

## Executive Summary

The year 2011 marked the beginning of implementation of the Sixth National Development Plan (SNDP), the UNDAF and CPAP.

The Zambia Country Office (ZCO) identified 16 low performing districts and the most deprived/excluded population in order to refocus programming and advocacy on addressing disparities in achieving results for Children.

The government successfully rolled out the child grant scheme in three 'equity' districts, with ZCO ensuring appropriate targeting and disbursements. An estimated 10,200 mothers with children under the age of five and 593 mothers with disabled children benefitted from regular cash transfers.

The Anti-Gender-based Violence (GBV) Bill was enacted, providing comprehensive protection for women and children. The government prepared the second, third and fourth consolidated report to the Committee on the Rights of the Child. Provincial consultations with 450 children resulted in the consolidated State Party report containing children's views.

Project Mwana – mHealth piloted in 31 facilities as an innovation for strengthening early infant diagnosis – was expanded to 61 health facilities in 14 districts. Over 3,000 infant test results were delivered through the SMS technology, reducing turnaround times by approximately 50 per cent for deprived areas. Health for Poorest Populations (HPP) and Maternal and Neonatal Health projects (covering four and five low-performing districts, respectively) were initiated integrating equity-focused model of community-based MNCH.

High-level advocacy by UNICEF culminated into legal recognition of Community Schools in the 2011 Education Act. With the contribution of technical and financial support, a total of 1,542 pre-school age children gained access to Early Childhood Care, Development and Education (ECCDE) in Luapula and Eastern Provinces. 72 Modules (lessons) were prepared and broadcasted over the radio, reaching 722 children through school based early learning centers.

Approximately 217,000 people in 20 target districts had improved access to safe water, through UNICEF support to construct 719 new water facilities and rehabilitate 131 boreholes. A total of 43,460 people in target districts benefited from improved household sanitation facilities whilst 231 villages were verified as Open Defecation Free (ODF) under the Community Led Total Sanitation (CLTS) initiative. More than 7,200 families constructed their own hand washing facilities and government has since requested support to scale-up CLTS.

Approximately 84% of Other Resources (OR), approved by the Executive Board in the Country Programme Document (CPD) for the Country Programme cycle, was mobilized with at least 95% expenditure achieved for expiring PBAs.

2011, was an election year for Zambia and obvious priority for the government. This affected progress on collaborative activities, especially work on birth registration. To sustain this activity, ZCO supported a government delegation to undertake a study tour of Ghana's Birth Registration System. Similarly work on development of social protection policy was postponed to 2012.

Strategic partnerships were built with DFID/UKAid, and the government to accelerate progress towards sanitation MDG leading to funding at 19 million Sterling Pounds from DFID, targeting 61 rural districts. Zambia became an "early riser" country under the SUN (Scaling Up Nutrition) and a donor group was established, DFID and UNICEF are co- conveners.

## Country Situation

Zambia's Tripartite Elections was held in 2011. The newly formed government provides UNICEF Zambia Country Office (ZCO) with several opportunities. The *priority and emphasis on social democratic governance* demonstrated in the 2012 Budget Speech is indicative of the government's commitment to the realization of human development outcomes and ownership of social sector programmes.

The increased resources allocations to social sectors; education, health, social protection, water and sanitation among others, promotes sustainability of UNICEF programme areas and eases over reliance on donor resources. The re-introduction of free and compulsory education up to secondary level education and the abolishment of user fees in public health institutions promise increased accessibility to more of Zambia's deprived population, particularly women and children.

Focus on decentralization is in tandem with ZCO strategy to enhance service delivery at decentralized levels. *The promise of greater focus on accountability* regenerates renewed hope and impetus to influence and advocate for high-level service delivery and basic human rights for women and children. The *constitutional reforms* called for by the new government will enable UNICEF to facilitate a process that will ensure integration of children's voices in the constitution. The commitment *to domesticate all international instruments* that Zambia has signed is a welcome move for the country and will pave way for UNICEF to facilitate a process leading to full domestication of the CRC.

However, the new architecture of key ministries that UNICEF works with are now seemingly intertwined (Health, Community Development, Mother and Child Health, Local Government/Early Childhood, Chiefs/Traditional Affairs/Gender), is a besetting challenge requiring time to understand roles and functions and a definite need for re-strategizing.

2011 also marked the beginning of the new country programme, fully aligned with the Sixth National Development Plan (SNDP) and the UNDAF (2011 to 2015). The UNICEF Country Programme of Action Plan (CPAP) was signed in February 2011, presenting a strong investment case for children and women across the overarching policy and budget framework of the SNDP. As reported in the CPD, the SNDP has offered ZCO an opportunity to renew efforts towards the MDG targets and the equitable realization of children's and women's rights through mainstreaming of these considerations in the planning process and the development of related monitoring indicators.

According to the 4<sup>th</sup> Millennium Development Goals Report (MDGR) for 2011, Zambia has made steady progress along a number of MDGs, with notable achievements including; access to education, child malnutrition and reduction in infant mortality rate, although much still remains to be done. The MDGR Report indicates further that whilst most MDG targets are on track, the pace of progress must accelerate substantially if the country is to attain all the MDGs by 2015, particularly with regards to the goals of extreme poverty, maternal mortality and environmental protection.

Similarly, the Zambia Human Development Report (HDR) for 2011, observes that the recent resurgence of consistent economic growth gives hope that Zambia could improve its human development status to pre-1980 levels and higher. The report observes that although the country's service delivery performance has improved on a number of fronts, there are still bottlenecks that slow the attainment of even better human development outcomes; that challenges still lie in the skewed distribution of services across individuals and regions, vulnerability to climate change, the economic and financial crisis, and the overlapping deprivations suffered by many. The report points to skewed economic and human development process biased towards urban areas. This is despite the 2011 World Bank Report, which re-classified Zambia as a middle-income nation.

The Education Bill was enacted in April 2011. Highlights include the introduction of compulsory school attendance for children of basic education, the legalization of the community schools, the ban on corporal punishment, and the ban on childhood marriage, these are all important programming areas for UNICEF. A draft policy on early childhood development and education is waiting for approval while early learning standards and curriculum development are only now being developed.

Within Health, Nutrition and HIV/AIDS Sector, progress is being recorded in child and maternal mortality,

the reductions however is viewed as still insufficient to meet health related MDGs targets. Current maternal and child mortality rates, estimated at 591 per 100,000 live births and 119 per 1000 live births (DHS, 2007), respectively and no significant reductions in neonatal mortality rates (which comprise a third of all under-five deaths). Infectious diseases (such as HIV, malaria, pneumonia, diarrhea among others) and malnutrition remain major killers of women and children.

Access to clean water and adequate sanitation remains a significant challenge. An estimated 5 million Zambians continue to live without access to safe water, and 6.5 million lack sanitation, of which around 2.3 million practice open defecation (UNICEF/WHO Joint Monitoring 2010 report). This situation contributes to high prevalence of diarrhea and other waterborne diseases, which are further driven by poor sanitary health practices<sup>[1]</sup>. Out of 52 countries in the region, Zambia is in the 16<sup>th</sup> lowest position in terms of access to water and the 30<sup>th</sup> lowest in terms of access to sanitation<sup>[2]</sup>. UNICEF, in 2011, built the case with donors to invest, particularly in sanitation and hygiene.

Although Zambia is not a very emergency-prone country, floods do occur almost every year in different degrees of intensity mainly along the riverine areas and unplanned settlements in major cities causing great risks for cholera and measles, mainly due to poor sanitation. In 2011, a total of 372 cases of cholera were recorded in Zambia with a case fatality Rate (CFR) of 2.2%. 20,071 cases of measles were recorded countrywide with a CFR of 0.2 %. The participation of children in climate change in Zambia has not been heavily explored. Climate change has caused disturbances in seasonal patterns such as hotter summers and an increase in the occurrence of floods affecting school attendance among others. ZCO's Unite4Climate has been working with children and promoting them as young ambassadors for climate change.

<sup>[1]</sup> UNICEF Zambia Annual Report, 2010

<sup>[2]</sup> Ibid

### **Who are the deprived children in your country context?**

The deprived children in Zambia are those that face dimensions of vulnerability such as geographical accessibility, chronic deprivation, and poor access to services, income poverty and social marginalization. Zambia is a vast country (752,000 km<sup>2</sup>) and sparsely populated (approximately 13 million). Many of the rural areas are remote and difficult to get to. Children who are born in the remotest part of Zambia are usually challenged from the day they are born; they are probably born to a malnourished mother and therefore malnourished themselves, born away from a health center as it might be too far and even if accessed they might not find qualified health workers.

These children will most likely get very little education because their parents cannot afford it or because the schools are too far and even if they can get to the schools, the schools are unlikely to have qualified teachers. These children, especially the girls are prone to early pregnancies and marriage as the only option. The deprived children are born in chronically deprived and marginalized households and communities reducing the chances for them realizing their full potential.

In the urban setup, these children will be found in the informal settlements, in households who migrated purportedly in search of better opportunities in the cities. The most economically vulnerable groups in Zambia are all socially marginalized. Social marginalization creates barriers to access, knowledge, participation, security and entitlements.

### **Data/Evidence**

The Central Statistical Office (CSO) has published preliminary results of the Census 2010. According to these results, the Zambian population stands at a total of 13 million of which 53% is estimated to be below the age of 18 years. Census 2010 results also show that the percentage of children are higher in the predominantly rural provinces of Eastern, Luapula, Northern, North Western and Southern.

Data collection for the Living Condition Monitoring Survey (LCMS) was concluded in 2010, however due to

differences between stakeholders in methodology used for poverty estimation there is significant delays in the dissemination of results. There are serious concerns about the quality of the data, which has been raised with Central Statistical Office by several partners. A release is reported to be within sight; however it is unlikely that the dissemination will take place before end of first quarter in 2012. The delay has had some impact on the comparison of Social cash Transfer baseline with LCMS since the old LCMS data from 2006 was used.

An analysis of deprivation and exclusion in Zambia was undertaken by UNICEF Zambia during 2011, which highlighted serious equity issues facing children. By analyzing available national data on the distribution of vulnerability, poverty, deprivation and rights failures, an index of vulnerability was constructed. A critical group among the poor in Zambia, identified in the study is the people in profoundly underserved and very impoverished communities. This group has been exposed to long term, chronic and intergenerational poverty on a wide scale. The study makes recommendations on priority areas for additional investment to accelerate progress towards the MDGs, (Reaching the MDGs with Equity, 2011). This forms a good basis for further bottleneck analysis at section levels for development of appropriate intervention strategies.

The global initiative for Out of Schools Studies for Zambia was completed in 2011. The initiative is driven by the EFA target of 'All children in school by 2015' and the mission: 'Reaching all the unreached children by 2015'. It is aimed at engaging stakeholders and providing evidence to work towards introducing more systematic approaches to address the problem of OOSC and guide concrete education sector reforms. In early 2012 stakeholders will meet to take necessary management actions based on findings and recommendations.

An EPI coverage survey has also been completed in 2011, however results from data collection are yet to be compiled and analyzed. The immunization coverage survey will obtain information on the delivery and impact of immunization services by determining the proportion of children who were fully immunized by the age of 12 months, as well as to determine the proportion of mothers with children aged 0-11 months who received two or more doses of tetanus toxoid vaccine. The survey assessed both crude and valid coverage.

### **Monitoring Mechanism**

Programme monitoring mechanisms include field visits conducted by UNICEF staff and often jointly with partners. Issues from the field visits are shared in the monthly programme monitoring meetings and section heads' meetings and in the CMT. Quarterly, mid-year and annual reviews provide period opportunities for checking status of implementation, challenges and opportunities. ZCO has also built the capacity of partners for monitoring and evaluation.

In 2011, with UNICEF support, the M&E Department at Ministry of Finance and National Planning completed a first ever database for monitoring the performance of national development goals. A core team of master trainers is equipped with skills to both manage the maintenance of the database and train others in the use of available data for analysis and presentation in tables, graphs and maps. A training plan for relevant professional in Government of Zambia from both national and sub-national levels have been completed and will be implemented in 2012.

The study on vulnerability monitoring arose out of on-going concern that the repercussions of the global economic crisis of 2008–2009 would be experienced in economies around the world including Zambia over the following years. Three global crises came in quick succession – skyrocketing food prices, rising fuel prices and a severe global economic meltdown borne out of a financial crisis in industrial countries. 2011 was the final year of the two-year research programme and the research was based in six contrasting communities using a well-being approach to track changes, opportunities, constraints and impact of external change on a range of households. The project has pioneered the application of the well-being techniques as a means of informing Government of Zambia vulnerability monitoring for rapid decision making. Final results were released in late December 2011 in a final report along with policy briefs. The Steering Committee lead by Ministry of Finance and National Planning is scheduled to discuss the results of the study on Shifting Vulnerabilities in early 2012. The project also explored innovations in accelerating data collection, analysis and presentation of outputs for real-time monitoring using new IT based solutions

on tablet PCs with a particular emphasis on looking at how the use of technology can be extended from mostly quantitative data collection tools to also include qualitative and participatory research instruments and outputs.

The key challenge to monitoring for ZCO is the geographical challenges due to vast land size, distance and bad roads; this greatly affects the time taken for field monitoring. ZCO acknowledges the need for at least two field offices for closer and more efficient monitoring, hence ensuring results for children. Management Information Systems especially at district levels are non-functional and this greatly constraints collections and management of routine data.

### **Support to National Planning**

The Government of Zambia has an established monitoring and evaluation system for the Sixth National Development Plan lead by the M&E department within MoFNP. This includes periodic reporting in progress reports measuring results against agreed key performance indicators and targets. UNICEF supported GRZ in 2011 to enhance its capacity in the area of database management for performance monitoring by providing technical support for the development of a database specific to SNDP goals and targets populated with data for all key performance indicators. In 2011 work we successfully completed the transfer of knowledge for maintaining and training in the use of the database.

The SNDP monitoring and evaluation framework offers a significant improvement from the structure provided under the Fifth National Development Plan, however the system still has significant gaps in data flow from line ministries where monitoring systems do not adequately link up with the SNDP M&E framework. UNICEF supported an assessment of MIS across key sectors involved in SNDP implementation, which identified the absence of planning, M&E frameworks as a key bottleneck obstructing a timely flow of information and data for SNDP monitoring. The study helped to identify actions for 2012 and the development of tools for collating data for SNDP performance monitoring in a more systematic format.

Evaluation function related to SNDP is led by the Research and Development Programme part of the M&E Department at MoFNP. Although GRZ does not have a standard evaluation policy capacity is in place to ensure that evaluation conducted around the SNDP follows international standards. In 2011, UNICEF successfully influenced government to design an FNDP evaluation with the inclusion of capacity development as a key component of the evaluation. This evaluation will provide critical insight for the implementation of programmes related to the SNDP.

## **Country Programme Analytical Overview**

The key determinants of inequity in Zambia are clustered around geographical disparities, economic inequity and around gender and other forms of discrimination that prevail and shape social norms, opportunity and behaviour. The implications for our programme here is to make sure that we direct our efforts towards improving equitable access to quality services.

In Zambia, UNICEF's work on social protection, our immunization work with the 'reaching every district', our support for policy development / legal reform / capacity building to improve standards in community schools, our C4D work that extends beyond the TV and radio, our advocacy for decentralization, social budget work and work around improved delivery capacity in underserved districts are just a few examples of our upstream and downstream work to achieve results for deprived children.

Child grants have been introduced in areas of worst extreme poverty (over 80%) and under-five mortality (over 20%). This is a government-led and implemented programme, with support from UNICEF, DFID, and Irish Aid. Extensive analysis of target groups and national poverty data and evaluation of the pilot phase have informed scale up plan, and ensured that transfers are targeted at the very poorest and most vulnerable.

Community-led total sanitation (CLTS) approach is targeting the most affected communities through the

analysis of current practice and incidence of diarrheal diseases. CLTS is targeting all population in a given village, since it is meant to address sanitation behavior in the whole community. CLTS is mainly implemented in rural and peri-urban areas where the most vulnerable population live. From a pilot programme, this is now a key element of the national Rural Water Supply and Sanitation Programme. UNICEF Zambia is also introducing manual drilling as a cost effective solution for water supply in particular for communities located in remote rural areas, scattered and largely inaccessible.

Community Schools (CS) enroll 20% of all Zambian primary school learners. These schools enroll the most vulnerable children who are unable to meet the 'hidden' costs of "free primary education" policy instituted in 2002. Although recognized, CS are not "legal" institutions thus government resources, such as school grants, trained teachers, etc. are not provided. Teachers are untrained volunteers paid by community members primarily through in-kind contributions.

The joint programme on human trafficking is targeting most-at-risk places (MARPs), which includes border areas such as Solizwezi, Kazungula, Nakonde, Chipata through capacity building to raise awareness, detect cases of human trafficking, offer shelter and reintegrate the victims of trafficking and prosecute cases.

## Effective Advocacy

*Mostly met benchmarks*

In 2011, ZCO finalized the advocacy strategy for the new country programme. The advocacy strategy strengthens ZCO's strategic framework across all focus areas, making the CO a more effective partner for advancing the MDGs through evidence generation, communication and advocacy, while targeting vulnerability, exclusion, and poverty reduction. The strategy supports the mainstreaming of HIV and AIDS, gender, and DRR across all ZCO programme areas. The main planned results are: a) raising the visibility of child survival and development at national, local, community, and family levels; b) GRZ and other stakeholders have the capacity to prepare and respond to emergencies in a well-coordinated manner; c) Appropriate evidence on the situation analysis of children and women is generated and used to influence GRZ, CPs, and civil society organizations for accelerated results for children, especially in low performing districts.

Child-led advocacy on climate change and HIV prevention picked up well in 2011, with the number of climate ambassadors increasing from 300 to 500 from all nine provinces. As a result of national training conferences, climate change clubs have been established in 20 schools across the country, and environmental conservation interventions such as waste management and tree planting have occurred. The Zambian Children's Climate Conference III also attracted participation from four ambassadors from Denmark sponsored by the Danish Natcom.

ZCO's visibility was raised through media placements and special events, including a series of reports on BBC TV and World Service on child protection issues; Radio France aired a special report on Zambia's successes in PMTCT; and a ZCO PMTCT photo series was published in *Scientific American* and exhibited by UNICEF France at a PMTCT conference at the Pasteur Institute in Paris. The PMTCT photography exhibition, the work of UNICEF contract photographer Christine Nesbitt, was also displayed at the Danny Kaye Visitors Centre at UNICEF's NYHQ. ZCO raised the profile for sanitation and hygiene among donors and other stakeholders through advocating for UN Secretary-General's campaign, "*Sanitation for All, the Drive to 2015.*" The Sanitation and Hygiene Component under the National Rural Water Supply and Sanitation Programme, (NRWSSP UNICEF) was also successfully launched in October 2011, with UNICEF having played a key role in the provision of financial resources. During the year, UNICEF raised the profile of advocacy days like World Water Day, Global Hand washing Day, the Day of the African Child, and World Toilet Day. His Royal Highness Chief Macha of Choma District was decorated by the President of Zambia for his work in ensuring ODF status in his chieftdom and advocating for CLTS nationally.

## Changes in Public Policy

Using the CP's "Situation Analysis of Women and Children," ZCO was successful in lobbying the government

to put an added development focus on 16 low performing districts, including the need for additional human resources for the deprived rural areas. ZCO supported the passing in the National Assembly of the GBV law, which provides for mandatory sentencing, and the Education Act, which raises the status of community schools and protects the rights of children, including the right to return to school after giving birth. ZCO successfully lobbied five ministries, including Health and Community Development, to endorse the National Guidelines on the Multidisciplinary Management of the Survivors of GBV. The Early Childhood and Development Policy was approved by the Ministry of Education and in 2012 will be considered by cabinet. The Health Programme worked with partners to have government adopt the “New Direction” initiative regarding the Elimination of Mother-to-Child Transmission of HIV (eMTCT). WASH successfully worked with the Ministry of Local Government and Housing to endorse the Sanitation and Hygiene Component of the NRWS and Sanitation Programme through 2015.

### **Leveraging Resources**

ZCO partnered with the Ministry of Community Development, Maternal and Child Health to leverage new resources for the child grant scheme from Irish Aid and Finland. With this leveraging, the activity aims to make direct payment to 96,000 beneficiaries by 2016, up from 30,000 in 2011. With ZCO advocacy, government has committed to funding 50 percent of the cash transfer scheme by 2016, up from 10 percent in 2011. The Health Programme also leveraged with UN sister agencies to support HPP, H4+, and the GRZ-EU- UN Joint Programme to Accelerate Progress on MNCH. WASH worked successfully to leverage new resources for DMMU (for DRR) and the NGO WASH Forum, for increased capacity building.

## **Capacity Development**

### *Mostly met benchmarks*

UNICEF took major steps to support capacity development of implementing partners, especially at local level through a mentorship programme by availing a pool of sector experts at provincial level, known as Provincial Support teams (PSTs). Through this support, 10 rural districts are able to benefit from specialist technical support and build their capacities in the area of information management systems, planning, financial management, implementation and monitoring. In 2011, and in support of the decentralized service delivery approaches, capacity development was further strengthened by enabling districts to directly tender WASH activities; manage contracts and monitor the results. District Health Management Teams in 3 districts in Copperbelt province were provided and trained on the use of water quality monitoring testing kits. Support to the establishment of the national WASH information management system (IMS) was also completed in 17 districts and the first version of a national baseline report is available at the MLGH. Similar work for the remaining districts in Eastern province is well underway with UNICEF’s financial and technical assistance.

Mapping of the child protection system at national, sub-national and local level was undertaken to assess the capacity of the system to prevent, respond and plan for child protection. The mapping was undertaken with key ministries and civil society partners to ensure wide representation of both formal and informal systems. Initial findings have revealed capacity development gaps are most critical at sub-national level and linkages between community service providers, both formal and informal, and sub-national level needs strengthening. Opportunities to strengthen the child protection system through focused capacity development at community level are evident. The mapping of the child protection system is being used to inform work plans and resource allocation both of UNICEF and its partners, with a stronger focus on community level capacity development planned. Followed up in 2012 will include costing of the child protection system including the capacity development component.

## **Communication For Development**

*Fully met benchmarks*

Communication for Development (C4D) is a key instrument in the Country Programme for understanding and addressing beliefs and behaviors that impact on the lives of people. Using the framework of Advocacy, Social Mobilization, and Behavior Change Communication, C4D interventions promoted positive behaviors among families and communities on key issues.

Government staff, partners and community networks were capacitated to better plan, implement and monitor C4D interventions through C4D trainings conducted by UNICEF at various levels. Families and communities increased their knowledge of key messages on child rights disseminated through mass media such as TV and radio, mainly during national campaigns such as Child Health Week, Safe Motherhood Week, World Water Day, and Global Hand Washing Day. To complement these, communities were informed and mobilized through interpersonal communication activities such as door-to-door visits, interactions at the community level, and use of traditional community media such as songs and dances and road shows on specific issues, including GBV. Knowledge of families and communities on hygienic practices, such as hand washing with soap was increased through SOPO advertisement, broadcast on radio and television before and during the rainy season. A series of four documentaries on Community Total Led Sanitation (CLTS) best practices was developed and aired by Zambia National Broadcasting Corporation (ZNBC).

National C4D strategies on nutrition, HIV and AIDS, and Human Trafficking were revised and developed with technical support from UNICEF. ZCO provided inputs to the Regional Office to develop C4D strategies on infectious disease outbreaks and the distribution of new vaccines. With technical assistance to line ministries and partners, IEC materials were developed on HIV and life skills, human trafficking, safe motherhood, and new born care and nutrition. The materials were pre-tested with participants groups including children.

Human rights based principles was adopted by working with community networks such as men's networks, survivor's groups, and adolescent children to help them analyze their own situation on cultural and social practices on gender-based violence, child abuse and birth registration. C4D work plans based on the situation analysis and research were developed and implemented with strong community participation. Stakeholders in marginalized communities in four districts of Luapula province were consulted through focus group discussions to better understand the knowledge, attitudes, and practices on reproductive health. This information formed the basis of radio programs that currently under production and will be aired in 2012.

In collaboration with National AIDS Council (NAC), UNICEF Zambia successfully launched the Brothers for Life (B4L) communication campaign this year, mobilizing famous Zambian personalities as ambassadors to promote men as positive role models to talk about HIV prevention, gender-based violence, and alcohol abuse. The ambassadors include the first Zambian Republican President Dr. Kenneth D. Kaunda, national football players, motivational speakers, religious leaders, and young musicians and singers. The campaign has been successful in attracting a lot of public interest as it continues to be aired on national television.

**Service Delivery***Fully met benchmarks*

Identifying the most vulnerable districts in Zambia provided evidence for UNICEF's advocacy with government and partners in focusing efforts where need is greatest and the challenge is to use resources more judiciously.

The government, with support from UNICEF and other partners, successfully introduced and rolled out the child grant scheme to three of the most impoverished districts in Zambia. The scheme targets children under the age of five and disabled children under the age of 14. Beneficiaries included 10,200 mothers with children under the age of five and 593 mothers with disabled children below the age of 14. These

benefitted from cash transfer of US\$25 and US\$50 for mothers with disabled children. There is anecdotal evidence of improved nutrition, health status of children, household food security and income, and improvements in the social status of women. The child grant baseline survey was undertaken during the year and provided additional evidence on the extreme levels of vulnerability in certain areas, suggesting the need for government and partners to focus development efforts in these areas for more equitable development. A robust monitoring system is in place at district level.

Provision of basic equipment for health facilities improved routine services for 585,874 people. Ambulances provided to two far-flung districts strengthened referral for emergency obstetric and newborn care. Support for transportation means improved mobility and facilitated outreach health services. UNICEF leveraged resources for the bi-annual Child Health Week, reaching over 2 million under-fives with vitamin A supplements, deworming, and immunization. Capacity building of health workers and community-based volunteers on management of malnutrition and common childhood illnesses contributed to improved quality and standards, appropriate home management, and timely referral. Data compilation for iCCM will be strengthened in 2012. Project Mwana, Rapid SMS (mHealth) for tracing infant blood samples and HIV results is now in 61 health facilities.

An estimated 217,000 people from 20 districts have improved access to safe water with construction of 719 water facilities and rehabilitation of 131 boreholes. Three districts in Copperbelt province established spare parts sales shops and organized area pump minders for sustainability of water supply facilities. Approximately 52,500 pupils from 105 schools had access to safe water supply; completion of latrines in 82 schools provided sanitary facilities to 41,000 pupils. In target districts, 43,460 people accessed improved sanitation facilities and over 7,200 families constructed hand washing facilities. 231 villages were verified as ODF through CLTS bringing to a total 1,172 ODF villages and 210,380 ODF populations.

In Luapula and Eastern Provinces, 1,542 pre-school age children gained access to ECCDE services in 30 early learning centers. Improved child-friendly community school benefited 1,705 boys and 1,625 girls. Promotion of child-friendly infrastructure in schools continued with completion of 8 schools (24 classrooms - 3 classroom per school) with gender sensitive sanitation and water facilities in Luapula Province. More than 11,000 adolescents, teacher-trainees, community school teachers, peer leaders, and college students gained increased knowledge and skills on sexuality education with a strong focus on HIV and AIDS prevention and mitigation.

## Strategic Partnerships

*Fully met benchmarks*

UNICEF has maintained leadership in key sectors in Collaborating Partners' Groups, including in the Education sector (UNICEF and Irish Aid are co-leads) and the Social Protection Sector (UNICEF and DFID are co-leads). This role has placed UNICEF in a strategic position around policy discussion tables in addition to participating on its own merit as recognized player in these sectors.

As Zambia became a self-starter in the "Delivering as One" in 2011, 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; a member of the UN Communication Group and a convenor for OUTCOME Group 3 (basic social services).

UNICEF's partnership with DFID/UKAid has resulted in substantial funding for sanitation and hygiene in the rural areas. Collaboration with University of Buffalo will help UNICEF to gain technical advice on preparation of baselines on sanitation and hygiene behavior at household level. Additionally, partnership with NGO WASH Forum was forged to support WASH sector harmonization and knowledge management among major NGOs in the sector.

Partnerships with Civil Society for Poverty Reduction (CSPR) was designed to build capacity of both government and citizenry on improved engagement in dialogue on how best to address social protection issues. The partnership has enhanced CSPR capacity in budget tracking and service delivery tracking with tools for analysis and advocacy. UNICEF also established a close partnership with the Economic Policy Research Institute (EPRI) to provide support to government for strategic planning in social protection. EPRI provided much needed mentorship to the Ministry of Community Development, Mother and Child Health (MCDMCH) on key strategic and design issues for the social cash transfer programme. EPRI is renowned for its contributions to research and training in the social protection sector. The mentorship provided was critical in the finalization of the targeting design for the social cash transfer scheme.

Also the area of Social Protection, another important partnership was established to support UN inter-agency efforts around social pensions in Zambia with a special interest on the benefits such a scheme would bring children living with elderly people. The partnership was established with HelpAge International and an advocacy strategy has been developed by supporting the Ministry of Labour and Social Security with the objective of securing cross-governmental support for a national pension scheme.

### **Mobilizing Partners**

Community networks have been mobilized in the fight against gender based violence with formation and support of men's, youth and survivor networks in several provinces with high prevalence rates of GBV. Communities in Mazabuka in Southern province and Mansa in Luapula province have come together to form networks to sensitize communities including men who are most often the perpetrators of violence, about the new Anti-GBV act and to promote reporting and referral of cases. Men's, youth and survivor networks are linked with both informal networks within the community such as faith-based organizations, and with sub-national structures such as the one-stop centers in the hospitals and the victim support unit of the police.

In Copperbelt province, the police have developed a strong partnership with community groups for outreach and rapid response, which is strengthening reporting and referral of cases. Involvement in the partnership of media, particularly community radio has also played an important role in sensitizing communities and improving access to information and services and giving a voice to the community groups.

## **Knowledge Management**

*Mostly met benchmarks*

Internally, opportunities are availed to capture and share field experiences, outcomes of evaluations and research work through the monthly country management meeting, programme management meeting, as well as quarterly and mid-year and annual reviews.

The establishment of the Research and Development Programme (RDP) in MoFNP has been a priority for GRZ and UNICEF has been an active player among UN agencies to influence the research agenda of RDP by providing technical capacity with a knowledge management specialist posted within the RDP team. As a result of this UNICEF support the RDP launched a comprehensive knowledge management website which is designed to serve as a one-stop portal for knowledge and information exchange related to the implementation of the national development plan. The portal includes a significant library of key studies, research and evaluations related to SNDP and key implementing sectors All documents are supported by brief write ups and are freely available for download by website users. The site also includes references to a roster of respected researchers used by GRZ.

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

In 2011, a Symposium on Capacity Development with partners at district and provincial levels was facilitated by UNICEF and SNV. The results of the child-friendly study on sanitation and on Cost Effective Boreholes Code of Practice and CLTS evaluation findings and recommendations were disseminated among main partners, implementation of key recommendations being monitored by Ministry of Local Government.

A series of 4 documentaries on CLTS best practices has been done and aired by ZNBC. SOPO advert has been broadcasted in radios and TV in order to increase knowledge on hygienic practices of hand washing with soap. Major events like World Water Day, Global hand washing day and World Toilet Day have been supported to increase the knowledge on the water, sanitation and hygiene practices.

In 2011, UNICEF ZCO had several exchanges with ESARO Emergency Unit on best practices of mainstreaming DRR in new country programmes. Based on this, several internal discussions and brainstorming exercises took place among Emergency Focal persons on key focus areas for DRR on the new country programme. This information obtained from ESARO was very useful in ensuring that DRR was well mainstreamed in the current country programme. With knowledge gained from the ESARO supported DRR mapping exercise conducted in 2011 UNICEF Zambia was able to provide technical support to government partners in developing a government led DRR programme for Lusaka City.

## Human Rights Based Approach to Cooperation

*Mostly met benchmarks*

The Country Office contributed to enhanced understanding amongst partners on human rights through an analysis of equity and identification of the most vulnerable districts. This analysis resulted in the publication, "*Reaching the MDGs with Equity: Identifying Zambia's most excluded people*", and forms the basis for UN dialogue with both government and donor partners on targeting of results.

Mid-year, the government announced it would domesticate the CRC into national law and UNICEF responded by supporting the Law Development Commission (LDC) to begin the process of drafting amendments to existing law to ensure compliance with the CRC. This process is on-going and expected to continue into 2012.

UNICEF also supported Civil Society for Poverty Reduction (CSPR) to strengthen the capacity of local communities and Civil Society Organizations (CSOs) in rights based approaches for local communities and in budget analysis and policy processes, respectively. This was complementary to the Budget Execution and Service Delivery Budget Barometer, a civil society mechanism to monitor and track government expenditure at community levels. This analysis enables enhanced advocacy with government to exercise a human rights based approach to budgeting.

## Gender

*Fully met benchmarks*

The Country Office supported the development of the UN Joint Programme on Gender and the UN Joint Programme on Gender-based Violence (GBV), with UNICEF taking the lead in the social sector pillar of the GBV joint programme. Development of the joint programmes involved wide consultation with stakeholders to develop an analysis of the country situation in relation to gender and GBV and to define results for joint programming.

Within the education sector, advocacy to review and revise the re-entry policy for girls who become pregnant was undertaken and progress was made in developing HIV indicators on gender. The Ministry of Education also hosted a National Stakeholder Consultative workshop on gender-based violence against Learners which attracted 900 school going children and 100 Ministry of Education staff. The main aim of this workshop was to develop interventions that would create a school and home environment free of

gender-based violence. As a follow up action, the Ministry of Education began to develop child protection policy, encompassing gender-based violence. UNICEF was instrumental in the provision of technical guidance to the development of the policy whilst Irish Aid was also instrumental in the provision of financial resources. Comments from stakeholders on the draft policy were being incorporated at the time of reporting. Finalization of the policy is expected in the first quarter of 2012. Technical support was also provided to finalize the school guidelines, which address issues of protection and gender-based violence in particular.

During the year, Mansa General Hospital operationalized the one-stop centre for multi-sectoral services to survivors of gender-based violence. Operationalization of a similar Centre at Kasama General Hospital is expected in 2012. The realization of the two centers was made possible with UNICEF's material, technical and financial supports. A shelter for survivors of gender-based violence, expected to open in 2012, was also built in Mansa, with material, technical and financial support provided by UNICEF.

2011 saw the finalization and launch of the Sixth National Development Plan (SNDP) 2011-2015. The Gender in Development Division (GIDD), working with MoFNP, undertook an assessment of gender mainstreaming in the SNDP. The assessment revealed that while the plan did reflect a measure of gender sensitivity, gender had not been adequately mainstreamed across the sectors. UNICEF contributed technical input to the assessment. Working with UNDP, UNICEF intend to use the findings of this assessment as a basis of providing support to government to ensure effective gender mainstreaming, particularly in the social sectors in 2012.

Gender inclusiveness is at the core of the WASH programming in Zambia. Gender considerations and participation is a requirement for the location of WASH facilities, use and management. Both men and women 50:50 are in the decision-making bodies at community levels and the village WASH committees and sanitation action groups. Gender-segregated WASH facilities for schools and public places like rural health centres and markets are promoted in recognition of the different gender needs for specific structures including hand wash and urinal facilities.

## Environmental Sustainability

*Mostly met benchmarks*

An Environmental Impact Assessment (EIA) was undertaken for all programs and projects with respect to the current country programme, and no negative environmental effects are expected (CPAP, 2011). However, UNICEF will continue working with GRZ to support efforts to ensure that the programs do not undermine the principle of environmental sustainability. During the year, UNICEF supported and trained 300 child climate ambassadors, 20 schools children's clubs and other relevant public and community based organizations to build public knowledge and engagement around climate change. A forum on climate change from the WASH perspective was also supported by UNICEF. The main adaptation and mitigation measures were discussed and consensus built among all participants. This set the basis for the main interventions planned for 2012.

## South-South and Triangular Cooperation

In September 2011, Senegal, the Gambia, Sierra Leone and Benin undertook a study tour in Zambia, facilitated by the WCAR office to learn from its successful implementation of the Early Infant Diagnosis (EID) programme, specifically in the use of Rapid SMS (mHealth) for tracing infant blood samples and HIV results.

Good practices noted by the WCAR team were; strong government leadership and commitment; strong partnership and resources allocation to the programme; SMS technology for EID and integrated MNCH and PMTCT comprehensive and organized blood sample transport system from the health centres to the referral laboratories; community participation: RemindMI as a community-led birth registration and postnatal follow-up system for the mother-baby pair; male involvement; lay counselors for the provision of HIV

services in communities; task shifting related to HIV testing and ARV prophylaxis by nurses and midwives; and all admitted children in the Paediatric Centre of Excellence are tested as part of routine procedures. This is an opportunity to identify more needy children missed in the routine EID system.

The Ministry of Home Affairs along with representatives from Ministries of Chiefs and Traditional Leaders, Local Government and UNICEF undertook a study tour to Ghana on 12–18 November to initiate a peer-to-peer learning process on birth registration. The key objectives of the study tour were for key stakeholders in Zambia to learn strategies for improving birth registration rates based on experiences of counterparts in Ghana, and for these lessons learned to inform strategy and policy reform in Zambia. In particular the lessons learned will inform the development of a decentralization pilot in 3 provinces in Zambia.

On return from the study tour the Ministry of Home Affairs has prepared and submitted a report on key lessons learned and recommendations and will be presenting this information to the Minister in the near future. Lessons learned have already been incorporated into the joint work plan between the Ministry and UNICEF for 2012.

Facilitated by the Regional Office in Nairobi, Zambia hosted Zimbabwe (UNICEF-led team for the Zimbabwean government and NGOs) for a Learning exchange visit for to Kazungula (district neighboring Zimbabwe) to see the Sanitation and Hygiene program, and CLTS in particular activities were carried out as planned from 24 up to 27 June 2011.

The goal was to share CLTS experiences and materials and discuss how to scale up CLTS in Zimbabwe through social marketing. Furthermore, a delegation from the Government of Sudan visited also to learn about CLTS implementation and the catalytic processes for its successful implementation in Zambia to be explored and tailored to Zimbabwean realities. The fast track court for CLTS legal enforcement initiative for Kazungula has helped to clean up public places such as markets and the Zambia Botswana border posts. After seeing the CLTS implementation in a district neighboring Zimbabwe, the team got convinced that CLTS can be implemented in Zimbabwe

## Country Programme Component: Child and maternal survival

## PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Children, mothers and pregnant women benefit from high impact interventions contributing to the attainment of MDG targets for child and maternal survival and development	2	FA1OT1, FA1OT3, FA1OT2, FA1OT4, FA1OT5, FA1OT6, FA1OT7, FA1OT8, FA1OT9, FA1OT10, FA3OT1, FA3OT2, FA3OT3, FA3OT4, FA3OT5, FA3OT6, FA3OT7, FA3OT8, FA3OT9

## Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	7700000.00	7778385.30	7203044.59	92.60
RR	3400000.00	3403278.36	3363749.00	98.84
<b>Total</b>	<b>\$11,100,000.00</b>	<b>\$11,181,663.66</b>	<b>\$10,566,793.59</b>	

## Results Achieved

The 2011–2015 National Food and Nutrition Strategic Plan (NFNSP) was developed, in collaboration with NFNC. The NFNSP gives priority to new multi-sector efforts to strengthen and expand interventions related to the "1,000 Critical Days" that prevent stunting in children less than two years of age.

The Iodine Deficiency Disorders (IDD) Control program was revived. 600 food inspectors refreshed on monitoring compliance and enforcement of salt regulations; 6,000 salt test kits provided; assessment of in-country capacity for quantitative analysis of iodine, and implementation of an IDD impact survey. These fed into the development of a 5-year action plan (2012–2016) for sustained elimination of IDD.

Project Mwana, a mHealth project (piloted in 2010 in 31 facilities as an innovation for strengthening early infant diagnosis), was expanded to 61 health facilities in 14 districts in 2011. The MoH, with assistance from UNICEF and partners, conducted a national scale-up launched. More than 3,000 infant test results have been delivered through the SMS technology, reducing turnaround times by approximately 50 per cent. This has greatly contributed to promoting equitable access for remote areas.

A funding proposal to the GAVI Alliance got approval for the introduction of the pneumococcal and the second dose measles vaccines and conditional approval for the introduction of the rotavirus vaccine. UNICEF supported an Effective Vaccine Management (EVM) assessment and procured 4 cold rooms for provinces.

The bi-annual Child Health Week targeted over 2 million under-fives. 87 per cent of the under-fives reached in the first round in July and 103 per cent in the second round in November. UNICEF ensured social mobilization and adequate logistics.

A mini polio campaign targeting 146,547 under five children in 8 districts was conducted with support from WHO and UNICEF and 92% were vaccinated. An estimated 1 million people have been protected from malaria with the mass distribution of 500,000 Long Lasting Insecticidal Nets (LLINs) in 6 districts of Eastern Province; UNICEF's support for the social mobilization activities ensured increased awareness on on-going campaigns. Health for Poorest Populations (HPP), and Maternal and Neonatal Health projects (covering four and five low-performing districts, respectively) were initiated integrating equity-focused model of community-based MNCH.

With the construction of 719 new water facilities and 131 rehabilitated boreholes, approximately 217,000 people in the 20 districts had improved access to safe water. Three districts in Copperbelt province put in place a system to improve sustainability of water supply facilities by establishing spare parts sales shops and area pump minders (artisans) near the beneficiary communities and will be replicated in remaining 17 districts.

Approximately 43,460 people in Southern Luapula and Copperbelt Provinces are benefiting from improved household sanitation facilities. 231 villages were verified as ODF through CLTS and more than 7,200 families constructed their own hand washing facilities. This approach has been successful in Choma and 18 other districts around the country and the government has requested support to expand the CLTS country wide. Certified ODF villages now stand at 1,172 from 2007. Mapanza Chiefdom was certified ODF during 2011

### **Most Critical Factors and Constraints**

Capacity among government partners to respond to the nutritional needs of children in humanitarian crisis through training in the SMART methodology was postponed due to challenges in getting external technical assistance, partly because of the crisis in the Horn of Africa that mobilized the professional expertise available.

Human resource constraints continue to plague the health system – availability, motivation and technical skills. Uncertainties around availability of partner funding continued to constrain service delivery by MoH. Three years after corruption allegations, the effects continue to be felt: some partners pulled out of the sector completely while others reduced their funding to the sector. In some cases, previously committed partner funds remain undisbursed for various reasons including failure by government to meet trigger actions under a common and agreed upon governance action plan.

The general elections in September and the subsequent change of government present an opportunity for starting over in relation to government and partner collaboration in the health sector. The anti-corruption pronouncement by the new government and its strong focus on improving social services for all, especially the rural population – as exemplified in the 2012 budget – received favourable partner support. The new government increased allocation to health expenditure by 45%, with a focus on essential drugs and supplies, human and infrastructure development. On the other hand, Zambia is hugely dependent on external resources for health service delivery in areas such as HIV and AIDS, tuberculosis and malaria. The recent developments at the Global Fund will have a telling effect on the health sector as a whole.

In the development of the mHealth system, ownership by MoH and coordination among different partners supporting mHealth posed challenges for implementation at the beginning causing a slow start. To address this, UNICEF led the process of putting in place a coordination structure (an SMS technical working group led by MoH), one joint plan, and one common monitoring and evaluation framework. Although the 3 mHealth pilots supported by different partners were slightly different, a common goal and vision was defined with MoH.

The MLGHEEEP-supported IMS system has taken longer to roll out and the baseline is incomplete. It is therefore difficult to estimate the water and sanitation coverage in Zambia.

### **Key Strategic Partnerships and Interagency Collaboration**

The collaboration between UNICEF and the Clinton Health Access Initiative is crucial to the realization of the: a) CD4 testing capacity mapping to understand service delivery status and challenges; b) development of CD4 expansion plan to improve access of pregnant women in 80 per cent of PMTCT health facilities; c) scale-up of mHealth (SMS technology) for early infant diagnosis to 160 facilities, by 2013; d) strengthened systems and improved quality of services for HIV exposed infants through bottleneck analysis and implementation of innovative strategies to inform policy to increase cotrimoxazole prophylaxis coverage for HIV exposed infants.

The partnership with Family Health International has substantially contributed to the improvement of services for paediatric HIV prevention, care, support and treatment in 53 (out of 128) facilities in Luapula Province. With financial support from UNICEF, SafAIDS mobilized communities for increased uptake of

PMTCT and Paediatric HIV care services through capacity building of 500 community based volunteers and 300 traditional leaders in addressing cultural barriers hindering women from accessing these services.

DFID has funded a Procurement and Supply Management improvement project in the MoH through UNICEF. UNICEF is taking the lead in developing (with other UN agencies) a Joint Programme on Maternal, Newborn, Child and Adolescent Health targeting 44 million euros funding from the European Union.

In partnership with the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), MoH and UNICEF adopted and launched the Mother-Baby Pack (MBP) initiative as an innovative strategy to provide ARVs for mothers and babies, especially to those with challenges of making regular visits to health facilities. Tools were developed to ensure clarity of instructions for mothers; health facilities were provided job aides and assessed for readiness for MBP implementation. The decision by UNICEF HQ to suspend the implementation of MBP pending review by all stakeholders necessitated restructuring of planned activities. The partnership with EGPAF is redefined for building capacity for PMTCT programme management and monitoring in 3 priority districts.

Strategic partnerships have been built with DFID/UKAid and the Government of Zambia to accelerate progress towards the achievements of sanitation MDG in Zambia. This has led to the development of a road map and subsequently a proposal and fund from DFID for 19 million UK Pounds. This project targets 61 rural districts.

UNICEF through the HQ is collaborating with University of Buffalo for technical support for preparing baseline on sanitation and hygiene behavior at household level and the existing knowledge and practices of the rural population. A partnership with NGO WASH Forum has been developing in order to support sector harmonization and knowledge management among major NGOs in WASH sector.

Key partnerships to promote hygiene in schools have been built with NGO's like Village Water and will be extended to other partners like Programme for Sustainable Rural development (PSRD).

### **Humanitarian Situations**

In 2011, Zambia continued to experience measles outbreaks – country wide 20,429 cases and 42 deaths were reported by December 2011. The Ministry of Health with support from partners conducted an emergency immunization response for children under fifteen (15) years in the six most affected districts in two provinces [Luapula and Northern Provinces] in May, 2011.

The operational funds, as well as the vaccines, were provided by Medecins Sans Frontiers (MSF). UNICEF offered financial support for technical supportive supervision and to ensure that the campaign was conducted in line with Ministry of Health, WHO and UNICEF guidelines. The campaign reached 558,772 children aged 6 months to 15 years representing 99.2% of the target population.

105 Volunteers from Lusaka cholera prone areas were trained in hygiene promotion, water quality monitoring and mapping of water points in preparation for 2012 cholera. The UNICEF Press release from West and Central Africa on the 11th of October 2011 prompted UNICEF-Zambia to conduct an assessment in the Lake Tanganyika and the fishing districts in Northern and Luapula provinces. A total of 9 districts were put on the alert. Supplies (6000 soap and 6000 chlorine) to 6 districts out of 9 were repositioned.

### **Summary of Monitoring, Studies and Evaluations**

With support from USAID, UNICEF collaborated with MoH and NFNC to conduct an IDD impact survey. Results of the survey indicate 14% of the school-going children aged 7 to 12 years were below the recommended level of median urinary iodine concentration of 100µg/L. On the other hand over 60% of pupils had more than the recommended iodine levels. The survey also revealed that half (53.3%) of households in Zambia have access to with adequately iodized salt falling short of the cut of proportion of more than 90%, to meet the universal salt iodization threshold.

The survey finding have been used in the development of national IDD strategic plan, which is in draft and provides direction on sustaining the low levels of low iodine deficiency, reducing the proportion of people

with levels higher than the recommended levels, and increasing access of adequately iodized salt to over 90% of households in Zambia.

With financial support from CIDA and technical collaboration of WHO, MoH was supported to conduct of an EPI coverage survey, designed to provide provincial and national level data. Preliminary results indicate variability in fully immunized coverage and timing of immunization doses in relation to the recommended national schedule.

An assessment of the effectiveness of vaccine management was undertaken and revealed adequate cold chain capacity and weakness in temperature monitoring and stock management. The findings from both assessments have informed preparation for the introduction of new vaccines in the national immunization schedule.

UNICEF also led a research piece about child-friendly sanitation facilities and disseminated among all sector stakeholders in order to get a better facilities for children, particularly regarding the upcoming players in the sector (USAID). The study on Cost Effective Boreholes Code of Practice was completed and results disseminated and recommendations being implemented by MLGH. CLTS evaluation recommendations were also disseminated among all WASH partners.

### **Future Work Plan**

The Food Consumption and Micronutrient Assessment (FCMA) will be conducted in April–May 2012 to avoid collection of blood samples during the period when occurrence of infectious diseases, i. e. malaria is high. This will minimize confounding effects of infections on biological markers of interest in the study. The findings of the FCMA will feed into the development of the micronutrient strategy and specifically fortification programs in Zambia.

The operational research on home fortification will start with a feasibility study to inform the design of the pilot. Strengthening of IYCF and IMAM programs will continue with capacity building of health workers at facility and community level, mentorship and monitoring. UNICEF will further support MoH in enforcing regulations on marketing of breast milk substitutes and on salt iodization.

Technical assistance will be provided to government and partners towards eMTCT by 2015. PMTCT impact evaluation and the assessment of utilization of HIV information in the under-five and maternal health cards will be supported in collaborations with UNICEF HQ. The scaling-up of iCCM will be a priority as well as the continuing work around strengthening of routine immunization. District health system strengthening will be pursued through modeling specific interventions in districts implementing H4+ and HPP projects.

The implementation of the HPP project is envisioned to demonstrate level 3 of UNICEF's Equity Monitoring Framework. The bottleneck analysis approach in district level programme monitoring will be introduced and community level mechanisms will be established for real-time progress tracking of bottleneck reduction in the 5 main coverage determinants of service: availability, accessibility, utilization, continuity and quality. The implementation by the H4+ agencies of the joint programme on maternal and newborn health, in two of the most vulnerable districts in the country, will provide impetus for exploring innovative strategies for maternal and newborn survival. It is anticipated that resources will be mobilized from the European Union for the implementation of the GRZ/UN joint programme on maternal, newborn and child health and initiation of activities will be priority in the coming year.

UNICEF will continue to work with government towards better definition of systems and structures for promoting maternal and child health, also with the newly created Ministry of Community Development, Mother and Child Health and the Ministry of Chiefs and Traditional Affairs.

In WASH, accelerating progress to increase access to sanitation will take priority. UNICEF will continue to promote the Scaling up of CLTS countrywide. A process of identifying strategic partnerships for sanitation marketing will be an integral part. Capacity building of districts for procurement and managing contractors will be strengthened in addition to strengthening C4D activities for promoting hand washing with soap (HWWS) or ash and household water treatment (HHWT) to reduce the disease burden and maximize health

benefits. Focus will also be in promoting uptake of innovative water supply options such as Manual Drilling and intermediate options of piped water systems. UNICEF will continue with critical work of ensuring child-friendly, gender segregated latrines in 1,000 schools to promote gender equity at school level.

### Country Programme Component: Child and adolescent development, protection and participation

#### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Children and Adolescents are able to develop, learn and participate in a protective and enabling environment	2	FA1OT2, FA1OT3, FA1OT4, FA2OT1, FA2OT2, FA2OT3, FA2OT4, FA2OT5, FA2OT6, FA2OT7, FA2OT8, FA2OT9, FA4OT1, FA4OT2, FA4OT3, FA4OT4, FA4OT5, FA4OT6, FA4OT7, FA4OT8, FA4OT9, FA4OT10

#### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	4530000.00	4282721.29	4220235.01	98.54
RR	3200000.00	2767462.29	2671314.89	96.53
<b>Total</b>	<b>\$7,730,000.00</b>	<b>\$7,050,183.58</b>	<b>\$6,891,549.90</b>	

#### Results Achieved

Working with provincial and district education offices and the Ministry of Education Broadcasting Services, 1,542 pre-school age children (784 boy and 758 girls) gained access to ECCDE services in Luapula and Eastern Provinces in 30 early learning centres (10 school based and 20 using Interactive Radio Instruction (IRI) methodology) with UNICEF's support. 820 children (417 boys and 403 girls) were reached through IRI on early leaning and child development programme piloted in Petauke, Katete, Chadiza and Chipata districts of Eastern Province. 72 Modules (lessons) were prepared and broadcasted over the radio. 722 children (367 boys and 355 girls) were reached through school based early learning centres. Preparatory work for establishment of 71 school and community-based early learning centres were completed and ready to provide instruction at the beginning of new academic year in 2012.

Eight child-friendly schools (24 classrooms - 3 classroom per school) with gender sensitive sanitation and water facilities in Luapula Province benefiting more than 3, 330 children (1,705 boys and 1, 625 girls) completed and equipped.

UNICEF supported the strengthening of systems and capacity for prevention and mitigation of HIV and AIDS resulting in HIV and AIDS policy review, strengths and gaps analysis, HIV indicators in the education sector developed and piloted in collaboration with UNESCO's Regional Offices, SADC and IIEP; a national Life Skills education framework reviewed. 500 life skills facilitation manuals developed with UNICEF and available for use by peer education facilitators.

52,500 pupils in 105 schools got access to safe water supply facilities and 82 school latrines were completed, providing services to 41,000 pupils with separate facilities for boys, girls and teachers and are fitted with hand washing facilities.

The Anti-Gender-based Violence Bill was enacted providing comprehensive protection for women and children in relation to GBV. This was followed by release of the National Guidelines for the Multi-disciplinary

Management of Survivors of GBV by the government. UNICEF provided both technical and financial support through a series of meetings and workshops. To ensure understanding of the new GBV Act, support was provided to a national awareness campaign using talk back radio and television. The government with UNICEF's support, launched a place of safety for victims of abuse and exploitation in Mansa, Luapula province, the first such facility of its kind.

A national mapping of the child protection system was completed covering 18 districts in the 9 provinces, with active engagement of government, NGO partners and communities. The mapping provides the framework for policy development and identifies both the gaps in the system and the opportunities for enhancing the child protection system. The report will be launched in early 2012.

Monitoring of violence against children was strengthened through support to several independent mechanisms for human rights monitoring and reporting. The National Human Rights Commission was supported to conduct 3 public hearings on violence against children, with 107 submissions received, 41 per cent of them from children.

### **Most Critical Factors and Constraints**

The long-awaited review and approval of the National Policy of Early Childhood Care, Development and Education (ECCDE) has not made significant progress in 2011. The new government merged the former Ministry of Education and the Ministry of Science and Vocational Training into one Ministry of Education, Science, and Vocational Training (MoESVT) and transferred the portfolio of ECCDE to the Ministry of Local Government, Early Education and Environmental Protection (MLGEEP). These new developments have in the short term, disrupted and slowed the momentum of some important initiatives such as the finalization of the third education sector National Implementation Framework (NIF III), and the ECCDE policy and programs until MLGEEP puts in place adequate implementation structures and resources.

The Education Sector dialogue and cooperation between the Ministry of Education (MoE) and the cooperating partners/donors have been ineffective partly due to MoE's slow reaction to the closing of financial audit recommendations resulting in cooperating partners withholding donor contributions totaling close to \$60 million. Additionally, the numbers of traditional donors that provide direct sector support to the education sector under the Sector Wide Approaches (SWAp) keeps shrinking with some partners shifting to general budget support and others indicating that they would pull out of Zambia all together. It is very likely that Irish Aid, Department for International Development and UNICEF (in partnership with Netherlands) could be the only donors providing direct sector budget support to the SWAp.

Results under IR 2.10 on birth registration were severely constrained as the government department responsible for birth registration was also responsible for the National Voter Registration Cards, a prerequisite for voter registration and this took priority. However a two-year National Action Plan on Birth Registration was developed with stakeholders. In addition, UNICEF supported a government delegation to undertake a study tour of Ghana's birth registration system. It is hoped this will motivate them to implement the activities in the Action Plan like their colleagues in Ghana are doing.

Likewise, planned activities under IR 2.7 and IR 2.9 with the police stalled due to the security arrangements related to the elections, and several community-based activities were postponed until after elections so as not to be perceived as part of election campaigning. During pre-election, key child protection functions were in the process of consolidation under one ministry, post-election, it was split between two separate ministries with guidance still pending on roles and responsibilities.

Internally, the Education Section experienced high staff turnover and lengthy recruitment process at the start of a new country programme and late approval of the Rolling Work plans (RAWP) delayed the start of the implementation of activities. In addition, the transition to VISION and the early end of the year closure had further adversely impacted the implementation pace. The Child Protection programme experienced funding constraints with the exception of those activities funded under the UN Joint Programme on Human Trafficking.

### **Key Strategic Partnerships and Interagency Collaboration**

UNICEF continued to engage actively within the education SWAp and had since been elected as Co-lead in the SWAp. This provides UNICEF with the opportunity to play a key role in policy discussions within the sector. Current cooperating partners include Royal Netherlands, Ireland AID, Royal Norwegian, USAID, JICA, AfDB. UNICEF is also the Sector lead under UNDAF and have close working relationships with UN agencies engaged in the Education Sector such as ILO, WFP, UNESCO, UNFPA, UNAIDS, for development of basic education in Zambia. UNICEF worked with ILO on the study of "*Out of School Children and Understanding Children's work*" and with UNFPA towards harmonized HIV prevention life skills for in and out-of-school children.

Partnership arrangements exist with several local NGOs in programmes enhancing girls' education, life-skills education, early childhood care provision and Child Friendly Schools. The NGO partners include the Forum for African Women Educationalists in Zambia (FAWEZA), Campaign for Female Education (CAMFED), Family Health Trust, Sports in Action, Right to Play, Edusport, SCORE, Development AID from People to People, Child Fund, Plan International, Zambia National Education Coalition (ZANEC), Zambia Open Community Schools, Stop HIV/AIDS Reach Every Student (SHARES), Community Youth Mobilization (CYM), Save the Children (Norway), Tikondane, and Restless Development. These partnerships have been critical in increasing implementation rate, hence achievements of results.

UNICEF is the Administrative Agent for the UN Joint Programme on Human Trafficking and as such has responsibility for donor relations and funds management. The joint programme made progress in developing both individual agency contributions as well as 'joint' activities including the research into trafficking and domestic work. UNICEF also contributed to the development of two new joint UN programmes, the UN Joint Programme on Gender and the UN Joint Programme on Gender-based Violence. Both programmes are currently under review and finalization by the UN Country Team. UNICEF supported and supervised the consultants developing the joint programmes and provided technical inputs. In addition, UNICEF has committed to taking the lead in the social sector under the UN Joint Programme on GBV.

Support was provided to strengthening of services for vulnerable children with a toll free Child Helpline launched in October, this was the result of a strong collaborative effort between PLAN Zambia, Save the Children, Ministry of Community Development, Mother and Child Health and UNICEF. Unlike other phone services, the Child Helpline offers toll free calls to children from both fixed and mobile lines thus making it accessible to a wide range of children.

### **Humanitarian Situations**

Although Zambia does not have major emergencies that would warrant a humanitarian action, flooding that occur after the long rains, affects communities around the main rivers disrupting schooling and other activities. Under the DRR, emergency focal persons at the ministry of education in all the 9 provinces in the country were trained and this was critical for establishing district emergency response teams. Over 300 participants acquired knowledge on reducing the impact of floods on education through the implementation of Disaster Risk Reduction activities in the whole country, especially in the floods prone areas.

### **Summary of Monitoring, Studies and Evaluations**

Zambia is one of 27 countries participating in the global initiative on Out-of-School Children (OOSC). UNICEF Zambia assisted MoESVT to conduct the OOSC survey in the country. The study aims provide more information on profiles of excluded children capturing the complexity of the problem of OOSC in terms of magnitude, inequalities and multiple disparities; to identify barriers and bottlenecks to clarify the dynamic and causal processes related to the causes and dimensions of exclusion; and to examine effectiveness of existing policies and strategies. The results will be shared in first quarter 2012.

A study on teenage pregnancy was completed. Study explored the extent and causes of teenage pregnancies in Zambia and the support services and resources available to address the problem. UNICEF provided technical and financial assistance for completion of pre-testing of data capturing questionnaire on ECCDE and piloting of HIV and AIDS indicators. Both instruments are expected to be mainstreamed into the 2012 national school surveys and EMIS data collection and reporting.

A multi-year validation study on the effects of early childhood and educational experiences commenced in 2011 and will continue into 2012. This study is in collaboration with the University of Zambia, Harvard University and the Examination Council of Zambia. The study is using a child development instrument called the *Zambian Child Assessment Test (ZamCAT)* that was developed in early 2010 and combines a large set of existing as well as newly developed child development measures in order to provide the broadest possible assessment of children in this age group in the Zambian context. The results of the study will inform ECCDE interventions in a more holistic and integrated manner in Zambia.

Though the preparatory work for the commencement of the planned summative evaluation of the ended International Inspiration Project on life-skills through sports was completed, the fieldwork will be completed in the first quarter of 2012. Similarly, the survey on availability of Early Childhood Care, Development and Education (ECCDE) in terms of geographical distribution, supply and demand, quality, equity, human resources, financing, and type of services provided is behind schedule as it started in the fourth quarter of 2011 and expected to be completed in the first quarter of 2012.

A mid-term review of the UNJPHT was completed in May. The review covered project design, programme management, external issues, project sustainability and agency-specific and joint components. Overall, the review found good progress was being made, with a particular strength being the inter-agency collaboration and partnership. However, key areas such as programme monitoring need strengthening. A management response to the mid-term review report has been finalized and will guide implementation of the programme.

Under the UN Joint Programme on Human Trafficking, research into the links between child trafficking and domestic work was undertaken. The report titled *Children's Health, Wellbeing and Mobility in Zambia*, documents a strong link between trafficking, exploitation, orphan hood and child domestic work and provides much needed data to contribute to actions to combat this form of child exploitation.

### **Future Work Plan**

In 2012–2013, focus will be on strengthening capacity for early learning, quality education provision including out-of-school children and HIV prevention and life-skills.

UNICEF will in particular support advocacy and communication on policy and regulatory reforms to enhance quality of education and institutional capacities with priorities on finalization of Early Childhood Care, Development and Education (ECCDE) policy and operational framework and equity-oriented measures for addressing OOSC and increasing resources allocations for low performing districts and marginalized communities.

In improving quality through organizational development at the systems level, key process started will be finalized and these include; such as the development of the national ECCDE Curriculum, syllabi, Early Learning and Development Standards (ELDS), and M&E framework; Promoting and piloting of innovative models, e.g. child-friendly schools models, School level Improvement Plans (SLIPs), Interactive Radio Instruction (IRI), Integrated ECCDE services and centers, Reading Circles, support for girls re-entry, etc.

*Supporting equitable access to quality education services for children in 16 low performing districts.* The focus is building the capacity of provincial, district and school officials/PTAs to introduce, test, and plan the expansion of innovative models on CFS, SLIPs, ECCDE, IRI, interventions aimed to increase children's access to equitable quality education.

*Gender sensitive and age-relevant HIV and AIDS prevention through life skills and behaviour change* will be promoted through HIV education life skills programmes for children and adolescents, both in and out of school. Priority areas will include developing advocacy and communication strategy, developing interventions for adolescent girls, operationalizing and mainstreaming of HIV and AIDS workplace policy; identifying successful and best practices in HIV preventions strategies and strategies for school girl pregnancy prevention.

With the completion and launch of the *Child Protection System Mapping* in early 2012, the Child Protection programme will use the findings to support the government to develop a Child Protection Policy as well as to

complete a costing of the child protection system. This process will also assist in setting priorities for system development including in the areas of data and information, service delivery and monitoring.

The study of *child marriages* will also be completed by mid-2012 enabling a more informed and systematic response to this issue. The report will be used to guide parliamentarians in law reform and develop policy initiatives to combat child marriage.

Continued support will be provided to law reform and *domestication of the CRC* through support to the drafting process of the Zambia Law Development Commission.

An *assessment of children with disabilities* is planned to address the lack of information and data about children with disabilities in Zambia. This assessment will include consultation with children with disabilities so as to provide an avenue for their participation and engagement on issues affecting their lives. The assessment will inform development of appropriate policy and programming responses by government and civil society.

*Support to GBV programming* will continue with planned expansion in 2012 of model programming to at least 4 additional provinces, bringing together good practices in communication for development, rapid response and survivor services.

## Country Programme Component: Policy advocacy and partnerships

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
The rights of children, adolescents and women, especially the most vulnerable are prioritized and included in national policy, planning, monitoring and budget processes		2 FA5OT1, FA5OT2, FA5OT3, FA5OT4, FA5OT5, FA5OT6, FA5OT7, FA5OT8, FA5OT9, FA6OT9, Support 4, Support 6

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	3000000.00	2265462.56	2169269.23	95.75
RR	1340000.00	1546275.04	1545975.79	99.98
<b>Total</b>	<b>\$4,340,000.00</b>	<b>\$3,811,737.60</b>	<b>\$3,715,245.02</b>	

### Results Achieved

The Research and Development Programme (RDP) at MoFNP made significant progress to improve coordination of research across ministries and maintaining an improved strategic focus on the development of a critical research agenda. This is intended to offer decision-makers with essential evidence to support policy dialogue in a number of key areas important to the implementation of SNDP. The sponsoring of a technical advisor, to strengthen knowledge management capacity and systems, the provision of resources to enable RDP to conduct critical studies and the technical input provided by UNICEF in conceptualizing studies, have contributed to the notable progress made by RDP.

During 2011, the database for monitoring the performance of National Development Plans, including data on key performance indicators and other measures of sector output performance in a live web version, was successfully launched at MoFNP.

The government successfully rolled out the child grant scheme in three districts and UNICEF ensured appropriate targeting and prompt disbursements and supports continues monitoring and contracting of needed technical expertise. A total of 10,200 mothers with children under the age of five and 593 mothers with disabled benefitted from regular cash transfers. Anecdotal evidence shows improvements in nutrition, health, education for children and the raised status of women in communities where transfers are received.

Civil Society for Poverty Reduction (CSPR) conducted capacity building workshops for CSO on rights based approaches and budget tracking with UNICEF technical and financial support. The 10 communities trained in rights based approaches have since applied the knowledge gained in their dialogue with service providers, which resulted in improved service delivery; Improved teacher's turnout, and provision of water services. CSOs influenced the Budget Bill, 2012 Tax proposals, Pre and Post Budget Analysis, resulting in about 30% of key recommendations, around the budget, being adopted by government.

The Ministry of Justice prepared the second, third and forth consolidated report to the Committee on the Rights of the Child with UNICEF financial resources and technical guidance. Provincial consultation workshops with 450 children were held and resulted in provincial reports and a consolidated report on the views of children. The children's views are being included in the State Party Report.

Zambia finalized and launched its Sixth National Development Plan (SNDP) 2011–2015 with a revised framework for improving HIV and gender mainstreaming into sectors policy and strategy. UNICEF contributed provided technical support in the HIV and gender review. Gender equality and HIV mainstreaming are effective in the 2011 Education act, and in the child protection in education sector's policy draft.

The DMMU developed a Disaster Risk Reduction framework that has since been passed in parliament as a bill. Technical guidance to the development of the framework was provided by UNICEF, through the Disaster Management Committee (DMC). UNICEF also provided technical and material support to Lusaka District DMC in mitigating cholera, in the unplanned settlements in Lusaka, including public awareness through the media. Reduction of cholera cases to 372 from 6,900 in 2009 and 7,200 in 2010 was recorded.

### **Most Critical Factors and Constraints**

Although the SNDP has set clear milestones on how to enhance evaluation standards, recent assessment undertaken by MoNFP with support from UNICEF suggest that sector M&E frameworks for SNDP implementation are inadequate. Without targeted capacity development for performance monitoring the good intention of the SNPD M&E framework might not produce expected results and perhaps even lead to weakening of the evaluation function within government. There is a great need in the years ahead to dedicate more predictable investment in targeted interventions for M&E capacity development.

In 2011 it was expected that a Social Protection Policy would be developed and adopted by the government, however, due to conflicting priorities around the time of the general elections, work on development of the policy did not commence. The policy is intended to provide a strong framework for the implementation of comprehensive social protection programmes as well as a strong basis for institutional reform required to ensure effective delivery of social protection programmes. Although the Social Protection Sector Advisory Group is now firmly in place, with good attendance by a diverse range of stakeholders, participation from other government actors particularly line ministries is limited. Civil society participation in the sector is also limited and requires strengthening.

Another major constraint faced in 2011 was a lack of progress on birth registration due to unsuccessful efforts to advocate to GRZ to make the issue a priority. As a result, the profile of birth registration could not be raised and remained static. As this was the first year Communications had Other Resources (OR) to spend, too much time went into learning new procedures, such as completing Programme Cooperation Agreements (PCAs). This impacted negatively on implementation of activities.

During the completion of the SNDP, the Gender in Development Division (GIDD), which became GCDD in October 2011, undertook an assessment of gender mainstreaming in the SNDP with MoFNP, and with

technical support of UNICEF and UNDP. The assessment revealed that while the plan did reflect a measure of gender sensitivity, gender had not been adequately mainstreamed across the key sectors. Working with UNDP, UNICEF intend to use the findings of this assessment as a basis of providing support to government to ensure effective gender mainstreaming, particularly in the social sectors in 2012.

### **Key Strategic Partnerships and Interagency Collaboration**

The year saw the Social Policy, Planning, Monitoring and Evaluation (SPPME) section forming strategic partnerships that were geared towards building capacity in government and the Zambian citizenry to be able to engage better on social protection issues. Partnership with the Civil Society for Poverty reduction (CSPR) was one such partnership. The partnerships objectives evolved around simplification and creation of awareness on the SNDP, policies, pronouncements, programmes so as to empower communities and local CSOs with knowledge, enhancement of the capacity of communities and local CSOs in budget tracking and service delivery monitoring, communication, advocacy and analysis of government plans and policies, enhancement of participation of communities and local civil society organizations in budget and service monitoring and in subsequent local level accountability work. Even though the partnership did not achieve much in the first year, it is expected that with the change in government, more substantive progress will be made towards the achievement of these results.

SPPME also worked closely with the Economic Policy Research Institute (EPRI) to provide support to government for strategic planning in social protection. EPRI provided the much-needed mentorship to the MCDMCH for key strategic and design issues for the cash transfer. EPRI is renowned for its contributions to research and training in the social protection sector. The mentorship provided was key in the finalization of the targeting design for the social cash transfer scheme.

The Unite4Climate Zambia activity was strengthened through the signing of strategic PCAs with the Wildlife Conservation Society of Zambia, the oldest environmental NGO in the country with a national network of volunteers and teachers. The volunteers and teachers will help provide assistance to child climate ambassador work plans in all nine provinces, and Barefeet Theatre. During the year, a two-year contract with the Children's Radio Foundation, to train child climate ambassadors in youth media was also completed. ZCO's partnership with the National AIDS Council was also strengthened by its close collaboration and leadership of *Brothers for Life*. UNICEF partnered with CHAMP and other UN agencies for *Brothers for Life* campaign. Communications also collaborated with a wide range of partners across the different sectors, including the *Education Post*, MUVI TV, ZNBC, more than 20 community radio stations, and line ministries, including the then Ministry of Tourism, Environment, and Natural Resources.

### **Humanitarian Situations**

A total of \$300,000 worth of emergency supplies were prepositioned ahead of the 2010/2011 rainy season to support about 3000 families affected by floods and epidemics. An extra \$100,000 was utilized by UNICEF for public awareness campaigns against measles, cholera and typhoid. The financial resources were a contribution from different sections on RR funds. UNICEF took active part in supporting the government to Develop a Disaster Risk Reduction framework for Lusaka and also contributed technically and logistically in operationalizing the framework. This has helped tremendously in reducing the cholera cases in Lusaka.

### **Summary of Monitoring, Studies and Evaluations**

During the year 2011 the office planned to carry out a total of seven evaluations, fifteen studies and eight surveys. Periodic review of IMEP implementation was undertaken by M&E Task Force and the IMEP End Year Review Matrix attached reflects status of each IMEP activity and comments on implementation. One evaluation was completed in 2011 and report is available and uploaded into GEROS.

A total of four studies and the remaining deferred to the 2012 IMEP for completion due to delays in implementation. One survey has been completed and seven surveys were deferred to 2012 IMEP. Discussion around lessons from 2011 IMEP implementation at the management retreat generated strong consensus across sections to move into 2012 with a more realistic and aligned research agenda. Efforts will concentrate on strengthening alignment with the research agenda of the government through enhanced collaboration and leadership by the Research and Development Programme in MoFNP.

A national 30-cluster survey was conducted in May/June 2011 in order to assess the prevalence of iodine

deficiency in school children and coverage of utilization of adequately iodized salt at household level. Survey results showed that the situation was similar to that of 2002 where Zambia had moved from low to high iodine intake and that consumption of adequately iodized salt was not universal (>90%). The median urinary iodine concentration (MUIC) was estimated at 244 µg/l compared to the recommended range of 100–200 µg/l, and the household coverage of utilization of adequately iodized salt was estimated at 53%. Knowledge on iodine deficiency disorders and benefit of iodized salt was found to be low in households and salt traders. The survey findings indicated the need to strengthen regulatory monitoring for improved salt quality and safety and to enhance general awareness on IDD for increased demand for iodized salt. Based on the survey findings and the assessment of the in-country capacity for salt monitoring, a five-year action plan is being developed for achieving sustainable elimination of IDD through universal salt iodization.

### **Future Work Plan**

The lack of an established policy framework for implementation of social protection programmes makes it difficult to coordinate, integrate and ensure adequate coverage for all vulnerable groups across different sectors. Kick starting the development of a comprehensive social protection policy will therefore be a key priority action for 2012.

The focus for the year will also be to ensure more systematic information sharing on social protection and cash transfers. Currently, there is very limited systematic documentation of experiences and information sharing with other stakeholders not directly involved in the sector. Activities for 2012 will therefore focus more on systematic knowledge management and the development of an information dissemination platform for social protection and social cash transfers. Capacity building, both in terms of human resource and systems, will be another major activity in 2012.

The intended goal is to ensure adequate capacity for the successful scale up of social protection interventions, such as, the social cash transfers. Initial plans had been to scale up cash transfer intervention to reach 42,454 households and individual beneficiaries by 2012; however this scale up will be delayed in order to ensure that the capacity to support implementation of the scheme is sustained. Some key capacity building activities for 2012 will include the roll out of an electronic E-payment system for cash transfers and the introduction of a comprehensive MIS system.

Support will be provided to ensure completion of the State Party Report to the Committee on the Rights of the Child with submission of the report scheduled in the first quarter of 2012. Follow up to the children's provincial workshops will be supported through publication and dissemination of the children's report and continued sensitization of children and community members on Child Rights. 2012 will also concentrate on raising the profile of birth registration through sensitization of MPs.

Further mainstreaming of gender and HIV issues is needed to (i) increase male participation in MCH program, and reduce occurrence of concurrent sexual partnerships and cross-generational sex; (ii) to increase access to youth friendly sexual and reproductive health services including for HIV-positive adolescent girls.

External Relations and C4D will continue to: a) promote awareness and knowledge about child rights among decision and policy makers, government officials, faith-based and traditional leaders, special interest groups, INGOs/NGOs/CBOs, private sector partners; b) generate support and resources for UNICEF ZCO through illustrating the effectiveness of UNICEF programmes through various media, publications, television, radio and the Internet, especially through the ZCO website; presenting UNICEF as a center of knowledge about children's issues and; promoting special events that highlight UNICEF goals; c) strengthen Unite4Climate activities to foster enabling environments for children and young people from all provinces to make sure that their voices are heard at all levels; and d) C4D will be used throughout the ZCO programme to provide expertise to promote and document behaviour and social changes towards improved outcomes for children and women across all programme areas. Capacity building on C4D for partners UN staff will be continued in 2012.

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Effective and efficient programme management and operations support	2	Support 1, Support 2, Support 3, FA6OT9

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	1523000.00	866410.05	842282.32	97.22
RR	619000.00	841984.31	832656.22	98.89
<b>Total</b>	<b>\$2,142,000.00</b>	<b>\$1,708,394.36</b>	<b>\$1,674,938.54</b>	

### Results Achieved

Resources listed are used for overall operations support functions for the office. This therefore supports achievements of results in all programme components reported under other tabs.

### Most Critical Factors and Constraints

2011 was an election year for Zambia. This caused a slow down of activities in the second half of the year with election campaigns heightened. A substantial amount of time was spend on VISION preparations through training of almost all staff. A good number spent time at the Regional Office. ZCO was also affected by the crisis in the Horn of Africa. Four staff members were donated on surge capacity in Kenya and Ethiopia, with one staff spending over 4 months on mission.

**Key Strategic Partnerships and Interagency Collaboration** - Adequately covered under other PCRs

### Summary of Monitoring, Studies and Evaluations

Adequately cover under other PCRs and other Tabs

### Future Work Plan

Action in 6 months

- VISION go-live, staff capacity building and WPs review
- Closure of audit recommendations
- Office space improvement
- Recruitment, staff orientation and development
- Logistics capacity building of counterparts (MoH)
- End-use supply monitoring
- Internet speed improvement and BCM
- E-banking operations

## Effective Governance Structure

Zambia Country office has fully functional key governance structures and committees including the country management team (CMT), senior management team (SMT), programme monitoring meetings (PMMs), contract review committee (CRC), and central review bodies (CRBs) and property survey board (PSB). The office has also established various working groups and task forces, and has assigned staff to represent UNICEF in the different programme coordination groups under the One UN Initiative. In 2011, 10 CMTs and 4 JCC held, 10 CRC deliberations, 13 SAP, 9 CRB and 2 PSB meetings were held.

CPMP and AMP were developed through a participatory process with inputs from all sections and staff. The office identified 7 key management indicators and these were reviewed by the CMT. The Management priorities for 2011 were: (1) Convergence and integration for equity promotion – a geographical mapping of UNICEF supported activities was completed. Better coordination and integration of school WASH activities realized and other areas for synergy identified and this will continue to be a priority in 2012. Mid-year Programme Review was conducted and in addition programme monitoring meetings are held monthly following Section heads meetings and provides a forum for discussing bottle necks from field monitoring visits and issues that are cross cutting and those that are potential risks to achievement of results; (2) Fundraising strategy was streamlined by developing and implementing work processes in the office that ensured quality checks in order to improve the quality of proposals.

In addition the advocacy tool kit was compiled and 2 toolkits for Natcoms were completed and uploaded. In 2011, UNICEF Zambia raised over USD 70 million for the country programme, almost reaching the CPD ceiling; (3) knowledge acquisition and management remained in focus throughout the year with the office ensuring that all evaluation and reviews had a management response further strengthening the use of evaluations. Technical presentations are a standing agenda for the programme meetings and these include findings and recommendations of key evaluations, enhancing knowledge sharing; (4) staff wellbeing and team building continues to be a priority for the Country Office; JCC and staff retreats provide avenues for raising issues of importance to staff and opportunity for dialogue between staff and management, feedback indicate high staff morale; (5) the Country Office website was re-designed and launched in July 2011 and website traffic increased from 7,774 hits in August to 9,116 in October; (6) strategic partnerships – substantive achievements in strengthening partnerships as mentioned in the previous sections.

The ZCO emergency management team maintained close collaborations with the Disaster Management team of the UNCT ensuring joint support to the government for disaster risk reduction. The UNICEF Representative is currently the chair of the UN DMT.

In 2011, ZCO requested for an audit as the Country Programme had not been audited in 6 years. The audit findings were fairly satisfactory overall with 3 high priority and 7 medium priorities recommendations. Implementation of the audit recommendations is ongoing and should be finalized in the first quarter of 2012.

## Strategic Risk Management

In April 2011, ZCO held Enterprise Risk management (ERM) workshop facilitated by the Regional chief of Supply and attended by all staff. Risk Control Self-Assessment (RCSA) was developed for Zambia office and 7 high risks, 6 medium and 4 low risk areas were identified. The CO put in place risk mitigation factors such as; funding strategy to mobilize over US \$70 million during the reporting period; enhancement of capacity of programme management through training; proposal to have a full time Temporary Assistant Logistician to support MoH, funded by DFID; training in defensive driving for all UNICEF drivers to minimize road accidents and fatalities, procurement of fiber optic to enhance internet connectivity, enhancement of end-user monitoring of supplies by programme and supply staff, programme focus areas towards SRAs to reach the poor performing districts and training and sensitization of new change initiatives, especially VISION roll-out.

ZCO responded effectively to the organization changes (Simplified Results Structure, SAP payroll, VISION,

e-pas and e-recruitment) by ensuring adequate dissemination of information to all staff, training staff and equipping them with necessary skills to enable the new change management initiatives to be efficiently and effectively roll-out.

The Emergency Preparedness plan was also developed to respond to flood, cholera and other natural and man-made risks and minimum supplies prepositions. Business Continuity Plan is part of the yearly annual management plan and ZCO maintains off-site data back-up in case of fire or other hazard so that data could be recovered should an unforeseen event happens to the server. The office conducts yearly BCP simulation and decisions are taken to address the defects found. The office has an off-site office set in the office of the representative to enable business to continue in case the office cannot be accessed.

The joint UN security risk assessment is also in place to mitigate issues related to road traffic hazards, civil and political unrests, burglary and theft including safety to staff and property measures and behavioral change towards HIV/AIDS. All staff has to undergo mandatory on-line security training and also security briefing by the UN

## Evaluation

ZCO has an up-to-date IMEP and the M&E task force met regularly in 2011 as part of the monitoring of IMEP, contributing to the quality assurance mechanism by offering peer review inputs into the evaluation report review process.

A number of actions were implemented, both internally and externally to improve work processes and outputs in the area of evaluation. These efforts were designed to effectively support programme implementation with relevant and timely information of the highest quality. Particular attention was made to improve tools, standards and work processes around the evaluation function. A standard checklist developed now serves as a quality assurance filter for all evaluations. This checklist is work flowed through the Social Policy, Planning and M&E section as the first point of call. Feedback is then given to the unit responsible for the evaluation or study. Members of the M&E tasks force were also asked to make comments on the evaluation using the checklist. These comments were aggregated and given as feed back to the section responsible for the evaluation or study.

The SPPM&E section also offered several capacity building events to all staff during 2011 with an emphasis on managing evaluations, particularly ensuring timely management response for all evaluations and reviews undertaken, such efforts will continue in 2012. Plans to undertake a thematic evaluation of capacity development were presented by UNICEF to the UN Country Team. As per UNICEF Evaluation Guidelines, it was recommended to UNCT that government lead such an evaluation under the leadership of the Ministry of Finance and National Planning. This was welcomed by the government and Terms of References for the FNDP evaluation

## Effective Use of Information and Communication Technology

Despite the limited ICT infrastructure and associated challenges in Zambia, ICT still provided a platform for technological innovation that facilitates data collection, logistics coordination and communication by using a mobile phone and the Internet. Rapid SMS has helped provide real-time information to the health sector in government to enable quick analysis and reaction before the data gets stale and loses value of analysis.

Successful Internet Phone (IP) based solution, linked via Fibre Optic with a local ISP thus unifying voice, data and video applications was installed by ZCO, the outcome of which is a range of benefits such as lowered costs, communication flexibility, accelerated decision making and increased productivity.

UNICEF Zambia has a comprehensive ICT policy in place and is availed to all staff, including consultants to sensitize them on the proper use of ICT resources and adherence to rules and regulations. Staff members and other stakeholders have been made fully aware that resources such as Internet, voice communication equipment and electronic mail cannot be used for purposes other than those for the benefit of UNICEF.

Regular tips on the efficient usage of resources are circulated to all users. Good Housekeeping practices and rules such e-mail archiving, handling of USB flash disks and backup of computer data are periodically circulated as tips to users.

As a regular practice, UNICEF in 2011, through the Property Survey Board (PSB), donated its old computer equipment to schools, the police and other needy institutions, ultimately ensuring environmentally secure and safe manner of disposal.

Some targeted areas of improvements for 2012 involve the enhancement of the BCP site ensuring flexible network access within the office by way of wireless network implementation. This will enable users to access real-time information anywhere within the office without need to be physically connected. Productivity and service opportunities will be greatly supported and made highly available by the installation of the wireless network.

## Fund Raising and Donor Relations

The second half of 2011 was marked with successful fundraising efforts by UNICEF Zambia. ZCO mobilized about 84% of the OR resources approved in the CPD for the country programme (2011–2015) during this period, with at least 95% expenditure achieved for expiring PBAs. To continually monitor the utilization of PBAs and programme funds in general, CO produces monthly programme implementation reports (PIRS) which are presented to programme staff and SMT as part a monitoring tool.

Relations with donors continued to strengthen in 2011 with various NATCOMs (United Kingdom, Swedish, Italian Netherlands French Japan United States Funds, German) supporting various focus areas of ZCO programme. The Country Office also received funds from a mix of bilateral donors; DFID, Irish Aid, USAID, Centers for Disease Control (CDC), CIDA/HAND and the Micronutrient Initiative (Formerly IDRC).

Further resources were also received from Global Thematic Funds and the European Union. With the completion of a comprehensive fundraising strategy in 2011, the CO expects this successful trend in fund raising to continue in 2012 and beyond. To complement the fundraising strategy, the advocacy kit was also completed. In 2011, the CO received five visits from Natcoms, including two from UNICEF UK.

As a way of supporting implementation of the overall fundraising strategy, the CO, during the year, put in place a more rigorous and streamlined internal office review mechanism for funding proposals, concept papers and donor reports. This has contributed to development of quality funding proposals and result based reporting for donor reports. At the time of reporting, all the 30 donor reports due in 2011 were submitted on or before respective due dates. The use of PARMO guidelines and checklist for donor reporting was emphasized during the year and resulted in enhanced standards of reporting.

In order to pave way for standardization and effectiveness, the CO in 2011 also drafted templates for funding proposals, concept papers and donor reports to be used where no stipulated format is provided. Similarly, a workflow process that tracks the review process for proposals/concept papers and donor reports was drafted. The CO expects to continue to strengthen the implementation and use of both the workflow process and templates respectively in 2012. The efforts advanced by the CO above, are ultimately aimed at attracting resources, creating and maintaining donor relations through quality presentation of proposals and donor reports.

## Management of Financial and Other Assets

In 2011, UNICEF Zambia underwent an internal audit conducted by OIA and received overall 'satisfactory' audit rating with 13 recommendations (3 high and 10 medium). Action plans responding to these recommendations will be finalized in early 2012 audit closure by the first quarter of 2012.

During the year, the CMT took steps to improve contributions management by ensuring that these were centrally managed under the Budget and Finance Officer. The monthly budget control and reporting against planned quarterly implementation rates (25% per quarter target) and financial procedures were streamlined through revised work processes and staff training. This resulted in timely submission of bank reconciliations, an accurate monthly accounting closure and reporting, and expeditious liquidation of outstanding Direct Cash Transfers to implementing partners.

ZCO experienced a very satisfactory implementation rate; RR spent was at least 95%, 100% PBAs were used within the original duration of the PBA life, and at least 95% of OR was used within the original life of PBA, with only less than 5% of outstanding DCTs being over nine months at end of year.

In 2011, ZCO achieved significant efficiency gains in resource use, costs savings and reductions. During the year, the Representative also delegated his resource management authority to heads of sections through the Table of Authority (ToA).

ZCO successfully rolled out the SAP HR/Payroll on 1 March 2011, a key step in the 2012 global VISION rollout. Other activities like data cleansing including, clearing outstanding DCT from prior years were completed within the deadlines, with some ongoing up to year end. Two super users from finance attended the vision TOT trainings in October 2011; the end user training for finance aimed to be completed by year end.

## Supply Management

During 2011, the total supply throughput of USD 4,089,982 was managed in close collaboration with programme sections through regular review and analysis of the supply plan implementation status. This was to ensure that the Country office was on track with meeting the agreed deliverables set out at the beginning of the year. Over 40% of the requisitions were procured from offshore sources while local procurement and direct orders stood at about 60%. Regional procurement represented 0.42%. By the end of the 3rd quarter, 76% of supplies requisitioned had been ordered for the remaining 24% had been ordered as at end of November 2011. Supply section also processed 28 institutional SSAs valued at USD 1,846,017 million. UNICEF played significant role in the in-country logistics and delivery to supplies to end-users. With continued use of the Long Term Arrangements (LTAs), established during 2010 and 2011, efficiencies in terms of costs, time and quality of programme supplies were achieved. Efficient warehouse management resulted in accurate reporting and overall reduction in operational costs associated to the warehouse.

Monthly accounts closures were done timely. Cash forecasts were operational and exchange rate loss problem was managed through DFAM procurement of local currency, through international money market. The Budget and Finance Officer was re-assigned on international posting in September 2011 and replacement was on board in November 2011. The Budget and Finance unit was also actively involved in audit preparation and closure. The entire office budget was centralized in finance unit during 2011 and working efficiently.

Services for vehicle maintenance, repairs, fuel supply and vehicle out sourcing is done through outsourcing under the Un common services. The office did not buy new office fleet during the year because the CO replaced its office fleet with new ones in 2009 and 2010, respectively.

## Human Resources

2011 marked the beginning of a new Country Programme cycle, which consequently made recruitment a priority to fill the vacant posts as approved in the CPMP. There were 19 vacant posts at the beginning of the year that created a workload on the few staff to kick-start the implementation of the new CP. The structure started taking shape by the second quarter, giving staff time to be with their families to enhance the work-life balance. Recruitment has now taken a more rigorous process to address gaps at unit, section or office level in terms of staffing mix and competencies. The high caliber of staff with the relevant skills

recruited in 2011, contributed to the successful accomplishment of objectives since they were able to fit in the office structure easily and contribute effectively.

The good performance of the office as rated by the audit could be attributed to the enabling environment of peace, reduced workloads and the cordial relationship between the Staff Association and management regarding staff welfare issues and the overall office management. The staff retreat held in August revealed increased staff morale with a notable decrease in conflict issues.

The 2010 PER completion rates was over 95% with 100% completion rate for objective setting by the end of the first quarter, with generally good ratings for the majority. There were no rebuttals or conflicts arising from the performance appraisal process.

UNICEF ZCO encourages staff at all levels to pursue professional careers in their respective areas, resulting in more staff obtaining advanced degrees whilst others are still pursuing their degrees. Three national staff got international postings and two national staff have been promoted to higher levels in 2011. This could not have been possible without the support from respective supervisors and the management. The mandatory planned group trainings including CBI, Ethics, defensive driving, Healthy living, and HIV/AIDS have been completed 100%. UNICEF staff attended the HIV/AIDS prevention and awareness sessions in line with the 10 UN minimum standards through the UN Cares Office.

Staff members are supported through installation of intruder alarm system by the security firm and this has substantially reduced house break-ins during the reporting period.

ZCO is cultural savvy and the gender ratio between male and female is 45:55, which the ZCO is trying its best to close the gap in the coming years. Deliberate efforts are made to circulate the job advertisements widely for reasonable periods to give chance to people in remote locations. Equally, a disclaimer is included in all advertisements urging people with disabilities to apply, therein addressing the equity refocus.

### Efficiency Gains and Cost Savings

UNICEF made a cost saving of US \$997,684 during the year in the following areas: The host government contributed the sum of US \$103,000 towards local operating cost. A sum of US \$304,000 was saved towards free rent of office premises in common services, US \$6,937 VAT on fuel was realized, US \$49,220 was saved on staff retreat (100% full board) and US \$16,830 was saved towards travel related expenses during the year; US \$175,000 was saved from LTAs on printing and US \$342,697 was also saved through contract negotiations.

The host country honored its obligation in the CPAP due to sustained and well-managed advocacy by UNICEF. Another saving was attributed to UNICEF being an active member of the OMT and towards delivering as one. The CO also reduced its international travel to minimum and where very necessary, most workshops were arranged 100% full board, which saved significant amount to the organization. Duty blanket approval was got for the UN to obtain duty fuel (VAT).

During the 2011 Annual Management Review, most of the planned management, operations and programme priorities were reported realized or achieved. The focus of 2012 AMP will be VISION roll-out by ensuring that all SAP end users are empowered and confident to use the new system. The new finance policies have to contextualize to the specific work process, taking into consideration the SODs, the closure of all the 13 audit recommendations and their sustainability.

The fund raising environment was conducive during the year, which enabled the CO to raise substantial amount of funds for health, education and water programmes. That being mentioned implies additional staff to meet the absorption capacity of the available funds and to manage the respective projects/programmes, which the CO is flagging during the MTR.

## Changes in AMP and CPMP

It has been realized that there is a thin-layer between the duties and responsibilities of the Senior Programme Assistants, GS-7 level and Programme Assistants, GS-5 levels, respectively. In view of this situation, the CO may propose the upgrade of the GS-7 levels to National professional (NOA) levels. The proposed level for upgrade would take at least one project and would handle HACT related issues, including capacity building of the implementing partners. There are also proposed changes in functional titles, such as, Administrative Assistant and Communication Assistant positions, performing finance functions. These would be revised and submitted during the biennium support budget submission.

The VISION roll-out has had a direct impact on staff skills and attributes and entails new skills and competencies. These changes will be reflected in the new CPMP.

The funding environment has been favorable in Zambia. Substantial donations have been received towards health, education and water programmes. This implies additional personnel to accelerate the absorption capacity in the form of new positions and temporary assistance during the mid-term review. ZCO plans to go for MTR in 2013 and also when the biennium support budget will be submitted.

## Summary Notes and Acronyms

AMP	Annual Management Plan
B4L	Brothers for Life
CAMFED	Campaign for Female Education
CBN	Community Based Newborn
CDC	Curriculum Development Centre
CEDAW	Convention on the Elimination of Discrimination against Women
CFS	Child Friendly Schools
CLTS	Community Led Total Sanitation
CMT	Country Management Team
CO	Country Office
CP	Country Programme
CPAP	Country Programme of Action Plan
CPD	Country Programme Document
CPMP	Country Programme Management Plan
CPs	Cooperating Partners
CRBs	Central Review Bodies
CRC	Contract Review Committee
CRC	Convention on the Rights of the Child
CSO	Central Statistics Office
CSOs	Civil Society Organizations
CSPR	Civil Society for Poverty Reduction
CYM	Community Youth Mobilization
DFID	Department for International Development
DMC	Disaster Management Committee
DMMU	Disaster Management and Mitigation Unit
DRR	Disaster Risk Reduction (DRR) which resulted in reduced cases of cholera
EC	European Commission
ECCDE	Early Childhood Care, Development and Education
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EIA	Environmental Impact Assessment
EID	Early Infant Diagnosis
ELDS	Early Learning and Development Standards
EMIS	Education Management Information System
EPRI	Economic Policy Research Institute
ERM	Enterprise Risk management
EVM	Effective Vaccine Management
FAWEZA	Forum for African Women Educationalists in Zambia

FCMA	Food Consumption and Micro-nutrient Assessment
FNDP	Fifth National Development Plan
GBV	Gender-based Violence
GIDD	Gender in Development Division
HDR	Zambia Human Development Report
HPP	Health for Poorest Populations
HRBA	Human Rights Based Approach
HWWS	Hand washing with soap
ID	Iodine Deficiency
IDD	Iodine Deficiency Disorders
ILO	International Labour Organization
IMAM	Integrated Management of Acute Malnutrition
IMS	Information management system
IYCF	Infant and Young Child Feeding
LCMS	Living Condition Monitoring Survey
LLINs	Long Lasting Insecticidal Nets
LTAs	Long Term Arrangements
MBP	Mother – Baby Pack
MCDMCH	Ministry of Community Development, Maternal and Child Health
MDG	Millennium Development Goals
MDGR	Millennium Development Goals Report
MLGEEP	Ministry of Local Government, Early Education, and Environmental Protection
MLGH	Ministry of Local Government
MNCH	Maternal, New-born and Child Health
MoESVT	Ministry of Education, Science and Vocation Training
MoFNP	Ministry of Finance and National Planning
MTCT	Mother to Child Transmission
MUIC	Median Urinary Iodine Concentration
NAC	National AIDS Council
NDP	National Development Plan
NFNC	National Food and Nutrition Council
NFNSP	National Food and Nutrition Strategic Plan
NGO	Non-Governmental Organization
NIF	National Implementation Framework
NRWSSP	National Rural Water Supply and Sanitation Programme
NSDS	National Strategy for Development of Statistics
ODF	Open defecation Free
OOSC	Out Of School Children
PCAs	Programme Cooperation Agreements
PIRS	Programme Implementation Reports
PMMs	Programme Monitoring Meetings
PMTCT	Prevention of Mother to Child Transmission
PSB	Property Survey Board
PSRD	Programme for sustainable Rural Development
PSTs	Provincial Support teams
RAWP	Rolling Annual Work Plans
RCSA	Risk Control Self-Assessment
RDP	Research and Development Programme
SLIPs	School level Improvement Plans
SMAGs	Safe Motherhood Groups
SMT	Senior Management Team
SNDP	Sixth National Development Plan
SWAp	Sector Wide Approach
ToA	Table of Authority
UNCT	United Nations Country Team
UNDAF	United Nations Assistance Framework
UNJPHT	United Nations Joint Programme on Human Trafficking
ZamCAT	Zambian Child Assessment Test

ZDHS  
ZNBC

Zambia Demographic Health Survey  
Zambia National Broadcasting Corporation

## Document Centre

### Evaluation

	Title	Sequence Number	Type of Report
1	Child friendly schools related to sanitation facilities	ZAMA/2011/008	Study
2	Community Led Total Sanitation	ZAMA/2011/001	Evaluation
3	Out of school children	ZAMA/2011/002	Survey
4	SMS technology in early infant diagnosis of HIV	ZAMA/2011/005	IMEP

### Other Publications

	Title
1	Reaching the MDGs with equity: Identifying Zambia's most excluded people

### Lessons Learned

	Title	Document Type/Category
1	"Brothers for Life" communication campaign	Innovation
2	Children's Participation in Report on Convention on the Rights of the Child	Innovation