Executive summary

In 2017 the Government of the Republic of Zambia (GRZ) developed the 2017-2021 seventh national development plan (7NDP). With an overall theme of ‘leaving no one behind’, the 7NDP marked a fundamental paradigm shift from a sectoral to an integrated, multisectoral approach to development. UNICEF Zambia’s country programme document (CPD) was extended by one year, to 2021, to align with the 7NDP.

Despite Zambia’s lower-middle-income country status and a gross domestic product per capita of US$1,860, 54.5 per cent of the population live below the poverty line. Inequality remains high and public debt and budget allocations to social sectors have raised concerns. Nevertheless, in 2017 the Government continued to demonstrate strong commitment to the poorest households and scaled up the social cash transfer programme to all districts nationwide. UNICEF Zambia continued to provide technical assistance to the Government and to lead the UN joint programme on social protection. By December, the number of beneficiary households stood at 535,000, representing 2.5 million of the most vulnerable Zambians. During 2017 the value of the cash transfer rose from US$6.80 to US$8.75 per household per month.

UNICEF Zambia worked to strengthen policy and strategy frameworks in 2017, providing technical assistance to the development of national strategic plans for health and food and nutrition and the adolescent health strategy 2017-2021. Support to the education sector plan is ongoing. UNICEF supported the GRZ to finalize a statutory instrument for regulation of groundwater and boreholes. It also conducted a public expenditure review of the 2006-2015 national child policy and supported finalization of the alternative care regulatory framework and the national diversion framework.

In 2017 UNICEF supported the GRZ to further consolidate progress in birth and civil registration, and ending child marriage. Following the review of the Birth and Deaths Act in 2016, the Government successfully launched decentralized birth registration in three provincial centres, with a view to further scale-up. Parents in these areas are now able to register their children locally rather than having to complete a long and arduous process of central registration in Lusaka. In the area of ending child marriage, a costed national plan of action (NPA) to end child marriage was launched in December and implementation is underway, with the development of multisectoral action plans to address the drivers of child marriage in two priority districts to learn lessons, with a view to scaling-up.

Across sectors and in partnership with line ministries and several key donors – including the EU, IrishAid, Swedish International Development Agency (SIDA), UK Department for International Development (DFID) and U.S. Agency for International Development (USAID) – programming in 2017 supported strengthening the quality of capacity development for service delivery and systems-building. Highlights included: renovation and equipping of maternity and child health wings at 40 health centres, 480 schools reached as part of a ‘catch up’ initiative to improve learning outcomes in Zambia’s Southern and Eastern provinces, 8,802 girls aged 9-14 years reached with the first dose of the human papilloma virus (HPV) vaccine, integration of early
childhood development (ECD) into existing programmes and platforms across sectors, approximately 81,750 people provided with access to improved drinking water in 11 rural districts and 311,465 with access to improved sanitation in 68 rural districts and provision of gender-segregated latrines and group handwashing stations to 104 schools.

UNICEF Zambia continued to work with the National AIDS Council (NAC) to generate HIV results for adolescents, including through expansion of the U-Report platform and assisting the NAC to leverage additional resources from partners such as USAID and the Global Fund to Combat AIDS, Tuberculosis and Malaria (GFATM).

A highlight of 2017 was the celebration of World Children’s Day, which saw children and young people “take over” the role of parliamentarians and debate the findings of UNICEF’s Africa Generation 2030 2.0 report in the Zambian context. Children also took over key functions, including anchoring the main TV news bulletin.

UNICEF also continued to play an active role in the UN Delivering as One initiative, collaborating closely with sister UN agencies in joint programmes and initiatives. UNICEF also partnered with UNHCR for the humanitarian response following an influx of over 13,000 refugees from the Democratic Republic of Congo (DRC), and with the World Health Organization (WHO) for the response to a cholera outbreak in the last quarter of the year. UNICEF Zambia intensified its efforts to mobilize resources for humanitarian and development programming, and will continue to broaden its donor relationships and strengthen partnerships with international financial institutions and public and private sector actors in 2018.

Humanitarian assistance

In 2017 UNICEF Zambia supported the humanitarian response to an influx of refugees from the Democratic Republic of Congo (DRC) and responded to a cholera outbreak in the Lusaka District.

Since August 2017, over 13,000 Congolese refugees have been registered by UNHCR at the Kenani Transit Centre in Nchelenge District of Luapula Province. Children under 18 years comprise 60 per cent of the refugee population. Following the initial emergency response, the proposed medium/longer term strategy is to adopt an approach that promotes settlement of refugees among the host population, as opposed to traditional camps.

With the leadership of the Commissioner of Refugees and UNHCR, and under the refugee coordination model, UNICEF supported the provision of safe drinking water and improved sanitation and promoted hygiene practices. In education, UNICEF supported an assessment of the feasibility of setting up an emergency education programme for school-aged children. Based on the assessment, a plan was developed to establish learning centres for refugee children and assess learners’ suitability for placement at the right grades, as well as assessing refugee teachers for potential deployment as volunteer teachers. Implementation of the plan will commence in early 2018.

As part of the nutrition response UNICEF supported training of health workers and community volunteers, established a nutrition centre in the transit centre and provided anthropometric equipment and treatment commodities. A total of 2,042 screenings were performed on children under five years of age, of whom 232 were acutely malnourished (62 severe, 170 moderate). The children were enrolled in therapeutic or supplementary feeding programmes.
UNICEF Zambia led the coordination of refugee response interventions in the WASH and nutrition sectors. In this context, UNICEF collaborated with government ministries and departments including Ministry of Health (MoH); Ministry of Water Development, Sanitation and Environmental Protection (MoWDSEP), National Food and Nutrition Council (NFFC), provincial authorities and district-level medical social welfare and water offices and district education boards. Partnerships and collaborations were established with the Zambia Red Cross Society, Save the Children, Oxfam, World Vision and Norwegian Church Aid. A new site was identified for refugee settlement in Mantapala, Nchelenge District. At end-2017 UNICEF Zambia and other partners were finalizing an application to the UN Central Emergency Relief Fund to respond to the estimated (cumulative) 25,000 refugees expected to be in Zambia by June 2018.

In Lusaka City a cholera outbreak began in October 2017, with over 2,000 cases and 50 deaths reported by 4 January. UNICEF provided technical assistance to a multisectoral response plan, as well as granular chlorine and medical supplies, and supported communication for development (C4D) messaging through TV and radio stations. Earlier in the year, UNICEF supported the MoH and the Lusaka City Council with emergency funds for 28 epidemic-prone districts, all 10 provinces and for national-level emergency actions. The preparedness and response interventions, which benefited over 1.5 million people, included capacity strengthening (training of 1,652 community volunteers and government staff on hygiene promotion, water quality monitoring and law enforcement); sanitation and hygiene promotion; distribution of liquid chlorine for household water treatment and granular chlorine for water source treatment; water quality monitoring; solid waste management; drainage clearing and faecal sludge management. The MoH coordinated the emergency preparedness response (EPR) and facilitated production of 2017/18 EPR plans at the national, provincial and district levels in all 28 epidemic districts. These interventions contributed to enhanced capacity of the Government in emergency preparedness response and ensured prevention of large scale water-borne disease outbreaks.

Together the GRZ and UN developed a sustainable resettlement programme to support the local integration of former refugees into new communities in designated resettlement areas. The programme, effective from 2017-2021, is the primary vehicle for shifting from a humanitarian to a long-term development approach. During the reporting year, UNICEF provided safe water to over 7,500 people in the resettlement areas, host communities, schools and health facilities through drilling and equipping of 34 boreholes with hand pumps and four piped water supply systems. Looking ahead, Zambia will join a number of countries in the region to implement the comprehensive refugee response framework.

UNICEF Zambia is also responding to climate change through the WASH development programme, which integrates disaster risk reduction and resilience by drilling water points (including manually drilled water points) and promotion of solar pumping systems in water-borne disease/hazard-prone and unreachable areas, including seasonal fishing villages. During the year, UNICEF regularly updated the early warning/early action intranet site and reviewed emergency preparedness activities.

**Equity in practice**

In 2017 the GRZ finalized its 7NDP with the theme 'accelerating development efforts towards vision 2030 leaving no one behind'. The NDP adopted an equity-based and multisectoral approach with five pillars: economic diversification and job creation, poverty and vulnerability reduction, reducing development inequalities, enhancing human development and creating a governance environment conducive for a diversified and inclusive economy. With other UN
Agencies, UNICEF Zambia provided inputs to the development of the national development plan through the UN Results Groups and sector coordination groups. In addition, UNICEF Zambia engaged with the Ministry of National Development Planning and Central Statistical Office to develop district- and ward-level indicators for district planning. This will aid the Government in directing resources to the most deprived regions and districts, in line with 7NDP goal 3: reducing development inequalities. Currently, the lowest level of statistical disaggregation is at the provincial level. UNICEF support will thus provide an opportunity for evidence-generation, in order to advocate for more development resources for disadvantaged districts and wards.

In partnership with the two government entities for planning and statistics, UNICEF conducted a multidimensional national child poverty study. The analysis focused on children aged 0-17 years, using data from the 2015 living conditions monitoring survey (LCMS 2015). The study revealed that 80.3 per cent of Zambian children face one or more deprivations, and two out of five children aged 18 or under (40.8 per cent) suffer from at least three deprivations simultaneously. In three provinces (Western, Northern and Luapula) over two thirds of children experience multidimensional child poverty: Western Province has the highest rate (75 per cent), followed by Northern at 71 per cent and Luapula at 69 per cent. Lusaka province had the lowest poverty rate (6.6 per cent), but deprivation rates were significantly higher for sanitation and lowest for protection. Evidence generated by the study is expected to inform the 2018 mid-term review of the country programme (CP), and will provide useful inputs to government policy development. A joint action plan has since been developed by UNICEF and the Government to respond to the identified levels of deprivation. A key action for 2018 will be a review of the local government equalization fund, with collaborative support from UNICEF Zambia and a local think-tank, with the objective of assessing whether the fund responds to existing development inequalities.

In 2017 the national disability survey – initiated in 2015 by the Ministry of Community Development and Social Services (MCDSS) in collaboration with the Central Statistics Office and the University of Zambia and support from UNICEF and the Government of Finland – was finalized and validated. The purpose was to determine the prevalence, type and severity of disability among adults and children in Zambia as well as the main challenges faced by people with disabilities in participation and use of basic social services. The findings should facilitate mainstreaming of disability into relevant policies and programmes that will be critical to the implementation of the Act on Persons with Disabilities. One of the study’s recommendations was that Zambia include a module on surveying disability prevalence in the next national census.

UNICEF supported coordination and referral mechanisms to promote a holistic approach to support children with special education needs through development of early screening tools. Implementation is contributing to early identification, assessment and placement of children with special needs.

To advance equity in education, UNICEF Zambia initiated a diagnostic study to explore which disparities have the strongest impact on children’s ability to participate in the education system. This study provided input for formulation of the education sector plan currently near completion.

UNICEF Zambia also initiated a programme with the MCDSS to address multi-dimensional vulnerabilities of children and adolescents. The objective is to improve the well-being of vulnerable children and adolescents by improving access to services in social protection, care and basic services. The programme supports the strengthening and development of a national GRZ child and family welfare system to increase access to social cash transfers (SCTs) and
care services. It also supports country capacity for managing cases of vulnerable children and adolescents and their families.

**Emerging areas of importance**

**Children who are refugees or migrants.** Under the UNICEF Regional Office (ESARO) children on the move project and jointly with the International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR), Save the Children and line ministries, UNICEF Zambia identified hotspots for placing data monitors to conduct interviews on the experience of child migrants. A protection referral protocol was updated and validated by stakeholders. Ethical clearance is sought before starting interviews.

UNICEF Zambia, together with other UN agencies, is supporting Government implementation of a sustainable resettlement programme, which aims at local integration of about 10,000 former Angolan and Congolese refugees in Zambia. In the reporting year, UNICEF assisted with provision of water supply, reaching over 5,000 people in the resettlement schemes, host communities, schools and health facilities. Thirty-four boreholes were drilled and are in use. Support was also provided in sanitation and hygiene promotion, including provision of essential supplies to schools and health care facilities.

Through UNICEF support, textbooks for core subjects (English, mathematics, integrated science and biology) are being procured for 13 schools in Meheba and five schools in Mayukwayukwa attended mostly by former Angolan and Congolese refugees.

Following an influx of refugees from DRC to Luapula Province in Zambia since mid-2017, UNICEF led sector coordination for WASH and nutrition and contributed to the protection and education response.

**Focus on the second decade.** UNICEF Zambia’s focus on the second decade was grounded in an adolescent situation analysis (‘Report Card on Adolescents in Zambia’), which helped to expand the focus of the new CPD (2016-2021) on adolescents, moving beyond HIV issues. This ensured that along with HIV prevention and treatment, teenage pregnancy, ending child marriage and keeping girls in secondary school were key priority areas.

In 2017 the Office provided technical assistance for finalizing the NPA for ending child marriage, launched in December. In addition, UNICEF provided strategic technical assistance for development of the adolescent health strategy (2017-2021), which prioritizes: HIV prevention, reduction of teenage pregnancy, ending child marriage, preventing substance abuse and improving adolescent nutrition. The Government was also supported in the design of a package of activities to strengthen service delivery, known as the adolescent health services platform (AHSP). UNICEF Zambia jointly funded the implementation platform components at 130 health centres across 25 districts with the aim of increasing adolescents’ use of HIV and family planning services.

UNICEF supported the design and implementation of a transit school model for primary schools and strengthening Ministry of General Education (MoGE) open learning centres for secondary-school age out-of-school children. Transit schools focus on literacy and numeracy, implemented through a condensed version of the overall primary curricula, while the open learning centres deliver the full secondary-level curriculum. Both models were designed as second-chance programmes targeting girls and boys who have dropped out of school.
The Office also supported the MoGE to develop menstrual hygiene management (MHM) demonstration kits (including a toolkit and ready-to-stitch fabric for making washable pads) for about 150 schools. Further support was provided to the MoGE to provide girl-friendly WASH facilities. Over 1,400 have been constructed since 2014, reaching over 180,000 adolescent girls.

**Integrated early childhood development (ECD).** UNICEF Zambia’s current approach focuses on integrating ECD in existing programmes to support holistic services in health, nutrition, protection, nurturing and stimulation and early learning. Support to Government contributed to strengthened capacity to deliver ECD. Interventions included: training of government personnel to deliver parenting education to caregivers; development of ECD materials, job aids and guidelines to support service delivery; and multisectoral coordination and advocacy for an integrated policy and national scale-up plan.

In 2017 some 281 government workers (community health workers, health facility staff, early childhood education teachers and social welfare officers) were trained in ‘care for child development’ (CCD). Thirty health facilities in Katete and Petauke have included ECD in their child health services and community outreach work. Communities living near 20 ECD centres were empowered with parenting skills and knowledge, enabling children to receive stimulation at the community or household level.

The launch of the *Lancet* ECD series led to a gathering of 250 stakeholders and resulted in a commitment from the vice-president and ministers of health and education to accelerate the implementation of an integrated ECD programme. The launch resulted in the establishment of the early childhood development action network, with UNICEF serving as the Secretariat, bringing together partners through joint work planning and advocacy.

**Strategic Plan 2018-2021**

UNICEF Zambia will carry out a mid-term review of its country programme in 2018, for which one of the guiding documents will be the UNICEF Strategic Plan 2018-2021.

**Summary notes and acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHSP</td>
<td>adolescent health service platform</td>
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<tr>
<td>AMP</td>
<td>annual management plan</td>
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<td>ART</td>
<td>antiretroviral therapy</td>
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<td>C4D</td>
<td>communication for development</td>
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<td>CBV</td>
<td>community-based volunteer</td>
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<td>CCD</td>
<td>Care for child development</td>
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<td>CLTS</td>
<td>community-led total sanitation</td>
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<td>CP</td>
<td>country programme</td>
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<td>CPD</td>
<td>Country programme document</td>
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<td>CPG</td>
<td>cooperating partners group</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CRVS</td>
<td>Civil registration and vital statistics</td>
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<td>CSO</td>
<td>Central Statistics Office</td>
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<td>CSPR</td>
<td>Civil Society for Poverty Reduction</td>
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<td>DCT</td>
<td>direct cash transfer</td>
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<td>DFID</td>
<td>UK Department for International Development</td>
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<td>DHIS</td>
<td>District health information system</td>
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<td>DIV</td>
<td>Development innovation ventures</td>
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<td>Acronym</td>
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<tr>
<td>DMMU</td>
<td>Disaster management and mitigation unit</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<td>ECD</td>
<td>early childhood development</td>
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<td>ECE</td>
<td>early childhood education</td>
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<td>ECM</td>
<td>ending child marriage</td>
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<td>EmONC</td>
<td>emergency obstetric and newborn care</td>
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<tr>
<td>eMTCT</td>
<td>elimination of mother-to-child transmission of HIV</td>
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<td>ENC</td>
<td>essential newborn care</td>
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<td>EPR</td>
<td>emergency preparedness and response</td>
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<td>ESARO</td>
<td>UNICEF Eastern and Southern Africa Regional Office</td>
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<td>ESSP</td>
<td>education and skills sector plan</td>
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<td>EU</td>
<td>European Union</td>
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<td>FAWEZA</td>
<td>Forum of African Women’s Educationalists/Zambia</td>
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<td>GAVI</td>
<td>Global Vaccine Alliance</td>
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<td>GFATM</td>
<td>Global Fund to Combat AIDS, Tuberculosis and Malaria</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>GRZ</td>
<td>Government of the Republic of Zambia</td>
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<tr>
<td>HACT</td>
<td>harmonized approach to cash transactions</td>
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<td>HMIS</td>
<td>Health management information system</td>
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<td>HPV</td>
<td>human papilloma virus</td>
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<td>HR</td>
<td>human resources</td>
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<td>ICCM</td>
<td>integrated community case management</td>
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<td>ICT</td>
<td>information and communication technology</td>
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<td>IMEP</td>
<td>integrated monitoring and evaluation plan</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>IYCF</td>
<td>infant and young child feeding</td>
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<td>MCDSS</td>
<td>Ministry of Community Development and Social Services</td>
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<td>MDGi</td>
<td>Millennium Development Goals Initiative</td>
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<td>MHM</td>
<td>menstrual hygiene management</td>
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<td>MoGE</td>
<td>Ministry of General Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoNDP</td>
<td>Ministry of National Development Planning</td>
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<td>MTEF</td>
<td>medium-term expenditure framework</td>
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<td>MWDSEP</td>
<td>Ministry of Water Development, Sanitation and Environmental Protection</td>
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<td>NAC</td>
<td>National AIDS Council</td>
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<td>NASF</td>
<td>National AIDS strategic framework</td>
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<td>7NDP</td>
<td>Zambia’s 7th national development plan</td>
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<td>NFNC</td>
<td>National Food and Nutrition Commission</td>
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<td>NGO</td>
<td>non-governmental organization</td>
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<td>NHCs</td>
<td>neighbourhood health committees</td>
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<td>NPA</td>
<td>National plan of action</td>
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<tr>
<td>PSCM</td>
<td>procurement and supply chain management</td>
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<td>QI/QA</td>
<td>quality improvement/quality assurance</td>
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<tr>
<td>RMNCAH-N</td>
<td>reproductive maternal, new-born child and adolescent health and nutrition</td>
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<td>SAM</td>
<td>severe acute malnutrition</td>
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<tr>
<td>SCT</td>
<td>social cash transfer</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SIDA</td>
<td>Swedish International Development Agency</td>
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<td>SLIPs</td>
<td>school-level improvement plans</td>
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<td>SOPs</td>
<td>standard operating procedures</td>
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<td>SRH</td>
<td>sexual and reproductive health</td>
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Capacity development

UNICEF Zambia’s approach to capacity development in 2017 centred around participatory learning and training; communication for development (C4D), including for promotion of positive social norms and behaviours; and strengthening national and sub-national systems for data collection and use. For water, sanitation and hygiene (WASH) emphasis was placed on capacity development for construction, operations and maintenance, with a view to enhancing sustainability; water quality monitoring; mobile-to-web monitoring; community-led total sanitation (CLTS); school-led total sanitation and menstrual hygiene management; and enforcement of public health laws. Health system strengthening was carried out in 11 districts through the district health information system platform, which included improving assurance systems to institutionalize clinical mentorship systems and reviewing bottlenecks in procurement and supply chain management. Support was provided to reinforce community-based primary health care systems through training of community-based volunteers (CBVs), and revitalization of neighbourhood health committees. Further, 60 national trainers participated in sexual and reproductive health (SRH)/HIV peer education and adolescent health training; 80 health workers in four districts were trained on adolescent health services; and 600 adolescents were trained as peer educators.

As part of UNICEF’s drive to support a robust child protection system and systematic provision of alternative care, social welfare officers and staff from child care facilities were oriented on the new alternative care regulatory framework. In addition, health workers, volunteers and civil registrars received training on civil registration as part of UNICEF’s support to the decentralization of civil registration and vital statistics (CRVS). In education, school- and community-level participatory learning activities focused on parental engagement in ECD centres, learner-centred catch-up methodology, use and interpretation of school and community profiles and school improvement plans. C4D interventions were carried out in relation to traditional chiefs’ action-plans to address child marriage, WASH community radio programmes and participatory theatre with peer counsellors.

Evidence generation, policy dialogue and advocacy

In 2017 UNICEF Zambia and other UN agencies supported the GRZ to align the 7NDP to the SDGs through a rapid integrated assessment. Further support was provided to develop the 7NDP monitoring and evaluation framework and implementation plan, which outlines strategic outputs to which sector/ministry plans will respond. Through its research and evaluation committee, UNICEF organized a research dialogue for 70 policy makers and researchers aimed at sharing lessons learned and best practices on research/evidence uptake for effective and efficient programme and policy implementation, particularly around the 7NDP.

UNICEF also supported: a national disability survey, a monetary and multi-dimensional child poverty study, an assessment of child care facilities, a child protection public expenditure review and formative quantitative research on menstrual hygiene management for the development of
national guidelines. UNICEF and partners also completed mid-term evaluations for the social cash transfer programme and the Millennium Development Goal initiative (MDGi).

The costed NPA for ending child marriage was finalized and launched, the latest step in transformation of policy and practice following on an earlier UNICEF-supported study. Implementation of multisectoral interventions will commence in two high-prevalence districts.

UNICEF joined with the Zambia Institute for Policy Analysis and Research (ZIPAR) to conduct an analysis of the 2018 national budget, focused on the implications of allocations to the social sector. The budget brief was presented to the minister of finance with recommendations on increasing investment in social sectors. One outcome was a planned 30 per cent increase in funding for social protection spending – from US$55 million in 2017 to US$72 million in 2018. In addition UNICEF Zambia continued to support budget analysis through in-depth sector budget briefs covering education, health, water and sanitation and social protection.

**Partnerships**

UNICEF Zambia continued to establish and maintain partnerships with public, private and civil society organizations and think tanks that seek to advance the protection and fulfilment of children’s rights. In 2017 UNICEF participated as lead agency for the education, WASH, social protection and nutrition sector coordination forums. For example, UNICEF co-chaired the education sector troika (with USAID and the Irish Embassy), served as coordinating agency for Global Partnership for Education (GPE) activities in Zambia and as the secretariat for the WASH sector and lead UN agency for the social protection sector. Activities supported by UNICEF included joint annual reviews for education and social protection, which informed investment in these sectors. UNICEF worked in partnership with other cooperating partners in Zambia including: the European Union (EU), DFID, the embassies of Ireland and Japan, Japan’s International Cooperation Agency and USAID. Strategic partnerships with selected civil society groups included: Restless Development, Forum of African Women’s Educationalists (FAWEZA), Flemish Association for Development, Child Fund, Save the Children and Zambia Institute of Mass Communication. UNICEF Zambia enjoys strong relationships with a number of UNICEF national committees.

UNICEF continued to build on ongoing UN collaborative programmes – the MDGI on health system strengthening and UN joint programmes on social protection, gender-based violence and sustainable resettlement of refugees. New joint programmes on health systems strengthening and social accountability, funded by DFID, as well as SRH, funded by SIDA, were also finalized in 2017. UNICEF worked with the NAC on management of the Zambia U-report platform used for counselling, polling, campaigning and reporting. This partnership supported the upgrading of NAC’s management information system, allowing it to interface with the U-Report platform and capture, in real-time, the activities of adolescent peer educators in 130 health centres.

**External communication and public advocacy**

Key results in 2017 directly attributable to UNICEF Zambia’s public advocacy work, in line with regional priorities, included:

- A sharp increase in the number of households in the national social cash transfer programme, from 242,000 in 2016 to 535,000 in 2017
- Roll-out of decentralized birth registration in provinces
- Launch of the national plan of action for ending child marriage
- Launch of the *Lancet* series on ECD, with the office of the vice-president
• A high-level event led by the First Lady of Zambia to advocate for inclusion of children living with intellectual disability
• Children’s engagement with parliamentarians and the media as part of World Children’s Day.

Other activities included the launch of the second annual social protection week, with five cabinet ministers in attendance and a debate on the 2018 budget, based on a budget brief prepared by UNICEF Zambia, with the Minister of Finance as the keynote speaker.

UNICEF Zambia’s efforts to encourage social engagement around the voices of children and UNICEF’s mandate were visible in national and international media as well as on social media platforms including Facebook (7,471 users), Twitter (4,243) and Instagram, and the UNICEF Zambia website (over 35,000 interactions).

UNICEF Zambia continued to embrace innovations that increase programme effectiveness, to make sure that no child is left behind, including launch of the Internet of good things. This initiative engaged 202,077 users and is delivering value-added information and life-saving recommendations directly to the phones of the population most in need at no cost to the end user.

Within the UN country team, UNICEF supported initiatives by the UN Communication Group to engage the local media and members of parliament to position UNICEF and children’s priorities on the national agenda.

South-South cooperation and triangular cooperation

With support from UNICEF Zambia and UNICEF ESARO, Zambia’s MWDSEP organized a five-day South-South sanitation learning forum in Lusaka on 25-29 September 2017.

The forum brought together 58 delegates drawn from governments, civil society and UNICEF staff from eight countries: Angola, Lesotho, Mozambique, Namibia, South Sudan, Swaziland, Uganda and Zambia. Participants shared experiences and best practices for developing and rolling out national open defecation and sanitation strategies, and learned from Zambia’s experience by engaging with government officials at the national and sub-national level, as well as with communities.

The ‘Acting on The Call’ summit, held in Addis Ababa on 24-25 August 2017, brought together policymakers from 25 countries and over 500 delegates to celebrate progress to date in curbing preventable maternal and child deaths, sharing best practices, lessons learnt and challenges and identifying key actions needed to achieve the SDGs. UNICEF Zambia, in coordination with the Government and USAID, shared with other countries best practices from the ongoing EU-funded MDGi programme, including:
1) Revitalizing neighbourhood health committees as a platform for improving community engagement, participation and social accountability
2) Providing quality emergency obstetric and newborn care (EmONC) through construction, refurbishment, equipment, mentorship and quality assurance

UNICEF Zambia, in coordination with the Government and partners, also participated in a side exhibit at the Scaling-up Nutrition (SUN) global gathering held from 7-9 November 2017 in Abidjan, and shared experiences in using multi-stakeholder platforms and engaging networks in the fight against stunting in Zambia.
Identification and promotion of innovation

UNICEF Zambia adopted a number of innovative approaches across its programmes in 2017, including the use of technology to remove a barrier or bottleneck as well as simple, cost-effective solutions that turned out to be ‘game changers’. For example, in the health sector, UNICEF supported an innovative idea for reducing health facility infections, which led to an increase in births at maternity facilities instead of at home. Through the EU-funded MDGi programme, the MoH was supported to develop on-site chlorine production technology using salt, water and electricity. Twenty-three additional health facilities – for a total of 50 health facilities in 11 districts – now produce chlorine solutions used as a disinfectant to prevent and control infections, benefiting not only the facilities but also local communities.

In the education sector, inadequate learning materials and lack of teachers were among the identified barriers to pre-school education. Partnering with the Education Broadcasting Services, UNICEF supported the use of radio to overcome this barrier. An early childhood education (ECE) curriculum and parenting materials for broadcasting on local radio stations were developed and are in use across the country, enabling the expansion of ECE to remote locations.

Lack of accurate data to monitor programme performance and guide investments was identified as a bottleneck to service delivery by government programmes. In 2017 UNICEF Zambia supported partners to initiate programme monitoring using innovative approaches in education, health and adolescent programming. Through the ‘data must speak’ initiative, 8,823 school- and community-level profiles were generated, printed, and distributed to all districts.

UNICEF supported the MoH in 200 health facilities across 11 districts to generate online, real-time data on disease prevalence and utilization of health services. The MoH plans to scale up real-time management of health information nationally.

Support to integration and cross-sectoral linkages

UNICEF Zambia supports the MoH to implement adolescent-responsive health services through standardization of AHSP at 130 health facilities across 25 districts. This was based on lessons learned from health service systems-strengthening and joint work by the HIV and social protection teams, support to an adolescent SCT learning initiative, which included increasing the utilization of HIV services by at-risk adolescents. Child protection supported implementation of the AHSP as part of the ending child marriage (ECM) response, since increasing adolescent girls’ access to reproductive health services and reducing teenage pregnancy can have a significant impact on the prevalence of child marriage.

UNICEF supported the development of an ending child marriage communications and advocacy strategy encompassing C4D strategies for addressing the impact of child marriage and teenage pregnancy on education, adolescent sexual and reproductive health (SRH) and social and child protection. This work will support implementation of multisectoral responses and provision of child-sensitive services aimed at reducing children’s vulnerability to marriage, under the national plan of action to end child marriage. Approximately 466 head teachers and guidance and counsellors were equipped with skills on guidance and counselling to curb child marriage and teen pregnancy by enhancing retention and completion of secondary education. The MoGE was also supported to develop a coordination plan for enhancing its role in the national ending child marriage campaign.
ECD is integrated across health, nutrition, WASH and education services, with interventions focused on human resource training, development of tools, job aids and guidelines. The launch of the *Lancet* ECD series was a collaboration between MoGE and MoH, supported cross-sectorally within UNICEF. One provincial and three district-level ECD multisectoral teams in Eastern Province are supported by UNICEF to strengthen cross-sectoral linkages at the sub-national level.

### Service delivery

Under the EU-funded MDGi programme, 40 maternity wings in 11 districts were constructed/refurbished and equipped, increasing access to obstetric and new-born care. A total of 1,520 neighbourhood health committees were re-trained and 8,539 community-based volunteers were trained and equipped. Of these, 1,857 were trained on infant and young child feeding (IYCF) and 2,143 on outpatient treatment for severe acute malnutrition (SAM). In addition, 622 community-based volunteers were trained as community-based distributors for family planning; 1,615 as peer educators; and 682 in integrated community case management (ICCM); 1,620 safe motherhood action groups were also trained. With UNICEF support, 8,802 girls aged 9–14 years were reached with their first dose of HPV vaccine.

UNICEF supported the Government to decentralize birth registration services with 184 new birth registration desks established in health facilities, bringing the total to 406. By September, 117,864 children had been registered.

An estimated 41,692 women and girls and 40,058 men and boys accessed improved drinking water sources in 11 rural districts, while an estimated 152,618 women and girls and 158,847 men and boys accessed improved sanitation in 68 rural districts. Over 37,000 boys and girls accessed improved sanitation facilities through the provision of gender-segregated latrines and group handwashing stations at 104 schools in nine districts, whilst 25 health centres gained access to improved water supply through UNICEF support.

The ‘Catch-Up’ initiative, supporting children to improve early grade numeracy and literacy, was piloted at 80 schools in four districts, reaching 9,600 learners. Development and implementation of school-level improvement plans (SLIPS) were supported at 135 primary schools. UNICEF support to transit schools and open learning centres reached 2,428 out-of-school children. Twenty low-cost community-based ECD centres were established, benefitting 1,678 children, while 112,000 copies of ECE materials were supplied to ECE centres.

UNICEF Zambia supported initiatives to strengthen management information systems in all sectors to achieve data-driven decision-making, programme monitoring and accountability.

### Human rights-based approach to cooperation

UNICEF supported the development of a roadmap for implementing the concluding observations on the Committee on the Rights of the Child. Furthermore, the Office worked with other UN agencies to provide technical support to the GRZ on its submission to the Universal Periodic Review, which was presented to the Human Rights Committee in Geneva. Additionally, support was provided for finalizing the state party report on the African Charter on the Rights and Welfare of the Child.

UNICEF Zambia also supported finalization of a costed national plan of action for implementing the national strategy to end child marriage and for development of the national plan of action for implementing the 2015 national policy on children. The policy incorporates provisions of the
Convention on the Rights of the Child and informed the Children’s Code Bill (pending enactment), which also intends to incorporate international law on children at the national level. Related to these efforts was the launch of national guidelines on foster care and adoption and decentralization of issuance of birth certificates. UNICEF Zambia provided in-service training for the police on child justice administration, with a view toward protecting the rights of child victims and the obligation to consider the best interests of the child during all interactions with the criminal justice system.

UNICEF contributed to increased social accountability through its support to the Civil Society for Poverty Reduction (CSPR) network, to incorporate the use of mobile technology in monitoring service delivery monitoring and of budget tracking tools for education, health, social protection, water and sanitation, agriculture and infrastructure. The intervention involved service delivery monitoring and budget tracking by community members in 10 districts. Representation in these community groups included youth, women and men and, whenever possible, people with disabilities. This intervention made it possible for each district report to be submitted to local structures, thereby supporting the decentralization policy and planning and budgeting policies, which require community participation in decision-making. With the use of technology, community feedback and budget execution reports at service points should be timely.

**Gender equality**

UNICEF Zambia continued to place significant focus on addressing all four priorities of UNICEF’s gender action plan 2.0. Support for mainstreaming gender-responsive adolescent health continued through assistance for finalization of the new national adolescent health strategy (2017-2021), which prioritizes reducing HIV infection, teenage pregnancy and child marriage, and addressing gender-based violence, nutrition, and issues facing adolescents with special needs.

At the sub-national level, UNICEF Zambia continued to support the MoH to implement adolescent health services at 130 health centres across 25 districts. Approximately US$440,000, from both the social protection and HIV sections, were used to support the establishment of 70 adolescent-friendly spaces, orientation of focal points and training of 620 health facility-based HIV peer educators, who reach approximately 30,000 peers each month.

Under the Zambia Girls 2030 programme, with UNICEF support, 7,654 adolescents (4,985 girls) in 200 schools received a career guidance package intended to enhance secondary school retention. This programme has exposed adolescents, especially girls, to different career options and increased their knowledge of life skills and entrepreneurship. In addition, 50 Student Alliance for Equality (SAfE) clubs were established, and peer educators reached over 20,000 adolescents with information for making informed decisions about their rights.

With UNICEF support, basic WASH facilities (gender-segregated toilets and MHM facilities) were provided to 104 primary schools in 2017, benefitting an estimated 18,876 girls across nine districts. The MoGE launched the national MHM guidelines and toolkit, developed with UNICEF support, appointed a full-time MHM focal point in its planning unit and committed a budget of approximately US$200,000 towards menstrual hygiene materials for school girls.

UNICEF and UNFPA Zambia supported the development of an ending child marriage communications and advocacy strategy. The Ministry of Gender led missions to two districts to develop multisectoral action plans to address the drivers of child marriage.
Environmental sustainability

Zambia, though endowed with rich natural resources and a relatively unspoiled environment, is faced with rapid population growth, industrialization, urbanization and increasing agricultural demands – all of which pose a significant threat to the country’s long-term environmental sustainability.

Developing Zambia’s groundwater resources was adopted as a feasible option for providing improved water supply. UNICEF Zambia supported the Government to develop statutory instruments that will provide the legal basis for groundwater development, protection and regulation. UNICEF also supported the adoption of renewable solar energy in rural water supply systems. Through UNICEF support, water supply systems for 22 healthcare facilities across the country were fitted with solar-powered units.

In rural areas UNICEF, in partnership with the Government, promoted the use of locally available materials and technology to construct latrines with a minimal carbon footprint. With respect to safe management of generated healthcare waste, UNICEF supported the Government to put in place appropriate waste collection systems for on-site management of waste generated at 16 healthcare facilities.

UNICEF also fostered a partnership between the Wildlife and Environmental Conservation Society of Zambia and the Land Life Company. This was achieved by engaging climate ambassadors in a tree planting innovation to demonstrate the feasibility of combating climate change and land degradation through sustainable reforestation and education. The knowledge gained by the climate ambassadors will be transferred to learners in primary and secondary schools through the ‘unite for climate and conservation’ programme.

Under the UN Greening the Blue Initiative, the environmental footprint assessment for UN common premises was completed, recording high use of the generator and the need to invest in solar energy. Through the installation of water meters and energy-efficient electrical equipment, UN House has increased the monitoring of water/electricity fixtures, enabling timely repairs. The inter-agency greening task force set up in 2016 continued to implement the action plan through staff sensitization activities. Additionally, recycling bins for paper, plastic and other waste were installed at UN House.

Effective leadership

The country management team (CMT) met monthly throughout 2017, ensuring oversight of management, programme and operations key performance indicators. The Office updated the risk assessment matrix to inform the annual management plan. Each quarter, an expanded country management team meeting was held to monitor implementation progress of annual management and programme priorities and review the status of the risk assessment. Weekly key management indicators were shared to facilitate timely follow-up.

UNICEF Zambia received a regional peer review mission in October, which provided constructive feedback on areas where management needs to maintain attention. An action plan was developed to address recommendations and will be implemented by mid-2018. Risk management practices were also included in updates of standard operating procedures (SOPs) during the year, and a library of SOPs was established on Sharepoint.

The Office completed a comprehensive update to and testing of its business continuity plan. An emergency task force is in place with representatives from each section, supported by the
emergency focal point, who coordinates with the Government’s Disaster Management and Mitigation Unit (DMMU). Early warning/early action schedules were updated on time. The task force met regularly to respond to cholera outbreaks and the emerging refugee situation in the north of the country.

Management relations with the staff association have been open and constructive, with participation of the staff association in quarterly joint consultative committee meetings, and monthly all-staff meetings. An all-staff retreat was held to better understand the outcomes of the Global Staff Survey. Recommendations included: establishment of a talent initiative to support career and professional development, a women’s network and strengthened supervisor-supervisee relations.

### 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.

The country management team ensured an improvement in financial procedures through the development and update of various standard operating procedures (SOPs) that are aligned with the UNICEF financial policy. The SOPs were used as a key tool to guide finance and non-finance personnel in the office, and resulted in improved compliance with financial policies. The operations team held regular meetings with programme colleagues to discuss and address bottlenecks. A payment tracking tool helped identify obstacles for timely payment processing, and follow-up actions were taken to address the issues.

Through continuous monitoring of the InSight dashboards, the country management team followed up on all payments to partners and monitored those that were not liquidated. The office met the benchmark of less than 5 per cent of direct cash transfers (DCTs) outstanding over six months. Throughout 2017, the office monitored DCTs and expenditure rates for Regular Resources (RR) and Other Resources (OR), for timely implementation and to avoid loss of funds unutilized by the expiry date of the grants.

All bank reconciliations were completed, uploaded and approved in VISION by the deadlines, with regular follow-up of reconciling balances. Several meetings were held with the local bank, which resulted in a reduction in the number of its posting errors.

### Fundraising and donor relations

UNICEF Zambia had a moderately diverse donor base, with a mix of public sector (government and inter-government partners, UN pooled funds and global programme partnerships) and private sector (mainly through UNICEF national committees) partnerships. Public sector partners included DFID, the EU, USAID, SIDA, Irish Aid, Finland, and the governments of Japan and the Netherlands. UNICEF also partnered with the GPE, Nutrition International and the Global Vaccine Alliance (GAVI), as well as UNICEF National Committees from Canada, Ireland, Germany, the Netherlands, Sweden the UK and the U.S. foundations that supported UNICEF Zambia programmes included the GHR and Hilton foundations.

The country management team reviewed the resource mobilization strategy and actively engaged in donor briefing meetings, positioning UNICEF as a partner of choice for children, and participated actively in sector coordination forums. In total, during 2017 UNICEF had a total of
US$42,716,341 in Other Resources (OR) available, of which US$24,723,722 was mobilized during the year. The OR utilization rate was 85 per cent. There were 33 active grants in 2017.

UNICEF Zambia placed significant importance on donor relations; producing quality and timely donor reports was a critical component and was monitored weekly by section chiefs and monthly by the country management team. All 24 donor reports were submitted on time. The office prepared a total of 16 concept notes and donor proposals, of which six were funded. UNICEF Zambia partnered with UNICEF ESARO on quality assurance of donor proposals valued above US$10 million. Section chiefs and the country management team closely monitored grant utilization, resulting in a 94 per cent reduction in unspent funds in expired grants (from US$429,705 to US$25,221).

In 2018, the Office will seek to diversify its donor base, increase partnership with international financial institutions and intensify efforts to mobilize funds for humanitarian response.

**Evaluation and research**

Beyond broad public engagement, UNICEF Zambia maintained its role as a knowledge leader on children’s issues, contributing to results for children through national research and evaluation initiatives in 2017.

The Office maintained a comprehensive two-year (2016/2017) integrated monitoring and evaluation plan involving 21 knowledge-generation activities, including eight evaluations, of which four were completed, three are ongoing and one was discontinued since a similar evaluation was carried out by a partner.

One completed evaluation was an impact evaluation of a hygiene and sanitation scaling-up project, which revealed a significant increase in the proportion of households reporting an improved(protected) water source for drinking, with a baseline value of 34.7 per cent compared to 51.9 per cent at end-line. A second was a process evaluation of an early-grade numeracy and literacy catch-up pilot in two provinces; the findings show improved student learning levels. Other completed evaluations were the mid-term evaluation of the MDGi maternal neonatal and child health (MNCH) programme and a post-introduction evaluation of new vaccines. The MDGi evaluation assessed the quality and coherence of linkages and synergies with existing programmes supported by the Government and key partners.

UNICEF Zambia also managed evaluation management responses on the interactive radio instruction pilot programme in ECE and the United Nations joint project on protecting migrant children from trafficking and exploitation. Recommendations from the former were used to improve delivery of the ECE curriculum through the development of a continuous professional development framework.

Additionally, UNICEF Zambia supported an assessment of national evaluation capacity. The exercise revealed the existence of an enabling environment for conducting evaluations, but indicated a general weakness in organizational evaluation capacity. Moving forward, UNICEF will seek to integrate evaluation management in relevant curricula.

**Efficiency gains and cost savings**

As a member of the local UN operations management team, UNICEF Zambia continued to benefit from efficiencies and economies of scale realized as part of the Delivering as One strategy. Benefits included common long-term agreements (LTAs), tax-free fuel, sharing of
conference rooms, provision of rent-free offices and shared security and building maintenance and repairs services. Common and piggy-backed LTAs included travel agency services, security services, event management and stationary.

UNICEF Zambia continued to be accommodated at the UN House, facilitating cost-sharing. As a result, the office was not subject to prevailing commercial rates of around US$25/square metre per month in Lusaka. With UNICEF Zambia’s current office space requirement of almost 2,500 square metres and commercial costs of US$750,000 per annum – against contributions to common services of around US$300,000 per annum – this translated into an estimated annual savings of US$450,000.

To help identify strategic areas for increasing common action, the operations management team worked on a revised business operations strategy for 2017-2021, with improved metrics to capture efficiency gains. Working groups for the key operations function are being established to enable more coordinated action on joint initiatives to realize further cost and time efficiencies.

In 2017 three UN agencies in Zambia (UNICEF, UNDP and UNFPA) participated in a global pilot for car-pooling and vehicle tracking. Devices were installed in field vehicles, which allowed online, real-time tracking and provided metrics on unsafe and inefficient driving behaviour. Over the period of the pilot, the Office saw a positive change in driver behaviour, which likely resulted in reduced wear and tear on the vehicles. In addition, agencies continued to support each other with vehicles and drivers when needed, resulting in reduced costs of renting additional vehicles.

**Supply management**

In 2017, the supply unit managed a growing level of institutional contracts, as well as supporting supply plan forecasting, maintaining a procurement function, providing technical assistance to the programme and supporting the Zambian Government through procurement services and assistance with supply systems-strengthening.

Services of US$4.21 million procured included drilling, installation of solar pump systems, financial assessments, surveys and research.

In 2017, the total value of the office supply plan was US$5.75 million, amounting to 11 per cent of the annual work plan budget. LTAs are in place for strategic commodities and services; 36 per cent of local procurement was ordered against LTAs, which shortened transaction times, leading to value for money and improved service delivery. The remaining 54 per cent were for specific high-value items procured through open bidding, in accordance with UN policies.

Printing, WASH supplies, pharmaceuticals, medical supplies and equipment and nutrition supplies were the major commodity groups procured.

Procurement services play a key role for the immunization programme. In addition to procuring vaccines, cold chain and medical equipment, UNICEF provided technical support for developing manuals for the expanded programme on immunization and the cold chain. The supply unit also assisted in developing the cold chain equipment optimization platform application.

The Office does not have a UNICEF-controlled warehouse but provides assistance with in-country supply distribution to implementing partners using LTA service providers. Under the MDGi programme, UNICEF was responsible for procurement and distribution of supplies to the beneficiaries. The government-granted blanket tax exemption for UNICEF-assisted programme
supplies expedited customs clearance and helped avoid demurrage charges. Forty bills of entry were issued through contracted LTA clearance agents for programme and operation supplies.

<table>
<thead>
<tr>
<th>Description</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channelled via regular procurement services</td>
<td>$4,065,457.97</td>
</tr>
<tr>
<td>Channelled via GAVI</td>
<td>$6,438,431.48</td>
</tr>
<tr>
<td>Regular programme supplies</td>
<td>$1,043,645.89</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>$256,297.06</td>
</tr>
<tr>
<td>Services (excluding construction services)</td>
<td>$2,022,191.93</td>
</tr>
<tr>
<td>Construction works</td>
<td>$2,185,000.00</td>
</tr>
<tr>
<td>International freight</td>
<td>$445,635.09</td>
</tr>
<tr>
<td><strong>TOTAL supplies and services received</strong></td>
<td><strong>$16,456,659.42</strong></td>
</tr>
</tbody>
</table>

**Total procurement supplies**

<table>
<thead>
<tr>
<th>Description</th>
<th>USD</th>
<th>per cent against total procurement value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locally procured (goods)</td>
<td>833,794.00</td>
<td></td>
</tr>
<tr>
<td>Offshore procurement (goods)</td>
<td>209,852.00</td>
<td>20 per cent</td>
</tr>
<tr>
<td><strong>Total procurement value (goods)</strong></td>
<td><strong>1,043,646.00</strong></td>
<td><strong>100 per cent</strong></td>
</tr>
</tbody>
</table>

**Construction works carried out by implementing partners in 2017**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Partner</th>
<th>Location</th>
<th>Description</th>
<th>Total amount in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lusaka Provincial Health Office</td>
<td>Lusaka</td>
<td>Refurbishment and extension of maternity block</td>
<td>342,537.39</td>
</tr>
<tr>
<td>2</td>
<td>Eastern Province Education Office</td>
<td>Katete</td>
<td>Construction of 20 latrines at</td>
<td>39,000.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total value</strong></td>
<td></td>
<td></td>
<td><strong>381,537.39</strong></td>
</tr>
</tbody>
</table>
Security for staff and premises

With oversight from the local UN Department of Safety and Security (UNDSS) office and the UN operations management team, a number of security enhancements were made in 2017. These included upgraded security access controls for the premises through improved, chip-enabled access cards supported by high resolution and motion-activated digital closed-circuit television, which monitors the premises 24/7. Key staff members were issued radios and all staff members received monthly airtime to enable them to communicate in case of an emergency.

A major security upgrade to the UN House compound and premises has been underway, with completion expected in early 2018 (managed by the common services team). The project was initially budgeted several years ago, and cost increases cannot be fully funded from office resources. Residential security measures were in place for international staff residences.

UNICEF Zambia also maintained several interventions to deliver programme safety in the field. The Office enforced the rule of not driving after 18:00 outside of Lusaka, to reduce the risk of accidents due to poor visibility. The office also implemented fatigue-management measures with guidelines that permit drivers to rest after covering a certain number of kilometres in a day. The UNICEF safe travel guidelines were endorsed by UNDSS for adoption by all agencies in Zambia. To ensure continuous communication between the office and staff in the field, HF radios were installed in vehicles, and when necessary satellite phones were used by staff members, particularly in areas with limited cell phone network coverage.

Human resources

During 2017, the staffing structure continued to have sufficient diversity to deliver planned country programme results. Of the total staff, 26 per cent were international posts, 35 per cent were national officers and 39 per cent were general service. There was a gender ratio of 41 per cent male to 59 per cent female staff; international staff represented 39 per cent of donor countries and 61 per cent of programme countries.

Staffing gaps were filled through a mix of approaches including stretch assignments from other offices and extended duration officer-in-charge placements. Two national staff members were appointed to international posts. The Office continued to support staff to benefit from stretch assignments with other offices, including for the general service category. A number of staffing changes took place in management, with the arrival of a new Representative in July and five changes of section chiefs.

The Office moved ahead with human resources (HR) reform implementation, including a focus on performance management. Several sessions were conducted to orient staff on the importance of regular dialogue and honest conversations between supervisor and supervisees.

Management and the staff association arranged a staff retreat around issues raised in the global staff survey. An action plan was developed to address emerging priorities.

The Office implemented the strategic learning and training plan for 2017-2018, and 2017 witnessed completion of two major learnings (C4D and research management) in addition to a programme of one- to two-hour learning and information-sharing sessions. The Office is also a regional pilot for the new global management master class course. The Office maintained monitoring and reporting mechanisms on learning.
Staff well-being remained a priority: the UN Cares committee is active; the office implements the 10 minimum HIV standards in the workplace and staff are connected with the regional staff counsellor.

Effective use of information and communication technology

The ICT team provided technical support for the use of SharePoint in the office and coordinated training activities in OneDrive for business and remote access tools. This enhanced data security, increased storage capacity and provided flexibility to work online away from the office.

The team worked closely with communications staff to ensure that social media platforms such as Twitter, Facebook, Instagram and the UNICEF Zambia website functioned, despite connectivity challenges. The ICT team also provided technical support to supply for implementation of an online supplier database of local organizations, institutions and individual vendors.

The ICT team facilitated the acquisition of an end-to-end fibre-optic-based connectivity with a new service provider, after a successful survey of the local market. With increased bandwidth and a faster connection, the office was able to support its cloud-based online applications. Fibre-optic-based connectivity was installed at the Representative’s residence to support business continuity and IT disaster recovery. The ICT disaster recovery plan was revised and a simulation exercise successfully conducted at the designated alternate site.

The ICT team participated in the first inter-agency working group meeting aimed at developing a workplan for effectively management of common initiatives in ICT services. Meetings were ongoing with UN agencies in Zambia to share and explore possibilities for future collaboration.

Continued virtualization of the data centre provided an opportunity for maximizing server and storage utilization, reducing the number of devices required, saving energy and costs.

The team was engaged in the mobile vaccination post deployment technical support to the MoH through the use of RapidPro, which enabled health facilities to share updates on immunization, general knowledge and scheduling of services with caregivers.

The team continued to work toward implementation of recommendations from the October 2016 regional peer review.

Programme components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 1. By 2020, children (including newborns 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 continues to make progress in reducing its high maternal and child mortality ratios and rates through implementation of high-impact interventions, supported by strategies in line with global and national policy guidance. In 2017 the health sector continued to focus on improving coverage of care and quality of services offered to avert preventable and curable causes of maternal and child mortality. Key bottlenecks faced in the sector include human resource
shortages, inadequate funding, weak supply chain management systems, inadequate physical infrastructure and equipment, low demand for and use of healthcare services by communities, weak monitoring and evaluation systems for programme monitoring and limited data use at point of generation.

With financial support from the EU and in collaboration with UNFPA and NGOs (Planned Parenthood Association of Zambia and Marie Stopes), UNICEF continued to support implementation of the MDGi programme in Lusaka and Copperbelt provinces and at the national level. By December 2017, refurbishment/construction of maternity and child health wards was completed in 40 health facilities in 11 districts in the two provinces. This will improve the working environment and provision of quality reproductive, maternal, neonatal child and adolescent health (RMNCAH) services. Technical assistance for strengthening planning and regular programme monitoring for action was provided through support for the medium-term expenditure framework (MTEF) process and quarterly district and provincial monitoring for action meetings. An MTEF planning handbook was developed and is in use. RMNCAH scorecard indicator thresholds were integrated into the scorecard application in district health information systems (DHIS2), facilitating the generation of sub-district level dashboards for progress monitoring. An automated RMNCAH scorecard is now operational in Copperbelt and Lusaka provinces and used for planning. Mentorship and quality improvement interventions were scaled up with the establishment of and capacity development for quality improvement teams in 11 MDGi districts.

A logbook for mentoring emergency obstetric and newborn care (EmONC) trainees was disseminated for use nationally. The developed service quality assessment and performance assessment tools are being used in the two provinces and will be launched nationwide in 2018.

UNICEF, in coordination with DFID, the EU, GFATM, UNFPA, USAID and other partners, supported the Government to bring together stakeholders on procurement and supply chain management to identify related bottlenecks. Some of the bottlenecks identified were unclear product selection and quantification; inadequate storage; distribution capacity; lack of national drug quality control laboratory and inadequate coordination among partners and Government to prevent overlaps. The team agreed on key recommendations; their implementation is being followed up by the supply chain management technical working group. At year-end the group was setting up a ‘control tower’ to serve as a central hub for capturing and using supply chain data, to support visibility and decision-making.

UNICEF continued to support capacity development for healthcare providers along the RMNCAH continuum of care. In 2017, 42 healthcare workers were trained to provide quality antenatal care and 24 trained on EmONC services, which are now available at every health facility in 11 districts. To reduce EmONC training costs, a shorter package of training materials was developed to allow more health workers to be trained in a shorter period. About 86 per cent of basic EmONC facilities in 11 districts are now offering 24-hour service. Sixty-one healthcare providers nationwide were trained and equipped with tools for vaccine stock management to improve their vaccine management competency. DPT3 and measles coverage are on track, at 92 and 94 percent, respectively.

To achieve equitable and sustained improvements in health outcomes for all, Zambia is prioritizing the strengthening of community-based primary health care systems. In coordination with partners, UNICEF supported the Government to ensure that this principle is well-articulated in the key strategic documents developed in 2017: national health strategic plan (NHSP) 2017–

UNICEF, in coordination with partners (including the Clinton Health Access Initiative, DFID, EU, UNFPA, USAID and WHO), made use of the opportunity created by the development of these different strategic documents to ensure they had an equity lens focused on strengthening community structures. In addition, UNICEF advocated for inclusion of elements of social accountability for health in the community health strategy. As part of strengthening community health systems, capacity was built for 8,539 community-based volunteers to provide services in communities along the RMNCAH and nutrition continuum of care. UNICEF, in coordination with partners, supported the leveraging of resources for children through the development of grant applications, such as to GFATM, for US$263 million, and GAVI for new vaccine support renewal.

UNICEF continued to provide support for implementation of life-saving interventions as part of the emergency response – the cholera outbreak and the influx of refugees entering Zambia from the DRC.

Opportunities to further support the Government to strengthen health services in 2018 included implementation of the DFID-supported UN joint programme on health-system strengthening for RMNCAH, nutrition and social accountability in Central and Western Provinces; the SIDA supported UN joint programme on SRH/HIV/SGBV in selected districts; and continued support to districts under the MDGi in Copperbelt and Lusaka provinces to reduce maternal, new-born and child mortality.

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
To ensure that all three legs of community-based primary health care systems (frontline health workers, community engagement for social accountability and an enabling environment) are functional in Zambia, UNICEF provided support for development of a community health strategy and operational guide for neighbourhood health committees. National MTEF planning handbooks were updated and used nationwide during the 2017 MTEF planning cycle, ensuring equity-focused and evidence-based planning for health interventions for women and children. Mentorship was reinforced at all levels on the use of data for situation analysis and setting priorities. The mentoring approach was sustained through central MoH teams deployed to support the updated handbooks. Strengthening practices on monitoring for action was achieved through automation of the RMNCAH & Nutrition scorecard in DHIS2 in all 11 focus districts, thereby facilitating the production of dashboards used to discuss progress and corrective actions at various levels. The score-card application is available for use as a standard tool across the country. Decentralized HMIS data captured in DHIS2 from national to health centre level at 212 facilities across 11 districts improved data timeliness, completeness, reliability and usability. All 11 districts supported by the MDGi programme conducted data/performance review meetings as per their plans and produced action plans to address identified bottlenecks.

Quality improvement /quality assurance (QI/QA) systems were strengthened by institutionalizing clinical mentorship systems as one strategy for driving improvements in quality of care. National mentorship guidelines and associated training package were revised to include a reporting system that allows aggregation of reports from facility to national level in the form of
dashboards. For sustainability, national governance and coordination mechanisms were formalized by reviewing the terms of reference for the national QI/QA technical working group. UNICEF also supported a national mentorship review forum to facilitate sharing of lessons learnt and planning for activation of clinical mentorship teams.

Eleven districts are moving towards achievement of the recommended EmONC district capacity; 40 of 52 health centres are slated for refurbishment and construction of maternity and child health wards was completed. In coordination with key partners, including DFID, the EU, NGOs, USAID and the World Bank, a national stakeholder procurement supply chain management (PSCM) retreat was held to identify bottlenecks. Key recommendations are being followed up by a technical working group led by the MoH.

Additionally, UNICEF provided technical support to control a cholera outbreak in Lusaka District through monitoring, participation in coordination meetings and provision of healthcare support to refugees from the DRC in Luapula Province.

Challenges included weak coordination mechanisms among partners, leading to delays in the implementation of recommendations from the supply chain management retreat, and threats of stock-out of primary healthcare kits at health centres. Revitalization of the technical working group on supply, led by the Government, opened up an opportunity for addressing these issues.

In 2018 UNICEF will continue with advocacy and technical support for health system strengthening, with a focus on planning, monitoring for action and reinforcing procurement supply chain management at community-based primary healthcare systems, as well as community engagement for social accountability and community HMIS.

**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**

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**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**

The MoH continued to implement interventions to address the major causes of child mortality, (pneumonia, malaria and diarrhoea) in 2016/2017. UNICEF, WHO and other partners (the Global Fund, PATH and USG President’s Malaria Initiative) collaborated to support the development of the Zambia malaria elimination strategic plan 2017-2021 which set an ambitious goal of eliminating malaria by 2021. The malaria elimination plan was informed by the end-term review in 2016 of the previous plan, which UNICEF supported. Children are a priority group in the new elimination strategy. A mass distribution campaign of 10,080,668 long-lasting insecticidal nets (LLINs) is underway and was completed in six provinces, achieving 80 per cent coverage. In the remaining four provinces the nets are in-country and household registration is underway. The iCCM strategic plan for strengthening integrated case management of malaria, pneumonia and diarrhoea was launched in 2017.

The Government continued to ensure that supplies required for management of diarrhoea in children were available, and no stock-out of oral rehydration salts was reported at the national level in 2017. A review of the integrated management of common childhood illnesses (IMCI) plan ending in 2017 commenced to inform development of the next plan (2018-2022). The
results of the iCCM study conducted by UNICEF in Chadiza and Chipata districts of Eastern Province, were disseminated through the IMCI technical working group, and generated partners’ interest in using the DHIS2-based mobile application developed in the study for iCCM supply management and supervision.

A USAID-supported project indicated willingness to adopt the DHIS2-based iCCM mobile application in their geographical area of operation. The malaria and iCCM strategies were used as the basis for funding applications to GFATM. USAID, WHO and other partners supported the MoH to raise awareness on malaria elimination during the commemoration of World Malaria Day by disseminating messages through different communications channels countrywide. More community health workers were trained than originally planned; in total 1,147 were trained in eight districts, instead of the planned 829.

Lack of funding was a major challenge limiting the geographical scope of UNICEF support to management of common childhood illnesses. Opportunities include the new joint programme for RMNCAH/N and social accountability in Western and Central provinces. In 2018, UNICEF will continue to support interventions to prevent and treat common childhood illnesses and the development of the new IMCI plan for 2018–2022.

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
Zambia continued to procure traditional vaccines, while meeting co-financing obligations with GAVI. During the reporting period, UNICEF provided support to the MoH for forecasting, quantification and procurement of vaccines for 2017. No stock-outs were experienced during this period, enabling the Ministry to reach over 650,000 infants with life-saving vaccines.

The MoH, with support from UNICEF and WHO and participation by other members of the inter-agency coordinating committee, finalized and shared key programme reports: WHO/UNICEF joint reporting on immunization (annual performance report), GAVI new vaccine support renewal and the GAVI joint appraisal (requirement for continued GAVI support for new and underused vaccines in 2018), and a proposal for introducing HPV in routine vaccination.

At the sub-national level, UNICEF Zambia supported capacity building of 61 staff (10 provincial, 18 district and 33 health centre staff from Lusaka District) on improved effective vaccine management and use of a web-based vaccine stock management tool [Logistimo]. Forty-six laptops were procured to facilitate the work of these trained health workers. UNICEF provided technical support, especially on C4D, and financial support for the first and second rounds of HPV vaccination in Lusaka District. The first round reached 8,802 girls aged 9–14 years (91 per cent coverage); the second round was taking place at the time of this reporting. UNICEF also supported training for the ‘reaching every district’s strategy for 36 health facilities in Mazabuka District. During African Vaccination Week, held in April 2017, UNICEF supported advocacy and demand-creation activities through radio. Analysis of HMIS data shows an increase of one per cent coverage for measles vaccination six per cent for DPT3 coverage compared to an average month, attributable to mobilization during African Vaccination week. Also thanks to social mobilization and the availability of vaccines during the first round of child health weeks, a 22 per cent increase in measles vaccination and 6 per cent increase for DPT3 were noted compared to an average month in 2017.
UNICEF continued to support innovative use of mobile application under the m-Vaccination project, aimed at reaching every child in two pilot districts. The project was launched in the third quarter of 2017, and enrolment and tracking of children for vaccination status is ongoing in Mazabuka and Sinazongwe districts. Data for January–September, 2017, showed DPT3 at 92 per cent and measles at 94 per cent coverage, with 82 per cent of all districts (84/103) reporting DPT3 coverage of at least 80 per cent.

The programme experienced delayed implementation during the first and second quarter of 2017 due to re-structuring at the MoH. That exercise was completed and implementation of the programme is now on course.

Plans for 2018 will focus on the roll-out of the M-Vaccination programme in two provinces, to build capacity of health workers and improve routine vaccination coverage, focusing on low-performing districts.

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 made progress in 2017 by prioritizing actions to address challenges faced by children and adolescents in accessing HIV prevention and treatment services within its new national AIDS strategic framework (NASF 2017–2021). The development of a training package on the consolidated HIV prevention and treatment guidelines in 2017 will facilitate the imparting of required knowledge and skills to healthcare providers in the delivery of comprehensive HIV services. The percentage of pregnant women living with HIV who were provided with life-long antiretroviral therapy (ART) increased from 73 per cent at the baseline in 2014 to 86 per cent. HIV prevalence among children under 15 years is estimated to be 1.3 per cent. The proportion of children living with HIV who are receiving ART increased to 70 per cent in 2017, compared to about 34 per cent in 2016. Though still below the 90 per cent fast track target, good progress has been made and more children were put on treatment in 2017.

Cohort registers were introduced in 2018 to help monitor mother-baby pairs. There is a need to continue supporting the MoH to address PMTCT and paediatric AIDS programme challenges, which include: limited healthcare worker capacity; prolonged turnaround times for early infant diagnosis, poor 24-month retention and an increasing number of children testing HIV-positive at 18 months, weak cohort monitoring systems for tracking mother-baby pairs along the PMTCT cascade and limited community support systems for children who test HIV-positive.

By end of the third quarter of 201, nearly 2.7 million HIV tests had been conducted among Zambians aged 15 and over, of whom 59 per cent were females (this figure excludes HIV testing of women at NAC service sites). Adolescents aged 15–19 accounted for approximately 20 per cent of these tests, estimated at 537,000 tests. Of the total 2.68 million tested, 93,166 females and 58,915 males (152,081 total) tested positive (a relatively low 5 percentage). This suggests continuing challenges with the HIV testing and counselling programme in bringing in high-risk clients for testing, as adult HIV prevalence in Zambia is currently at 11.4 per cent.

Although the MoH has revised their health facility-based data collection tool to include reporting of data disaggregated by age and sex, implementation of the new tool has not yet been initiated.
Partners now anticipate that as of mid-2018, disaggregated adolescent age and sex data should be available from the HMIS.

UNICEF provided support to the NAC to finalize the NASF. As a member of the national technical working group, UNICEF helped to ensure that the framework clearly prioritizes children, adolescents and mothers – including specific, disaggregated high-impact intervention targets for adolescents aged 15–19. Technical and financial assistance was also provided to the NAC to support its coordination role on adolescent HIV prevention and treatment through the national adolescent HIV advisory committee, which has focused on strengthening linkages between partners’ activities to ensure that adolescents have access to HIV services in community and health facilities in some districts. The NAC’s social and behaviour-change communication technical working group received technical and financial support from UNICEF for the development and sponsoring of national and community radio programmes with and for adolescents, and for the design, printing and distribution of HIV communication materials (posters and leaflets) promoting HIV testing and the use of condoms.

UNICEF provided technical and financial support to the MoH to develop and launch a new national adolescent health strategy (2017–2021). UNICEF was a lead member of the technical committee and helped to produce technical inputs for strategy design. An operational platform, the adolescent health service platform was developed as part of the strategy for scaling-up adolescent-responsive health service provision, based on lessons learned from UNICEF’s support to adolescent health services at 55 health centres under the joint UN, EU-funded, MDGi. With the launch of this strategy, UNICEF expanded its support to the MoH to implement the adolescent-friendly space and peer-educator components of the AHSP in 75 health centres, across 15 districts. This increased UNICEF’s direct support to adolescent-responsive health services at 130 health centres across 25 districts.

Together with the NAC and MoH, UNICEF also developed mechanisms for using the U-Report SMS platform for collecting programming data on peer educators’ outreach activities and to allow peer educators at health centres to communicate age- and sex-disaggregated data. In addition, UNICEF initiated a positive linkages intervention with the NAC to test out models for connecting district hospital-based HIV-positive peer educators to adolescent-friendly spaces in health centres. This will help strengthen adherence support for adolescents living with HIV.

Opportunities exist to further support the Government HIV response, to address existing challenges and strengthen the integration of services. Guided by the strategic framework, the ADH strategy and other related documents launched in 2017, implementation of the SIDA-supported UN joint programme on SRHR/HIV/SGBV integration in selected districts will provide additional tools and lessons for scaling-up integrated services countrywide. For children, in 2018 UNICEF support will focus on interventions to address existing challenges by support for the elimination of mother-to-child transmission (eMTCT), early infant diagnosis and healthcare providers’ capacity for paediatric HIV treatment, with an overall emphasis on service integration to reduce loss to follow up.

**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
The MoH, with support from partners, developed consolidated guidelines on prevention and treatment of HIV infection, which were disseminated to MCH coordinators and clinical care specialists in all 10 provinces early in 2017. UNICEF continued to support implementation of the e-MTCT and paediatric HIV care programmes. During the reporting period, UNICEF and other partners (PEPFAR, UNAIDS and WHO) supported the MoH to develop the NASF and Zambia fast-track plan to meet 90/90/90 targets for the national HIV response, both extending from 2017–2021. According to results of the 2016 Zambia population-based HIV impact assessment survey, the country has reached 67 per cent/85 per cent/89 per cent, and 67 per cent of the population aged 15-49 years knew their HIV status. The proportion of children aged 0–14 living with HIV and receiving ART increased from 34 per cent in 2016 to 70 per cent in 2017, as efforts to ensure more children are on treatment continued.

In 2017 key partners, including PEPFAR and the Global Fund, placed increased emphasis on supporting eMTCT and paediatric care programmes. UNICEF supported a stakeholders’ meeting for partners to discuss challenges to delivery of paediatric HIV services. This resulted in the development of a ‘change package’ to improve access to services with key messages to promote utilization, which will be jointly rolled out with partners in 2018.

UNICEF continued to support programme Mwana for early infant diagnosis in 2017, and initiated the process of handing over the programme to the MoH, for sustainability. The process is taking place in phases to avoid disruption. The system faces some temporary challenges related to the transmission of testing data on HIV-exposed infants during the re-configuration of the platform to a virtual private network, for improved security.

Zambia continued to implement PMTCT as part of HIV services at maternal/child health facilities. In the reporting period, 100 per cent of facilities offering ante-natal care were also providing ART services for pregnant and lactating women. Efforts to ensure this is sustained are ongoing through capacity development of healthcare workers and ensuring the availability of required supplies at newly commissioned health facilities. Currently over 86 per cent pregnant women living with HIV are accessing ART for life from MCH facilities in the country. The proportion of health facilities offering paediatric ART is still low, although it increased from 41 per cent in mid-2017 to 50 per cent by end-2017. More efforts are required to ensure that Zambia reaches its target of having all MCH facilities provide ART to children.

Opportunities to further strengthen eMTCT in 2018 will arise through implementation of the UN joint programme on SRHR/HIV/SGBV integration and leveraging resources from the unified budget results and accountability framework to develop an elimination plan and accelerating its implementation. Support will also focus on: strengthening mother/baby follow-up to locate and retain mothers and infants on treatment, early infant diagnosis of HIV and access to treatment for children living with HIV.

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
The NASF 2017-2021 and the adolescent health strategy 2017-2021 were both finalized with UNICEF support, and launched in 2017. UNICEF provided substantial technical inputs to the documents to ensure that high-impact intervention targets for adolescents were prioritized,
including HIV testing and counselling, condoms and ART. UNICEF supported the NAC to disseminate adolescent priorities in the new NASF to government and youth service organizations in all 10 provincial AIDS task forces. Technical support was also provided for the Global Fund application process, to assist the MoH to develop its request for HIV/SRH activities for adolescent girls and young women, of which US$4.8 million was allocated to scale up components of the AHSP in 40 districts.

UNICEF technical and financial support continued to be provided to 130 health centres across 25 districts to implement components of the AHSP. The National HIV/SRH peer education manual was revised, in line with the AHSP; 2,500 copies were printed and distributed and 30 national trainers were re-trained. Funds were disbursed to 15 districts to support the establishment of 66 adolescent-friendly spaces and training for 80 health workers and 620 peer educators. Peer educators' supplies were procured for 110 health centres (e.g., bicycles, t-shirts, caps, bags).

UNICEF Zambia assisted the NAC in managing the U-report platform, which increased the number of subscribers by 38 per cent in 2017 to 174,370 subscribers, 60 per cent of whom were under the age of 25. Some 69,761 U-reporters sent questions and received guidance from U-report counsellors trained on SRH issues in 2017. The high volume of questions reflects strong interest in and demand for information. The reporting component of the platform was strengthened; reporting guidelines for health centre-based peer educators were added to the MOH peer education training package. The NAC also received UNICEF assistance for strengthening national coordination of adolescent and HIV issues; this support allowed the NAC to convene three meetings of the national adolescent HIV advisory committee. During 2017 the committee focused on DREAMS and MDGi coordination and reviewing programming on community-level responses and peer support for HIV-positive adolescents.

The NAC's national technical working group on social and behaviour change was assisted to expand the adolescents and HIV media campaign. The national TV and radio versions of the 'Test for Life' radio programme were developed and the format was expanded from five to 15 sub-national commercial and community radio stations. Public service announcements on testing and counselling and condom promotion on the national radio station were ongoing. The working group also received UNICEF assistance for expanding the number of adolescents reached and HIV materials produced. Around 88,000 copies of seven posters and 360,000 copies of three leaflets were printed and distributed with UNICEF support. For 2018 UNICEF will support: revisions to the AIDS policy, development of an operational plan for the adolescent health strategy, design and launch of a multi partner adolescent and HIV campaign by the technical group and MoH expansion of the AHSP to 12 additional districts.

OUTCOME 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
In Zambia, 65 per cent of the population has access to improved drinking water sources, 44 per cent has access to improved sanitation facilities and only 13 per cent of households have a place for washing hands with soap and water (WHO/UNICEF Joint Monitoring Programme Report, 2015). Recognizing the gaps in coverage of WASH services, the GRZ committed to reaching 100 per cent WASH access by 2030. In 2016 the Government created a dedicated Ministry, MWDSEP, with a full-fledged department of water supply and sanitation to provide...
strong leadership to the WASH sector. The Government renewed its commitment to the WASH sector in the 7NDP approved in 2017, which includes improved access to water and sanitation as a key outcome.

During 2017 UNICEF Zambia continued to contribute to government efforts to enhance WASH services, resulting in the provision of basic water supply to an estimated 81,750 people and access to improved sanitation facilities for 311,465 people. In addition, an estimated 37,752 school children gained access to improved sanitation through the provision of gender-segregated sanitation facilities in 104 schools. Forty-one health centres were also provided with a basic water supply service. An estimated 6.6 million people were reached with messages on safe hygiene practices through interpersonal communication and mass media. As part of efforts to strengthen national capacity building for sustained operation and maintenance of water and sanitation infrastructure and sustainable sanitation and hygiene promotion, 3,747 government staff, community members, masons and pump-minders were trained.

To contribute to increased resource mobilization for the WASH sector, UNICEF supported the Government to undertake a study that proposed a framework for establishing a sustainable WASH sector financing mechanism. Following the Government’s acceptance of the study, work commenced on an implementation action plan. Support was also provided for development of the draft statutory instrument for groundwater and borehole regulation, as well as draft national WASH/MHM standards, which are expected to be approved in early 2018.

With UNICEF support, cholera EPR plans were developed for 28 high-risk districts in 10 provinces, consolidated into a national level EPR plan and subsequently implemented. Following the 2017 cholera outbreak, UNICEF-supported cholera response interventions benefitted over 1.5 million people. In response to the influx of refugees from the neighbouring DRC in September 2017 UNICEF, together with the Government, UNHCR and other partners, provided emergency WASH services to over 12,000 refugees. UNICEF, as WASH sector lead agency, provided support to partners for effective coordination of the WASH sector response.

Key sector challenges included funding gaps, capacity constraints at national and sub-national levels, lack of a comprehensive WASH sector information management system and weak sector coordination. Addressing these challenges will remain at the centre of UNICEF support in 2018 and beyond.

These achievements were made possible through generous support from the Canadian Government, EU, Government of Japan, UK Department for International Development and UK national committee, and through collaboration with other UN agencies in efforts to Deliver as One UN and a wide range of government and civil society partners.

**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**

Approximately 81,750 people (41,692 women and girls, 40,058 men and boys) gained access to basic drinking water services with technical (facilitation of the procurement of drilling contractors, supervision and monitoring) and financial (for construction of water points and installation of hand and solar pumps) support from UNICEF. The beneficiaries were reached through the drilling of 71 boreholes equipped with hand pumps, rehabilitation of 220 water
points, and construction of 18 solar-powered piped water supply systems. Works on construction of four solar-powered water supply systems and rehabilitation of 105 water points was on-going, to provide access to basic drinking water service for more than 25,665 additional people by the end of December 2017. To promote sustainability, 120 people, including 30 district officers and 90 area pump minders, were trained on operation and maintenance of water supply systems.

To strengthen the national regulatory framework for the drilling sector, UNICEF supported the Water Resources Management Authority in the development of a statutory instrument for borehole regulation, licensing of drillers and contractors and protection of groundwater. The legal drafting was completed and submitted to the Ministry of Justice for finalization. The Management Authority began to engage partners to operationalize the regulations, in preparation for implementation.

With UNICEF support, work on development of the national water quality monitoring protocol also commenced. The protocol, expected to be finalized during early 2018, will provide guidance on water quality parameters to be monitored, monitoring regime, roles and responsibilities of key actors and partners with regard to water quality monitoring, modalities for reporting of information and a capacity building strategy, thus contributing to improved water quality monitoring in the country.

UNICEF also supported the organization of a national consultative workshop bringing together the main stakeholders supporting piped water supply systems at the national and sub-national levels. Based on deliberations at the workshop, a user manual for construction of small piped water supply systems was developed. The manual, which was planned to be validated through a national consultative workshop in December 2017, will contribute to improved planning, development and management of small piped water supply systems for the rural population.

**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**

As a result of UNICEF-supported hygiene and sanitation interventions, a total of 311,465 people (158,847 women and girls, 152,618 men and boys) gained access to improved sanitation. Some 1,214 villages (with an estimated total population of 123,000) were declared open defecation-free, while an estimated 6.6 million people were reached with messages on safe hygiene practices through interpersonal communication and mass media. UNICEF continued to support the scale-up of the mobile-to-web real-time monitoring system for sanitation and hygiene interventions. Currently, about 90 per cent (61 of 68) of the target districts are submitting monthly data to the DHIS2, managed by MWDSEP, through community champions and environmental health technicians, facilitating evidence-based planning at all levels.

UNICEF supported a study based on a review of sector performance in attracting investments from the Government and partners and consultations with stakeholders at national and sub-national levels, and proposed a framework for establishing a WASH sector financing mechanism. The study was finalized and accepted by MWDSEP, which is currently developing an action plan to enable implementation of its recommendations. Implementation of the action plan will contribute to increased mobilization of resources for the WASH sector, including new investments and funds for operation and maintenance. UNICEF also supported key sector
advocacy initiatives, including participation by a high-level government delegation at the Sanitation and Water for All high-level meeting held in Washington DC in April 2017, as well as the celebration of World Water Day and Global Handwashing Day.

With UNICEF support, EPR plans were developed for 28 high-risk districts in 10 provinces, consolidated into a national level EPR plan and subsequently implemented. Over 1.5 million people benefited from UNICEF-supported EPR-related interventions, including training of 1,652 community volunteers, and government staff who carried out door-to-door sanitation and hygiene campaigns and monitored enforcement of public health laws, distributed liquid chlorine for household water treatment and granular chlorine for water source treatment, community-level water quality monitoring and management (using H2S strips and Portalabs), solid waste management and faecal sludge management. In response to the influx of refugees from the DRC, UNICEF, the Government, UNHCR and partners also provided emergency WASH services to over 12,000 refugees.

As part of efforts to build capacity for scaling-up sanitation promotion, UNICEF supported the training of 852 government staff and community members (187 people trained on CLTS, 430 people trained in mobile to web monitoring and 235 people trained on construction of improved latrines). With support from UNICEF, the MWDSEP organized a five-day South-South Sanitation Learning Forum in Lusaka on 25-29 September 2017, which brought together 58 delegates from governments and civil society as well as UNICEF staff from eight countries (Angola, Lesotho, Mozambique, Namibia, South Sudan, Swaziland, Uganda and Zambia). In addition, the impact evaluation of the Zambia sanitation and hygiene programme was finalized and findings used to inform programme implementation in 2018.

OUTPUT 3

3.3 By 2020, the government (MoE 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

With UNICEF support, basic WASH facilities (gender segregated toilets, grouped handwashing stations and MHM facilities) were provided to 104 additional primary schools, benefiting an estimated 37,752 children (18,876 boys, 18,876 girls). National WASH/MHM minimum standards for schools were drafted by the MoGE, with UNICEF technical and financial support. The MoGE was also supported through the formal high-level launch of the MHM guidelines and toolkit, which were developed with UNICEF assistance in 2016, providing a strong signal of support for the enabling environment for Zambian school-going adolescent girls. Following strong advocacy by UNICEF and the MHM technical working group, the MoGE appointed a full-time national MHM focal point to its planning unit and committed a budget of approximately US$200,000 for procurement of menstrual materials for school girls. As part of capacity building efforts, 117 MoGE staff from 20 districts were trained on implementation of the MHM toolkit in schools; toolkit implementation was completed in 200 schools in these districts.

UNICEF continued its support to the MoH to deliver the WASH-infection prevention and control (WASH-IPC) package at 50 target health facilities, resulting in the provision by Lusaka and Copperbelt provinces of basic WASH facilities to 41 facilities during the reporting period. The MoH also reviewed environmental health/WASH-IPC indicators for monthly monitoring at health facilities at the national level through the HMIS. Once tested in the field, the reviewed indicators will be integrated in the HMIS DHIS2 platform. As part of efforts to promote sustainability of WASH interventions, 42 equipment supervisors (provincial and district health office staff) were
trained in sustainable operation and maintenance of the chlorine production and dosing units, while 964 staff from 25 health facilities received a five-day WASH/IPC training.

UNICEF supported MoH participation in the 2017 global learning event for WASH in health facilities, co-organized by WHO and UNICEF, at which the MoH presented the flagship Zambia scaling-up WASH-IPC experience. In October 2017, the MoGE made a presentation on rolling out the MHM programme in Zambia at the 6th virtual conference on MHM in schools, co-hosted by UNICEF and Columbia University. In total, the experiences of UNICEF-supported institutional WASH interventions were shared at nine different forums (eight with international audiences), including conferences and webinars.

**OUTCOME 4 4.** By 2020, children and mothers use high-impact nutrition interventions (services and practices) for reduction of stunting.

**Analytical statement of progress**

Stunting prevalence decreased only slightly, from 45 per cent in 2007 to 40 per cent in 2107. The GRZ is committed to reducing the prevalence of stunting among children under the age of five by 50 per cent over the next 10 years. UNICEF’s 2016-2021 CP is in line with the country’s commitment on nutrition and with regional and global guidance. The programme focuses on increasing coverage of nutrition-specific priority interventions, such as improving IYCF practices, micronutrient supplementation and fortification, integrated management of acute malnutrition and integrating nutrition-sensitive interventions into relevant sectors.

In 2017 the GRZ and UNICEF used strategies to tackle nutrition at different levels, including policy and strategic orientation, multisectoral coordination and service delivery. Capacity was strengthened in the MoH and the National Food and Nutrition Commission (NFNC) through participation in the regional training on nutrition in emergencies conducted by UNICEF ESARO in Johannesburg in March 2017.

The focus of policy and strategic orientation in 2017 was on mainstreaming nutrition into relevant sectors. This consisted mainly of finalizing the framework for nutrition-sensitive interventions, as well as developing the national food and nutrition strategic plan 2017-2021. The framework for the minimum package of nutrition-sensitive activities in nutrition-relevant sectors was finalized and converted into a planning guide. Subsequently, planners in relevant line ministries were oriented on integration of nutrition into sector plans. Development of the NFNSP took place under the mentorship of a core team established and led by the NFNC and involved a review of the previous NFNSP (for 2011–2015) and related documentation and emerging evidence in nutrition programming. UNICEF provided financial and technical support for finalizing the framework by facilitating the planning, review and validation meetings and workshops.

UNICEF’s contribution to micronutrient programming consisted of documentation of the universal salt iodization programme, which led to the development of the USI guidelines. UNICEF was instrumental in the review of the survey protocol and advocacy with donors for funding, through the nutrition cooperating partners group (CPG) for the micronutrient and food consumption survey required to develop an informed, comprehensive micronutrient strategy.

To build health system resilience in readiness for the emergency nutrition response, UNICEF supported MoH and NFNC participation in the regional training conducted by UNICEF ESARO. Guidelines on nutrition in emergencies were developed by the NFNC, with UNICEF financial
UNICEF contributed to multisectoral coordination through co-leadership (with DFID) of the nutrition CPG. Several meetings were convened and chaired by UNICEF, bringing together UN agencies (UNICEF, WFP and WHO) and donors (DFID, EU, GIZ, Irish Aid, KfW, SIDA and USAID) for strategic reflection on multisectoral, coordinated support to the Government. UNICEF also co-led, with WFP, the UN Network for SUN and represented the UN at the SUN global gathering in November 2017 in Abidjan, Cote d'Ivoire.

Regarding service delivery, the first round of Child Health Week was conducted in July, reaching 3,178,972 children, and the second round in November 2017. Results for the November round were still being prepared in late 2017. A total of 4,152 children under the age of five affected by SAM were admitted for treatment in UNICEF-supported districts, with a recovery rate of 66 per cent. UNICEF also supported emergency nutrition interventions in response to the influx of refugees from the Democratic Republic of Congo (DRC) of whom 22 per cent were children under the age of five. In Kenani refugee camp, 1,398 mid-upper arm circumference screenings for acute malnutrition were performed on children under five, resulting in the identification of 142 cases, including 37 severe and 105 moderate cases. All malnourished children were admitted to therapeutic or supplementary feeding programmes.

A key challenge faced by the nutrition programme is the number of admissions for severe acute malnutrition and low recovery rates in focus districts. The number of admissions is lower than expected, despite a significant increase in the number of outpatient treatment services in these districts; involvement of community volunteers inactive case identification and referrals; and continuous supply of treatment commodities. Other challenges to the programme included: the restructuring of the MoH, reducing the number of staff; high turnover at national level, delaying implementation of the work plan; and weak monitoring of community-based service delivery. To help partners understand the barriers to community-based nutrition service delivery, UNICEF plans to implement a bottleneck analysis of the integrated management of acute malnutrition programme.

In 2018 UNICEF will support: dissemination of the NFNSP 2017-2021, mainstreaming nutrition into relevant ministry work plans, roll-out of first and second rounds of child health weeks, and carrying out the national micronutrient and food consumption survey. To improve monitoring, UNICEF will advocate for integration of nutrition indicators into the DHIS II platform.

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 multisectoral approaches towards stunting reduction.

Analytical statement of progress

Inadequate IYCF practices are the main cause of undernutrition. Only 73 per cent of infants under six months of age are exclusively breastfed. Furthermore, inadequate complementary feeding practices with respect to both timing of introduction and dietary quality have been observed. The maternal, infant and young child nutrition operational framework for 2014–2018 provides guidance on interventions that support and promote appropriate feeding practices.

UNICEF supported the training of community volunteers to provide IYCF counselling services and complementary feeding demonstrations through outreach services, which is expected to improve caretakers’ knowledge on IYCF. In total, 336 community volunteers were trained and
equipped for IYCF counselling in 11 focus districts—a cumulative total of 1,848 since 2015 (638 in 2015, 874 in 2016 and 336 in 2017). These volunteers were involved in community engagement for the prevention of malnutrition through counselling of caregivers on adequate IYCF practices and organizing community cooking demonstrations.

As part of support for the preparation for child health weeks, a review workshop was conducted by the MoH, with technical and financial support from UNICEF and the SUN Fund project. During the workshop the programme, which has been running since 1999, was reviewed, its performance analysed and challenges and opportunities for improvement were identified. Recommendations included improvements to logistics planning and management, social mobilization, service delivery and monitoring. UNICEF supported the procurement of 5,759,400 vitamin A capsules (99 per cent of needs) and printing of social mobilization posters, as well as providing operational funds to MDGi districts. UNICEF also supported community mobilization through national and local media.

A key challenge is the finalization of Statutory Instrument 48 (marketing of breastmilk substitutes). UNICEF supported the review process with the aim of addressing gaps in the legislation to further support appropriate IYCF practices. The instrument is yet to be finalized. In 2018, mentorship will be expanded to enhance performance of trained community volunteers. Procurement of vitamin A capsule and logistical support will continue, for successful child health weeks.

**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**

Children suffering from severe acute malnutrition (SAM) are nine times more at risk of death than well-nourished children. With prevalence rates for severe wasting at 2.2 per cent among children under the age of five (DHS, 2013/2014), the annual burden of SAM cases among children under five in communities is estimated at 182,000 cases.

Several OTP training sessions were conducted across the focus districts to increase the geographic coverage from 80 to 140 health centres that provide SAM treatment services. In total, 200 health workers (in addition to 200 health workers trained in 2016), and 604 community volunteers (in addition to 968 trained by end-2016) were trained and equipped in active case identification, referral and management at health centres. This activity was funded by the EU under the MDGi programme. Regarding service delivery, the first round of Child Health Week was conducted in July, reaching 3,178,972 children, and the second round in November 2017. A total of 4,152 children under the age of five affected by SAM were admitted for treatment in UNICEF-supported districts, with a recovery rate of 66 per cent. In Kenani refugee camp, a total of 1,398 mid-upper arm circumference screenings for acute malnutrition were performed on children under five, resulting in the identification of 142 cases; 37 severe and 105 moderate cases. All malnourished children were admitted to therapeutic or supplementary feeding programmes.

A joint NFNC/MoH/UNICEF field visit was conducted for situation analysis and identification of needs, as well as immediate nutrition intervention in response to the sudden influx of refugees from the DRC. The visit involved orientation of 12 health workers and 23 community volunteers in nutrition assessment and outpatient management of SAM and provision of anthropometric
equipment and treatment commodities. The volunteers are expected to complement health worker efforts to conduct active case identification of children with SAM within the camp, for early detection of malnutrition among children.

A key challenge to rolling out the OTP training plan is the lack of coordination of trainers across districts. In 2018 mentorship will be expanded to enhance the performance of trained community volunteers, with priority on active case identification and defaulter tracing. A bottleneck analysis will be conducted to identify reasons for the relatively low number of children aged 6-59 months admitted for SAM.

OUTCOME 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

Early childhood education (ECE): In-country momentum for ECE continued, resulting in increased access by children to ECE services. The number of grade 1 entrants with pre-school experience increased to 29.8 per cent, surpassing the 2016 target of 25 per cent in the education sector performance assessment framework. As a result of capacity-building interventions, the number of government staff in the education and health sectors with improved knowledge and skills on ECD increased, which will enable more effective integration of ECD in existing service delivery platforms across sectors.

The parents of 8,487 children (4,406 boys, 4,081 girls) were reached with parenting messages in 2016 and 2017 through ECD parent counselling and growth-monitoring activities under the parenting education programme in Katete, Chadiza and Petauke. Through partnership with ChildFund, ECD parenting facilitators were trained to scale-up ECD parenting and reach more children in Petauke and Katete. Fifty community health workers were also trained in CCD and will integrate ECD parenting counselling in their day-to-day outreach programmes. A total of 112,000 ECE curricular/instructional materials were printed and distributed to ECE centres in all 10 Zambian provinces. A draft toolkit for the development of ECE materials was also developed. Training teachers in use of the toolkit will take place in 2018.

Although still challenging, multisectoral collaboration around ECD at both the national and sub-national levels improved in 2017. Collaboration is evidenced by the co-hosting by Zambia’s ministries of education and health of the Lancet launch and the joint work programme on the implementation of the ECD CCD programme. Establishment of the Zambia ECD Action Network provides further evidence of increased stakeholder coordination.

Inadequate ECD policy frameworks and low financing levels continued to hamper the scaling up of ECD and ECE in Zambia. ECE policy implementation developed in 2016 faced delays in approval by the Cabinet, which was further compounded by frequent change of staff in the ECE directorate. The lack of a multisectoral ECD strategy has hampered coordination efforts. To mitigate the effect of low resourcing of ECE, the Government and communities received UNICEF support for identifying local construction solutions to increase access and improve quality, using cost-effective and sustainable approaches.

Quality: Despite progress in access to education in Zambia, learning outcomes continued to lag. According to the grade 5 national assessment in 2016, average English scores were 34.9 per cent and mathematics 36.98 per cent. Under the quality work stream, UNICEF supported the piloting of an innovative ‘catch-up’ approach, which has shown that learners were able to quickly
progress from one level to another when taught at their level of ability. A process evaluation helped to inform the Ministry’s plans to scale up the programme to 1,780 schools in 20 districts in Eastern and Southern provinces over the next three years. USAID provided funding (US$5 million) to support the scale up.

Children continue to drop out of school, even at primary level. Efforts to improve learning environments continued to make schools more child-friendly. UNICEF supported 135 schools to develop and implement SLIPS in four districts, and supported the MoGE to harmonize the many school improvement tools used in the sector. UNICEF also linked SLIPs/SIPs to ‘data must speak’ school profiles, to improve data utilization and evidence-based decision making. This effort was further advanced through the development of simplified community-level profiles, which will encourage and enhance community participation in education and advance accountability for learning results.

UNICEF supported the ministries of general and higher education to develop the 2017–2021 education and skills sector plan (ESSP) through technical assistance, including consultancy support and coordination. The process was constrained due to personnel changes in the education sector, including in the MoGE. The plan will be completed by March 2018.

**Equity:** An estimated 800,000 school-aged children, representing almost 25 per cent of those who should be in school, are out-of-school in Zambia. UNICEF is modelling several interventions to support out-of-school children to regain access. This included exploring alternative models of education provision, including transit schools and open learning centres, and has so far reached 2,428 children (1,139 female). UNICEF provided technical assistance to the MoGE, which has mapped out the services available to out-of-school children.

While Zambia made significant progress in getting girls and boys into primary school, transition to secondary education and school completion rates remain low. UNICEF supported the development of an internship programme that links private sector mentors with girls for short-duration career placement. Through the Zambia Girls 2030 programme (via 200 school clubs, career camps and an internship programme), 7,654 (4,985 girls) adolescents received an integrated package covering career guidance, life skills and entrepreneurship.

As part of the ending child marriage campaign, a cross-sectoral effort by UNICEF led by child protection, UNICEF’s education section supported capacity building of head teachers and guidance counsellors.

Several evidence-building initiatives by UNICEF supported decision-making and raised the profile of equity issues. UNICEF supported four diagnostic studies, including one on equity and out-of-school children. A scoping mission on school-related gender-based violence was also completed, and UNICEF facilitated MoGE attendance at a regional workshop to develop an action plan to address this issue.

**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**
Implementation of ECD activities progressed in alignment with the life-cycle approach, targeting children aged 0-3 years and 3-6 years. UNICEF continued to advocate for a multisectoral
approach that integrates ECD in health service delivery. Fifty community health workers and 90 facility-level officers were trained in CCD, and support the implementation of ECD through health. The ECD CCD training package was adapted for Zambia to facilitate the roll-out of ECD across health, education and child protection sectors. Ongoing work on the revision of the safe motherhood and nutrition guidelines to incorporate ECD will consolidate the integration of ECD in the health sector.

Through partnership with ChildFund and the MoGE, communities have been mobilized to find local solutions for ECD and ECE. Community sensitization involved conducting meetings with community members on the importance of ECE and sharing roles and responsibilities to ensure programme success. Community sensitization and mobilization resulted in the establishment of 20 community-based low-cost ECD centres run by parent management committees and acting as satellite ECD centres, supported by existing school-based ECE centres, benefiting 1,678 children and providing lessons that will assist the Government to roll out ECE through low-cost, community-based modalities. Support provided to the MoGE to convert the ECE curriculum into radio format is contributing to better learning experiences for children in community-based centres.

The quality of ECE services was enhanced through the printing and distribution of 112,000 copies of ECE curriculum materials (learner workbooks, teacher guides and syllabi). Government capacity to support ECE teachers was enhanced with the development of the ECE continuous professional development strategy, which will be implemented through existing in-service structures to improve teachers’ pedagogical skills and knowledge of the science of ECD.

UNICEF supported the delivery of parenting education to 9,288 parents and caregivers to improve their knowledge of child development and parenting skills. The CCD approach has been integrated in health and education platforms, resulting in an increased number of caregivers receiving counselling on how to provide nurturing care to children. To support delivery of parenting education and ECE, UNICEF is supporting the development of a toolkit to guide the development of ECD/ECE materials using local resources. A study on traditional parenting practices was commissioned in 2017, and will generate evidence on existing traditional parenting practices that will be leveraged to support the roll out of ECD parenting programmes.

The launch of the Lancet ECD series resulted in high-level advocacy for integrated ECD and multisectoral coordination, as well as high-level commitment from the vice-president and ministers of education and health to improve cross-sectoral coordination and scale up of ECD. An ECD Action Network (an alliance of cooperating partners supporting ECD), was established and will provide coordinated engagement of partners with government. A high-level dialogue forum on cost-effective school infrastructure resulted in the establishment of a technical group to explore ways of lowering costs for the construction of ECE infrastructure.

**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**

UNICEF supported the MoGE to improve learning outcomes, especially for primary school. The catch-up pilot, implemented by the MoGE with UNICEF and other partners (Flemish Development Agency, Innovations for Poverty Action, Jameel Poverty Action Lab), has been
effective in improving early grade numeracy and literacy outcomes. The pilots undertaken in Eastern and Southern provinces for grades 3–5 grouped children by ability.

The pilot provided lessons for improving learning outcomes and teaching methodologies, which the MoGE used to inform scale-up of the programme. The findings from the pilot evaluation attracted new donors (such as USAID) for the scale-up, and UNICEF is supporting the development and roll-out of the approach at 1,780 schools in 20 districts.

A total of 135 schools in four districts in Northern and Western Provinces received UNICEF support to implement SLIPs. These efforts have built MoGE capacity at various levels to utilize data for evidence-based decision-making. During 2017 UNICEF worked with the MoGE to support the creation of a harmonized approach to school planning – including technical input to Zambia’s education management tools, which are almost complete and earmarked for roll out in 2018.

UNICEF continued to support the development of school data profiles, including linking them to the SLIP/SIP model to increase data understanding, interpretation and utilization. School profiles were created for all primary schools and distributed to all 10 provinces for onward distribution to schools and district offices. They showcase learning outcomes and critical school inputs. Additionally, district- and province-level profiles were developed; the latter were included in the 2016 Education Statistical Bulletin. Capacity building workshops, supported by UNICEF HQ, were held for MoGE national, provincial and district education staff in all 10 provinces. To support community engagement and accountability, community-level school profiles designed for parents and caregivers with low literacy levels were distributed to all primary schools. This latter initiative will be evaluated starting in 2018. The Examinations Council of Zambia continued to implement examinations and assessments. Early grade assessments that did not take place in 2017 are now planned for 2018. UNICEF reviewed the Network for African Learning Assessments assessment system evaluation tool and financially supported training for item writers for the hearing impaired.

UNICEF is the grant agent for the GPE grant to the MoGE and Ministry of Higher Education to develop the 2017-2021 ESSP. Support from UNICEF in 2017 included technical assistance, including consultancy support, and coordination. UNICEF also commissioned four diagnostic studies to support the process, including on equity and teacher management. The ESSP process has been delayed, due to limited guidance from the MoNDP and initial drafts that did not meet the level of quality required. High-level engagement and ownership of the ESSP process has been demonstrated by both ministries, with a plan to have a draft ESSP before the end of 2017.

**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**

Despite significant progress in access to education under the Education for All agenda, an estimated 800,000 school-aged children in Zambia are out-of-school. UNICEF focused on strengthening national and sub-national capacity to provide out-of-school-children with equitable access to quality education. UNICEF supported FAWEZA to implement a model programme
aimed at increasing demand, access and retention for out-of-school children, reaching 2,428 (1,139 female) through transit schools and open learning centres. Moreover, 50 student alliance for equality clubs were established in participating schools through training of teacher mentors; some 1,000 peer educators were trained by the teacher mentors and are reaching both in- and out-of-school adolescents with factual information to enable them to make more informed decisions about their rights, sexuality and negotiation and life skills. The transit schools and open learning centres were operated in collaboration with the MoGE to facilitate greater and more sustainable impact of the Government’s delivery of second-chance education.

In an effort to establish coordination and referral mechanisms to promote a holistic approach to support for children with special education needs, early screening tools were developed through harmonization of 12 different tools. The harmonized tools were pre-tested to assess their suitability for screening tasks in six districts comprising 120 schools, targeting 600 learners at ECE, grade 1 and special education schools. After capacity-building of teachers, the tools are planned to be roll out in January 2018.

While Zambia made significant progress in getting girls and boys into primary school, the transition to secondary education and school completion, especially for girls, remained low. Through the UNICEF-supported Zambia Girls 2030 programme, 7,654 (4,985 girls) adolescents in 200 school clubs received an integrated package on career guidance to enhance retention and secondary school completion. This programme exposed adolescents, especially girls, to different career options and increased their knowledge of life skills and entrepreneurship. Moreover, 53 girls in grades 10 and 11 from four targeted districts completed two phases of the internship programme. An additional 150 girls are expected to benefit from internship placements in early 2018.

Through UNICEF support, 466 head teachers and guidance and counselling teachers from districts with high incidence of child marriage and teen pregnancy were trained and equipped with skills to effectively deliver guidance and counselling services in schools, to improve retention, transition and completion of secondary education.

UNICEF supported the Directorate of Distance and Open Education to develop data collection tools on out-of-school children and strategy and implementation plan related to girls' education. UNICEF also supported development of an action plan for strengthening the re-entry policy for girls who have given birth and community dialogue on children not attending school. These efforts will strengthen the MoGE’s capacity to ensure equitable education for all.

UNICEF supported diagnostic studies on equity and on out-of-school children, which provided useful input for promoting equity related to access and learning during formulation of the ESSP.


Analytical statement of progress
Zambia faces multiple challenges in the area of child protection. Preliminary results from the health and well-being (H-Well) survey, a nationally representative, cross-sectional survey on violence against children, indicate that this is a major issue in Zambia, particularly for girls: female respondents were twice as likely to experience some form of abuse as males. Approximately one in five females and one in ten males between the ages of 18 and 24 experienced sexual abuse before reaching the age of 18; 33 per cent of females and 40 per cent
of males reported experiencing physical violence.

The Government continued to reform the child care system in 2017, to strengthen family-based care and reduce the number of children living in residential facilities. Key tools and guidelines were developed to support monitoring of child-care facilities, care planning for children in formal care and promotion of family-like alternative care options.

Zambia has one of the highest rates of child marriage in Africa – 32 per cent (DHS 2013). A qualitative study in 2015 on the dynamics leading to child marriage indicated that child marriage in Zambia is a reflection of deep social and economic inequalities. The study informed the development of the national strategy and costed national plan of action to end child marriage.

Children who come into contact with the law are at particular risk in Zambia. Zambia’s child justice system is heavily retributory and still faces numerous challenges, such as a lack of legal representation for children and insufficient specialized family courts and child-friendly courts. Provision for inter-country adoption and diversion was included in the Children’s Code bill, to align with international conventions.

Low coverage of birth registration in the country presents an additional critical vulnerability for children. Overall, just 14 per cent of births are registered in Zambia, with poor and rural children having the lowest likelihood of a registered birth. New birth registration desks and decentralized certification processes in three provinces are helping to bring services nearer to the population.

UNICEF supported the GRZ to strengthen its child protection system, specifically through stronger policy, laws, guidelines and implementation plans; improved standards for service delivery and monitoring; coordination; capacity building; and C4D.

Regulatory frameworks were strengthened, with support from UNICEF and partners (including Save the Children and UNFPA), through finalization of the national plan of action for the child policy, the finalization and launch of the costed national plan of action for ECM and the development and finalization of the national diversion framework, which will be piloted in three districts in 2018. These action plans will support intersectoral coordination and planning at both the national and decentralized levels, addressing the often weak coordination of child protection interventions in Zambia.

Alternative care guidelines and nationwide assessment of child care facilities were launched in September 2017. UNICEF supported the MCDSS to strengthen case management tools for children living in formal care. In 2017 some 6,413 children were living in a child care facility and 571 in foster care. The tools were used to re-assess the children living in 27 under-and low-performing child care facilities and to support the process of care planning for 89 children at the six under-performing facilities. Orientation for all MCDSS and childcare facility staff on the new alternative care regulatory framework took place in the latter half of 2017.

In a new approach to addressing children’s and adolescents’ multi-dimensional vulnerabilities, UNICEF partnered with the MCDSS and USAID to plan for and implement a “cash plus” project for vulnerable children and adolescents. Terms of reference for a situation assessment were developed jointly, and three new studies and assessments were contracted starting in late 2017/early 2018. In support of Government leadership in “cash plus” programming, UNICEF supported conceptualization and planning meetings with national, provincial and district staff to design proof of concept interventions on integrated case management and planning for care services to combine with households already receiving an SCT to address vulnerability.
UNICEF supported the Ministry of Home Affairs to begin implementing the new Statutory Instrument on decentralized birth certification, providing ICT equipment to three provincial centres. An additional 184 birth registration desks in four provinces were operationalized following the training of health workers in birth registration, resulting in the registration of 117,864 births. The number of registration desks now stands at 406. Bringing registration services closer to people addresses a key bottleneck to children’s birth registration.

A national alternative care technical working group was established in 2017 to support coordination of alternative care interventions. UNICEF worked closely with the Child Justice Forum to strengthen coordination among key stakeholders in the sector. UNICEF also supported revitalization of the national coordination body in charge of implementing the national action plan on CRVS, which is now planning its activities in a more structured way. A coordination mechanism for the child and family welfare sector, which should strengthen planning and collaboration among stakeholders, was under discussion but not yet operational.

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
In collaboration with Save the Children, UNICEF Zambia supported the Ministry of Youth, Sport and Child Development (MYSCD) to finalize the national plan of action for the national child policy. The costed national plan for ending child marriage was finalized and launched during the 16 days of activism against gender-based violence. UNICEF supported the Ministry of Gender to develop an advocacy and communication strategy for ending child marriage, which was validated by Government and civil society stakeholders. The development of the alternative care regulatory framework, which includes guidelines on emergency care and protection, family tracing and reintegration, foster care and adoption, was finalized and launched by the MCDSS. UNICEF, in partnership with the Hague Conference on Private International Law, supported the MCDSS to revise the adoption guidelines in the alternative care regulatory framework to reflect the provisions of the Hague Convention on Intercountry Adoption.

To support implementation of the NPA for ending child marriage, UNICEF in collaboration with the Ministry of Gender and UNFPA, initiated scoping missions to two priority districts and gained commitment from district authorities to develop multisectoral action plans to address the drivers of child marriage. Consultants hired to provide technical support to the two districts started in December. In 2017 UNICEF supported the Government to engage 77 traditional leaders, the Civil Society Coalition on Ending Child Marriage and 15 leaders from Religious Mother Bodies to reflect, based on research findings, on their roles and strategies for addressing the drivers of child marriage. This resulted in communiques from the religious and traditional leaders.

Terms of reference for a qualitative study and situational assessments to support the development of an integrated case management system and core service package were completed. Results from the assessments and study will also inform development of the child protection systems framework, which will begin in 2018. UNICEF closely engaged with the MCDSS to plan “proof of concept” interventions on integrated case management and “cash plus” programming. The Health and Wellbeing report was finalized by the technical committee, including UNICEF. The MYSCD, supported by UNICEF, engaged with line ministries to gather their comments and inputs to the report; these were consolidated before the final editing. The MCDSS finalized and launched the Nationwide Assessment Report on Child Care Facilities.
UNICEF supported the MCDSS to review and strengthen case management tools for children in formal care which will support MCDSS to make better informed placement decisions for children. The process for closure of six under-performing child-care institutions was initiated following initial assessments of children in six facilities using newly developed case management protection system framework, beginning in 2018. UNICEF closely engaged with the MCDSS to plan proof of concept interventions on integrated case management and cash plus programming. The health and wellbeing report was finalized by the technical committee, including UNICEF. The MYSCD, supported by UNICEF, engaged with line ministries to gather their comments and inputs to the report, which were consolidated before the final editing. The MCDSS finalized and launched the national assessment report on child care facilities.

UNICEF supported the MCDSS to review and strengthen case management tools for children in formal care, which will assist the MCDSS to make better-informed placement decisions for children. The process of closing six under-performing childcare institutions was initiated, following initial assessments of children in these facilities using newly developed case management tools.

Orientation of provincial and district social welfare officers and staff from residential facilities in eight provinces was conducted, covering the alternative care regulatory framework and minimum standards of care. Capacity development was provided for 10 key stakeholders (central and competent authorities) on the intercountry adoption process, including roles and responsibilities related to processing child adoptions.

**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 the Government to finalize drafting of the Children’s Code bill, which incorporates the provisions of the Convention on the Rights of the Child. Provisions related to international adoption were aligned with the Hague Convention on intercountry adoption. The national diversion framework was finalized and is ready to be tested in three districts in 2018. The framework sets out the scope, criteria, process and options for diverting child offenders from the official criminal justice system and into programmes aimed at developing life skills, as an alternative to spending time in prison.

The child justice sector suffers from limited funding and political will. The age of criminal responsibility continues to be low, at seven years of age, which results in young children entering the justice system over minor offences. UNICEF supported the ongoing review of Zambia’s Criminal Procedure Code and Penal Code with a view to raising the age of criminal responsibility to at least 14 years.

UNICEF provided technical and financial support for training of law enforcement professionals, while working with the Government to develop pre-service curricula on child rights and protection and child justice administration. A total of 135 senior police officers from 70 of 109 districts with lines of command at provincial and district levels, and heads of operations in the victim support unit were trained in child justice administration. UNICEF also supported the development of a curriculum for the Zambia Police Training College, to build capacity on standardized child protection (including migration) procedures and normative frameworks. The curriculum will also address behaviour and attitudes of law enforcement officers. Zambia Police
put in place a technical working group to develop the course content, which was validated. Terms of reference for development of the modules were reviewed and are in the process of being finalized.

To fulfil its treaty obligations, the GRZ reviewed and finalized the initial and first state party report on the African Charter on the Rights and Welfare of the Child. The report is still to be tabled before Cabinet for approval. In 2017 the reporting mandate moved from the Ministry of Justice to the MSYCD. UNICEF advocacy supported the development of a roadmap for state party reporting.

In 2017 UNICEF Zambia worked with key stakeholders to enhance the protection of children on the move, an emerging organizational priority. During 2017 Zambia participated in the regional study on children on the move commissioned by the UNICEF Regional Office. The child protection section facilitated the establishment of a technical working group (with the Ministry of Community Development and Social Services, Ministry of Home Affairs, National Prosecution Authority, IOM, UNHCR and Save the Children) to support implementation of the research recommendations. Standard protocols on collecting data on children on the move were validated, and the draft guidelines on best interest of the child determination developed by the IOM were reviewed. Submission of the study protocol to an ethical review body is in process.

**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**

UNICEF supported the GRZ to implement statutory instrument No. 44, which allows birth certification at the sub-national level, through provision of ICT equipment and local area network to start processing and printing birth certificates in three provincial centres in Copperbelt, Southern and Central provinces. The official launch took place at the end of November 2017. Initial plans to support all 10 provincial capitals with ICT equipment and installation had to be revised due to the cost. Expansion to the remaining seven provincial capitals will be implemented gradually over the next two years, based on lessons learned.

To achieve a sustainable enabling environment, UNICEF supported the DNRPC to undertake a comprehensive review of the legal/policy framework for civil registration and vital statistics. A desk review of 11 CRVS-related laws was conducted and completed in the second quarter, with the aim of identifying the gaps hindering smooth implementation of the CRVS system. Among the preliminary findings were that some of the 11 pieces of reviewed legislation do not speak to each other or to the larger CRVS system. For example, the review found that the proposed integrated national registration and information system is not supported by the National Registration Act, and thus cannot legally be implemented. To test the findings of the desk review on the ground, field visits were conducted in four selected provinces (North-Western, Copperbelt, Central and Southern). Discussions were held with key stakeholders, including traditional leaders, government officials, civil society organizations and local communities. The research team is currently analysing the resulting findings to feed into a draft report to be presented to the national CRVS steering committee for validation. Pending finalization, the report’s findings and recommendations will inform the drafting of bills for harmonizing and strengthening the identified CRVS-related laws.

UNICEF worked with the ministries of health and home affairs to ensure that birth registration services are made available as close as possible to communities, through the establishment of
birth registration desks at health facilities. A total of 184 new birth registration desks were opened in 2017, and are operational in Copperbelt (24), North-Western (50), Muchinga (30) and Western (80) provinces, bringing the total number of birth registration desks in the country to 406.

As a result, 117,864 births were registered during the year, against a planned target of 400, UNICEF supported capacity building of 620 stakeholders (184 health workers, 356 community health volunteers and 40 district civil registrars) on the various components of civil registration, including the legal framework. To address cultural practices and beliefs that prevent parents from registering their child’s birth and an earlier identified bottleneck concerning limited awareness on the benefits of registration, UNICEF supported the DNRPC to development a C4D strategy on birth registration, which should begin before end-2017.

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

Working with other UN agencies, UNICEF Zambia supported the GRZ to develop an implementation plan for the 7NDP, which outlines key strategic interventions for Zambia in the five-year period 2017 to 2021. The plan has five pillars, of which three are child-focused: reducing poverty and vulnerability, reducing development inequalities and human development. The other two pillars, economic diversification and job creation and creating a conducive governance environment for a diversified and inclusive economy are child-sensitive. Working with the 7NDP, UNICEF is supporting the development of selected sector strategic plans.

In 2017 the SCT programme was scaled up to all districts. UNICEF supported expansion of the programme through revisions to the targeting model to achieve a new, more inclusive approach. The new targeting model includes child-headed and female-headed households in both rural and urban areas. In addition UNICEF supported the development of new certification criteria, to include disability and chronically ill individuals on palliative care treatment as SCT beneficiaries. To enhance efficiency related to calculating the number of SCT beneficiaries, UNICEF supported the migration from paper-based enumeration to the use of mobile technology. UNICEF continued to offer support for strengthened financial management and decentralized information management systems for the SCT programme.

By end of 2017 some 535,000 households were enrolled in the programme, against a revised target of 590,000 beneficiary households. Despite the shortfall, the original target of 500,000 households was exceeded. In addition to increased coverage (from 242,000 households in 2016), the value of the transfer rose from about US$7 to US$9 per household per month. The SCT scheme was reaching 40 per cent of the households living in extreme poverty.

In September 2017, the 2018 national budget was presented to the National Assembly, which maintained the share of allocation to the social sector at 32 per cent. In absolute terms, the social sector budget allocation rose from US$2.1 billion in 2017 to US$2.3 billion in 2018—a 10 per cent increase. UNICEF Zambia partnered with ZIPAR, a government think-tank under the MoNDP, to conduct a budget and expenditure analysis. This effort supports advocacy on budget allocation and implementation efficiency, to improve allocation and expenditure efficiency. In 2017 UNICEF and ZIPAR produced the 2018 social sector budget brief and a public expenditure review report for the 2006-2015 national child policy. Both the budget brief document and the expenditure review report provide recommendations on how best public
finances can work for children, especially when budget disbursements are as planned and also in line with stated policy intentions. It is anticipated that UNICEF’s CP target of 33 per cent allocation to the national budget social sector will be met in the medium term, in light of public government budget commitments in the recently approved 7NDP and the Zambia-Plus economic stabilization programme. Disbursement of resources to social sector ministries improved in 2017 when compared to 2016. The Ministry of Finance third quarter expenditure report shows average disbursement of 70 per cent instead of 75 per cent.

Social protection continued to be prioritized, as evidenced by an entire pillar dedicated to reducing poverty and vulnerability in the 7NDP and the fact that social protection is at the centre of the plan. In relation to management information systems, the GRZ has started implementing a government-wide monitoring and evaluation system to standardize systems. This process is expected to improve the information management for the delivery of social sector programmes. The Government also developed a framework for monitoring and evaluation that includes key child-sensitive SDG indicators.

**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**
The Zambian social protection sector continued to develop and expand rapidly in 2017. The SCT programme was scaled up to all 109 districts, while also becoming more inclusive through the use of additional vulnerability criteria to define eligibility. UNICEF supported the review of the targeting tool in 2016, which culminated in a new tool that is more child-sensitive, by adding child-headed households, female-headed households with three or more children and households with members with a chronic illness on palliative care (palliative care is typically provided by adolescent girls). The other categories are households with members aged 65 and above and those with members with severe disabilities. These categories include vulnerable children as well, in generation gap households (orphans living with grand-parents) and children with severe disabilities. As part of the scale-up, new certification forms were developed to certify disability (and the grade of disability) and chronic illness on palliative care. A total of 1,200 enumerators were trained in the programme processes and criteria to ensure successful registration and enumeration of potentially eligible beneficiaries. The use of mobile technology was brought to scale, and the registration and enumeration processes are no longer paper-based. This provides more complete and transparent documentation, which is useful to strengthen grievance mechanisms.

The tremendous scale-up, more than doubling the number of programme beneficiaries – from 242,000 to 590,000 households – is part of an overall social protection expansion and strengthening strategy, in line with the Sustainable Development Goals (SDGs) reflected in the 7NDP. The social protection bill, which will provide a legal framework and higher-level coordination for social protection in general and social assistance in particular, was finalized. The system was strengthened by the monitoring and evaluation (M&E) framework developed in 2016, and will be launched in the third quarter of 2017.

Other strengthening efforts included work on grievance/complaint mechanisms; integration and decentralization of the information management system and programme integration and coordination, with a view toward realizing single-window service delivery. Initiatives that link SCT households to other services were being consolidated in late 2017. For example, adolescents are linked to improved and more youth-friendly SRH services; this is envisaged to
be extended to 21 districts by the end of 2017. Preparatory work was also underway to integrate care services for vulnerable children and adolescents with SCTs in 15 mainly urban districts. Further linkages under development were to nutrition, ECD and the ending child marriage campaign.

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
The GRZ began implementing the Zambia Plus economic stabilization programme to put the economy on track, following slowdowns in GDP growth, from 6 per cent in 2014 to 2 per cent in 2015. UNICEF advocacy efforts during negotiations around ‘Zambia Plus’ at the end of 2016 continued in 2017, when UNICEF supported development of an implementation plan for the 7NDP. In this process, UNICEF co-chaired the technical working group on poverty and vulnerability reduction, which is one of five 7NDP pillars. The Government protected social protection expenditures in the 2018 budget, including scaling up the SCT scheme to mitigate the removal of fuel and electricity subsidies and improve progress toward poverty reduction.

UNICEF continued to support the MoNDP to ensure that children’s issues are prioritized. So far this has resulted in ‘ring-fencing’ of social sector budgets, minimizing the risk of reduced social sector funding. The 2018 social sector budget brief was presented to the Minister of Finance shortly after presentation to the National Assembly, and widely shared with all permanent secretaries and members of parliament to ensure high-level advocacy and feedback. In-depth sector briefs for education, health, social protection and WASH were being finalized in late 2017.

The public expenditure review of the national child policy, a joint study by UNICEF Zambia and ZIPAR, was validated by stakeholders and printed. The review revealed some inconsistencies in disbursements to budget lines supporting implementation of the national child policy. Budget lines for birth registration and school grants were among those with significantly poor disbursements. Results on monetary and multi-dimensional child poverty, based on the 2015 living conditions monitoring survey, were reviewed and approved by stakeholders. The study revealed that 59 per cent of Zambian children lived in poor households and 41 per cent were deprived in three or more dimensions. At the regional level, study results showed that children in five (of 10) provinces experience multi-dimensional poverty ranging from 52 to 75 per cent. In the other five provinces poverty rates are as low as 7 per cent and as high as 46 per cent. The study was led by the CSO and supervised by the MoNDP, with technical and financial support from UNICEF. A plan was developed regarding use of the results to inform government decisions tied to reducing disparities.

Working with the MoNDP UNICEF Zambia organized a national dialogue on research for policymakers and researchers. Participants were drawn from government ministries, think-tanks, academia, civil society, research and policy analysis institutions and evaluation societies. The dialogue, involving 67 people, aimed to identify lessons learnt and best practices on research/evidence uptake for effective and efficient programme and policy implementation. The key outcome of the meeting was participants’ commitment to supporting a research agenda for the 7NDP that will be designed to coincide with policymakers’ needs.
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
UNICEF Zambia’s partnership with the CSPR network on monitoring service delivery and budget tracking by community members continued in 10 districts in 2017. Representation in the community groups included youth, women and men and people with disabilities. To enhance participation, focus group meetings were held in each group, culminating in a community-wide meeting. In 2017 the tools were revised to make them less subjective by developing a standard questionnaire; mobile technology is now being used for data collection.

The social accountability programme covered six sectors (education, health, social protection, water & sanitation, agriculture and infrastructure). Selected community members used the questionnaire to assess the quality of service delivery through focus group meetings with community members. Budget tracking began in the second quarter of the year, when community groups engaged government service points to disclose the approved budget. CSPR received authorization from the Ministry of Finance Secretary to the Treasury to facilitate this process. Thereafter, on a quarterly basis the community received budget execution reports from government offices which were later discussed in focus group meetings attended by community members and government officials.

Feedback from these focus group meetings was consolidated and a report prepared and reviewed by a team of experts before publication. This made it possible for each district report to be submitted to district-level structures, thereby supporting the decentralization policy and planning and budgeting policies, which require community participation in key decision-making. With use of ICT, it is expected that the reports (community feedback and budget execution reports at service points) will be timely and objective.

The SCT complaints mechanism (a system allowing SCT beneficiaries to report and track their complaints) was not implemented or piloted in selected districts during 2017, as planned. This was due to the reprogramming of funds to facilitate adoption of mobile technology to support the SCT scale-up to all districts nationally. With the scale-up completed only in November, MCDSS staff will be able to implement the complaints mechanism starting in January 2018. Fiscal decentralization was deferred to the 2019 National Budget, more effort is required in 2018 and beyond to ensure that decentralized and equitable budget expenditures – directed primarily to the most vulnerable children and their agents (families, teachers, foster care guardians) – is being implemented.

OUTCOME 8 Management Outcome

Analytical statement of progress
For 2017 annual management priorities covered areas such as: effective programme monitoring and quality assurance, ensuring capacity to manage cross-cutting programme issues (including emergency preparedness), strengthening funds utilization, performance management, resource mobilization and staff well-being.

The CMT met monthly throughout the year, maintaining a standard agenda and review of key performance indicators reflected in the global scorecard. A quarterly review of progress against annual management plan (AMP) priorities was conducted to enhance CMT oversight and
propose actions to address areas where progress was slow. As a result, good progress toward achievements of priority results for 2017 was observed. Key weekly management indicators were shared by email by the programme management unit to enable timely follow-up action. These highlight, among other things, implementation rate, DCT status, grants expiring in the next three months and balances on those grants and open travel authorizations.

At the time of reporting, the overall implementation rate stood at 87 per cent (97 per cent for RR and 85 per cent for OR). DCTs over nine months accounted for 1.3 per cent of overall DCTs and four grants due to expire by end-2017 had a balance of US$34,679. The office updated the risk assessment matrix to inform the 2017 AMP, where six management priorities were identified and actions implemented to achieve the targets. A review of the matrix was conducted as part of the annual management review, and risk mitigation will be incorporated into the AMP for 2018. Work to strengthen business continuity preparedness was ongoing in 2017. An emergency task force is in place with representatives from each section, supported by the emergency focal point who coordinates with the DMMU.

Management relations with the staff association were open and constructive, with active participation by the staff association in management processes. Further efforts were made to increase open communication through regular all-staff meetings. The target of four joint consultative committee meetings was met.

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

**Analytical statement of progress**

Following the annual management review in late 2016, the 2017 AMP was prepared at the start of the year, setting out key management and programme priorities for 2017, covering areas such as: effective programme monitoring and quality assurance; ensuring capacity to manage cross-cutting programme issues, including emergency preparedness; and strengthening funds utilization, performance management, resource mobilization and staff well-being.

The risk assessment and action plan were updated for 2017, and actions identified to manage high priority risks. The CMT met monthly, maintaining a standard agenda and review of key performance indicators. A review of progress against AMP priorities was conducted each quarter; the mid-year and annual reviews examined progress on programme and management results and governance mechanisms in more depth. Weekly key management Indicators were shared by the programme management unit, to allow timely follow-up action.

Statutory committees were in place and functioning well. UNICEF Zambia conducted a self-assessment of its governance structures during mid-year and annual reviews. UNICEF ESARO conducted a peer review mission during the fourth quarter, which offered constructive feedback on areas of office governance that need continued attention and shared best practices for enabling further efficiencies. The office prepared action plans to address these recommendations, which will be completed during the first six months of 2018.

Risk management practices were included in updates to SOPs during the year, and a library of SOPs was established on SharePoint for easy access by all staff. The office completed a comprehensive update to and testing of the office business continuity plan. An emergency task force is in place with representatives from each UNICEF programme section, supported by the emergency focal point, who coordinates with the DMMU. Early warning/early action schedules were updated on time. The emergency task force met regularly to respond to cholera outbreaks
and the emerging refugee situation in the north of the country. Management relations with the staff association were open and constructive, with active participation by the staff association at quarterly joint consultative committee meetings and monthly all-staff meetings. An all-staff retreat was held to discuss the outcomes of the global staff survey. Recommendations included establishment of a national talent initiative to support career and professional development of national staff and a women’s network.

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 country management team (CMT) used the dashboards from Insight and vision reports in monthly meetings to review status of key management indicators. Weekly follow-ups with management were also made to ensure the indicators remained on track. The country office made steady progress in harmonized approach to cash transactions (HACT) implementation. The 2017 HACT plan had 144 activities consisting of 103 programme monitoring visits, 15 spot-checks, 13 audits, 12 micro assessments and 1 macro assessment which was implemented in conjunction with UNFPA and UNDP. The CO achieved a 138 per cent implementation rate on the overall plan. During the period under review, ZCO trained a total of 222 government and CSO partners on HACT, including procedures for requesting, managing and reporting on resources provided by UNICEF. All bank reconciliations were completed, uploaded and approved in VISION within the deadline, with regular follow-up on the reconciling balances, while the bank optimization level on month-end bank balances was reached in nine out of 12 months. To improve transaction process efficiency, the operations team strengthened internal monitoring of processes. A library of SOPs was established on the office SharePoint platform. An inter-agency greening task force was established, under UNICEF leadership, to review how to reduce the environmental impact of UN operations. Sensitizations were conducted to encourage staff to recycle their waste in newly-procured recycling bins, while agreements were established with recycling companies to ensure that paper, plastics, electronic and metal wastes are efficiently processed. These are mostly social enterprises, enabling UNICEF’s waste to support community initiatives. All donor reports (24) due during the reporting period were submitted on time.

SOPs on adherence to donor reporting contributed to sustained quality of reports and timely submission. The office expects to sustain this score, to enhance donor relations and support. A review of SOP on grant management and subsequent orientation of staff is expected to improve grant management by UNICEF Zambia, ultimately strengthening donor relations and partnerships and broadening the resource envelope for achieving outcomes for children.

During the period under review, UNICEF Zambia proactively engaged in resource mobilization initiatives, raising an estimated total of US$24,723,772 at the time of reporting. The annual target of US$40M was not met; the proposal success rate of 58 per cent can be attributed to a shift in donor focus and funding modalities. Given Zambia’s middle-income status, a number of partners are consolidating their portfolios or moving into a different relationship with the Government. However, funding proposals in the pipeline are likely to fill this gap. DFID, the EU, GHR Foundation, Government of Japan and USAID (a relatively new UNICEF partner in Zambia) are among the main donors responsible for resources raised in the reporting year.

Targets for total balance on expired grants and grants expiring in the next three months were
not met due to fluctuations in the exchange rate.

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

**Analytical statement of progress**
Because a number of staff transitioned to new duty stations and new posts were approved, the Office managed a number of recruitment actions in the year. The HR unit continued to track all recruitment, to improve office performance on timeliness. The transition to the new online talent management system was helpful, and resulted in a significant increase in applications for local posts. The office continued to fill staffing gaps through a mix of approaches: support from colleagues in the region and beyond on stretch assignments, and extended duration for staff as officers in charge, providing opportunities to learn on the job. The office supported six UNICEF Zambia staff to benefit from regional stretch assignment opportunities, including three general staff. In 2017 two national staff were appointed to international posts. In addition, the office established a successful internship programme, in partnership with several national academic institutions, offering top-performing students a chance to gain valuable work experience, while benefitting from their contributions to UNICEF’s work. The programme prioritizes young women and those from disadvantaged families. Management and the staff association continued to address issues arising from the 2017 global staff survey.

The office learning and training strategy and action plan for 2017 was developed based on the outcome of a skills development assessment conducted in 2016, and aligned the learning plan with the office objectives. Key learning initiatives included C4D, research management (conducted with support from UNICEF HQ’s Office of Research), a management master class (a regional pilot of a new initiative) and defensive driving training for drivers. In addition, the office maintained a programme of one- to two-hour learning and information-sharing sessions. During 2017 the HR team, working closely with HQ and the UN Pension Fund, were able to close long-outstanding pension cases.

**Document centre**

**Evaluation and research**

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### Lessons learned

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