Executive Summary

2016 was the first year of the 2016-2020 Government-UNICEF Zambia Country Programme of Cooperation (CP). In early 2016, the Government of the Republic of Zambia (GRZ) released the 2015 living conditions monitoring survey report, which revealed that the proportion of households living below the poverty line had decreased only marginally since 2010. The overall poverty rate stands at 54 per cent, while the extreme poverty rate remains at around 40 per cent. Inequality between urban and rural areas has widened significantly. It is known that children are disproportionately affected and that poverty drives deprivation in education, health, nutrition and protection, among other dimensions. In advocating for investing in children, UNICEF Zambia launched analytical work on multi-dimensional child poverty using this newly available data set.

Driven by persistently high levels of poverty and a deteriorating economic situation in 2015 and 2016, GRZ has formulated an economic reform programme in which social protection features prominently, with a significant increase in budget allocation and coverage. UNICEF Zambia coordinated development partners’ advocacy to support the budget increase for the programme from US$30.2 million in 2016 to US$55.2 million per year in 2017. It also supported the 2016 scale-up phase, which saw cash transfer coverage increase to about 8 per cent of the population. This represents 18 per cent of extremely poor Zambians. In 2016 UNICEF Zambia released the first of a series of annual social sector budget briefs. The briefs were widely circulated and helped to inform economic reform programme discussions.

UNICEF Zambia’s comprehensive approach to strengthening national capacity contributed to institutional reforms and to scaling up service delivery in the water and sanitation sector. With UNICEF as the chair of the water sector cooperating partners group, sustained advocacy in 2016 led to the creation of a full-fledged Ministry of Water, Sanitation and Environmental Protection. With UNICEF Zambia’s direct contribution, GRZ provided 153,480 people with new access to safe drinking water, and 300,000 people gained access to improved sanitation.

Implementation of activities planned for the European Union (EU)-funded Millennium Development Goal initiative (MDGi) programme continued in 2016 in 11 districts that host 30 per cent of the country’s population (4.1 million people). The main objective of the programme was to improve outcomes in reproductive, maternal, newborn, child and adolescent health (RMNCAH), with a focus on health system strengthening.

UNICEF Zambia supported: evidence-based planning, monitoring for action, quality improvement, for RMNCAH interventions, re-enforcing the health management information system (HMIS), and renovation and equipping of emergency obstetric and neonatal care centres. With support from UNICEF Zambia and international health partners, the national supply chain strategy was finalized and endorsed. Support was provided to the Government to successfully conduct the tOPV-bOPV switch, a key activity for global elimination of polio. Furthermore, UNICEF supported introduction of the measles and rubella vaccine through a campaign reaching 7,741,505 children aged nine months to 15 years.
UNICEF Zambia supported the Ministry of General Education (MoGE) to improve data collection and utilization processes to improve planning for better learning outcomes, including the development of school-level profiles for all 8,000 primary schools in Zambia. Simplified community profiles and aggregated district and province profiles are under development, aimed for roll-out in early 2017.

UNICEF Zambia continued to support interventions to ensure that children, adolescents and pregnant women had access to quality interventions for HIV prevention and treatment. Under adolescent health, UNICEF Zambia supported initiatives on HIV awareness and prevention, contributing to an increase in the number of adolescents aged 15-19 years tested for HIV to 56 per cent in 2016. Adolescents and young people aged 10-24 receiving messages on HIV increased to 126,375 new subscribers on the U-Report platform. UNICEF Zambia supported 25 districts to implement the ‘adolescent health minimum package’ and build the capacity of peer educators in the 11 MDGi districts, reaching out to peers in the community on sexual and reproductive health (SRH) and HIV issues.

Key challenges included harmonization of materials due to the significant number of competing partner agendas for adolescent health. In 2016 UNICEF Zambia supported the development of key strategic documents on: national paediatric and adolescent prevention, treatment and care implementation plan 2017-2021 and AIDS response fast-track strategy 2017-2021.

With advocacy and technical and financial support from UNICEF Zambia, the Government reviewed the Births and Deaths Act and signed the statutory instrument (SI) in June 2016. This instrument allows district registration officers to register births and issue and sign birth certificates, thereby removing a significant bottleneck that had required sending registration forms to Lusaka, the country’s capital, for certification.

**Humanitarian Assistance**

Zambia, like other countries in southern Africa, was affected by the 2015/2016 El Niño-induced drought. The poor rainfall in parts of Zambia exacerbated existing vulnerabilities caused by slow economic growth, weak commodity prices and unfavourable exchange rates. Jointly with other United Nations (UN) partners, UNICEF Zambia supported the disaster management and mitigation unit (DMMU) to conduct a multi-sectoral assessment of the impact of poor rainfalls in Zambia. Preliminary results of the 2015/2016 vulnerability analysis, conducted in April 2016, indicated that over 975,700 people were food insecure and would need food assistance. Erratic rainfall in parts of southern Zambia resulted in below-average production in localized areas. Acute food insecurity was expected in southern, south-eastern and south-western areas of Zambia during the second half of 2016.

It was estimated that 20,000 children would require treatment for severe acute malnutrition (SAM) in 2016. UNICEF Zambia supported the multisectoral response to the drought, which included expansion of the social cash transfer (SCT) programme with a pilot emergency cash transfer programme implemented by CARE and Concern Worldwide. Within the health sector, UNICEF Zambia supported the Ministry of Health (MoH) to monitor malnutrition trends, using the HMIS and integrated management of acute malnutrition (IMAM) databases, as well as to build capacity on nutrition in emergencies, nutrition surveillance and surveys. UNICEF Zambia directly supported GRZ programmes to provide SAM treatment for 6,741 children under five years of age.

In 2016 cases of sporadic disease outbreaks occurred, that were responded to by using routine programme infrastructure. In the first quarter of the year, two cholera outbreaks in 12 districts in Lusaka, Central, Northern, and Copperbelt provinces affected 1,424 people and
resulted in 30 deaths. UNICEF Zambia supported the MoH response through supplies of two cholera treatment kits with capacity for treating over 5,000 people. UNICEF Zambia also supported the training of neighbourhood health committees (NHCs) in the affected areas, as well as developing and broadcasting radio spots that directly reached over 92,000 people in the affected areas. Together with the World Health Organisation (WHO) and Médecins Sans Frontières, UNICEF Zambia advocated for and supported the piloting of a campaign on oral cholera vaccine (OCV) that resulted in 428,000 being vaccinated in high-risk, high-density areas. UNICEF Zambia partnered with the UK Department for International Development (DFID) to support emergency preparedness and response capacity in the Ministry of Local Government (MLGH) and MoH. In addition to training, the preparedness activities included pre-positioning of supplies to the 26 most outbreak-prone districts of the country.

UNICEF Zambia’s advocacy, jointly with other partners, resulted in the number of vulnerable households enrolled in the GRZ SCT programme increase to 240,000, up from 180,000 in 2015. The programme contributes to addressing the multiple vulnerabilities affecting children including chronic poverty, food insecurity and HIV/AIDS.


**Emerging Areas of Importance**

**Accelerate integrated early childhood development (ECD).** In response to global evidence on the critical role and numerous benefits of early childhood care, development and education (ECCDE) in contributing to school readiness and narrowing achievement gaps, UNICEF Zambia continued with its support to the MoGE for expanding access to quality ECCDE. The support included development of an early childhood education (ECE) policy and costed implementation plan in 2016, and technical support for the development of national ECE standards and guidelines. UNICEF Zambia also supported adoption of community-based, low-cost models of ECCDE that add ECE centres to existing schools or utilize pre-existing infrastructure, such as churches and community centres. Through UNICEF Zambia support, the MoGE adopted the use of innovations in ECCDE such as; a radio-based parenting education programme.

UNICEF Zambia supported the integration of early childhood development into national health and education programmes, through training of a core team of 12 from the MoGE, MoH, non-governmental organizations (NGOs), WHO, and UNICEF on Care for Child Development (CCD). This core team, in turn, trained 276 health care providers and 90 community-based volunteers (CbVs) in Lusaka and Copperbelt provinces on CCD. UNICEF Zambia supported the MoGE to prepare its programme implementation plan for ECCDE and to draft the tool for monitoring ECE standards in the country. Constraints in this programme area included the limited GRZ budget allocation for ECCDE and inadequate staffing levels at the ECCDE directorate, although staffing s increased from three to 10 in 2016.

**Greater focus on the second decade of life.** Development of the new UNICEF Zambia country programme was supported with an adolescent situation analysis. The previous programme’s focus on adolescents was primarily around HIV prevention. The use of strategic information from the new situation analysis enabled UNICEF Zambia to make the case for a broader, cross-sectoral response to adolescents and to prioritise with partners the key issues facing vulnerable and at-risk adolescents. Data showed that 29 per cent of adolescent girls aged 15-19 had experienced physical violence; that while 57 per cent girls and 66 per cent boys completed grade 9, only 29 per cent and 24 per cent, respectively, completed grade 12; and that although HIV prevalence among adolescent girls declined by one per cent over the last seven years, there was no reported change in condom use among sexually active adolescent girls.
UNICEF Zambia’s current programming with and for adolescents aims to contribute to a reduction in the rates of HIV infection, child marriage, sexual abuse and physical violence and to increase retention in schools among adolescents. These goals are in line with the new regional strategic framework, working for and with adolescents, the regional strategic framework for HIV/AIDS, the gender action plan, and the draft UNICEF global strategic framework. Across the programme, there is a strong focus on ensuring meaningful participation by adolescents in planning and accountability processes, using both traditional methods (e.g., ensuring their representation on health facility management teams), and innovative approaches (such as support for the Zambia U-Report, which currently has 126,375 subscribers). The development and implementation of the adolescent health minimum package has taken more time than initially anticipated due to coordination and management challenges between national and district partners.

In education, a program of entrepreneurship, financial literacy, career guidance and corporate mentoring aimed at empowering adolescent Zambian girls to both improve their own lives and contribute to the realization of the national Vision 2030 was initiated. In partnership with the MoGE and Restless Development, school-level career clubs and district-level career camps were established with 400 participating girls. In addition, UNICEF Zambia established an internship programme that placed participating girls in public and private sector positions in various organizations.

Summary Notes and Acronyms

<p>| AMP  | Annual management plan |
| ART  | Anti-retroviral therapy |
| CbV(s) | Community-based volunteer(s) |
| CCD  | Care for Child Development |
| CDC  | US Centers for Disease Control |
| CMT  | Country management team |
| CP   | Country programme |
| CPMP | country programme management plan |
| CPMT | Common premises management team |
| CRS  | Catholic Relief Services |
| CSEN | Children with special educational needs |
| CSO  | Civil society organization |
| DCT  | Direct cash transfer |
| DMMU | Disaster Management and Mitigation Unit |
| DRC  | Democratic Republic of Congo |
| ECCDE| Early childhood care, development, and education |
| ECD  | Early child development |
| ECE  | Early childhood education |
| ECM  | End Child Marriage |
| EiE  | Education in emergencies |
| EMIS | Education management information system |
| EmONC| Emergency obstetric and neonatal care |
| ENC  | Essential new-born care |
| ESARO| UNICEF Eastern and Southern Africa Regional Office |
| EU   | European Union |
| FAWEZA | Forum of Women Educationalists in Zambia |
| GAP  | Gender action plan |</p>
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAVI</td>
<td>Global Alliance on Vaccines</td>
</tr>
<tr>
<td>GRZ</td>
<td>Government of the Republic of Zambia</td>
</tr>
<tr>
<td>GSS</td>
<td>Global staff survey 2014</td>
</tr>
<tr>
<td>GSSC</td>
<td>Global Shared Service Centre</td>
</tr>
<tr>
<td>HGD</td>
<td>Healthy growth and development</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health management information system</td>
</tr>
<tr>
<td>IMAM</td>
<td>Integrated management of acute malnutrition</td>
</tr>
<tr>
<td>IMEP</td>
<td>Integrated monitoring and evaluation plan</td>
</tr>
<tr>
<td>iCCM</td>
<td>Integrated community case management</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated management of childhood illnesses</td>
</tr>
<tr>
<td>IPC</td>
<td>International phase classification</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and young child feeding</td>
</tr>
<tr>
<td>KPI</td>
<td>Key performance indicator</td>
</tr>
<tr>
<td>LMTF</td>
<td>Learnings metrics taskforce</td>
</tr>
<tr>
<td>LTAs</td>
<td>Long-term agreements</td>
</tr>
<tr>
<td>MCDSW</td>
<td>Ministry of Community Development and Social Welfare</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>MDGi</td>
<td>Millennium Development Goal initiative</td>
</tr>
<tr>
<td>mHealth</td>
<td>Mobile health</td>
</tr>
<tr>
<td>MHM</td>
<td>Menstrual hygiene management</td>
</tr>
<tr>
<td>MLGH</td>
<td>Ministry of Local Government</td>
</tr>
<tr>
<td>MNH</td>
<td>Maternal and new-born health</td>
</tr>
<tr>
<td>MoCTA</td>
<td>Ministry of Chiefs and Traditional Affairs</td>
</tr>
<tr>
<td>MoF</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>MoG</td>
<td>Ministry of Gender</td>
</tr>
<tr>
<td>MoGE</td>
<td>Ministry of General Education</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MoHA</td>
<td>Ministry of Home Affairs</td>
</tr>
<tr>
<td>MoNDP</td>
<td>Ministry of National Development and Planning</td>
</tr>
<tr>
<td>MoU</td>
<td>Memorandum of understanding</td>
</tr>
<tr>
<td>MSL</td>
<td>Medical Stores, Ltd.</td>
</tr>
<tr>
<td>MTR</td>
<td>Mid-term review</td>
</tr>
<tr>
<td>NALA</td>
<td>Network of assessment for learning in Africa</td>
</tr>
<tr>
<td>NDP</td>
<td>National development plan</td>
</tr>
<tr>
<td>NFNC</td>
<td>National Food and Nutrition Commission</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>NHC</td>
<td>Neighbourhood health committee</td>
</tr>
<tr>
<td>OCV</td>
<td>Oral cholera vaccine</td>
</tr>
<tr>
<td>ODF</td>
<td>Open defecation-free</td>
</tr>
<tr>
<td>OR</td>
<td>Other resources</td>
</tr>
<tr>
<td>QA</td>
<td>Quality assurance</td>
</tr>
<tr>
<td>RBM</td>
<td>Results-based management</td>
</tr>
<tr>
<td>RMNCAH</td>
<td>Reproductive maternal, new-born, child and adolescent health</td>
</tr>
<tr>
<td>RMTF</td>
<td>Resource mobilisation task force</td>
</tr>
<tr>
<td>RR</td>
<td>Regular resources</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe acute malnutrition</td>
</tr>
<tr>
<td>SC</td>
<td>Save the Children</td>
</tr>
<tr>
<td>SCT</td>
<td>Social cash transfer</td>
</tr>
</tbody>
</table>
UNICEF Zambia supported health system strengthening in 11 districts hosting 4.1 million people. Rehabilitation of 12 health facilities was completed, and the facilities were equipped with supplies for emergency obstetric and newborn care. MoH staff were trained in quality and timely completion of data required for a functional HMIS and on supporting automation of the RMNCAH scorecard for Zambia. The MoH successfully conducted the tOPV-bOPV switch, thereby making Zambia compliant with the global move to eliminate polio. UNICEF Zambia supported the introduction of the measles and rubella vaccine, reaching 7,741,505 children under 15 years of age. Support was provided for the revitalization of NHCs and training of community-based volunteers on service delivery.

UNICEF Zambia supported the MLGH to train 32 facilitators on school-led total sanitation (SLTS)/menstrual hygiene management (MHM), and 25 facilitators on infection prevention and control at health facilities. UNICEF supported the GRZ to develop technical guideline, manuals and regulations for water drilling. Small-scale service providers were trained on the supply of affordable water, sanitation, and hygiene (WASH) facilities.

UNICEF Zambia supported Government initiatives on curriculum delivery, evidenced-based planning, school management and ECCDE. Three hundred and twenty education staff were trained in the learning at the right level approach, supporting children’s literacy and numeracy skills. One hundred and forty schools received training in school-level improvement planning and data utilisation, using school profiles. A pool of 13 master trainers was trained in CCD. Planning officers in the Western Province were trained in education in emergencies (EiE) to help plan and prepare for floods.

UNICEF Zambia provided technical assistance for the revision of targeting guidelines and training for over 1,000 trainers and volunteers for the scale-up phase of the SCT programme; complaints mechanisms were designed and the pilot plan completed.

In 2016 UNICEF Zambia developed a Sustainable Development Goal (SDG) action plan and advocacy matrix to influence the extent to which Zambia’s policy framework incorporates child-related SDGs. The advocacy matrix uses available national survey datasets to establish a baseline for the main targets relevant to children. The Office also established a research and evaluation committee to ensure that its integrated monitoring and evaluation plan (IMEP) informs policy advocacy and public awareness and debate around child rights. The Office continued to broaden and deepen its partnership with the University of Zambia.
around knowledge-generation (disability survey, violence against children study), child rights (establishment of a child rights observatory), and dissemination (social policy lectures, social protection week, evaluation curriculum development).

Critical evidence that informed policy advocacy comprised: the study on child marriage, which significantly influenced and changed the understanding of its drivers and manifestations, as well as the strategic approach to addressing the phenomenon; the SCT impact evaluation, which contributed to giving policy-makers the confidence to decide on a 100 per cent increase in the programme’s budget for 2017; social sector budget briefs, which provided the analytical underpinning for development partner and intra-Government advocacy for more efficient social protection spending; and the formative research on MHM, which facilitated engagement with the MoGE to prioritize this component in the school health nutrition policy. The outcome assessment of WASH interventions for improved infection and control in health facilities leveraged the MoH to develop national infection prevention and control guidelines and the European Investment Bank to carry out a feasibility study for a US$84,475,997 programme aimed at scaling up WASH-in-health interventions using the model developed by UNICEF.

**Partnerships**

In 2016 UNICEF Zambia, building on the global memorandum of understanding (MoU) and regional framework for partnership with Save the Children, initiated the process of forming a strategic partnership. The two organizations have, in the past, undertaken joint research such as the child poverty and violence against children (VAC) studies. Following a consultative meeting in October, three areas of partnership were identified: (1) promoting children’s voices component that aims to create platforms to enable Zambia’s children to voice their views about matters affecting their development; (2) collaboration on generating evidence to drive forward the agenda for increased investment in services for children; and (3) joint work on capacity building for children’s rights at decentralized levels, specifically to develop a common, yet complementary, approach to capacity building of Government and civil society organisations (CSOs), and to develop an integrated approach and plan for strengthening Zambia’s leadership and governance for child rights.

UNICEF Zambia co-chaired the coordination forums of cooperating partners in WASH, nutrition, education, and social protection, leveraging additional partners to support interventions benefiting children. WASH interventions facilitated the provision of harmonised support to the GRZ to define approaches and standards to scale up onsite sanitation for the urban poor.

The Country Office developed a strategic partnership with the Zambia Institute for Policy Analysis and Research (ZIPAR) for joint development and dissemination of policy briefs across all programme components. ZIPAR is a think-tank under the Ministry of Finance with substantial research capacity and policy influence. In 2016 areas of collaboration included public finance for children and the multidimensional child poverty analysis. The first achievement under this collaboration was a joint rapid budget analysis and the release of headline messages one week after the presentation of the 2017 national budget. This analysis is intended to inform parliamentary debate on the 2017 budget.

**External Communication and Public Advocacy**

In 2016 UNICEF Zambia undertook communication events to advocate for child rights and policy issues that would advance the welfare of children in the country. It held a high-profile launch of the *State of the World’s Children* 2016 report, an event that was widely covered across all media platforms. At the same event, UNICEF introduced the first national goodwill ambassador, a woman who is a world boxing champion and a role model for Zambian
children and youth, particularly girls, for her personal commitment to education.

Recognizing the importance of early childhood in the development of cognitive, language, emotional and social skills, UNICEF prepared an op-ed in all major local media on recent *Lancet* findings on ECD.

UNICEF partnered with the Ministry of Gender to conduct the ‘World’s Largest Lesson’, which focused on SDG 6, gender equality. The Office supported the UN country team in the launch of an ‘SDG Philanthropy Platform’ to partner with corporates and foundations in mobilizing resources for programmes.

For UNICEF’s 70th anniversary, UNICEF Zambia organized a sports event with Zambia Special Olympics to advocate for inclusion of children living with disabilities and to highlight to policy-makers the special needs of these children. The event was presided over by Zambia’s First Lady and received wide print, radio and television media coverage. UNICEF also organized a special photograph gallery to mark the 70th anniversary.

The Office prepared a print and digital external version of the 2015 annual report that was shared with Government, donors, CSOs and corporate partner’s in-country. The website was redesigned in 2016, and social media platforms recorded steady growth, with the Facebook page growing from 3,000 to 5,475 likes.

### South-South Cooperation and Triangular Cooperation

UNICEF Zambia supported South-South cooperation in 2016 in WASH. Under UNICEF’s coordination, Zambia’s Ministry of Local Government hosted a government delegation from the Democratic Republic of Congo (DRC) on how to develop a real-time monitoring system in community and institutional WASH programmes. Following the visit, the DRC delegation developed plans to pilot a similar initiative in 22 of 25 provinces. Zambian Government coaches and trainers were invited to Namibia, DRC, and Sudan to share their experience with national open defecation-free (ODF) programmes. Consequently, in Namibia and Sudan the governments launched cascade training of trainers on ODF. Namibia initiated the verification of its first ODF village.

On education, Zambia is part of the learnings metrics taskforce (LMTF), a multi-stakeholder collaboration to improve learning outcomes. UNICEF Zambia supported the MoGE to host a first event with participants from over 50 countries in attendance. Zambia made a commitment to act as a regional leader of the network of assessment for learning in Africa (NALA).

Personnel from Zambia also learned from others, through an eight-member delegation that visited Kenya at the invitation of Kenya’s Ministry of Education. Kenya, with support from UNICEF, has a well-developed model of student governance with many positive impacts. The delegation also learned about the UWEZO household-based assessment system, which captures the learning levels of out-of-school children. Overall, the visit gave critical insights into how Kenya’s model of student governance could be implemented in Zambia to increase students’ ownership of their education and increase accountability of the MoGE.

### Identification and Promotion of Innovation

Real-time monitoring of WASH interventions is on-going, led by the Government. Data was collected on demographics, latrine use, latrine quality, handwashing and water access in line with the national open defecation free strategy. The information is collected via a feature phone SMS platform, which feeds the information directly into an adapted version of the open source DHIS2 system. Approximately 2,800 community champions report monthly on
WASH in 26,500 villages across 58 districts (58 per cent coverage). Monitoring of school handwashing and water point survey data are planned as new additions to the platform.

UNICEF Zambia piloted the use of mobile technology to improve data collection for school planning and management. Designated teachers tracked a set of education indicators monthly. Real time data was generated for decision-making at district and national levels. A community-focused ‘Data Must Speak’ innovation that presented school performance ‘report cards’ for use by communities and learners to assess the performance of their school was also rolled out in all primary schools in Zambia.

The use of SMS mobile Health (mHealth) technology for health systems reporting was initiated in 2011 in Zambia, via Programme Mwana. The system is fully managed by the MoH. UNICEF Zambia is exploring with the MoH the further use of mobile technology tools to promote immunization demand and reduce drop-out rates from the immunization programme.

The National AIDS Council took over the management of the Zambia U-Report, a SMS-based mobile phone platform that provided a counselling service and undertook routine polls this year. Current subscribers number 126,375, of whom 62 per cent are young people between the ages of 10 and 24.

Support to Integration and Cross-sectoral linkages

UNICEF Zambia supported the MoH and the MLGH to domesticate a global toolkit of cross-sectoral programming in the WASH and nutrition sectors to support nutrition outcomes for children. Consequently, Zambia developed advocacy tools and a concept note for a joint programme across the two sectors that will be piloted starting next year.

UNICEF Zambia supported the establishment of ECD multi-sectoral committees in the Eastern Province that were tasked with implementing parenting education through a multi-sectoral approach. A national team drawn from the health, nutrition and education sectors were trained as master trainers in the integrated Care for Child Development approach (CCD). This resulted in a joint multi-sectoral approach in the roll-out of the CCD tool in Zambia. An internal task force with representation from health and nutrition, WASH, education, child protection, and communication for development (C4D) sections was established to support holistic programming for children in the early years.

UNICEF Zambia and UNFPA Zambia supported the development of the national strategy to end child marriage (ECM) and its costed implementation plan. Sixty-five schools were supported to develop school level improvement plans (SLIPs), which have a strong focus on guidance and counselling and community engagement around keeping girls in school and facilitating re-entry after they give birth.

UNICEF Zambia supported the training of social welfare volunteers to provide information on HIV and sexual health services to adolescents from social cash transfer households. Health workers from 51 health centres were trained on adolescent sexual and reproductive health and the collection of disaggregated data on adolescents’ utilization of HIV and family planning services. A national workshop was jointly funded with the MoH and the Department of Social Welfare to generate lessons around effective delivery of HIV peer education.

Service Delivery

Under the EU-funded MDGi Programme, UNICEF Zambia supported interventions that strengthened delivery of maternal and new-born care services in 11 districts in Lusaka and Copperbelt provinces. Refurbishment and equipping of 55 health facilities to improve their capacities to provide emergency obstetric care continued through 2016, with 12 facilities
being completed in the year. UNICEF Zambia supported MoH measles and rubella vaccination campaign that reached over 7,741,505 children between the ages of nine months and 15 years – thus reaching the 100 per cent target. To strengthen the nutrition programme, 720 community-based volunteers were trained on infant and young child feeding (IYCF) and active case finding, while 859 were trained on referral of acutely malnourished children. In the year under review 6,741 children were treated for severe acute malnutrition.

Revitalization of national health committees was a priority, through mapping, identification of gaps and training of community-based volunteers in integrated behaviour change communication and equity-focused service delivery. Some 1,427 committees were re-oriented and 4,567 volunteers were trained, representing 50 per cent of the estimated gap.

School level improvement plans (SLIPs) were rolled out in 140 schools in Northern and Western provinces. In coordination with partners, UNICEF Zambia supported the MoGE with a reading at the right level pilot in four districts for grades three to five, focusing on grouping children by achievement levels.

Through community-based approaches, an additional 30,000 new users were supported to build improved sanitation, 2,714 additional villages were verified as open defecation free, five chiefdoms certified as open defecation free and 400 additional primary schools attained the Zambia WASH standards.

UNICEF Zambia supported establishment of 37 more birth registration desks in eight health centres of Central Province, bringing the total to 222 desks and ensuring that birth registration is delivered at the community level. A total of 82,506 children were registered through the health facilities by late 2016 in six pilot provinces, as compared to 41,026 in 2015.

Human Rights-Based Approach to Cooperation

UNICEF Zambia supported the Government delegation to present the second through fourth periodic report of Zambia on its implementation of the Convention on the Rights of the Child. In the presentation, the GRZ updated the Committee on Convention on the Rights of the Child, on progress on the Children’s Code bill and Government actions toward enacting legislation and policies reinforcing the right to education, combating child marriage, strengthening child care services and prohibiting discrimination and gender-based violence. The Committee noted the lack of resources allocated to children’s rights and the lack of disaggregated data on child-related issues, which would help the Government to better focus its efforts. The GRZ and partners, including UNICEF Zambia, are developing a roadmap for implementation of the concluding observations. The Ministry of Justice (MoJ) received UNICEF support to finalize its first report on implementation of the African Charter on the Rights and Welfare of the Child.

UNICEF Zambia supported the finalization of the national child policy, which responds to key child rights concerns, and the launch of the national strategy to end marriage. A budgeted national plan of action for each is under preparation. UNICEF Zambia and partners supported the establishment of the national coordination committee to coordinate and monitor implementation of the national child policy. The consortium of 15 ministries working on ECM will oversee implementation of the strategy.

UNICEF Zambia supported the GRZ to participate to the Sanitation and Water for All meeting of ministers in Addis Ababa, leading to the revision of the national WASH policy, ODF Zambia strategy and national rural WASH strategy to increase accountability and
UNICEF Zambia engaged in the development of the national development plan (NDP) with the aim of ensuring that national and sectoral priorities are underpinned by the Convention on the Rights of the Child.

Advocacy for removing barriers to the right to birth registration for parents in remote locations resulted in the Ministry of Home Affairs (MoHA) authorizing the issuance of birth certificates by district registrars.

**Gender Equality**

UNICEF Zambia has significant focus on four gender action plan (GAP) priorities.

In support of the national adolescent health strategy, UNICEF Zambia supported 25 districts to implement gender-sensitive HIV and sexual and reproductive health and adolescent health interventions. Approximately 1,300 health workers from 121 health centres were trained on adolescent health standards. In 2016, UNICEF Zambia provided technical input for the revision of the national HIV/SRH peer education package. Subsequently, approximately 1,200 young people across 15 districts were trained. Adolescent age- and sex-disaggregated data on the use of HIV and SRH services was collected from 121 health centres. The MoH revised its data collection tool to collect disaggregated adolescent data from all health centres, starting in 2017.

UNICEF Zambia provided technical assistance for implementation of the national end child marriage strategy. The Ministry of Gender (MoG) was assisted to develop a national plan of action, and will be implementing a mix of interventions in six pilot districts in 2017. Through UNICEF Zambia support, a rapid assessment was conducted in two districts to develop a model for multi-sectoral coordination. UNICEF Zambia provided technical assistance to the National ECM Campaign secretariat to develop a C4D response to child marriage in Zambia, including strategies to address the vulnerabilities of both boys and girls at risk of child marriage.

UNICEF Zambia launched a programme to provide mentorship for girls in secondary schools. Four hundred girls attended one-week careers and skills camps and 100 girls are being placed into internships within Government departments, CSOs and private companies. As one of the four countries undertaking the initiative to reduce school-related gender-based violence, UNICEF supported a stakeholder meeting around school-related gender-based violence (SRGBV) legislation, policies and data gaps.

The MoGE, with UNICEF Zambia support, conducted a research study on barriers to menstrual hygiene management (MHM), which led to the adoption of guidelines and development of an toolkit for menstrual hygiene management.

**Environmental Sustainability**

Jointly with other UN partners, UNICEF Zambia supported the disaster management and mitigation unit (DMMU) to conduct a multi-sectoral assessment of the impact of poor rainfalls in Zambia.

Water drilling industry in Zambia is presently not well regulated; the country lacks national drilling standards and has up to 365 registered drilling contractors. UNICEF Zambia supported the Water Resource Management Authority to develop national groundwater regulations, addressing all aspects from drilling to licensing and supervision. To address high levels of iron in drinking water in several affected districts, UNICEF Zambia supported
the installation, use and maintenance of the more environmentally friendly Afridev hand-pumps, thereby extending the life of many previously abandoned water points.

The effects of drought lead to low water levels in dams and frequent electricity failures. UNICEF Zambia, under the EU-funded MDGi Programme supported GRZ in investing in renewable energy. Thirty-eight health centres were equipped with renewable energy using solar panels.

For the second year, UNICEF completed the environmental footprint assessment for 2016. Jointly with other UN agencies sharing the common premises, UNICEF Zambia continued with efforts on “greening”. An inter-agency greening task force was set up as an initial forum for preparing action plans for greening the UN in Zambia. Energy and water audits for the UN common premises were initiated, and the findings will form the basis for infrastructure investment in energy and water reduction technologies in 2017. Power consumption measuring and monitoring devices are being installed at the UN House, as well as water metres for the common premises. Actions are in place to enable extensive recycling at the UN common premises, with a programme of staff sensitization planned for early 2017.

Effective Leadership

The UNICEF Zambia country management team (CMT) met monthly throughout 2016, ensuring oversight of key performance indicators (KPIs) for management, programme and operations. The Office updated the risk assessment matrix at the start of the year, to inform the annual management plan (AMP) for 2016. Each quarter, a more extensive country management team meeting was held to monitor implementation progress of annual management and programme priorities contained in the annual management plan, and to review risk assessment status. Weekly key management indicators were shared by the monitoring and evaluation (M&E) team to allow timely follow-up action.

The Office continued to address the recommendations of the 2015 internal audit, with responses submitted as required to ensure timely closure. Actions implemented included strengthening the risk assessment around preparing donor proposals, and substantial improvements in the areas of programme monitoring and financial assurance plans.

As part of risk mitigation, to ensure that UNICEF funds are properly utilized, significant progress was made toward implementation of the plan for harmonized approach to cash transactions. Minimum requirements for programmatic visits and spot-checks were met, with 126 and 100 per cent achievement, respectively.

Efforts continued to strengthen business continuity preparedness, with a comprehensive update to the office business continuity plan, as well as orientation, testing and simulation for key staff. The Office was well prepared for the electoral period in Zambia. An emergency task force is in place with representatives from each UNICEF programme section.

Management relations with the staff association were open and constructive, with active participation by the staff association in the quarterly joint consultative committee meetings with management. 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 country management team used the dashboards from InSight in its monthly meetings to facilitate review of progress and status of key management indicators. All bank reconciliations were completed, uploaded and
approved in VISION within the DFAM deadlines, with regular follow-up on reconciling balances. Some bank errors were identified through this process, which allowed for timely follow up and resolution.

The Office was well prepared for the transition to working with the Global Shared Services Centre (GSSC) in Budapest. As a follow-up to audit observations, and to improve transaction process efficiency, the operations team strengthened internal monitoring of processes and held regular meetings with programme colleagues, to discuss and address bottlenecks.

A payment tracking tool helped to identify obstacles for timely payment processing, and follow-up action taken to address issues. The supply function has managed a growing level of institutional contracting, while maintaining a significant procurement function and providing support to Government through procurement services and assistance with supply systems strengthening, such as vaccine cold chain management training. An inter-agency greening task force was established, under UNICEF leadership, to review how to reduce the environmental impact of our operations. Energy and water audits are in progress to help strategize on infrastructure investments for reducing the UN House environmental footprint.

Throughout 2016 UNICEF Zambia monitored direct cash transfers (DCT), regular resources (RR) and other resources (OR) expenditure rates to meet the benchmarks of less than 5 per cent outstanding DCT over six months old and no funds lost due to grant expiry.

**Fundraising and Donor Relations**

In 2016 UNICEF Zambia raised an estimated US$19,900,000 in new OR, with funding from DFID, Swedish International Development Agency, the Government of Finland, and UNICEF national committees in the Ireland, Germany and the Netherlands. Strategic relations with national committees were also strengthened following successful visits in 2016 from UNICEF Finland, Ireland, Netherlands, Spain, UK, and USA.

A resource mobilisation strategy developed in 2015 provided an informed fundraising roadmap for the 2016-2020 CP. For ensured and systematic implementation of the strategy, a resource mobilisation task force (RMTF), with streamlined terms of reference (ToRs) was fully established, with actionable plans for sustained funding. The task force, chaired by the Deputy Representative, aims at improving internal capacity for resource mobilization, leveraging and partner development. It is envisioned that the partnership strategy being developed will add to task force efforts to access predictable income, and stronger public and private partnerships.

To ensure that the quality of donor reporting meets organisational standards, UNICEF Zambia continued to streamline its quality assurance (QA) system and tools. A tool to monitor compliance with the Office’s donor reporting procedures was developed and implemented. Further, the existing QA chain demands participation by key staff to quality-check results reporting, with final sign off by the Deputy Representative. This practice has helped to ensure high-quality reporting.

The total OR available in 2016 was US$49,043,121, and the OR fund utilization rate was 98 per cent at the time of reporting. OR was optimally used on all programme outcomes, including programme effectiveness.

**Evaluation and Research**

In 2016 UNICEF Zambia continued to invest in evaluation in support of programming and advocacy. The evaluation function remained under the responsibility of the chief of social policy, with support from the programme management unit established under the Deputy
Representative’s office. To further strengthen relevance, quality, and use of evaluations, UNICEF Zambia established a research and evaluation committee. The committee provided the social policy chief (as Committee Chair) with technical support and quality assurance for major research and evaluation activities. In 2016 of the 10 evaluation activities planned, four were completed and six are ongoing.

Also in 2016, the Office concluded the multi-year impact evaluation of the SCT programme. The robust evaluation methodology allowed attribution of the findings to the interventions (cash transfers), which made Government officials comfortable in discussing findings and enhanced the programme’s reputation.

In addition to managing evaluations under the country programme, UNICEF Zambia provided support to Government in the field of evaluation capacity development. Following the completion of an M&E capacity and needs assessment, UNICEF Zambia worked with the M&E Department under the newly created Ministry of National Development Planning (MoNDP) to explore opportunities for strengthening the integration of evaluation management in relevant curricula of Government staff training programmes. UNICEF also supported the Zambia Monitoring and Evaluation Association to conduct advocacy on promoting a strong culture of evaluation.

**Efficiency Gains and Cost Savings**

As a member of the local UN operations management team and common premises management team, UNICEF Zambia continued to benefit from significant economies of scale realized as part of the ‘Delivering as One’ (DaO) strategy. Benefits included common long term agreements (LTAs), 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 a reduction in staff time for evaluating bids, contract negotiation and awarding of contracts.

UNICEF Zambia is housed at the UN House, which enables many forms of cost sharing mechanisms. As a result, it is not subject to the commercial rates (currently 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, commercial costs of US$750,000 per annum against contributions to common services of around US$300,000 per annum, translate into an annual estimated savings of US$450,000.

To help identify strategic areas for increasing common action, the operations management team has been working on a revised business operations strategy for 2017-2021, with improved data to capture efficiency gains. In addition, in follow up to the environmental footprint assessment, the UN common premises established a “greening” task force to identify opportunities for reducing consumption (and associated costs) of energy, water and paper, and increased re-use and recycling of common items such as water bottles.

In 2016 three agencies in Zambia (UNICEF, UNDP and UNFPA) were part of a global pilot for car-pooling and vehicle tracking. Devices were installed in field vehicles, allowing online, real-time tracking and data on unsafe driving behaviour. It is hoped that these tools will reduce accidents and improve opportunities for sharing of field vehicles.
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.

<table>
<thead>
<tr>
<th>UNICEF Zambia transactions 2016</th>
<th>Value of UNICEF Input (goods &amp; services) (US$)</th>
<th>Per cent value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>4,846,970.57</td>
<td>26.54</td>
</tr>
<tr>
<td>Contracting of services</td>
<td>8,738,161.16</td>
<td>47.85</td>
</tr>
<tr>
<td>Construction services</td>
<td>4,592,481.23</td>
<td>25.15</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>84,694.70</td>
<td>0.46</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,262,307.66</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Construction delivered through partnership</th>
<th>Type of construction</th>
<th>Partner</th>
<th>US$ Intended Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Refurbishments</td>
<td>Ministry of Health – Lusaka Provincial Health Office</td>
<td>181,537.40</td>
</tr>
</tbody>
</table>

Of UNICEF Zambia’s supply component plans, about 15.7 per cent of the supplies were procured offshore, 84 per cent were locally procured, 3 per cent through direct orders and 8 per cent through regional procurement. The provision of institutional services increased steadily, reaching US$13 million in 2016.

UNICEF Zambia maintains 18 LTAs for goods and services such as printing, graphic design, clearing, forwarding and haulage and emergency items. The office does not have a warehouse but assists the Government in the transport of supplies to the final recipient.

By the end of the third quarter, 65.8 per cent of supplies requisitioned had been ordered. The Supply Unit processed 113 institutional service contracts, reflecting the increasing importance of contracting for services in programme delivery. The newly developed innovative online registration of suppliers and associated database will be launched early 2017.

UNICEF Zambia supported the MoH in procurement of vaccines, ACTs, anti-retrovirals, nutrition supplements and anthropometric equipment for Catholic Relief Services (CRS) for a total value of US$15 million. Supply division continued to support the Office by financing a procurement services officer working with the health programme to strengthen counterpart activities.

Zambia prepared the country multi-year plan for immunization 2017-2021 and introduced the measles and rubella vaccines in 2016. The procurement services officer supported training for district pharmacists from 85 districts, with support from the Global Alliance on Vaccines (GAVI). The training included vaccine management (cold chain handling, quantification and vaccine distribution). One new MoU was signed with CRS. Following the transfer of the mandate to procure from MoH to Medical Stores Limited (MSL), UNICEF initiated the process of signing an MoU with MSL to define the terms of the new partnership.

Supply division and the UNICEF Eastern and Southern Africa Regional Office (ESARO) organised a regional workshop on ‘Contracting of Services in Zambia’, and one staff member
participated in the ESARO workshop on supply data. All recommendations of the 2015 internal audit on supply were closed.

**Security for Staff and Premises**

With oversight from the local United Nations Department of Safety and Security (UNDSS) office and the UN operations management team, security enhancements were employed in 2016. These included upgraded security access controls for the premises through improved chip-enabled access cards, supported by high resolution, motion-activated digital closed circuit television, which monitors the premises 24/7. Key staff members have radios and all staff members receive monthly airtime to enable them to communicate in case of an emergency.

The Office also put some interventions in place to deliver programmes safely in the field. It enforced the rule of not driving after 18:00 hrs to reduce the risk of accidents due to poor visibility. The Office has implemented fatigue- management measures with 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. In addition, a GPS-enabled tracking system was installed in most field vehicles, allowing online tracking of vehicle location. The system also monitors driver behaviour on the road. Since the installation, there have been positive trends showing that drivers' behaviour has improved.

Residential security measures are in place for international staff residences, additional measures were taken to respond to the increase in reported crime in Lusaka in 2015 and 2016, attributed to the worsening economic situation and long hours of darkness due to continued load-shedding.

**Human Resources**

The new country programme management plan (CPMP) 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: 27 per cent international posts, 33 per cent national officers and 40 per cent general service. Currently the gender ratio is 48 per cent male to 52 percent female staff, and 53 per cent donor to 47 per cent programme countries represented by international staff.

During the year, some staffing gaps occurred, which were filled through a mix of approaches, including support from colleagues on stretch assignments and extended duration for staff as officer-in-charge, giving them an opportunity to learn on the job. The Office has continued to support Zambia staff to benefit from regional stretch assignment opportunities. One national colleague was appointed to an international post during the year.

Management and the staff association established a task force to address areas where UNICEF Zambia achieved low scores on the Global Staff Survey 2014, discussed in-depth during an all-staff retreat. An action plan developed is being implemented as part of annual management plan priorities.

UNICEF conducted a skills development assessment, which assisted in preparing a strategic training and learning plan for 2017-2018 and strengthening learning implementation, monitoring and reporting mechanisms. The assessment highlighted focus areas around results based management (RBM), big data, partnerships, leveraging performance and reflection.
The Office continued to focus on improving the on-boarding and off-boarding processes, especially in consideration of the transition to GSSC.

Completion of all phases of the performance appraisal process is a key indicator on the agenda of country management team meetings. The team 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**

Cloud-based office automation tools have offered UNICEF Zambia staff several benefits, providing users the flexibility to work online with familiar office applications. With web-enabled access to email and other important documents, Office 365 allowed staff to use different kinds of devices, such as PCs, tablets, Android phones and other smartphones to work from anywhere at any time. Applications such as Skype for Business are now in standard use within the office, enabling tele-conferencing and instant messaging, resulting in time and cost efficiencies.

During the year 2016, UNICEF Zambia created a team site for storing, organizing, sharing and accessing data using almost any device. The site is accessible on-line on SharePoint and includes security features to protect users’ data and guarantee reliability and constant availability. As opposed to having servers deployed on the premises, SharePoint and other cloud-based storage services such as One-Drive have enhanced Office business continuity and disaster recovery strategies, enabling a swift response to emergencies, while lowering costs in disaster recovery and data storage.

The decommissioning of a large part of the server-legacy environment resulted in substantial reductions of costs and overheads, reduction in energy consumption and increase in the efficiency of organizational processes.

UNICEF Zambia has taken advantage of current ICT tools to drive results in the areas of maternal and child health, HIV/AIDS and child protection, and plans to scale-up existing real-time monitoring initiatives that will be enhanced in the coming years.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** By 2020, children (including new-borns and adolescents) and pregnant women benefit from improved and equitable high-impact maternal, neonatal, child and adolescent health interventions and behaviours.

**Analytical Statement of Progress:**
Zambia continued to make progress in reducing its high maternal and child mortality rates over the last decade. Between 2007 and 2014, the maternal mortality ratio decreased from 591 to 398 per 100,000 live births; under-five mortality decreased from 119 to 75/1000 live births and neonatal mortality decreased from 34 to 24 per 1,000 live births (ZDHS 2014).

Despite these gains, children and women continue to die from both preventable and curable causes.

Key bottlenecks faced in the health sector in 2016 included: (a) human resource shortages (in both quantity and quality) that compromise the delivery of healthcare services and the management and coordination of the national health system; (b) suboptimal sector funding (below the 15 per cent Abuja target for health sector budget allocation of national budget),
characterised by unpredictable and/or irregular fund disbursement to districts, limiting delivery of healthcare services; (c) weak supply chain management systems leading to shortages of essential medicines and supplies; (d) inadequate physical infrastructure and equipment; (e) low demand and use of healthcare services by communities, linked to socio-cultural beliefs and practices; and (d) weak or unreliable systems for programme monitoring, leading to limited use of data for planning and management. As a result of these bottlenecks, coverage of key RMNCH&N services is variable, with lower coverage for individual clinical interventions that need to be available throughout the year.

In 2016 UNICEF Zambia and partners (MoH, EU, UNFPA, WHO, NGOs) continued implementation of the MDGi programme funded by the EU to improve RMNCH&N in 11 districts in Lusaka and Copper Belt provinces, targeting 4.1 million people.

UNICEF Zambia provided technical and financial support for institutional health system strengthening in several areas:

1. Under MDGi, completing construction and refurbishment works in 16 health facilities, with the remaining 37 progressing well for completion in early 2017. Support to district health programme implementation and monitoring by facilitating the mid-term expenditure framework (MTEF) meetings and quarterly district and provincial health coordination meetings. All target districts have evidence-based MTEF plans and conduct quarterly review meetings using RMNCH scorecard indicators.

2. Ongoing work to re-enforce the HMIS through upgrading the DHIS2 platform and improvement of data quality, which will further facilitate the availability of automated score cards for health programme review meetings at all levels.

3. 208 facility-level healthcare workers from 16 target districts were trained in emergency obstetric and neonatal care (EmONC), increasing institutional deliveries in intervention districts. For example, Chingola District reported an increase from 57 to 68 per cent during the period 2015-2016; direct obstetric case fatality rate in Ndola district declined from 6 per cent in 2015 to 0.4 per cent in 2016. Essential newborn care (ENC) training was provided, increasing the number of trained health care providers from 48 to 198 and increasing service coverage to 50 per cent. Forty-three of 55 EmONC facilities in MDGi districts were equipped with new-born resuscitation tables and other needed equipment.

4. Through the RMNCH Programme (US$7 million envelope), UNICEF, WHO and UNFPA supported activities to improve training for maternal and child health care providers, provision of essential medical equipment for EmONC services and water reticulation in health facilities in Central Province.

5. UNICEF Zambia supported the Government in leveraging resources from GAVI Alliance (US$10.6 million) and the Irish National Committee (US$279,000) to support the measles-rubella vaccination campaign, reaching 7,741,505 children between nine months and 15 years, and switched from trivalent (tOPV) to bivalent (bOPV) oral polio vaccine - a key strategy of the global polio eradication initiative. In coordination with WHO and NGOs UNICEF provided support for delivery of an integrated package of interventions reaching 2,869,282 children under five years of age nationwide with Vitamin A, de-worming and vaccination as needed.

6. With support from UNICEF Zambia and international health partners, (including EU, USAID, DFID, World Bank) the national supply chain strategy was finalized and endorsed. A gradual transfer of procurement functions to MSL for medicines and medical equipment began in 2106.

At the community level, UNICEF Zambia supported the following results:

1. Community health system strengthening through revitalization of 1,427 NHCs, an important health system structure at community level. Some 4,567 community-based volunteers (50 per cent of identified gaps in target districts) were trained and equipped to provide services across the life cycle.
2. UNICEF Zambia supported improvement in community-level case management for the common killers of children, through provision of non-malaria medicines to treat about 9,000 children under five years of age.

3. Communities were mobilized to support safe motherhood activities, including encouraging pregnant women to attend ante-natal care clinics in their first trimester. This resulted in increased first trimester attendance of pregnant women across the 11 MDGi districts for the first two quarters of 2016 (from 2 to 18 per cent).

4. Advocacy for the introduction of community health in the national health strategic plan 2017-2021 was an opportunity to re-enforce coordination of community health interventions as a platform for community engagement and social accountability. UNICEF Zambia continued to support the MoH on emergency response. Funding, medicines and medical equipment were provided to support a cholera outbreak, contributing to successfully maintain the cholera case fatality rate at under 1 per cent, which falls within the WHO performance benchmark.

In 2017 UNICEF Zambia will continue supporting access and quality RMNCAH services, national procurement and supply chain management, and strengthening the HMIS, community health systems and social accountability.

OUTPUT 1

1.1. By 2020, government capacity on planning, service delivery and monitoring enhanced for quality and equitable health services.

Analytical Statement of Progress:
With support from UNICEF, WHO and UNFPA, MoH made great strides in 2016 towards strengthening the health system for quality MNCAH services, especially in the two MDGi-supported provinces (Lusaka and Copperbelt), benefiting over 30 per cent of Zambians. During this period, with financial support from the EU under the MDGi programme, UNICEF supported governance and leadership through technical support for the MTEF planning process to national, provincial and all supported districts to develop evidence-based plans. All 11 districts conducted quarterly review meetings to monitor programme implementation progress, with UNICEF technical support. The RMNCH scorecard was used to analyse implementation status and develop follow-up action plans.

The Government’s capacity to deliver quality RMNCH was enhanced through renovation of 16 EmONC facilities. The facilities were equipped with essential MNCH equipment, water reticulation, ablution facilities, solar electricity and chlorine production units for infection prevention and control. Infrastructural development combined with capacity development of health care providers, as highlighted under different outputs, contributed to improve maternal and new-born health (MNH) services. Eleven MNCH districts established quality improvement teams, with the support of UNICEF Zambia. The teams were equipped with mentorship and quality assurance tools.

Strengthening the HMIS by upgrading the DHIS2 platform and improving data quality including community HMIS commenced in late 2016.

To strengthen community health services, with UNICEF technical and financial support neighbourhood health committees in the 11 districts were revived and a mapping of community-based volunteers was conducted, followed by capacity development and equipping them with requisite skills, job aids and working tools. This will help to create demand for RMNCAH services in the two provinces.

UNICEF provided support for reinforcing the coordination of procurement and supply chain management (PSCM) among partners and supported the strengthening of logistics and improved operations at MSL, through the provision of equipment.
With support from UNICEF, WHO and other partners, the MoH successfully controlled a cholera outbreak that occurred in the first half of 2106 through provision of supplies for management of 1,000 cases, capacity building for health staff and social mobilization. UNICEF and WHO worked with the International Coordinating Group for allocation of 50,000 doses of yellow fever vaccine to Zambia, following outbreaks in neighbouring countries.

The national health strategic plan under development is an opportunity to ensure health system strengthening is given priority.

In 2017 UNICEF will focus on strengthening coordination and PSCM functions of the MoH and MSL, complete refurbishment of health facilities, strengthen the HMIS and DHIS2 platforms including CBHMIS, continue quality improvement for RMNCAH and strengthen community health systems and accountability.

**OUTPUT 2 1.2. By 2020, mothers and new-borns in selected districts have access to high impact interventions before, during pregnancy and after delivery for preventing preventable maternal and new-borns deaths**

**Analytical Statement of Progress:**
The MoH continued scaling-up high-impact maternal and new-born interventions with support from the UN and bilaterals to further reduce maternal and new-born mortality. In 2016, with UNICEF technical and financial support, several MNH policy documents were developed/updated and printed, covering: family planning, EmONC and safe motherhood action group (SMAG) manuals. Capacities of 208 facility healthcare workers and 622 SMAGs from 16 (MDGi and H4+) target districts were built on EmONC, increasing institutional deliveries (e.g., Chingola district reported an increase from 57 per cent to 68 per cent from 2015 to 2016).

Furthermore, communities were mobilised to support safe motherhood activities, such as encouraging pregnant women to attend ante-natal care clinics in their first trimester. This resulted in increased first trimester attendance of pregnant women across the 11 MDGi districts for the first two quarters of 2016 (2 to 18 per cent). Direct obstetric case fatality rate in Ndola district declined from 6 percent (Q1, 2015) to 0.4 percent (Q1, 2016). ENC was prioritised and 198 (Copperbelt, 143; Lusaka, 55) healthcare workers now have skills on ENC, compared to 48 healthcare workers at baseline. This resulted in 50 per cent coverage, as one health care provider was trained from each facility. Forty-three of 55 EmONC facilities were equipped with new-born resuscitation tables and other related equipment.

UNICEF, in collaboration with UNFPA, supported training in 16 districts on maternal death surveillance and response. As of the third quarter review meeting, no maternal death had been reported in Chadiza and Lukulu districts. With UNICEF support, all 11 districts are using the RMNCH scorecard to monitor progress.

MNH scale-up in communities was identified as an opportunity, thus UNICEF supported revitalisation of NHCs in 11 MDGi-supported districts. Gaps in numbers of SMAGs and CBDs were identified, and to date capacity had been developed for 450 SMAGs and 391 CBDs. Communities’ demand for MNH services resulted in an increased number of pregnant women attending ANC four times in Copperbelt: from 26 per cent to 46 per cent since 2015. UNICEF, UNFPA, WHO and the World Bank started working with the MoH to develop an RMNCAH investment case. Major challenges include poor quality of care at comprehensive EmONC sites and the referral system. Key priorities for 2017 include new-born care, mentorship, quality improvement and strengthening community systems for quality RMNCAH services.
OUTPUT 3 1.3. By 2020, district health teams in selected districts have enhanced capacity to design, plan, resource and implement community sensitive primary health care, for universal access for prevention and management of common childhood illnesses with focus on malaria, pneumonia and Diarrhoea

Analytical Statement of Progress:
An end-term review of the national malaria strategic plan 2011-2016 was undertaken to inform the development of the national malaria elimination strategy 2017-2021. The national integrated community case management (iCCM) strategic and operational plan was developed. In addition, the national integrated management of childhood illnesses (IMCI) training materials were updated and UNICEF, in collaboration with WHO, supported capacity building of 21 national trainers of trainers in emergency triage, assessment and treatment for improving care of the very sick children. Following this, capacity was built for 25 health workers from hospitals in five districts of Lusaka to provide emergency assessment and treatment for very sick children. Another 30 will be trained for Copperbelt Province districts under the MDGi programme. The generation of local evidence on enhancement of iCCM implementation through a study in two districts of Eastern Province was completed, and a very preliminary report produced. To improve case management at the community level for the common killers of children, UNICEF supported the MoH with non-malaria medicines for iCCM to treat about 9,000 children under the age of five years and will continue using the opportunity to leverage resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria for health care worker capacity development through integration with malaria training.

Through the EU-funded MDGi, a mapping of CBVs was completed in the 11 districts of Lusaka and Copperbelt provinces. In 2016, 1,140 community health workers were targeted for training in iCCM and children’s healthy growth and development (HGD), by year-end 60 had been trained in iCCM and 61 in HGD. Additionally, 276 health care workers were trained as trainers in HGD across the 11 MDGi districts to build local capacity, with support of 12 multi-sectoral national trainers of trainers on HGD. Trained with support from UNICEF and WHO, the team has four staff drawn from the MoH, Ministry of General Education (MoGE), Child Fund (an NGO), WHO and UNICEF. The latter support responds directly to the regional priority of supporting not only child survival but thriving as well. Delayed roll-out of HGD was the main constraint faced at the initial stage of implementation, which has now been overcome. UNICEF supported the MoH to train 48 staff on the use of a combined malaria and pregnancy rapid diagnostic test and distributed 406,500 of the tests to six districts (Rufunsa, Chongwe, Masaiti, Luanshya, Mufulira & Chingola).

In 2017, support will be provided for development of the national malaria elimination strategy 2017-2021, scale-up of IMCI and iCCM implementation and capacity development and mentorship of CBVs on iCCM and HGD.

OUTPUT 4 1.4. By 2020, all districts in Zambia have their capacity increased to plan, resource and implement immunization programme for increased coverage of DPT3 vaccination with focus on the hardest to reach and marginalized communities.

Analytical Statement of Progress:
In 2016, with technical and financial support from UNICEF and WHO, Zambia, successfully switched from trivalent to bivalent oral polio vaccine – a key global strategy for polio eradication. In September, the MoH conducted a measles-rubella campaign targeting all children aged nine months to 15 years and reached 7,741,505 children, representing national coverage of 108 per cent. UNICEF supported preparatory activities for the
campaign and mobilized resources for social mobilization.

The MoH, with support from UNICEF, WHO and partners completed the 2016 GAVI annual progress report and joint appraisal for renewal of vaccine support. The joint appraisal recommended strengthening the immunization supply chain, surveillance, and data quality; operationalization of the national immunisation technical advisory group; addressing drop-out rates for Rota and measles; developing a resource mobilization framework; and conducting an equity analysis related to coverage.

UNICEF also supported development of a mobile technology tool aimed at increasing immunization demand and reducing drop-out rates, to be piloted in two districts in 2017.

At the time of reporting, the national target of 90 per cent DPT3 coverage has not been reached. Data for Jan-August 2016 showed DPT3 coverage at 87 per cent and measles at 85 per cent, with only 61 per cent of districts reporting DPT3 coverage of > 80 per cent. The dropout rate for Penta 1-Penta 3 was 5 per cent. The number of un- or under-immunized children countrywide dropped from 71,016 in 2015 to 57,641 in 2016.

The programme experienced low Government funding for routine activities. In addition, poor vaccine management and lack of cold chain equipment in newly opened health facilities potentially compromised the quality of service provided. Furthermore, the programme continued to suffer a chronic human resource shortage, lack of transport for outreach services and poor data quality necessary for quality monitoring.

Efforts to improve immunization coverage continue through system-strengthening. Partner support to the programme is available through various initiatives, such as: MDGi in 11 districts, supported by the EU (2013-2018); GAVI health systems strengthening support to seven districts (2017-2019), government-to-government support for RMNCH & nutrition to four provinces, supported by the U.S. Centers for Disease Control (CDC) and USAID (2017-2019), RMNCH support from Sweden’s SIDA to two provinces (2016-2017) and RMNCH support from the World Bank to five provinces (2015-2019).

**OUTCOME 2** 2. By 2020, children, adolescents, and pregnant women use quality, accessible, and proven HIV prevention and treatment interventions.

**Analytical Statement of Progress:**
Zambia HIV prevalence declined from 13.3 percent in 2014 to 11.6 percent in 2016, with the burden remaining higher in women, who have an HIV prevalence rate of 14.5 per cent. With support from UNICEF and other partners (USAID, WHO and the Elizabeth Glaser Pediatric AIDS Fund), Zambia has increased and sustained the number of pregnant women tested at ANC and maintained a 90 percent testing rate for 2015 and 2016. The proportion of pregnant women testing positive who were initiated on anti-retroviral therapy (ART) for life increased from 73 per cent in 2015 to 95 per cent in 2016. With continued UNICEF and other partners’ support, the Government should be able to sustain the 2016 target of 95 per cent coverage by the end of the year.

Although coverage for testing and initiation of ART are impressive, Zambia has not done as well on prevention of mother-to-child transmission of HIV (PMTCT). Data for Jan-August 2016 revealed that 2.3 per cent of children acquiring HIV and testing positive at six weeks and this number more than doubling when the infant reaches 12 months (5 per cent).

To achieve the goals of PMTCT more efforts are required to ensure retention and adherence
to treatment by HIV-infected women so that fewer children acquire HIV in utero or during breastfeeding. In mid-2016, only 53,165 children aged 0-14 years were on ART, which translates to 34 per cent coverage, well below the global and national target of 90 per cent. Support from UNICEF and PEPFAR contributed to the increase, in children on ART by 11.3 per cent since 2015. With technical and financial support from UNICEF and other partners, a new national paediatric and adolescent prevention, treatment and care implementation plan 2017-2021 and AIDS response fast track strategy 2017-2021 were developed to guide programme implementation.

In 2016 UNICEF support was mainly directed towards building health care workers’ capacity to provide PMTCT, paediatric ART and early infant diagnosis (Programme Mwana) services by training 1,185 health care providers. In 2017, the focus will be to reach more children through provider initiated testing and counselling at facility and community levels and scale-up of Programme Mwana to more health facilities in the country.

Under HIV Output Two (HIV and Adolescents) the focus was on increasing, in select target districts, HIV testing, condom use, medical male circumcision and ART. The 2013-2014 Zambia Demographic Health Survey (DHS) was used to generate programme baseline indicators, with a national baseline HIV prevalence among females at 5.7 per cent and 4.1 per cent for males in the 15-19 age group. Condom use among sexually active adolescents was 36 per cent for females and 43 per cent for males, aged 15-19. HIV testing was at 50 per cent for females and 27 per cent for males and male circumcision was at 28 per cent among adolescents, aged 15-19. UNICEF supported a baseline and end-line knowledge, attitudes and practices survey with adolescents aged 15-19 receiving social cash transfers in four target districts. HIV testing reached 63 per cent for females and 46 per cent for males at baseline and 76 per cent for females and 56 per cent for males at end-line. Condom use at baseline was 50 per cent for females and 47 per cent for males, increasing to 64 per cent for females and 61 per cent for males at end-line, after six months of UNICEF-supported activities in 20 health centre catchment areas. In terms of adolescents living with HIV, disaggregated data is not available under the HMIS. An estimated 75,000 adolescents aged 15-19, (41,000 females and 34,000 males) are living with HIV in Zambia, but data on 15-to-49 year olds is only available on treatment coverage; 67 per cent of adults know their status and 84 per cent are on ART. The MoH will introduce new health facility services data collection tools as of 2017, which will provide age- and sex-disaggregated data on adolescents aged 10-to-14 and 15-to-19.

UNICEF Zambia and USAID jointly assisted the National AIDS Council to establish a new coordination mechanism, the Adolescents & HIV Advisory Committee (NAHAC). The committee is made up of representatives from the behavioural social change communication and HIV testing services technical working groups, key line ministries (health, education, youth and social welfare), national NGOs, adolescents and cooperating partners. UNICEF Zambia is the current chair. The PEPFAR-supported DREAMS initiative (focused on providing HIV prevention for 65,000 adolescent girls and young women), and UNICEF-managed adolescent HIV and sexual health component of the MoH-EU MDGi are the two priority initiatives monitored by the advisory committee. The aim is to support the Government to generate national standards for national scale-up of evidence-informed adolescent HIV interventions. UNICEF also supported the behaviour change technical working group with technical assistance and funds to implement a national radio campaign and develop and distribute new communications on HIV testing and condom promotion. At the sub-national level, through the ministries of health and community development, UNICEF technical and financial support facilitated implementation of an adolescent HIV and SRH minimum package in 25 districts and 121 health centres.

In 2017 UNICEF will continue to provide financial and technical support to both the MoH and the National AIDS Council to increase children’s, adolescents’ and women’s utilization of
high-impact HIV prevention and treatment interventions.

OUTPUT 1 2.1. By 2020, pregnant women living with HIV have access to quality elimination of mother to child transmission of HIV (eMTCT) services and their infants have improved access to early diagnosis, treatment and care (first decade)

Analytical Statement of Progress:

Zambia has been implementing PMTCT Option B+ since 2013. The MoH, with support from UNICEF implemented an e-MTCT and paediatric HIV care programme in line with the updated PMTCT and ART scale-up plan 2015-2017. As of June 2016, 95 per cent (35,435) of pregnant women living with HIV were initiated on PMTCT ART, of the expected 37,259. UNICEF supported the programme Mwana for EID and follow-up of HIV-exposed children to return to the health facility for results and initiation of treatment for those infected. Some 15,892 HIV-exposed infants were tested for HIV by two months; 3 per cent tested positive. A follow up of EID has shown an increase in mother-to-child transmission of HIV, from 3 per cent at six weeks to 5 per cent at one year. Inadequate retention and poor adherence to treatment by HIV-infected breastfeeding mothers is one of the contributing factors to the increase in transmission during breastfeeding, requiring more attention for eliminating transmission.

UNICEF, working with PEPFAR, WHO and USAID, supported the MoH on the provision of ART for children with HIV. UNICEF supported training of 300 health workers on paediatric ART in five districts. As of June, there were cumulatively 53,165 children aged 0-14 who received paediatric ART (34 per cent), representing an increase of 11.3 percent from the 47,756 recorded in 2015. As a country, Zambia’s target for paediatric ART is 90 per cent of 156,000 children 0-14 living with HIV.

Furthermore, UNICEF supported the MoH in capacity development of 420 health care facility workers from the 16 MDGi and H4+ implementing districts to carry out the PMTCT ART for life programme, paediatric ART and EID. UNICEF collaborated with other partners (CDC, WHO, and USAID) to support the ministry to conduct PMTCT impact study in six districts from Zambia’s Northern and Southern regions. Data collection was completed in August 2016; data analysis is ongoing, and dissemination of the findings is scheduled for first quarter 2017. The challenges that faced the PMTCT program included stock-out of laboratory reagents and poor data quality. There is need to use the high immunization coverage and other opportunities in child health services to integrate paediatric testing and treatment.

In 2017 UNICEF support will focus on strengthening data quality through data reviews and audits; roll out of the Mwana for EID programme; strengthening community interventions to improve retention and adherence to treatment, as well as provider-initiated testing and counselling for children.

OUTPUT 2 2.2. By 2020, government programmes are supported to scale up high impact innovative interventions to reduce HIV transmission and vulnerability among adolescents (10-19 years) (Second Decade)

Analytical Statement of Progress:

According to the ZDHS condom use at last sex among adolescents aged 15-19 remains very low, at 38 per cent for females and 42 per cent for males. Partners calculated that around 118,000 non-married females and 151,000 non-married males aged 15-19 had put themselves at risk of teenage pregnancy and HIV at least once in 2014. During the same period utilization of HIV testing and counselling (HTC) by non-married sexually active
OUTCOME 3 3. By 2020, children (including adolescents), and pregnant women, especially those from rural and peri-urban areas, benefit from improved and equitable access to and use of systems that deliver safe drinking water, improved sanitation and improved hygiene practices.

Analytical Statement of Progress:
Overall, UNICEF’s comprehensive approach to strengthening national capacity and accountability contributed to critical institutional reforms and to scaling-up service delivery. In 2016, through UNICEF’s direct contribution, the Government reached 300,000 additional new users of improved sanitation, 2,714 additional villages were verified ODF and five chiefdoms certified ODF. In addition, through continued support to the MoGE, more than 400 additional primary schools have reached the WASH standards. The ministry is providing 3,000 standalone handwashing stations for girls' toilets in 750 targeted schools, and 250 MHM kits in 250 schools. Some 153,480 people now have access to safe water through the provision of 145 new and 560 rehabilitated boreholes. All this took place in 2016, in addition to the 40,000 residents who benefited from the Government-provided 160 water points. Water quality assurance by Government partners also significantly improved through using 100 GPSs and handheld water quality testing kits supplied to 92 districts.

UNICEF, as chair of the water sector cooperating partners group, sustained advocacy in 2016 that led to the creation of a full-fledge Ministry of Water, Sanitation and Environmental Protection. This is a significant achievement considering that the capacity of existing institutions to coordinate the dispersed WASH sector was a key bottleneck preventing the Government from equitably scaling-up essential WASH services.

The MLGH actively participated in the Sanitation & Water for All meeting of ministers. This
contributed to influencing the development of the revised national WASH policy, the ‘ODF Zambia by 2020’ strategy and the national rural WASH programme, with additional focus on improved engagement and accountability for equitable WASH services.

UNICEF supported the Government to establish strategic partnerships in the WASH sector. Notably, the Lusaka water security initiative, of which UNICEF is a board member, is a multi-stakeholder partnership between Government, the private sector, civil society and academic institutions endeavouring to jointly improve Lusaka’s water security, solid waste management and sanitation status through inclusive dialogue, knowledge generation, advocacy and projects; US$14 million was leveraged from the private sector for WASH projects, contributing to UNICEF’s objective of scaling-up onsite sanitation for the urban poor.

In addition, preliminary designs for onsite sanitation standards for Lusaka were developed with the support of the World Bank; UNICEF also worked closely with GRZ and partners to improve faecal sludge management through the mobilization of small-scale service providers. Pilots addressing systems-strengthening were initiated in four urban districts and scaling-up is planned for 2017. Negotiations are ongoing for additional funding for urban sanitation focusing on the urban poor.

Moreover, a strategic partnership with Airtel Zambia was established in the framework of the UNICEF-Airtel Africa-wide agreement. Airtel’s support will allow for strengthening and expanding the management information system of the national rural and urban water supply and sanitation programme, using mobile-to-web (M2W) technologies, which provide greater accountability. An MoU with the Zambian Episcopal Conference will allow WASH messages to be disseminated at churches to vulnerable caregiver populations previously unreached, and to better include the influence of religious leadership in prioritizing WASH issues in 10 dioceses across the country.

UNICEF supported the expansion of the real-time surveillance system using M2W systems to cover more districts. Lack of reliable monitoring and evaluation had been identified as a major bottleneck to achieving sustainable WASH services while maintaining the quality of interventions, particularly for remote, marginalized communities. The M2W system, which has provided greater accountability and cost efficiency, is functioning in 51 districts across eight provinces, and will scale up to an additional seven districts and two provinces with support from partners including the African Development Bank (AfDB). The foundation of this system consists of 2,820 community champions who report each month, 765 environmental health technicians following up on the reports and 51 chiefs driving higher-level sanitation behaviour change. Currently, the cadre is reporting from 26,537 villages, of which 10,081 have been verified as ODF. The network has been especially useful in effectively targeting gaps and facilitating better follow-up.

Toward expanding institutional WASH coverage, UNICEF intensified its support to the MoGE to scale-up WASH and MHM interventions in schools and add relevant indicators to the education management information system (EMIS) to address the school drop-out by adolescent girls. With the MoH, UNICEF facilitated the development of national infection prevention & control guidelines that standardize affordable WASH practices in 55 targeted clinics, to reduce healthcare-associated infections related to maternal and child health. Two pools of national trainers (WASH in Schools and WASH in Health) were established and trained to lead the roll-out of the relevant institutional approaches. Importantly, using its pioneer experience in this field, UNICEF supported the MoH and European Investment Bank to carry out a feasibility study for a US$84,475,997 programme aimed at scaling-up WASH in health interventions, using the model developed by UNICEF to support the MoH in two pilot provinces.
In the area of water supply, UNICEF partnered with the Skat Foundation to support the review and improvement of existing procurement, siting and work supervision processes for the construction of water supply facilities. Forty-five government- and partner-based professionals were trained and are now using revised processes. In addition, 23 districts were supported to review and strengthen their procurement and management procedures for drilling contracts, from tendering to contract management. Finally, technical content and guidelines for groundwater regulation were being drafted into statutory instruments in late 2016.

**OUTPUT 1**

3.1. By 2020, MLGH and partners have strengthened national capacity to legislate, coordinate, plan, deliver and monitor equity based water supply interventions in peri-urban and rural areas

**Analytical Statement of Progress:**
The technical content and guidelines for groundwater and borehole regulations, licensing of drillers and contractors and protection of groundwater are in place and currently in the process of being drafted into statutory instruments (SIs) under the leadership of Water Resources Management Authority. During the reporting year, UNICEF initiated the development of the WASH sector funding mechanism, aimed at providing a suitable legal and institutional framework for sustainable funding of the WASH sector. A multi-stakeholder partnership through the Lusaka Urban Water and Sanitation Initiative was initiated to delineate and protect critical wellfields in Lusaka and extend WASH services to the urban poor, in addition to supporting the Government to commence developing water quality monitoring protocols.

A framework for training local manual drilling entrepreneurs, masons and manufacturers of local hand pumps at ‘smart centres’ in Chipata, Mongu and Mansa was developed in collaboration with the Ministry of Local Government and Housing, the GRZ Trade Institutes and other stakeholders. This will sustainably provide knowledge and skills to the artisans and enhance the provision of WASH services towards attainment of the WASH-related SDGs.

Forty-five government officials and private sector representatives acquired knowledge and skills in cost-effective drilling procurement, supervision and management of drilling contracts. This resulted in 153,480 people gaining access to safe drinking water from 145 newly constructed boreholes and 560 rehabs. An additional 40,000 beneficiaries gained access through 160 water points provided by the Government. Water quality testing was ensured through 100 GPS and hand-held water quality testing kits supplied to 92 districts.

Transfer of knowledge and skills to address the low uptake of spare-part shops by some districts resulted in 23 districts revamping their hand pump spare-parts shops. In addition, 20 district engineers and 40 area pump menders were provided with knowledge and skills in operation and maintenance of water facilities, repair mechanisms and management of spare-parts shops. Upgrading of 60 hand pumps and promotion of Afridev pumps resulted in lower iron content in drinking water, ensuring improved water quality and sustainable supply to users. This innovation could be replicated in other areas facing similar problems.

**OUTPUT 2**

3.2. By 2020, Government and community led interventions in peri-urban and rural areas to promote adoption and sustaining of good hygiene and sanitation practices.
Analytical Statement of Progress:
Progress continues towards the establishment of Government-based work streams, as demonstrated by the creation of the ministry dedicated to WASH. However, standardizing urban onsite sanitation activities complementary to the rural WASH programme, to improve equity for the urban poor, did not progress as fast as planned due to complex coordination issues in Lusaka, as well as constraints resulting from the 2016 electoral period. In 2017 UNICEF will actively encourage stakeholder coordination for Lusaka-based activities and for the development of peri-urban pilots in four districts. Scaling-up is also planned, based on the sustained partnership under development with DFID.

Over 10,000 villages and five chiefdoms (38 of which were supported by UNICEF) were certified ODF, bringing the cumulative total to 40 chiefdoms and four ODF verified districts. The challenge is Government’s and traditional leader’s capacity to accelerate verification. Therefore, UNICEF will continue to support the Ministry of Chiefs and Traditional Affairs for mass verification activities, chief-to-chief advocacy and monitoring through a real-time monitoring system.

The MLGH's behaviour change communication strategy was strengthened through the placement of a technical assistant in the Ministry and a partnership with a network of journalists (ZAMCOM) that produced 30 news publications and 54 relevant community radio programmes on hygiene and sanitation. The latter is important considering Zambia’s annual cholera outbreaks. In 2016, with UNICEF support, GRZ organized door-to-door advocacy campaigns in 12 districts to raise awareness on cholera prevention and treatment.

The capacity of the monitoring, evaluation and reporting unit at MLGH was strengthened through support from 2 technical assistants and the partnership with the INGO Akros, to scale-up real time monitoring in 58 rural districts; Government successfully trained two provincial teams in 2016 covering all provinces; more investment is planned from UNICEF and the AfDB to reach national coverage.

Risks from collapsing pits, particularly in sandy and flooded areas, remain a hurdle. In 2016, 159 trained builders were active in 50 chiefdoms across five provinces, and four ceremony sites have WASH exhibition centres as part of advocacy/promotion efforts; over 800 sales were recorded. In 2017 UNICEF will support GRZ to pursue the standardization of curricula to train builders in construction of affordable sanitation facilities.

OUTPUT 3 3.3 By 2020, the government (MoGE and MoH) has increased capacity to systematically plan and implement innovative schemes for water supply and hygiene & sanitation facilities at health and education institutions, particularly in rural areas.

Analytical Statement of Progress:
The MoGE conducted formative research on the barriers to MHM, with UNICEF support, which informed the national MHM guidelines and toolkit adopted in 2016. WASH/MHM activities were included in the 2016-2017 annual MoGE budgets as a result of continued strong advocacy by UNICEF and the MHM technical working group.

In the reporting year, UNICEF reviewed a girl-friendly latrine design (US$600/toilet) for unstable soils. The cost-efficient design was adopted by MoGE for effectively scaling up school sanitation in needy community schools.

UNICEF provided technical input to the UNESCO-funded school health and nutrition policy review to institutionalize WASH/MHM priorities within the MoGE.
OUTCOME 4 4. By 2020, children and mothers use high-impact nutrition interventions (services and practices) for reduction of stunting.

Analytical Statement of Progress:
Investment in stunting reduction is well reflected in Government policies. The increased nutrition profile culminated with the endorsement of the Nutrition for Growth (N4G) Compact by Zambia in 2013 at the G8 summit’s nutrition side event, as well the African Union’s Malabo Declaration in 2014. UNICEF’s 2016-2020 CP, based on a rights-based, equity-focused situation analysis for nutrition and its determinants, as well as analysis of the major bottlenecks faced by the nutrition sector, is built in line with the country commitment to nutrition and current regional and global guidance. The programme focuses on supporting the Government to implement the priority interventions described in the MCDP, which includes scaling-up integrated, multi-sectoral IYCF and micronutrient interventions at health facility and community levels, integrating community- and facility-based management of acute malnutrition, as well as improving WASH practices.

In 2016, UNICEF supported the Government at different levels, including policy design, delivery of preventative interventions, delivery of curative interventions and advocacy:

At the policy level:
- A nutrition position paper was developed by the Government with UNICEF and partners’ technical assistance to inform the mainstreaming of nutrition in the seventh National Development Plan 2017-2021.
- UNICEF provided financial and technical support for the elaboration of a framework of nutrition-sensitive minimum package of activities in nutrition-relevant sectors, as guidelines and advocacy tools for mainstreaming nutrition.
- The Office worked with UNICEF ESARO to elaborate a joint programming toolkit for nutrition and WASH and organized the in-country review workshop that brought together
nutrition and WASH stakeholders from Government, other UN agencies, cooperating partners and NGOs.

- To tighten some gaps in legislation and further support appropriate IYCF practices, the SI 48 (marketing of breastmilk substitutes) was reviewed with technical and financial support from UNICEF, including expertise from Headquarters (HQ).
- The national emergency preparedness and response plan was strengthened through the establishment of a nutrition emergency task force under Government leadership. The task force was trained, with UNICEF support, (including expertise from ESARO), to prepare for assuming their roles in the emergency task force.

In terms of prevention:

- Some 1,427 national health centres (an important health and nutrition system structure at the community level) were revitalized following a mapping and gap analysis done with the help of UNICEF. As part of the revitalization of NHC, 1,112 community-based volunteers were trained and equipped on IYCF counselling. This has provided a great opportunity to scale up and coordinate community-based interventions for IYCF. CBV’s trained in IYCF are actively involved in community engagement for the prevention of malnutrition, with focus on stunting, through key actions such as counselling mothers and fathers on adequate IYCF practices, and organising community cooking demonstrations. As a result, in focus districts the early initiation of breastfeeding (within the first hour of birth) increased in Lusaka province from 88 per cent in the second quarter of 2015 to 92 per cent in the second quarter of 2016, and in the Copperbelt province, from 88 per cent to 89 per cent during the same time.

- UNICEF, in partnership with the European Union and CIDA Canada, continued to provide support to Government to improve micro-nutrient status through procurement of commodities and transfer of operational funds. Two rounds of national child health weeks reached each 2.8 million children nationwide with vitamin A supplements.

For treatment of acute malnutrition:

- Some 968 CBVs were trained on active case finding and referral of under-five children affected by SAM in focus districts.

- In addition, in focus districts, 200 health workers were trained in SAM management, contributing to increase the proportion of health centres with capacity for treating severely malnourished children from 22 per cent to 42 per cent. As of end-September, 4,269 SAM cases had been treated.

Advocacy was re-enforced for sustained reduction of stunting through technical and financial support to the Government for capacity building and orientation of parliamentarians for strengthening parliamentary debate on policy change in support of nutrition. The advocacy efforts, in partnership with cooperating partners, also contributed to preparation of a bill that will be presented to the National Assembly, to give the National Food and Nutrition Commission (NFNC), currently operating as part of the MoH, a broader mandate for coordinating nutrition intervention across line ministries.

Key challenges included difficulties in multi-sectoral coordination with NFNC because it is embedded in the MoH, insufficient nutrition service delivery due to lack of qualified human resources and insufficient funding. To correct the inappropriate positioning of NFNC, UNICEF and partners contributed to the ongoing bill tabled in Parliament to consider positioning the NFNC in a better position to carry out multi-sectoral coordination of the nutrition sector. The revitalization of the NHC as a service delivery and coordination platform at community-level will help address the human resource shortage in the health system. To leverage resources, a nutrition toolkit was elaborated and uploaded for fundraising purposes, as were other proposals and concept notes.

In 2017 the focus will be on operationalizing the framework of nutrition-sensitive intervention for mainstreaming in nutrition-relevant sectors, revitalisation of neighbourhood health
committees, ensuring that IYCF volunteers are engaged, advocacy for multi-sectoral collaboration on nutrition interventions and emergency preparedness in response to El Niño and other possible emergencies.

**OUTPUT 1** 4.1. By 2020, the Government and partners have enhanced capacity to implement coordinated and scaled up IYCF and Micronutrient interventions at district and community levels through multi-sectoral approaches towards stunting reduction.

**Analytical Statement of Progress:**
In 2016, several activities were conducted with the aim at enhancing capacity of the Government for multi-sectoral coordination, nutrition programming and service delivery.

Consultative meetings were held to discuss the nutrition position paper and plan the NDP chapter on nutrition chapter, which was submitted to Ministry of Planning. Other preparatory included the elaboration of a framework of nutrition-sensitive minimum package of activities in nutrition-relevant sectors, and the mapping of partners and coverage of MCDP priority interventions to inform the national scale-up plan. In addition, UNICEF supported revisions to IYCF training packages, with the expectation that the changes will lead to initial and refresher training of new health workers and CbVs. Similarly, UNICEF hosted nutrition technical working group meetings as a forum for coordination of partners working in the health sector, to review evidence to provide programme guidance on interventions and harmonize messages and protocols to guide service providers.

Mapping of existing IYCF volunteers and gap analysis was finalized in 11 districts, supported by the EU-funded MDGi. This was followed by staff training to provide IYCF counselling services and complementary feeding demonstrations through outreach services, which is in turn expected to improve caretakers’ knowledge of IYCF. The revised plan of training 1,450 CbVs is being implemented. In total, 1,112 CbVs were trained and equipped for IYCF counselling, including 730 in the 11 districts and 382 in eight other UNICEF-supported districts.

Approximately 2,889,262 children were reached with vitamin A supplements nationwide. This was made possible with the help of UNICEF and partners during the implementation of the first round of National Child Health Week from 20-25 June. Support was mainly through the procurement of supplies and operational funds. The second round was held from 5-10 December 2016.

Key challenges to the programme during the year included difficulties in multi-sectoral coordination, with NFNC embedded into the MoH; lack of qualified human resources; and insufficient funding. In 2017, the focus will be on finalizing trainings, mentoring the trained staff and monitoring community activities. The advocacy for repositioning the NFNC at an overarching institution will continue, as well as fundraising taking advantage of the newly redesigned SUN Funds Project.

**OUTPUT 2** 4.2. By 2020, the Government and partners have strengthened capacity for delivery and monitoring of equitable, quality nutrition therapeutic services at district and community levels.

**Analytical Statement of Progress:**
Several activities were conducted that enhanced Government capacity for situation analysis and service delivery regarding acute malnutrition among children under five years of age.
Technical and financial assistance was provided for the Zambia Vulnerability Assessment, through review of survey design and tools, data collection, data analysis and reporting and dissemination through the Southern Africa Development Community forum held in South Africa. Furthermore, support was provided to MoH for the elaboration of a nutrition emergency preparedness and response plan, and to NFNC for elaboration of the integrated multi-sectoral response plan. With support from UNICEF ESARO, nutrition emergency task force members underwent a full training on nutrition in emergencies. UNICEF led the development of the UN (UNICEF-WHO-WFP) joint proposal submitted for resource mobilization, in view of contribution to implementation of the UN integrated response plan. Funding is expected to support treatment of 7,900 cases of SAM expected in El Niño-affected districts.

The draft guideline for IMAM was reviewed and reached the stage for external review.

With the assistance of UNICEF and partners, MoH developed training packages and conducted training of trainers for 11 MDGi district nutritionists, and then of 200 health workers (50 per cent of planned target) and 968 community volunteers (68 per cent of planned target) in an outpatient treatment programme (OTP) for acute malnutrition. Partners included System for Better Health, a USAID-funded project conducted by Save the Children. Those trainings increased geographic coverage rates from 22 per cent in 2015 to 42 per cent, expanding access to out-patient services; 8,000 cartons of ready-to-use therapeutic foods were procured and delivered to the MoH.

The number of admissions for SAM was lower than expected, despite a significant increase of the number of out-patient services in the focus districts, involvement of volunteers in active case finding and referrals, and the continuous supply of treatment commodities. Bottleneck analysis of the treatment programme is planned for 2017, taking the opportunity of ESARO’s support, to identify possible barriers and the method used to estimate targets.

Analytical Statement of Progress:

OUTCOME 5 5. By 2020, boys and girls of school-going age demonstrate improved learning outcomes as a result of equitable and inclusive access to quality education.

Analytical Statement of Progress:

In 2016, UNICEF Zambia worked closely with the MoGE to improve access to and quality of education in pre-primary, primary and secondary schools. UNICEF also supported both MoGE and the Ministry of Higher Education (MoHE) to develop the 2017-2021 education sector strategic plan. Strong progress was made in improving education outcomes and opportunities, particularly for adolescent girls.

Early childhood education. Access to ECE is low in Zambia: only 25 per cent of children enter grade 1 with any ECE experience. However, significant growth was seen recently, and the ECE sub-sector was integrated into MoGE procedures and processes. While modest, the budget allocation to ECE increased in 2016 and advocacy efforts by UNICEF and other stakeholders ensured that ECE was fully integrated into sector dialogue and the sector Performance Assessment Framework.

UNICEF strongly supported the nascent ECE directorate, established in 2015, with critical technical assistance support. UNICEF support, together with that from the Zambia Education Sector Support Technical Assistance, enabled the development of a costed policy implementation plan, required to obtain Cabinet approval of the ECE policy.
UNICEF supported an integrated and holistic approach to early childhood care and development, including by integrating parenting education into various sector programmes at the national and district levels. At the national level, nine people from health and education underwent master training on the UNICEF/WHO developed CCD tool and another 316 were trained, enabling the integration of ECD in health, nutrition, child protection and ECE.

Access to quality ECE was constrained mainly by low budgetary allocations, lack of appropriate infrastructure and equipment and a lack of adequately qualified human resources. UNICEF engaged in advocacy efforts to increase budgetary allocations, improve implementation efficiency and implement low-cost solutions. The latter included a study on low-cost school infrastructure and community-based ECE delivery models.

**Improving education quality.** Learning outcomes in Zambia have not shown much improvement in the last decade, although anecdotal evidence suggests that the revised curriculum introduced in 2014 is producing good results. A key challenge lies in teaching methodologies and data utilization, both of which UNICEF concentrated on in 2016.

Zambia has a relatively effective EMIS, which collects data on over 9,500 schools annually. With UNICEF support and technical assistance, the data submitted through the EMIS was fed back to the schools; 8,000 primary schools received a school profile through this ‘Data Must Speak’ initiative, including data on learning outcomes, access indicators and key resources. While utilization capacity is still being developed, this was the first time that schools had such a tool, increasing accountability and improving planning. 2017 work will further strengthen this through training and the roll-out of district and community level profiles.

UNICEF supported the implementation of school level improvement plans and further enhanced the capacity of 140 schools to develop and implement SLIPs in 2016. UNICEF worked with MoGE and other stakeholders to harmonize the approach to school planning, supporting the development of a standard school improvement plan, which was being finalized in late 2016.

Many children drop out of school without basic numeracy and literacy skills. The MoGE played a strong lead role in implementation of the ‘learning at the right level’ pilot in four districts, with support by UNICEF and other partners. Children in grades 3-5 were grouped by ability rather than grade, and the initial pilot in the Chipata district showed promising results, which will support scaling-up in 2017.

Zambia is currently developing its seventh NDP. With UNICEF support, the MoGE and MoHE successfully applied for a grant from the Global Partnership of Education to develop the education sector plan. UNICEF, as the grant agent, managed a team of technical assistants who worked with the ministries. Consultations were held at all levels of the system, further ensuring a participatory approach to the sector plan development.

**Equity in education.** 2016 was the first year for the new Zambian Girls 2030 programme that UNICEF implemented to support adolescent girls. Working with Restless Development, UNICEF supported school clubs, district career and short internship placements. The internships targeted career options where female representation was low, to encourage more girls to explore non-traditional career paths, including engineering and ICT.

Despite near-universal primary education, over 700,000 school-aged children were still out of school. Critical groups included adolescent girls and CSEN. UNICEF supported the MoGE to develop a multi-grade teaching manual for transit schools implemented by the Forum of
Women Educationalists in Zambia (FAWEZA), to mainstream children back into formal schooling. MoGE, with support from UNICEF and FAWEZA, undertook community- and school-level sensitization and data collection on girls’ drop-out and out-of-school children to support further planning and development of the national girls’ education strategy and action plan.

UNICEF Zambia also played a strong advocacy and convening role in 2016, including on school-related gender-based violence, CSEN and financial literacy, ensuring a more harmonized and coordinated approach. UNICEF supported the MoGE to host symposia on financial education, the Unite4Climate and Conservation Toolkit, and on CSEN. These discussions fed into policy discussions and material review and development.

**OUTPUT 1**

5.1. By 2020, National, sub-national and community-level education stakeholders have strengthened capacity to increase access to quality, age-appropriate early learning opportunities in targeted provinces

**Analytical Statement of Progress:**
ECD/ECE experienced further growth, with the number of Government-owned ECE centres increasing from 1,526 in 2014 to 2,166 in 2016 benefitting over 135,000 children. There was also a modest budget increase to ECE (from 0.5 per cent to 0.6 per cent of the education budget) in 2015 and 2016 respectively, despite budget cuts across the education sector generally. ECE was fully integrated into education sector dialogue and included in the sector performance assessment framework, enabling closer monitoring by education stakeholders.

An earlier institutional gap was addressed with the newly created ECE directorate, strengthened with eight new staff appointed in 2016 and supported by a consultant provided by UNICEF. UNICEF supported the development of the costed policy implementation plan with information on the cost of providing ECE in Zambia using different service delivery modalities, which Government and other stakeholders will start to implement in 2017 to increase access to ECE. UNICEF and DFID/GPE-supported Zambia’s education sector to review the costed policy implementation plan, to explore affordable costing scenarios. A framework (through the ECE policy and plan) therefore now exists in which ECE can be delivered in terms of curriculum, teacher development and partnerships with civil society, faith-based groups and communities. In addition, work on integrating parenting education into the various sector programmes advanced both at the national and district levels. At the national level, nine officials (five male, four female) drawn from health and education ministries were trained as master trainers in CCD in June 2016. This core team of trainers is now rolling out ECD training to other personnel. They are also facilitating the integration of CCD/ECD in health, nutrition, child protection and ECE.

However, at the national level, access to quality ECE remained constrained mainly due to low budgetary allocations, the lack of appropriate infrastructure and equipment, inadequate qualified human resource for ECE and the growing, but still limited, social demand for ECE. To address these challenges, MoGE developed a strategy for expanding access through low-cost community-based modalities. In addition, UNICEF supported a consultancy on low-cost school designs to provide design options for low-cost ECE models.

**OUTPUT 2**

5.2. By 2020, National, sub-national and community-level education stakeholders have improved capacity to deliver quality learning in targeted provinces especially at the primary level
Analytical Statement of Progress:
Capacity building in 2016 took place around data utilization and ensured evidence-based decision-making, including through SLIPs. One hundred-forty schools were supported directly by UNICEF with the development and implementation of SLIPs in four districts in Northern and Western provinces. UNICEF initiated and participated in a school improvement plan workshop organized by the MoGE to create a harmonized approach to school planning. Coordination challenges exist amongst the stakeholders; UNICEF will continue to support MoGE leadership and advocate for the inclusion of child-friendly principles in school improvement plans.

Through Data Must Speak, supported by UNICEF Zambia and UNICEF HQ, 8,000 primary school profiles were distributed in early 2016. This is the first time all schools in the country received such a tool, greatly improving planning capacity and accountability. District, province and community profiles to support further accountability are being finalized, aimed for roll out in 2017, along with further training. Integrating the profiles into other SLIPs posed a challenge; UNICEF will work with other partners to develop training to address this.

Improved early grade numeracy and literacy outcomes were observed due to the ‘learning at the right level’ pilot, supported by UNICEF with MoGE, VVOB, IPA and other stakeholders. The pilot, carried out in the Eastern and Southern provinces in grades 3-5, aimed to ensure that all children gain literacy and numeracy skills. The programme provided lessons to the MoGE for improving learning outcomes and teaching methodologies. A review of the initial findings will inform the next phase of the pilot, including overcoming some of the challenges experienced in the areas of teacher capacity and curriculum coverage.

With UNICEF support, MoGE and MoHE successfully applied for a US$500,000 grant from the Global Partnership for Education to develop the 2017-2021 education sector plan. UNICEF, as the grant agent, managed a team of technical assistants that worked with the ministries to develop an evidence-based and equitable strategy. Consultations were held at all levels of the system, ensuring a participatory approach to sector plan development.

UNICEF worked with Zambia's Examinations Council to improve national assessments, including the drafting of a continuous assessment manual. The manual has enabled schools to undertake continuous learner performance tracking. Additionally, UNICEF supported six MoGE officials to participate in a learning visit to study the Uwezo Assessment system in Kenya, with the aim of learning from and adapting such efforts to the Zambian context.

OUTPUT 3 5.3. By 2020, National, sub-national and community-level education stakeholders have strengthened capacity to increase access to education, especially to secondary education, for adolescent girls and marginalized children in targeted provinces.

Analytical Statement of Progress:
UNICEF Zambia supported activities to increase access to education, especially secondary education, for adolescent girls and marginalized children in 2016. UNICEF worked closely with the MoGE to find strategies to address the issue of SRGBV, including by convening a stakeholder meeting. Zambia was part of a wider study on SRGBV supported by the Institute of Education and UNICEF HQ; the Zambian component contributed to an expanded evidence base to inform the development and implementation of policies to reduce SRGBV in Zambian schools.

Through a partnership with FAWEZA, UNICEF supported the implementation of a transit school programme and package of interventions for adolescent girls in Eastern and Northern provinces. MoGE, with support from UNICEF and FAWEZA, undertook community- and
OUTCOME 6

By 2020, children benefit from a system that ensures integrated, improved and equitable prevention of and response to violence, abuse, exploitation and neglect.

Analytical Statement of Progress:
Zambia faces multiple challenges in child protection. The GRZ in 2014 led the health and well-being (H-Well) survey, a nationally representative, cross-sectional survey of violence against children (VAC). Preliminary results indicate that violence against children is a major issue, affecting girl children particularly: female respondents were twice as likely to experience any form of abuse as males. Approximately one in three females and two in five males between the ages of 18 and 24 experienced physical violence prior to the age of 18, and 20 per cent of males and 16 per cent of females reported experiencing emotional violence. The Government has started reforming the child care system in order to strengthen family-based care and reduce the number of children in residential facilities, as a result of the UNICEF-supported countrywide assessment of residential childcare facilities in 2016. This assessment used the minimum standards of care adopted in 2014 as a benchmark, and showed that more than 6,000 children live in residential care, although most have families that could take care of them.

Zambia has one of the highest rates of child marriage in Africa: 42 per cent (DHS 2013). In 2014, the GRZ had commissioned, and UNICEF implemented, a study on dynamics leading to child marriage. The findings, indicating that child marriage in Zambia is often a union of peers and a reflection of deep social and economic inequalities, informed development of the national strategy and plan of action to end child marriage. Zambia’s child justice system has numerous challenges. Children lack legal representation and Zambia has an insufficient number of specialized family courts and child-friendly courts.

Low coverage of birth registration in the country presents an additional critical vulnerability for children. Overall, fewer than 20 per cent of births are registered in Zambia, with poor and rural children having the lowest likelihood of a registered birth. UNICEF is supporting GRZ in strengthening its child protection system, specifically through
strengthening policy, laws, guidelines and implementation plans; improved standards for service delivery and monitoring thereof; as well as coordination, capacity building and C4D.

Regulatory frameworks were strengthened with support from UNICEF and partners (including Save the Children and UNFPA) through finalization of a review of the national child policy, the launch of the national ECM strategy and the signing by the Minister of Home Affairs of the SI allowing district registrars to not only register births but also issue birth certificates. This removed the significant bottleneck of having to send registration forms to Lusaka for certification. In 2017 UNICEF will support implementation in all provinces.

The alternative care guidelines are finalized and will be launched early 2017. UNICEF, in collaboration with a coalition of four NGOs, will continue providing essential support in the roll-out of the guidelines. They regulate essential processes in the child care system, such as foster care, adoption, reintegration of children and gate-keeping by residential child care institutions. To prevent children from ending up in detention, UNICEF is supporting GRZ development of diversion guidelines (at final draft stage in late 2016). The guidelines will allow the police to refer children in conflict with the law to diversion programmes. UNICEF Zambia will support implementation in two districts in 2017.

To strengthen monitoring systems and capacities of the Ministry of Community Development and Social Welfare (MCDSW), UNICEF commissioned a nationwide assessment of residential childcare facilities. Social welfare officers were trained on the assessment tools, which will be used for routine monitoring, and supported the assessment.

In collaboration with UNHCR and IOM, UNICEF supported the Child Justice Forum to review monitoring tools for, and a nationwide monitoring exercise on, children in detention. Findings will inform the 2017 development of a child justice strategy to address bottlenecks in the child justice system. Monitoring of health facilities providing birth registration services brought to light several bottlenecks which the MoHA is addressing, with support from UNICEF. Further support was provided to establish 37 birth registration desks at health facilities, bringing the total to 222 (out of 2,000 health facilities countrywide). Bringing registration services closer to people is addressing a key bottleneck to birth registration.

National action plans for the child policy and the ending child marriage strategy are in their final stages; these plans will support inter-sectoral coordination and planning at national and decentralized levels. Eight ministries (MCDSW, Ministry of Youth, Sport and Child Development (MoYSCD), Ministry of Gender (MoG), MoJ, MoCTA, MEST, MoH and MoHA) – supported by a variety of actors – implement legislative provisions related to child protection. UNICEF provided support to the National Coordination Committee for Children implementing the child policy. The children in families working group, led by MCDSW with support from UNICEF, is leading the child care reform process. UNICEF worked closely with the Child Justice Forum, strengthening coordination among key stakeholders in the child justice sector. Lastly, UNICEF supported the revitalization of the national coordination mechanism for implementation of the national action plan on CRVS, which is now planning activities in a more structured way. In 2017 UNICEF, together with partners, will support the MCDSW to set up a coordination mechanism for the child and family welfare sector, to strengthen planning and collaboration among stakeholders.

OUTPUT 1 6.1. By 2020, government and partners have in place an integrated child and family welfare system to prevent and respond to violence, abuse, exploitation and neglect.
Analytical Statement of Progress:
The revised national child policy was finalized in the first half of 2016, with support from UNICEF and Save the Children. UNICEF supported the development and review of the national plan of action of the child policy, which is being finalised by the MoYSChD. The national strategy on ending child marriage was launched by the GRZ through the MoG in April 2016; which is finalizing the accompanying national plan of action. UNICEF, through a consultancy firm, has started a two-and-a-half year assignment to develop and implement a mix of interventions, including an M&E framework, to delay child marriage and prevent teenage pregnancy.

In May 2016 the GRZ through its MoCDSW and in collaboration with the Better Care Network, GHR Foundation, Save the Children and UNICEF, organized a national consultation on childcare reform, resulting in agreement by key stakeholders on a common agenda. UNICEF supported MCDSW to undertake a country-wide assessment of childcare facilities and their compliance with the minimum standards of care. Findings will be used by the facilities and MCDSW to develop improvement plans and close facilities that are incapable of doing so. Alternative care guidelines on adoption, foster care and family tracing and reunification were finalized and set for launch in February 2017.

OUTPUT 2 6.2. By 2020, the criminal justice system has improved child-sensitive child justice practices at all stages.

Analytical Statement of Progress:
UNICEF supported Government partners from the departments of international law and agreements, social welfare, child development and the Attorney General’s Chambers to attend the Committee on the Rights of the Child Reporting Session. The Committee considered the combined 2nd, 3rd and 4th periodic reports for Zambia in January. UNICEF subsequently held consultative meetings with relevant ministries and civil society organizations to develop a roadmap for implementation of the concluding observations. UNICEF supported the Ministry of Justice in finalising the State Party report on the African Charter on the Rights and Welfare of the Child, which will be submitted in the first quarter of 2017.

UNICEF facilitated talks with the MoJ, line ministries and Zambia Law Development Commission (ZLDC) to get the process for finalizing the Children’s Code bill back on track. The final draft was validated by key stake holders in December. UNICEF supported the MCDSW to develop a national framework and multisectoral training manual on diversion. A draft framework is in place and planned for piloting in two districts starting in 2017. UNICEF worked with CJF to draft training modules for the Zambia Police on child protection rights. UNICEF supported the in-service training of 45 of the 80 senior police officers identified for the training on a broad spectrum of child justice administration issues. In 2017 UNICEF will support the development of a child justice strategy, addressing bottlenecks in the system that lead to children entering and overstaying in detention facilities.

To strengthen monitoring mechanisms UNICEF, the Human Rights Commission (HRC), ZLDC, Save the Children, UNHCR and the CJF reviewed data collection tools for monitoring children in detention and conducted a nationwide data collection exercise of all detention facilities. Some 385 children were found in detention facilities; 13 were incarcerated with their mothers, 27 were child migrants, four children from the same family were seeking asylum and the others were remanded, serving jail sentences or ordered to be placed in child correctional facilities. Findings will be used to urge immediate action from duty-bearers and to inform the development of the child justice strategy. UNICEF cooperated with partners, especially the HRC, IOM and Prisons Department, to secure the freedom of 42 Ethiopian child migrants jailed for 15 years and imprisoned in an adult maximum security
prison. UNICEF worked with IOM to repatriate 50 children to Ethiopia.

OUTPUT 3 6.3. By 2020, the government, partners and communities have increased capacity to provide birth registration services for children under five at national and subnational levels.

Analytical Statement of Progress:
In line with the National Action Plan on CRVS (2015-19), UNICEF supported the MoHA to establish birth registration desks at 37 health facilities in eight districts of Central Province. This was done through training of 16 district registrars and 111 health facility staff on delivery of birth registration services. The total number of health facilities offering birth registration services in six provinces is now 222. In these communities, parents access birth registration services as part of a “health package” at birth or during their visits to a health facility for services, such as immunization. In the six provinces, 82,506 children (40,967 boys; 41,539 girls) were registered between January and September 2016, compared to the 41,026 registered in 2015. UNICEF and the GRZ undertook programme monitoring visits in which constraints were identified and addressed. In 2017 UNICEF will support opening 200 more birth registration desks countrywide.

With advocacy and technical and financial support from UNICEF Zambia, the GRZ reviewed the Births and Deaths Act and signed the SI in June 2016. This SI allows district registration officers to register births and issue and sign birth certificates, thereby removing a significant bottleneck that required sending registration forms to Lusaka for certification. So far, 57 officers from the ministries of Health and Home Affairs in Central Province have been trained on implementation of the SI. Central Province has started using the revised notification forms, as prescribed by the new law, and preparations have advanced to begin processing birth certificates. The process will be rolled out to other provinces during 2017.

As part of South-South learning and knowledge exchange, UNICEF Zambia supported the participation of 30 GRZ officials in the Africa CRVS Conference hosted by Zambia in May 2016. The Zambian delegation shared and learned from other countries on CRVS comprehensive assessments and strategic planning. A key lesson was the need for interoperability between civil registration and the health sector to accelerate birth registration.

UNICEF supported the revival of the national technical working group to enhance coordination and a harmonized approach to implementation of the national action plan. UNICEF provided support to commemorate national civil registration week in March, for the first time in Zambia. Through communication activities and mobile birth registration exercises, 10,000 children were registered countrywide during this week.

OUTCOME 7 7. By 2020, Vulnerable children and families benefit from and participate in a strengthened government response to poverty and vulnerability.

Analytical Statement of Progress:
Data from the 2015 living conditions monitoring survey, released in April 2016, revealed that the proportion of households living below the poverty line has scarcely changed since 2010. The overall poverty rate now stands at 54 per cent (down from 60 per cent) and the extreme poverty rate remains at around 40 per cent (42 per cent in 2010). Inequality between urban and rural areas has widened significantly. It is known that children are disproportionately affected and that poverty drives deprivation in education, health, nutrition and protection, among other dimensions. UNICEF Zambia launched analytical work on multi-dimensional
child poverty using this newly available data set. This work is expected to inform the
development of the M&E framework for Zambia’s 7th NDP. The draft plan, developed by Government with little outside consultation, reflects an
increasingly comprehensive policy response to poverty and vulnerability through dedicated
pillars for poverty and inequality, in addition to pillars for human development, economic
diversification and governance. The integrated approach for socio-economic development
adopted by the Government is conducive to enhancing its response to poverty and
vulnerability, through accelerated and deepened implementation of the 2014 national social
protection policy and through the integration of social protection-type interventions in sector
policies for health and education. UNICEF is advocating for and supporting this opportunity
at the technical level, through its social policy, education, health, nutrition and protection
teams. The 7th NDP implementation plan and M&E framework represent entry points for
which the GRZ has requested UNICEF support. In terms of links with sector plans, the
MoCDSW has indicated its intention to conduct a mid-term review of the national social

Driven by stubbornly high levels of poverty and the deteriorating economic situation in 2015
and 2016, Zambia’s new Government, which came into power following August 2016
elections, has formulated an economic reform programme. Confirming the momentum on
poverty and vulnerability responses, social protection figures prominently as one of the five
pillars of this programme. Government’s intentions have already translated in a reduction of
the fuel subsidy and an increase in the budget for social protection, particularly the SCT
programme, for which the domestic allocation will double in 2017. UNICEF coordinated
development partner advocacy to support the budget increase for the cash transfer
programme. It also supported the 2016 scale-up phase, which saw cash transfer coverage
increase to cover about 8 per cent of the population.

In 2016 UNICEF released the first edition of a series of annual social sector budget briefs.
The briefs were widely circulated and helped inform discussions on the economic reform
programme. In November, UNICEF worked with a think-tank under the MoF to produce an
overall social sector brief, which was released one week after the announcement of
Zambia's 2017 national budget. The proportion of the 2017 budget allocated to social
sectors (health, education, social protection, and water & sanitation) is now 32 per cent, up
from 29.6 per cent in 2016. Yet, as a share of the total budget the allocations for education
and health declined somewhat, and the Education for All (20 per cent) and Abuja targets (15
per cent) for education (16.5 per cent) and health (8.9 per cent) were not met in Zambia's
budget.

In terms of progress on reducing poverty in 2016, scale-up of the SCT continued, including
UNICEF support for targeting and the strengthening of delivery systems. Between end-2015
and end-2016, programme coverage increased from 185,000 households to 239,000
households. Assuming the programme is effectively reaching extremely poor households, it
is estimated that this programme coverage translates into 18 per cent SCT coverage of the
extremely poor population. With the significant budget allocation increase, the proportion has
the potential to double in 2017. A critical bottleneck for regular and predictable delivery of
cash transfers has been the significant delay in disbursements from the MoF to the
MoCDSW. In some provinces, payment arrears reached six months. Expected
improvements in the revenue situation during the fourth quarter may help to address this.
In addition, UNICEF worked with cooperating partners to develop plans to strengthen the
Ministry’s financial management capacity, including for SCT implementation. UNICEF hired
a financial management expert to support efforts by the accounts unit to initiate and
coordinate a range of activities, based on recommendations from a recent fiduciary risk
assessment.
OUTPUT 1 7.1. By 2020, the government has enhanced capacity and improved systems for the delivery of child sensitive social protection.

Analytical Statement of Progress:
In 2016, UNICEF supported the MoCDSW to scale up the social cash transfer programme from 185,000 to 239,000 beneficiary households. Targeting guidelines and related training materials were developed and a team of 30 master trainers was prepared to roll out the training cascade to reach 300 district officials and more than 1,000 community welfare assistance volunteers in 28 districts.

UNICEF also supported the disability certification campaign and the strengthening of the overall disability assessment process, in collaboration with ILO. UNICEF contributed to advocacy and technical support work that led to the Government decision to increase the SCT budget allocation by 83 per cent. Some progress was made to strengthen SCT delivery systems: the MIS was adjusted for the new targeting model and a new complaints mechanism was designed in a consultative manner. A pilot plan is available to roll-out the complaints mechanism in 2017. Further progress on monitoring systems or on MIS decentralisation was hampered by conflicting priorities in the counterpart Ministry. Plans have been agreed upon to rectify this in 2017.

In relation to the national social protection policy, UNICEF supported the drafting of a comprehensive social protection bill (with the ILO), addressing the absence of an adequate legal framework for social protection and the development of a sector-wide M&E framework and coordination strategy. The latter is closely aligned to the on-going work on the bill and the new institutional arrangements it incorporates. The social protection bill has not yet been submitted to Parliament, affecting progress on the coordination strategy. The final M&E framework for the social protection policy encompasses a theory of change, a results framework and basic data-collection tools related to coverage and budget monitoring. To enhance awareness, demand, and engagement by key stakeholders and the public, National Social Protection Week was held from 16th-20th May. The week brought together various stakeholders, facilitating information exchange, awareness-raising and technical discussions. The GRZ announced that in the future the event will be held annually. The 2010-2015 SCT impact evaluation was also launched. To support greater integration and closer linkages between cash transfers and other sectors, the HIV-SCT linkages initiative was expanded to 11 new districts. The HIV-SCT linkages initiative aims to increase utilization of HIV prevention and care services among adolescents in SCT households and the broader community.

OUTPUT 2 7.2. By 2020, the Government has enhanced capacity, improved systems, and evidence for child sensitive public finance and development planning at national and subnational levels.

Analytical Statement of Progress:
This output has three building blocks: (1) support development of the next NDP, (2) enhance capacities in public sector on management and use of evaluation, and (3) generate evidence on child poverty and budget and expenditure analysis. For the first block, in 2016 UNICEF’s supported the MoNDP with the development of the seventh NDP. UNICEF suggested wording for integrating child-sensitive SDGs, including Zambia-specific child development priorities for inclusion in the next development plan. Three of the five pillars in the draft NDP are child-focused: human development, reduced poverty and vulnerability and reduced inequality. The other two pillars are governance and economic diversification and job creation, which are also important for child wellbeing.
UNICEF partnered with ZIPAR produce the 2017 social sector budget brief, which provided input to the budget discussion between the MoF, parliamentarians and stakeholders. A public expenditure review of the NCP 2006-2015 commenced in the last quarter, but the final report will only be issued after stakeholder validation in the first quarter of 2017. The results of the public expenditure review will be used in budget advocacy by UNICEF Zambia and its partners.

To address the second block, UNICEF supported the MoNDP through recommendations for implementing the diagnostic study on evaluation capacity. The study recommended that a new curriculum be developed to enhance evaluation capacity within the Government. With the support of UNICEF, the MoNDP identified the Centre of Learning in Evaluation and Results Anglophone Africa of Wits University in South Africa to develop a curriculum on evaluation management in the public sector.

Under block 3, in 2016 UNICEF provided financial support to the Central Statistical Office to conduct data anonymization for the living conditions monitoring household survey data, enabling use for further analysis, including the child poverty study. The release of data from the 2015 survey enabled UNICEF, the Central Statistical Office and MoNDP to commence the national child poverty study, measuring both monetary and multidimensional poverty. The study got currently underway in 2016 and results are expected in the first quarter of 2017. The key bottleneck was the presidential elections, which limited policy dialogue due to campaigning.

**OUTPUT 3 7.3.** By 2020, communities in selected rural districts have the capacity to engage with service providers and elected officials to demand accountability of the delivery of quality social services

**Analytical Statement of Progress:**
A key achievement for the first half of the year was finalization of the design of the SCT complaints mechanism in April, including an operations manual and training materials. The focus in the second half of the year was on preparations for operationalizing the complaints mechanism and piloting it in five districts in 2017. The introduction of the complaints mechanism is expected to improve transparency, accountability and quality of programme delivery.

In addition, the partnership with civil society for poverty reduction continued in 2016. UNICEF supported the revision of budget tracking and service delivery monitoring tools, following recommendations that emerged from the lessons-learned workshop held in late 2015. Revised tools were developed and are being piloted, including through using mobile technology, to enhance the real-time nature of the information collected. A new programme is expected to be fully rolled out in 2017, based on lessons from the ongoing pilot. The major constraint during the year was the 2016 presidential and parliamentary elections, which limited the potential for policy dialogue with Government officials.

**OUTCOME 8 Management Outcome**

**Analytical Statement of Progress:**
In 2016 UNICEF Zambia annual management priorities covered four areas: strategic human resource management; efficient office management; resource mobilization, advocacy and partnerships; and effective programme management. The UNICEF Zambia CMT met monthly throughout 2016, ensuring oversight of the management, programme and
operations key performance indicators. The CMT used the dashboards from InSight in its monthly meetings to facilitate review of progress and status of KPIs. The Office updated the risk assessment matrix at the start of the year, to inform the AMP for 2016. Each quarter, a more extensive CMT meeting was held to monitor implementation progress of the AMP and its programme priorities, and to review risk assessment status. Weekly key management indicators were shared by the programme monitoring unit to allow timely follow-up action. The Office continued to address recommendations from the 2015 internal audit, and all audit recommendations were closed within the set timeframe. Among the actions that were implemented were strengthening risk assessment related to preparing proposals, and substantial improvement in the implementation of programme monitoring and financial assurance activities.

Efforts continued to strengthen business continuity preparedness, with a comprehensive update to business continuity plans, and orientation, testing and simulation for key staff. The Office was well prepared for the electoral period in Zambia. An emergency task force was in place with representatives from each UNICEF programme section, supported by the emergency focal point, who coordinated UNICEF support to the GRZ.

Management and the staff association established a task force to address areas where UNICEF Zambia achieved low scores on the Global Staff Survey 2014, discussed in-depth during an all-staff retreat. An action plan developed is being implemented as part of AMP priorities. The Office conducted a skills development assessment, which assisted in preparing a strategic training and learning plan for 2017-2018 and strengthening learning implementation, monitoring and reporting mechanisms. The assessment highlighted areas such as results-based management, big data, partnerships, leveraging performance and reflection. Management relations with the staff association were open and constructive, with active participation by the staff association in the quarterly joint consultative committee meetings with management. Further efforts were made to increase open communication through regular all-staff meetings.

In 2016 UNICEF Zambia raised an estimated US$19,900,000 in new OR, with funding from DFID, Swedish International Development Agency, the Government of Finland, and UNICEF national committees in the Netherlands, Ireland and Germany. Strategic relations with national committees were also strengthened following successful visits in 2016 from UNICEF Finland, Ireland, Netherlands, Spain, UK, and USA.

To ensure that the quality of donor reporting meets organisational standards, UNICEF Zambia continued to streamline its quality assurance (QA) system and tools. A tool to monitor compliance with the Office’s donor reporting procedures was developed and implemented. Further, the existing QA chain demands participation by key staff to quality-check results reporting, with final sign off by the Deputy Representative. This practice has helped to ensure high-quality reporting.

The total OR available in 2016 was US$49,043,121, with 88 per cent utilization at the time of reporting. OR was optimally used on all programme outcomes, including programme effectiveness. Throughout 2016, the Office monitored DCT and RR and OR expenditures to meet the benchmark of less than 5 per cent outstanding DCT over six months old and no funds lost due to expiry of grants. A resource mobilization strategy developed in 2015 provided an informed fundraising roadmap for the 2016-2020 CP. For ensured and systematic implementation of the strategy, a resource mobilisation task force with streamlined terms of reference was fully established, with plans for sustained funding.

In 2016 UNICEF Zambia continued to invest in evaluation, to support programming and advocacy. To further strengthen relevance, quality and use of evaluations, UNICEF
established a research and evaluation committee, responsible for technical support and quality assurance for major research and evaluation activities. The Office managed 10 evaluation activities in 2016.

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. Of UNICEF Zambia’s supply component plans, about 15.7 per cent of the supplies were procured offshore, 84 per cent were locally procured, 3 per cent through direct orders and 8 per cent through regional procurement. The provision of institutional services increased steadily, reaching US$13 million in 2016. UNICEF Zambia supported the Ministry of Health and Catholic Relief Services with procurement services worth a total combined value of US$15 million.

An inter-agency greening task force, under UNICEF leadership, was set up as an initial forum for preparing action plans for greening the UN in Zambia. Energy and water audits were conducted to help strategize about infrastructure investments for reducing the UN House environmental footprint.

**OUTPUT 1** Governance and Systems exist to support the direction of country operations

**Analytical Statement of Progress:**
Following the 2015 annual management review, the 2016 AMP was prepared at the start of the year, setting out key priorities for the year for management, programme and operations, as well as the main oversight mechanisms. The CMT met monthly throughout the year, maintaining a standard agenda and review of key performance indicators. A quarterly review of progress against AMP priorities was introduced to enhance CMT oversight. As a result, good progress was maintained toward achievements of priority results set for the year.

Statutory committees were put in place and functioned well. A mid-year review was held to review progress on programme and management results, and the annual management review concluded by defining priority areas for 2017. A peer review conducted by ESARO confirmed that UNICEF Zambia made progress in strengthening internal controls and was successful in closing all the outstanding audit issues from the 2015 internal audit. In addition, a peer review visit was made by the Regional ICT Advisor, and the Office initiated action to implement the recommendations by the end of the year.

The business continuity plan was updated and a workshop was held with all essential staff to validate the plan. Follow-up actions were implemented to ensure readiness for the Zambia elections, held in August 2016. Management relations with the staff association were open and constructive, with active participation by the staff association in quarterly joint consultative committee meetings with management. Further efforts were made to increase open communication through regular all staff meetings.

**OUTPUT 2** Stewardship of Financial Resources creates the conditions to pursue country operations.

**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. Significant progress was made toward ensuring full implementation of HACT. All bank reconciliations were completed, uploaded and approved in VISION within the DFAM deadlines with regular follow-up for reconciling balances. Some errors on the part of the bank were identified through the process, which allowed for timely follow-up and resolution.
The Office was well prepared for the transition to working with the Global Shared Services Centre (GSSC) in Budapest. As a follow-up to audit observations, and to improve transaction process efficiency, the operations team strengthened internal monitoring of processes and held regular meetings with programme colleagues, to discuss and address bottlenecks.

A payment tracking tool helped to identify obstacles for timely payment processing, and follow-up action taken to address issues. The supply function has managed a growing level of institutional contracting, while maintaining a significant procurement function and providing support to Government through procurement services and assistance with supply systems strengthening, such as vaccine cold chain management training. An inter-agency greening task force was established, under UNICEF leadership, to review how to reduce the environmental impact of our operations. Energy and water audits are in progress to help strategize on infrastructure investments for reducing the UN House environmental footprint.

**OUTPUT 3** Human resources have the capacities, skills, morale and motivation to support country operations

**Analytical Statement of Progress:**

As 2016 was the first year of the new CP, the Office made progress on completing the recruitment for new posts. The human resource unit tracked all recruitment actions, with the aim of improving performance on timeliness. UNICEF continued to fill staffing gaps through a mix of approaches: support from colleagues within the region on stretch assignments and extended duration for staff as officers in charge, giving them an opportunity to learn on the job. The Office also continued to support Zambia staff to benefit from regional stretch assignment opportunities.

In 2016 one national colleague was appointed to an international post. In addition, the Office established a successful internship programme, in partnership with several national academic institutions, enabling top-performing students to gain valuable work experience while benefitting from their contributions to the Office. The programme aims to prioritize young women and those from less advantaged families. UNICEF Zambia’s management, together with the staff association, continued to work on addressing issues arising from the 2014 global staff survey. An all-staff retreat was held to focus on the three most significant areas, and an action plan was developed for further follow-up. The rollout of ACHIEVE was successful, although there were some delays in completing the planning phase. The Office learning and training strategy was structured around management and leadership, programme excellence and core learning at all levels. To support a longer-term strategic investment in learning, the Office conducted a skills development assessment. The internal audit by ESARO commended UNICEF Zambia for having a structured induction programme; on-boarding and off-boarding processes were strengthened during the year.
Evaluation and research

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE MULTIPLE CATEGORICAL TARGETING GRANT – A COMPREHENSIVE SUMMARY OF IMPACTS (2011-2014)</td>
<td>2016/004</td>
<td>Evaluation</td>
</tr>
<tr>
<td>THE CHILD GRANT PROGRAMME, A COMPREHENSIVE SUMMARY OF IMPACTS - (2010-2014)</td>
<td>2016/003</td>
<td>Evaluation</td>
</tr>
<tr>
<td>AN INDEPENDENT ASSESSMENT OF BUILDING YOUNG FUTURES (BYF) AND WHEELS FOR CHANGE (WIC) PROJECTS IN ZAMBIA</td>
<td>2016/001</td>
<td>Evaluation</td>
</tr>
</tbody>
</table>

Other publication

- **Title**: External Annual Report

Lessons learned

<table>
<thead>
<tr>
<th>Document Type/Category</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson Learned</td>
<td>Unifying Advocacy Messages to ensure Sustainability</td>
</tr>
</tbody>
</table>

Programme documents

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWP/RWP</td>
<td>AWP/RWP</td>
<td>Zambia_Emergency_AWP 2011.pdf</td>
</tr>
<tr>
<td>AWP/RWP</td>
<td>AWP/RWP</td>
<td>Zambia_Education_AWP 2011.pdf</td>
</tr>
<tr>
<td>AWP/RWP</td>
<td>AWP/RWP</td>
<td>Zambia_Health and Nutrition_AWP2011</td>
</tr>
<tr>
<td>AWP/RWP</td>
<td>AWP/RWP</td>
<td>Zambia_SPPME_AWP 2011.pdf</td>
</tr>
<tr>
<td>AWP/RWP</td>
<td>AWP/RWP</td>
<td>Zambia_WASH AWP 2011.pdf</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
<td>File Name</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
</tbody>
</table>