

## Zambia

### Part 1: Situation update in the country

Zambia is a lower middle-income country in southern Africa with an estimated population of 16.4 million in 2017, over half of whom were children and 80 percent under the age of 35 years. This large, young population represents an opportunity for economic development, but also presents challenges due to the demand for social services and employment.

Despite Zambia's lower-middle income country status, almost 60 per cent of the population live below the poverty line. Inequality remains high, with three-quarters of those in rural areas living in poverty compared to one-quarter in urban areas. The Gini coefficient, remains high with a national average of 0.69 and significant rural-urban inequalities. Social assistance programmes have reached 4.2 million poor people in Zambia. The Government has continued to prioritize efforts to manage external debt, which increased from 38 per cent of Gross Domestic Product in 2016 to almost 53 per cent in mid-2018, putting the country at high risk of debt distress. Debt service costs are projected to rise to 27 per cent of total expenditure in 2019, thus reducing resources available for service delivery. To compound this challenge, in 2018, a number of donors suspended disbursements to some sectors due to concerns around financial management. The last Zambia Demographic and Health Survey (ZDHS) was conducted in 2013/2014 and another survey is underway 2018/19.

#### **Every child has the right to grow up healthy and strong.**

Zambia's Seventh National Development Plan (7NDP) prioritises health as a key investment that will drive socio-economic development. The National Health Strategic Plan 2017-2021 provides a roadmap to provision of universal healthcare. Under-five mortality reduced by at least 30 per cent between 2007 and 2014 and the maternal mortality ratio declined by about 33 per cent from 598 to 398 deaths per 100,000 live births during the same period but is still worryingly high. The neonatal mortality rate also remained high at 24 deaths per 1,000 live births and has been almost stagnant in the last decade.

In Zambia, only 56 per cent of women who are pregnant receive the recommended four antenatal visits and only 24 per cent of them start their antenatal visits in the first trimester. Ninety-five per cent of women in urban areas deliver in a health facility compared to 56 per cent of women in rural areas. Only 16 per cent of newborns in Zambia receive postnatal care within 48 hours of birth and 63 per cent of mothers receive postnatal care.

A 2017 review of Health Management Information System (HMIS) data found high national immunization coverage with DPT3 at 94 per cent, and the World Health Organization (WHO) and UNICEF Joint Reporting form indicated that 84 per cent of the reporting 109 districts met the national immunization target of 80 per cent coverage. However, the ZDHS 2013/14 found that only 68 per cent of children were fully immunized. While the number of un-immunized children reduced from 118,700 in 2013 to 40,000 in 2017, major barriers and inequities exist. Zambia has been certified polio free since 2005. At national level, 75 per cent of children with diarrhoea received oral rehydration therapy or increased fluids. With an HIV prevalence of 12 per cent and an annual incidence of 0.67 per cent among adults aged 15-59 years, the burden

is high, and Zambia is therefore classified as a global fast-track country.

Zambia continued to make significant strides in the HIV and AIDS response, especially in pursuing the 90:90:90 fast-track goals as espoused in the National AIDS Strategic Framework (2017-2021). An estimated 66 per cent of adults aged 15-59 years living with HIV are aware of their status. Eighty-nine per cent of those diagnosed are on antiretroviral therapy (ART) and 89 per cent of those on ART have attained viral suppression. The paediatric HIV treatment coverage was only 64 per cent.

While HIV prevalence appears low among adolescents aged 15–19 years at 3.3 per cent for females and 1.6 per cent for males, it more than doubles as adolescents transition to young adulthood, with prevalence at ages 20-24 years of 9.6 per cent for females and 3.5 per cent for males.

The high percentage of HIV testing and ART initiation among women who are pregnant shows that there is opportunity to offer integrated services that include other sexual and reproductive health services such as family planning and counselling to those who are negative to maintain their status, among other things. Amongst 15-19 year-old adolescents who gave birth in 2015, only 85 per cent knew their status compared to 96 per cent for those aged 31-39 years.

Zambia is one of the sub-Saharan African countries with a high burden of undernutrition, and malnutrition underlies some of the preventable causes of under-five deaths. The 40 per cent prevalence rate of stunting among under-five children (42 per cent in rural areas and 36 per cent in urban areas) indicates a critical situation as per the United Nations' classification of child malnutrition, and an additional rural/urban inequity. The current average annual reduction rate is 2.9 per cent, compared to the 6 per cent required to meet national and global targets.

Micronutrient deficiencies are common among children in Zambia. Anaemia is a severe public health problem, with no significant reduction among children aged 6-59 months over the past two decades. The estimated prevalence was 60 per cent in 1998, 53 per cent in 2003, 49 per cent in 2009, 55 per cent in 2012, and 60 per cent in 2015. The latest national survey indicated a prevalence of 54 per cent of vitamin A deficiency. The proportion of households consuming adequately iodized salt remained low at 53 per cent.

The Government has committed to reducing the prevalence of stunting among children aged under five years by 50 per cent by 2025, which will require addressing the several interconnected drivers of undernutrition in Zambia.

**Every child has the right to an education and quality learning opportunities from early childhood to adolescence.**

The 7<sup>th</sup> National Development Plan identified improved education and skills development as being instrumental in creating societies that are better able to respond to the social and economic development challenges they face.

Coverage of pre-primary or early childhood education (ECE) was low, at an estimated 26 per cent in 2017. At primary level, Zambia recorded progress in enrolment, with an average annual growth rate of 1.1 per cent between 2012 and 2017: from 3,075,161 primary learners in 2012 to 3,287,907 in 2017. The primary completion rate was over 90 per cent and the primary net enrolment ratio increased from a 1990 baseline of 80 per cent to 87.9 per cent in 2017. Over

the same period, average annual growth rates for junior secondary (1.9 per cent) and senior secondary (2.8 per cent) were slightly higher, but the absolute numbers of learners were significantly less compared to primary education. While gender parity was achieved for primary level, girls still face challenges at secondary level.

Zambia continued to struggle with providing access to quality education for all children. The education system also shows weak performance in terms of survival rate: only 54 children out of 100 who enter at Grade 1 reach Grade 9. Major factors contributing to low quality of education include an insufficient number of qualified teachers, teacher absences from classrooms, inadequate resource and material flows to schools, and weak pedagogical strategies employed by teachers.

An estimated 742,470 children of school-going age (approximately 5 per cent of primary level age and 19 per cent for lower secondary) are out of school, of whom 64 per cent were in rural areas and 36 percent in urban areas. While girls and boys enrol in primary school in equal numbers, girls drop out at much higher rates in the upper grade levels, particularly from Grade 5 onward. Children with disability are also believed to make up a fair number of out-of-school children, although data on children with disability or special needs is weak.

### **Children have the right to grow up in a safe and supportive environment free from violence, abuse, neglect and exploitation.**

In recognition of the importance of child protection, the Government has a legislative framework and protection system that encompasses a range of prevention and response mechanisms. However, interventions and services for the prevention of and response to violence, abuse, neglect, and exploitation are fragmented, not well interlinked and generally have low coverage.

Data on child protection issues are scarce, with the limited information from the ZDHS 2013/14 indicating that:

- 33.8 per cent of women and 40.1 per cent of men aged 20-24 years experienced physical violence before the age of 18;
- 20.3 per cent of women and 10 per cent of men experienced sexual violence;
- 31.4 per cent of women aged 20-24 years were married before age 18, and;
- 58.9 per cent of girls aged 15-19 years were pregnant or had already delivered a baby.

Zambia's social welfare system recognizes that children growing up outside family-based environments are at higher risk of experiencing neglect and abuse. A UNICEF-supported assessment of residential child care facilities in 2016 identified over 6,500 children living in 178 child care facilities, with most of the children having surviving parents or family. Formalized and supported family-based care options that could replace residential care are under-developed. A separate 2016 UNICEF-supported nationwide assessment of detention and correctional facilities found over 1,000 children in prisons or police cells – including migrant children, children of incarcerated mothers and children in conflict with the law. Children in conflict with the law are often detained for minor offences and overstay in custody sometimes for months, due to slow processing of their cases, stringent bail conditions and lack of access to legal representation or diversionary options. There have been cases of migrant minors being detained by the police for lack of adequate documentation. An important issue for advocacy is the extremely low age of criminal responsibility, which is just eight years of age.

The Violence Against Children study, which was launched in the last quarter of 2018, revealed

that it is pervasive in all its forms. One in three females and two in five males aged 18-24 years experienced physical violence prior to age 18. Further, a quarter of both male and female respondents aged 13-17 years experienced physical violence 12 months prior to the survey. The study recommends that there is great need to have well-coordinated response strategies, programmes and policies by all stakeholders to address violence.

Although Zambia has a legal framework which provides for compulsory birth registration as enshrined in the Birth and Deaths Registration CAP 51 of 1973, few births are registered officially. This is because of other legal, administrative, access and awareness barriers. According to the 2013/2014 ZDHS, 11 per cent of under-5 children had their births registered and only 4 per cent had birth certificates. The ZDHS findings also showed that birth registration was much higher in urban than rural areas (20 per cent versus 7 per cent). Children from the highest wealth quintile were six times more likely to have their births registered (29 per cent) than children in the lowest quintile (5 per cent). Boys have a higher registration rate at 11.7 per cent than girls at 10.9 per cent.

**Every child has a right to live in an environment that is conducive to his or her growth and safety, including being protected from pollutants and other hazards.**

Zambia has made limited progress in terms of increasing access to basic sanitation, from 26 per cent in 2000 to 31 per cent in 2015. Access to basic water supply increased from 49 per cent in 2000 to 61 per cent in the same period. The marginal increase in access to water, sanitation and hygiene (WASH) services is not commensurate with the gaps and growing demand. It has been estimated that in order to reach the Vision 2030 and Sustainable Development Goals (SDG) targets of providing universal access by 2030, Zambia will need to provide basic water supply, sanitation and hygiene services to 660,000, 1.16 million and 1.46 million people per year, respectively.

According to the 2017 WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 61 per cent of Zambia's population had access to basic drinking water services while 31 per cent had access to basic sanitation services. About 15 per cent of the population practiced open defecation, while only 14 per cent of households had access to a handwashing facility with soap and water. Access to water supply was 86 per cent in urban areas and 44 per cent in rural areas. Access to sanitation was characterized by a similar urban/rural inequity with 49 per cent in urban areas and 19 per cent in rural areas. About 25 per cent of rural populations practice open defecation compared to 1 per cent in urban areas. Furthermore, in schools in Zambia in 2016, 21 per cent did not have basic drinking water, 34 per cent were without sanitation facilities and 46 per cent lacked hygiene services. The Government continued to prioritise the WASH sector during 2018 through strengthening sector policy and legislative frameworks and raising its profile, in addition to implementation of ongoing and new programmes focused on enhancing the coverage of services. A notable example was the Government's commitment to increase the national budgetary allocation for the WASH sector from around US\$47.5 million (Zambian kwacha 564.5 million) in 2018 to approximately US\$167 million (Zambian kwacha 1.985 billion) for 2019, a 252 per cent increase. As part of efforts to strengthen coordination, the Government also operationalised the sector thematic working group.

**Every child has the right to fulfil his or her potential.**

The Government has recognized that extreme poverty, vulnerability and development inequalities contribute to limiting the potential of human development. It has prioritized actions

to address these in the 7NDP, with the theme of accelerating development efforts towards Vision 2030 without leaving anyone behind.

The programming context at the beginning of the 2016-2021 UNICEF Country Programme was characterized by steady economic growth with an average GDP growth rate of 4.5 per cent between 2007 and 2015. While Zambia's GDP has enjoyed consistent average growth, poverty prevalence does not seem to follow the same trend and pace. Household poverty has remained persistently high, characterized by inequality in income, wealth levels and access to basic human services. Poverty rates vary from 25 per cent to 95 per cent by district (CSO, *Living Conditions and Monitoring Survey, 2015*). Around 60 per cent (7.9 million) of the entire population in 2015 lived in poverty and over 40 per cent (5.5 million) were considered extremely poor. Many children in Zambia continue to be affected by poverty and multiple deprivations and are vulnerable to risks and shocks throughout their life course. The child poverty rate in 2015 stood at 65 per cent (4.6 million children), with 45 per cent living in extreme poverty. The exclusion of households facing multiple vulnerabilities and chronic poverty in remote rural areas is evident and about 85 per cent of poor children live in rural areas.

## Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents

### Goal area 1: Every child survives and thrives

In 2018 UNICEF provided financial and technical support to the Government to develop, finalize and launch key policy documents and guidelines in the health sector. These included: the Community Health Strategy and operational guide for Neighbourhood Health Committees; the 2018-2021 Reproductive, Maternal, Newborn Child and Adolescent Health (RMNCAH) roadmap; the National Maternal and Neonatal Services Referral Guidelines; the Post-Natal Care Home Visit Guidelines; and the National Procurement and Supply Chain Strategy.

In addition, UNICEF supported the planning cycle for districts with the updated Medium-Term Expenditure Framework (MTEF) guidelines, reaching 100 per cent of the 39 target districts. All staff in all 11 focus districts under the European Union (EU) supported Millennium Development Goal Initiative (MDGi) and the two provincial offices in Lusaka and Copperbelt were trained in the District Health Information Systems (DHIS2) and data management. In total, 197 health centre staff, 11 district information officers and two provincial information officers learned to directly enter their service utilization data into the upgraded DHIS2 system, significantly improving reporting completeness, timeliness and quality.

The DHIS2 was automated for vaccination, RMNCAH&N, and self-assessment scorecard modules, to enhance data use and analysis at sub-national levels, assessing performance and development of improvement plans. UNICEF supported Service Quality Assessments in the 11 MDGi districts, resulting in improved supportive supervision. This has informed development of quality improvement/assurance activities, resulting in focused clinical mentorship activities. An assessment on social accountability in the health sector was conducted, including orientation and consultations in Central and Western provinces. The assessment informed the programme implementation plan, including the theory of change, key interventions, a results framework and implementation schedule.

To reinforce community engagement and a multi-sector approach to health care delivery, UNICEF supported the Government to organize meetings with over 200 traditional and 500 religious leaders. The goal was to strengthen their capacities to coordinate multi-sector approaches to health care delivery in their communities, ensuring health care is considered with all its determinants in the spirit of Health in All Policies. To reinforce adolescent health, 499 peer educators were trained in 2018, bringing the total number of community based volunteers (CBVs) trained since 2015 to 10,870. These volunteers were provided with the necessary supplies and job aids to facilitate provision of community-based preventative, promotive and curative interventions in 11 districts.

Twelve health facilities earmarked for renovations or construction were completed, equipped and functional, bringing the total number of constructed or refurbished health facilities to 52. UNICEF supported the Ministry of Health (MoH) to strengthen the capacity of 63 facility health care workers in emergency obstetric and newborn care (EmONC) and essential newborn care (ENC). In addition, UNICEF worked with the MoH in the implementation of EmONC activities that resulted in 100 per cent of the 52 targeted maternal and child health facilities in the 11 MDGi districts providing basic EmONC services on a 24-hour, seven-day basis. The 52 refurbished facilities, together with other health facilities/hospitals supported by MDGi, resulted in an increase to 48 per cent (91,658) in institutional deliveries in 11 districts as of September 2018, as compared to 45 per cent (78,162) in 2015.

To contribute to strategic information for planning and programming, UNICEF, in partnership with other agencies, supported the implementation of the integrated management of common childhood illnesses health facility survey and the Malaria Indicator Survey. An additional 20 community health workers were trained in integrated community case management (ICCM) adding to 1,147 previously trained.. A total of 40,819 children out of the 474,972 estimated number of children in 28 districts in Central and Western provinces were treated for pneumonia.

Despite challenges in managing the procurement and supply chain system, no stock outs of oral rehydration salts were documented at national level. UNICEF also facilitated procurement of traditional vaccines to address a two-month national stock-out which was due to delayed financing. Technical support was provided to finalize and submit the new Vaccine Support Renewal and 2017 Joint Reporting Form. Inactivated polio vaccine (IPV) was introduced, reaching 34,375 children (61 per cent of target). As of September 2018, Zambia recorded DPT3 coverage of 89 per cent, with 21 per cent districts (23 out of 110) reporting DPT3 coverage of less than 80 per cent and measles coverage at 93 per cent. UNICEF, with funds from GAVI, supported an equity assessment and leveraged about US\$1.6 million from them, contributing to the total US\$11.6 million budget for the Cold Chain Equipment Optimization Platform (CCEOP) support. Progress was made in mainstreaming gender in programming. There was no discrimination in vaccination and in the provision of all other forms of health care delivery to children.

Expanded social and behavioural change communication (SBCC) and continued high coverage of health facilities offering prevention of mother-to-child transmission of HIV (PMTCT) services resulted in 97 per cent of pregnant women attending ANC being tested for HIV and receiving their test results, as of October. About 90 per cent of those tested positive were initiated on ART. Although paediatric ART coverage amongst children aged 0-14 years is suboptimal at 64 per cent, it represents an increase from 41 per cent in 2016. An increase in the number of

health facilities offering paediatric ART from 39 per cent in 2014 to 67 per cent in 2018 contributed to this increase.

Challenges related to the inadequate capacity of health workers to offer quality HIV management for children, low case identification, and limited geographical access to paediatric ART (only 67 per cent of eligible facilities offer ART) contribute to a situation where one-third of children living with HIV are not reached with the treatment. Given that age disaggregation only started in 2018, there is no comparable data on adolescent HIV testing with previous years. However, analysis of 2018 monthly data for the number of HIV tests conducted showed an increasing trend from January through September for both adolescent boys and girls. Underlying the increase in adolescent testing was increased demand creation through intensified SBCC targeting adolescents and the scale-up of adolescent friendly spaces which promote HIV testing.

UNICEF actively supported both SBCC and adolescent friendly spaces scale-up in 2018. A total of 831,227 HIV tests were conducted for adolescents aged 10-19 years between January and September 2018 nationwide. Of these tests, 59 per cent (486,942) were among adolescent girls – with a positivity rate of 1.7 per cent - and 41 per cent (344,285) were among boys, with a positivity rate of 1 per cent.

Initiation on ART among adolescents diagnosed with HIV in 2018 remained high at 98 per cent, in each of the first three quarters of the year. This achievement that can be attributed to adoption of the 'Test and Start' policy. Of the 79,359 adolescents aged 10-19 years estimated to be living with HIV, 45,486 were on ART with an overall coverage of 57 per cent. However, there were gender differentials with females (60 per cent) having slightly better coverage than males (54 per cent).

The HIV testing data for adolescents showed a gender differential, with the burden significantly higher among adolescent girls. Pervasive gender inequality perpetuated by socio-cultural norms remain the overarching factors attributable to this. The opposite is true of treatment, with ART coverage of 60 per cent for adolescent girls compared with 54 per cent for boys. This is likely due to the additional platform for ART access under PMTCT programming. Programmes like DREAMS, implemented by the United States' PEPFAR, and the UN Joint Programme on Integrated SRH/HIV and Sexual and Gender- Based Violence provide opportunities to reduce the burden among adolescent girls and young women, but the geographical coverage is presently limited. UNICEF's advocacy role to scale up tailor made interventions for adolescent girls and young women will remain critical.

Advocacy efforts by UNICEF and other partners led to revision of the HMIS in 2018 to include key adolescent indicators disaggregated by sex and age, which will be crucial to improve programming moving forward. Utilization of the U-Report platform, which enables young people to increase knowledge on sexual and reproductive health and HIV by having their questions answered and participating in polls, increased by 10 per cent. By mid-November, there were 192,773 U-Reporters compared with 174,192 at the end of December 2017, due in part to public advocacy work.

In 2018, UNICEF's support to the Government was active in the nutrition sector, including for policy design, strategy development, and multisectoral coordination for improved advocacy for stunting reduction. In April, a high-level National Food and Nutrition Summit was hosted to advocate for translating the demonstrated increase in political and multi-stakeholder will and

commitment to food and nutrition security into tangible, measurable, multisectoral actions for accelerated national development. Following successful deliberations, strong online advocacy and traditional media coverage, the Summit resulted in the generation of commitment by all participants representing relevant government line ministries and stakeholders to improve nutrition. In addition, a Summit side meeting facilitated the signing of a Joint Financing Agreement of US\$123 million between the Government and key donors (the United Kingdom's Department for International Development/DFID, Swedish International Development Agency/SIDA and Irish Aid) for the implementation of the second phase of the 2018-2022 National 1,000 Most Critical Days Programme (MCDP II).

UNICEF and partners provided technical and financial assistance for the Summit and elaborating the subsequent roadmap for operationalization and monitoring of its decisions. These included the Government's commitment for a progressive increase in funding for nutrition across line ministries up to a total of US\$40 per child per year by 2022. UNICEF further supported the review of the planning guide for line ministries and orientation sessions of Provincial Nutrition Coordination Committees ahead of the MTEF planning cycle. In a strong statement of political commitment and will, an additional key result from the Summit was the decision to have the Office of the Vice President lead on coordination of the nutrition agenda in Zambia. Furthermore, following the participation of the Vice President at an Early Childhood and Nutrition Summit in Lesotho, a roadmap on how to operationalize the key recommendations of the Summit that facilitates the national scale-up of the MCDP II was developed.

Other achievements resulting from support to the Government included finalization of a mapping of nutrition actors and priority interventions countrywide. The exercise established the nutrition-specific and nutrition-sensitive interventions being implemented and the proportion of the target populations that are being reached against set targets by various stakeholders. It generated information for planning the expansion of the MCDP II. In 2018, UNICEF served as interim manager of the Scaling Up Nutrition (SUN) Fund, to facilitate the continued implementation of the MCDP. During this period, 40,231 mothers and/or caretakers of children were reached with infant and young child feeding messages, 22,231 pregnant and lactating women were counselled, and 1,016 volunteers were oriented to disseminate MCDP messaging.

To generate evidence to guide programme management, a landscape analysis was initiated through a partnership with the Global Alliance for Improved Nutrition (GAIN) to determine access barriers to nutritious complementary foods. Dietary analyses were conducted to find key nutrient gaps and suggest some possible foods of focus to fill these gaps.

To strengthen micronutrient deficiency control, salt test kits and reagents for Iodine-Check machines were procured to support the strengthening of iodine content of salt monitoring at border points and in-country. Monitoring continues to be executed as part of the Environmental Health Officers' core functions within the districts and at points of entry by the MoH and City Councils. Two rounds of Child Health Weeks were supported in June and November. The results of the first round showed 3,151,754 children aged 6 to 59 months were reached with vitamin A.

Capacity strengthening to provide services for integrated management of acute malnutrition (IMAM) included the finalization of Nutrition in Emergency Guidelines, the training of health workers and volunteers in Nchelenge, and the procurement of therapeutic feeding supplies and

equipment. A total of 1,274 children aged under five years with severe acute malnutrition (9 per cent of the target) accessed services in 530 health facilities, with an 82 per cent cure rate. In the refugee centres, a total of 281 children with severe acute malnutrition (78 per cent of the target) were admitted, with a 100 per cent cure rate. Advocacy for inclusion of the therapeutic foods on the national Essential Drugs list was initiated and sustained to address the persistent change of inadequate supplies for IMAM services.

In 2018, UNICEF commissioned a mixed method knowledge, attitudes and practice study across 10 provinces on nurturing practices based on the 1,000 most critical days framework, highlighting both the early childhood development (ECD) and nutrition areas.

In response to emergencies, UNICEF provided support to treat and halt a cholera outbreak that affected 5,935 people, with about 114 deaths (1.9 per cent case fatality rate). In relation to refugee response, primary health care services were provided to 10,592 people, including 6,753 children vaccinated against measles. The cholera outbreak shifted attention and resources from regular health service delivery to emergency response, demonstrating the need to prioritise Health Systems Strengthening to resist shocks.

To provide strategic information for planning and preparedness, UNICEF supported the MoH and the Zambia National Public Health Institute to conduct an epidemiological study to map cholera hot spots. Results will inform future country preparedness and response actions. In coordination with WHO, GAVI and the Global Task Force for Cholera, UNICEF supported two rounds of cholera vaccination, reaching about 1.3 million people. Engagement of the Government in passing a resolution on elimination of cholera in the 2018 World Health Assembly is a positive step towards sustainability.

## **Goal area 2: Every child learns**

In 2018, UNICEF continued to support the Government to achieve equitable access and quality of education for all Zambian children from early childhood education through the secondary level. This was through technical, financial and programme implementation support, at national and local levels. A special focus was placed on reaching the most disadvantaged children in hard-to-reach areas.

UNICEF supported the Ministry of General Education (MoGE) to increase access to quality, age-appropriate early learning opportunities. This included the development of alternative low-cost ECE delivery models and guidelines for the establishment of low-cost community-run satellite centres, linked to nearby primary schools. MoGE also developed and piloted ECE interactive radio instruction programmes to reach more children in difficult locations. To enhance skills around developmentally-appropriate methodologies and to produce low-cost early childhood education materials in a resource-constrained environment, the programme continued to support community-based teachers and volunteer ECE teachers.

Following the Country Programme Mid-Term Review, community-level integrated ECD guided by a national curriculum framework was conceptualized. The piloting of integrated services as well as low-cost infrastructure models commenced in Katete district with stakeholders at all levels. Through working with the non-governmental organization (NGO) ChildFund, 6,205 children enrolled in community-based ECD centres in remote areas during 2018. Through this partnership, the global Early Moments Matter campaign to encourage male caregivers to play with their children was supported. In target districts, 50 per cent of government ECE centres

met the specified minimum standards for teaching and learning materials.

UNICEF continued to work with the MoGE to improve the capacity to deliver quality learning at primary level. To address inequities in learning quality, the Catch-Up Programme was scaled-up to an additional 390 schools in Southern and Eastern provinces. An estimated 71,036 learners in Grades 3-5, especially those with challenges in learning in classrooms, benefited from this programme. Some 15 per cent of primary schools had a school-level improvement plan in place. Almost all primary schools, 8,823 nationwide, now have access to Education Management Information System-generated school profiles to analyse their performance and to be able to develop more evidence-informed school improvement plans. The National Education and Skills Sector Plan was finalised and officially endorsed by all education partners for submission to Global Partnership for Education (GPE) in late December.

Actions were supported to address issues of out-of-school children and increase access to secondary education for marginalised children, including girls. UNICEF supported the MoGE to promote retention, transition, and completion of secondary school, especially for adolescent girls from vulnerable backgrounds. About 9,811 girls received an integrated package which includes career guidance, sexual and reproductive health, financial literacy and other life skills to enhance retention and transition to secondary school. Guidance and counselling teachers and head teachers from schools with a high child marriage prevalence were equipped with knowledge and skills in school-level guidance and counselling services. It is worth noting that a gender focus remained important strategy for the education programming, as girls continue to face layers of challenges in education, especially at secondary level.

In 2018, UNICEF commissioned a primarily qualitative communication for development study on how decisions are made on whether or not adolescents (aged 10-19 years) complete their schooling in Zambia. With fieldwork completed in eight districts across the country, the study will provide an understanding of the decision-making process around school retention and drop-out. It will also investigate the interplay between diverse factors and actors, and identify the key components influencing schooling decisions. The research will culminate in rigorous analysis of decision-making processes and individual journeys of school drop-out and retention in Zambia, as well as recommendations to enable implementers to develop adolescent-supportive and evidence-based interventions in the future.

As a response to the influx of Congolese refugees in Zambia's Luapula province, UNICEF supported the construction of 24 learning spaces, capacity building of volunteer teachers and provided furniture and teaching and learning materials in the Mantapala refugee settlement. As a result, about 4,856 refugee children were attending school.

### **Goal area 3: Every child is protected from violence and exploitation**

The Government, with financial and technical support from UNICEF, made important progress strengthening a child and family welfare system accessible at community-level. This system will support all children, irrespective of gender, and recognizes the significant role of the family.

Community-level case management was tested in 15 districts across the Lusaka and Copperbelt provinces, with 930 practitioners trained in 2018. While there are no community case files on vulnerable children and adolescents available, this system will support community-level identification of children's vulnerability, referral to services, collection of data on cases by age and gender, and strengthened use of data for decision-making at district level.

To support more efficient implementation, UNICEF entered into partnerships with two national NGOs to implement capacity building and provide mentoring.

Under results for children in residential care, there was a 19 per cent reduction (based on 2017 records) from 7,866 to 6,390 (boys - 3,115, girls - 3,275). Conversely, the number of children in foster care increased from 312 to 781 by the end of 2017. UNICEF's contribution to this work was continued advocacy towards preventing family separation and supporting the use of alternative care within a family setting. UNICEF was instrumental in supporting the Ministry of Community Development and Social Services (MCDSS) to improve data collection and use case management tools to support children in residential care to return home or to a family setting. Following capacity building of district and provincial social welfare officers on new case management tools for children in a child care facility, the MCDSS staff used their new skills to open case files for an estimated 6,390 children across 178 facilities.

Support to strengthen the role of district level governance structures in addressing child marriage included the development and launch of district action plans in Senanga and Katete. These two districts have some of the highest rates of teenage pregnancy and child marriage. The roll-out of converged programming with integrated support packages covered six wards across the two districts and included interventions in education, WASH in school, menstrual hygiene management, adolescent sexual and reproductive health, community-level case management and communication for development. The introduction of community-level case management will provide data on children identified, assisted and referred to services by age and gender from 2019.

Advocacy efforts to address the minimum age of criminal responsibility, which is 8 years of age, and high rates of detention of children continued and important legislative provisions were introduced in the draft Children's Code Bill. The development of this important bill is ongoing and advocacy for its finalization and adoption will continue in 2019.

UNICEF supported the comprehensive monitoring of detention facilities, the results of which will provide input into the United Nations Study on Children Deprived of Liberty (yet to be finalized) and will be used to advocate for accelerating the process of securing alternatives to detention. The piloting of diversion, initiated in four districts, will be closely monitored to provide lessons for ongoing advocacy efforts on the protection and rights of juvenile offenders. Data on children who enter a diversion programme will be available from 2019.

The Ministry of Home Affairs (MoHA), with support from UNICEF and the European Union, continued the decentralization of the birth certification services. Four out of 10 provinces have birth certification printing centres available. An additional 202 birth registration desks were set up in health facilities, bringing the total number to 606. The new ZDHS data, expected in early 2019, is expected to show strong improvements in this area as a result. In July, UNICEF also supported the MoHA to organize a training attended by 19 journalists to raise awareness on the importance of birth registration.

UNICEF and its child protection partners reached 11,684 people (5,988 children and 5,696 adults) during the refugee response. Out of these, 388 unaccompanied minors were identified, registered and cared for, with 88 successfully reunified with their families. A total of 69 volunteers were trained in identification and monitoring of unaccompanied minors. Thirty-seven foster parents were trained on the Zambian alternative care guidelines and good parenting, in collaboration with the MCDSS.

Four child-friendly spaces (CFS) and two youth centres were established in Mantapala. Before the relocation of refugees, completed in July, refugee children attended a temporary CFS in the Kenani Transit Centre. A total of 5,515 children attended either a CFS or youth centre, which both provide recreational and psychosocial activities. From the CFS and amongst unaccompanied minors, 572 vulnerable children were identified and referred to specialized services (psychosocial support, health, nutrition and sexual and reproductive health services). An additional 85 children were also identified and referred to services.

An estimated 5,696 community members were reached with child protection messages, and 717 adult community members were trained in community peer support. In Mantapala, 981 refugees participated in child protection community-based committee activities. A child protection expert was deployed in Mantapala to ensure effective coordination of child protection interventions. Child protection programmes, gaps and challenges were discussed in weekly protection sector meetings. UNICEF is actively supporting the establishment of a prevention of sexual exploitation and abuse network in Zambia and is working with partners to strengthen capacities on this critical issue.

#### **Goal area 4: Every child lives in a safe and clean environment**

During 2018, UNICEF continued to provide technical and financial support to the Government to strengthen the enabling environment for the WASH sector, win support for the cause of children and increase access to basic services.

Specifically, UNICEF's support to the Ministry of Water Development Sanitation and Environmental Protection (MWDSEP) resulted in the finalization of the National Drinking Water and Sanitation Policy, under process for submission to the Cabinet, and the National Open Defecation Free Strategy, approved and subsequently launched in Lusaka on World Toilet Day, 19 November. The Statutory Instruments for groundwater and borehole regulation, which were developed with UNICEF support during 2017, were also approved and their implementation commenced during 2018. Moreover, the National Water Quality Monitoring Protocol was developed and endorsed with UNICEF support, and an action plan for its at-scale implementation was approved.

Together with German Development Agency (GiZ), UNICEF supported the MWDSEP in undertaking the joint sector review for water, sanitation and environment. The review was completed and the report expected to be finalized by January 2019. Working with the Ministry of General Education and the WHO/UNICEF Joint Monitoring Programme, UNICEF facilitated estimation of the SDG's baseline for school water, sanitation and hygiene which were included in the Joint Monitoring Report for School WASH, released in August 2018.

With UNICEF support in 2018, an estimated 54,038 people, including 27,559 women and girls and 26,479 men and boys, were provided with access to a safe drinking water source in 12 rural districts. An estimated 342,378 people (304,301 people in 1,886 villages in 10 rural districts, and 38,077 people in peri urban communities in four districts), including 174,613 women and girls and 167,765 men and boys, gained access to improved sanitation. An estimated 55,011 children (27,925 boys and 27,086 girls) also gained access to improved sanitation facilities through the provision and rehabilitation of sanitation facilities, including gender-segregated latrines, menstrual hygiene facilities for adolescent girls and group handwashing stations, in 93 schools in 14 districts. In addition, four health centres in four

districts were provided with access to an improved water supply and three third-level hospitals were equipped with chlorine production units. An estimated 8.86 million people were reached with messages on safe hygiene practices through interpersonal communication and mass media.

UNICEF also continued to support the scale-up of the mobile-to-web monitoring system for community monitoring and surveillance of sanitation and hygiene interventions. During 2018, the system was scaled up to an additional 11 districts, with the cumulative reach of 72 districts since 2013.

As part of efforts to strengthen the national capacity building for sustained operation and maintenance of water and sanitation infrastructure as well as sustainable sanitation and hygiene promotion, 4,291 government staff, community members, masons and pump minders were trained. UNICEF also supported several initiatives aimed at raising the profile of the sanitation and hygiene sub-sector and sharing experiences and lessons learned. Together with other sector partners, UNICEF supported the MWDSEP in the organization of the first Zambia Sanitation Summit in Lusaka on 19-21 November 2018. The Summit, which brought together over 300 delegates, contributed to enhancing the profile of sanitation and hygiene, including in the media and online. It resulted in concrete commitments for improving sanitation and hygiene services in the country in addition to providing a platform for sharing experiences and best practices. UNICEF also supported participation of a high-level delegation from the MWDSEP in the Mahatma Gandhi International Sanitation Convention in India from 29 September to 2 October 2018. This Convention provided an opportunity for the Zambia delegation to share experiences, and more importantly, learn from India on the transformation of sanitation into a mass movement and the engagement of political leadership for advancing the sanitation and hygiene agenda.

Together with WaterAid, UNICEF supported the MWDSEP in updating key monitoring indicators for the sector, which were presented at a sub-regional forum in Johannesburg, South Africa. UNICEF also supported the commemoration of World Water Day and Global Handwashing Day, organization of the Sanitation and Water for All meeting in Lusaka, with participants drawn from Malawi, Zambia and Zimbabwe, and organisation of a dedicated session on WASH at the Nutrition Summit held in Lusaka in April 2018. Additionally, UNICEF supported the MoGE in participation in the first East and Southern African Regional Menstrual Hygiene Management Symposium held in Johannesburg where Zambia's experiences on its integration in national programming were shared. UNICEF also supported the MoGE in the commemoration of Menstrual Hygiene Management Day, which brought together the MoGE, the Ministry of Gender and the MWDSEP and the key sector partners, and contributed to raised awareness and sensitisation on this important issue.

In response to the cholera outbreak in Lusaka which commenced in October 2017 and continued until May 2018, UNICEF supported emergency WASH interventions benefitting over 591,000 people during 2018. In addition, 1.7 million people were reached with messages on health and hygiene promotion through door-to-door mobilisation campaigns. UNICEF continued to support provision of WASH services to refugees from the Democratic Republic of the Congo, benefitting over 11,900 refugees, of whom 80 per cent were women and children. UNICEF, as the WASH sector lead agency, also provided support to partners in effective coordination of the sector response for the cholera outbreak as well as the refugee influx.

Key challenges included funding gaps, weak sector coordination, lack of a comprehensive

sector management information system, a shortage of human resources and managerial and technical capacity at the national and sub-national levels, and a lack of effective mechanism for operation and maintenance of WASH services.

Moving forward, UNICEF will support strengthening of national WASH systems with a focus on: policy, strategic and regulatory framework; strengthening sector coordination; leveraging partnerships and resources; a national monitoring system, including establishment of a comprehensive sector management information system; and capacity development at national and decentralised levels for pro-poor planning, management, implementation and monitoring of sustainable WASH service delivery.

### **Goal area 5: Every child has an equitable chance in life**

In order to strategically contribute towards poverty and vulnerability reduction in Zambia, UNICEF supported the Ministry of Community Development and Social Services to enhance its ability to deliver an integrated set of child-, gender-, disability- and HIV-sensitive social protection actions. This was through support to systems strengthening, capacity development, coordination and policy development within the social protection sector.

The national social cash transfer (SCT) caseload reached 632,000 by December 2018. The programme experienced enormous challenges in 2018 when it failed to make regular payments and four key donors to the programme froze direct contributions. This, and the continued scale-up, reinforced commitment to strengthen the systems underpinning the programme and mobilize additional domestic resources. Despite the beneficiary payment and financial management challenges during the year, the SCT has a proven record in recent years and transformative potential as an at-scale poverty alleviation platform for integrated programming. This is especially the case for SCT linkages and using its platform to achieve positive outcomes for children in other sectors such as education, adolescent HIV, and case management. The above challenges notwithstanding, 1.2 million vulnerable children and 38 per cent of extremely poor households benefitted from the programme in 2018.

UNICEF coordinated and managed technical assistance to the SCT programme under the United Nations Joint Programme on Social Protection involving five United Nations agencies (World Food Programme/WFP, International Labour Organization/ILO, Food and Agriculture Organization/FAO, International Organization for Migration/IOM and UNICEF) and four Cooperating Partners (DFID, SIDA, Finland, and Ireland).

Through UNICEF technical and capacity support to the Government, the social protection sector continued to consolidate, despite challenges related to funding and the need to reprioritize the workplan. The expansion, modernization and decentralization of the SCT management information system resulted in improved monitoring, targeting and reporting, and continuing adoption of technology platforms that support the enumeration, registration, targeting and validation processes. These have improved efficiencies within the SCT systems which are expected to facilitate more effective transfers in 2019: in 2018 only two of six payments were made due to fiscal constraints and weaknesses in the payments system, and shortfalls identified in financial management leading to further audits and investigations.

Through work on decentralized delivery systems and improved coordination through the 7NDP framework, the SCT emerged as a platform that can catalyze linkages across all sectors. UNICEF supported the decentralization and coordination of the social protection sector

following its leading role in the UN Joint Programme. UNICEF further supported systems strengthening work in the area of payment delivery systems and tracking, financial management and reporting, and piloting of an SCT grievance mechanism to promote transparency, accountability and importantly, to encourage citizen voice to demand social protection services.

To inform the development and monitoring of policies and programmes, UNICEF supported the Ministry of National Development Planning (MNDP), the Central Statistical Office and partner universities, to have the systems, skills and resources to generate evidence on the situation of women and children, and to monitor and report on the key performance indicators of the 7NDP and the SDGs. In particular, UNICEF supported the Zambia Demographic and Household Survey, the Labour Force quarterly survey by advocating, and then inclusion and training of a child labour module, and ongoing technical support towards the Census 2020, ensuring key data gaps on women and children are filled.

UNICEF, working with other UN agencies, supported the Government to develop the implementation plan and the Monitoring and Evaluation Framework for the 7NDP, and supported the coordination and technical inputs into the its Clusters.

UNICEF work on public finance for children focused on quarterly budget analyses in partnership with the Zambia Institute for Policy Analysis and Research, promoted policy dialogue and advocacy to encourage public and private resource investment in children and raise the profile and centrality of increased resources to social sectors that benefit children. The quarterly budget analyses, that were tracking actual budget releases from Treasury compared to the budget allocations, highlighted the growing debt burden on the fiscal space of the country and the significant gap between the budgeted amounts and the actual releases to the social sectors. UNICEF also supported the analysis of the fiscal decentralization process and the intergovernmental equitable revenue distribution formula to support decentralized social service delivery. Furthermore, UNICEF also worked with the Ministry of Finance on implementing the recommendations from the Open Budget Survey to enhance budget transparency and social accountability, and supported the Government to develop a budget transparency improvement plan. UNICEF also partnered with the NGO platform Civil Society for Poverty Reduction and the Child Budget Network to track and evaluate budget performance and execution.

Social protection has demonstrated a transformative impact on gender roles and the poverty of women and children. UNICEF-supported programmes in Zambia are gender and child-sensitive. For instance, the SCT includes female-headed households with three or more children as a targeting criterion. In 2018, stakeholders increasingly agreed on the need to scale-up the focus on women and children, especially during the first 1,000 days of life to ensure impact on nutrition. UNICEF further institutionalized the linkage of SCT adolescents to sexual reproductive health under the SCT-HIV linkage initiative, which directly addresses the vulnerability of girls and young women.

In 2018 the social cash transfer programme underwent a crisis when it failed to make regular payments and audit and financial management challenges came to the fore. This reinforced commitment at highest Government levels to build an integrated platform for the SCT (including linkages to other sectors) through a new, cloud-based information management system. The new system under development brings together a number of UNICEF investments in improved social protection programming, including financial management, decentralized registration and

delivery and improved social accountability. In 2019, UNICEF intends to further unlock the improved system's potential by deepening the 'Cash-Plus' links to case management, child protection, education, sexual reproductive health and nutrition.

UNICEF continued supporting the new results-based planning approach of the Government with quarterly National Development Coordinating Committee meetings reviewing submissions by five Cluster Advisory Groups. It is paramount to strengthen the evidence basis of this approach and UNICEF increased its support to the coordination of the national development planning, national monitoring and evaluation, national management information system architectures and evidence generation through government institutions. Together with the new cross-sectoral and results-based planning approach, the Government embarked on new output-based budgeting mechanisms and decentralization of functions. As with any change, these new strategies come with their own challenges; provincial and district levels frequently bemoaned the lack of actual devolution of authority or budgeting powers. UNICEF supported the decentralization in a dual strategy of working with the Government on innovative decentralized delivery and coordination mechanisms as well as strengthening of social accountability at decentralized levels.

UNICEF supported the continuous alignment of government frameworks with the SDGs and the continued strengthening of public finance management. There was increasing public discourse on the allocation of resources, and public institutions are leading the review and scrutiny of the national budget with UNICEF support. UNICEF will continue supporting the Government as it increases efforts in domestic resource mobilization, hopefully leading to more steady disbursements to the social sectors, as well as increasing transparency, which is expected to result in increased allocation of resources to the same sectors.

### Part 3: Lessons learned and constraints

The results described in Part 2 were achieved through the use of multiple several strategies, including: institutional strengthening of national systems, social/behavioural change communication and community engagement, policy engagement, service delivery, south-south cooperation, planning and monitoring, advocacy and public engagement, public and private partnerships, working together with other UN agencies, innovation, data analysis, research and evaluation, and operational support to programme delivery.

These strategies are linked to the theory of change for the country programme and had varying degrees of effectiveness in the Zambian programming environment. Several challenges were experienced during the implementation of the programme and several lessons which have influenced the choice of strategies and approaches for 2019 and beyond. In 2018, UNICEF Zambia conducted a Mid-Term Review of the 2016-2021 country programme, and this highly participatory process also provided numerous lessons learned and shaped the direction that the office will take for the remainder of the country programme.

The main strategy that the country programme has used to achieve results for children is institutional strengthening of national systems. Around 65 per cent of UNICEF Zambia's financial resources were directed to this strategy, although its implementation and potential impact were affected by reduced funding across sectors. UNICEF will need to continue to seek opportunities to expand partnerships to mobilize and leverage resources for social sectors from development partners and from the national budget. In addition, were challenges with some

donors, who have raised concerns about the Government's financial management systems, and this led to withdrawal of funding and changes in funding modalities for some programmes implemented by UNICEF.

Programmes directly affected include the UN Joint Programme on Social Protection, the UN Joint Programme on Health Systems Strengthening (RMNCHA-N) and Social Accountability, and the Scaling Up Nutrition (SUN) interim fund manager phase. The Government instituted forensic audits for the MCDSS and MoGE, which affected implementation as a significant number of staff involved in UNICEF-supported programmes were put on forced leave, pending investigations.

A clear lesson from this prevailing donor relations environment is the need for increased support and capacity in public financial management. In addition to the challenges raised at national level, subnational government partners use separate financial management systems for government and UNICEF funds. This increases the risk of delay in reporting on fund utilization and requests for subsequent disbursements, increased transactional costs and reduced donor confidence. UNICEF Zambia will continue to engage with the Government on improved financial and accounting practices.

A further lesson learned from systems strengthening strategies is that results are sustainable when the Government is leading and sets aside resources to support programmes. Slow disbursements of national budget funds in 2018 to social sectors affected the pace and scale of programme implementation. In addition to disbursement challenges, the constrained fiscal space due to a slow-down in economic growth and increased debt repayments this year led to lower investments in the social services sector.

Generally, there were delays in the release of funds by the Ministry of Finance on account of increased debt servicing costs. This led to delayed implementation of country programme activities as well as heightened risks of misapplication of UNICEF resources, given that the Government is currently spending about 78 per cent of its budget on salaries and debt costs. For example, only 27 per cent was released for the social cash transfer programme by mid-2018, with 52 per cent projected for end of the year. Additionally, the MoGE reported that as of end September 2018, only 49 per cent of funds for non-staff-related programmes had been released by Ministry of Finance. UNICEF Zambia will continue with advocacy for the timely release of allocated funds in the national budget.

Related to public financing for children, UNICEF is supporting several initiatives that raise the profile and centrality of increased resources to social sectors that benefit children. UNICEF continued to support the Government and other national partners in building on good practices and accelerating action, conducting national and sub-national budget analysis, engaging in public dialogue, providing public financial management support, and advocating for both public and private resource investment in children. Another lesson emanating from UNICEF's support towards systems strengthening was the value of the technical expertise the organization provides to shape the agenda for children's rights and ensure the prioritization of results for children. By offering technical leadership in development of National Plan for Elimination of Mother-to-Child Transmission of HIV and Syphilis, National Operational Plans for Adolescent Health Strategy, and the National AIDS Strategic Framework, UNICEF Zambia positioned itself well to highlight key issues, such as strengthening leadership and governance for adolescent health, age and sex disaggregation and cohort monitoring in PMTCT.

Multisectoral coordination remained a challenge, often leading to fragmented implementation. This reduced the potential impact from a coordinated response for the country programme in 2018. However, UNICEF's role in multisectoral coordination for various sectors, for example ECD, was strong. With a high level of trust from the Government and long history in the country, UNICEF is well regarded as a lead agency in various sectors. This favourable position can be further strengthened and leveraged for more integrated national policy development, data strengthening, and systems strengthening.

While labour-intensive and highly demanding, UNICEF's role in sector coordination continued to be found highly important and strategic. Regarded as an impartial and credible voice, UNICEF is well-positioned to facilitate consultation and participation of partners. The post Mid-Term Review agreement for integrated programming in ECD, nutrition and adolescence – in line with the 7NDP – can serve as test cases for planning, budgeting, coordination and implementation.

Some sectors continued to lack the enabling environment to facilitate programme implementation and coordination. Where policies, plans and strategies exist, there are often challenges with implementation, largely due to a lack of resources. UNICEF Zambia will continue to provide technical support for the development of policies, strategies and guidelines that are in line with international norms and advocate strongly for their implementation.

Systems strengthening and service delivery require a stable workforce in order to deliver the desired results. There were frequent staff changes in 2018 at both the central and subnational levels, leading to delays in implementation, increased transactional costs of programmes, and delays in reporting on programme implementation. Many sectors remain hampered by a shortage of qualified professionals. For example, an inadequate number of social workers in the MCDSS and prioritization of their role in the delivery and expansion of the SCT programme, coupled with a lack of coordination and clarity on the role and responsibilities of social workers in other ministries and departments, highlights the limited capacity of the state to respond adequately to cases of violence, abuse and the neglect of children. The reliance on volunteers is positive in many ways, but also raises issues of reliability and accountability. Through capacity development, technical support and targeted service delivery, UNICEF will support the Government to improve the quality of services at all levels.

UNICEF Zambia continued to support Government and other partners to generate evidence for informed advocacy and programming. However, availability of disaggregated data remained a challenge in 2018 and impacted the ability to measure performance. UNICEF Zambia is committed to supporting the Government to develop sectoral management information systems for improved generation and use of timely and accurate data for decision-making, including with appropriate disaggregation. Data availability will further enhance sector planning and service provision. UNICEF will also leverage resources and support from other development partners for improved evidence generation and use this to drive change for children. UNICEF will pursue a learning approach for the implementation of the integrated programmes and ensure that they are accompanied by an evidence generation agenda.

A number of UNICEF-supported initiatives have not had a strong element of demand creation, which has at times been ad hoc and unsystematic. Low levels of community engagement for social accountability hamper the ability of rights-holders to demand quality services. UNICEF will utilize communication for development approaches and work with community leaders and traditional chiefs to promote behavioural change and social accountability.

The cholera outbreak in 2017-2018 provided lessons for more proactive and risk-informed programme planning. The delivery of education services to school-going children was delayed as schools remained closed following a government directive at the peak of the cholera epidemic. UNICEF and partners have agreed to plan well ahead of the next rainy season to ensure smooth programme implementation and mitigate bottlenecks and risks going forward. This has demonstrated a strong need to strengthen the integration of risk reduction and emergency preparedness and response into regular developmental programming. The refugee response in the Mantapala settlement, particularly construction-related activities (including WASH), experienced major delays due to poor accessibility during the rainy season. There were issues related to the high groundwater table. This calls for careful site selection of the refugee settlements with due consideration to the accessibility and assessment of ground water conditions. This also affected the rate at which refugees were moved from the transit centre in Kenani to the designated settlement. Development partner investments for the transit centre were reduced as the focus shifted to investments at the settlement. Another lesson learned relates to the need to systematically create space for affected people to voice their distinct needs and use feedback to inform design and provision of services and take corrective measures.

A further constraint on programming in 2018 was its geographical spread, particularly with regard to service delivery. The population density (23 people per square kilometre), compounds this, making it challenging and expensive to provide and monitor services, particularly in rural areas. UNICEF Zambia will undertake an analysis of its geographic spread and propose a more rational approach.

Through the Mid-Term Review and Mid-Term Management Review processes conducted in 2018 jointly with Government and UN partners, the strategic direction of the country programme was aligned with the 7NDP. The review process reaffirmed a commitment to a child-centred, integrated, multisectoral approach in the areas of early childhood development, programming for adolescent girls and boys, and multisectoral nutrition programming. All staff participated actively in the Mid-Term Review exercise, through consultative meetings at key stages, and as members of discussion groups on thematic papers. Clear steps were established for the management review process to ensure transparency and genuine participation of staff in the proposals for change. In follow-up, UNICEF Zambia focussed on the necessary procedures to support staff through the change process. The review process resulted in structural changes, including the creation of 22 posts, offset by 21 abolished posts (of which 11 were vacant), representing a net increase of one post.

The office maintained a strong focus on human resources and staff well-being throughout the year, notably through staff retreats and team-building efforts in follow up to the global staff survey. UNICEF led the development of a revised Business Operations Strategy (BOS) for the United Nations Working Together in Zambia, which covers the period 2018-2021. The new approach to implementing the BOS includes Common Working Groups for each of the areas of operations that are comprised of staff from across agencies. Results matrices and annual workplans were developed to guide Working Groups activities. Challenges remain, however, in both motivating enough attention to the common activities and in measuring impact across multiple different resource planning systems.

A number of challenges noted required significant management attention during the year. Priorities for 2019 include ensuring that the office has improved systems for oversight,

monitoring, reporting and responding to similar issues should they arise. Specifically, 2019 priorities include: financial risk management, value for money and programme monitoring; resource mobilisation and partnership management; staff wellbeing and inclusion, and; emergency preparedness. Building on the support and guidance already received from the UNICEF Eastern and Southern Africa Regional Office effective systems will be established for managing fraud reporting and response, as well as for prevention, reporting and response to sexual exploitation and abuse.

END/