UNICEF ANNUAL REPORT for Zambia

1 EXECUTIVE SUMMARY

2010 was the final year of Zambia’s 2007-2010 National Development Plan and the UNDAF and UNICEF Country Programme. UNICEF engaged in complementary processes of review, strategic planning and identification of results for the new Sixth National Development Plan (SNPD), UNDAF and CPD. Advocacy for prioritising children’s and women’s rights, especially of the most vulnerable (the poorest and hardest-to-reach and those most affected by HIV and AIDS) resulted in an improved articulation of results for children in the SNPD. The new CPD, designed to support the achievement of these results, was approved by the Executive Board in September 2010.

Significant results were achieved in extending child and maternal survival services into remote communities. In Luapula Province (with increasing HIV prevalence and the highest under-five mortality rate), efforts to build capacity, extend appropriate systems for testing and delivery of results, and build community awareness on HIV, maternal and newborn health have had substantial results. Supervised deliveries in health facilities increased from 20 to 60 per cent in targeted communities, whilst the time lapse in communication of infant HIV test results from laboratory to health centre decreased from 6.2 weeks to 1-2 days. An estimated 14,000 people in Luapula and Copperbelt Provinces have improved access to safe water and 36,000 people in Southern Province have improved sanitation facilities.

Through UNICEF’s analytical work and evidence-based advocacy, the GRZ and cooperating partners launched the social protection expansion programme with initial commitments of US$100 million for implementation of a national social cash transfer scheme, development of a social protection policy, and other targeted programmes. Mothers of children under five years of age in the three districts with the highest levels of poverty and under-five mortality are now receiving bimonthly cash transfers.

Continued low comprehensive knowledge on HIV and AIDS amongst youth and low birth registration rate are significant shortfalls resulting from deficits in advocacy, programme design, national leadership and public engagement.

Collaboration with community groups, NGOs and media was supported to improve quality in community-run early learning centres and schools. Through UNICEF advocacy, a nutrition donor’s group was established to further improve coordination and strengthen sub-sector response.

2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Although young child mortality declined, the rates are still unacceptably high at 34, 70 and 119 per 1,000 live births for neonatal, infant and under-five deaths, respectively (DHS). Leading causes of death amongst under-5s include neonatal causes, pneumonia, malaria, diarrhoea and HIV (WHO). The maternal mortality ratio declined from 729 per 100,000 live births in 2002 to 591 in 2007 (DHS). Some 94% of pregnant women make at least one ante-natal care visit, although only 19% come in the critical first trimester.

Only 47% (27% amongst poorest) of births are assisted by skilled attendants, and 39% (24% amongst poorest) receive postnatal care within 48 hours. Total Fertility Rate at 6.2 in 2007 and a low contraceptive prevalence rate (41%) also impact the situation (DHS). Malnutrition remains a silent emergency, with approximately 1 million children stunted as a result of chronic malnutrition. Prevalence of stunting, underweight and wasting at 52%, 18% and 5%, respectively, in 32 selected districts of Zambia (NFNC 2010) suggest little improvement since 2007. This reflects the curative focus of nutrition interventions, which do little to address the drivers of malnutrition.

Zambia has HIV prevalence of 14.3%, with variations by province ranging from 7% to 21%. HIV incidence in adults aged 15-49 years is currently estimated at 1.6% (DHS). Sex with non-regular partners remains the most common source of infection (71%),
whilst major drivers include multiple concurrent partnerships, inconsistent condom use, low rates of male circumcision, mother-to-child transmission (MTCT) and high risk for mobile migrant workers, sex workers and men who have sex with men (NAC). The HIV epidemic particularly affects women and children. Infection rates among pregnant women remain high at 16.4%, with some 80,000 infants being born each year to HIV-infected women (HMIS). Without intervention 30-40% of these infants would be HIV positive, with very poor prospects for survival. However, with increasing access to PMTCT services, the number of new infections has more than halved, from 21,200 in 1996 to 9,200 in 2009 (NAC). An estimated 120,000 Zambian children are living with HIV, of whom at least 40,000 are in immediate need of antiretroviral therapy (HMIS). Challenges remain for adolescents, particularly among boys aged 15-19 years for whom prevalence increased from 1.9% to 3.6% between 2002 and 2007 (DHS).

According to the UNICEF/WHO Joint Monitoring report, an estimated 5 million Zambians live without access to safe water, and 6.5 million lack sanitation; around 2.3 million practice open defecation. This contributes to a high prevalence of diarrhoea and other waterborne diseases, which are further driven by poor sanitary health practices. There is a significant difference in access to safe water between urban and rural areas, and significant variation in access to sanitation in different provinces.

Zambia has successfully attained the MDG 2 target for universal primary education, with net enrolment in primary school reaching 95% (MDG Report) mainly through: (a) Free Basic Education Policy (2002) and (b) special focus on girls’ education. However, primary school completion rates remain low and challenges remain for attendance and learning outcomes. The survival rate to Grade 5 was 8% and completion rate at grade 9 was 53% (ESB). Three-quarters of women in the lowest income quintile never completed primary school (DHS). Community schools serve 20% of primary school learners (ESB), mostly vulnerable children in rural areas, but with peripheral status in terms of funding, staffing and oversight. Children living with their grandmother or who have a disability are least likely to attend school.

Zambia’s dual legal system creates challenges for the protection of children’s rights. With limited access to courts for rural women and children, family matters are often decided by customary law. Domestication of the CRC and other human rights treaties is incomplete. There is legal inconsistency over the age of a child: the Constitution states 15 years while customary law refers only to “puberty”. The age of criminal responsibility is just eight years of age. Less than 10% of children have their births registered; in rural areas rates are even lower. Corporal punishment is banned, but greater efforts are needed to ensure that it is not used in educational settings, institutions and the family environment. Zambia has one of the highest rates of orphan-hood per capita, with an estimated 1.2 million orphans under the age of 15.

3 CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview

In the last year of the 2007-2010 programme Zambia Country Office (ZCO) sought to consolidate the gains made in different programmes, directing efforts towards interventions and strategies that address issues of equitable access.

In 2010 the ZCO worked especially around strengthening national coordination mechanisms, systems-strengthening and integration of services and strengthening decentralised structures to enable them to reach out to remote, disadvantaged regions. A combination of these approaches is the cornerstone for fulfilling equal rights of access to development and protection.

Efforts were accelerated to sustain the substantial scale-up of PMTCT delivery achieved in recent years. A harmonised approach among partners for procurement of essential supplies was strengthened, health workers were trained in integrated service provision,
communities were sensitised and mobilised and a system for performance-monitoring was established.

Creative strategies were explored to facilitate access to services, including SMS technology. ZCO contributed to the Ministry of Health (MOH) Community Health Worker Strategy, critical in addressing human resources constraints, and to ensure equitable and preventive service delivery at the first level of care.

UNICEF successfully advocated for legalising Community Schools, to enable them to access public resources, including trained teachers. Life Skills education built capacities and skills of children and young people to take informed decisions and act on them with regard to social relations, HIV prevention and livelihood development.

The water, sanitation and hygiene education programme played a lead role in establishing the community-led total sanitation (CLTS) approach as a model for improving access and utilisation of improved sanitation facilities in rural communities. Eleven selected districts in Southern and Copperbelt Provinces demonstrated how intensive engagement with communities can transform local attitudes and collective commitment to managing water resources and self-provisioning of improved sanitation.

UNICEF partnered with DfID, ILO and Irish Aid to advocate for the scale-up of social cash transfers and full national ownership of the expanded programme. Evidence generated was instrumental in making the investment case for expanding these schemes. Evidence-based advocacy for the prioritisation of outcomes for vulnerable children resulted in the development of a comprehensive national plan, based on clear criteria and a phased national scale-up.

3.1.2 Programme Strategy
3.1.2.1 Capacity Development

Strengthening systems at the national and decentralised levels was a key focus; ZCO worked with MOH and partners to improve access, quality and timeliness of service delivery. Efforts were made to ensure that key policies and programme strategies being drafted would focus on the needs of underserved girls, boys and women, including: the National Food and Nutrition Strategic Plan, PMTCT/Paediatric AIDS Scale-Up plan, Community Health Worker strategy, community schools and support for the establishment of District Childcare and Protection Committees. Results-based programming was promoted through quarterly district data audit meetings in PMTCT and MNCH programmes. Setting up and strengthening information systems was supported, particularly the establishment of the national WASH information management system. ZCO contributed to strengthening supportive supervision through a mentorship approach in selected districts implementing the integrated MNCH/PMTCT initiative. ZCO sought to strengthen procurement and supply chain management, especially in the health and education sectors. As an initial activity, training for MOH procurement staff was conducted. This will be a key capacity building activity during the next two years. Government programme managers were supported to participate in strategic international meetings to further develop capacity around newborn care, maternal health, food fortification, implementing social cash transfer programs and programs for out-of-school youth.

Developing community capacity was pursued as a critical strategy to reach underserved populations. Support for the training of ‘Safe Motherhood Action Groups’ ensured that pregnant women were followed-up at home and birth preparedness plans developed. Through partnership with NGOs, ZCO contributed to strengthened follow-up of mother-baby pairs through lay counsellors, and mentor mothers guided pregnant women living with HIV on appropriate infant feeding choices. UNICEF worked closely with the MOH to develop capacities of community health workers in integrated community case
management (ICCM) of malaria, pneumonia and diarrhoea. WASH provincial support teams are building capacities of pilot districts in planning and information management. The professionalisation of manual drilling is a key objective; toward this end, training of community-based workers will continue in 2011.

3.1.2.2 Effective Advocacy

In a child-led advocacy campaign, ZCO launched Unite4Climate Zambia as part of the Zambian Children’s Climate Conference (ZCCC) which, when it was held in April, was the first national conference of its kind in the world following the international Children’s Climate Forum in Copenhagen. Two hundred seventy-eight children from Zambia’s nine provinces were trained in key climate survival and advocacy skills by leading agricultural, natural disaster, water, and communications experts. High-profile leaders such as Zambia’s First Lady, the Minister of Tourism, Environment and Natural Resources, and UNICEF’s Regional Director for East and Southern Africa addressed the important role children were playing in helping to combat climate change in their communities. With this training, the young climate ambassadors developed work plans and on their own have worked this year to plant trees, broadcast community radio station shows on mitigating climate change, hold school debates on climate change issues and HIV prevention, and advocate for floating schools in flood-prone areas. A second ZCCC was held in August, during which the ambassadors sharpened their advocacy skills and also received training as HIV and AIDS peer educators. ZCCCs I and II were ground-breaking first steps in creating a lasting leadership programme for children to improve their advocacy skills and their country’s future.

UNICEF Zambia has embarked on a two-year programme of action research on monitoring the effects of the global economic crisis on vulnerable women and children in contrasting communities (urban and rural). The research is being implemented in six districts of Zambia. Its design is based on the conceptual and methodological approach of human well-being analysis. The outcomes are principally intended to inform the national policy process, both through increasing concern for the vulnerability of children and women (which already began through engagement in the research process) and in responses to the evidence that will be generated over time. Whilst the research is founded on circumstances of crisis, the results will have wider applicability in terms of guiding responses to chronic poverty, vulnerability and shocks.

3.1.2.3 Strategic Partnerships

ZCO worked with a broad range of partners, including government departments, civil society, the private sector, academic bodies, and cooperating partners. Working through Sector Advisory Groups (SAGs), the CO successfully influenced the planning process for the Sixth National Development Plan to mainstream priorities for children, gender and HIV. Several longstanding partners (such as the Governments of Denmark and Sweden, DFID, Irish Aid, and UNICEF UK) provided millions of dollars in support for Child Health Week and social protection. DFID and Irish Aid brought in substantial financial support and established a formal technical cooperation mechanism for expanding the Social Cash Transfer programme. Through technical and financial collaboration with the Dutch Government, the NGO WASH forum was better supported in its advocacy functions for resource mobilisation and inclusion and equity in WASH service provision. In the Health section, joint collaborative efforts for strengthening service delivery systems and supervisory functions resulted in better access to health, nutrition and HIV services in remote rural districts. The formation of the nutrition donor group, which involved other UN agencies, World Bank, Irish Aid, DFID and USAID, is a key achievement. Active engagement with bilateral donors and sister UN agencies within the Education sector SWAp resulted in more effective and harmonised support for community schools, HIV prevention and life skills for both in and out-of-school children, girls’ education, provision of early childhood care and Child-Friendly Schools. The Child Protection section brought together donor governments, Government ministries, international and local civil society organisations to coordinate support for Gender-Based Violence (GBV) groups, District
UNICEF actively participates and leads several UN Joint technical working groups under the UNDAF Outcome Areas. It is a lead co-convenor of the UN Joint Social Protection Group; lead convenor for the Impact Mitigation component of the UN Joint HIV Plan; co-lead of the UN Joint Programme on Human Trafficking; and a member of the UN Communication Group.

3.1.2.4 Knowledge Management

Despite the lack of a formal concept, scope and system for knowledge management, a number of activities took place in 2010 related to knowledge generation and dissemination. This took place through UNICEF support to Government ministries and partners for conducting reviews, surveys and studies. The Ministry of Finance and National Planning (MoFNP) and the National AIDS Council were supported to organize a joint dissemination of findings from two studies conducted with UNICEF’s support. The Situation Analysis of Children and Women (SITAN) study led by the MoFNP, uses a human rights approach to analyse vulnerabilities in Zambia, discuss the underlying drivers of rights failures, and identify actions that would help different role players to improve in the fulfilment of rights of children and women. The second report, a study on ‘Analysis of HIV Prevention and Modes of Transmission’ led by the National AIDS Council (NAC), highlighted the six key drivers of the HIV epidemic in Zambia. Dissemination meetings contributed to ZCO’s aim to build national capacity to generate knowledge, acquire and use knowledge for realising the rights of vulnerable children and women within a generalised HIV epidemic context. Other studies undertaken during 2010 are also planned for wide dissemination and sharing with stakeholders and communities.

The Central Statistics Office received technical and financial support for setting up a system for monitoring implementation of the Sixth National Development Plan. The Ministry of Community Development and Social Services (MCDSS) is being similarly supported to set up a system for monitoring the roll-out of the Social Cash Transfer and Child Grant Scheme. Within the Country Office, brown-bag lunch sessions were organised to share information on preliminary findings and solicit inputs and perspectives from staff on on-going research and studies.

ZCO supported the Climate Change Facilitation Unit at the Ministry of Tourism, Environment, and Natural Resources, and organised two Zambian Children’s Climate Conferences during which 270 children aged 12-to-18 from all nine provinces were trained in advocacy for climate change reduction, and HIV prevention.

3.1.2.5 C4D - Communication for Development and application of Human rights based approach to programming

To help reach vulnerable, hard-to-reach communities cross-cutting Communication for Development (C4D) strategies were applied to national campaigns that achieved results for children and women. Technical support was provided to MOH to conduct the bi-annual nationwide media campaign ‘Healthy Child, Healthy Family, Healthy Nation,’ which promotes Child Health Week (CHWk). CHWk protects more than 2 million under-fives every year from polio, measles, and other vaccine-preventable diseases – averting the morbidity and mortality that would have resulted in the absence of immunisation. ZCO C4D supported the Government, through the DMMU, to conduct the campaign ‘Your Life is in Your Hands,’ which focused on the promotion of hand-washing with soap and water, protecting thousands of children in Lusaka’s compounds from cholera. Another significant campaign this year was ‘Every Child Deserves an Education,’ which promoted school enrolment and retention, helping to keep Zambia on track to reach MDG2, especially in rural areas. C4D also supported ministries and other partners to develop high-quality IEC materials, develop and implement media plans, and monitor and supervise communication interventions, contributing to greater C4D capacity within
Zambia. To build resiliency among highly vulnerable communities to humanitarian emergencies, C4D worked closely with DMMU to increase public awareness about the prevention of and response to cholera outbreaks. This was carried out largely in high-risk areas of Lusaka, which records the country’s highest numbers of cholera cases annually. UNICEF uses a mix of communication channels to disseminate key messages. Mass media channels (radio and television) are used to broadcast key messages during national campaigns. These are complemented by interpersonal communication activities such as door-to-door visits and use of traditional community media (jingles, road-shows, etc.). On-going C4D interventions are conducted at the community level through partnerships with media, NGOs, CBOs and faith-based organisations.

3.1.3 Normative Principles

3.1.3. Gender Equality and Mainstreaming

The revised UNICEF Gender Policy gave impetus to the Country Office to organise a brainstorming session to undertake a critical review of on-going ZCO work from a gender perspective, and to assess existing capacity in the office. Two follow-up actions were taken: the formation of the Gender Task Force in early 2010 and the organisation of training on Gender before the end of the year. The purpose was to sensitise staff on the revised Gender Policy, provide a foundation for staff understanding of key gender concepts and tools in UNICEF programming and develop capacity for oversight of gender mainstreaming in implementation of the Country Programme. Two gender trainings, basic and advanced, were completed for UNICEF as well as other UN staff.

UNICEF supported the advocacy work of the Gender in Development Division (GIDD) under the Ministry of Gender for mainstreaming gender into the Sixth National Development Planning process. A consultant was recruited for analysing sectoral chapters/components of the SNDP from a gender perspective and incorporating gender into relevant sections.

Although too early for visible impact, UNICEF played a key advocacy role in 2010 to introduce the Gender-Based Violence Act. With regard to support for victims of violence, UNICEF formed a consortium with other UN organisations, cooperating partners, Government ministries (including GIDD), and civil society organisations in support of a project called ‘A Safer Zambia’ (ASAZA). The project established ten One-Stop Centres in seven districts and a single Centre in Lusaka, providing support and care for over 600 children within one year.

UNICEF works in partnership with the Forum for African Women Educationalists in Zambia (FAWEZA), and built capacity of 180 pupils and 44 teachers in management and mentoring skills as peer educators and peer overseers, respectively, for the Student Alliance for Equality (SAFE) Clubs in 60 schools in selected provinces, including Luapula. The Campaign for Female Education is another organisation that focuses on programmes to retain girls in school.

3.2 Programme Components

Title: Health and nutrition

Purpose:
The purpose of this programme component is to contribute to the reduction of child mortality, improve maternal health, combat HIV and AIDS, malaria and other major diseases and reduce under-nutrition, in pursuit of achievement of MDGs 1, 4, 5 and 6. The work is based on on-going national health reforms, policies and strategies, including the Fifth National Development Plan, the National Health Sector Strategic Plan, and the AIDS strategic framework adopted by the Ministry of Health. The programme component
has three sub-components: Children and AIDS; Maternal, Newborn and Child Health (MNCH); and Child Nutrition.

In 2010 the programme aimed to contribute to the following results: a) 56,000 HIV positive pregnant women access ARVs for PMTCT; b) 5,000 children under 15 years living with HIV are enrolled in an ART programme; c) at least 90% coverage for all EPI antigens; d) at least 80% of districts have capacity to provide EmONC services; e) at least 65% coverage for four Focused Ante-Natal Care (FANC) visits; f) at least 20 districts have capacity to prevent and manage common childhood illnesses (pneumonia, malaria, diarrhoea, malnutrition) at the community level; g) at least 95% of targeted women and children are reached with high-impact interventions during bi-annual Child Health Weeks; h) communication campaign on key high impact family/community interventions conducted; i) enhanced, evidence-based nutrition planning and programming promoted; j) at least 80% of health providers in 30 priority districts have adequate skills to promote maternal, infant and young child feeding (IYCF) and management of malnutrition; k) at least 50% of health facilities in 30 priority districts declared baby-friendly; l) 100% of pregnant and lactating women and under-five children in 30 priority districts have access to micronutrient supplementation; m) health and nutrition CCCs met during all nationally declared emergencies.

**Resources Used**

Total approved for 2010 as per CPD: US$6,083,900.00

Total available for 2010 from all sources:

| RR | US$2,126,500.00 |
| OR | US$5,225,300.00 |
| Total | US$7,351,800.00 |

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**Results Achieved**

Progress was recorded in maternal, newborn and child health, and AWP results for EPI and Child Health Weeks were met. The integrated Child Health Week/measles supplemental immunisation activity vaccinated 1,933,973 under-five children against measles. Polio immunisation was carried out in 30 high-risk districts. Post-campaign survey showed 86% coverage for measles vaccination and 99% for Vitamin A supplementation. ZCO supported the ICCM roll-out, and 11 rural districts now have community capacity for managing pneumonia, diarrhoea and malaria.

UNICEF supported capacity building in antenatal care and emergency obstetric care, leading to an increase in districts with emergency obstetric care capacity from 47 to 53 during 2010, while districts with Safe Motherhood Action Groups increased from 26 to 43. The Campaign for Accelerated Reduction of Maternal Mortality in Africa raised general awareness on maternal deaths in Zambia.
More than 60,000 pregnant women living with HIV accessed ARV for PMTCT prophylaxis, and 5,000 newly diagnosed children under 15 years living with HIV were enrolled on ART. Early infant diagnosis services were expanded to 644 sites (out of 1100 PMTCT sites). Through mother-to-mother support, 7,000 pregnant and post-partum women were enabled to address infant feeding and HIV. UNICEF contributed to these results by strengthening coordination, partnership, capacity development and community involvement.

ZCO supported drafting of the 2011-2015 national scale-up plan for virtual elimination of MTCT of HIV and paediatric HIV care and development of national guidelines based on 2010 WHO guidelines, promoting standardisation. The Mother Baby Pack (MBP), a user-friendly packaging of PMTCT medications integrated in ante-natal clinics was rolled out. A programme was launched to pilot and scale-up the use of SMS technology to reduce turnaround time of DBS results, addressing inequities in early initiation of ARVs particularly in rural settings. Results show turnaround time reduced to one-to-three days from the previous average of over six weeks. Only 135 CD4 testing machines (mainly in urban settings) nationwide are available. UNICEF procured and installed 12 CD4 machines in rural facilities to increase access for pregnant women living with HIV to more efficacious ARV regimes for PMTCT.

The draft 2011-2015 ‘National Food and Nutrition Strategic Plan’ (NFNSP) was supported, and donors including UNICEF, DfID, USAID, World Bank and Irish Aid formed a nutrition donor group (UNICEF was convener) to support NFNSP priorities. NFNC has expressed interest in being an “early riser” country under the Scaling-Up Nutrition initiative. UNICEF supported capacity building in IYCF, development of the Zambian IYCF training package for community health workers, IMAM implementation, assessment of therapeutic nutrition commodity supply chain, training of trainers for Baby-Friendly Hospital Initiative (BFHI) assessors and BFHI assessment of 23 health facilities. Four facilities qualified for certification. ZCO mobilised resources from USAID for an IDD impact survey in 2011.

UNICEF supported conduct of the Malaria Indicator Survey 2010 and Malaria Programme Review. Ownership of insecticide treated nets increased to 64% during 2010 (from 62% in 2008). ITN use among under-fives and pregnant women increased from 41% and 42%, respectively, in 2008 to 50% and 46%, respectively, in 2010. While there has been significant progress, three provinces are experiencing a resurgence of malaria. ZCO procured anti-malarial drugs and handled procurement services for 800,000 bed-nets under the World Bank Malaria Booster Project.

Constrants
Low levels of facility delivery (47%), geographic inaccessibility, insufficient number of facilities with CD4 and PCR testing and low male involvement hinder progress in PMTCT. Government health funding remains low. In mid-2010 a measles outbreak occurred (14,484 cases and 160 deaths recorded), attributable to unpredictable service delivery. Weak institutional arrangements and capacity constrain nutrition programme implementation.

Partnerships
With a grant from CDC, UNICEF leverages FHI resources to cover rural districts to address geographical inequities in PMTCT and paediatric HIV care. Other key partners are CIDRZ, Boston University, CHAI, IYCN, EGPAF, JSI Deliver and WHO. Partners supporting nutrition include DfID, Irish Aid, USAID and WFP.

Future Workplan
In 2011, priorities are to strengthen the nutrition response, cold chain capacity, community-based approaches and C4D strategies for key practices. Health system
strengthening will focus on the management information system, coordination and supervision, health and nutrition supply chain management and district capacities for equity-focused planning and programming. Implementation of the national PMTCT scale-up plan, MBP initiative and expansion of SMS technology will also be pursued.

**Title: Basic education**

**Purpose**
The Basic Education programme directly contributes to improved and equitable access to quality basic education within a generalised HIV epidemic context. Zambia’s Basic Education Programme consists of three projects with the following objectives, as stated in the Country Programme 2007-2010: 1) *HIV/AIDS and Life Skills*—knowledge, attitudes and skills on HIV and AIDS prevention among pupils and teachers increased by 25% from the national baseline of 72%; 2) *Quality Basic Education*—enrolment in basic education increased from 95% to 100% among basic and community schools and completion rate of basic education increased from 72% to 90% among basic and community schools; 3) *Early Childhood Care, Development and Education*—percentage of children enrolled in Grade 1 with some form of organised ECCDE experience increased from 20% to 30%.

**Resources Used**
Total approved for 2010 as per CPD: US$4,670,449
Total available for 2010 from all sources:
RR: US$1,134,316
OR: US$2,751,879
Total: US$3,886,196

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**Results Achieved**
In 2010 the HIV/AIDS Life Skills project aimed to enhance comprehensive life skills education in the classroom, through extra-curricular activities and through Child-Friendly Schools that ensured a safe environment. The key results achieved were the development of a comprehensive, outcome-based Lifeskills Framework and improved capacity of 137 additional zonal representatives for implementing the Education Sector HIV and AIDS Policy. Through partnerships between the Ministry of Education and civil society and communities, a child protection policy audit was undertaken and protection measures were reinforced.

During the year 675 teachers and college lecturers were trained, and 40,144 children and young people in and out of school benefited through regularly scheduled life skills programmes. Advocacy programmes to popularise life skills through sport, using multimedia approaches, also were carried out.

In 2010 the Quality Basic Education Provision component aimed at strengthening the capacity of MoE officials to provide quality education, scale up child-friendly schools, and mainstream emergency preparedness and response in education and policy advocacy. Some 600 education managers and teachers at sub-national levels were trained in school supervision and management and use of the outcome-based syllabus, item-
writing for Grade Seven National Examinations. Around 120 unqualified Community School teachers were trained in child-centred teaching methodologies, benefiting some 5,400 Community School learners. Remedial and literacy materials in local languages were also developed to contribute to improved learning outcomes. During the year, 1,500 learners benefitted from the construction of five furnished 1x3 classroom blocks equipped with gender-appropriate water and sanitation facilities.

UNICEF provided 4,000 books to enhance literacy. Training of peer educators and 44 club overseers to promote positive gender relations between boys and girls were supported through SAFE Clubs in 90 schools.

Over 4,100 children affected by the 2010 floods were supported through temporary relocation of schools and provision of School-in-a-Box and recreational kits. Forty-four education managers were trained on preparedness and response planning, including DRR in education.

UNICEF successfully advocated for inclusion of Community Schools as legal entities in the Draft Education Bill, and sensitised MPs on issues related to Community Schools. In 2010 the overall objectives of the ECD programme component was to increase the percentage of grade 1 entrants with early learning experience from 20.3% (2007) to 30%. Activities include building capacity of teachers and care-givers, creation of safe and stimulating environments for children, raising awareness on the importance of ECD and increasing access to early learning.

UNICEF supported the MOE and other partners to develop radio programmes to increase access to ECD, creating demand through radio messages. In collaboration with civil society, UNICEF built capacity of 164 community-based early childhood workers in selected districts of Southern Province. Some 150 pre-school teachers in selected districts of Eastern Province were also trained in early childhood principles to work with exceptional children – both the gifted and those with learning challenges. Monitoring reports confirm that 6,000 learners aged three-to-six years benefitted. Twelve thousand children in five provinces benefited from the provision of indoor play and learning materials. A materials development guide was developed to introduce minimum quality standards for play materials, considering child safety.

**Future Workplan**

The new Country Programme will focus on systems and capacity strengthening for early learning, quality education provision for in and out-of-school children and HIV prevention life skills education. Age- and gender-specific HIV and Life Skills Education materials will also be developed and complemented with behaviour-change interventions. In the 2011 AWP, the HIV and AIDS component of life skills programmes will be streamlined in pre- and in-service teacher training curricula. The overarching objective will be to ensure equity of access to learning and services.

The new Country Programme will contribute to increased and more equitable access to early learning among four-to-six-year-olds, especially those in under-served rural districts. Emphasis will be on improving education quality and promoting equity in participation and progression in primary, basic and secondary education, particularly for girls and other vulnerable children.

**Title:** Child protection and empowerment

**Purpose**

The Child Protection and Empowerment programme focused on providing support to the Government to strengthen social protection and justice mechanisms to assist families, communities and other duty-bearers affected by the HIV and AIDS pandemic.
The programme is comprised of two result areas: (1) OVC care and support; and (2) legislation and enforcement. In relation to OVC care and support, UNICEF planned to contribute to at least 10% of most vulnerable households (especially those headed by children and grandparents) receiving consistent social welfare assistance, including basic services (primarily health care and education) for children. Through legislation and enforcement activities, UNICEF sought to contribute to the national target of reducing incidents of sexual abuse and violence against children and women by 25% and increasing birth registration of children under five to 50%.

**Resources Used**

Total approved for 2010 as per CPD: US$4,691,881.37  
Total available for 2010 from all sources:  
RR: US$1,387,384.00  
OR: US$1,139,105.16  
Total: US$2,505,411.16

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**Results Achieved**

Under the OVC Care and Support project, 13 District Childcare and Protection Committees (DCPCs) were established and made functional, with clear terms of reference and guidelines in place, for use in coordination and response to needs of vulnerable children at the community level. Capacity of 325 DCPC members strengthened in minimum standards of care, basic qualification in child care and psycho-social counselling.

Youth participation in self-development was enhanced, empowering 750 vulnerable youth with entrepreneurship, vocational, recreation and life skills, including knowledge on preventing and/or mitigating risk for HIV and AIDS.

With the introduction of the MSYCD Youth Empowerment Fund, UNICEF was able to facilitate access to funds for unemployed youths, supporting youth to set up income-generating small businesses.

The National Plan of Action for Children (NPA) was extended for another five years, in line with SNDP, and its monitoring and evaluation framework was launched by the MSYCD. The NPA sets out the policy framework for the GRZ to address child and youth issues, identifying key priorities, strategies and resource commitments.

Under the project on Legislation and Protection a number of key results were achieved. Importantly, the inter-ministerial agreement on ‘Guidelines for the Prevention and Response to Gender Based Violence’ (GBV) was reached, which brings together five ministries in a collaborative initiative to address GBV. The guidelines were signed late in 2010 with full implementation and impact expected in 2011. Also of significance, after much advocacy and a lengthy process over five years, the GBV Bill reached Parliament and in late December 2010 was being considered by the current parliamentary session.

UNICEF continued to play a key role in the UN Joint Programme on Human Trafficking (UNJPHT), providing both support to administration of funds and donor reporting and to
the communications and advocacy function, and leadership of the Steering Committee. The UNJPHT made progress in raising awareness and sensitising communities to the problem of trafficking through a month-long multi-media campaign conducted in November in six provinces. Ten children’s coalitions with a membership of 30 each were formed in ten districts to sensitise communities about human trafficking. Additionally, 65 journalists from both mainstream and community media were trained to act as change agents through the mass media. A monitoring framework will help to determine the impact of this campaign, with results expected to be analysed by early 2011.

In the justice sector UNICEF supported expansion of the child-friendly courts model from 25 to 30. Service provision for children who are victims of abuse, violence and exploitation was improved with nine child protection desks established in provincial police stations, and capacity building supported for police in the Victim Support and Child Protection Units, particularly on GBV and child abuse. The Child Justice Forums, multi-sectoral committees involving key relevant institutions and agencies in the justice sector, were scaled up from 25 to 30 districts to coordinate and monitor the administration of justice for children at the sub-national level. Support to One-Stop Centres in 10 selected districts is providing victims of violence with previously unavailable services such as counselling, psychosocial and legal support.

The Parliamentary Caucus on Children remained active, and was an important advocacy partner for review of the draft Constitution, particularly on advocating for a consistent legal approach to defining children’s age of responsibility.

**Constraints**

Constraints remained related to issues of sustainability beyond UNICEF support, particularly in relation to Government financial and human capacity to manage and sustain programmes initiated with UNICEF support. For example, whilst progress was made in the establishment of the DCPCs, the Government has not yet committed resources to these committees, nor taken on a coordination role, which is essential to the longer-term sustainability of these structures.

High turnover among key Government counterparts negatively affected continuity in programme implementation, and had an impact across all areas of child protection programming. The programme results in relation to birth registration were not achieved due to low GRZ prioritisation of the issue. Concerned Government departments were focused in 2010 on the National Registration Cards and the 2011 elections. UNICEF will advocate for giving higher priority to birth registration in the next annual work plan.

**Future Workplan**

In the new Country Programme beginning in 2011, the Child Protection Programme will undergo a strategic shift towards upstream initiatives for legislative and policy reform, while ensuring a focus on national standards, particularly in relation to child care and justice.

Modelling implementation of national legislation, policy and standards at the local level will be supported through continued support to the DCPC but with a more rigorous approach to monitoring and measuring impact. Integration with existing structures for HIV and AIDS will be promoted at both the national and local levels. Mapping of the child protection system will be completed in the first quarter of 2011, and will provide guidance to Government and partners on key areas for system strengthening.

With regard to the GBV Act, support will be provided to the Gender Unit in Government to ensure that sufficient capacity is put in place to roll out a well-resourced implementation plan. Combating GBV through community-based approaches and inclusion of men and boys in the fight against GBV are emerging and will be documented and expanded in 2011.

A mid-term review of the UNJPHT will be carried out, and research into trafficking and child domestic labour will be undertaken to better understand the types and impact of
violence against children. Children's involvement in this process and providing children with a 'voice' will be a critical aspect of this research, which will in turn inform an advocacy strategy to tackle violence against children.

Access to justice and ensuring a child-friendly justice system will continue to be critical components of the programme, with more emphasis placed on children in conflict with the law and promotion of diversion. Working with the system of customary law will be prioritised to tackle sensitive issues such as early marriage and violence.

An advocacy strategy for addressing the low commitment to improving birth registration will be developed. The key impediments are a combination of legal issues, lack of interest by leadership and lack of community demand. As the programme is short on funding, developing a fundraising strategy and new partnerships will be critical.

**Title: Water, sanitation and hygiene education**

**Purpose:**
The 2007-2010 WASHE Programme component aims to contribute to the development of a positive learning environment in schools and to improve the health and economic well-being of the most vulnerable groups of rural populations, including persons affected by HIV and AIDS, through the provision of safe water and sanitation facilities and hygiene education, using Basic and Community Schools as the main entry points.

This programme component envisaged the following key results by the end of 2010: a) access to safe water supply increased from 37% to 70% for families in 3,000 surrounding villages of the project school catchment areas; b) access to safe sanitation increased from 48% to 70% for families in 3,000 surrounding villages of the project school catchment areas; c) hygiene practices of the population in targeted communities and schools improved, with emphasis on proper hand-washing practices at critical times; d) enrolment dropout rates among basic and community school girl students reduced through provision of safe water, hand-washing and sanitation facilities in 600 schools in project districts; e) communities trained and mobilized to operate and maintain the facilities provided; f) national and district level technical capacities enhanced to ensure effective service delivery.

**Resources Used**
Total approved for 2010 as per CPD: US$7,845,049.02
Total available for 2010 from all sources:
RR: US$1,157,609.28
OR: US$4,215,259.10
Total: US$5,372,868.38

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**Results Achieved**
14,100 people in Copperbelt and Luapula provinces have improved access to safe water through construction, rehabilitation and maintenance of water facilities. Construction of 300 water points and rehabilitation of 72 water points in 10 more districts is underway, and will provide safe water to around 90,000 people. A pilot project for Self Supply for
rural areas in three districts in Luapula Province was completed; the Ministry of Local Government is preparing the evaluation.

Improved sanitation facilities were provided to approximately 36,000 people in target districts in Southern Province, and 170 villages were verified as open defecation-free under the Community Led Total Sanitation programme. This approach was highly successful in districts in Southern Province and was expanded to Copperbelt, Luapula and Eastern provinces. More than 40,000 people constructed hand-washing facilities and are now more aware of the importance of hand-washing with soap as an effective way to reduce diarrhoeal diseases.

Sanitation facilities were constructed at 64 basic schools in Copperbelt, Southern and Luapula provinces. The sanitation facilities are integrated, with separate facilities for boys, girls and teachers, and are fitted with hand-washing facilities. By the end of 2010, boreholes at 76 basic schools and at health facilities in Copperbelt Province, to provide safe drinking water, were well underway.

Establishment of the national WASH information management system (IMS) is on-going. As part of IMS implementation, UNICEF is supporting 30 target districts in five provinces. Baselines in 10 districts of Copperbelt and North-Western Provinces are near completion. However, work in the other target districts in Southern, Eastern and Luapula provinces was delayed.

Provincial support teams (PSTs) provided capacity building support to 10 rural districts in Copperbelt and North-Western provinces for baseline development (IMS), district WASH planning, financial management, technical and social appraisal. MLGH is preparing an evaluation of this mechanism that should identify the most efficient way to move forward in developing sustainable district level capacity.

Research studies on child-friendly sanitation facilities and the impact of water in the lives of children were conducted; findings will be presented in early 2011. Both studies provide essential information that will impact the design of school facilities and key measures required to address some of the issues related to the task of fetching water, demanded of many children.

**Constraints, Lessons Learned**

Confusion within the GRZ and among donors about sector capacity building, compounded by unclear guidelines for the establishment and management of provincial support teams by GRZ and donors contributed to a lack of commitment by development partners to support the GRZ's capacity building strategy. Moreover, capacity limitations among District Councils, particularly in staffing and financial management, slowed down implementation and subsequently, expenditure of funds. The programme also suffered from slow procurement processes due to GRZ procedures and limited capacity of the MLGH to closely follow up contracts. The unreliable and high maintenance IMS database software poses a challenge to appropriate programming, while the slow speed at which innovative approaches such as CLTS were adopted by the Government impacted on scaling-up plans.

A key lesson learnt is that while community-led approaches are more effective and efficient (e.g. CLTS, self-supply) there is need for strategies (such as social marketing) to make these sustainable. Likewise, civil society partnerships (NGO WASH Forum) for advocacy are vital to ensure equity.

**Monitoring & Evaluation**

WASH sector monitoring is supported through the national rollout of the sector information management system; the Ministry of Local Government and Housing is coordinating the roll-out. Evaluation of CLTS, self-supply pilot and PST arrangements are planned for 2011.
Partnerships
Throughout the year UNICEF continued to work with and support the NGO WASH Forum, which plays an advocacy role for increased collaboration, funding, inclusion and equity in WASH service provision. In addition, NGO partnerships for regular programme implementation were established with Africare, DAPP, SNV and WaterAid. UNICEF plays an active role in the monthly Cooperating Partner meetings and in the sub-SAG and SAG meetings.

Future Workplan
The priority for 2011 will be expanding provision of WASH services to communities and schools in the 20 target districts in six provinces across Zambia, with due consideration to issues of equity, gender and HIV/AIDS mainstreaming.

Title: Policy advocacy, communication, monitoring and evaluation

Purpose
This programme component leads UNICEF Zambia engagement with UNICEF Focus Area 5. The purpose is to strengthen UNICEF’s activities across all focus areas, making the CO a more effective partner for advancing the Millennium Declaration/Goals through evidence generation and communication and advocacy on rights, vulnerability, exclusion and poverty. The programme supports the mainstreaming of planning for HIV and AIDS, gender and disaster risk-reduction across Government policy and programmes, and across UNICEF programme sections. There are three annual work plans in this component. Key partners for the Social Policy and Economic Analysis work plan are the Ministry of Finance, Cabinet Office and National AIDS Council. The External Communications / Communications for Development work plan is based on partnerships with a wide range of Government ministries and agencies. The key partner for the Disaster Risk Reduction/Emergency Preparedness work plan is the Disaster Mitigation & Management Unit of the Office of the Vice President.

The main results planned were:
a) Child survival and development through heightening the visibility of evidence-based children’s issues in the public domain (at national, local, community and family level) advocated and promoted
b) Government and other stakeholders have the capacity to prepare for and respond to emergencies at any given time in a well-coordinated manner, supporting the CCCs
c) Appropriate evidence on situation and response to children and women is generated, and influences GRZ, CPs, civil society organizations for accelerated results for children.

Resources Used
Total approved for 2010 as per CPD: US$3,909,495.00
Total available for 2010 from all sources: RR: US$2,008,822; OR: US$2,143,514
Total: US$4,152,037

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Results Achieved

Social Policy and Economic Analysis

During 2010, the SPEA section achieved results in expansion of social protection, development of the SNDP and the NASF, strengthening systems for SNDP monitoring, mainstreaming of HIV and AIDS in district development programmes, and social budgeting. The section also provided leadership in the development of the CPD and CPAP.

In 2010, the GRZ launched a ten-year plan for the scaling-up of social cash transfers and expansion of social protection, with commitment from Government and cooperating partners of US$100 million. In 2010 the universal child grant scheme was launched in districts with the highest rates of under-five mortality and extreme poverty. UNICEF also supported the procurement of an electronic payment mechanism and the establishment of a management information system in all districts.

Later in the year the Government launched the Sixth National Development Plan 2011-2015. With UNICEF's support, HIV and consideration of vulnerable populations was included in diverse sections of the SNDP. For SNDP performance monitoring, SPEA supported the development of an M&E framework and disaggregated key performance indicators, and the establishment of a cross-sectoral database at the Ministry of Finance for the generation of regular performance reports on SNDP implementation.

In partnership with UNDP, the NAC was supported to build district capacity for mainstreaming HIV and AIDS into construction projects. Local councils in the Copperbelt province have now developed contractual clauses that require service providers to facilitate training in HIV and AIDS prevention for the mobile workforce.

Partners include government ministries, cooperating partners and Civil Society. SPEA participates in the UN Joint Team on Human Trafficking as the UN co-lead and is a co-convenor of the UN Joint HIV Plan.

Emergency

In 2010 UNICEF supported capacity building on emergency preparedness and response (EPR) through 4 training sessions for 30 districts on disaster risk reduction (DRR), EPR and cholera prevention. Some 200,000 people benefited from the provision of chemicals for water treatment. Over 10,000 school-going children and communities benefited from public awareness-raising campaigns on cholera and H1N1 prevention, and school-in-a-box kits were provided to two schools where children from flood-affected communities were temporarily enrolled.

Key partners include DMMU, UNDMT and OXFAM. The main challenges are coordination and availability of funding.

Communications

External Relations and C4D supported sectoral programmes to achieve the advocacy objectives defined for 2010.

ZCO and the Ministry of Tourism, Environment, and Natural Resources organised two Zambian Children’s Climate Conferences in 2010. Some 270 children aged 12-to-18 from all nine provinces were trained in advocacy for climate change reduction and HIV.
prevention. This was followed by child-led media programmes on Climate Change on community radio stations.

The Country Office’s visibility was promoted through television, radio programmes and the print media. Seventy-five media placements produced during 2010 included radio interviews, joint media releases with partners and appearance on international media. Key results achieved during 2010 were increased general public awareness and understanding of children’s rights, through advocacy and media, high-level meetings, public campaigns, and press conferences.

A key challenge in 2010 was limited capacity and competing priorities among national counterparts.

**Future Workplan**

The SPEA section will continue to build national capacity in 2011 to ensure that the rights of children, adolescents and women, especially the most vulnerable, are prioritised and inclusive in national policy, planning, monitoring and budgeting.

Emergency activities in 2011 will further build on established capacities in UNDMT and DMMU, to build resilience in vulnerable communities to cope with disasters and strengthen national coordination mechanisms.

External Relations and C4D will continue to: a) promote awareness and knowledge about child rights and generate support and resources for ZCO through media channels and the ZCO Website, b) support Unite4Climate activities, c) promote positive behavioural and social changes for children and women across all programmes through C4D.

**4 OPERATIONS & MANAGEMENT**

**4.1 Governance & Systems**

**4.1.1 Governance Structure**

ZCO governance and systems fall around the areas of the Representative, the Programme Coordinator (Deputy Representative), Operations, Communications & External Relations and Social Policy and Economic Analysis (SPEA). The decision-making body is the CMT, which is chaired by the Representative; other members are: section chiefs and substantive staff whose functions are cross-sectoral or cross-cutting, and the chairperson of the staff association (ZUSA). In 2010 CMT meetings were held monthly and decisions reached through consensus. JCC meetings are held at monthly intervals prior to CMT meetings, chaired by the ZUSA Chairperson. The JCC allows staff to discuss and raise issues and concerns that are work-related, which the ZUSA Chair carries forward in the CMT meeting for further review and decision-making by the CMT.

Programme meetings are chaired by the Deputy Representative and are attended by all programme and operations staff. The focus is on discussing programme and technical updates and monitoring implementation, including the supply plan and DCT status. During the year twice-monthly programme meetings were held, which facilitated discussion of key organisational changes –VISION, Revised Programme Structure and IPSAS- and ZCO’s preparation for these changes. The year was particularly significant as ZCO prepared for a new Country Programme and the submission of the Country Programme Document 2011-2015 to the September Board. ZCO is not a pilot country, but the CPD discussions took place using the framework of the simplified results structure, and PCRs and IRs were developed. In 2010 quarterly review meetings were held, which highlighted key lessons for each quarter and mapped the way forward, particularly promoting integration and supporting community-based approaches to address issues of equity and access to services. Programme sections also held end of-the-year reviews and planned for a rolling two-year work plan.

Operations meetings were held on a quarterly basis to review and monitor key priorities and results reflected in the AMP. The statutory office committees and task forces held meetings when required and made recommendations to the Representative.
4.1.2 Strategic Risk Management

ZCO seriously considered risk management because it operates in a high-risk environment. During the year the HACT team (with participation from other UN agencies, particularly UNFPA) conducted regular assurance visits and ensured that UNICEF assistance in the form of cash and supplies was used for its intended purposes. Quarterly review of sample vouchers was carried out by the Finance Unit to determine completeness of documentation and whether internal control procedures were adhered to and that when necessary, corrective measures were taken. Selected work processes were reviewed to mitigate risk factors.

In the last quarter of 2010 ZCO undertook the Enterprise Risk Management (ERM) and Risk and Control Self-Assessment (RCSA) training, facilitated by the ERM focal point in ESARO and attended by most staff members. The draft Zambia Risk Profile and Risk and Control Library are now available and an action plan for managing risks is drafted, which will be utilised in the implementation of the new Country Programme. UNICEF Zambia recruited an emergency coordinator in 2009 who works with emergency focal persons in each section to provide support to Government in preparedness and response to emergencies. In 2010 UNICEF supported the Government through the UN Disaster Management Team (UNDMT) in capacity building, vulnerability assessments and reporting and functioning of overall coordination mechanisms in preparedness to respond to any emergency. The ZCO pre-positioned emergency supplies worth nearly US$500,000, targeting over 50,000 beneficiaries. These supplies were very useful in providing immediate support to Government during the 2009/2010 floods where 1,000 people were displaced in the peri-urban areas of Lusaka. Medical and water supplies were used for water treatment to prevent the spread of cholera and treat cholera cases. In 2010 about 7,000 cases and 200 deaths due to cholera were recorded in Zambia.

4.1.3 Evaluation

Tools were introduced to improve M&E practices and outputs to effectively inform programmes, strategies and management areas in close collaboration with partners. Improved IMEP provides an up-to-date picture of on-going monitoring and evaluation activities and was systematically integrated in programme management meetings. Building on progress made in 2010, the Office will continue to work on improving the relevance and timeliness of M&E activities.

Three evaluations were conducted in 2010, offering UNICEF and partners objective findings and providing stakeholders with key recommendations for timely management actions. Findings helped to inform the formulation of results in the new UNICEF Country Programme.

1) Community Schools Life Skills Programme (2007-2009)
   The evaluation identified gaps between the knowledge of teachers and pupils, suggesting that the methodology used in life-skills training did not adequately prepare teachers to effectively transfer knowledge to children. Recommendations were presented at the yearly planning meeting at Ministry of Education and resulted in an agreed shift in the choice of methodology for teachers training in life skills starting 2011.

2) Sensitization Programme for Traditional Leaders on Girl’s Education 2010
   The evaluation found that working with traditional chiefs is an effective way to increase results for girls in education; however it also identified other well-respected figures in the community as critical partners who should not be overlooked. The evaluation recognised the need for chiefdom-specific measures ensuring the design of relevant tools and workshop content. Certain sensitive issues (such as re-entry policy) may require special measures to address sustained negative perceptions in the community and among traditional leaders.

3) Process Evaluation of MNCH/PMTCT Integration Initiative
   Evaluation was completed late 2010 and findings were presented to Ministry of Health, highlighting the significant effect of mentorship and supervision of health care staff and
community volunteers in the provision of MNCH and PMTCT programmes. These findings directly contributed to the formulation of national strategies for MNCH and PMTCT.

4.1.4 Information Technology and Communication

Information and Communication technologies have become a significant factor and have had a profound impact on the execution of UNICEF programmes. In 2010 upgrades of various software applications to newer versions took place, involving Office Productivity tools, E-mail systems, ERP and a general proliferation of new technologies. The upgrades included: MS Office 2003 to MS Office 2007 with enhanced features and new tools and commands that help users to be more proficient when using the tool; Lotus Notes was upgraded from version 6.5.5 to version 8.5 to facilitate smooth migration to a new messaging system application in 2011; ProMS was also upgraded from version 8.5 to version 9.1 to support the revised programme structure and reporting requirements, as well as to facilitate a smooth migration to VISION.

The presence of the Blackberry Enterprise Server and Personal Digital Assistants allowed staff members to access office e-mail via Internet from any remote location where the service provider has presence of roaming partner. Citrix provides ofﬁce personnel or mobile users with convenient, secure, and responsive remote access through Internet connection and standard web browser. All core UNICEF applications were available: MS Office, Lotus Notes, ProMS and WebHRIS.

As a Technology for Development (T4D) initiative that all UNICEF ofﬁces are encouraged to embrace, Rapid SMS technology is in the Ofﬁce as an information dissemination tool for the Health Section and Government counterparts. Using this technology, health data can be queried to obtain useful information on various health issues and make decisions based on available information.

ZCO has in place a policy on the effective use and management of ICT to prevent abuse of ICT resources.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations

2010 was an excellent year for fundraising and donor relations for ZCO; more than US$19,347,465.57 was raised in OR contributions during the course of the year, up from US$10,617,858.43 in 2009. Relations with new donors (including the Dutch, Danish, and Swedish National Committees) were strengthened as funds were received to: support PMTCT and paediatric HIV and AIDS; support the work of the GRZ and communities in rural areas to build new educational facilities and respect the right of the every girl to attend school; help GRZ provide medical services, counselling, and legal protection to victims of gender-based violence; build greater access to safe water supplies; and support child-led climate change reduction advocacy through Unite4Climate Zambia. Existing donors, including the Governments of Denmark and Sweden, DFID, Irish Aid, and UNICEF UK provided millions of dollars in support for Child Health Week and social protection, including high levels of funding for social cash transfers. ZCO received visits this year from several National Committees: Sweden, Germany, Denmark, and the United Kingdom. In 2011 ZCO is committed to completion of a new fundraising strategy to support the 2011-15 CPAP.

4.2.2 Management of Financial and Other Assets

Overall management of ZCO’s ﬁnancial and physical assets rests with the Representative, and to some extent is delegated to the chief of sections and their alternates through DAT (Document Authorization Table) and established ceilings. This ensures that UNICEF’s resources are used for intended purposes and follows established internal control measures and risk mitigation strategies. Monthly DAT reports were generated and reviewed to ensure compliance. Monthly DCT status, implementation and donor reports due were generated both from Cognos, BIS and ProMs to enable CMT to take corrective measures. The cash ﬂow forecast was carried out fortnightly. Losses on various budget line items due to exchange rate ﬂuctuations were experienced and an
alternative way to replenish the local kwacha account was worked out in November 2010 between DFAM and ZCO to avoid such losses.

The Office has a fleet of 24 motor vehicles; most are project vehicles. This was recently upgraded with 10 new motor vehicles and savings on maintenance costs is expected. Car hire services were streamlined to make the process simpler to manage, reducing administrative time on processing of car hire service-related payments. The process of replacing the old analogue PABX switchboard commenced in 2010, using a state-of-the-art digital switchboard with IP telephony features that incorporates VOIP and will lead to reduced telephone costs.

ZCO is housed in the UN Common Premises at the main UN House shared with WFP, UNDP and UNFPA, occupying the third and fourth floors. Space ratio for common services is according to the number of staff; UNICEF employs 38% of total staff in the building. Plans are underway to construct an office block in the compound to address the serious shortage of office space. The proposal will include large conference facilities that will, in turn, reduce the costs of renting conference space.

4.2.3 Supply

ZCO’s supply component throughput was US$4.3 m, achieved through regular supply plan reviews and analysis of supply plan implementation status. About 41% of requisitions were procured offshore, 57% were local procurement and direct orders and 2% regional procurement. Supply planning improved through monitoring and reporting of implementation status to CMT. Programme colleagues appreciated the advocacy for greater involvement of partners in supply planning and distribution processes, enabling them to be aware of supplies in the pipeline or already available in the warehouse and set aside adequate budget for collection and distribution to the intended beneficiaries.

ZCO used competitive bidding for the majority of supplies while strategic, long-term arrangements were established for procurement of services such as printing, graphic design, clearing, forwarding and haulage, pre-delivery inspection and for HACT assurance and micro-assessment activities. A strategic approach was adopted for commodities in unstable situations, especially construction materials and emergency supplies. Substantial reductions in price were realised for some of these services obtained through LTA holders, while simultaneously offering greater efficiency and quality. By the end of 3rd quarter, 78% of supplies requisitioned had been ordered. Supply Unit processed 15 institutional SSAs valued at US$2.1 million. About 95% of these SSAs (US$3.5 m) were for programmes (research, monitoring, drilling and training services), 3% for administrative and IT services and 2% for communication services. The database on local procurement suppliers was completed; and ZCO now has an operational web-based supplier database accessible to all staff. ZCO supported the MOH in procurement of vaccines, ACTs and ARVs for approximately US$3.8m. The procurement of 800,000 LLINs (US$4.5m) for the Zambia Malaria Booster Program funded by World Bank was facilitated.

Unit staff participated in three international training and staff capacity development activities. On-the-job training, coaching and appropriate delegation have improved staff effectiveness. A two-day workshop was conducted to strengthen capacities of MOH staff in procurement and LTA principles. This initial activity is part of a larger capacity building effort that the Office will undertake with different sectors to strengthen Government capacity and systems in supplies and logistics.

4.3 Human Resource Capacity

The HR Unit focused in 2010 on operationalisation of work processes and streamlining the learning and development strategy for staff members. Staff was advised on career decisions; a number of national staff were offered IP posts in 2010. Recruitment was not a major activity, since the CP cycle was coming to an end. Detailed analysis was carried out on the PBR submission and in preparation of the CPMP, to ensure the new CP cycle addresses appropriate staff requirement for delivering results. Changes in the recruitment process for FT and TA were implemented and proper controls put in place to
ensure transparency. CBI training further professionalised the recruitment process and will continue in 2011 for all relevant staff. A rigorous selection process for SSAs continued, with single-sourcing reduced to a minimum and value for money considered at all stages.

The LLTC actively identified staff training needs for individual and Office-wide training and was involved in all external training, staff exchange and the LDI selection process. HR and LLTC took part in strategic discussions on the ESA regional initiative for learning needs assessment, development of skills gap tools and training impact assessment. Completion of national staff PERS significantly improved. However, issues of rating scales, constructive feedback and addressing under performance remain a challenge. IPs shifted to e-PAS. Policy issues affecting staff were brought to the attention of management during JCC and CMT meetings. An all-staff retreat took place mid-year focusing on change management. The new representative joined in August.

The global staff survey did not highlight any major concerns. The Representative committed to work with the staff association to improve staff morale; a gross office happiness survey is planned for 2011. HIV and AIDS in the workplace was managed through UN Cares; staff members and dependants were trained and VCT sessions conducted. First-aid training sessions were held and will continue in 2011 as an all-UN initiative led by the UN physician. UNDSS, SMT and UNICEF security focal point(s) managed day-to-day activities for staff safety and security. Zambia is a no phase security category.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement

UNICEF shares a common premise, in the UN House, with three other UN Ex Com agencies. This arrangement brings in savings of US$504,000 annually for rent. Significant reductions in travel costs were made through the use of a common travel agent for all UN agencies. Car-pooling for in-country duty travel led to significant reduction in costs for fuel and transport. Joint negotiations with major hotels in Zambia reduced hotel costs by 12% to 15%. Savings in procurement of equipment and services were made through VAT and tax exemptions.

4.4.2 Changes in AMP

The new Country Programme is characterised by marked differences in the aid environment. The continued need for staff capacity-building around aid environment, upstream policy advocacy and mainstreaming is built in to the CP. Changes to staffing are strengthening HIV and AIDS functions, realigning child protection to global strategy, and strengthening SPEA to advance evidence generation, policy dialogue and upstream work. Measures are planned to redress imbalance in GS and National Professional category.

The aim of the proposed staffing structure is to strengthen UNICEF’s ability to further build on existing institutional/interpersonal relations with Government, civil society and others. Bilateral agencies also are increasingly looking to UNICEF for high-quality technical support.

5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. Assessment of the Status of Access to Justice
2. Budget Execution and Service Delivery Monitoring: Local level budget execution and service delivery monitoring
3. Evaluation of Sensitisation of Traditional Leaders on the Importance of Girls’ Education
4. 2010 Post Measles Campaign Survey
5. Evaluation of the Community Schools Program of Community Youth Mobilisation in Central Province
7. Process Evaluation of Integrated MNCH, Nutrition and Paediatric AIDS Prevention, Treatment, Care and Support Initiative in Luapula Province
8. Assessment of the GBV One Stop Centres
9. Roadmap for Coherence in Policy Monitoring and Evaluation
10. Comprehensive Data Collection and Analysis to Study the Effects of the Economic Crisis and Shifting Vulnerabilities in Zambia
11. Water Quality Study of Water Points in Copperbelt Districts
12. Assessment of 60 Health Facilities for BFHI status
13. Assessment of Community-based Newborn Care and Maternal Health Initiative in 2 Districts in Zambia
14. Nutrition Supply Chain Assessment
15. Baseline Survey for Integrated MNCH, Nutrition and Paediatric AIDS Prevention, Treatment, Care and Support Initiative in Luapula Province

5.2 List of Other Publications
1. “Vaccination Campaign Conducted In Response to Resurgence of Measles in Zambia” Feature Story and Video
2. “In Zambia, ‘Unite for Climate’ youth ambassadors raise environmental awareness” Feature Story and Audio
3. SOPO Radio and TV Broadcasts
4. “Zambian youth delegates confront climate crisis” Feature Story and Video
5. “In Zambia, expanding services and a UNICEF 'Mother-Baby Pack' work to reduce HIV among children” Feature Story and Video
6. “Press centre - Executive Director's Corner: Ann M. Veneman” Feature Story and Video
8. “World Cup in My Village” Feature Story and Video

6. INNOVATION & LESSONS LEARNED:
Title: "Project Mwana": Using Mobile Technology to Strengthen Health Services for Mothers and Infants
Contact Person: Dr Nilda Lambo, e-mail: nlambo@unicef.org
Abstract
The long turnaround time (averaging 6.2 weeks) for delivering HIV test results for mother-baby pairs is a barrier to early infant initiation of antiretroviral therapy, especially in rural settings. In 2010 the MOH and UNICEF launched pilots to address this problem by sending PCR results directly from the laboratory to clinics via SMS messaging in three rural districts.

The technology utilised, RapidSMS, is a free and open-source framework for building mobile applications for dynamic data collection, logistics coordination and communication, leveraging basic SMS mobile phone technology. There are two functional systems: 'Results160' gets test results from the central laboratory back to clinics faster by sending them to phones of clinic workers via SMS. 'RemindMi' is a birth registration, patient-tracing and communication tool. Health workers and community-based agents receive automatic SMS updates reminding them to ask mothers to come in for follow-up visits. System users send and receive messages free.

Innovation or Lessons Learned
SMS technology is a powerful innovation that reduces the turnaround time for receiving DBS testing results, improves communication between health care providers and community volunteers, and more importantly, encourages patients to return to the clinic.
knowing that their results are ready for collection. The goal is to deliver results in 30 days or less from the day the sample is collected from the infant.

The technology utilised, RapidSMS, is a free and open-source framework for building mobile applications for dynamic data collection, logistics coordination and communication, leveraging basic SMS mobile phone technology. It also has a centralised web dashboard for monitoring and evaluation of the applications. The two functional systems are “Results160” and “RemindMi”. Results160 gets test results from the central laboratory back to the clinics faster by sending them straight to the phones of clinic workers via SMS. RemindMi is a birth registration, patient tracing and communication tool.

Potential Application

The innovation could be applied to:

- Improved coverage for maternal and child health continuum of care, tuberculosis, and malaria services, as mothers will be reminded to bring children to the facilities
- Collection of data on all births occurring in communities
- Patient tracing and monitoring
- Data management, drug ordering, dispersion of treatment information.

Issue/Background

Effective health care delivery to HIV-exposed infants is hampered by lack of access to diagnosis, which relies on the HIV DNA Polymerase Chain Reaction (PCR) test. Zambia has only three PCR laboratory centres for HIV diagnosis, linked to hubs in 48 of the total 72 districts through courier services for referral of dried blood spot samples and results delivery. With a poor logistical system for sending samples to and receiving results from the PCR laboratory, the whole process can take up to three months. This long turnaround time is a barrier to early initiation of infant antiretroviral therapy.

Strategy and Implementation

The Country Office, in collaboration with a UNICEF HQ team, conducted advocacy meetings with the Ministry of Health and partners (including Boston University and the Clinton Health Access Initiative), and a key lead person to liaise with technology counterparts was identified. SMS integration opportunities were mapped out and partnership was established with the mobile phone provider. Comparative data was collected for SMS and non-SMS supported interventions in proof-of-concept and control clinics.

The Initial implementation process started with installation of software and linkage between the laboratory computer systems with the RapidSMS server at the Ministry of Health Central Office in Lusaka. Capacity of healthcare workers and community volunteers was developed in utilisation of Results160 and RemindMi. A real-time web/SMS reporting system was developed.

There are currently 11 pilot facilities in Luapula Province using the SMS results system. The team is monitoring impact through several strategies, including user feedback, a helpline and scheduled site visits by the local technical software support team.

Progress and Results

The system has been running since 14th June 2010; to date preliminary data indicates that 321 results for Luapula Province were sent, 32 of which were positive and 275 negative (14 were rejected). The turnaround time for Mibenge Health Centre (a rural health facility) was reduced to around four weeks. The quicker return of results will positively impact on early initiation of antiretroviral therapy for infants. Other benefits include a direct link with the PCR laboratory and more feedback and interaction. The return of results is secure and confidential because only ID numbers are included in the message.
Next Steps
The team needs to complete the on-going monitoring and evaluation phase. An independent, formal evaluation is being done by Boston University. The team is working with the MoH to ensure finalisation of the online reporting system.

Title: Mainstreaming HIV/AIDS in Borehole Construction Implementation Phase in Zambia
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Abstract
The Scaling-up of School and Community Water and Sanitation Project sub-contracts with private companies to construct bore holes and sanitary toilets in schools and communities. These companies work with teams of migrant construction workers. The entry of construction teams into local communities and schools carries with it the risk of HIV transmission from the communities to the work force or vice-versa.

This innovation involved incorporating an HIV/AIDS mainstreaming clause in the drilling contract document that binds the Borehole Drilling Contractor and associated general workers to actively undergo sensitisation and capacity building for basic knowledge on HIV prevention, as well as means of accessing locally available HIV care and support services and condoms.
It also involves building the capacity of local authorities, private companies and District AIDS Task Forces and communities to effectively respond to HIV.

Innovation or Lessons Learned
1. Inclusion of an HIV component in school sanitation construction tender documents:
   - An important step in the mainstreaming process. Although, discussions and trainings on HIV mainstreaming have been on-going for some years, nothing has been done in practice. There is no standard procedure for mainstreaming and it has to be adjusted to the local setting and resources available.

2. Partnership building for a strengthened local response:
   - Private companies, local authorities, District AIDS Task Forces, District WASH and District Education Task Forces are supported to link up, break down barriers and join forces against HIV and AIDS. As locally available capacity and human resources are being utilised for the mainstreaming approach it is cost effective and targeted to meet local needs.

This innovation is important for two reasons. First it provides protection to the workforce against risks of HIV infection and its consequences through information, sensitisation, capacity building and access to HIV services (counselling, testing, HIV prevention and support services and commodities such as condoms.) Secondly, it raises awareness among workers on the need to minimise risk of HIV transmission on the communities near construction sites. Thus multiple gains can be expected from a single investment for HIV prevention among communities and the work force.

Potential Application
This new approach to borehole drilling contracts will be scaled up from the three districts supported by UNICEF in 2010 to the remaining 17 districts earmarked for support in the provision of water supply facilities up to 2014. This replication could extend to the rest of country and other sectors such as the Roads sector, if the Government agrees to
enshrine the clause in the standard tender documentation for construction works in Zambia. Issues that need to be considered are: at what level this innovation needs to be adopted by Government and the requisite dialogue required; i.e., Ministerial level via ministerial decree or through Cabinet Office as a policy directive, etc.

**Issue/Background**

As part of scaling up access to safe water and sanitation in Copperbelt Province, the WASH section has sub-contracted private companies to mobilise construction teams to build sanitary toilets and bore holes in schools and communities. A large influx of migrant workers is expected in the three selected rural districts. In a generalised epidemic setting, both communities and migrant workers will be exposed to risky behaviour and HIV transmission. The UNICEF WASH and Social Policy section jointly developed protective measures for the workers and communities by mainstreaming HIV into WASH interventions.

**Strategy and Implementation**

*HIV Clauses in tender documents:* A clause on HIV prevention, treatment, support and referral for HIV care services is incorporated into the tender documents for local construction companies. This clause then becomes a binding condition for companies.

*Advocacy and Capacity building:* Advocacy/Training packages were developed to conduct the initial advocacy for private construction team leaders, local authorities and District AIDS Task Forces. In the second phase, District AIDS Task Forces and local partners were supported to train construction workers and communities in basic HIV prevention and awareness issues.

*Strategic partnerships:* Local partnership-building is key for a strengthened and appropriate local response to HIV and AIDS, as it mobilises and brings together local stakeholders to form a unified force against the causes of HIV and AIDS. As local resources are used, it is also inexpensive and is tailored to the local context.

*Referral services:* Information on available HIV care and support services was disseminated to the communities and workers. A referral mechanism was also developed, with support from the District AIDS Task Force and local authorities.

**Progress and Results**

The incorporation of HIV into tender documents raised awareness of and demand for future HIV mainstreaming into construction projects. This tender format is now being used in other provinces and shared with WASH programmes within the ESARO region. Local multi-sectoral response to HIV and AIDS prevention was strengthened through a working partnership between local authorities, District AIDS Task Forces, private sector companies and communities. Previously, HIV and AIDS interventions and development projects took place in isolation and in parallel, and generally failed to address new risks that might occur in a locality.

District AIDS Task Forces and local authorities are now aware of the potential HIV risk that accompanies development programmes and factors this into local development plans and budgets. The National AIDS Council and partners will adopt this model for HIV mainstreaming into infrastructure development programmes in the Sixth National Development Plan, which starts in 2011.

**Next Steps**

Any changes in the implementation or strategy of this innovation based on a result of progress will be addressed progressively during the dialogue process with relevant Government partners.
7 SOUTH-SOUTH COOPERATION

In 2010 ZCO facilitated a Community-Led Total Sanitation Learning Exchange, a follow-up to a similar exchange organised in November 2009. Participants were NGOs and UNICEF staff from 14 countries in Africa and local officials from the provinces of Zambia. Advisers from WCARO and ESARO and CLTS advocates Kamal Karrh and Richard Chambers facilitated. The goal was to share CLTS experiences and materials and discuss how to scale up CLTS in Africa through social marketing. A delegation from the Government of Sudan also visited to learn about CLTS implementation and the catalytic processes for its successful implementation in Zambia to be explored and tailored to North Sudan realities.

In mid-year, in collaboration with UNICEF Papua New Guinea and the Government of Papua New Guinea, a 13-person delegation led by the Director of Public Health of the PNG Ministry of Health came to Zambia to learn about implementation of PMTCT. Lessons were gathered from visits to government health centres and urban and rural communities. Sharing of experiences with the NGO mothers2mothers and visiting Brothers4Life activities promoting male involvement was particularly appreciated by the delegation, who noted that in PNG NGOs play a critical role in service delivery in settings where provinces are practically cut off from national level due to lack of roads. ZCO hosted a visit by representatives of the UN system in Rwanda and key partners to look at implementation of One-Stop Centres and other activities to promote a coordinated response to gender-based violence.

Aside from these learning exchanges, ZCO hosted two events organised by ESARO: a WASH in Emergency training, with participation of 12 African countries and facilitated by RO and HQ, and a workshop on Mapping for Manual Drilling. Four ESAR countries participated.