNICEF also supported Ministry ECE systems-strengthening. Particular focus was given to ensuring that teachers use more appropriate teaching and learning methodologies. An ECE standards monitoring tool was developed, which has increased the capacity of education standards officers to monitor ECE delivery. UNICEF also supported the development and printing of the ECE 'Standard Guidelines', which will contribute to quality improvement and harmonise the approach to ECE provision in the country. Additionally, an early learning assessment tool for school readiness was also developed and will be implemented in the first term of 2016. This will support the assessment of school readiness for children and help teachers to track learner progress and develop individualised teaching plans. UNICEF also supported programmes for early identification and assessment of children with disabilities along with interventions aimed at supporting their development.

Through advocacy, social mobilisation and parenting education programmes, parents and communities have gained increased knowledge and skills to support their children's development and early learning. Implementation of the Parenting Programme was strengthened with the training of about 100 community-level workers from education, health, social welfare and community development in three target districts. In addition, heads of departments and local authorities in Chadiza, Petauke and Katete now have increased

knowledge on the importance of the programme, supporting implementation, acceptance and continuity. District level multi-sectoral ECD coordination mechanisms were strengthened in three districts; District ECD Multi-Sectoral ECD Committees implemented joint action plans for the parenting programme. Further innovation was supported by UNICEF through a partnership with Barefeet, a Theatre for Development NGO. The 'Superbaby' programme generated great support and interest in the targeted provinces, mobilising parental and local support, including pledges by community members and leaders on how to improve early childhood care, development and education provision in their communities.

OUTPUT 3 MESVTEE has the Capacity to Provide an Enabling Child Friendly Learning Environment

Analytical Statement of Progress:

With UNICEF support, the MGE finalised and printed the inclusive education guidelines, making provisions for children with special learning needs. The guidelines were distributed to schools and UNICEF supported the training of trainers in the targeted five provinces. Sixty-two standards officers were oriented on the revised standards and evaluation guidelines, which built GRZ capacity to effectively monitor the implementation of child-friendly learning environments; additional copies were printed with UNICEF support for wider distribution.

UNICEF supported better utilisation of data by the Ministry through several initiatives, including support for dissemination of the UNICEF-supported candidate absenteeism study, which identifies key reasons for student absenteeism from final exams and offers recommendations for dealing with these challenges. With support from UNICEF headquarters, UNICEF Zambia is also working with MGE to strengthen the EMIS, concentrating particularly on the feedback loop to schools. School-level profiles were developed through participatory meetings with all levels of the ministry, including head teachers, and ready for launch in January 2016.

School-level improvement plans, which were implemented with UNICEF support in 424 schools in target districts, are now being revised and harmonised, in collaboration with USAID and Time to Learn, who have implemented similar models and structures. The aim is to give MGE one single model, drawing upon the lessons learnt by the different partners. SLIP implementation has been largely successful, with active participation from communities and traditional leaders. UNICEF also supported Campaign for Female Education to implement SLIPs at 24 schools.

UNICEF actively participated in the MGE gender and equity committee, which meets regularly to discuss issues related to girls' education. To improve coordination across line ministries, the committee was able to meet the Vice President and seek her support for issues related to girls' education.

A regional workshop on OOSC was hosted in Nairobi in November, bringing together the different countries under this initiative. Two MGE officials participated in the conference along with UNICEF staff, generating strong momentum for developing plans and concrete actions to address OOSC in Zambia. The MGE is still finalising the review of the Education Act and policy, and there is a lack of clarity around leadership on OOSC at the Ministry. UNICEF strongly supported the review process and is currently supporting MGE with updated data per province to ensure rigorous targeting once implementation begins.

OUTPUT 4 GRZ Primary and Community Schools have the Capacity to Provide Early Grade Literacy

Analytical Statement of Progress:

The MGE introduced a revised curriculum in 2013, which has now reached eight different grade groups. Early review, including during the joint annual review process, indicate positive learning outcomes for students, particularly in the early years where literacy is being taught in the local language. Teachers are reporting positive spill-overs to other subjects as a result, as students are more able to access material in other subjects. Progress was constrained in 2015 by the delayed distribution of readers and workbooks to the schools, caused by a legal conflict with the suppliers. While challenging progress on literacy, it also led to innovations by teachers who had to bridge the gap, including by encouraging greater use of local materials and reading shelters.

The numeracy framework has now been developed, and will be launched in 2016 at grade 1. Together with partners, UNICEF supported MGE and Examinations Council of Zambia to develop and set benchmarks for literacy and numeracy, which were validated in a workshop in 2015. A baseline was also established, enabling progress tracking in future years.

Together with partners, including UNICEF, the MGE is embarking on a pilot catch-up literacy and numeracy programme. This was guided by a learning metrics task force, which identified a need for targeted interventions in basic numerical and literacy skills. The directorate of teacher education and specialised services, together with the curriculum development centre, took a strong lead in the project, which will be piloted in 2016.

MGE is currently undertaking a review of the Education Act and education policy, in order to update these key documents. UNICEF made inputs into the process at key stages, and facilitated field visits by the Ministry in November and December 2015 for this exercise. This provides critical first-hand data and information about changes that are needed, challenges and identification of best practice and will thus inform the development of recommendations.

OUTPUT 5 The MESVTEE and partners at national and sub-national level are able to deliver quality education in emergencies

Analytical Statement of Progress:

The effects of climate change in Zambia, together with environmental degradation, have continued to cause irregularities in annual rainfall resulting in flash floods, congested drainage and damaging dry-spells. The effects of epidemics like cholera, typhoid and other diseases have also continued to recur, disrupting the provision of education in some areas. The scale of these incidents on their own may not be substantial, and may in many cases be too localised to constitute a declared emergency, but it is very clear that when taken together, they continue to pose a threat to the delivery of education. The Government, through the DMMU, has stressed the need for disaster risk reduction strategies and plans to ensure that the school system prevents disasters due to different hazards. UNICEF continued to support the Government to be able to develop and implement emergency preparedness and response plans with particular focus on reducing disaster risks to minimise the effects of emergency situations like floods, droughts and cholera and other diseases that have a potential to disrupt the school system.

UNICEF supported and provided input into the development of the 2015 national contingency plan and the analysis of possible national and local hazards and preparedness. This included support to response plans for all 10 provinces. The development of the contingency plan involved mapping potential hazards in each province and their subsequent incorporation into the national contingency plan.

All provinces have established measures to prevent major hazards like floods, epidemics, high-winds, etc. to damage school infrastructure. Some of the measures supported by UNICEF included the provision of information, education, and communication materials, training and raising of school embankments in flood-prone areas as well as preventive maintenance of school infrastructure. During the year, through UNICEF support, construction of the Malabo flood-proof school was completed and handed over to the Government.

OUTPUT 6 Primary, secondary, community schools and Teacher Training Colleges in targeted districts have knowledge and skills to deliver gender sensitive Life Skills education to learners

Analytical Statement of Progress:

In 2015, the capacity of learners, teachers and communities to address pertinent education issues (particularly on girls' education) was enhanced through partnerships with the Government and NGOs. More than 200 (210) peer educators were trained in 'theatre for development' techniques, using a participatory process and performance model focused on community empowerment, while 83 teachers were trained on SRH, GBV and psychosocial counselling issues. They in turn trained 1,600 boys as 'Agents of Change'. Through the MDGI project, UNICEF supported the training of teachers to deliver life skills-based comprehensive sexuality education and financial literacy. Community empowerment was further promoted via community action groups (CAGs), through participatory self-assessment score cards, where communities were taught how to collaboratively identify the most pressing problems affecting access to education in their communities and to come up with concrete actions to overcome them. Peer educators reached 28,559 people through organised outreach activities while CAG interventions resulted in the retrieval of 538 out-of-school learners and counselling of 779.

To enhance guidance and counselling services, life skills education and HIV prevention in schools, UNICEF supported MGE to develop and print key documents, including: 'guidelines on the administration of guidance and counselling services' for education managers, the first-ever guidance and counselling teachers' guide; the revised HIV and AIDS policy for the education sector (2016-2020); and a strategic framework and implementation guidelines for the HIV policy. The resources were launched by the Minister of Education on 12th October, 2015. This was followed by an orientation of stakeholders at the national and sub-national levels, including provincial education heads from all 10 provinces and provincial senior education officers responsible for guidance and counselling services. The orientation included dissemination of these resources and training on their implementation to ensure that school managers, teachers and other education stakeholders have better understanding of and guidance on how to ensure better services to support learners to acquire knowledge, skills, attitudes and behaviours to make wise and healthy choices. Each province developed an action plan. The activities were jointly organised by the teacher education department and the human resources HIV+AIDS department and jointly funded by UNICEF, UNESCO and USAID. The group collectively committed to reviewing provincial data and reducing teenage pregnancy and dropout rates and increasing adherence to ART by learners.

OUTCOME 6 Children under 5 benefit from the delivery of expanded and improved decentralized birth registration services

Analytical Statement of Progress:

UNICEF Zambia continued support for strengthening child justice forums, which have proven successful in improving the administration of justice in a timely manner and according to minimum standards. However, the diversion mechanisms for children in contact with the law are not yet in place, limiting the effectiveness of the forums. UNICEF is supporting the Ministry of

Community Development and Social Welfare (MCDSW) to develop guidelines, standards and a training manual on diversion that will be made operational in 2016.

UNICEF supported ongoing Government efforts to strengthen prevention and response systems for violence against children and GBV in selected districts. Through the UN joint programme on GBV, UNICEF supported the establishment of two more One-Stop Centres and training of frontline workers. The overall number of districts with One-Stop Centres increased from 14 in 2013 to 34 in 2015, representing significant progress towards the 70 districts target by 2020. The Government, with support from UNICEF, finalised national referral guidelines on VAC and GBV. UNICEF supported Government capacity to provide adolescents and youths with business and marketing skills that increase self-reliance and protection from GBV. Through the UN joint programme on protecting migrant children from trafficking and abuse, UNICEF supported the development and implementation of a communication assessment and messages to address vulnerabilities of migrant children. The programme as a whole helped strengthen the protection of children on the move and supported implementing systemic changes.

OUTPUT 1 By 2016 children are benefitting from the delivery of expanded and improved decentralised birth registration services in three selected provinces

Analytical Statement of Progress:

Significant progress was made in 2015 toward achievement of this outcome. UNICEF's support to Government was at two levels: creating an enabling environment for civil registration in general, and strengthening birth registration services in particular.

The finalisation of the 'Statutory Instrument to Amend the Births and Deaths Act' was a significant achievement in 2015. The new law, once operational (beginning January 2016), will enable all district registrars to issue certificates and simplify the birth registration application process by reducing the number of forms that applicants must fill in. This will ultimately significantly speed up the issuance of birth certificates.

At service delivery level, UNICEF supported the Ministry of Home Affairs and the MCDMCH to expand the decentralisation of birth registration services to the community level, through health centres. Health centres are visited by almost all parents either at birth or during immunisation and well-baby visits, therefore integrating birth registration into these visits makes registration very accessible. With UNICEF support, 22 more birth registration desks were opened in 2015 in health facilities in Copperbelt and Lusaka provinces. The Government manages similar desks in 154 health facilities in Luapula, Southern and Eastern provinces, bringing the total to 176. Through this expanded and improved decentralised birth registration system a total of 80,026 births were registered in 2015.

UNICEF, in collaboration with UNDP, also supported the Government's planned integrated national registration information system (INRIS), which will contain an integrated civil registration system from birth to death. Through advocacy and close engagement, UNICEF ensured the inclusion of a birth registration module in the INRIS project to ensure that all children are registered at birth, enabling them to access other subsequent steps in civil registration such as national ID and passport. INRIS will also improve service delivery, as registration information will be processed and transmitted in real time.

In terms of demand-creation for birth registration, awareness campaigns were not conducted on a large scale in 2015, as the focus was more on ensuring that services were in place. However UNICEF engaged its communication colleagues as well the Ministry of Home Affairs in discussions about developing a communication for development strategy to help in social

mobilisation and awareness-raising. Once in place the strategy will also help to address some of the cultural beliefs and practices that hinder parents from applying for their children's birth certificate. In addition, UNICEF also supported the ministries of Home Affairs and Health to train community health volunteers who, apart from helping in the actual registration of children, also play a key role in raising awareness among communities.

OUTPUT 2 MoHA is able to provide enabling legal and policy environment for universal birth registration

Analytical Statement of Progress:

During the period under review the Ministry of Home Affairs, with technical and financial support from UNICEF, completed the review of the law which governs birth registration in Zambia, a process that started in 2012. Following the completion of this comprehensive legal review, Cabinet has now approved the statutory instrument that will allow for the decentralisation of birth certification to districts. The instrument will become law once approved by the Minister of Home affairs, this amendment to the Births and Deaths Act will be a significant step in strengthening Zambia's birth registration system.

Centralisation of certifications at national headquarters continued to be a major bottleneck for birth registration in the country. This results in huge backlogs, as all applications are brought to Lusaka for processing and issuance of birth certificates. It takes three-to-12 months for applicants to receive certificates. Related to the legal and policy review, UNICEF also supported changes in the application forms, reducing the number of forms that an applicant has to fill from four to one user-friendly and simpler form.

To ensure that registration officers are up to date with emerging CRVS issues and procedures, the Ministry of Home Affairs revised the manual that serves as the standard operating procedure for provision of birth registration services.

Further, UNICEF supported Government's capacity-building initiatives (South-to-South learning) by facilitating participation of key Ministry of Home Affairs staff in the 2015 ministerial and experts CRVS conference held in Ivory Coast.

OUTPUT 3 MoHA, MCDMCH and MoH have the capacity to provide birth registration services in all health centres in selected provinces

Analytical Statement of Progress:

To ensure that birth registration services are decentralised to community levels, UNICEF supported the Government with the establishment of birth registration desks in 22 health facilities in Lusaka and Copperbelt provinces, bringing the total number of health facilities in the country with birth registration desks to 174 (of the country's 1,600 facilities). Following the establishment of the desks, the Ministry of Home Affairs and MDCMCH, with support from UNICEF, conducted a five-day training of trainers for health workers and district registration officers on effective ways of carrying out birth registration and training community volunteers. Twenty-two health workers and 11 district registration officers were trained in Copperbelt and Lusaka.

Further, 14 health workers and 28 community health volunteers were trained in the second round that took place in August and September as part of continuous capacity development. Important focus areas for training were the importance of and procedures for birth registration, the legal framework, registrar's manual, social mobilisation and awareness-raising. As a result,

all the trained health workers and volunteers are now utilising the skills and knowledge from their trainings to register births in their respective health facilities.

In the 174 health facilities where the interoperability of the birth registration system with the health sector is being piloted, a total of 81,026 birth registrations were reported by the department of national registration in 2015. However, only about 50 per cent had received certificates by year's end, due to the backlog of applications caused by the existing centralised system and the fact that most district registrars were traveling during 2015, implementing the national registration mobile exercise. As an interim measure, UNICEF paid for staff costs of six data entry clerks to help overcome the backlog in applications. It is anticipated that the amendment of the Births and Deaths Act that calls for decentralisation of the issuance of birth certificates will significantly reduce the backlog and ultimately increase the number of certificates being issued.

OUTPUT 4 Selected Community leaders and members of CSOs have the knowledge and skills to engage communities on the importance of birth registration in selected provinces

Analytical Statement of Progress:

Efforts to build capacity among selected community leaders and CSO members, providing knowledge and skills to engage communities on the importance of birth registration in selected provinces, did not take place.

Although planned, this activity did not take place due to the logistical challenge of mobilising participants, due to inadequate staffing in the Department of National Registration, Passport and Citizenship as a result of the mobile national NRC exercise. Both trainings will be undertaken in 2016, once the ongoing national ID exercise comes to an end in February.

OUTCOME 7 By 2016, the Government of Zambia has an improved policy environment and systems to reduce multidimensional child poverty and exclusion

Analytical Statement of Progress:

Throughout the 2011-2015 Country Programme cycle, the Zambian policy environment improved its potential to deliver results for children and to address multi-dimensional child poverty in an integrated manner. This is reflected in the adoption of a number of policies that are child-focused or child-sensitive in nature. Policies, plans, and programmes that deal with a particular sector are dealt with elsewhere in this report and under the respective sector-based outcomes of the Country Programme.

In 2015 the Government adopted the revised national child policy. Based on a comprehensive analysis of child rights deprivation, the policy outlines strategic objectives in the fields of child survival, development and participation. Yet, although the revised child policy provides a strong framework, it will need to be accompanied by strengthened coordination structures with clear responsibilities and adequate resources. Further, both the policy and the coordination of its implementation would benefit from a comprehensive monitoring and evaluation framework that includes overarching measures for monetary and multidimensional child poverty.

In 2014 the Government approved its new national social protection policy (NSPP). Based on a comprehensive, five-pillar framework (social assistance, social insurance, livelihood & empowerment, protection and disability), the policy complements existing sector plans by bringing together under the same umbrella a range of interventions that aim to reduce families' economic and social vulnerabilities and help them overcome financial barriers to service use.

Flagship interventions that bear high relevance for children include the SCT programme and the new social health insurance scheme. Coverage of cash transfers has rapidly expanded over the past five years, reaching 60,000 households in 2013, 145,000 households in 2014, and an expected 200,000 households by end-2015. The programme reaches an estimated 1 million poor and vulnerable children. Government has allocated further budget increases to the programme for the 2016-2018 period, which will allow it to reach national scale and 10-15 per cent of the population. UNICEF provided technical assistance for the design of targeting and for the strengthening of delivery mechanisms for cash transfers, related, among other things, to payments, management information, grievances, and the role of community-based volunteers. The expanding cash transfer programme provides a critical opportunity to establish programme referrals and linkages with other services, as a means of addressing the multiple dimensions of poverty among children in Zambia.

To deliver on its potential as a coherent and well-coordinated response to poverty, including through balanced budget allocations, the NSPP needs strong coordination mechanisms and a robust monitoring and evaluation arrangement.

In 2015, the Government launched the consultation and preparation process for the development of the seventh national development plan, which follows the current 2013-2016 revised sixth national development plan. This process for adoption of this critical document will provide an opportunity to advocate and provide technical support for the integration of specific measures and targets to reduce multidimensional child poverty, as well as for addressing child-relevant SDGs.

Clearly, the policy framework as it has emerged over the past five years entails an opportunity for strengthened measurement of multi-dimensional child poverty. Currently, a lack of recent data, relevant indicators and capacity in the MoF and the Statistics Office form the main barriers to this. The imminent release of data from the 2013-14 DHS and the 2015 Living Conditions Monitoring Survey provides an opportunity to address this gap. Child poverty measurements – monetary as well as multidimensional – could be part of the broader Government management information system, used to track policy and plan performance and to monitor key development targets, including national plans to achieve the SDGs. In 2015, UNICEF collaborated with the MoF to progressively develop an evaluation capacity development agenda, which is considered a critical piece for evidence-based policy design, monitoring and evaluation. A multi-sector M&E needs assessment was launched at end-2015, and is expected to provide a foundation for implementing the human resource capacity aspect of this agenda.

In terms of child-centred budget allocations, the fragile economic outlook for Zambia is a reason for concern. Social sector budget allocations will decline substantially. In 2016, they represent 29.6 per cent of the national budget, down from 35.3 per cent in 2015. Also in light of the relatively large share of allocations to salary-related costs, this represents a significant risk for investments in programmes, services and human resources required to improve key child well-being indicators. The Government needs to adopt mitigating measures in areas where impact is expected to be greatest (e.g. drug procurement or school infrastructure). Declining social sector allocations come at a time of increased pressure on poor and vulnerable households due to the increasing cost of living (as a result of inflation), bad harvests and job losses. This typically requires counter-cyclical investments in social sectors.

OUTPUT 1 Project Support

Analytical Statement of Progress:

OUTPUT 2 The Government of Zambia has the capacity to deliver an integrated set of child-, gender-, and HIV-sensitive social protection measures By 2016

Analytical Statement of Progress:

2015 was characterised by efforts from UNICEF, development partners and the Ministry of Community Development to advocate for increasing the budget allocation for SCT in the Medium-Term Expenditure Framework. This contributed to the approval of a progressively increasing SCT budget in the 2016-2018 MTEF and a 67 per cent increase in the 2016 budget. In addition, UNICEF support during 2015 led to several achievements:

- Finalisation and official release of five social cash transfer impact evaluation reports [www.mcdmch.gov.zm];
- Roll-out of the National Disability Survey, with data collection among 7,500 households completed and data analysis and report drafting on-going.

In the area of policy and programme design:

- Consultations on a new targeting model for the SCT programme, which resulted in a decision to replace the dependency ratio criteria with categorical criteria on old age and disability. Forms and training materials for identifying about 50,000 new households in 27 new districts were developed.
- Production of the final draft national social welfare policy, which is now being prepared for submission to Cabinet.

In the area of systems strengthening and capacity development:

- Enrolment of an additional 35,000 households in the SCT programme, following community validation of results from the second round of targeting in 2014. Completion of a mini-targeting round in impact evaluation districts and re-targeting in child grant districts where many households graduated from the programme when the youngest child reached five years of age. Altogether, this will bring the SCT caseload to 200,000 households.
- Completion of an independent verification exercise to enhance credibility of the SCT programme. A total of 3,702 households were visited in 41 districts to verify the information they provided on members and living conditions, in order to reduce inclusion errors. A total of 966 households were enumerated to reduce exclusion error.
- Completion of an options paper on the design of the grievance mechanism of the SCT programme.

In the area of communications:

- Launch of district-level implementation of the SCT communication strategy, development of communication plans in 50 districts and community radio broadcasts in 25 districts.

In terms of shortfalls, activities related to the implementation of the national social protection policy experienced delay. Yet, in November contracts were issued to support: 1) the strengthening of coordination mechanisms – including the establishment of a national coordination unit, and 2) the development of a policy-wide monitoring and evaluation framework.

OUTCOME 8 By 2016, vulnerable children benefit from a strengthened system for prevention and response to violence, exploitation, abuse and neglect at national and sub-national level

Analytical Statement of Progress:

Under this outcome, UNICEF supported Government steps to strengthen the child protection system, enabling it to adequately prevent and respond to violence, abuse, exploitation and neglect. The child protection system mapping carried out by Government with support from UNICEF in 2012 continued to play an important role in providing stakeholders with critical data on what exists and what should exist in order to have a functional and well-coordinated CP system. In line with the mapping exercise's recommendations, UNICEF continued to contribute to national efforts to improve key components of the child protection system – such as laws, policies, structures, functions, capacities, data and services – which are all necessary for a coordinated response to child protection.

UNICEF contributed to the review and development of laws, policies and regulations. In particular, support was given to the Ministry of Education, Science, Vocational Training and Early Education to hold five provincial consultative workshops to review the Education Act (Cap 234) of the Laws of Zambia to ensure that violence against children, including child marriage, is addressed in schools. Gender inequality is still an important underlying factor for many child abuses in Zambia, thus UNICEF supported a review of the gender policy, which was launched in December 2014. UNICEF also supported finalisation of a review of the 2006 national child policy which began in 2012. The revised policy provides Government's vision and principles on the improvement of the situation facing children today. Together with the social protection policy launched in December 2014, these policies form the basis upon which the framework of the child protection system will be developed. Government played a strong leadership role on both policies.

In an effort to develop evidence-based policies and programmes, UNICEF supported two key research activities: the health and wellbeing survey (H-Well, also known as the VAC survey) and research into the dynamics leading to child marriage. Both research findings are informing inter- and cross-sectoral responses. The preliminary H-Well report was launched and the full report is expected in the second half of 2016. Preliminary findings reveal the extent and forms of violence against children. From this, it is very clear that national systems are insufficient both in quality and scope to be able to prevent and respond adequately to the various forms of violence against children, such as sexual, physical and emotional abuse, child marriage, children entering the criminal justice system, child labour and child trafficking

The research report on child marriage was finalised in May 2015 and brought out clearly the dynamics leading to child marriage. In the Zambian context it is not so much a social norm but rather the manifestation of socio-economic disparities. This has consequences for the kind of response the Government and partners have to put in place: less awareness-raising; more safe and accessible SRH services, (secondary) education and social welfare services. The results of the study informed the development of a draft national strategy to end child marriage.

The strengthening of child protection systems requires coordinated efforts among various stakeholders, including civil society. The OVC steering committee was transformed into the National Coordination Committee for Children, in which UNICEF takes part. While it is not yet meeting regularly, a sub-committee provided oversight of the H-Well survey, while the technical working group for the child marriage study met regularly to guide the research. A cooperating partners group was formed around the child marriage campaign, and also gave crucial support to Government in the organisation of the first African Union Girl Summit, which took place in

Lusaka in November 2015.

UNICEF continued to support strengthening of child justice forums, which have proven successful in improving the administration of justice in a timely manner and according to minimum standards. However the diversion mechanisms are not yet in place, limiting the effectiveness of the forums. The MCDSW developed terms of references to develop the guidelines, standards and training manual on diversion. This will be implemented in 2016. It is anticipated that this will contribute to more systematic and consistent diversion of children away from the formal justice system.

Ongoing Government efforts to strengthen prevention and response systems for VAC and GBV were supported by UNICEF in selected districts. Through the UN Joint programme on GBV, UNICEF supported the establishment of two more one-stop centres and training of frontline workers to adequately prevent and respond to VAC. The Government, with support from UNICEF, finalised the national referral framework on VAC and GBV. UNICEF strengthened Government capacity to provide adolescents and youths with business and marketing skills that increase self-reliance and protection from GBV. Through the UN joint programme on protecting migrant children from trafficking and abuse, UNICEF supported the development and implementation of a communication assessment and messages to address vulnerabilities of migrant children. The programme as a whole helped strengthen the protection of children on the move and supported the implementation of systemic changes.

OUTPUT 1 Selected community leaders and CSOs have the knowledge and skills to influence practices and behaviour harmful to children in selected districts

Analytical Statement of Progress:

UNICEF supported the MGE to address the issues of stigma and discrimination in the urban-based refugee host communities of North-western, Western and Lusaka Provinces. A communication assessment was conducted in the three host communities, and evidence from the assessment informed the development of a communication strategy on stigma and discrimination. As part of capacity building, UNICEF supported the Ministry in training of 90 guidance and counselling teachers, 150 peer educators and nine theatre groups from the three provinces to engage with communities on issues of stigma and discrimination. A further consultation on message development and validation was held with the same groups, after which action plans for reaching communities and schools were drawn up by each of the provinces. Using theatre, community meetings, music festival, sports and debate, the trained groups reached out to communities and schools to address issues of stigma and discrimination. It is expected that these efforts will contribute significantly to the reduction of stigma and discrimination affecting migrant children.

Zambia is a transit and destination country for trafficking. Migrant children are especially vulnerable to trafficking, especially if they (and caregivers) are uninformed about regulations pertaining to asylum seeking and migration. In contribution to the UN joint programme, UNICEF supported the MCDSW to develop and roll out an information campaign on safe migration, human trafficking and asylum processes. Capacity building trainings were provided to 90 media personnel and 80 stakeholders in districts to support information-sharing at the community level. The media training resulted in a number of articles in the print media aimed at sensitising the public on issues of human trafficking and safe migration. During the same trainings for media personnel, radio spot jingles were produced and ran on selected radio stations in the Eastern and Copperbelt provinces.

The piloting of interventions in six districts where the child marriage study was conducted was constrained, as it depended on the completion of other processes such as the research report and the development of the national strategy on ending child marriage. The study was completed and the report was produced but the completion of the national strategy to end child marriage was delayed due to protracted – but necessary – stakeholder consultations on the process and content of the strategy. The engagement with chiefs could not take place as it too depended on the finalisation of the study and development of the strategy

OUTPUT 2 MCDMCH and Police have increased skills and resources to provide vulnerable children with access to appropriate child protection services in selected districts

Analytical Statement of Progress:

Strengthening prevention and response to violence and abuse and alternative care are two important child protection system elements that UNICEF is supporting. UNICEF is supporting the Government to strengthen the regulation of institutional care, to avoid unnecessary institutionalisation and ensure that children in institutions get adequate care and remain for the shortest period of time possible. UNICEF and the Government are working closely with NGOs, who are supporting the strengthening of the foster care system and families' capacity to continue taking care of their children. This concerted effort will result in an improved child care system.

The Government adopted the minimum standards of care for child care institutions in 2014. To provide adequate support to the Government and NGOs for the implementation of the standards, an assessment is planned to establish the level of compliance by child care institutions. The consultant who will carry out the national assessment started work in the second half of December 2015. Preliminary findings are expected in Q1 of 2016, after which the case management system within child care facilities can be developed.

The assessment will further provide baseline information on the status of children in residential care, which will inform the revision of the child care system. UNICEF also supported the MCDSW, in collaboration with other GHR Foundation-funded partners, to develop draft guidelines on adoption, foster care and family tracing and reintegration, as part of the alternative care regulatory framework.

Strengthening prevention and response to violence includes improving referral mechanisms in districts. The national referral framework handbook, developed in 2014, was distributed and partners/stakeholders were trained on providing adequate referrals in 10 target districts. The framework will increase understanding of the referral system by stakeholders, as well as improve referral processes.

The One-Stop Centre model, where victims of abuse get legal, medical and psycho-social support in one place, was adopted by many partners in Zambia. The Government has developed guidelines and a training manual for setting up these centres. In many districts they are combined with establishing community networks in surrounding communities, raising awareness on GBV and referring victims to the centres. UNICEF supported Mansa and Kasama one-stop centres to help with scaling up to two more districts: Luwingu and Chiengi, including 10 community networks. Mansa and Kasama one-stop centres and YWCA Chipata continued to strengthen 120 community networks and 20 help desks in four districts in their catchment areas.

OUTPUT 3 MoJ, ZLDC, MoHA and MGCD have improved capacity to legislate for, plan and coordinate evidence based child protection interventions

Analytical Statement of Progress:

Under the leadership of the Ministry of Home Affairs and the Zambia Law Development Commission, UNICEF supported the legislative audit of the Anti-Human Trafficking Act and the Immigration and Deportation Act to identify provisions that need strengthening in relation to the protection of migrant children. An issue paper was developed highlighting sections of the two laws that need strengthening, and a drafts person was engaged to draft amendments.

UNICEF also supported the MCDSW to participate in a special session on the Hague Convention on Inter-Country Adoption. Following the session, the MCDSW requested the Department of Child Development to facilitate the inclusion of an elaborate section on inter-country adoptions in the Children's Code Bill before presenting it to the Cabinet. These additions have since been noted. The process of tabling the Children's Code bill was marred by lack of clarity about which ministry had the mandate to table the Bill before Cabinet: the MCDSW or the Ministry of Gender. UNICEF held dialogue meetings with the Zambia Law Development Commission and advocated that ZLDC and the MoJ should provide guidance as a way of expediting the tabling of the bill before Cabinet. This resulted in MoJ communicating with the concerned ministries, advising that the Children's Code bill should be tabled by the MCDSW since this is the Ministry with a broader mandate for implementation.

The data collected for the H-Well/VAC survey is being analysed by CDC in Atlanta in coordination with the University of Zambia and Central Statistics Office. UNICEF provided financial and technical support to the process of data collection, elaboration and finalisation of the H-Well policy brief and preparation of the preliminary and final reports. In addition, UNICEF supported the H-Well multi-sectoral working group in carrying out a consultative process for the elaboration of the commitment documents on priority responses to VAC, which should lead to the development of a national multi-sectoral response plan on VAC in 2016. In November 2015, the preliminary findings of the H-Well were officially launched by the Government of Zambia, paving the way for further commitments to be realised in protecting children from all forms of violence. The H-Well is coordinated by Child Development Department of the MGCD (now the Ministry of Youth, Sport and Child Development) through the National Coordinating Committee for Children, previously known as the OVC steering committee.

OUTPUT 4 By 2016 Judiciary, MCDMCH and Child Justice Forum have improved capacity to respond to children in contact with the law at all stages of the justice system in accordance with international standards in target districts

Analytical Statement of Progress:

There was noticeable improvement in coordination and monitoring of child justice activities in recent years in the 45 districts (of 104) where child justice forums are established. Court officials are managing child-friendly courts, ensuring that all rights of children, including the right to information, protection and participation during trials, are fully respected. There are nonetheless obstacles for children within the justice system, such as the non-existent or partial separation of children from adults in detention, lack of diversion services or options for alternative sentencing and the complexity of procedures for bond/bail. Children continue to be arrested and detained for petty offences. Anecdotal evidence suggests that young people are held unnecessarily without charge for extended periods, especially on drug-related cases.

To enhance the capacity of key stakeholders to adhere to international minimum standards

when dealing with children in contact with the law, UNICEF supported the judiciary to train 27 magistrates and 40 police officers from the Child Protection Unit of the Zambia Police in child-friendly practices. To move away from non-sustainable ad hoc trainings, UNICEF supported the Zambia Police to develop a training curriculum on child rights, child justice and child protection for the three Zambia Police training colleges. The process started with UNICEF support for an assessment of the current training curriculum. The assessment included a review of the content of the current curriculum and consultations with police officers and members of the public, including children, on the attitudes and practices of police officers when working on cases involving children. This process will be followed by the development of course content that will include detailed modules on child rights, child justice and child protection. The modules will form part of the course content of the Diploma course that will be taught at all police training facilities.

To prevent children from re-entering the justice system when in conflict with the law, UNICEF is supporting the Government to strengthen diversion mechanisms at both pre-trial and trial stages. A first step is to support the development of a national framework, diversion guidelines and multi-sectoral training manual to regulate the practice. Terms of reference for the consultancy were finalised under the leadership of MCDSW and with support from UNICEF. After the guidelines and training manual are developed, training of stakeholders can commence.

OUTCOME 9 Cross sectoral

Analytical Statement of Progress:

The CMT met monthly in 2015, with oversight of the key performance indicators for management, programme and operations. In addition, key weekly management indicators were shared by e-mail by the M&E team to allow timely follow-up action. 2015 was characterised by a number of additional Office priorities, focussing on improving quality assurance mechanisms and capacity. UNICEF Zambia prepared the CPMP for the coming Country Programme 2016-2020. As part of the changes, attention was given to strengthen staffing for programme planning, M&E and routine oversight, including budget and HACT management. A new Unit was established to bring these key functions together under the Deputy Representative's office. The Office also received an internal audit visit, the outcome of which concluded that, subject to implementation of the agreed recommendations, the Office's controls and processes were generally established and functioning during the period under review. Action plans are in place to close the recommendations completely within 2016.

The Office updated the risk assessment matrix at the start of the year, to inform the AMP for 2015 and preparation for the CPMP. A review of the matrix was conducted as part of the annual management review, and the relevant actions will be incorporated into the AMP for 2016. The review highlighted some significant changes in the operating context over the year. The 2015 AMP focused on seven key management results, covering development of the new Country Programme, partnerships with donors, quality assurance, innovation and knowledge management, staff learning and development, efficiency, and staff welfare and well-being. Good progress was made across most results. Work continued to strengthen business continuity preparedness. An emergency task force is in place, with representatives from each section, supported by the emergency focal point, who coordinates with the DMMU. Management relations with the Staff Association were open and constructive, with active participation of the association in the development of the CPMP. Further efforts were made to increase open communication through regular all-staff meetings.

OUTPUT 1 Governance and Systems-staffs in front offices, programme coordination, communication and ICT

Analytical Statement of Progress:

The AMP was prepared at the start of 2015, setting out the key priorities for the year for management, programme and operations, and the main oversight mechanisms. The CMT met monthly throughout the year, maintaining a standard agenda and review of key performance indicators. Statutory committees were in place and functioning well throughout the year. A mid-year review was held to review progress on programme and management results, and an annual management review was conducted to review overall progress, and agree on priorities for 2016, building on lessons learned and taking into account the changing operating environment in Zambia. Although progress was made across all management priorities, there are still areas for further follow up that will be integrated into the priorities for 2016. During the year, the Office prepared for the internal audit mission, with good support from the Regional Office. The audit report included 20 recommendations of which two are considered high risk. Overall, the report concluded that controls were operating satisfactorily. During the year, the Office undertook improvements in ICT, completing the transition to cloud-based systems. The ICT infrastructure for business continuity was improved; an alternate site is ready in case of need. ICT also successfully provided support to technology for development initiatives such as Programme Mwana and Zambia's U-Report.

OUTPUT 2 Human Capacity Costs staffs - Administrative staffs - Supply & Logistics staffs - Office operating costs

Analytical Statement of Progress:

UNICEF Zambia continued to improve systems and procedures to ensure efficient, prudent and effective management of its financial resources. The CMT used the dashboards from InSight in its monthly meetings to facilitate review of progress and status of key management indicators. The Office monitored expenditure of all expiring grants in 2015, while three grant extensions were requested and approved. The Country Office invested significant efforts in strengthening the implementation of HACT, now managed by a new dedicated HACT post. Implementation plans for assessment, assurance and training activities were all completed at high levels. The Office also set up an improved system for analysing the information from the HACT processes, so that it feeds into updated partner risk profiles and informs decision-making for future partnership management. UNICEF maintained the chairmanship of the UN HACT Working Group, which has also made progress, setting up a web-based portal for information-sharing. All bank reconciliations were completed, uploaded and approved in VISION within DFAM deadlines, with regular follow-up on reconciling balances. A number of bank errors were identified through the process, which allowed for timely follow-up and resolution. Monthly financial closure and review of accounts was performed in 2015. The Office was included in the successful pilot implementation of the new bank transfer system, which simplified bank transfer processes while improving the speed of payments to vendor bank accounts. As a follow-up to audit observations and to improve transaction process efficiency, the operations team initiated a regular forum to meet with programme colleagues to discuss and address process bottlenecks. This will be broadened in 2016, and it is hoped that improvements will show in the regular monitoring of process timelines.

OUTPUT 3 Human Capacity Costs staffs - Administrative staffs - Supply & Logistics staffs - Office operating costs

Analytical Statement of Progress:

As part of the development of the CPMP 2016-2020, the Zambia Country Office reviewed the overall staffing structure and mix against the planned results of the Country Programme. A revised structure was approved, with no overall change in staffing numbers. Recruitment for the new structure was underway during the last quarter of the year, so that posts will be filled by the start of the new Country Programme. During the year there were a number of staffing gaps, which were filled through a mix of approaches: support from colleagues within the region on stretch assignments, and extended duration for staff as 'officer in charge', giving them an opportunity to learn on the job. The Office continued to encourage Zambian staff to benefit from regional stretch assignment opportunities. Two national colleagues were appointed to international posts during the year. Management and the Staff Association established a task force to address areas where UNICEF Zambia achieved low scores in the Global Staff Survey 2014. While completion of performance evaluation processes was on track in 2015, there is recognition through the GSS follow-up, that further support is required to enhance supervisory skills and build a coaching culture in the office. UNICEF Zambia's learning and training strategy is structured around the areas of management and leadership, programme excellence and core learning at all levels. The recent internal audit commended the Office for having a structured induction programme. Linked to this, the on-boarding and off-boarding processes were strengthened during the year. Completion of all phases of the performance appraisal process is a key indicator on the CMT agenda. The CMT is committed to further expanding attention to performance management, ensuring a clear connection between Country Office results and individual objectives and accountabilities.

OUTPUT 4 Regional HACT action plan

Analytical Statement of Progress:

The Country Office invested significant efforts in strengthening the implementation of the HACT, managed by a new dedicated HACT post. Implementation plans for assessment, assurance and training activities were all been completed at high levels. The Office also set up an improved system for analysing the information from the HACT processes, so that it feeds into updated partner risk profiles and informs decision-making for future partnership management. UNICEF maintained the chairmanship of the UN HACT Working Group, which has also made progress, setting up a web-based portal for information-sharing

Document Centre

Evaluation and Research

Title	Sequence Number	Type of Report
HPP End Line Survey	2015/006	Study
HPP Mid line survey (LQAS)	2015/005	Study
Qualitative Study of Child Marriage in Six districts of Zambia	2015/004	Study
Effectiveness Study for the Development of a Home Fortification Programme for Young Children in Zambia – End-line Report	2015/003	Study
Introduction of Inactivated Polio Vaccine (IPV) in Routine Immunisation Schedule in Zambia	2015/002	Study
Knowledge, Attitude and Practice (KAP) research on RMNCH -N in selected MDGi districts	2015/001	Research