Executive Summary

In 2014, the political situation in Zambia was marked by the passing away of President Sata and the subsequent preparations for an interim presidential by-election scheduled for 20 January 2015. Preliminary findings from the 2013-14 Demographic and Health Survey revealed that child mortality had reduced from 119 in 2007 to 75 deaths per 1,000 live births. Neonatal and infant mortality continue to represent the larger share of child mortality and immunization coverage is not improving. Despite a five percentage point reduction, stunting remains high at 40 per cent.

The Government, with support from UNICEF, finalized the Situation Analysis of Children and Women which informed the Common Country Analysis that will serve as the basis of the preparation of the 2016-2020 United Nations Partnership Framework. It will also inform the next National Development Plan.

The Government of the Republic of Zambia (GRZ) demonstrated continued commitment to addressing poverty and vulnerability among the poor and most vulnerable population in 2014 when the Cabinet approved the National Social Protection Policy. UNICEF Zambia supported the drafting of the policy and provided technical assistance for the scale-up of the Social Cash Transfer Programme (SCT), which is the flagship of this policy, resulting in an increase in the number of beneficiary households from 60,000 in 2013 to around 145,000 in 2014. A multi-year cash transfer impact evaluation conducted jointly by Government and UNICEF since 2010, revealed that the cash transfers enhanced resilience, food security, and facilitated livelihood improvements through productive investments and local economy effects.

In 2014, the Government and UNICEF continued the implementation of the inception phase of the European Union-funded Millennium Development Goals Initiative (MDGi) aimed at accelerating progress towards maternal and child mortality reduction in 11 highly populated districts of Zambia.

The Government revised the National HIV/AIDS Strategic Framework prioritizing proven high impact interventions to reduce new infections and treatment for women, children and adolescents living with HIV. Through UNICEF support and advocacy, the Government secured US$152 million from the Global Fund for AIDS, Tuberculosis and Malaria, of which 40 per cent is allocated for paediatric and adolescent HIV programming.

Towards promoting school readiness for children three to six years old, the Government, with UNICEF support, adopted its’ first ever Early Childhood Education policy and curriculum, and established a multi-sectoral National Early Childhood Development coordinating committee.

The Government, in partnership with UNICEF, commemorated the 25th anniversary of the Convention of the Rights of the Child (CRC@25). CRC@25 advocacy included contributions of over 2,000 children who painted the Journey in History, a one kilometre long painting celebrating children’s rights in Zambia. This culminated with the launch of the State of the World Children report with the Parliamentary Caucus on Children.
The scaling-up of community based hygiene and sanitation allowed reaching over 2.1 million new users of improved sanitation while raising the practice of hand washing with soap or ash from 8.6 per cent to 59 per cent in target communities in 67 districts. In 29 districts, the scaling-up was backed-up by an innovative mobile-to web surveillance system covering a population of two million, which has resulted in greater accountability, better data quality, and high cost efficiency per village targeted.

The number of birth registration desks in health facilities increased from 95 in 2013 to 152 in 2014, resulting in 22,883 children being registered and 10,542 issued with certificates; compared to 3,359 and 2,168 respectively, in 2012.

As Zambia demonstrates progress on Millennium Development Goals (MDGs), the challenges affecting women and children include the quality and coverage of social services and widening disparities. Other challenges include critical shortages of trained personnel at all levels and social sector financing. In addition, limited capacity in the Government procurement and logistics management system led to shortage of essential paediatric HIV care drugs and supplies. Due to this, the number of children living with HIV accessing antiretroviral therapy reduced from 49,416 in December 2013 to 44,985 in 2014.

UNICEF Zambia expanded its strategic partnerships to leverage results for children. A UN technical working group, chaired by UNICEF, was established to coordinate nutrition interventions and support the Scaling up Nutrition (SUN) initiative. UNICEF Zambia also forged a new partnership with the Ministry of Chiefs and Traditional Affairs, a critical ministry in addressing social-cultural issues, such as, child marriage. This strengthened the collaboration with the United Nations Population Fund (UNFPA), other UN agencies, and non-governmental organizations (NGOs).

**Humanitarian Assistance**

While Zambia does not face chronic emergencies, the country experiences frequent localized droughts and floods, which affect food security in the affected districts. The annual rainy season (October to April) often leads to flooding and increased risks of outbreaks of waterborne diseases. Recurrent food and water crises have exacerbated the impact of HIV and AIDS, and the social and economic vulnerability of households, particularly in rural communities. This, in turn, undermines the development gains and increases disparity.

In 2014, some of the humanitarian situations that needed response in Zambia included flash floods that resulted in displacement of population and disease outbreaks. Cholera outbreaks (62 cases) were reported in Northern and Central provinces; and Typhoid fever cases were reported on sporadic basis in Lusaka, Copperbelt, North-Western, Muchinga, Northern and Eastern provinces. A mild drought was experienced in the southern part of the country. Some 48 cases of anthrax were reported in Western Province.

The Government has a multi-sectoral coordination forum, the Disaster Management and Mitigation Unit (DMMU), in the Office of the Vice President to mitigate risks and coordinate response. In 2014, with support from UNICEF and other partners, the DMMU conducted a vulnerability and In-depth Needs Assessment in 33 most vulnerable districts. Fourteen of the 33 assessed districts, home to 351,267 people, were found to be eligible for a food relief programme. Other recommendations of the assessment included action to strengthen malaria control, water quality monitoring and improved sanitation as part of development programme.
Through UNICEF support, epidemic-prone districts were identified and supported to pre-position water, sanitation and hygiene (WASH) emergency supplies in 2014. UNICEF provided 25,000 boxes (with 12 x 250mls bottles each) of liquid Chlorine, 100 bags (50kg each) of granular chlorine and 8,000 boxes (with 20 bars of 800 grams each box) of soap through the Ministry of Health (MoH) to the 26 disease-prone districts. UNICEF also supported the districts with emergency operational funds (US$5,000 each) for investigation, support supervision and response activities. The support resulted in reduced mortality and averted cholera, with less than one per cent case fatality rates being observed in districts supported with prepositioned WASH emergency supplies and emergency fund.

In terms of imparting knowledge and skills in Integrated Disease Surveillance and Response (IDSR), UNICEF supported the MoH/Ministry of Community Development, Maternal and Child Health (MCDMCH), as well as Lusaka, Northern, Eastern Provincial Health Offices and Defence health personnel to conduct trainings on IDSR. A total of 64 health staff were oriented in the principles of IDSR, a World Health Organization (WHO) initiated strategy aimed at improving the ability of districts to detect and respond to diseases and conditions that may cause high level of morbidity, disability and mortality. The training proved useful to the surveillance and public health personnel involved in the disease outbreak detection, investigation, response, evaluation and feedback.

Though the country office does not have a large scale emergency programme, the emergency risk assessment resulted in identification of drought and epidemics (Plague, Anthrax and Sleeping sickness) as immediate threats, then Epidemics (Cholera and Typhoid) and floods/landslides as medium threats, and influenza and epidemic (Ebola) as sudden threats. This emergency risk assessment priority resulted in the high levels of 80 per cent to 100 per cent updating of internal key action, early warning and preparedness sections of the UNICEF’s online Early Warning Early Action monitoring and action.

Following the outbreak of Ebola Virus Disease (EVD) in West Africa and in the neighbouring Democratic Republic of Congo, the Government, under the leadership of MoH, initiated action on epidemic preparedness and planning. UNICEF, through the United Kingdom’s Department of International Development (DFID) funding supported the Government of Zambia to conduct trainings for 10 provincial teams for 100 experts (physicians, surveillance, nursing, laboratory, and environmental health and disease control specialists) in EVD preparedness and response. UNICEF provided technical support to the Ministry of Health on EVD epidemic preparedness and response. All the districts in seven provinces deemed likely to be affected were supported technically and financially to develop district epidemic preparedness plans with a particular emphasis on EVD preparedness.

**Equity Case Study**

Over 60 per cent of Zambia’s population live in poverty. Despite sustained economic growth of more than five per cent per annum over the past decade, these high levels of poverty have persisted. Contributing towards the goal of reducing persistently high poverty rates and to break the intergenerational transmission of poverty, the Government of Zambia with support from UNICEF and other cooperating partners, has been intensifying its social protection response over the last few years.

This social protection response has included the implementation of four different cash transfer schemes in 19 districts under the umbrella of the Social Cash Transfer Programme. Noteworthy among the four schemes, from a child rights perspective, is the Child Grant Programme (CGP),
implemented in three districts, which targets households with children under five years of age, and like the other schemes, entitles beneficiary households to about US$11 per month.

The provinces that were selected for the CGP – Western Province and Northern Province – are among the poorest in Zambia. The 2006 Living Conditions Monitoring Survey (LCMS), which had the latest data available at the time the CGP was rolled out in 2010, showed that poverty rates were highest in Western Province and Northern Province, at 83 per cent and 79 per cent respectively, much higher than the national average of 63 per cent. The two provinces also had higher than average rates of extreme poverty, which stood at 43 per cent nationally, but 65 per cent in Western Province and 58 per cent in Northern Province. Furthermore, the average number of meals consumed by a household per day (an important variable as the cash transfer amount for the CGP was based on the cost of an additional meal a day for an average-sized household) was lower than the national average in the two provinces, where less than 35 per cent of households were having three meals a day, while the national average was 47 per cent.

The districts chosen for the CGP - Kaputa in Northern Province and Shangombo and Kalabo in Western Province – are among the most remote districts in the country. All three districts require a minimum of two days of travel by car to reach from the capital, Lusaka. Since Shangombo and Kalabo are cut off from Lusaka by a flood plain that turns into a river in the rainy season, they can be reached only by boat during some months of the year. Though very hard to reach, the Government chose to start the CGP in these districts because they have the highest rates of mortality, morbidity, stunting and wasting among children.

Finally, the households selected for the CGP, were those with children under five years old. Children are disproportionately affected by poverty in Zambia. LCMS 2010 data show that from the total population 0-18 years old in Zambia, 65 per cent live in poverty (while the overall national average is 61 per cent).

This combination of geographical and categorical targeting resulted in a pro-poor or progressive targeting strategy for the programme. While extreme poverty among rural areas was 65 per cent in the 2006 LCMS, the 2010 baseline survey using the Randomized Control Trial (RCT) commissioned by UNICEF to measure the impacts of the programme, found that the extreme poverty rate among beneficiary households (all from rural areas) was 95 per cent. This shows that the poorest of the poor are reached by the CGP.

The results from the 24-months follow-up survey of the RCT, which were released in 2013, showed:

- A poverty gap reduction of 11 percentage points;
- An eight percentage point increase in the proportion of households eating two or more meals per day;
- An increase of 30 percentage points in proportion of children whose basic material needs (shoes, second set of clothes, and a shared blanket) are met, and;
- Increased productive investments by recipient households (including an 18 per cent increase in land operated and a 21 per cent increase in livestock owned).

Based on this evidence, in 2014 the Government increased the annual budget allocated to the Cash Transfer (CT) Programme by an unprecedented 800 per cent, to scale up the programme from 19 to 50 districts. The Government chose to scale up the inclusive model, targeting poor and labour constrained households. UNICEF supported the Government in this massive exercise. Support included development of operational guidelines and training material on
targeting and payment; alignment of the CT Management Information System to the new targeting approach and increased caseload; design and roll-out of a quality assurance mechanism for targeting; and support to data entry. Over the course of the year, the CT programme was rolled out to an additional 31 districts (bringing the total number of districts implementing the programme to 50), and an additional 125,000 households were identified as programme beneficiaries, increasing the total number of programme beneficiaries to about 185,000 households.

Although the decision to scale up CT was accompanied by a decision to use a new harmonized targeting methodology for enrolling new beneficiaries, eligibility for the programme is still driven by equity considerations. In order to become eligible for the programme households must: i) have a dependency ratio (the ratio of household members unfit-for-work due to age, illness, disability or age to adults in the household who are fit-for-work) of three or more; and ii) have poor living conditions, as assessed by the Ministry of Community Development, Mother and Child Health based on the national Household Living Conditions Index. The CT can therefore be expected to continue promoting equity in the years ahead, and increasingly so if the nationwide scale-up is realized.

Challenges included sustaining the growth in budget allocation for the SCT programme, and UNICEF will support advocacy in this regard in 2015. A key lesson learnt was the importance of disseminating results of the impact evaluation at community level. Had this been done in 2014, community perceptions about categorical grants of this nature would have possibly been more positive and resulted in broader political support for the programme.

Summary Notes and Acronyms

AMP Annual Management Plan
ART Antiretroviral Therapy
ARV Antiretroviral
BCP Business Continuity Plan
BNA Bottleneck Analysis
BR Birth Registration
CDC United States Centres for Disease Control and Prevention
CGP Child Grant Programme
CIDA Canadian International Development Agency
CLTLS Community-led Total Sanitation
CMT Country Management Team
cMYP Comprehensive Multi-Year Plan
CPAT Common Premises Administrative Team
CPMP Country Programme Management Plan
CRVS Civil Registration and Vital Statistics
CSC Commodity Security Centre
CSO Community Service Organisation
CT Cash Transfer
CRC Convention of the Rights of the Child
DCT Direct Cash Transfers
DFID - United Kingdom’s Department of International Development
DHIS District Health Information
DMMU Disaster Management and Mitigation Unit
DO Designated Official (of the UN)
DODE Directorate for Open and Distance Education
DSA Daily Substance Allowance
ECCDE Early Childhood Care, Development, and Education
ECD Early Childhood Development
ECE Early Childhood Education
EID Early Infant Diagnosis
EMIS Education Monitoring Information System
EMLIP Essential Medicines and Logistics Improvement Programme
EPI Expanded Programme on Immunisation
ES Environmental Sustainability
EVD Ebola Virus Disease
GBV Gender-based Violence
GPS Global Positioning System
GRZ Government of Zambia
GSSC Global Shared Services Centre
HACT Harmonised Approach to Cash Transfers
HSS Health Systems Strengthening
IDSR Integrated Disease Surveillance and Response
IMEP Integrated Monitoring and Evaluation Plan
IPV Inactivated Polio Vaccine
LCMS Living Conditions Monitoring Survey
LTAs Long Term Agreements
M2W Mobile to Web
M&E Monitoring and Evaluation
MCDMCH Ministry of Community Development, Mother and Child Health
MDGI Millennium Development Goals Initiative
MDGs Millennium Development Goals
MESTVÉE Ministry of Education, Science, Vocational Training and Early Education
MGCD Ministry of Gender and Child Development
MLGH Ministry of Local Government and Housing
MIS Management Information System
MNP Micronutrient Powder
MoH Ministry of Health
MORSS Minimum Operating Residential Security Standards
MOSS Minimum Operating Security Standards
MSL Medical Stores Limited
NFNC National Food and Nutrition Council
NGO Non-Governmental Organisation
NSPP National Social Protection Policy
O&M Operations and Maintenance
ODF Open Defecation Free
OMT Operations Management Team
ORE Other Resources Emergency
ORR Other Resources Regular
OVP Office of the Vice President
PMTCT Prevention of Mother-to-Child Transmission (or HIV)
PSA Public Service Announcement
RCSA Risk and control self-assessment
RCT Randomized Control Trial
RMNCH Reproductive, Maternal, Newborn, and Child Health
RNASF Revised National HIV/AIDS Strategic Framework
UNICEF Zambia supported the Ministry of Finance together with Central Statistical Office to establish a web-enabled database based on DevInfo technology, ZambiaInfo, to report on and monitor human development indicators and progress on the national development plan.

UNICEF Zambia supported decentralization capacity with continuous technical support provided to 67 targeted districts. Three technical advisors supported capacity building in three provinces whilst four national experts were deployed in three key line ministries. This support ensures that appropriate coordination, planning and reporting is implemented on a routine basis contributing to support stakeholders bringing the change at grassroots level. Moreover, UNICEF supported the standardisation of operational approaches for both School WASH and Community-Led Total Sanitation (CLTS): designs, methodologies and Monitoring and Evaluation (M&E)/Reporting frameworks were standardised and disseminated throughout the country together with appropriate capacity building of operational stakeholders at grassroots level.

UNICEF Zambia supported the Child Ambassador initiative, training more than 1,000 Child Ambassadors who reached more than 2,500 children through their peer-to-peer activities and radio programmes on climate change and life-skills.

Support was rendered to the Ministry of Education, Science, Vocational Training and Early Education (MESTVEE) to train peer educators, teachers and 800 community members who reached over 130,000 children in life skills, psychosocial care and support, and sexual and reproductive health education. Eighty one Government officials from three provinces were trained on the new curriculum and standards guidelines, 513 officials on inclusive education programming in Western Province, 80 teachers in Comprehensive Literacy Improvement methodologies in Eastern Province, and 20 members of Zambia National Education Coalition from six provinces on a newly developed Gender Monitoring Tool.

In remote districts of Western Province, 80 health, and water and sanitation staff and community
members were trained in dissemination of key hygiene practices messages and peer-to-peer engagement approaches.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF Zambia supported the Government to finalise the Situation Analysis of Children and Women in Zambia which will support discussions on the next National Development Plan. The analysis has enabled the Office to develop a series of life-cycle based analytical papers to guide the integrated approach to programming for the new country programme.

UNICEF Zambia worked on an analysis and documentation of the process, leading to rapid scale-up of the Government SCT programme. The analysis focused on the role of evidence, as generated through the multi-year cash transfer impact evaluation, in combination with policy advocacy and dialogue. The cash transfer impact evaluation enhanced the status of the programme in the Zambian political and institutional landscape.

The Government revised the National HIV/AIDS Strategic Framework, prioritizing proven high impact interventions to reduce new infections and treatment for women, children and adolescents living with HIV. Through UNICEF support and advocacy, the Government secured US$152 million from the Global Fund of which 40 per cent is allocated for paediatric and adolescent HIV programming.

Analysis of Education Monitoring Information System (EMIS) data from 9,000 schools in Zambia show a close correlation between sanitation in schools and education performances for girls: schools with toilets have much higher enrolment ratios, much lower repetition rates and dropout rates, a strong advocacy message for improved learning condition for girls.

Access to facility-level delivery by pregnant women has stagnated over the past two decades, averaging about 47 per cent. Evidence shows that improving institutional delivery rates is essential for reducing maternal and neonatal morbidity and mortality. Research commissioned by MCDMCH and MoH via H4+ and the Demand-Driven Evaluations for Decisions (3DE) research partnership to optimize and assess a planned Mama Kit programme to inform national policy, estimated that a US$4 Mama Kit increased facility deliveries by 44.1 per cent in poor and remote areas. In light of this evidence, the MCDMCH has issued a policy statement instructing all district medical offices to plan and budget for procurement of the kits, as a demand creation strategy to improve facility level delivery by pregnant women.

**Partnerships**

UNICEF Zambia expanded its strategic partnerships to leverage results for children. A technical working group, chaired by UNICEF, was established bringing together all UN agencies to coordinate the intervention in nutrition sector and support the Scaling Up Nutrition (SUN) initiative. UN agencies signed a letter of understanding to reinforce this commitment and confirm nutrition as a flagship issue for the UN in Zambia.

UNICEF forged a partnership with the Ministry of Chiefs and Traditional Affairs to campaign against child marriage and to scale-up community based hygiene and sanitation. UNICEF collaborated with UNFPA, other UN agencies, and NGOs in supporting the national campaign against child marriage.

Together with the Government, UNICEF formed an alliance with GHR, a US based foundation,
to promote alternative care for orphans in Zambia, building on an alliance with a number of NGOs under the overall coordination of MCDMCH.

UNICEF collaborated with MESVTEE, the United States Agency for International Development (USAID) and NGOs, to highlight issues affecting learners in community schools. The partnership convened a national symposium that resulted in MESVTEE providing policy direction on community schools and additional budget allocation towards construction of classrooms in primary and community schools in 2015 financial year.

Through UNICEF Innovation Unit’s node in San Francisco responsible for managing partnerships, UNICEF Zambia engaged with Facebook - Internet.org, a global partnership between technology leaders, non-profit organisations, local communities and experts working together to bring internet to two-thirds of the world’s population. Zambia was the first country where internet.org was launched in, and UNICEF contributed mobile-ready content on Facts for Life; answers to most Frequently Asked Questions by adolescents and youth on HIV and AIDS; and Ebola FAQ. UNICEF also connected Facebook to in-country organizations with programme content that was relevant to women and children.

The Government, in partnership with UNICEF, commemorated the 25th anniversary of the Convention of the Rights of the Child. CRC@25 advocacy included contributions of over 2,000 children who painted the Journey in History, a one kilometre long painting celebrating children’s rights in Zambia. This was synchronized with the launch of the State of the World Children report with the Parliamentary Caucus on Children.

**External Communication and Public Advocacy**

UNICEF Zambia supported the global advocacy events to commemorate the 25th anniversary of the Convention of the Rights of the Child. CRC@25 advocacy included contributions of over 2,000 children who painted the Journey in History, a one kilometre long painting celebrating children’s rights in Zambia. The painting featured prominently in Zambia’s Golden Jubilee celebrations, exposing millions of Zambians to the Convention on the Rights of the Child (CRC) and demonstrating the country’s commitment to children’s rights. This event, presided by the country’s First Lady, culminated with the launch of the State of the World Children report with the Parliamentary Caucus on Children. The event gave children from remote areas of rural Zambia a unique opportunity to voice their concerns to parliamentarians. UNICEF Zambia supported ‘Activate CRC@25 Talk’ which was live streamed on the internet enabling wide dissemination of the views of the panelist across the globe.

The issue of ending child marriages was a key advocacy area and UNICEF Zambia engaged the traditional chiefs/leaders, the Parliamentary Caucus on Children and the print, radio and television media. To promote innovation for children’s rights, the office partnered with Facebook as it launched its ‘internet.org’ app in Zambia – an app that provides free low bandwidth browser to mobile phone users.

UNICEF Zambia supported uploading of the contents of ‘Facts for Life’ and Ebola awareness factsheet prepared by MoH with UNICEF support.

Meaningful two-way communication was advanced on multiple fronts with UNICEF Zambia Child Climate Ambassadors, inspiring thousands of children and adolescents to join “Zambian U-Report” – providing youngsters with a unique way to receive and respond to HIV and AIDS and sexually transmitted infections (STI) issues via a free sms-based platform. A TV Public
Service Announcement (PSA) promoting U-Report, which featured the First Lady, Zambian celebrities and Child Climate Ambassadors was undertaken. The PSA was broadcast on Zambian television and reached thousands of young people through the Country Office YouTube channel. For World AIDS Day, UNICEF Zambia hosted a group of foreign correspondents, leading to U-Report coverage in the BBC World Service, The Guardian Inter Press Service and Agence France-Presse.

South-South Cooperation and Triangular Cooperation

Based on a service delivery model to scale-up hygiene and sanitation interventions developed by Zambia Government with UNICEF support, several stakeholders from neighbouring countries were sensitised and trained to adapt and roll-out similar models. Mozambique, Namibia and Lesotho government counterparts were trained by Zambia experts, and Burundi UNICEF staff conducted missions to learn about the strategy.

An innovative mobile-to-web surveillance system was established in 29 districts to improve the pace and quality of implementation of community-led total sanitation. Identified as a best practice by the UNICEF Regional Office, this innovation is being documented to favour replication in the sub-region.

The MCDMCH, with support from UNICEF, hosted the 2014 annual meeting of the African Community of Practice on cash transfers. The event brought together over 100 participants from 15 African countries who shared hands-on experience on the scale-up of cash transfer programmes and adoption of a systems approach to social protection, ensuring a more coherent response to needs of poor and vulnerable populations. The meeting provided an opportunity for Zambian authorities to receive peer feedback on the current state of the country’s social protection system and, reciprocally, to learn from other country’s experiences.

As part of the Government strategy to improve the national birth registration system, UNICEF Zambia supported a team of eight government officials on a comparative study tour to South Africa and Zimbabwe. Key lessons revealed that in both countries the legal framework provides for decentralised issuance of birth certificates whilst the business process for birth registration was highly automated. All provincial, district and some sub-offices were online and connected to the centre, enabling them to process civil registration certificates in real-time. The team has recommended to the Government to integrate the fragmented registration systems within Ministry of Home Affairs and review the legal framework to provide for decentralised registration and certification of vital events as decentralised issuance of Civil Registration Certificates serves as a major incentive to birth registration.

Identification Promotion of Innovation

UNICEF Zambia has capitalized on the growing internet and mobile connectivity in the country to reach the hard to reach communities and give voice to adolescents and young people. The number of adolescents and youth reached in real time with HIV and health information through the Zambia U-Report initiative increased from 30,000 in 2013 to 74,000 in 2014. The U-report is an SMS-based youth engagement that enables young people to have free and confidential counselling services and where they can ask questions and get answers on HIV, STIs from trained counsellors. The platform gives voice to young people through conducting quick polls on issues such as barriers to accessing reproductive health services. Through a partnership with an NGO, HIV positive young people receive tailored information encouraging them to demand and access HIV services in their communities.
In 2014, UNICEF Zambia continued to consolidate Programme Mwana – a rapid SMS intervention that has achieved a 50 per cent decrease in turn-around time from early infant diagnosis laboratory results and delivering these to the mothers. This is resulting in earlier initiation of antiretroviral therapy treatment for infants in most rural communities and enhancing the chances of survival. Programme Mwana is implemented in 778 rural health facilities across all 10 provinces. It also has a platform dashboard that provides Government programme managers with real-time statistics of programme performance per district. In 2014, 54,313 HIV results were delivered by SMS.

Under the lead of the Ministry of Local Government and Housing (MLGH), with support from UNICEF and its technical partner Akros, mobile-to-web (M2W) has revolutionised the way sanitation and hygiene information is collected in Zambia: it uses low-cost mobile phones combined with simple protocols for reporting and analysis through the District Health Information System (DHIS2) platform. Over 1,500 phones and tablets are operational. In 2014, the system was used in 29 out of 92 rural districts, covering a population of 2,153,788. M2W has resulted in greater accountability, better data quality, and high cost efficiency per village targeted. The Government has the potential to expand the monitoring system to not only create a national WASH management information system, but also to incorporate indicators from other sectors.

**Support to Integration and cross-sectoral linkages**

The design (throughout 2013 and 2014) and subsequent approval in June 2014 of Zambia’s National Social Protection Policy constituted a significant opportunity to engage in discussion with Government officials around cross-sector coordination and integration. Partly as a result of an intense consultation process around policy development, it was increasingly acknowledged that the added value of the new policy is in the potential for improved coordination and linkages: between the numerous social protection programmes and services covered under the policy, as well as between social protection interventions on the one hand and basic social services on the other. As a result, there is a potentially better informed and clear process of budget allocation to various social protection programmes and services. UNICEF Zambia used this to advocate for more balanced budget allocations between cash transfers and crop fertilizer subsidies. The broad policy framework has strong potential for improved connections between social assistance and protection. For example, the role of cash transfers in tackling poverty as one of the structural drivers of child marriage, or the role of social welfare volunteer structures at community level in combining cash transfer delivery and case management and programme referral for vulnerable children and adolescents.

UNICEF Zambia continued to build cross-sector linkages between health and education, notably at the operational level. A total of 535 schools benefitted from WASH interventions. To support WASH in health interventions, standards for assessment and interventions are being developed and operations were initiated in a first batch of 55 vulnerable health facilities.

Momentum increased around solidifying Zambia’s education sector response to School Health and Nutrition, leading to initial efforts at strengthening linkages between education, WASH, health, and agriculture in areas of policy development and delivery of school-based health services and ill-health prevention education. These linkages will be important in implementation of the early childhood parenting programme.

To enhance cross-sector linkages, UNICEF Zambia produced life-cycle based analytical papers for three different age groups (0-5, 6-10, and 11-18) as a starting point for the development of the next Country Programme.
Service Delivery

Supporting Government to deliver essential services is one of UNICEF Zambia core approaches. While most key social services are delivered by the Government, UNICEF’s role remains necessary where institutional capacities for delivery is weak, especially in remote rural locations.

Health staff in 439 health facilities in low performing districts of four provinces were trained on planning and management of routine immunization services; 30 health facilities were provided with essential medical supplies and equipment; and 65 technicians were trained on cold chain equipment maintenance. These actions ensured 2.6 million children accessed routine immunization services.

The Government, partnering with UNICEF Zambia, trained health workers on the national 1000 days package on Infant and Young Child Feeding (IYCF). UNICEF Zambia supported the Government to train 120 healthcare workers in four provinces on new guidelines and protocols on treatment and prevention of HIV infection.

Around 100,000 people gained access to safe drinking water following construction and rehabilitation of boreholes through UNICEF support. For operation and maintenance, 100 area pump minders and 761 village WASH committee members were trained in maintenance of Afridev pumps. Over 1,260,000 people accessed improved sanitation and 2,560 villages were verified as open defecation free. Over 270,000 school children in 535 schools benefitted from school WASH interventions.

UNICEF supported Government to strengthen education service delivery in early childhood education (ECE) through increased teacher training, production and distribution of teaching and learning materials, and support to roll-out the new ECE curriculum. In five target provinces, UNICEF supported the training of 264 ECE teachers and the provision of 54,000 learners’ workbooks and teacher’s guides, benefitting some 13,000 young children. With UNICEF support, Zambia has seen an increase in the proportion of early learning centres with at least one trained teacher for 0 per cent in 2013 to 50 per cent in 2015.

UNICEF supported Government to conduct a rapid assessment of birth registration desks in 95 health facilities. As a result more desks were established and the births of 22,883 children were registered and 10,542 were issued with certificates.

Support was provided to mitigate the risk of Ebola Virus Disease outbreak in Zambia as well as pre-positioning and preparedness against water-borne disease outbreaks.

Human Rights-Based Approach to Cooperation

UNICEF Zambia ensured that its programme implementation responded to normative, non-discrimination and participation principles.

Normativity of the programme was enhanced by supporting the Government review various policies and laws including Births and Deaths Registration Act, Minimum Standards of Care for Child Facilities, National Policy on Social Welfare and Gender and child policy. The review for Births and Deaths Registration Act included identification of gaps in the provision of the international standards, birth registration as a birth right, and non-discrimination and accessibility. Support, both technical and financial, was provided for implementation of Articles
37 and 40 of the CRC, by developing tools for monitoring the conditions of children in detention facilities.

UNICEF Zambia enhanced the non-discriminatory delivery of its programmes through innovative approaches in water, sanitation and hygiene. The Government was supported to put in place a service delivery model, allowing for exceptional scaling-up of household hygiene and sanitation, with more than 2.1 million new users of improved sanitation in the past two years. On this basis, the Government committed to reach Open Defecation Free Zambia by 2020 and therefore achieve universal access to sanitation. The Government was also supported to reduce delivery costs of manual drilling for water and building of latrines in schools, cutting the costs by one-third and one-fifth, respectively, enabling them to reach more marginalized populations.

Participation of rights holders was enhanced through dissemination of knowledge. In health and education, UNICEF Zambia supported the Government in hosting a high level international symposium on adolescents. This was attended by over 180 delegates from over 29 countries. The youth engaged in advocacy and dialogue on key youth Sexual Reproductive Health Rights (SRHR) aspects. This enabled the development and presentation of a call to action on investment in adolescent SRHR/HIV in the post-2015 agenda.

The 2011 Education Act was simplified and translated into English and seven local languages, promoting, the ability of stakeholders to hold the Government accountable on the delivery of provisions contained in the Act.

UNICEF Zambia supported Government to pilot decentralized services on birth registration in three of Zambia’s 10 provinces.

**Gender Mainstreaming and Equality**

Based on available data, HIV infection among adolescent girls is higher than boys (although increasing among boys); about 42 per cent of girls get married and/or pregnant before age of 18, and survival rates of girls in school drop from 81 per cent at end of grade five to 36 per cent at end of grade nine. Because of this data, UNICEF Zambia identified the empowerment of adolescent girls and boys as critical to achieving development goals, including gender equality. In order to achieve this, UNICEF supported the national Campaign against Child Marriage.

To improve knowledge on the dynamics leading to child marriage, UNICEF Zambia is conducting qualitative research which will inform national strategies and programming. Data was collected and the validation of findings will take place in February 2015. The cost of the study is US$160,000, including preparation and validation meetings. UNICEF Zambia, through the leadership of the Child Protection, gave technical and financial support to the National symposium on Ending Child Marriage.

As a contribution to the MDGi programme, which aims to reduce maternal and infant mortality, UNICEF Zambia developed a teenage pregnancy reduction and mitigation strategy. The strategy aims to reduce and mitigate the impact of teenage pregnancy and new HIV infections among adolescents. To inform the strategy, a U-report poll was held on teenage pregnancy, and findings from the child marriage research will be used to refine the strategy.

A bottleneck analysis (BNA) conducted by UNICEF Zambia on barriers to girls’ education, revealed lack of girls’ toilets as cause for drop out and an uneven distribution of teachers. UNICEF is working to leverage the BNA findings in dialogue with Government and with
development partners, feeding into a World Bank cross-sectoral study on the situation of adolescent girls in terms of schooling options, transition to labour market, sexual and reproductive health, maternal and child health needs, and early childhood development (ECD) needs. UNICEF is currently promoting the establishment of a technical working group, led by the Ministry, to take forward the planned development of a Gender Strategy with a focus on girls’ education in 2015. The BNA will inform the development of this Strategy.

Environmental Sustainability

UNICEF Zambia contributed to environmental sustainability by securing child health and well-being, improving resilience to climate change among vulnerable communities and by developing approaches and standards that have a decreased impact on the environment. By supporting large scale interventions to improve access to sanitation facilities and promotion of related measures for personal hygiene, environmental sanitation and vector control, UNICEF contributed towards decreased burden of infections transmitted through open defecation – including diarrhoea. The use of community-based approaches empowered communities to build their capacity for resilience to environmental and epidemiological threats.

In the area of water supply, UNICEF contributed to the promotion of manual drilling, reducing the cost of borehole construction in suitable areas by more than 70 per cent and allowing to provide safe drinking water in hard-to-reach places, notably for communities living on islands and flooded areas where drilling rigs cannot go.

UNICEF Zambia advocated for the Government to adopt new standards for school latrines, allowing access for disabled persons and decreasing the cost by five times (from US$2,500 to US$500 per latrine. This represents a saving of more than 50 bags of cement per latrine block, and 6,750 tonnes of carbon - based on energy used in a cement kiln (along with additional carbon savings associated with transport).

Key priorities, identified in collaboration with the United Nations Development Programme (UNDP) are to contribute further to environmental sustainability included support to studies and analysis to qualify key environmental issues in Zambia such as deforestation, teachers' knowledge on environmental sustainability by updating teacher training and school curriculum, and supporting more in-depth analysis of cholera patterns in Zambia for improved prevention measures.

UNICEF Zambia’s child climate ambassadors contributed to raising awareness nationally about climate change by using interpersonal communication and radio programmes, reaching tens of thousands. Zambia’s environment was improved by the ambassadors planting more than 500 trees and by their efforts in disaster risk reduction, recycling, school gardening, water harvesting and neighbourhood clean-ups. UNICEF will continue to raise awareness of children on the issues of climate changes and environmental challenges, through interventions in schools (Education and WASH Programmes) and through the mobilisation of climate change ambassadors.

Effective Leadership

The Annual Management Plan (AMP) was updated for 2014 with an emphasis on risk management. The AMP focused on eight key management results, covering partnerships, risk management, knowledge management, subnational presence, innovation, staff learning and development, efficiency, and staff welfare and well-being. Good progress was made across
most results, with the intention to consolidate in 2015, in preparation for the new Country Programme 2016-2020.

Reflecting the emphasis of the AMP, 2014 was a year with a significant focus on systems and processes around programme and operations management. During the year, the office conducted risk and control self-assessment (RCSA) exercises over a number of key areas, with the help of an experienced consultant. The participatory reviews highlighted a number of areas for improvement that have been incorporated into revised Standard Operating Procedures (SOPs) for implementation as of January 2015. While the RCSA exercises focused on five key areas, the work on improving SOPs will continue in 2015 to ensure that all significant workflows are updated. As a result, the office closed the year with strengthened and well-documented work processes in line with corporate attention to risk management.

To maintain oversight of compliance with the new procedures, and to support the preparation, coordination and follow up to internal audit processes, regional peer reviews, and donor due diligence visits, the office plans to re-establish the Audit Committee in 2015. Building on the RCSA exercises conducted in 2014, and the on-going situation analysis, the office will update the Risk and Control Library and Risk profile in the first two months of 2015, in line with the new reporting guidance, and to inform the new Country Programme plans.

The CMT met on a monthly basis throughout the year, maintaining a standard agenda and review of key performance indicators. Statutory committees were in place and functioned well throughout the year. A Mid-Year Review will be held in January 2015, to review progress against the AMP priorities, to set out key areas for management focus in 2015, and to inform the Country Programme Management Plan (CPMP) for 2016-2020. All the audit recommendations are closed, and the office periodically reviews to ensure that the actions taken are sustained.

The office continued to maintain its capacity to respond to emergencies. An Emergency Task Force is in place with representatives from each section in programme and operation, supported by an Emergency Specialist who coordinates with the Government Disaster Management and Mitigation Unit. The Business Continuity Plan (BCP) was tested and an action plan prepared to address some weaknesses found through the testing process. The revised BCP will be adopted as part of the AMP for 2015.

**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 office monitored expenditure of all expiring grants in 2014, while three grant extensions were requested and approved.

The country office provided leadership in implementation of the Harmonised Approach to Cash Transfers (HACT) as the chair of the UN HACT Working Group. The internal HACT committee continued to provide guidance on improving efficiency and management of HACT processes and participated actively in the review of HACT processes during the risk self-assessment. The office established a HACT Manager post for active support and coordination of activities. The HACT plan and partner database in VISION were updated with risk ratings based on completed micro assessments. Ten new partners were micro-assessed, 27 spot checks were conducted for high to medium rated partners while 26 partner staff received orientation on HACT and good financial management practices. The office is also in the process of completing the solicitation
process for an audit firm to conduct audits beginning in the first quarter of 2015. The outstanding Direct Cash Transfers (DCT) of nine months and older is one per cent while six to nine months outstanding DCT is four per cent of the total outstanding DCT as at the end of 2014.

All bank reconciliations were completed, uploaded and approved in VISION within the UNICEF Division of Financial and Administrative Management deadlines, with regular follow up of the reconciling balances. A number of errors on the part of the bank were identified through the process, which allowed for timely follow up and resolution. Monthly financial closure and review of accounts was performed in 2014.

**Fund-raising and Donor Relations**

In 2014, UNICEF Zambia mobilized an estimated US$16,800,000 in Other Resources-Regular (ORR) through engaging with donors and sharing funding proposals and concept notes, and by proactive engagement with collaborative partners. A total of 32 funding proposals were developed, of which 14 were successful. Key donors included: National Committees for UNICEF (Italy, Ireland, United Kingdom) and Governments (United Kingdom, Finland, Canada, Sweden, and Ireland). Other partners included the GHR Foundation (a US-based foundation), the United Nations Girls Education Initiative/Global Partnership on Education, and the UNICEF Office of Research. Global thematic funds were also received, particularly for Education and Child Protection programme areas.

UNICEF supported the Government’s successful application of a US$152.5 million proposal to the Global Fund for the next three years towards the national HIV and TB response, of which 40 per cent will go towards paediatric and HIV programming.

The CMT monitored the status of donor reporting schedules as a standing agenda item. UNICEF Zambia submitted 53 donor reports in 2014, of which 50 were sent on time and three were sent late.

The total funding allotment for the year was US$43,857,453; of which US$34,430,753 was ORR. The fund utilisation was 99 per cent. ORR was optimally utilised to achieve planned programme, management and governance outcomes.

The CMT members maintained constant contacts with the donor community at technical, policy and representational level, to mobilize resources for the country programme and to leverage results for children in Zambia.

UNICEF Zambia initiated a review of workflow processes for donor reporting and funding proposals preparation. The office resource mobilization strategy is under review and will be finalized in the first quarter of 2015.

**Evaluation**

UNICEF Zambia continued to utilise the Integrated Monitoring and Evaluation Plan (IMEP), to plan and prioritize strategic research and evaluations. An effort was made to align the IMEP activities to the Results Framework, developed after the 2013 Mid-Term Review. A total of 72 IMEP activities were planned, of which 16 were completed. Five evaluations were planned costing US$3,667,429, representing 29 percent of the total cost of all IMEP activities.

All five evaluations planned are ongoing and scheduled for completion in 2015. These are;
• Zambia U-report Impact Evaluation, determining the effects that U-report SMS platform has had on demand for and utilization of voluntary medical male circumcision among adolescents;

• Zambia U-report Evaluation aimed at generating evidence about ways in which programme strategies and interventions have contributed to measurable changes in knowledge, behaviour, and utilization of HIV services;

• the Interactive Radio Instruction (IRI) Evaluation, assessing the effectiveness of the methodology in providing ECE services;

• SCT Impact Evaluation, and;

• Impact Assessment of Sanitation and Hygiene programme, assessing programme impact.

The general approach taken for the evaluations is goal-based and for an assessment of social impact of interventions. Independence and impartiality are prerequisites for credibility of evaluations and the office strived to ensure that evaluations are conducted with the absence of bias both in scope and methodology. The establishment of reference groups helped achieve this, as well as the office request that all inception reports provide a clear description of the methodology that explains how the evaluation will specifically address the evaluation criteria, yield answers to the evaluation questions, and achieve the evaluation purpose.

Once completed, these evaluations will be important agents of change and play a critical role in making better decisions about programme direction, the allocation of resources as well as provide evidence to facilitate policy dialogue and advocacy.

Efficiency Gains and Cost Savings

As a member of the local UN Operations Management Team (OMT) and Common Premises Administrative Team (CPAT), UNICEF continued to benefit from significant economies of scale realised as part of the UN Delivering as One strategy. Benefits included common long term agreements (LTAs), duty free fuel, common conference rooms, provision of rent–free offices, security, building maintenance, repairs and maintenance of equipment and motor vehicles. Further efficiencies were gained due to reduction in staff time to evaluate bids, contract negotiation, and awarding of contracts.

The Zambia country office is housed within the UN House which enables cost sharing mechanisms in many aspects. As a result, the office is not subject to the commercial rates currently prevailing at US$25 per square metre per month around the Lusaka Central Business District. The current office space requirement for UNICEF Zambia of almost 2,500 square metres, due to increased staff recruitment, would cost almost US$750,000 per annum in commercial premises. With the UNICEF contribution to UN common services being around US$300,000 per annum, this translates into an estimated savings of US$450,000 per annum.

All supplies purchased locally were wholly exempt from 16 per cent Value Added Tax (VAT) as stipulated in the Basic Cooperation Agreement, and all supplies procured abroad through UNICEF Supply Division were also exempt from all import duties and taxes, translating into significant savings. The VAT on vehicle repairs and maintenance and contributions towards maintenance of office premises amounted to approximately US$50,000 was saved.

Approximately US$15,000 of Daily Substance Allowance (DSA) was saved by the joint decision between management and the Staff Association to hold a staff retreat on a full board basis, but without payment of the miscellaneous costs portion of the DSA. The savings were used to fund
an individual self-assessment questionnaire and report, as an investment in each staff member’s personal development.

**Supply Management**

UNICEF Zambia supply function played a key role in programme implementation. Support was mainly based on service delivery which included all components of supply chain management, focusing on supply plan forecasts, procurement of supplies and contracting of services. Service contracting made up 52 per cent of the value of all UNICEF procurement, while programme supplies represented 46 per cent, and operational supplies two per cent of transactions. The total value of UNICEF supplies and services was over US$10.8 million, consisting of:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Value (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Supplies</td>
<td>4,951,796.00</td>
</tr>
<tr>
<td>Contracting of Services</td>
<td>5,695,404.40</td>
</tr>
<tr>
<td>Operational Supplies</td>
<td>178,251.94</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,825,452.35</strong></td>
</tr>
</tbody>
</table>

Service delivery, including supplies channelled via Procurement Services, reached a total amount of US$68.1 million, with UNICEF procurement of supplies and contracting of services being 16 per cent, whilst the value of supplies channelled via Procurement Services represented 84 per cent. The total value of supplies procured via Procurement Services was US$57 million. UNDP Zambia-Global Fund, Ministry of Community Development and Mother and Child Health and Zambia-Global Alliance for Vaccines and Immunisation (GAVI) had the highest share of Procurement Services.

To enhance the strategy for sourcing qualified suppliers and in-country logistics, the office developed a web-based sourcing project innovation to set up an electronic system that will enable suppliers to apply for registration through an online platform. In-country logistics data collection by Global Positioning System (GPS) started with the aim to improve logistics monitoring.

As part of its support to supply chain strengthening, in partnership with the Ministry of Health, UNICEF provided support to the Essential Medicines and Logistics Improvement Programme (EMLIP) roll-out, and the development of Zambia Medicines Management controls at the Medical Stores Limited. UNICEF Zambia supported the development of a national supply chain strategy for adoption by the Ministry of Health.

**Security for Staff and Premises**

There were no significant security events in 2014. The national mourning of the late President who passed away on 28 October 2014 and subsequent political campaigns to elect a new President, have been without major incident. The Presidential election is scheduled for 20 January 2015.

The UN CPAT in conjunction with United Nations Department of Safety and Security (UNDSS) and as approved by United Nations Country Team (UNCT) and the Designated Official (DO), worked out a number of security improvements for the UN Common Premises that included the changeover of the security firm providing security to the UN premises and residences of international staff. The changeover was very smooth and the services now provided are considered satisfactory.

The CPAT also engaged the services of an architectural firm that worked with the United Nations Volunteer Project Manager to design effective security enhancements and screening
rooms for the UN House, for both motorists and pedestrians. The plans have been approved, the adverts for the contractors placed in the local newspapers, and the bids are in the process of being evaluated. The actual construction works will begin in early 2015. These initiatives enhanced and will further improve the security of all staff and visitors in the UN compound and at their residences in the case of international staff. Standard Operating Procedures for access control were developed and adhered to by all staff members, visitors and contractors in the UN compound. All visitors need to be accompanied by the staff member they are visiting or if unavailable, by the contracted security firm’s staff. All local contractors are accompanied by security guards.

The UNDSS headquarters approved a new Minimum Operating Security Standards (MOSS) and Minimum Operating Residential Security Standards (MORSS) effective 26 September 2014. Amongst others, the changes removed the panic button entitlement for international staff, following an update to the security risk assessment that confirmed that Zambia has a security level of low, with minimal risk to staff security. In addition, these services are commonly provided by the landlords after negotiations between the two parties. Additional security measures have been provided to female international staff members, and all national staff have been encouraged to engage the services of the UN security contracted firm with payments for such services being done via the Local Staff Association Account after being deducted from the staff members’ payroll.

The office implemented revised Safe Travel Guidelines for field travel aimed at reducing the number of road traffic accidents in the countryside and on major roads. This, combined with the Defensive Driving and Security Training conducted for all drivers at the beginning of the year resulted in zero major accidents in 2014. UNICEF Zambia also conducted First Aid Training for all drivers and frequent travellers (a total of 60 staff) to ensure that all travellers are aware of how to apply these techniques whilst on duty travel and also for their own personal security.

**Human Resources**

UNICEF Zambia continued its results-based approach in human resources management in line with global strategic direction. A number of changes in the staffing structure were implemented in 2014, reflecting the adjustments made during the Mid-Term Management Review in 2013, and to requested post changes, notably in the Health and Nutrition programme, to reflect the human resources needs of flagship programmes. The magnitude and complexity of the programming context demands high level positions, with changes made in partnership with the donor.

The office also undertook a comprehensive review of job functions and workloads that would result from the rollout of the Global Shared Services Centre (GSSC). The resulting submission to the Regional Programme Budget Review committee was accepted in full.

Recruitments of both Fixed Term and Temporary Appointments at all levels took into consideration staffing mix in terms of profiles, gender and geographical diversity. Vigorous efforts were made to expedite the recruitment process and reduce lead times to attract qualified candidates. Selection Panels and Central Review Board functioned smoothly during the year. The office had an overall gender balance of 55 per cent female staff, while males represented 45 per cent.

High priority was given to staff learning and development. A strategic learning plan for 2014-2015 was prepared and shared with the UNICEF Eastern and Southern Africa Regional Office.
The plan focused on local group trainings that strive to enhance skills at optimal cost per participant. Out of 23 planned group learning activities, 16 were completed (70 per cent).

There was a remarkable improvement in the completion rates of the performance appraisals. As a standing agenda in the CMT meetings, Section Heads were held accountable for the completion rates in their respective sections. As a follow up to last year’s sessions, the office ensured that new staff on board, including those who previously missed the opportunity, attended the Managing Performance for Results training.

The Staff Association together with management agreed on a work plan to address areas where UNICEF Zambia received low scores in the Global Staff Survey in 2012, and actively promoted completion of the 2014 survey. Staff members were encouraged to discuss flexi-time with their supervisors and so far this is working very well. Management continued to work with the Staff Association and through the Joint Consultative Committee to address the concerns of staff. Additionally, the office organised an all-staff retreat to foster the spirit of teamwork and collective responsibility among staff at all levels. The retreat used a self-assessment tool to enable staff to understand themselves and each other better, with sessions linked to ethics and the code of conduct, to reaffirm staff commitment to the principles of UNICEF.

Effective Use of Information and Communication Technology

UNICEF Zambia took advantage of the cloud-based tools to easily access e-mail and shared files. Through Microsoft Outlook and Cisco AnyConnect and new Wi-Fi access within the office, users were able to go online anywhere on any device and log in. Emails, contacts, files and calendars were synchronized across different devices and users as needed, ensuring users stayed more organized and able to collaborate and share among themselves. Lync 2013 provided the office an integrated solution for voice, instant messaging, online meetings and desktop sharing.

Working with the Innovations team, various Information and Communication Technology (ICT) tools were implemented with partners in the different sections. Examples included Programme Mwana, used by the Ministry of Health for the transfer of Early Infant Diagnosis (EID) results to rural facilities via SMS, and U-report, an SMS mHealth platform for engaging with and increasing participation of adolescents around HIV and related issues. In addition, the use of mobile tools that feed into the District Health Information Software are being used by the WASH section to monitor the Community-led Total Sanitation with the Ministry of Local Government and Housing. In addition to the UNICEF Zambia website, the office has a Facebook page with an estimated following of 2,950 people as well as a twitter feed.

The virtualization of the data centre helped the office “go green”. The reduction in the number of physical servers ensured that less energy was expended when replacing obsolete hardware. Using fewer servers meant less energy was needed overall to power them, resulting in a direct reduction of carbon footprint. Indirect energy saving was also attained, as less heat is generated by having a data centre with fewer servers, resulting in lower heat generation and air-conditioning needs.
ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2015, children, mothers and pregnant women have equitable access to high impact interventions contributing to the attainment of MDG targets for child and maternal survival and development.

Analytical Statement of Progress:
Zambia is positively progressing towards meeting maternal and child health Millennium Development Goals. Comparing the 2014 Preliminary Zambia Demographic and Health Survey (ZDHS) report to the 2007 report, the maternal mortality ratio reduced from 598 to 398 per 100,000 live births, under five mortality reduced from 119 to 75 per 1000 live births and newborn mortality reduced from 34 to 24 per 1000 live births. The report further showed an increase in coverage of high impact interventions, whereby contraceptive prevalence rate increased from 41 per cent to 49 per cent, pregnant women attended to by skilled providers during antenatal increased from 94 per cent to 96 per cent; skilled attendance at birth is now 64 per cent from 47 per cent; and fully immunised coverage remained static at 68 per cent.

Health staff in over 439 health facilities in 23 districts across four provinces now have capacity to plan for, mobilise, deliver and review delivery of routine immunization services. UNICEF supported capacity building in delivery of immunization services in low performing districts using the Reach Every District strategy. To boost service delivery, 30 health facilities in five rural districts were provided with medical supplies and equipment, and health workers and midwifery trained. Cold chain equipment was provided to the Government of Zambia, increasing district and health facility vaccine storage capacity by 32 per cent. Also, 65 cold chain technicians had their capacity in maintaining cold chain equipment improved. These actions will ensure 2.6 million children benefit from effective immunizations. Caregivers of children aged under five were reached with messages on immunisation, IYCF, vitamin A supplementation, deworming, birth planning and family planning. This was achieved through radio and TV spots and community engagement meetings.

The outbreak of Ebola spurred Zambia to strengthen epidemic preparedness and response planning. All provinces had a team of 10 experts (physician, surveillance, nursing, laboratory, and environmental health and disease control specialists) trained in Ebola preparedness and response. These provincial teams will train district based staff and offer on-going technical support on Ebola Virus Disease preparedness and response.

Further, 64 health staff from Lusaka, Northern and Eastern provinces are now able to detect disease outbreaks, investigate, respond, evaluate and feedback on the response. Districts in seven provinces were supported technically and financially to develop epidemic preparedness and response plans. Zambia’s concept note to the Global Fund for HIV, Tuberculosis and Malaria was approved assuring prevention and case management of these killer diseases. The inception phase of the EU-supported Millennium Development Goals Initiative was completed, leveraging funds amounting to US$51.6 million for 11 districts containing one-third of the country’s population.

OUTPUT 2 Caregivers and children in targeted districts have knowledge of essential set of behaviours ensuring continuum of health and nutrition care.
Analytical Statement of Progress:
Zambia has many partners who are operating in the country using different processes of communication for engaging caregivers and children on demand creation for child and maternal survival. The most prominent process of communication include use of; mass media (radio and TV), print media (newspapers and magazines), street theatre, community volunteers and social media. In 2014, partners were engaged through the Zambia Alliance for Maternal and Child Health in mapping community service organisations (CSOs) engaged in health promotion programmes and further supported H4+ Districts Community Health Offices (Chama, Chadiza, Serenje, Kalabo & Lukulu) in producing Communication for Development work plans. The communication plans helped the districts to be strategic in program implementation, and further empower the lower level units of the Ministry of Community Development Mother and Child Health to produce, own and manage their communication processes. During the year, District Community Health Offices produced and aired their own communication materials including jingles, during the two rounds of Child Health Week.

OUTPUT 3 Duty bearers at national and sub-national levels have strengthened capacity to deliver and monitor high-impact maternal, newborn and child health (MNCH) and nutrition interventions.

Analytical Statement of Progress:
In 11 districts, a health facility assessment and a community high impact interventions coverage survey were conducted, highlighting a mixed picture of success and failure. Generally, rural districts had a lower coverage of high impact interventions than the urban ones. Distance to health facilities was a major limiting factor to access health services by community members in rural districts. In addition, the community survey showed that few community members cited financial or cultural factors as major bottlenecks to accessing health services. The health facility assessment revealed short comings especially in the area of new born care. The Zambia iCCM study in Eastern Province is now on track, a programme cooperation agreement (PCA) was signed with a local research institution, which has developed a study protocol. The study is scheduled to complete by the end of 2015. UNICEF supported capacity building in delivery of immunization services in low performing districts using the Reach Every District strategy. Thus 439 health facilities in 23 districts across four provinces now have the capacity to plan for, mobilise, deliver and review delivery of routine immunization services.

To further strengthen routine immunization services through the outreach strategy, 17 motorbikes were procured. With support from Japan International Cooperation Agency (JICA), cold chain capacity at district and health facility levels was improved through the procurement of 300 solar refrigerators, 50 electric refrigerators, 500 vaccine carriers and training of cold chain technicians. Using support from GAVI, an immunization programme implementation and surveillance review was completed in combination with a post introduction evaluation of the pneumococcal and rota virus vaccines. Under the Canadian International Development Agency (CIDA) supported H4 + project, 30 health facilities in five rural districts, were provided with medical supplies and equipment, health workers and midwifery training. The project also improved quality mechanisms by reviewing and adapting the focused antenatal care and maternal death surveillance and response guidelines.

The capacity of trainers was developed in 10 provinces on the use of the WHO/UNICEF community health worker training modules and tools for settings with a high burden of HIV and TB. The Health for the Poorest of Population (HPP) partnership with the Churches Health Association of Zambia and World Vision Zambia helped community health workers continue to provide a crucial bridging service to close the geographical access gap in four districts which
cover about 4 per cent of national population. While UNICEF has significant resources for MNCH in 11 districts, the lack of funds to support activities in the other 91 districts limited progress in 2014.

OUTPUT 4 National and sub-national levels have the capacity to plan and budget for scaling up of high impact MNCH and nutrition interventions.

Analytical Statement of Progress:
Zambia’s concept note to the Global Fund on malaria was successfully submitted and iCCM was included.

The national supply chain strategy was developed and adopted by the Ministry of Health and partners, while a hybrid Essential Medicines Logistics Improvement Programme was rolled out. A Commodity Security Centre (CSC) was established at the Medical Stores Ltd (MSL). The CSC will serve as a data capture point and handle complaints. The MSL CSC will provide information to smoothen supply and logistics management at subnational level. UNICEF procured hardware (server, printers and scanner phones) and software critical to the piloting and implementation of Enhanced Zambia Inventory Control System. F

A baseline survey (ex-ante evaluation) in two pilot districts of Kafue and Mkushi was finalised in October.

During the Global New-born Action Plan public consultation in the first quarter of the year, the health system gaps identified included lack of specific guidelines for management of prematurity, asphyxia, severe neonatal infections, and limited resource allocation new born health interventions. Based on this, the Zambia-specific Essential New-born Guidelines for use at all levels were developed and finalized. The capacity of Provincial Nursing Officers in the 10 Provinces for orienting health workers on use of the Zambia Essential Newborn Care guidelines has also been built. During the year under review, UNICEF provided technical and logistical support for strengthening government’s capacity to deliver EPI. Technical support was provided for improved planning and management during the Annual Regional EPI Managers' meeting & annual review of the comprehensive multi-year plan (cMYP). The cMYP outlines an improvement plan for immunisation focusing on outreach immunisation delivery. It outlines the conceptual model for immunisation improvement plan to accelerate performance in two to three years’ time. With resources mobilized from CIDA, UNICEF provided support for the Expanded Programme on Immunisation (EPI) improvement in 16 districts across three provinces in Reach Every District strategy training, outreach activities and monitoring & supervision. UNICEF further provided technical and financial support for finalization of the GAVI Annual Progress Report and the GAVI applications for introduction of new vaccines (Inactivated Polio Vaccine - IPV) and Health Systems Strengthening (HSS). The completed Annual Progress Report, which provides an overview of programme performance, assures continued support from GAVI for new and underused vaccines. The planned introduction of IPV introduction in 2015 and the GAVI HSS proposal will provide opportunities for system strengthening through human resource capacity building, improved transport provision and increased demand creation among others. UNICEF also provided routine support for the quantification, forecasting and procurement of national vaccines, dry supplies and cold chain needs for the programme.

OUTPUT 5 National and sub-national levels have the capacity to prepare and respond to emergencies in accordance with the UNICEF Core Commitments for Children in Humanitarian Action.
Analytical Statement of Progress:
During the year, the country continued to record disease outbreaks as outlined below; though on a lower scale than previously anticipated. Forty-eight cases and zero deaths of anthrax were reported in Kaoma and Senanga Districts of Western Province. Cholera cases were also notified in Mpulungu District in Northern Province and Kapiri Mposhi District of Central Province. Furthermore, typhoid cases in Lusaka, Copperbelt, North Western, Muchinga, Northern and Eastern Provinces also continued to be reported. Three cases of Trypanosomiasis were reported in Rufunsa District in Lusaka Province.

UNICEF supported with emergency operational funds for investigation, support supervision and response activities in Kitwe, Senanga, Solwezi, Masaiti, Mufulira, Lusaka and Kaoma districts. The support meant that unnecessary mortality was averted for cholera where less than one per cent of case fatality rates were observed in districts supported with the emergency funds.

The response to outbreaks has improved tremendously, whereby, 80 per cent of epidemics are investigated and responded to through provision of treatment and prevention and commodities within eight weeks of notification, depending on the nature of epidemics. Further, UNICEF through the DFID funds, supported the Ministry of Health in Lusaka, Northern and Eastern provinces to train 64 of their staff in Integrated Disease Surveillance and Response (IDSR). These trained staff form a backbone of critical field based staff involved in the disease outbreak detection, investigation, response, evaluation and feedback. The outbreak of Ebola in west Africa and more recently in the Democratic Republic of Congo spurred Zambia to do even more in the area of epidemic preparedness and planning. UNICEF, through funding from DFID, supported all 10 provinces of Zambia to train a critical team of 10 experts (physician, surveillance, nursing, laboratory, and environmental health and disease control specialists) in Ebola preparedness and response. These provincial rapid response teams are expected to train district-based staff in their provinces and offer on-going technical support in epidemic preparedness and response with special focus on EVD. All the districts in seven provinces were supported technically and financially to develop district epidemic preparedness plans with a particular emphasis on Ebola Virus Disease.

This output was re-aligned to have a special focus on Ebola preparedness and response. Additionally, UNICEF has recruited one person to offer day-to-day technical assistance to the Government of Zambia through the Ministry of Health on epidemic preparedness and response.

OUTCOME 2 Children, adolescents and pregnant women have improved and equitable use of proven HIV prevention, care and treatment interventions by 2015.

Analytical Statement of Progress:
Zambia adopted option B+ (lifelong antiretroviral (ARV) treatment for pregnant and breastfeeding women living with HIV) in 2013. By September 2014, 53 per cent of the prevention of mother-to-child transmission (PMTCT) sites were proving option B+ up from only 10 per cent in 2013. UNICEF supported the adaptation, printing and dissemination of the new consolidated guidelines and protocols in line with 2013 WHO guidelines for treatment and prevention of HIV Infection; and built the knowledge and skills of 120 healthcare workers of four provinces (Southern, Eastern, Lusaka, and Western) including the use of newly developed Safe Motherhood Card.

The number of children living with HIV accessing antiretroviral therapy increased from 43,742 in June 2013 to 49,416 in December 2013; and later dropped to 44,985 in 2014. This likely illustrates a transition of the paediatric cohort into the adult cohort for adolescents aged 15
years and above. The capacity to provide timely results for early infant diagnostic of HIV was further strengthened through the programme Mwana (SMS technology for transmission of results for early infant diagnosis of HIV), reaching 777 hard-to-reach health facilities by December 2014, compared to 595 in 2013. There were 54,313 HIV test results delivered by SMS.

The Zambia U-Report initiative completed its second year of implementation, reaching in real time and continuously, over 74,000 adolescents and youths by December 2014 (from 30,000 in December 2013). This SMS platform was used to conduct a bottleneck analysis of the determinants of teenage pregnancy. A study to evaluate the impact of Zambia U-Report on the utilization of voluntary medical male circumcision (VMMC) was conducted. UNICEF supported U-Report software development and maintenance, evidence generation, capacity building coordination and management.

OUTPUT 1 National AIDS Council, and key sectors have the capacity to formulate policies, mobilize resources, coordinate and monitor implementation of proven interventions for HIV prevention, care and treatment for children, adolescents (10-19 years) and women by 2015.

Analytical Statement of Progress:
Zambia has strengthened the focus on children and adolescents in its Revised National HIV/AIDS Strategic Framework (RNASF 2014-2017). The plan has prioritized proven high impact HIV interventions (PMTCT, anti-retroviral therapy, HIV testing and counselling, VMMC, condoms, and tailored behavioural and social change communication) to reduce new HIV infections and survival for women, children and adolescents living with HIV.

Zambia secured additional resources of US$152 million from the Global Fund for the period 2015-2017. With the advocacy and technical support from UNICEF, about 40 per cent of this allocation will support children and adolescents and HIV programming.

UNICEF provided technical support, as a core member of the writing team, to inform the bottleneck analysis for HIV response in women, children and adolescents. In accordance with 2013 WHO guidelines for the use of ARVs for treating and preventing HIV infections during pregnancy and breastfeeding, Zambia launched the roll-out of option B+ for PMTCT. Zambia adopted a full-scale up approach to respond to the urgency of rapidly transitioning in a context where supplies for the Option B+ were already available (shortage of Option-A regimen was reported in many sites already). Guidance were given by PMTCT Technical Working Group under the leadership of MCDMCH, to address site capacity gaps as the option B+ regimen is being rolled out. PMTCT Technical Working Group meetings were regularly held, with UNICEF technical and financial support.

OUTPUT 2 Health sector at central and sub-national levels have the capacity to provide effective HIV services for pregnant women living with HIV by 2015.

Analytical Statement of Progress:
The health sector's capacity to provide effective services was enhanced by the completion of the HIV commodities and drugs forecasting and quantification plan. This will help the sector to ensure quality service to the people in need. UNICEF provided technical input to make this possible.

The sector’s capacity to make evidence-based decisions was also enhanced by the start of the Effectiveness of PMTCT programming evaluation. It is hoped that the completion of this study
will help the sector answer questions to what extent the PMTCT programme has impacted in averting new paediatric HIV infections and improving HIV-free child survival.

Zambia initiated full-scale up approach of Option B+: by the end of September 2014, 53 per cent of the PMTCT sites were proving option B+, up from 10 per cent in 2013.

UNICEF provided technical and financial support to 120 health workers from Southern, Eastern, Lusaka, and Western provinces to administer Option B+ including the newly developed Safe Motherhood Card. Programme staff in six Provincial Health offices (Eastern, Lusaka, Luapula, and Northern, North Western and Western provinces) now have skills to conduct PMTCT data audit through financial and technical support from UNICEF. The protocol for integration of early infant circumcision into MNCH has not yet been developed, although capacity building of infant male circumcision to government counterparts was made, coordination among child and maternal health was challenging.

Patient retention and drug adherence is likely to be a more complicated issue with the transition to Option B+, as women generally feel healthy and might be reluctant to take treatment for the rest of their lives. In order to retain women to care, through collaboration with the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) over 100 mother baby pairs were followed up by community volunteers in Chibombo, Choma and Kabwe. In each of the three districts, capacity was built of a chief and headmen who acts as a role model to make sure that community are involved and support the regnant and breastfeeding mothers living with HIV to remain in the ART programme for life.

The concept of using technology for development for retention and adherence to ART by women and their children through extending the Remind Mi part of the program Mwana SMS (thereby allowing mother-baby pairs to be followed up in accordance with the immunization schedules) was developed but not implemented due to a lack of funds.

OUTPUT 3 Health sector central and sub-national levels have capacity to provide proven HIV prevention, care and treatment services to children 0-14 years old by 2015.

Analytical Statement of Progress:
The number of children living with HIV accessing antiretroviral therapy increased from 43,742 in June 2013 to 49,416 in December 2013; and later dropped to 44,985 due to transition of children to the above 15 years category.

Through advocacy, technical and financial support from UNICEF, MoH conducted monthly technical working group meetings, annual planning, and a paediatric and adolescent ART review conference. UNICEF supported the printing and dissemination of the new consolidated guidelines and protocols for treatment and prevention of HIV infection to improve knowledge and skills of healthcare workers on expanding access to ART by all children under 15 years old regardless of WHO stage and CD4 count.

Programme Mwana (SMS technology for transmission of results for early infant diagnosis of HIV) expanded from 595 facilities in 2013 to 772 by December 2014 through support from UNICEF on software development, evidence generation, capacity building coordination and management. The capacity of 1,509 clinic staff and 2,039 Community Based Agents was built on how to use Results160 and Remind.
OUTPUT 4 Adolescents (10-19 years) have access to proven HIV prevention, care and treatment services by 2015.

Analytical Statement of Progress:
Adolescents and HIV/SRH programming gained more momentum in 2014. Zambia hosted a high level international symposium on adolescent SRH and HIV from December 7-10, 2014. Zambia finalized its first Adolescent Report Card for Zambia, and an Investment Case for HIV and Adolescents. Comprehensive Sexuality Education implementation was launched to reach learners and build their capacity to adopt safer sexual behaviours and to demand for HIV high impact services. In addition, over 74,000 adolescents and youth (43 per cent female) were continuously empowered to demand for services through real time and confidential SMS counselling via virtual platform (www.Zambiareport.com ) implemented by a local NGO, CHAMP, under the leadership of the NAC. An impact evaluation of the SMS programme was launched in February 2014 by National AIDS Council and MCDMCH, and the results will be available by early 2015. This SMS platform was used to conduct z bottleneck analysis of the determinants of teenage pregnancy. A study to evaluate the impact of Zambia U report on utilization of VMMC was conducted. To respond to the low uptake of HIV testing and counselling, and the linkages to care among adolescents, a targeted campaign for school going adolescents was designed under the leadership of MESTVEE and MCDMCH with the technical support of partners.

OUTCOME 3 By 2015, the most vulnerable Zambian population have improved use of water supply and sanitation facilities as well as improved hygiene practices.

Analytical Statement of Progress:
Zambia has made progress in increasing the proportion of population gaining access and using an improved source of drinking water from 60 per cent in 2012 to 63 per cent in 2014. UNICEF contributed to this achievement through increased access to safe drinking water to the most deprived rural populations, where around 100,000 people got access to safe water supply through construction and rehabilitation of boreholes, including manually drilled boreholes. For the latter, UNICEF is promoting this low-cost water supply option by building the capacity of private entrepreneurs at pilot scale in three districts, and supporting the government for scaling-up in suitable areas. UNICEF also supported the government to develop the supply chain and the maintenance framework to equip boreholes with Afridev pumps in order to mitigate the issue of water contamination with iron. Through this, 246 Afridev pumps were installed and equipped in 18 districts.

To strengthen the sustainability of water and sanitation facilities, 100 area pump minders and 10 district rural water supply and sanitation focal points were trained in operation and maintenance (O&M) approaches, notably for Afridev water pumps; 761 village WASH committee members and water caretakers were trained to ensure routine maintenance and management of water points.

In the area of Hygiene and Sanitation, Zambia has made progress in increasing the proportion of population gaining access and using improved sanitation facilities from 43 per cent in 2012 to 58 per cent in 2014, strictly through UNICEF Zambia contribution. A total of 1,260,000 additional people gained access to improved sanitation and 2,560 villages were verified pen defecation free (ODF); this brought the total number of ODF verified villages to 4,405 of the 2016 target 8,800.
The M&E framework was systematically strengthened. UNICEF and partner Akros Research have successfully scaled up a mobile-to-web surveillance system which speeds village-level WASH data on a near real-time basis to all levels in the reporting hierarchy. Community volunteers are able to use the simple Nokia feature phone reporting tool to gather and transmit monthly data on water and sanitation indicators. This ‘mobile to web’ system has been successfully rolled out to 28 districts using the open source platform DHIS2. The 28 districts are now submitting monthly reports through 1,400 Community Champions and Environmental Health Technicians, covering a total population of 2,153,788 from 11,966 villages. In these villages, this system contributed to reach 1,260,000 new users of improved sanitation and to raise the practice of hand washing with soap or ash from 8.3 per cent to 47 per cent (as of October 2014). Taking into account lessons learnt in rolling out the system in 28 districts, as well as sector interests and the development of a Management Information System (MIS) of the WASH Sector, the Government of Zambia wants this system to become the National WASH MIS.

To support hygiene promotion, the involvement of community and local commercial radios through Zambezi Watercourse Commission (ZAMCOM) and Free Press continued to be productive with 12 local radio stations committing to increasing publicity on local events. In addition, the national press, through Lusaka-based FM radio stations as well as the state owned ZNBC continued to provide coverage to key sanitation and hygiene activities. Jingles and mini-dramas were developed and went on air in June on 26 national, regional and community radio stations. Over 26,500 posters, 120,000 leaflets, 3,000 vest, 3,000 caps and 2,000 Identity Cards for champions, 10,000 badges and 2,000 T-shirts for Sanitation Action Groups, as well as 2,000 flags for ODF villages, and; 25,000 calendars for 2015 were produced and distributed to 50 target districts.

In the area of institutional WASH, UNICEF supported the government to adopt new standards for school latrines, allowing access to disabled persons and decreasing the cost by five times (from US$2, 500 to US$500 per latrine). This allowed scaling-up of school WASH interventions; in addition, considering environmental sustainability, this represents a huge saving in terms of carbon footprint.

At the upstream level, UNICEF supported the Government to develop the School-Led Total Sanitation (SLTS) training manual and the guidelines, including a 3-star certification procedure for incremental improvement of the school environment. The integration of school WASH in the School Health and Nutrition Policy is currently undergoing review. A National Technical Committee on WASH in Schools was established and is hosted by the MESVTEE which contributed towards institutionalisation.

UNICEF carried out a statistical analysis with data from 9,000 schools showing the link between availability of water and sanitation in schools and education performances for girls. This is a strong piece of advocacy which will boost the school WASH agenda in Zambia and beyond (through the Regional Office). UNICEF also initiated formative qualitative research on Menstrual Hygiene Management (MHM) in schools to develop adequate guidelines and a tool kit for improved MHM.

At the operational level, over 270,000 school children in 535 schools benefited from school WASH interventions (SLTS, water supply, hygiene promotion). Of these, 224 reached the school WASH interim standards and were validated by MESVTEE, and interventions were initiated in 737 additional schools. Considering the crucial risk of contamination within health facilities because of poor hygiene and sanitation, especially for newborn children, UNICEF is
supporting the health sector to roll-out WASH in health interventions. Standards for assessment and interventions are being developed and operations have been initiated in a first batch of 55 vulnerable health facilities.

**OUTPUT 1** The most deprived population in target districts have a sustainable access to safe drinking water by 2015.

**Analytical Statement of Progress:**
Out of the 555 new water facilities planned for 2014, 290 were completed, benefiting about 84,250 people. Drilling of an additional 210 boreholes as well as rehabilitation of 130 are in progress in seven districts, and these are expected to be completed in March 2015. Over 11,750 people gained access to safe water from the construction of 47 manually drilled water points. During this period, 246 Afridev pumps were installed and equipped in 18 districts. In order to support technology transfer of Afridev pumps and strengthen O&M approaches, 100 area pump minders and 10 district rural water supply and sanitation focal water points were trained. Training will continue for the remaining nine districts to ensure that O&M and community management approaches are strengthened.

The sustainability study of WASH facilities conducted in 2013 which was disseminated in 2014 indicated 98 per cent functionality of water points in service and improved presence of community management systems. The recommendation from the report was to strengthen community management systems by ensuring user committees remained proactive in addressing issues affecting O&M of facilities. The Government of Netherlands review of the WASH Programme conducted in 2013 and disseminated in 2014 qualified the water supply component as being relevant and efficient, although recommended to gain effectiveness in terms of health impact. An inventory and data of all water points to be uploaded in DHIS-2 surveillance to be used in mapping sanitation improvements was developed. Meanwhile, districts and UNICEF have an inventory and data of all water points to be uploaded to DHID-2 when the tool is ready for use.

**OUTPUT 2** The most deprived population in target districts has access to improved sanitation and hygiene practices by 2015.

**Analytical Statement of Progress:**
The project has now achieved the 2.1 million mark in terms of beneficiaries, with newly acquired sanitation facilities in 67 target districts out of the 92 rural districts in Zambia. The momentum increased during this year’s dry season but a slowed down as usual in anticipated once the rains begin.

A total of 4,405 villages were verified as ODF out of the targeted 8,800 (by 2016). This is a huge increase from the last period, and the indicator is now on track and has moved the national coverage for improved sanitation from 34 per cent before the project to 58 per cent. There has also been a corresponding increase in hand washing facilities, and promotional activities are underway to ensure that this is converted to actual hand washing practice with soap or ashes.

Efforts on sanitation marketing are also showing promise with strong interest in new toilet design using local available materials and mason or artisans from areas with sandy or waterlogged soils trained on these design, as well as marketing. The proportion of target districts reporting on hygiene and sanitation through mobile to web technology increased from zero per cent in 2012 to 43 per cent in 2014 (surpassing the 2015 set target of 33 per cent) and scaling-up is ongoing to reach 70 per cent of target districts. Also, the proportion of chiefdoms in
target areas with the capacity to provide support for the construction of innovative low-cost sanitation options increased from zero per cent in 2012 to 15 per cent in 2014. The priority for this sanitation marketing component is to target chiefdoms with difficult soils (sandy/waterlogged) where construction of solid latrines is more challenging. More households are using improved sanitation as seen in the increase in the proportion of households with designated places for washing hands and with water and cleaning agent (soap or ashes) from 8.6 per cent in 2012 to 59 per cent in 2014.

OUTPUT 3 The most deprived schools in target districts benefit from WASH interventions, by 2015.

Analytical Statement of Progress:
The SLTS training manual and the SLTS guidelines were completed and are ready for printing.

During the year, the three star certification procedures were also developed and validated as official working documents. The integration of school WASH in the School Health and Nutrition Policy is currently undergoing review. Out of a total of 535 schools that benefited from School WASH intervention (SLTS, water supply, hygiene promotion) 224 schools reached the school WASH interim standards and were validated by MESVTEE. In addition contracts have been signed for Interim Standard school sanitation implementation in 737 more schools out of the 1500 target.

During the year, an interim package was adopted by the Ministry, consisting of comprehensive standards on sanitation and hand-washing designs for facilities and software standards. A National Technical Committee on WASH in Schools was established and is hosted by the MESVTEE and contributing towards institutionalisation of water in schools.

While pushing for better value for money and full sanitation in rural areas, a low cost school sanitation package (including a low cost latrine design) is currently being piloted by the Ministry of Education and UNICEF, as a solution for most needy schools. The low cost approach is fully integrated with CLTS through involvement of communities, PTAs, chiefs, and other line Ministries, and with the sanitation marketing programme.

To push progress and provide quality assurance, a comprehensive monitoring evaluation and research system was put in place with an emphasis on institutionalisation of the framework. An external consultant was contracted for the supervision of the construction and software implementation.

OUTPUT 4 The most deprived health facilities in target districts benefit from WASH interventions, by 2015.

Analytical Statement of Progress:
The pilot study includes three deliverables: the (1) assessment of 22 health facilities (HF), (2) simplified Standard Operation Procedures development and implementation in four HF and; (3) WASH health packages provided in four HF. The overall progress is on-track. Currently awaiting the approval for the assessment protocol by ethical review committee, which should be granted soon but could potentially delay the implementation.

OUTPUT 5 The Disaster Management and Mitigation Unit (DMMU) and partners at national and sub-national level have capacity to provide for safe water, sanitation and hygiene in emergencies that meet Sphere standards by 2015.
Analytical Statement of Progress:
The integration WASH into the National Disaster Management Policy (NDMP) was done.

During the reporting period, all the 26 cholera-prone districts had updated their emergency preparedness plans. Prepositioning of supplies are ongoing in more that the originally planned 26 districts to include response to potential cholera outbreaks.

OUTCOME 4 Children under-five have increased their consumption of nutrient-dense food by 2015.

Analytical Statement of Progress:
According to preliminary ZDHS 2013/14 the country has shown reduction in some malnutrition rates compared with DHS 1997 with stunting reducing from 45 per cent to 40 per cent although still high. However, wasting (low weight for height) and underweight showed no improvement stagnated at 15 per cent and six per cent respectively.

In order to increase the number of children with the recommended food diversity and frequency, the Government with the support of UNICEF Zambia strengthened the implementation at district level of the national 1000-day package, specifically infant and young child feeding, treatment of severe acute malnutrition, and micronutrient supplementation and fortification. Health workers in these districts are now able to appropriately counsel others and caretakers on improved feeding practices (diversity and frequency) through UNICEF-supported training and mentorship in IYCF.

At national level, through provision of supplies and equipment, including therapeutic food, salt test kits and micronutrient powders (MNPs), anthropometric equipment, salt test kits and an Icheck testing machine, the Government is now able to monitor iodine content in salt to ensure that correct levels are maintained on the market by importers and traders. A of micronutrients powders pilot project in Mbala district was supported, which focussed on provision of powders to children age six to 24 months. It is hoped that these activities will increase the number of households consuming adequately fortified foods and also improve feeding practices of children to improve frequency and diversity. The project aimed at testing the feasibility of providing MNPs through the Primary Health care system. Introduction of MNPs is planned to be integrate as part of the national Infant and Young Child Feeding programme. Preliminary results show positive outcomes, with more than three-quarters of the children in the study (79 per cent) still consuming MNP at the time of end-line data collection. Once the report is completed, a scale up plan to other rural districts will be developed.

OUTPUT 1 MoH, MCDMCH and National Food and Nutrition Council (NFNC) are able to formulate nutrition policies, strategies and guidelines, and coordinate their implementation by 2015.

Analytical Statement of Progress:
The level of support to NFNC, MCDMCH and MoH at national level was limited in 2014 as more focus was on the development of strategic documents that guided implementation.

Considerable efforts and time had been invested in rolling out the SUN roadmap in 2012 and 2013, including the development of a national nutrition strategic plan and 1000-day programme, and evidence generation on micro-nutrient deficiencies. Furthermore, the establishment of the SUN pooled fund by DFID, Irish Aid and the Swedish International Development Agency (SIDA),
and additional support from the World Bank resulted in substantial support to national level for capacity development of NFNC, MCDMCH and MoH.

Some of the activities lined up for 2014 The lack of adequate human resources (especially at managerial level) at the National Food and Nutrition Council lead to the suspension of. This led to the discontinuation of some of the strategy revisions targeted for 2014. The lack of adequate support from government partners on fortification issues and inadequate follow up actions on legislation for flour fortification and salt iodization has led to the delay in the development of a robust micronutrient control programme.

**OUTPUT 2** MoH and MCDMCH have the capacity to implement high impact nutrition interventions by 2015.

**Analytical Statement of Progress:**
The Ministry of Community Development, Mother and Child Health’s capacity to implement high impact interventions was strengthened through support by UNICEF and partners to conduct Child Heath Weeks in June and November 2014, including the provision of vitamin A supplementation and deworming tablets.

Furthermore, UNICEF supported MCDMCH in 24 low performing districts with funds from DFID and CIDA to achieve a coverage of above 80 per cent in 23 of these districts. The Ministry’s capacity in the treatment of severe acute malnutrition in Lusaka district was strengthened financially, with an injection of funds from Swedish National Committee for UNICEF. About 3,000 children were admitted and treated for SAM in 2014 with a recovery rate of 57 per cent, death rate of 1 per cent and defaulter rate of 42 per cent. This high defaulting calls for the district health team to put in place the required mechanisms to retain the patients in the programme until they are fully recovered.

Monitoring of salt and on-spot quantification of iodine has continued at the main port of entry in Kazungula, which accounts for 95 per cent of the national salt imports. The operational research on home fortification, meant to strengthen the generation of evidence, funded by Irish Aid was successfully completed. A comprehensive external monitoring exercise was conducted midway, and data from the end-line survey are currently being analysed. These two pieces of work with lessons learnt throughout the research will inform the development of a national scaling-up plan for home-fortification.

**OUTPUT 3** Families in selected districts have knowledge of positive behaviours in infant and young child feeding by 2015.

**Analytical Statement of Progress:**
Behaviour change in 10 districts (one per province) was enhanced through capacity development about infant and young child feeding amongst community volunteers and health workers to enable them help mothers/caregivers feed and care for their children according to global recommendations. Mentorship of IYCF counsellors was also been an integral part of this exercise. Adoption of positive behaviours by caregivers was further promoted by airing a series of radio programme covering 13 topics on health and nutrition during the 1000-day period.

Integration of early childhood development and home fortification into IYCF was successfully tested in one district of Zambia. Additional modules will be added to the national IYCF training packages for health workers and community volunteers in 2015.
OUTCOME 5 By 2015, learners have improved equitable access to quality, inclusive and gender-sensitive education.

Analytical Statement of Progress:
Zambia has made progress in indicators that relate to education: the completion rate at grade seven is currently 99 per cent (100 male, 97.4 female) as per the 2013 education statistical bulletin. It is noteworthy that the drop-out rates in grade one to nine have reduced by almost half from three per cent in 2012 (male: 1.8 per cent, female: 2.9 per cent) to 1.8 per cent in 2013 (male: 1.4 per cent, female 2.1 per cent). It is possible to link to this reduction especially for girls to the reduction in pregnancies in school in grades 1-9 from 12,752 in 2012 to 12,500 in 2013.

Additionally, the transition rate for grade nine to 10 improved slightly from 41 per cent (male: 41.4 per cent, female 40.7 per cent) in 2012 to 43.2 per cent (male: 43.6 per cent, female: 42.7 per cent). However, there still remains a challenge with pre-school education in the Country. The proportion of grade one entrants with pre-school experience is still very low and is not seeing any progress, as it has gone down from 18.7 per cent in 2012 to 14.5 per cent in 2013. While there was some progress, it is unlikely that Zambia will achieve the targets of MDG2 and the Education for All goals.

Some achievements were made towards improving overall education quality with the inauguration of the revised national curriculum and national literacy framework. This provided for a policy shift in the teaching of early grade literacy from English to the local languages, which is a foundation for quality improvement. UNICEF Zambia along with a consortium of development partners, including DFID and USAID, provided technical and financial support to the development of the framework, its launch and implementation. The implementation of the curriculum benefited grade one learners country-wide and those in ECD Centres in acquiring reading and writing skills. To provide evidence of the impact of the literacy policy shift to teaching of early grade literacy in local languages, UNICEF and development partners supported the MESTVEE to conduct an early grade reading assessment and the results are expected to be disseminated in 2015.

UNICEF Zambia provided technical support in the implementation of the first-ever standardized curriculum, syllabus and instructional materials for early learning in Zambia. This support included capacity building of ECE teachers and Standards Officers country-wide in the provisions of the ECE curriculum. This is a significant step which has already been seen to be benefiting learners currently enrolled in ECE centres managed by both the government and private sector. It is expected that ultimately the standardised curriculum will improve the overall quality of ECE services in the country.

In order to sustain gains in the area of life skills education, UNICEF advocated for it to be incorporated into the revised pre-service teacher training curriculum. This would ensure that all trainee teachers are able to effectively deliver life skills education by the time they graduate. Furthermore, UNICEF Zambia provided technical support in the development of Guidance and Counselling modules for all pre-service primary school teacher training colleges. It is hoped that these modules will enable teachers have requisite skills to provide life skills education and psycho-social support once they graduate and are deployed to schools.

Some of the key challenges faced included the lack of an ECE policy framework, which hindered the setting up of an operational framework at the MESTVEE to manage ECE. Through advocacy efforts by UNICEF Zambia and NGO partners such as Save the children and Plan.
International, the policy was finalised and subsequently submitted to Cabinet for approval. As a result of continued advocacy, the Ministry has appointed the Directorate of Open and Distance Education to manage ECE activities in the interim, while awaiting overall organizational reform of the Ministry. This is expected to improve ECE coordination and delivery throughout the country.

Another challenge faced in the sector was the inadequate budget provisions for programmes aimed at improving education quality, despite an overall increase in public expenditure on education as a percentage of the GDP. In the 2014 budget, government spending on education experienced an upward trend from 18.3 per cent in 2012 to 20.2 per cent. However, 70 per cent of this was consumed by personnel emoluments, given that the Ministry is the largest employer in the public service with over 70,000 teachers on the payroll. UNICEF and other development partners will continue to advocate for more investment to areas that will boost the quality of education and also reduce inequities in access to education services.

**OUTPUT 1** MESVTEE has policies and an institutional framework to deliver early learning by 2015.

**Analytical Statement of Progress:**
The Government has sustained its commitment to early childhood education, with significant steps taken to improve access and quality of ECE. The ECE policy was finalised and a specific budget line introduced in the new Output Based Budgeting system of Government. Funding to ECE, has remained low over time, but showed an increase from 0.1 per cent to 0.5 per cent of the education budget in 2015.

Nationally, the ECE access rate declined from 18.7 per cent in 2012 to 14.7 per cent in 2013, raising concerns about the reliability of the ECE data and highlighting the need for a more robust M&E system for ECE. To improve on the management and coordination of ECE, the Directorate for Open and Distance Education (DODE - ECE coordinating unit), has had its capacity strengthened with the National Coordinator having received training in the Science of Early Childhood Education and a learning visit to Zimbabwe. With the improved capacity of DODE in ECE, there is now a more coordinated planning, implementation and monitoring in the MESVTEE. Additionally, the establishment of the National ECE Committee comprising of MESVTEE, MCDMCH and NGOs continued to improve coordination amongst the major ECE stakeholders as evidenced in the holding of a National ECE Conference, a joint initiative of the major stakeholders.

Coordination at district level also improved with three Multi-Sectoral ECD Committees strengthened resulting in the development of Joint Action Plans by three districts of Katete, Petauke and Chadiza for the implementation of the parenting programme in these districts.

The implementation of the new national ECE curriculum continued to provide a framework in which ECE is being delivered. With the standardization of the curriculum across all ECE providers - both public and private sector - more children are now benefiting from a more child-centred pedagogic approach to ECE. With the launch of the new ECE curriculum, priority was placed on training ECE teachers in the delivery of the new curriculum and in the use of the new ECE materials. A total of 264 ECE teachers, from the five target provinces, were trained and are now providing improved services to children. Additionally, a total of 20 education officers from the provincial education office also received the training and better able to support the delivery of the ECE curriculum. Even with the above-mentioned positive developments, social mobilisation and advocacy for ECE was required, and continued with the airing of a 26 series
ECD radio programmes by Zambia National Education Coalition (ZANEC). These were aired on community radio in Eastern and Western Province. Through these participatory radio shows, parents and communities in the two provinces are now more aware of the value of ECD and are therefore better informed to demand for services.

OUTPUT 2 Schools and communities have the capacity to provide quality early learning in target districts by 2015.

Analytical Statement of Progress:
With schools now implementing the new ECE curriculum, there is improved capacity for delivering quality ECE, with the priority placed on teacher training/orientation and provision of ECE materials.

With UNICEF support, a total of 264 ECE teachers from the five target provinces were trained in the delivery of the new curriculum and in the use of the new ECE materials. Additionally, 54,000 learners’ workbooks and teacher’s guides (covering six learning areas) were printed and provided to teachers from 300 ECE Centers. As a result of sustained advocacy, at least one trained government ECE teacher has been deployed to almost all the 300 ECE centres supported by UNICEF. With UNICEF support over 13,000 children from five target provinces are now benefitting from more effective child centred pedagogic methods to ECE delivery.

Following the modelling of ECE service delivery in 2012 and 2013, the Government has continued with a trend of establishing ECE centres in existing primary schools. This has resulted in an increase to over 1,140 ECE centres annexed to schools in 2014 (ref. MESVTEE monitoring reports 2014). The setting up of ECE centres has targeted rural communities, where access to ECE is very low. Through this, more vulnerable rural children are being targeted for increased access. Through the new partnership with the Archie Hinchcliffe Disability Intervention (AHDI), UNICEF will support the modelling of early identification, assessment and targeted interventions for children with disabilities, which will provide lessons for the advocacy for the inclusion of children with disabilities in the ECE framework.

With the Government’s limited financial envelope available for scaling up of ECE, they are looking more towards partnering with communities, NGOs and the private sector. This has resulted in a renewed focus on community mobilisation and parenting education in support of ECE and child development. Through a partnership with ZANEC, a 26 series ECD radio programmes has been aired on community and national radio stations, which resulted in increased awareness and knowledge in the general public on the importance of ECE and aspects of child development.

Twenty one district officials from health, education, social welfare and community development were trained as trainers of the parenting tool “Caring for Child’s Healthy Growth and Development”. This resulted in a core team of multi-sectoral trainers in three districts (Katete, Chadiza and Petauke), who will cascade the parenting education to community level. This will result in improved capacity of parents and other primary caregiver who will be better equipped with knowledge and skills on effective parenting (including early stimulation) to support ECE and child development.

OUTPUT 3 MESVTEE has the capacity to provide an enabling child-friendly learning environment by 2015.

Analytical Statement of Progress:
In the period under review, MESVTEE made progress towards providing child-friendly learning environments in schools.

The Ministry concluded the revision of standards and evaluation guidelines from a child-friendly school perspective. These guidelines, which have been under review since 2013, were finally approved by the Ministry in the third quarter of 2014 and will be rolled out in 2015. These are the standards that define what a child-friendly school is in Zambia and what the Standards Officers should monitor in schools.

The second factor indicating progress on this output is the implementation of School Improvement Plans in 400 schools in the targeted five provinces, which are based on child-friendly school principals adopted for Zambia and incorporated in the standards and evaluation guidelines. Monitoring reports from the five targeted Provincial Education Officers revealed that the targeted 424 schools that developed the school improvement plans - with some 200,000 learners benefitting - are implementing the school plans which resulted in improved school - community linkages and renewed focus on teaching and learning. This, in turn led to improvements in school attendance by pupils, parents initiating infrastructure projects, such as construction of latrines and teachers houses, improved pupil participation in school governance, such as, electing their own prefects. Additionally, the schools reported that learners who had dropped out of school have since returned to school due to improved school community linkages, catchment mapping and teachers reaching out to the learners. This is a positive development as children who ordinarily have lost out on their education are now back and acquiring the necessary literacy and numeracy skills.

The Ministry of Education developed implementation guidelines for special education and inclusive schooling aimed at providing support to teachers in handling learners with special education needs. These will be validated and rolled out in first quarter of 2015. As part of the continued support for girls’ education, UNICEF Zambia supported the MESVTEE in conducting a bottleneck analysis on girl’s education which revealed the key areas that hamper girls’ education. On the supply side, these included inadequate sanitation facilities in schools, insufficient classroom space, school fees and the distance to schools for some rural and urban children. On the demand side, the barriers included the opportunity costs to education by parents resulting in child marriages, as well as learner pregnancies. The BNA will inform the development of a gender strategy for Ministry of Education, with focus on girls’ education in 2015.

**OUTPUT 4** Government primary and community schools have the capacity to provide early grade literacy by 2015.

**Analytical Statement of Progress:**
As part of the efforts to improve the quality of teaching and learning, the MESVTEE launched the revised curriculum and the national literacy framework at the beginning of the school year in 2014 in ECE and grades one, five, eight and 10. The key features of the curriculum include the change in medium of instruction from English to the local language of the area for pre-grades (ECE) to grade four, introduction of two pathways at grade eight, academic and vocational training. Prior to the launch, all teachers of grades one were oriented on the new literacy framework. UNICEF contributed to the curriculum reform particularly in ECE and literacy. UNICEF in collaboration with Room to Read provided technical support and evidence of what works in early grade literacy from its reading and writing model in 25 schools which fed into the National literacy Framework.
As part of further support to literacy improvement, UNICEF with the MESVTEE modelled the use of e-learning in five schools in Lukulu district at the beginning of the school year, benefiting 2,245 (1,235 boys and 1,010 girls) learners. Forty four teachers (21 females and 23 males) were trained on the use of ZEduPads to deliver lessons. The training covered lesson planning, collaborative learning and use of the pads in the classroom. The aim of this model is to demonstrate that e-learning packages can improve teaching and learning in schools and to advocate to MESVTEE to increase access to e-learning services to rural schools. Monitoring reports indicate that the ZEduPads have helped the teachers improve collaborative learning (group work) and addressing certain challenging areas, such as the alphabet. Additionally, anecdotal evidence points to improved daily school attendance due to the ZEduPads. To support the improvement of data quality and utilization, UNICEF collaborated with the Ministry and trained 13 educational officials (11 male and two female planning officers) from MESVTEE headquarters and provinces in the Monitoring of Results for Equity System. The training helped their data analysis skills as demonstrated during the simulations in the training.

OUTPUT 5 Primary, secondary, community schools and Teacher Training Colleges in targeted districts have knowledge and skills to deliver gender sensitive life skills education to learners by 2015.

Analytical Statement of Progress:
The Ministry submitted the finalized revised HIV+AIDS policy for the Education sector to the Cabinet office for approval, following which it will be disseminated at national and subnational levels. The revised policy is accompanied by an implementation strategy which was identified as a major gap in an evaluation of the previous policy. Following the launch of the new curriculum in January, life skills was included as an integral part of the revised pre-service teacher training curriculum to ensure all teacher trainees can effectively deliver life skills by the time they graduate. Final drafts for primary level have been validated and await approval, while revision of the secondary curriculum commences in 2015.

Advocacy efforts contributed to the introduction of a new mandatory course in Guidance and Counselling for all primary school teacher trainees starting from 2015. UNICEF’s support in the printing of the Guidance and Counselling manual and teacher’s guide was recognized by government as a significant contribution as these are the first ever documents to guide the provision of guidance and counselling services at school level.

A draft framework for innovative financial literacy programming was developed as a new life skills component. This was designed to support entrepreneurship education in the new curriculum, while also expanding the range of life skills in response to the dire need to promote financial empowerment amongst learners. Partners continued to complement government efforts to enhance delivery of life skills and SRH education through peer education, sports and other extra-curricular interventions. Concerted efforts were made to respond to the continued rise in dropout rates due to early pregnancies, through which positive signs of possible behaviour change among learners have been observed. In Western province for example, there was a significant drop in recorded pregnancies in target schools, as well as an increase in the number of girls returning to school after giving birth. These findings will be followed up with more rigorous monitoring and research in 2015.

UNICEF’s efforts contributed to strengthened partnership and advocacy on teenage pregnancies and SRH among UN partners through three key joint events: a) teenage pregnancy submission to Members of Parliament through the Parliamentary Committee on Youth; b) monitoring and documentary highlighting barriers to girls’ education to commemorate the
International Day of the Girl Child; and c) a high level international youth symposium on barriers
to adolescent and youth SRH information and services. This brought together over 200 young
people from 29 African countries to promote and build capacity of youth to participate in
governance and policy making around SRH issues, including comprehensive sexuality
education, child marriage, adolescent pregnancy, behaviour change approaches and youth
friendly services. The youth also developed and presented a call to action on investment in
adolescent SRH/HIV in the post-2015 agenda.

OUTCOME 6 By 2015, vulnerable children benefit from a strengthened system for prevention
and response to violence, exploitation, abuse and neglect at national and sub-national level.

Analytical Statement of Progress:
UNICEF Zambia is supporting the Government to strengthen the child protection system to be
able to adequately prevent and respond to violence, abuse, exploitation, neglect and separation
from primary caregivers. While reliable data are not available yet, indications are strong that
violence against children is an everyday reality in Zambia. National systems are insufficient both
in quality and scope to be able to prevent and respond adequately to various forms of violence
against children, such as sexual, physical and emotional abuse, child marriage, children
entering the criminal justice system, child labour and child trafficking.

The Child Protection System mapping exercise carried out by Government with support from
UNICEF in 2012 continued to be an important first step in providing stakeholders with critical
data in terms of what exists as well as what should exist in order to have a functional and well-
coordinated child protection system. In line with the mapping exercise’s recommendations,
UNICEF has continued to contribute to national efforts of improving the key components of the
child protection system such as laws, policies, structures, functions, capacities and services
which are all necessary for a coordinated response to child protection abuses.

UNICEF contributed to reviewing and developing laws, policies and regulations. UNICEF
supported the Government-led development of the Children’s Code Bill that will domesticate the
Convention on the Rights of the Child. MoESVTEC will review the Education Act Cap 234 to
ensure violence against children, including child marriage are addressed in schools.

In Zambia, gender inequality is still an important underlying factor for much of the child abuse.
UNICEF therefore supported the revision of the Gender Policy which was finalised and was
launched on the 11th December 2014. The technical and financial support from UNICEF to the
review of the 2006 National Child Policy which started in 2012 and was finalised in 2014 was
crucial. The revised policy provides Government’s vision and principles in the improvement of
the situation facing children today. It provides a focus for specific actions to improve the living
conditions of Zambian children while ensuring that programmes of economic development and
social mobilization directly address the most urgent needs of children. Together with the Social
Protection Policy, launched in December of this year, these policies form the basis from which
the child protection system framework will be developed.

In an effort to develop evidence-based policies and programmes, UNICEF is supporting two key
research activities: the Health and Wellbeing Survey (also known as Violence against Children
Survey) and research into dynamics leading to child marriage. Data have been collected and
reports are expected in 2015. Both reports will have important information to inform the
prevention and response mechanism on violence against children, as well as inform inter- and
cross-sectoral responses.
These efforts are undertaken through increased coordination among NGOs and Government partners. While the Orphan and Vulnerable Children (OVC) Steering Committee itself is still not functioning well, a sub-committee of the OVC steering committee oversaw the development and data collection of the H-Well survey. A technical working group on the child marriage study met regularly to develop terms of reference, and informed the development of tools and the implementation phase. A cooperating partners group was formed around the child marriage campaign. The initiative to design a three year programme (2014 – 2017) to strengthen the child care system – an important part of the child protection system - is a collaborative effort of the donor (GHR Foundation), MCDMCH, UNICEF and four NGOs (Save the Children, Catholic Relief Services, Catholic Medical Mission Board and Bethany). The programme has the objective to strengthen family based care. UNICEF support will go to strengthening governments’ standard-setting, monitoring and oversight role.

UNICEF continued supporting strengthening the Child Justice Forums, which have shown to be successful in improving the administration of justice in a timely manner and according to minimum standards. However, the diversion mechanism are not yet in place, limiting the effectiveness of the forums. The MCDMCH has developed terms of reference for a consultancy to develop the guidelines, standards and training manual on diversion. UNICEF will implement this in 2015, contributing to more systematic and consistent diversion of children away from the formal justice system.

The on-going efforts by the Government to strengthen prevention and response systems for violence against children and gender-based violence (GBV) have been supported by UNICEF in selected districts. Through the UN Joint Programme on Gender-Based Violence, capacity building efforts, using national training manuals, have increased skills and knowledge of frontline workers such as police, social workers, health workers and community networks, to adequately prevent and respond to violence against children and women. The Government has initiated the process of developing the draft National Referral Framework on Violence against Children (VAC)/GBV which will be aligned to the national child policy and the child protection systems strategy.

UNICEF provided support to more than 5,431 adolescents and youth to acquire business and marketing skills that increase self-reliance, protection especially from GBV/VAC and reduce risks of contracting HIV. In conjunction, UNICEF is strengthening capacities of Government and partners in communication for development strategies. Support was given the development of communication materials on GBV/VAC. Through the UN Joint Programme on protecting migrant children from trafficking and abuse, UNICEF supported the development of a communication assessment and messages to address vulnerabilities of migrant children. The will help strengthen protection of children on the move and is aimed at implementing systemic changes.

OUTPUT 1 Child Protection General-Project Support

Analytical Statement of Progress: UNICEF continued to advocate for child related legal reform in line with the CRC to ensure that children are better protected by legislation and better served by the justice system. However both the Office of the Attorney-General, responsible for drafting legislation, and the Zambia Law Development Commission which recommends reforms, are extremely understaffed. As such, the backlog for legislative drafting work is significant.
The Government has created a Children’s Code Bill that will domesticate the CRC. The Bill is yet to be submitted to Parliament for enactment. This will translate into a comprehensive and strong legal framework for; setting up of diversion programmes; a uniform definition of a child; revised age of criminal responsibility from eight to 12 years; and expressly providing the principles of non-discrimination, best interest of the child, survival and develop and child participation as the guiding principles in all matters that affect children.

With regard to further efforts to strengthen the set of laws and regulations needed to support protection of children, the Government, supported by UNICEF, developed rules of the court which will support the operationalization of the Anti-GBV Act of 2008, as well the administrative procedures in the Fast-track courts on cases related to gender based violence.

Recommendations have been made to the Ministry of Justice for review and subsequent amendment of provisions on the prohibition of VAC and GBV in schools and the need to review both the Anti-GBV and Anti-Human Trafficking as well as the Immigration and Deportation at Acts. The revision of these last two Acts will ensure inclusion of sections that provide for the protection of migrant children and unaccompanied minors who currently run the risk of being detained in the same holding cells as adults.

In 2014, UNICEF supported the Government in the development of two national policies: the national Child Policy and the national Policy on Social Welfare. Once adopted by the Government, they will guide development of a National Plan of Action and help with child-centred monitoring and evaluation. In 2013, the Government, through the Ministry of Chiefs and Traditional Affairs, launched a nationwide campaign to end child marriage. In supporting this campaign, UNICEF is engaged in generating evidence though research to understand the dynamics leading to child marriages. The research is taking place in six districts of Zambia: Katete, Mwinilunga, Senanga, Lusaka, Mufulira and Milenge. The findings will inform the development of a national plan of action, a communications strategy and development of inter-sectoral and scalable interventions. Data collection is complete, and the analysis is underway, with the report expected in March 2015.

UNICEF supported the Government in organising a National Symposium on Ending Child Marriage. UNICEF, together with the United States Centres for Disease Control and Prevention (CDC), supported the Ministry of Gender and Child Development in initiating and managing the Health and Well-being Survey (Violence against Children Survey) to inform national action plans to address violence against children. The data collection, by the University of Zambia and Central Statistics Office, is complete. The report is expected in August 2015.

**OUTPUT 2** By 2015 children are benefitting from the delivery of expanded and improved decentralised birth registration services in three selected provinces.

**Analytical Statement of Progress:**
In 2012, UNICEF supported the Department of National Registration to conduct a bottleneck analysis, which revealed three important bottlenecks preventing Zambians from getting their children registered: 1. Registration took place in district headquarter towns which meant long distances for travel, taking time and money. 2. People who did register their children often received the certificate many weeks, months and sometimes years later, due to centralised system of certification. 3. Many people did not see the benefit of a birth certificate, as it isn’t required later in life to access services. The three bottlenecks informed the support UNICEF planned to give to the Government.
During the period under review, UNICEF provided financial and technical support to Government focussing mainly on the following areas of birth registration: legal and policy environment review for universal birth registration; capacity strengthening to provide birth registration services through health centres in selected provinces, and; support to community volunteers in order for them to have the knowledge and skills to engage communities on the importance of birth registration. As part of the capacity strengthening support, a rapid assessment was done on the operations of the 95 health facilities with birth registration desks. The findings of the assessment helped inform expansion of the desks to the current 152 in the three pilot provinces. Key among the findings was that for sustainability purposes, there is need for the Department of National Registration headquarters to provide more support at district level to enable monitoring of health facilities. This support should include provision of adequate stationery and registration forms, communication facilities, fuel and transport. Twenty-two more desks will be opened in Lusaka and Copperbelt by end of December after the on-going training of 200 community health volunteers was completed, with support from the EU. A total of 303 community health volunteers have already been trained in Luapula, Southern and Eastern provinces. The orientation of health workers on the integration of birth registration within the health delivery system included capacity building on communication for development to assist them in awareness activities on the importance of birth registration. All these initiatives have resulted in an increase of birth registration as indicated below.

Notwithstanding the progress that has come with the above interventions, the opening of registration desks in health facilities has also come with some challenges. One of the main challenges is that – until the law is changed – certification still takes place in Lusaka resulting in too much pressure on headquarters in terms of processing certificates from the over 152 birth registration desks in health facilities from the three provinces. The Ministry reported that 22,883 children were registered in 2014 in the three UNICEF-supported provinces and out of these 10,542 have so far been issued with birth certificates. This is a huge contrast to the figures from previous years before the introduction of the registration desks. In 2012 the total number of children who were registered in the same three provinces was only 3,359 while 2,168 were issued with certificates. In order to address this challenge, UNICEF is supporting the Ministry of Home Affairs and the Zambia Law Development Commission to expedite the legal review process so that certificates can be processed and issued at district/provincial level. So far the first set of recommendations have been made by the Ministry of Home Affairs and the Zambia Law Development Commission based on the 2013 desk review of the Births and Deaths Registration Act. The final set of recommendations have been drawn based on the October 2014 comparative study of two SADC countries, Zimbabwe and South Africa.

Given the above situation, it is clear that improving the birth registration system in Zambia requires a multifaceted approach from legal and policy review, community involvement, partnership and coordination, advocacy, service decentralization, among others. With the approach Zambia has taken through partnership in the Civil Registration and Vital Statistics (CRVS) Steering Committee, a number of challenges identified in the 2014 rapid assessment, such as lack of resources by the district registration offices to monitor the birth registration desks in health facilities, are being addressed in a coordinated manner through the steering committee. The CRVS Steering Committee’s work is guided by its 2013-17 national strategic plan which has all components of the civil registration system in Zambia from birth to death.

**OUTPUT 3** The Ministry of Home Affairs (MoHA) is able to provide enabling legal and policy environment for universal birth registration.
Analytical Statement of Progress:
The current birth registration legal framework for Zambia provides for a centralized system of issuance of certificates. This system, however, is proving to be insufficient. Due to the new decentralised system for registration services done through the health facilities, registration numbers have increased, with the result that despite huge efforts by headquarters only 50 per cent of registered births have been issued with certificates as of December 2014. UNICEF is currently supporting Government through the Ministry of Home Affairs and the Zambia Law Development Commission in the review of the Birth and Deaths Registration Act so that the powers of the Registrar General to issue and sign birth certificates can be decentralized to district and provincial levels. This will address the current delays in the processing and issuance of birth certificates. So far, the first set of recommendations have been made by the Ministry of Home Affairs and the Zambia Law Development Commission based on the 2013 desk review of the Births and Deaths Registration Act. The final set of recommendations have also been drawn based on the October 2014 comparative study of two SADC countries - Zimbabwe and South Africa - which was supported by UNICEF. The process will continue in 2015 and by December a bill is expected to be finalised before taking it to Cabinet.

OUTPUT 4 MoHA, MCDMCH and MoH have the capacity to provide birth registration services in all health centres in selected provinces.

Analytical Statement of Progress:
The Department of National Registration, working closely with the Ministry of Community Development Mother and Child Health and with support from UNICEF has expanded to 152 birth registration desks in health facilities in Luapula, Eastern and Southern Provinces. The process of decentralization was preceded by the training of 152 health workers on birth registration procedures. In addition, 303 community health workers have been trained on birth registration and are now operating as a link between communities and the health facilities. Apart from sensitizing communities on the importance of birth registration they are also assisting health workers in the actual registration of children. The decentralization of birth registration services has enabled more parents to register their children since the services have been brought closer to their communities through the health facilities. Between January and December 2014, a total number of 22,883 children were registered, and out of them 10,542 have so far received their birth certificates. This is in contrast to the 3,359 children who were registered in 2012 (with 2,168 receiving birth certificates) in the same three provinces before the services were decentralized through health facilities.

While more parents are now coming forward to register their children following these interventions, there is increased pressure on the office of the Registrar General, since all applications have to come to headquarters for processing in accordance to the existing law. This has resulted in delays in processing of certificates - as can be seen by the gap in applications and certificates issued. If not adequately and swiftly addressed this may have negative impact, as people may get discouraged from registering their children if earlier applications have not been processed and certificates not received. UNICEF is supporting the Government on law reform in order to address this issue concerning centralized processing of applications.

OUTPUT 5 Selected community leaders and members of CSOs have the knowledge and skills to engage communities on the importance of birth registration in selected provinces.

Analytical Statement of Progress:
The training for community leaders such as chiefs and members of the civil society organisations was rescheduled to 2015. However, training for community health volunteers was conducted, covering 303 volunteers in the three pilot provinces. The purpose of the training was to equip the community health volunteers with knowledge and skills on birth registration. This will enable them to sensitise fellow community members on importance and benefits of birth registration, as well as to assist health workers in health facilities in the actual registration of births.

OUTCOME 7 By 2015, the Government of Zambia has an improved policy environment and systems to reduce multidimensional child poverty and exclusion.

Analytical Statement of Progress:
In 2014, the Zambian policy environment further improved its potential to deliver results for children and to address multidimensional child poverty in an integrated manner. Apart from new policies, plans, and programmes (dealt with elsewhere in this report), the Government revised its Child Policy. Available in near final draft, the Child Policy provides a comprehensive strategic direction for addressing child poverty through child-sensitive design and delivery of policies, plans, and programmes based on an analysis of main child rights deprivations. Although the revised Child Policy provides a strong framework, it will need to be accompanied by strengthened coordination structures and adequate monitoring and evaluation arrangements.

In 2014, the Government approved its new National Social Protection Policy (NSPP). Based on a comprehensive, five-pillar framework (social assistance; social insurance; livelihood and empowerment; protection; and disability), the policy complements existing sector plans by bringing together under the same umbrella a range of interventions that aim to reduce economic and social vulnerabilities of families and help them overcome financial barriers to service use. Flagship programmes that bear high relevance for children include the Social Cash Transfers and the new Social Health Insurance scheme. To deliver on its potential for a coherent and well-coordinated response to poverty, including through balanced budget allocations, the NSPP needs strong coordination mechanisms and a robust monitoring and evaluation arrangement. UNICEF Zambia provided significant technical support and inputs into both the revised Child Policy and the National Social Protection Policy.

In addition, the Government launched its Revised Sixth National Development Plan (R-SNDP). The R-SNDP provides a strong investment framework but contains few specific targets to address child poverty and is not ambitious enough in social sector response. The three focus areas of the Plan are: employment and job creation, rural development, and inclusive growth. It is worthwhile to note that the Plan has a dedicated chapter on Social Protection and Disability. Unlike other plans in the past, the R-SNDP has a proper monitoring and evaluation framework with clear key performance indicators for each pillar and a detailed M&E plan.

The emerging policy framework provides an opportunity for strengthened measurement of multidimensional child poverty. Currently, a lack of recent data, relevant indicators, and capacity in the Ministry of Finance and Statistics Office form the main barriers to this. The imminent release of data from the 2013-14 ZDHS and the 2015 Living Conditions Monitoring Survey provides an opportunity to address this gap. Child poverty measurements can be part of the broader Government management information system, used to track policy and plan performance and to monitor key development targets, including the MDGs and, from 2016 onwards, the Sustainable Development Goals (SDGs).
In 2014, Government made progress with strengthening its systems for managing information and monitoring progress. Work on a Government-wide M&E and Management Information System was targeted at harmonising M&E approaches and information sharing portals. UNICEF Zambia supported the establishment of a web-enabled revision of ZambialInfo, the country’s adaptation of DevInfo, for monitoring nation development indicators. The database contains 236 indicators across 91 geographical areas and serves as a central repository of selected human development indicators, gathered from previous national surveys specifically the ZDHS, LCMS and censuses. Government officials from different sectors, cooperating partners, academia, media and researchers are now able to easily access these data-sets from wherever they are because of the web-enabling.

In terms of child-centred budget allocations, in 2014, the Government maintained a stable allocation to the education sector at slightly over 20 per cent of the total budget. However, the balance between recurrent cost (salaries) and investments under the education budget remains skewed towards the former. The education sector is the first to produce an output-based budget for 2015, which entails potential for strengthened performance management. The 2015 health budget stands at 9.6 per cent, which is slightly down from 2013. This is still below the international standard and requires close monitoring. The 2015 budget for Social Cash Transfers, which significantly increased between 2013 and 2014, remained stable, but with a decreasing donor contribution this actually translates into a reduction in real terms. UNICEF supported civil society and the Ministry of Community Development with lobbying for a budget increase, using available evidence on cash transfer impacts and reference to demonstrated poor targeting of the fertilizer subsidy transfer programme for which the budget increased significantly.

OUTPUT 1 The Government of Zambia has the capacity to deliver an integrated set of child-, gender-, and HIV-sensitive social protection measures by 2015.

Analytical Statement of Progress:
From the social protection perspective, 2014 was dominated by the Ministry of Community Development’s efforts to roll-out the scale-up of Social Cash Transfers. At mid-year, the Ministry had enrolled an additional 90,000 recipients, on top of the 60,000 households already in the programme at the end of 2013. Estimates reveal that it is realistic to expect that an additional 35,000 households will be enrolled, bringing the total 2014 caseload to about 185,000 beneficiaries; close to the highly ambitious target of 190,000 set at the start of the year.

UNICEF provided intense technical support to the scale-up exercise. This included the following:
- Development of detailed operational guidance, training material, and training on the targeting approach under the new ‘inclusive’ or ‘incapacitated households’ model;
- Alignment of the SCT Management Information System to the new targeting approach, the increased caseload, and the use of mobile technology for household registration;
- Technical assistance for caseload projections for the scale-up;
- Design and roll-out of a quality assurance mechanism for targeting;
- Logistics support for targeting in 31 new districts;
- Support to the Statistics Office for data entry, and;
- Support, through WFP, to the roll-out of an M-Tech initiative, which piloted the use of tablets for household registration during the targeting process in three districts.

Apart from the scale-up priority, other 2014 achievements under the Zambia Social Protection Expansion programme are worth highlighting.
In June, the Cabinet approved the National Social Protection Policy with its Implementation Plan. The NSPP was developed with intense UNICEF technical assistance.

The release of preliminary findings from the Randomized Controlled Trial (30-month and 36-month follow-up reports on the Child Grant and 24-month follow-up report on the Multiple Categorical Grant) and from the research on Wider Impacts of cash transfers in Zambia (2013 Child Grant and 10 per cent model individual and condensed reports). The findings reveal continued reduction of poverty and an improved sense of well-being, consumption smoothening between seasons, asset creation and debt reduction, impacts on non-recipients through social and economic multipliers, and emerging investments in improved living conditions and sanitation.

The main area of shortfall in 2014 was communication. Despite the establishment of a Communication Task Force by the Ministry, activities have not been rolled-out at the required pace, despite significant gains in momentum during the second half of 2014, with the production of fact sheets, posters, and intensified media exposure

OUTPUT 2 Children and adolescents have capacity to pass on (peer to peer) key A Promise Renewed (APR) issues about child survival, education, protection, development, including climate change by 2015.

Analytical Statement of Progress:
Adolescents were able to pass on peer to peer key APR issues through the implementation of the child climate change ambassador programme. This was done in partnership with the Ministries of Lands, Natural Resources and Environmental Protection, Gender and Child Development, and Education; and NGO partners Wildlife and Environmental Conservation Society of Zambia and Barefeet Theatre.

The programme continued enhancing child and youth participation in climate change advocacy and HIV prevention. Ambassadors also participated in advocacy for broader child rights issues such as child marriages, teenage pregnancies, water and sanitation, as well as issues around UNICEF’s APR programming. The ambassadors also continued participation in the post-2015 development agenda, thereby helping to ensure the inclusion of the voice of Zambian children in the consultative process. The ambassadors led in climate change adaptation projects in their schools and communities. Through media appearances, the ambassadors were able to educate and sensitise their peers and community members on environmental sustainability and HIV prevention through the Zambia U-Report that had by December 2014 registered 75,000 young people who receive and share information on HIV and AIDS.

OUTCOME 8 Selected community leaders and CSOs have the knowledge and skills to influence practices and behaviour harmful to children in selected districts by 2015.

Analytical Statement of Progress:
UNICEF, as part of a UN Joint Programme with International Organisation for Migration and the United Nations High Commissioner for Refugees which is funded by the EU, supports the Government in strengthening its protection of and response to vulnerable migrant children. The project’s communication component seeks to attain improved understanding among vulnerable children and persons of concern on safe migration, asylum processes and dangers of trafficking/exploitation, as well as reduce stigma and discrimination of these vulnerable groups.

With the Ministry of Community Development Mother and Child Health in the lead a Communication for Development Task Force was formed comprising various partners working
on or around issues of vulnerable child migrants. The Task Force was trained on mixed migration and strategic communication. A communication consultant was hired to conduct a communication assessment on issues related to children and asylum processes, safe migration, trafficking, along with stigma and discrimination. The assessment revealed a number of vulnerabilities related to knowledge on risks of migration, knowledge of rights and obligations, documentation, and ways of crossing the borders.

Using a consultative approach a communication strategy was designed by the consultant and input was provided by the Communication for Development Task Force. Consultation workshops were carried out with children to develop and pre-test the messages on stigma and discrimination. About 120 refugee children some of whom are unaccompanied or separated children, participated in these consultations. The consultative workshops revealed children’s’ experiences of stigma and discrimination whether living in the refugee host communities or living in the urban areas. Refugee children consulted in this process reported being called names by host communities and generally had little motivation for doing well in school as they felt that opportunities for them to get jobs are few in the country. The consultations conducted with the refugee children informed the development of messages and identification of appropriate channels to reach the wider communities.

Once the child marriage research is completed, chiefs will be engaged nationally to discuss findings and ways they can support communities to address child marriage and child protection more broadly.

**OUTPUT 2** MCDMCH and the police have increased skills and resources to provide vulnerable children with access to appropriate child protection services in selected districts by 2015.

**Analytical Statement of Progress:**
In collaboration with four NGOs and with support from GHR Foundation, UNICEF plans to support the MCDMCH in the next three years to strengthen the child care system. UNICEF facilitated the final review, ensuring alignment with international standards, and launch of the Minimum Standards of Care for Child Care Facilities. This forms an important first step of strengthening the regulatory framework for alternative care, which UNICEF will support fully in 2015. The case management system will be developed after the assessment of all child care institutions, to take place first half of 2015 with support from Catholic Relief Services and UNICEF.

UNICEF supported MoHA to train 200 police officers, and working with World Vision, Project Concern International and the Paediatric Centre of Excellency trained 1,220 social workers, medical personnel and Victim Support Unit officers, to ensure children and women receive professional, efficient and effective services and support. To complement the work by the police, social workers and medical personnel, 130 community networks were formed that identify, prevent, mitigate and refer cases of VAC and GBV.

UNICEF supported the MGCD to strengthen the national referral mechanism by development of the National Referral Framework on VAC and GBV which was finalised. The guidelines will be used by the trained cadre of service providers and community members. Ten thousand copies of the Framework will be printed and distributed in all provinces in the first quarter of 2015.

Some 340 community based care providers have been trained in Mansa (7 chiefdoms), Kasama, Nakonde, Mungwi, Isoka, Mpfika and Chipata to provide community based
psychosocial care and support services including referrals for victims of GBV and child abuse and for perpetrators.

Contributing to improving the protection of children, 5,431 youth were trained on entrepreneurship and life skills. Of these, 1,600 were vulnerable women/survivors. The monitoring visits indicated that as a result of the entrepreneurship, children and dependents are benefitting by accessing school, medical attention, decent clothing, and improved nutrition. Of the trained youth, 4,123 have started small businesses, about 1,680 have opened accounts, 3,360 are participating in group savings and 1,825 have accessed start-up funds.

UNICEF provided both technical and financial support to the MoESVTEC for the review of the Education Act of 2011 to improve protection of children in school. The review will take place in February, and include all relevant institutions working with children and on gender.

OUTPUT 3 Ministry of Justice, Zambia Law Development Commission, MoHA, and Ministry of Gender and Child Development (MGCD) have improved capacity to legislate for, plan and coordinate evidence based child protection interventions by 2015.

Analytical Statement of Progress:
UNICEF continued to advocate for child related legal reform in line with the CRC to ensure that children are better protected by legislation and better served by the justice system. However both the Office of the Attorney-General, responsible for drafting legislation, and the Zambia Law Development Commission which recommends reforms, are extremely understaffed. As such, the backlog for legislative drafting work is significant.

The Government has created a Children’s Code Bill that will domesticate the CRC. The Bill is yet to be submitted to Parliament for enactment. This will translate into a comprehensive and strong legal framework for; setting up of diversion programmes; a uniform definition of a child; revised age of criminal responsibility from eight to 12 years; and expressly providing the principles of non-discrimination, best interest of the child, survival and develop and child participation as the guiding principles in all matters that affect children.

With regard to further efforts to strengthen the set of laws and regulations needed to support protection of children, the Government, supported by UNICEF, developed rules of the court which will support the operationalization of the Anti-GBV Act of 2008, as well the administrative procedures in the Fast-track courts on cases related to gender based violence.

Recommendations have been made to the Ministry of Justice for review and subsequent amendment of provisions on the prohibition of VAC and GBV in schools and the need to review both the Anti-GBV and Anti-Human Trafficking as well as the Immigration and Deportation at Acts. The revision of these last two Acts will ensure inclusion of sections that provide for the protection of migrant children and unaccompanied minors who currently run the risk of being detained in the same holding cells as adults.

In 2014, UNICEF supported the Government in the development of two national policies: the national Child Policy and the national Policy on Social Welfare. Once adopted by the Government, they will guide development of a National Plan of Action and help with child-centred monitoring and evaluation. In 2013, the Government, through the Ministry of Chiefs and Traditional Affairs, launched a nationwide campaign to end child marriage. In supporting this campaign, UNICEF is engaged in generating evidence though research to understand the dynamics leading to child marriages. The research is taking place in six districts of Zambia:
Katete, Mwinilunga, Senanga, Lusaka, Mufulira and Milenge. The findings will inform the
development of a national plan of action, a communications strategy and development of inter-
sectoral and scalable interventions. Data collection is complete, and the analysis is underway,
with the report expected in March 2015.

UNICEF supported the Government in organising a National Symposium on Ending Child
Marriage. UNICEF, together with the United States Centres for Disease Control and Prevention
(CDC), supported the Ministry of Gender and Child Development in initiating and managing the
Health and Well-being Survey (Violence against Children Survey) to inform national action plans
to address violence against children. The data collection, by the University of Zambia and
Central Statistics Office, is complete. The report is expected in August 2015

OUTPUT 4 Judiciary, MCDMCH and Child Justice Forum have improved capacity to respond to
children in contact with the law at all stages of the justice system in accordance with
international standards in target districts by 2015.

Analytical Statement of Progress:
When it comes to issues of administration of justice for children, there has been noticeable
improvement in the last years in the 45 districts of 104 where Child Justice Forums have been
established. Court officials are administering child-friendly courts aimed at ensuring that all
rights of children, among which the right to information, protection at arrest level and
participation during trials are fully respected with due consideration to the child’s level of
maturity and understanding and to the circumstances of the offence. Ten children randomly
interviewed during the 2014 end of year monitoring in districts with Child Justice Forums
indicated that they were informed of the charges, court procedures were explained to them, they
were visited by a social worker and given a chance to cross examine or to simply say something
in relation to their case in court.

There are nonetheless existing obstacles for children within the justice system such as the non-
existing or partial separation of children in detention once arrested, lack of diversion services for
alternative sentencing, and the diversity in and complexity of procedures for Bond/Bail due to
highly set security conditions. Children continued to be arrested and detained for petty offences.
In addition, anecdotal evidence suggests that young people have been held unnecessarily
without charge for extended periods, especially on drugs related cases.

In order to further expand the Child Justice Forums, UNICEF supported the training of 90 role-
players in child justice administration in four districts: Kalomo, Namwala, Katete and Mporokoso.
Those trained were five magistrates, four court interpreters, four prosecutors, 20 police officers,
eight social workers, and 49 members from civil society and village headmen/chiefs. Forty Child
Protection Police Officers drawn from the 10 provinces were trained in basic child care services
and child justice/witnesses preparation for courts. This type of training will continue, in order to
increase skills and knowledge among stakeholders on promoting and protecting children’s rights
during court proceedings by applying child-friendly procedures and approaches at all stages.

UNICEF supported the National Child Justice Forum to develop draft guidelines and posters on
the Application for Bond (at police/arrest level) and Court Bail at trial level. This will reduce the
number of children in detention whilst awaiting trial. In 2015, UNICEF will direct support towards
curricula development for the Zambia Police and the development of a national framework and
protocols, on diversion, including training curricula
**Evaluation**

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<th>Title</th>
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<td>Formative research Report - Accelerating Progress towards</td>
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**Other Publication**

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<tr>
<td>“ITN Discussion Guide Booklet”</td>
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<td>“ODF Verification Procedures”</td>
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<td>“Chiefdom Trigger Session”</td>
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<td>“School-led Total Sanitation Guidelines”</td>
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<td>“UNICEF Zambia Child Climate Ambassador video”</td>
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<td>“Zambia Annual Report 2013”</td>
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**Lessons Learned**

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