**Executive Summary**

The new Government, led by the Patriotic Front under President Michael Sata, completed its first full year in office. Priorities of the Sixth National Development Plan (SNPD) remain unchanged and are aligned with the Country Programme. The Government implemented a number of administrative and institutional reforms that bear particular relevance for children; these included decentralization, with the creation of more districts, which requires institutional strengthening. Economic growth, at 7.3 per cent, provides opportunity for greater investments in social development, with attention directed towards underprivileged populations. This was the second year of implementation of the Country Programme Action Plan (CPAP); in that context, the lessons learned from previous years, combined with the outcomes of the bottleneck analysis conducted in 2012 for selected strategic result areas (SRAs), provided opportunities to improve on UNICEF’s overall strategic orientation in Zambia.

By signing the pledge to ending preventable child deaths, the Government reaffirmed its political commitment to child survival. Zambia is an "early riser" under the Scaling Up Nutrition initiative. UNICEF and partners supported the development of a national nutrition strategy, operational plan and business case for scaling up nutrition, with emphasis on reducing the high burden of stunting. A nationwide measles campaign for 6.2 million children, aged 6 months to fifteen years, was successfully implemented, achieving 97 per cent coverage. UNICEF mobilized USD 7 million out of the required USD 8.5 million, procured vaccines, and supported social mobilization. Interventions to accelerate progress towards reducing maternal, newborn and child health were initiated in nine low-performing districts. These will be expanded to an additional 10 districts in 2013 through financial support from the EU.

An estimated 8,000 children gained access to early learning through the establishment of 161 centres. Additionally, 21 classrooms in seven community schools (meeting the child-friendly requirements) were constructed, benefitting approximately 4,200 primary-age children (2,211 boys, 1,989 girls).

With the construction of and rehabilitation of 523 water points, an estimated 125,225 people in 20 districts gained access to a safe water supply. The construction of an additional 1,080 boreholes and the rehabilitation of 120 boreholes is progressing and estimated to serve a population of 210,000. A national programme with the objective of accelerating progress towards achieving the sanitation MDG was initiated, with 1,529 villages reporting themselves as Open Defecation Free (ODF); 330,364 people accessing sanitation; over 50,000 families constructing their own hand-washing facilities; and 103,508 pupils in 225 schools receiving hygiene education.

UNICEF assumed the role as co-lead of the Education sector in 2012 and facilitated the finalization of the sector strategic plans (2011-2015). The Education Sector Mutual Accountability Framework (MAF), Joint Financing Arrangement (JFA), and Performance Assessment Framework (PAF) were signed between the Ministry and Cooperating Partners (CPs). The CPs’ financial contribution is expected to exceed USD 256.45 million for the period 2011-2015. Partnership with the Parliamentary Caucus on Children (PCC) and the Zambia Civic Education Association resulted in 22,000 children participating in Zambia's constitution review process.

As a contribution towards Delivering as One (DaO), UNICEF negotiated a grant of EUR 44 million from the EU for joint programme on maternal, newborn and child health.

The introduction of VISION provided challenges to implementation in the first quarter of the year. The bifurcation of the health and nutrition functions between the Ministry of Health and Ministry of Community Development, Mother and Child Health (MCDMCH) constrained coordination and implementation.

**Country Situation as Affecting Children & Women**

The year 2012 was the first full year under the Patriotic Front Government of Zambia. The new Government implemented a number of reforms, which bear particular relevance for children; in an attempt to enhance...
decentralization, a number of new districts were created. Although this represents an opportunity for bringing public administration closer to citizens and strengthening accountability for public services, there is a need to develop adequate capacity for it to succeed. Secondly, with the affirmed aim of strengthening community development approaches for improving mother and child health, responsibilities for health services up to the district level were moved from the Ministry of Health to the Ministry of Community Development, Mother and Child Health. The managerial and operational consequences of this realignment, which started last year, remain opaque.

**Zambia’s economy continued its strong growth in 2012**, which, estimated at 7.3 per cent, is among the highest in sub-Saharan Africa. Growth was led by strong performance in agriculture. Investor confidence was demonstrated by the highly successful euro-bond in September. It is expected that Zambia will continue its expansionary fiscal policy, although the increasing share of revenues deriving from mining makes the budget vulnerable to volatility in global prices. During the second half of 2012, parts of Zambia experienced stark increases in the price of maize. As food reserves are considered largely sufficient, price hikes are typically attributed to inefficiencies in the distribution system, government pricing policies, and demand from neighbouring countries.

**Zambia’s robust macroeconomic performance stands in sharp contrast to the continued high levels of poverty and vulnerability** its population experiences. Zambia’s Gini coefficient of 0.51 remains one of the highest in the world. In fact, figures released in 2012 reveal a headcount poverty rate of 60 per cent, which represents only a slight reduction from the rate of 62.8 per cent measured in 2006 but an increase in absolute numbers. Around 39 per cent of the population, mainly in rural areas, are deprived of daily subsistence requirements. Malnutrition is among the most prominent forms of deprivation with 46.7 per cent of children stunted. A recent World Bank publication highlights that inequality between rural and urban areas and among provinces accounts for more than three quarters of the observed inequality in Zambia. Equity analysis conducted by UNICEF identified a number of districts where populations experience multiple and overlapping dimensions of deprivation.

In the **Education sector**, enrolments and completion rates have improved from 2010 levels. The net enrolment rate of Grades 1-7 reached 96 per cent in 2012 and completion rates increased from 91 per cent to 100 per cent in the same period (Ministry of Education, Annual Report, 2011). However, gender parity decreased slightly from 1.0 to 0.98 and the proportion of grade entrants with pre-primary education decreased from 15.8 per cent to 15.1 per cent. The quality of learning continues to be a major concern. The third National Implementation Framework (NIF III) of the Education sector for 2011-2015 was finalized, with development partners pledging over USD 250 million for the NIF III. The proportion of education financing as a percentage of GDP increased from 4.4 per cent in 2011 to 4.6 per cent in 2012. The proportion of the discretionary budget allocated to the sector increased by 26.7 per cent in 2012.

According to the Inter-Agency Group on Mortality Estimates, **under-5 mortality decreased from 193 to 83 per 1,000 live births** and Zambia is on track to achieve MDG 4; yet, the high share of infant mortality (70 per 1,000 live births) and the high maternal mortality ratio (591 per 100,000 live births) remain a concern. According to the draft 2012 MDG report, Zambia is strongly off-track for MDG 5. The Government of Zambia has signed a pledge to renew its commitment to child survival and to keep the promise of ending preventable child deaths. In 2012, the Health sector initiated the implementation of the National Health Sector Plan 2011-2015 and the National Food and Nutrition Strategic Plan 2011-2015. With support from UNICEF, bottleneck analyses were conducted in nine of the sixteen vulnerable and most disadvantaged districts.

Though new HIV infections have been reduced by 58 per cent between 1999 and 2011, about 1,050,000 people (13.5 per cent) are living with HIV in Zambia; 120,000 of them are children less than 15 years of age. Of these children, 33,964 are in need of antiretroviral treatment (ART), and 28 per cent are receiving it (UNGASS, 2012). Although more young people aged 15-24 are getting an HIV test, they remain more vulnerable—the same age group represents 40 per cent of new HIV infections (UNGASS, 2012). Less than 40 per cent of them have comprehensive knowledge of HIV, or used condom during their last higher-risk sex. Male circumcision remains low (15 per cent). HIV prevalence among pregnant women remains high (16.4 per cent), but 85 per cent of pregnant women in need of Prevention of Mother-to-Child Transmission of HIV (PMTCT) services accessed interventions in 2011 (from 21 per cent in 2005). **Key challenges include HIV**
prevention among adolescents and youth, optimum uptake of PMTCT regimens, and paediatric ART care for adolescents.

The overall coverage of social protection programmes remains low and in 2012 the Food Reserve Agency and the Farmer Input Support Programme continued to represent major public expenditure drivers. Yet, recent analysis demonstrates that these programmes are not targeted at poor and vulnerable households. The launch, in 2012, of the consultation process for the development of the National Social Protection Policy can potentially translate government commitment into a coherent implementation framework. Disability is an ‘emerging’ issue on the policy agenda. In 2012, the Parliament voted in the Persons with Disabilities Act.

In 2012, police reporting painted a gloomy picture of violence against children: 1,939 cases of sexual assault against girls were reported, of which 511 went through a legal procedure; about 12,000 cases of gender-based violence were recorded, with only 1 in 6 cases prosecuted. Critical barriers are the lack of specific child protection policies, the shortage of skilled personnel, and conflicts between customary and statutory law. A 2012 bottleneck analysis found that the critically low level of birth registration (less than 10 per cent on average, and below 5 per cent in some districts) is driven by a deficient legal and policy framework and a highly centralized system. The Government has announced the review of the Births and Deaths Registration Act and is preparing a three-year National Plan of Action.

Country Programme Analytical Overview

Priorities under the SNDP remain the same and are aligned with the strategic orientation of the Country Programme. The Government’s policy shifts, which were presented during the UN Development Assistance Framework (UNDAF) annual review, will inform 2013 workplans.

The country office took a systematic approach to defining its strategy for Level 3 monitoring, from equity analysis and baseline surveys to bottlenecks analysis in selected Strategic Result Areas, targeting low-performing districts and helping to strengthen district plans. This will continue to shape the programme focus in 2013.

Recent bottleneck analysis conducted in nine districts indicates that on average, 31.1 per cent of women made an antenatal care (ANC) visit in the first three months of pregnancy, while the proportions of skilled attendance at delivery and babies/mothers receiving postnatal care was less than 50 per cent and 12 per cent, respectively. Long distances to district hospitals and inadequate skilled personnel are key bottlenecks. Major interventions in maternal, newborn and child health covering these districts were initiated with financial support from the Canadian International Development Agency (CIDA). EU funds will support an expansion to 10 additional districts in 2013.

Paediatric antiretroviral treatment coverage is estimated at 28 per cent. UNICEF prioritized the scaling up of early infant HIV diagnostics (Programme Mwana) and routine HIV testing and counselling to increase the identification of children in need of treatment. UNICEF and the National Aids Council initiated an innovative interactive HIV education platform using SMS (Zambia U-Report) to improve young people's HIV comprehensive knowledge and promote the uptake of high-impact HIV prevention services.

The proportion of Grade 1 entrants with pre-school experience declined from 17.8 per cent in 2010 to 15.1 per cent in 2011. Key barriers include: an absence of policy, inadequate financing, and inappropriate curriculums. Through support from UNICEF, enrolment into Early Learning Centres (ELCs) increased from 1,542 in 2011 to 8,000 children in 16 low-performing districts. The national Early Childhood Care, Development and Education (ECCDE) policy was updated, and the Early Learning and Development Standards and national curriculum piloted. ECCDE will remain a priority in 2013.

A national programme targeting at achieving the sanitation MDG was initiated with UNICEF support. A total of 1,529 villages reported being ODF; 330,364 people accessed sanitation; and over 50,000 families constructed their own hand-washing facilities. An estimated 125,225 people obtained access to safe water, and 103,508
pupils in 225 schools received hygiene education.

The absence of a comprehensive Social Protection (SP) Policy Framework is a critical barrier to addressing deprivation among children. In 2012, UNICEF advocacy contributed to the launching of the SP Policy drafting process. Impact research projects managed by UNICEF will inform the expansion of the Social Cash Transfer (SCT) programme in 2013.

UNICEF supported a child protection system mapping, the report from which was launched by the Government. The Anti-Gender-Based Violence Act was passed by Parliament. Four Bills dealing with criminal and correctional laws were drafted and validated. A Bill of Rights, proposed in the draft Constitution, will ensure the basic rights of children. Birth Registration (BR), at 10 per cent, remains one of the lowest globally. Bottleneck analysis in 26 districts indicated even lower figures for some districts. Barriers are the centralized/bureaucratic system and low demand for birth certificates. A decentralized system of BR will be piloted in 2013.

Humanitarian Assistance
UNICEF continued to work closely with the Disaster Management and Mitigation Unit (DMMU); to provide technical support in the development of the Annual Contingency Plans, Disaster Management Framework for the country, and capacity-building for decentralized coordination systems. UNICEF provided logistics and technical support to the Annual Vulnerability Assessment, which showed low-scale effects from flooding and a low rate of cholera cases in the country. Support was also provided for data collection, supervision, and analysis and reporting. Less than 500 cases of cholera were recorded countrywide in 2012, compared to an average of 7,000 in 2009 and 2010. The Lusaka District Commission’s Office was supported to conduct public awareness campaigns on epidemics in 20 primary schools targeting 150,000 children from communities often affected by cholera, typhoid and measles. Seventy-eight Curriculum Specialists and Education Planning Officers increased their knowledge and capacity on Disaster Risk Reduction (DRR) and ways to incorporate it into the national school curriculums currently under review. Planning Officers are expected to develop and implement district and school-level DRR action plans. Nearly 40 participants from UNICEF, other United Nations (UN) agencies, and Government and Non-Governmental Organizations (NGOs) acquired skills on Emergency Risk-Informed Programming through training.

Effective Advocacy
 Mostly met benchmarks

UNICEF Zambia endeavoured to sustain evidence-based advocacy in support of and in the implementation of actions for better outcomes for children of Zambia. Advocacy by UNICEF and partners in the Education sector led to strong commitment by the Ministry of Education, Science, Vocational Training and Early Education (MESVTEE) to the development of a national framework for literacy and a programme for the improvement of early grade reading; commitment to the integration of life skills and sexuality education into the national school curriculum; and, on the part of the Government of the Republic of Zambia (GRZ), plans to hire and train more than 1,000 new teachers for the Early Childhood Education (ECE) subsector through a shift in policy to expand the services. The abolition of examination fees for Grade 9 students was another significant policy change.

High-level advocacy with the Government on child protection resulted in: the proposal to raise the age of criminal responsibility from 8 to 14 years; securing legal and policy gains to improve educational and mental health services for children returning home from detention centres; reducing the number of children convicted and confined as adults; proposed integration of BR in the national and subnational health system—a landmark achievement considering that BR in Zambia is amongst the lowest in the world (10 per cent); and 22,000 children participating in the draft Constitution review process.

In the Water, Sanitation and Hygiene (WASH) sector, the commemoration of Global Hand Washing and World Toilet Day resulted in raising the profile of hygiene and sanitation. Chief Macha was named a UNICEF
Supporter in a ceremony led by the UNICEF Regional Director for Eastern and Southern Africa and two GRZ ministers.

The Zambia Country Office (ZCO) facilitated a continued and more intense focus on child survival. The Government committed itself to support the global movement to end preventable child deaths by signing the pledge “Committing to Child Survival: A Promise Renewed”. A high-level Zambian delegation participated in the conference in Washington, D.C. on child survival. A national action plan is being discussed.

The Ministry of Health (MoH) reaffirmed the commitment of the GRZ to the elimination of Mother-to-Child Transmission of HIV (MTCT), as illustrated by Zambia’s participation in a panel on “Innovation for eMTCT” at the World AIDS Conference in Washington, D.C. and by the completion of an evidence-based, costed business case study for transitioning to Option B+. As a result of advocacy with the National AIDS Council, Zambia U-Report was launched on World AIDS Day 2012 to contribute to the prevention of HIV among young people.

Unite4Climate ambassadors continued to advocate on climate change adaptation and mitigation at district and community levels, with tree-planting, recycling, and ‘clean-up’ campaigns. Climate ambassadors participated in the Rio+20 Conference and were invited as keynote speakers at Maastricht University (Netherlands) and at Stockholm+40.

Advocacy for broad definition, consultative processes, and stakeholder involvement, and for the use of the Social Protection Floor concept has been initiated. This area and a broad and child-friendly definition of disability around the preparations for the National Disability Survey will continue to be the advocacy focus in 2013.

Numerous donor visits were facilitated, including visits from several goodwill ambassadors, which contributed to increased funding levels. Regular updates of the ZCO website, Facebook, and Twitter platforms were effective in increasing office visibility.

**Capacity Development**

*Fully met benchmarks*

Capacity Development remains a key strategy with UNICEF providing technical and financial support. In WASH, focus was on strengthening the capacities of implementing partners at district levels. Capacity for water sources operations and maintenance were established. Some 150 pump-minders and 600 caretakers were trained. As part of the drilling plan for a total of 1,080 boreholes, over 210 user committees were formed and trained in the management of water services. A total of 843 district personnel and 1,300 community champions were trained in Community-Led Total Sanitation (CLTS) and Legal Enforcement in 32 districts. A total of 1,529 villages reported themselves as ODF. A monthly newsletter on sanitation is produced with UNICEF’s support.

UNICEF provided financial and technical support to train 180 provincial trainers who, in turn, trained 1,350 community volunteers on community Infant and Young Child Feeding (IYCF) to promote appropriate infant feeding. The national community health worker strategy was completed and 307 community health assistants (CHAs) completed their 12 months of training and were deployed to 48 districts. UNICEF provided the initial essential drug and medical supplies (three months stock) for the CHAs to cover 157 health posts, improving access to primary Maternal, Neonatal and Child Health (MNCH) services.

In the Luapula and Northern provinces, improved access to the community management of childhood illnesses and the promotion of positive health-seeking behaviour at the community level for an estimated 580,000 population (comprising 4 per cent of total population) was promoted through the training of community health workers. UNICEF supported the creation and training of Safe Motherhood Action Groups (SMAGs) in five target districts—equipping 100 new community volunteers with skills and knowledge on the promotion of safe motherhood and newborn care practices. Project Mwana was expanded, with the training of
health facility workers in an additional 206 sites, bringing the total number of participating health facilities to 268 and focusing on more remote areas.

Through technical and financial support from UNICEF, 241 Early Childhood Development (ECD) teachers, writers, and caregiver volunteers have gained increased knowledge and skills in instructional techniques based on the new syllabus, the preparation of lesson plans, and the production of play, teaching, and learning materials. A total of 664 teachers and head teachers, (549 male and 115 female) benefitted from increased knowledge and skills on school supervision, management, and child-friendly teaching methodologies. Another 338 teachers (194 male and 144 female) started implementing the management of reading circles in their schools following their training.

The delivery and monitoring of life skills improved with the training of 244 provincial and district personnel, while 904 youth peer educators (423 male and 581 female) gained leadership skills and began leading activities in youth clubs in schools.

UNICEF procured a consultant to support the Ministry of Finance’s Monitoring and Evaluation (M&E) Department in the development and launch of the Zambia Database (ZAMD) for the monitoring of the SNDP and the preparation of a major capacity development evaluation. For the Social Cash Transfer (SCT) payment mechanism, the Management Information System (MIS), training plan, and procurement of bicycles and ICT equipment were areas that UNICEF supported.

The Ministry of Gender and Child Development (MGCD) was supported by UNICEF to conduct a national mapping of child protection systems. The report revealed a number of capacity gaps, which will inform future planning.

**Communication for Development**

*Fully met benchmarks*

In 2012, the Communication for Development (C4D) process was strengthened in support of programmatic priorities. The C4D strategy was completed and is being used as a framework for designing, guiding and implementing specific interventions in the areas of child survival, development and protection. A C4D task force was set up within the office and meets regularly to plan and coordinate C4D activities, guide the implementation of strategies, and assess progress made.

The capacity of 30 health information officers and other implementing partners at national and district levels was strengthened through training provided by ZCO on C4D, resulting in the development of realistic C4D plans. Good practices were seen in the development and implementation of C4D workplans on MNCH after trainings were provided to district health staff in the Kalabo, Lukulu, Serenge, Chipata, Chadiza districts and Copperbelt Province.

Social mobilization and communication were key factors in the high coverage of the national measles campaign conducted in September 2012, in which more than 6.2 million children aged 6 months to 15 years were vaccinated. Zambia celebrated Africa Vaccination Week for the first time to raise awareness on the importance of routine immunization. With technical support from UNICEF, the national Expanded Programme on Immunization (EPI) communication strategy was developed for the first time, in collaboration with MCDMCH, MoH, and other partners. A 13-series TV programme on PMTCT was run on national television to promote positive behavioural change. The child climate ambassadors were mobilized to develop information, education, and communication (IEC) materials and disseminate messages on the measles campaign.

With technical support to line ministries and partners, IEC materials were developed on HIV and life skills, human trafficking, nutrition, measles and new vaccines. The materials were pretested with participants groups, including children. Training was also provided to 60 district stakeholders in the Chipata and Mongu districts dealing with human trafficking, resulting in the development of C4D plans and their implementation.
In collaboration with the National AIDS Council (NAC), ZCO continued to support the Brothers for Life (B4L) communication campaign and its roll-out to two districts in collaboration with Ministry of Gender and Child Development (MGCD). Focus group discussions were held to measure the effectiveness of B4L. Trends are encouraging; the campaign is creating awareness on HIV prevention, gender-based violence (GBV), and responsible alcohol consumption. UNICEF partnered with NAC to launch Zambia U-Report—a tool to reach young people through SMS technology with information on HIV and Sexually-Transmitted Infections (STIs). It is expected that the effective use of U-Report will provide information to young people to support them in making more informed choices and capture the voice of young people in related issues.

Key questions on C4D were integrated into the EPI coverage survey. A Knowledge, Attitudes and Practices (KAP) survey was conducted to understand public knowledge and practice related to hygiene and sanitation. With financial support from the Regional Office (RO), formative research on C4D is being undertaken that will be instrumental in guiding future C4D interventions of the country office.

Service Delivery

Mostly met benchmarks

The nationwide measles campaign targeted 6,438,699 children aged from 6 months to 15 years. Preliminary administrative results show that 97 per cent of the target population was reached. Among children aged 6 months to 5 years (2,459,417), 70 per cent received vitamin A supplements, and 87 per cent of 2,155,444 children aged 12 to 59 months were dewormed. In 30 districts bordering polio endemic countries, 83 per cent of 1,286,675 children below 5 years of age were vaccinated against polio. UNICEF mobilized USD 7 million of the required USD 8.5 million required for these efforts, procured vaccines, and supported social mobilization.

Through training, the capacity of 180 provincial trainers and 1,350 community volunteers was built in the area of community IYCF. In 2012, one Child Health Week was held, integrating the measles campaign. With support from the United Kingdom Department for International Development (DFID), resources were provided to nine low-performing districts resulting in over 90 per cent coverage of vitamin A and mebendazole.

Eight CD4+ machines provided to selected districts, and antiretrovirals (ARVs) provided to 1,200 health facilities improved PMTCT uptake. Project Mwana (piloted in 2010 in 31 facilities for strengthening early infant diagnosis) has expanded to 268 health facilities, promoting equitable access for remote areas. To date, 10,150 infant test results have been delivered through the project. UNICEF facilitated the establishment of a functional coordinating body, led by MoH, for the scaling up of Project Mwana oversight.

In 20 target districts, 125,225 people gained access to safe water through the construction, rehabilitation and maintenance of 523 water facilities. Maintenance spare parts sales shops constructed in all districts and supplied seed stocks spare parts shops improved sustainability. The construction and rehabilitation of 1,080 and 120 boreholes, respectively, is in progress—by early 2013, 210,000 people would be served. Improved sanitation facilities were provided to 301,000 people in target districts (six provinces); and through the CLTS programme in 32 districts, 1,529 villages reported themselves ODF. With triggering, 50,000 families constructed hand-washing facilities. Some 40,003 boys and girls (in 225 schools) received hygiene and sanitation messages. Thirty-six pilot toilets (in 18 schools) with hand-washing facilities were completed; 73 will be completed in early 2013. To improve monitoring, 136 books on WASH in schools and teachers’ guidelines were distributed to district planning officers and 64 schools in project districts.

Enrolment in ELCs increased from 1,542 in 2011 to 8,000 children. The number of ELCs increased from 30 in 2011 to 153 in 2012 (111 school-based, 42 community-based). A total of 334,250 pupils benefited from UNICEF-supported quality improvement initiatives. A total of 1,048 (645 male, 206 female) teachers and education officials gained knowledge and improved capacity in delivering quality education services. An additional seven child-friendly community schools (21 classrooms) were completed, with the inclusion of gender-sensitive sanitation and water facilities. Some 4,200 primary-age children (2,211 boys, 1,989 girls) are learning in 15 child-friendly community schools. A total of 41,387 adolescents, 2,157 teacher-trainees,
301 school teachers, and 422 peer leaders gained increased knowledge and skills on sexuality education with a strong focus on HIV and AIDS prevention.

The setting up of Child Helpline Zambia (a service for children 18 years of age or less) in an ultra-modern toll-free call-in centre facility was supported. Some 55,900 children utilized the services, which exceeded the target of 45,000. Issues raised by children touched on HIV, sexual and physical abuse, neglect and concerns for future livelihoods.

### Strategic Partnerships

*Fully met benchmarks*

As lead agency for the UN H4+ initiative, UNICEF facilitated implementation of joint UN and GRZ activities in five CIDA-funded districts to accelerate progress on a maternal and newborn health project. Through the H4+ partners (WHO, UNFPA, UNICEF, the World Bank, and UNAIDS), the districts (total population: 643,000, or 5 per cent of the population of Zambia) were supported to conduct baseline and bottleneck analysis. The country office coordinated UN inputs in the development of the MDG initiative for support by European Union. This partnership, led by the Government, is expected to bring significant financial resources for mother and child health. UNICEF continues to co-chair (with DFID) the partners group supporting the Nutrition sector.

The WASH programme collaborated with NGOs and Boston University to enhance programme implementation and gather evidence on the impact of the National Sanitation Programme and link outcomes to the reduction of diarrhoea and other health issues. A partnership agreement with PRACTICA aims at professionalizing manual drilling.


The country office was instrumental in the formation of a partnership between MESVTEE, UNICEF, DFID, USAID and Room to Read for the development of a national early grade reading and literacy programme. With the Zambia National Education Coalition, 13 parliamentarians were engaged in the development of the ECD subsector. With the Forum for African Women Educationalists Zambia, CAMFED and Zambia Open Community Schools, UNICEF promoted equity, policy reforms, and direct service delivery programmes for marginalized groups. Life skills and HIV/AIDS prevention was promoted through support for a sports consortium consisting of four organizations led by Sports in Action.

UNICEF consolidated and expanded work in the Social Protection Expansion Programme, involving DFID, Irish Aid, and the Finnish Embassy, into a substantive partnership. Efforts were deployed to strengthen partnerships with: the University of Zambia, the civil society Platform for Social Protection (involved in the qualitative impact assessment of the cash transfer programme), WFP (around the cash transfer payment system), and ILO (for consultation and the drafting of the social protection policy—linking it with the Social Protection Floor concept and ongoing work in social pensions).

With Barefeet Theatre and the Wild Life Conservation Society, UNICEF advocated for climate change reduction and mitigation, and HIV prevention, resulting in community sensitization. The Brothers for Life campaign was enhanced by a partnership with CHAMP, which allowed disseminated messages to be complemented with counselling services through CHAMP’s toll-free line.

With the Parliamentary Caucus on Children and the Zambia Civic Education Association, child participation in the constitution-making process was realized. With 22,000 children participating in the review, the current draft constitution reflects their voices. The partnership with African Directions and the YWCA on GBV led to a One Stop Centre being launched by the First Lady, in Kasama.
DMMU remained a key partner on DRR activities. Other partners were the Lusaka Water and Sewerage Company, OXFAM, CARE, Save the Children Alliance, and World Vision.

Knowledge Management

Mostly met benchmarks

During the year, the CO facilitated the dissemination to national partners of the findings of the Southern and Eastern African Consortium for Measuring Educational Quality (SACMEQ) study on learning achievements and the quality of education in Zambia. The dissemination raised awareness on the low literacy, numeracy and HIV knowledge levels in the country. This contributed to the Ministry of Education (MoE) decision to review the current literacy programme and spearhead the development of a national literacy improvement framework.

Furthermore, working in partnership with the National Food and Nutrition Commission (NFNC), the country office (CO) supported the dissemination of the iodine-deficiency disorders (IDDs) survey, which was conducted in 2011 with UNICEF support and funding from USAID. The results informed the formation of the five-year Action Plan on the Elimination of Iodine-Deficiency Disorders. The Action Plan was adopted in 2012.

The ZCO continued to support the Research and Development Programme (RDP) in the Ministry of Finance, where a knowledge management website is housed. The website serves as a one-stop portal for knowledge and information exchange related to the implementation of the National Development Plan (NDP). The portal includes a significant library of key studies, research and evaluations related to the NDP.

Internally, the CO conducted a staff survey to provide a baseline on knowledge management. The survey looked at how the office organizes knowledge, and the storage and accessibility of information. Knowledge management activities included frequent participation in webinars and monthly dissemination meetings, where findings and lessons learned from various studies, surveys and evaluations were shared among staff. The CO ‘shared drive’ further eases information-sharing within the office. Human interest stories and other innovative work, including web links to essential documents are placed on the ZCO website (www.unicef.org/zambia) for easy access by partners both internally and externally.

Human Rights-Based Approach to Cooperation

Fully met benchmarks

The Human Rights-Based Approach (HRBAP) is one of the core principles guiding the programme development of UNICEF Zambia. This demands a holistic understanding of access to various services and defines a minimum basis for the legitimate demands and obligations in regards to people’s well-being. The equity refocus, adopted by the Country Programme, ensures that UNICEF Zambia’s analysis, advocacy and programming only targets deprived communities, households, boys and girls, but also encourages the participation of women and children as rights-holders.

In the WASH sector, UNICEF worked with the national and district authorities to ensure equitable distribution of the water sources, that they are accessible, safe, acceptable and affordable for all without discrimination. While access to water may be guaranteed in theory, in reality, if it is too expensive, people do not have access. Women will often not use sanitation facilities which are not maintained or are not sex segregated.

UNICEF supported the development and piloting of the national curriculum and Early Learning and Development Standards (ELDS). This prompted multi-sectoral coordination and convergence for rights-based service provision through integrated ECD centres. With support from UNICEF, MESVTEE improved the low literacy, numeracy, and HIV knowledge of children in basic education levels through the development of a national framework for literacy and early grade reading improvement programme, overseen by a steering committee including UNICEF, USAID, DFID and MESVTEE staff. MESVTEE integrated life skills and sexuality education into the national school curriculum currently under revision. MESVTEE expanded ECD services and
abolished examination fees for Grade 9 students, removing economic barriers to education, particularly for marginalized children. The education programme promoted children’s rights to equitable access to quality ECD and basic education services with particular focus on improving early grade reading and student achievements and access for adolescents to knowledge, skills and opportunities to prevent HIV and for them to make informed decisions.

Similarly, UNICEF supported the establishment and provision of an integrated One Stop Centre (OSC), providing various services to GBV survivors in Kasama. More than 400 clients have already passed through the centre. Eighty-six men’s networks and 16 caregivers networks were established to prevent GBV, and respond and provide rights-based advocacy to end the scourge at the community level. A campaign to raise awareness on HIV, GBV and Alcohol Abuse was supported and 13,500 people reached. Research into child domestic work and its relation to internal trafficking was conducted and showed a high vulnerability of rural children to economic migration and exploitation in urban households. Awareness was intensified and communities were trained to claim their rights violated through trafficking. The capacity of 150 district stakeholders to offer rights-based comprehensive services to victims of trafficking was built. The HRBAP in child justice included increased technical assistance in law-making regarding the legal framework for children and justice reform, and the scaling up of child-friendly courts from 45 to 50 districts. In addition, children participated in the constitution-making process and state party report on the Convention on the Rights of the Child (CRC).

**Gender Equality**

*Mostly met benchmarks*

UNICEF Zambia continued to strengthen gender equality in various dimensions of its country programme. Under the leadership of the HIV/Gender task force, the capacity of 15 staff (programming and operations) was built to conduct regular gender audits of programme design, implementation and reporting. Through the monthly HIV/Gender meetings, issues of gender equality in programme implementation are reviewed and recommendations are made for discussion by the Country Management Team (CMT). In doing that, the task force is contributing to identifying strategic directions on approaches to increase gender equality through UNICEF Country Programme design, implementation, and monitoring and evaluation.

Key high-level advocacy events promoted gender equality in child development. UNICEF supported the International Day of the Girl Child, bringing together key actors including traditional leaders, parents and 32 children who engaged community members and raised awareness on the negative effects of child marriages and the importance of girls’ education. Traditional leaders and representatives signed a pledge to ending child marriages and raising awareness on girls’ education in Zambia. UNICEF also supported the 16 days of Gender Activism on 25 November, during which Zambia joined the rest of the world under the theme “GBV: Zero Tolerance Now!”

In the Education sector, priorities were placed on removing bottlenecks that continues to hinder girls’ educational attainment (teenage pregnancies, gender-based violence, lack of or inadequate sexuality education. UNICEF supported the development of a child protection policy for schools, evidence generation on teenage pregnancy to inform policy dialogue, and the implementation of the re-entry policy guidelines for pregnant adolescents.

In Child Protection, gender has been mainstreamed throughout all activities and programming. Support was provided to implement the national GBV indicator survey that will provide key evidence to refine the national strategy for the prevention and management of GBV. UNICEF continued to strengthen local capacity for ownership and sustainability of the One Stop Centre model for GBV. In the Kasama and Mansa districts, 84 men’s networks and 14 caregiver’s networks were established and have been instrumental in the prevention, support and response activities at the community level in all cases of GBV.

Gender inclusiveness is at the core of WASH programming in Zambia, making gender considerations a
requirement for the location of WASH facilities and their use and management. As a result, both men and women (50:50) are on the WASH committees, sanitation action groups and decision-making bodies at the community and village levels. Efforts are made to ensure gender-segregated WASH facilities for schools and public places like rural health centres, including hand-washing and urinal facilities. The school sanitation facilities are fitted with hand-washing facilities and integrated with separate facilities for boys, girls and teachers.

**Environmental Sustainability**

*Partially met benchmarks*

In 2012, UNICEF initiated discussions with Earth Child Institute (ECI) on how to kick-start the process of developing and implementing activities around environmental sustainability. A Concept Paper was developed together with ECI on activities that would contribute towards reducing environmental degradation and foster sustainable socioeconomic development. Detailed programmatic discussions have been held with ECI and a way forward has been agreed upon. ECI will revise the concept paper and prepare a proposal to support the implementation of environmental sustainability through to 2014.

The Climate Ambassadors have been instrumental in environmental sustainability through awareness-raising on climate change issues, tree-planting in schools and surrounding communities, the establishment of kitchen gardens supported by drain water next to the water points, and campaigns on recycling garbage and the cleaning-up of public areas, and these will continue in 2013 and beyond.

As a principle, UNICEF Zambia promotes environmental sustainability by ensuring that activities it supports, such as latrine construction, are carried out without much negative impact on the environment.

**South-South and Triangular Cooperation**

UNICEF Zambia worked in close collaboration with UNICEF Uganda during programme design and software adaptation for the Zambia U-Report SMS-based HIV Prevention initiative. UNICEF Zambia and the Government identified the use of SMS as an innovative strategy that could accelerate HIV prevention outcomes among young people. Every hour, about three youth (15-24 years) are infected with HIV in Zambia, two being girls. Young people have low HIV knowledge and this puts them at an increased risk of HIV infection. UNICEF designed the Zambia U-Report programme to achieve three results, including: [1] the availability of an effective SMS-based mechanism to increase young people's participation in the national HIV prevention response; [2] young people have increased comprehensive knowledge of high-impact HIV prevention measures and services; and [3] young people demand and are referred for HIV high-impact prevention services.

UNICEF Zambia received technical guidance from the UNICEF Uganda U-Report programme manager through regular conference calls. A trigger of the adoption was the visit to Zambia by the software developer from UNICEF Uganda, who installed the software and provided initial guidance to the Zambia team for its adaptation based on UNICEF Zambia programmatic requirements. UNICEF Zambia received further support from one programme officer who facilitated the U-Report design workshop. As a result of this cooperation, the Government officially launched, on 1 December 2012, the Zambia U-Report, which will target 150,000 young people in its first year.

In an effort to support countries to track and report more effectively on the Education sector’s contribution to national HIV/AIDS responses, as well as to increase pupils’ knowledge on prevention of HIV/AIDS, UNICEF and sister UN agencies collaborated with the Southern Africa Development Community (SADC) secretariat and International Institute for Education Planning (IIEP) to bring together government counterparts from four SADC countries (Namibia, South Africa, Tanzania and Zambia) to deliberate on new HIV-sensitive indicators for the Education sector. The experts met in Johannesburg to share experiences of fieldwork conducted in
each country, assess the feasibility of including proposed indicators in an Education Management Information System (EMIS), and to validate selected indicators. The four pilot countries committed to conducting biannual surveys for selected indicators, while five to six indicators will be included in annual school census exercises commencing in 2014. SADC will use the results of this collaboration to inform and encourage Ministries of Education in all 15 SADC countries to adopt the selected indicators.

During September, ZCO hosted a one-week study tour for senior health officials from the Government of Sierra Leone. The objective of the study tour was to learn from the experiences of Zambia in strengthening procurement and the supply chain at different levels in the public health services. The group met key people, including the Permanent Secretary, Chief of Procurement, Chief of Planning, members of senior management teams at MoH, Board of Directors of Medical Stores Limited, and Chief of the Pharmaceutical Regulatory Authority. A field visit was organized to the Mkushi district health facility, where an improved system of delivering drugs to the health facilities (EMLIP—Essential Medicines Logistics Improvement Programme has been implemented.
Narrative Analysis by Programme Component Results and Intermediate Results

Zambia – 4980

PC 1 - Child and maternal survival

On-track

**PCR 4980/A0/04/809**

Children, mothers and pregnant women benefit from high-impact interventions contributing to the attainment of MDG targets for and maternal survival and development.

**Progress:** The Government of Zambia has signed a pledge to renew its commitment to child survival and to keep the promise of ending preventable child deaths in a generation. The Ministry of Health has reaffirmed the commitment to the elimination of Mother-to-Child Transmission of HIV (eMTCT) by completing an evidence-based, costed business case for transitioning to Option B+. The national scale up plan for MNCH is under development. A food consumption/micronutrient survey and the introduction of home fortification with micronutrient powder (MNP) were supported to inform policy and programme directions for more sustainable food-based interventions to address micronutrient deficiencies.

An integrated nationwide UNICEF-supported measles campaign among children aged 6 months up to 15 years of age was implemented with 97% coverage; 70% of the children aged 6 months up to 5 years were supplemented with vitamin A and 87% of children aged from 12 to 59 months were dewormed. This was carried out in 30 districts bordering polio-endemic neighbouring countries. Eighty-three per cent of children under the age of 5 were vaccinated against polio.

UNICEF equipped eight of the 16 disadvantaged districts with CD4+ machines. ARVs for PMTCT were provided by the Zambian Government to over 1,200 health facilities, which resulted in improved quality of PMTCT services. The UNICEF-supported Project Mwana reduced the turnaround time for test results by 50%. It has promoted equitable access to PMTCT services in 268 health facilities with 10,150 infant test results.

UNICEF provided technical support to the development of the 1,000-day programme document, which gives priority to the prevention of stunting in young children below 2 years of age. MoH was also supported with supplies of therapeutic food for the management of severe acute malnutrition.

An estimated 40,500 pregnant and lactating women have been counselled on IYCF. This was done by building the capacity of 1,350 Community Volunteers (CVs) on community IYCF. Harmonized training manuals were completed in order to have a uniform approach to demand creation for the utilization of MNCH services by SMAGs. A total of 157 health posts in 48 districts had essential drugs and medical supplies available. The Health for the Poorest Population (HPP) project improved access to community-managed childhood illness services and promoted positive health-seeking behaviours for the most vulnerable in four districts.

Challenges include the realignment of the MoH. The realignment has shifted some of the previous MoH functions to the new MCDMCH. It remains unclear how this dichotomous sectoral landscape will affect coordination and programming in the coming year and beyond.

On-track

**IR 4980/A0/04/809/001**

MoH and NFNC formulate updated policies, strategies and guidelines for demand generation and equitable access to nutrition, maternal, newborn, child health and paediatric HIV prevention, care, treatment and support services by 2015.

**Progress:** The national PMTCT/Paediatric HIV and antiretroviral treatment (ART) operational scale up plan 2011-2015 has been finalized but not disseminated due to the change in the ARV regimen for PMTCT from Option A to Option B+. The national scale up plan for MNCH, which includes newborn, safe motherhood and emergency obstetric care, is under development though delayed due to the time-consuming process of bringing the MCDMCH and MoH together. UNICEF supported the development of these strategic documents technically and financially and played an important advocacy role for the integration of these plans as one MNCH scale up plan.
The development of the micronutrient strategy was planned for 2011, however, the results of the food consumption and micronutrient survey that would inform the strategy’s development were delayed and due for completion only in April 2013. The realignment of functions among specific government ministries has posed a challenge to the programme’s implementation and continuity. In 2011 the Ministry of Community Development, Mother and Child Health was created and maternal and child health functions were moved from the Ministry of Health to this new ministry. However, as the realignment process has been protracted and to a large extent unilaterally undertaken by the Government without partners’ contribution, the changes have negatively impacted sectoral coordination and the development of strategic plans. In the area of Nutrition, the inadequate leadership and performance of the National Food and Nutrition Commission, the Government advisory and coordinating body for nutrition matters, has impacted the progress of programme strategies and interventions. Lack of human resources is also a challenge at the central level in the two key ministries implementing nutrition interventions, with only one staff member in the Ministry of Health and no staff in the Ministry of Community Development, Mother and Child Health dedicated to the nutrition response.

IR 4980/A0/04/809/002 Consumption of micronutrient rich food by pregnant women and children increased in target districts by 2015

Progress: UNICEF supported the implementation of a food consumption/micronutrient survey in order to inform policy and programme directions for more sustainable food-based interventions to address micronutrient deficiencies; the results are expected by the first quarter of 2013. Furthermore, UNICEF supported the introduction of home fortification with micronutrient powder (MNP) by carrying out formative research in 2012 before embarking on the pilot phase for scaling up Nutrition in 2013. In addressing Iodine Deficiency Disorders, UNICEF supported the development of a proposal, secured funding and provided technical support to address the challenges in accessing adequately iodized salt. A major focus will be strengthening monitoring system.

The capacity of 180 provincial trainers and 1,350 community volunteers on community IYCF was built in order to improve complementary feeding practices and diet diversity, among other positive outcomes. Though all these efforts are underway, programme coverage within the selected districts remains low due to inadequate resources to cover actual needs, while interventions have been fragmented. The main constraint in nutrition is the inadequate leadership and performance of the National Food and Nutrition Commission, the Government advisory and coordinating body for nutrition matters. Though this body has been in existence for decades, no actions have been taken for institutional repositioning and re-engineering. Lack of adequate human resources is also a recurrent challenge at central level in the two key ministries implementing nutrition interventions, with one staff member only in the Ministry of Health and no dedicated staff in the Ministry of Community Development, Mother and Child Health. However, with the roll-out of the 1,000-day programme in selected districts, more resources will be availed of, specifically from DFID, to deliver an integrated package of high-impact interventions and increase programme coverage, thereby maximizing impact.

IR 4980/A0/04/809/003 All health facilities in target districts have the capacity to provide antiretroviral drugs to reduce mother-to-child transmission of HIV by 2015

Progress: With strong advocacy and technical support from UNICEF and partners, the Zambia Ministry of Health has reaffirmed the commitment of the Government of Zambia for the elimination of MTCT (eMTCT). This was illustrated by Zambia’s participation in a panel on “Innovation for eMTCT” at the 2012 World AIDS Conference in Washington, D.C., and by the completion of an evidence-based, costed business case for transitioning to Option B+; bringing Zambia to reach eMTCT target by 2015; a 90% reduction of new HIV infections among children; and keeping mothers alive.

UNICEF supported the airing of a 13-series TV show (on the most popular TV channel in the country with an estimated 5,300,000 viewers) on eMTCT that has created awareness among the public. The show (with the theme ‘Born Free of HIV’) provided a forum for discussion and the dissemination of information on HIV and AIDS, helping to elaborate, explain and correct some misinformation by the public who were encouraged to,
and did, call in during the show.

In the effort to support the uptake and effectiveness of PMTCT, UNICEF equipped eight out of the 16 vulnerable districts with CD4+ machines, supplied ARVs for PMTCT in over 1,200 health facilities, and supported a clinical mentorship programme to 57 health facilities. These have contributed to providing quality PMTCT services reaching 85% of pregnant women living with the virus.

The main challenge in the implementation of PMTCT and paediatric HIV prevention, care and treatment programme activities is the absence of a focal person at the MoH. This has hampered the timely decision-making, coordination of activities and conduct of quality monitoring. Future plans constitute support to the scale up of Option B+ for eMTCT.

IR 4980/A0/04/809/004 All health facilities in target districts have capacity to provide antiretroviral therapy to children under 15 years by 2015

**Progress:** The Ministry of Health has reduced the turnaround time of early infant diagnosis of HIV test results by 57%, from 66 days before the programme to 29 days following the implementation of the SMS technology (Programme Mwana) through a mobile health (mHealth) project piloted in 2010 in 31 facilities as an innovation for strengthening early infant diagnosis. UNICEF supported the capacity-building of health workers in 10 provinces (98 were trained to be trainers of trainers and, subsequently, they engaged in the training of health workers from 168 health facilities). Partnerships have resulted in NGOs, such as THE Clinton Health Access Initiative, Boston University, Family Health International, Churches Health Association of Zambia and the Centre for Infectious Disease Research in Zambia, joining in on the scale up. Services have been expanded to 268 facilities, compared to 62 at the beginning of the year. So far, 10,150 results have been processed using the Result160 application. This has greatly contributed to promoting equitable access for remote areas. The establishment of a functional coordinating body to improve oversight and management has contributed significantly to increasing the timely transfer of results. The link between the timely receiving of results for the HIV-infected children and the timely initiation of ARVs remains to be studied. The main challenge in the implementation of paediatric HIV prevention, care and treatment programme activities is the absence of a focal person at the MoH. This has hampered the timely decision-making, coordination of activities and the conducting of quality monitoring. Financial assistance is still needed to support the local software developers. Advocacy for assigning a focal person in MCDMCH and MoH is needed. Future plans include providing support for the Government in the universal access programme for children less than 14 years of age living with the virus; testing and treatment; and scaling up and introducing SMS technology for the civil registration of births and mother-baby follow-up during antenatal care (ANC) and postnatal care (PNC).

IR 4980/A0/04/809/005 All health facilities in target districts have capacity to provide community-based health care by 2015

**Progress:** Zambia conducted a Malaria Indicator Survey in 2012, the final results of which have not yet been released by the Government. Preliminary indications are that the country remains on course to meet the malaria prevention and control targets as set in the national malaria strategy. It is, however, anticipated that the country may have slowed down on the rate of progress it has been making in the last half decade in malaria prevention and control. The flow of funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria seemingly improved in the year and it is anticipated that intensified programmatic actions in the coming year will bring the country even closer to its targets. However, the malaria programme still faces the challenge of having indirect control since Global Fund resources are managed by UNDP following the corruption issues of 2008. This is further compounded by the minimal investment in malaria prevention and controls by partners other than the Global Fund and the President’s Malaria Initiative.

IR 4980/A0/04/809/006 Eighty per cent of families and communities in target districts adopt key family practices and promote male involvement for nutrition, maternal, newborn and child survival as well as paediatric HIV prevention, care, treatment and support by 2015
**Progress:** The Government and various partners have continued to build the capacity of communities to demand services and provide treatment for common illnesses. In the period under review, the CO didn’t undertake planned actions targeting common childhood illnesses other than to technically support GRZ to contribute to a regional integrated community case management (iCCM) gap analysis and resource mobilization proposal. Activities to support maternal, newborn and child health care and services in four districts implementing the HPP project are poised for acceleration in the new year following a baseline coverage survey using a Lot Quality Assurance Sampling (LQAS) methodology that informed subsequent bottleneck analysis and planning. In addition, the CO led and coordinated United Nations agencies (WHO and UNFPA) in the process of developing the Zambia-European Union MDG Initiative. This partnership has the potential to bring significant financial resources for maternal, newborn and child health interventions targeting peri-urban poor in two provinces of the country that contain about a third of national population.

**IR 4980/A0/04/809/007 Health facilities in target districts provide high-impact interventions and quality clinical services for maternal, newborn and child survival by 2015**

**Progress:** In 2012, only one Child Health Week (CHW) was held to integrate the nationwide measles campaign, which targeted 6,438,699 children aged 6 months up to 15 years and was implemented from 10-15 September 2012. With 84% of districts reporting by 26 September 2012, preliminary administrative results showed 97% of targeted children were reached with measles vaccination. Further, 70% of the targeted 2,459,417 children aged 6 months up to 5 years were reached with vitamin A supplementation and 87% of the targeted 2,155,444 children aged 12 to 59 months were dewormed. With DFID support, extra resources were provided to nine low-performing districts, resulting in over 90% coverage of vitamin A and mebendazole in these districts. In 30 districts bordering polio-endemic neighbouring countries and/or with international ports of entry, 83% of 1,286,675 targeted children under the age of 5 were vaccinated against polio. A post-campaign coverage survey was conducted in October; however, results are not yet available.

Further, with support from UNICEF and other partners, the Government of Zambia signed a pledge to renew its commitment to child survival and keep the promise of ending preventable child deaths in a generation. Activities to support maternal and child health care and services in nine districts are poised for acceleration in the new year following a baseline survey using a LQAS methodology that informed subsequent bottleneck analysis and planning. In addition, the CO led and coordinated United Nations agencies (WHO and UNFPA) in the process of developing the Zambia-European Union MDG Initiative. This partnership has the potential to bring significant financial resources for maternal, newborn and child health interventions targeting peri-urban poor in two provinces of the country that have about a third of national population.

**IR 4980/A0/04/809/009 Halve the proportion of the population without access to sustainable and safe drinking water in target districts by 2015**

**Progress:** More than 5 million Zambians live without access to safe water (UNICEF/WHO Joint Monitoring Programme, 2010). Problems in accessing clean water are one the critical determinants of child survival and development. Although the associated government budgetary allocation is still small, it is showing a trend of increase with 1.5% of the national budget allocated to WASH for 2013 fiscal year. UNICEF is one of the major funding partners of the Zambian WASH programmes. In 2012, an estimated 125,225 people in the 20 target districts got access to safe water facilities through the construction, rehabilitation and maintenance of 523 water facilities through UNICEF support. As part of improving the sustainability of rural water services, the operation and maintenance of spare parts sales shops were established in all districts, and seed stock spare parts were supplied with seed stocks. The construction of 1,080 boreholes and the rehabilitation of 120 dysfunctional boreholes are in progress and by early 2013 over 210,000 people would be served. However, ensuring the sustainability of these services is a key focus area for the year to come. The recently completed WASH Evaluation and Bottleneck Analysis reports indicate that a decentralized approach to implantation of and ensuring the sustainability of services are critical to expanding services and reaching the most vulnerable communities equitably.

**IR 4980/A0/04/809/010 Halve the proportion of the population without access to an improved sanitation
facility in target districts by 2015

**Progress:** Zambia is one of the countries in Africa with the least access to sanitation and hygiene services. Based on the last UNICEF/WHO Joint Monitoring Programme 2012 report, an estimated 5 million Zambians live without access to safe water, and 6.7 million lack access to improved sanitation, of which around 2.3 million practice open defecation. The country is off-track to achieve its objective at the current rate of coverage increase. In 2012, UNICEF supported the Government to start the 3 Million People initiative, which aims to reach the MDG for sanitation. Improved sanitation facilities were provided to approximately 320,000 people in target districts in six provinces and 1,500 villages reported themselves as ODF under the CLTS programme in 32 districts. More than 50,000 families have constructed their own hand-washing facilities as a result of the triggering process conducted in communities, and awareness has been raised on the importance of hand washing with soap or ash as one of the most effective ways to reduce diarrhoeal diseases. The ownership and involvement of the Government needs to be increased if the target of reaching 3 million people with access to safe sanitation is to be achieved.

**IR 4980/A0/04/809/011** Sixty per cent of households in target districts adopt improved hygiene practices including hand washing with soap by 2015

**Progress:** Zambia is one of the countries in Africa with the least access to sanitation and hygiene services, with over 80% of all diseases being environmental and related to water and sanitation. Behaviour change needs to be supported by mass media messages and campaigns as well as interpersonal communication in order to be sustainable. Detailed preparatory work is being undertaken to agree on an approach and action plan so as to kick-start community hygiene promotion. Hygiene promotion activities (through mass media and school hygiene education) will be implemented alongside CLTS. Sanitation marketing will also play a key role in creating demand; reinforcing safe hygiene practices; and ensuring that communities move up the sanitation ladder.

**IR 4980/A0/04/809/012** Government and partners at national and subnational levels have the capacity to meet SPHERE standards for safe water, sanitation and hygiene by 2013

**Progress:** The cholera and other water-borne epidemics, which used to adversely affect some parts of the country, especially Lusaka city, were relatively mild in 2012. Still water purification chemicals (chlorine) and soap were distributed to 26 cholera-prone hotspots to ensure that water points were disinfected and communities practice proper hand washing as a preventive measure. Furthermore, preparation has been underway for any eventuality, especially for 2013. Work is being undertaken in collaboration with the Disaster Mitigation and Management Unit (DMMU) of the Government of Zambia to strengthen emergency preparedness and response plans, including responses to epidemics, such as cholera.

**IR 4980/A0/04/809/013** The Ministry of Local Government and Housing (MLGH) rolls out a comprehensive monitoring and information system in all provinces by 2013

**Progress:** The Ministry of Local Government and Housing (MLGH) is leading on the national Information Management System (IMS) for the WASH sector. Cooperating partners, including UNICEF, have been providing both financial and logistical support for the national IMS roll-out. Work was started on setting up the IMS, but the progress and the quality of the database have been less than satisfactory so far. One of the major bottlenecks often cited by the Government and cooperating partners is that the IMS platform was susceptible to system failure and the interface was not user-friendly. Furthermore, the new WASH indicators using the IMS were not tallying with other internationally recognized figures, such as the UNICEF/WHO Joint Monitoring Programme. MLGH, with support from cooperating partners, has engaged consultants to evaluate the existing IMS and recommend the way forward in respect of strengthening the IMS for WASH.

**IR 4980/A0/04/809/016** MoH and NFNC have capacity to prepare and respond to nutritional needs of children in humanitarian crisis by 2013
**Progress:** Developing capacities at the implementing level for disasters risk identification, mitigation and response was pursued with the contracting of technical assistance to support emergency preparedness and response (EPR) activities in all the districts in the country, with financial support from DFID. The contracted EPR specialist has supported MoH to develop district epidemic preparedness guidelines and facilitated district EPR planning. Additionally, the financial resources mobilized from DFID are targeted to support quick response activities at national and subnational levels for diseases outbreaks; so far two districts (Mpulungu and Kasempa) that reported epidemics accessed such support. This support also allowed the national MoH to send a rapid response team (RRT) to one of the districts that reported a suspected typhoid outbreak. These two reported cases of outbreaks were investigated within four weeks after notification to the national MoH. A national EPR planning meeting was conducted with 20 participants, namely surveillance officers and environmental health officers from MoH provincial health offices and the Lusaka District Health Management Team (DHMT). This resulted in the development of national guidelines for district epidemic preparedness and planning, which will be utilized by the districts in updating their district EPR plans. This activity is currently underway in all ten provinces: Central, Copperbelt, Southern, Northern, Muchinga, North-Western, Western, Luapula, Eastern, and Lusaka.

**PC 2 - Children and adolescents are able to develop, learn and participate in an enabling environment**

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**PCR 4980/A0/04/810** Children and adolescents are able to develop, learn and participate in an enabling environment

**Progress:** In 2012, student enrolment and completion rates showed improvements from the 2010 levels. The net enrolment rate of Grades 1-7 reached 96% and student completion rates increased from 91% to 100% in the same period. However, gender parity decreased slightly from 1.0 to 0.98, the percentage of the grade entrants with pre-primary education decreased from 17.8% to 15.1%, and 435,430 children between the ages of 7 and 18 were out of school. The quality of learning and student achievement continues to be a major concern. The proportion of education financing as a percentage of GDP increased from 4.4% in 2011 to 4.6% in 2012 and it is projected to reach 4.7% in 2013. Through sector leadership, advocacy, and financial and technical support, UNICEF focused on improving equitable access to quality ECD and basic education services with a particular focus on improving early grade reading and student achievement and access for adolescents to knowledge, skills and opportunities to prevent the spread of HIV and make informed decisions.

In Zambia, only 43% of the rural population of 8.4 million have access to improved sanitation facilities, which contributes to a high prevalence of diarrhoea and other waterborne diseases. Lack of adequate school sanitation facilities also results in high absenteeism and school dropout rates, especially among girl children. In 2012, more than 320,000 people in the target districts of six provinces and 1,529 villages gained access to improved sanitation facilities and were reported to be ODF. An estimated 125,225 people in the 20 target districts gained access to safe water facilities through the construction, rehabilitation and maintenance of 523 water facilities.

Children in Zambia constitute about 54% of the country’s population, with an estimated 1.3 million under the age of 15, of whom 800,000 are orphaned due to HIV/AIDS. Many children have continued to face multiple protection problems, including violence, abuse, neglect and exploitation; alcohol and drug abuse; inadequate access to quality health care; early marriage; inadequate access to education; and exposure to the impacts of disease. Advocacy with the Government continued for scaling up the creation of child-friendly courts. Child Justice District Forums increased from 40 to 45 for effective coordination and to improve, for children in contact with the law, court case prioritization, management and scheduling, and the streamlining of procedures. Two hundred child justice role players were trained and birth registration advocacy has resulted in reviewing the Births and Deaths Registration Act, to provide for a decentralized system on birth registration.

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<th>Children’s access to early learning and development increased by 15% in target</th>
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**IR 4980/A0/04/810/001** Children’s access to early learning and development increased by 15% in target
provinces by 2015

Progress: Nationally, ECCDE services have remained low. The proportion of Grade 1 entrants with preschool experience decreased from 17.8% in 2010 to 15.1% in 2011; a trend supported by the findings of the UNICEF’s Out-of-School Children (OOSC) survey in Zambia, which reported only 11.4% of pre-primary school-aged children in pre-primary schools. Key barriers include lack of infrastructure; inadequate financing; inappropriate curriculum; and limited awareness of the importance of early learning. UNICEF supports the Ministry of Education Science, Vocational Training and Early Education (MESVTEE) to ensure improvements in ECCDE service delivery through the adoption of comprehensive national ECCDE policy; establishment of institutional and operational frameworks; development of ECCDE curriculums, guidelines, standards and materials; and establishment of school- and community-based ECCDE centres. To date, the Government committed to the expansion of the ECCDE subsector through its inclusion in the NIF III sector plan, the annual workplans and budgets, and plans to recruit 1,000 additional teachers. Through systems and capacity development, the national ECCDE policy has been reviewed and updated; and the Early Learning and Development Standards (ELDS) and the national curriculum progressed to the pilot phase.

Through orientations, community mobilization and capacity-building, 2,300 ECD teachers, writers, caregiver volunteers, and parents gained increased knowledge and skills on ECCDE and their roles in the management of the ECCDE centres. As a result, demand for ECCDE services has increased, as demonstrated by the increasing number of parents and communities registering their children, supporting caregiver compensations, and participating in the production of play tools from locally available materials. Enrolment in Early Learning centres has increased from 1,542 in 2011 to 8,000 children in 2012 in 16 low-performing target districts. The number of established early learning centres has increased from 30 to 161 (101 are school-based, 42 are community-based using Interactive Radio Instruction, and 18 are community-based integrated centres).

IR 4980/A0/04/810/003 One hundred basic and community schools in selected districts have capacity to provide a child-friendly learning environment by 2013

Progress: In 2012, student enrolments and completion rates have shown improvements over the 2010 levels. The net enrolment rate of Grades 1-7 reached 96% and student completion rates increased from 91% to 100% in the same period. However, gender parity decreased slightly from 1.0 to 0.98 and the quality of learning and student achievements continues to be a major concern. Improving the quality of education outcomes is one of the key challenges in the Education sector. Through advocacy, sector leadership, and financial and technical support, UNICEF promoted the right of children to equitable access to quality basic education services, with particular focus on improving early grade reading and student achievements through the development of a national framework for literacy and early grade reading improvement programme. The Minister of Education appointed a steering committee including UNICEF, USAID, DFID and government technical officers to guide the process. UNICEF, in partnership with other stakeholders, continued to support the Ministry of Education, Science, Vocational Training and Early Education (MESVTEE) with various quality improvement initiatives that benefitted more than 334,250 pupils. A total of 1,048 (645 male and 206 female) community school teachers, head teachers and other education officials have gained increased capacity for delivering quality education services.

In 2012, the promotion of child-friendly infrastructure in community schools continued with the completion of an additional 21 classrooms in seven schools with gender-sensitive sanitation and water facilities. To date, 4,200 primary-age children (2,211 boys, and 1,989 girls) are learning in 15 community schools constructed over the past two years in accordance with child-friendly school standards. More than 352 traditional leaders and Parents and Community School Committee (PCSC) members have increased knowledge on MoE policies on girls’ education and Children with Special Education Needs and the community role in school management and supervision, and have expressed commitments to addressing barriers for girls and Children with Special Education Needs identified in their chieftoms.

IR 4980/A0/04/810/004 Five hundred schools meet child-friendly school standards for the provision of water and sanitation infrastructure and hygiene education in selected districts by 2015
**Progress:** The implementation of WASH in Schools (WinS) was constrained due to the lack of an agreed national standard design, both in terms of the child-friendly service level and cost effectiveness for latrine facilities. UNICEF and the other WinS key partners are developing a national, agreed cost-effective child-friendly latrine design. Discussions on developing an interim child-friendly design commenced in September 2012 and a draft design was submitted to MESVTEE for costing and finalization by January 2013.

A bid document for the construction of an initial 360 toilets in 120 Schools in the Eastern and Southern provinces is in the process. Invitations for expression of interest were carried out in October 2012, with the aim of attracting the most competitive prices and professional contractors and reducing the internal transaction cost and time associated with the bidding processes.

A WinS bottleneck analysis to review sector progress and identify the barriers to effective WinS in Zambia was conducted in August 2012. The main challenges identified include: inadequate resources; lack of availability of spare parts and supplies; weak planning and coordination for operations and maintenance; insufficient data on WinS coverage and sustainability; and a low priority ranking for WinS coupled with unclear policies. The 2013 programme will include ways of addressing these challenges.

In the meantime, UNICEF has supported the provision of hygiene education to 103,508 boys and girls in 225 schools in 20 target districts. Furthermore, the installation of 36 pilot toilets with hand-washing facilities has been carried out at 18 schools, while 73 are in progress and due for completion in December 2012. In order to raise the standards and improve the monitoring of WinS, 136 books on the WASH in Schools monitoring package and Teachers’ Guidelines have been distributed to all District Planning Officers and 64 schools in the project districts.

**IR 4980/A0/04/810/005** Basic school teachers are equipped with skills to effectively transfer age-relevant and gender-sensitive HIV and AIDS life skills to learners by 2015

**Progress:** In 2012, UNICEF supported the delivery of life skills and HIV prevention education through partnerships with the Government and civil society organizations (CSOs). The Ministry of Education trained 84 provincial and district trainers (43 female, 41 male) and 139 zonal trainers to deliver age-relevant life skills and HIV prevention education to basic school teachers, who will transfer the knowledge to 556,000 learners in their catchment areas. In response to regional and national evidence that teachers are not effectively delivering life skills and HIV prevention education to learners, UNICEF also supported the Ministry in the development of a new life skills delivery model to further assist teachers. An additional 90 (31 female, 59 male) guidance and counselling teachers were trained to provide confidential one-on-one counselling and psychosocial support to help learners cope with day-to-day challenges. Through CSO partners, age-relevant life skills and HIV prevention education was directly delivered to 41,312 (21,010 male, 20,302 female) learners, including those with disabilities and others who are HIV-positive, in basic, high and community schools through sports, peer education, and other extra-curricular activities contributing to increased HIV knowledge and skills. An additional 2,157 (1,128 male, and 1,029 female) teacher-trainees in all 13 teacher training colleges, 301 school teachers, and 422 peer leaders (235 male, 187 female) also gained increased knowledge and skills to deliver life skills and sexuality education.

**IR 4980/A0/04/810/006** The Ministry of Education and partners at national and subnational levels have the capacity to meet Core Commitments for Children in Humanitarian Action (CCCs) standards for education in emergencies, including DRR, by 2013

**Progress:** The Education section has experience in responding to education needs during emergencies brought on by both drought and flooding. Flood emergencies occurred in 2008 and 2009 and the Education section responded through the provision of supplies (tents, school-in-a-box and recreation kits) to enable learning to resume/continue in the affected areas. In 2012, support to the Ministry of Education to monitor and implement DRR activities at national, provincial, district and school levels continued throughout the year. Eighteen curriculum specialists were trained in DRR to incorporate DRR education into the national curriculum under review. The high turnover of previously trained Planning Officers at the district level necessitated the training of an additional 40 new Planning Officers by the end of December 2012. Data
monitoring indicated that some of the districts and schools that received disaster risk training last year have developed DRR workplans and promoted hand washing and information dissemination regarding the spread of cholera in flood-prone areas. With UNICEF’s support, a feasibility study for the design of flood-proof school infrastructure and a bill of quantities were completed to support the construction of a flood-proof school at Malabo in the Zambezi flood plains. The process of tendering for construction of the school has also started and construction will commence in 2013. The improved facility will enable over 200 children in the flood plains to have year-round schooling opportunities and also serve as a model for other communities and the Ministry of Education, Science, Vocational Training and Early Education (MESVTEE) to replicate for other schools in the flood plains.

**IR 4980/A0/04/810/007** By 2015, develop and strengthen multi-sectoral mechanisms at national and subnational levels for the prevention, care and protection of children, including in emergency situations

**Progress:** In 2012, UNICEF supported the Ministry of Gender and Child Development to carry out the mapping and assessment of child protection systems in the country with a view to identifying the strengths and gaps in the child protection system at different levels. On a positive note, the report showed that the country has a legislative framework and that the protection system encompasses a range of prevention and response mechanisms, which include economic inputs for vulnerable families and outreach activities on a range of social issues. On the other hand, the report showed that there are still challenges, such as discrepancies in legislation that does not act in the best interests of the child; a lack of financial, technical and staffing capacities; a lack of adequate data on child protection; and poor understanding at the community level of existing protective structures and services. The study provides an opportunity for stakeholders to come up with evidence-based strategies in the creation of a protective environment for children. The results of the report will ultimately contribute to the development of multi-sectoral guidelines on child protection. The report was launched by the Minister of Gender and Child Development. The follow-up activities are the costing and action planning to address the gaps identified by the study.

**IR 4980/A0/04/810/008** By 2014, the Government and its civil society partners have the capacity to provide children affected by AIDS with appropriate social welfare and child protection services in selected districts

**Progress:** Due to the lack of a comprehensive registration system for birth and death statistics in the country, an accurate estimate of the number of orphans and other vulnerable children (OVC) in Zambia is currently not available. However, estimates put the number of OVC at 1.3 million. The majority of these are orphaned due to HIV and AIDS. Many of these children need care and support, but such services are largely provided through institutions of care. Providing care and support for OVC is one of the biggest challenges Zambia faces today, as the growing numbers overwhelm available resources. Some of the children who end up in institutions of care are fostered or adopted by Zambians or people from abroad. There is currently a lack of adequate guidelines for foster care and adoption in the country. As a response to this challenge, UNICEF provided support to the Ministry of Community Development, Mother and Child Health in drafting the Guidelines on Foster Care Services, fees and adoption. These guidelines are awaiting approval. In addition, UNICEF has been supporting MCDMCH in the consultative process leading to the country’s accession to the Hague Convention, which establishes international standards of practice for inter-country adoptions.

In order to provide avenues for referral and response to GBV and child protection, UNICEF supported the renovation and completion of two one stop centres in 2012. The Kasama Centre was launched by the First Lady of the Republic of Zambia, and at the time, over 200 cases of GBV had been received at the centre with 30 survivors benefitting from post-exposure prophylaxis and 15 from emergency contraception. UNICEF, with other partners, supported the operationalization of the Child Helpline, which received over 49,042 calls by the end of 2012 and 39% were related to issues of child abuse.

**IR 4980/A0/04/810/009** By 2015, the Government has the capacity to prevent and respond to children in contact with the law at all stages of the justice system

**Progress:** The capacity of 200 key players in the Justice sector has been enhanced through specialized training in child justice administration. The way in which children who come into contact with the law are
handled by justice systems seriously negates the principles of the rule of law. Provisions for the specific needs of children are often not mainstreamed and child justice is still frequently handled separately from broader justice and security reforms, mainly because children’s issues are not prioritized and many professionals working in the Justice sector lack the capacity to handle children in contact with the law in a manner that conforms to the basic tenets of the rule of law in relation to the treatment of children under such circumstances. Therefore, the training of 200 justice officials (5 magistrates, 5 court clerks, 5 court interpreters, 5 prosecutors, 10 front desk police officers, 10 prison officers, 15 social welfare officers, and other classified police officers and CSOs) in the administration of justice for children in five targeted districts was a significant milestone in that these professionals acquired key concepts and skills in restorative justice, diversion counselling and the application of child-sensitive procedures when dealing with children in contact with the law. This will significantly assist in transforming the Zambian justice system into a more child-sensitive system. In addition, the launch of the child protection system mapping and assessment report in October 2012 will contribute to greater coordination among child protection partners.

IR 4980/A0/04/810/010 By 2014, birth registration increased from 10% to 50% among the under-5 age group and from 10% to 30% among 6-18 years

**Progress:** In 2012, UNICEF supported the Government to conduct a bottleneck analysis and Level 3 Monitoring (L3M) of birth registration with a view to providing a practical foundation for developing a clear workplan and monitoring frameworks. The identified bottlenecks included a lack of public awareness, weak legal and policy frameworks, social cultural norms, and highly decentralized systems coupled with weak management systems and coordination issues, among others. As a wayward, UNICEF supported the Department of National Registration and the Ministry of Health to undertake a familiarization tour to countries in the region and supported them to attend regional meetings on BR in Senegal and South Africa. These study tours resulted in national consultations to draw up action plans for civil registration as whole, and the recommendations from the bottleneck analysis further enriched these consultations. With the active engagement of partners, the development of a monitoring framework that is specific to local conditions and cognizant of local realities and bottlenecks was agreed upon. Action has also been taken to review the Births and Deaths Registration Act to provide for a decentralized system on BR. Proposed amendments will go for drafting into a bill and subsequent submission to Parliament in 2013. A three-year National Plan of Action on Birth Registration is awaiting government approval; implementation starts with an approved 2012-2013 Annual Work Plan.

IR 4980/A0/04/810/011 By 2012, 400 child ambassadors have capacity to provide other children and their communities with knowledge about climate change reduction and HIV/AIDS prevention

**Progress:** UNICEF, in collaboration with the Ministries of Education and Environment and Tourism, held two Climate Change Conferences, including a week-long advance training workshop for 23 youth facilitators. One hundred children from five provinces were trained to be climate change and HIV and AIDS advocates in April. Pre- and post-training surveys were conducted with the ambassadors to assess their increased knowledge on climate change and HIV. Out of a total of 102 ambassadors trained during the April climate conference, 90% had comprehensive knowledge on HIV during the pre-training survey and there was an increase to 98% in the post-training survey. Similarly, on climate change adaptation, there was an increase in the knowledge level from 29% to 39% after the training. Following the conference, the ambassadors are implementing realistic and doable community awareness activities, including tree planting, clean-up activities in schools, and raising community awareness on climate change adaptation and mitigation measures. The climate ambassadors also produce their own radio programmes, which are aired through three community radio stations and the national broadcaster ZNBC. The climate ambassadors have been mobilized not just for climate change activities but activities for broader child rights issues, such as bringing in the voice of children for the new constitution, disseminating messages on the measles campaign, and the development of IEC materials. A further 125 new ambassadors were trained in December and for the first time the trainings were held at the provincial level and led by ambassadors who had graduated from the programme and become youth facilitators. The young climate ambassadors continue to become agents of change in their communities.
The feasibility study for the floating school has been completed in the Mongu district and construction is expected to commence in 2013 once the flood waters recede on the Zambezi floodplains.

**IR 4980/A0/04/810/014 IR 302 Reduce out-of-school children aged 7-14 years nationally to 80,000 by 2015**

**Progress:** At the end of 2011, UNICEF, in collaboration with MESVTEE, completed the country study on the mapping of out-of-school children, with a view to developing strategies in 2012 to address the identified bottlenecks to education. The study provided evidence of the number of out-of-school children in Zambia—estimated to be 435,430 children between 7 and 18 years old—as well as where they are and the bottlenecks affecting them, such as high levels of poverty and teenage pregnancies on the demand side, and poor quality of education and the inadequate number of schools, particularly in rural areas, on the supply side. Being part of a global survey, the study was submitted for peer review and delays were experienced in receiving feedback, which consequently delayed dissemination of the report and the subsequent development of country strategies for OOSC. UNICEF continued to support MESVTEE with awareness-raising activities such as the sensitization of traditional leaders (289 were reached in four provinces, according to partner reports) on the importance of education for girls and children with special education needs, with a view to encouraging that traditional leaders ensure out-of-school children return to school and remain in school. Arising from the sensitizations, some traditional leaders have village education committees in place to not only monitor school attendance but also mobilize out-of-school children to return to school. UNICEF further collaborated with NGOs such as FAWEZA on the transit school initiative, which provides a supportive bridge for returning out-of-school children before they are mainstreamed back into the school system. In 2012, total enrolment in the 13 transit schools was 508, with 58 mainstreamed back into the school system, which brought the total number of children already mainstreamed into normal education since 2010 to 3,700 (FAWEZA report, 2012).

**PC 3 - Policy advocacy and partnerships**

**PCR 4980/A0/04/811** The rights of children, adolescents and women, especially the most vulnerable, are prioritized and inclusive in national policy, planning, monitoring and budgeting processes

**Progress:** Following the 2008 legislative audit, the Government, through the Law Development Committee, has taken significant steps to ensure the harmonization of the national legal framework with the CRC and its two optional protocols, as well as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and other international instruments related to women and children’s rights. Although the legal age of the child in Zambia remains a significant barrier, the ongoing legal reform provides for an increase from 8 to 14 years. In 2012, an Anti-Gender-Based Violence Act and a Disability Act, which fully domesticates the UN Convention on the Rights of Persons with Disabilities (UNCRPD), were passed. The current draft Constitution, prepared in 2012, provides for a progressive Bill of Rights for women and children. UNICEF supported the Parliamentary Caucus on Children to involve children in consultations around the draft Constitution: about 22,000 children participated in the Constitution review process and more than 1,000 submissions were received on what children want to see included in the Constitution. The Births and Deaths Registration Act is under review. The current Act places the signing of birth certificates in the hands of only the Civil Registrar. This remains a major legal bottleneck to increasing BR in Zambia.

UNICEF advocacy and support contributed to the launching of the Social Protection Policy consultation and drafting process. The policy is expected to bring coherence to multiple fragmented initiatives and leverage results for the most disadvantaged children. The Education sector has revised the early childhood development policy, thereby addressing a critical policy gap. In 2012, Zambia endorsed a policy for using antiretroviral treatment for all HIV-positive pregnant women to accelerate the elimination of paediatric HIV. Further, the country made significant gains in strengthening the policy and planning framework in child protection, issuing anti-GBV multi-sectorial guidelines, a strategic plan to increase BR, which is critically low in Zambia, and a policy on child protection in schools.
In 2012, Zambia embarked on a Government-wide M&E initiative, which has strong potential for enhancing the ability and systems of the Government to generate evidence for the design and implementation of programmes that fulfil the rights of children and women. UNICEF works with other Cooperating Partners (CPs), under the National Statistics Development Strategy that was finalized in 2012, to support the strengthening of Management Information Systems across and within ministries, with a focus on the National Development Plan and the WASH, Health, and Social Cash Transfer sectors. This is a critical step in addressing barriers to achieving informed and evidence-based policy and programming decisions.

**On-track**

**IR 4980/A0/04/811/001** The Ministry of Finance (Research and Development Programme—RDP) coordinates a strategic programme of research, analysis and evidence-generation on the fulfilment of the rights of vulnerable children and women by 2015

**Progress:** UNICEF has been providing knowledge management support to the Research and Development Programme (RDP), under the M&E Department of the Ministry of Finance, which plays an instrumental role in the roll-out of the Government-wide M&E initiative. The support aims to enhance the ability and systems of the Government to generate evidence for the design and implementation of programmes that fulfil the rights of children and women. Notable achievements in 2012 include the decision to have a Government-wide M&E system in place. UNICEF contributed by supporting the completion of the well-being methodology study for the real-time monitoring of shifting vulnerabilities. The well-being methodology is appreciated by the Government and has provided a framework for qualitative research on the impact of the Social Cash Transfer programme. UNICEF’s support to the Management Information System (MIS) study conducted by the Ministry of Finance was instrumental in highlighting deficiencies that need to be addressed to obtain the maximum use of data being generated by the different ministries. This study also serves as a foundation for other CPs such as the EU, DFID, and the German Agency for International Cooperation (GIZ) to start funding the development of MIS systems within the Government. Recommendations from the report have since been operationalized through the establishment of Ministry-specific M&E units. In addition, UNICEF has been engaged in strengthening the Government’s capacity to conduct research and evaluation, supporting the formation of a Community of Practice coordinated by the Ministry of Finance and through drafting guidelines to ensure the quality of research and evaluation work. These efforts will be continued and consolidated in 2013, addressing this capacity bottleneck to having evidence-informed programme and policy decisions, and capitalizing on the strategic role of the Government’s RDP.

**On-track**

**IR 4980/A0/04/811/002** The Ministry of Finance, the National AIDS Council and the Gender in Development Division (GIDD) support and monitor the mainstreaming of HIV and gender into policy, planning and monitoring systems in key sectors under the SNDP by 2013

**Progress:** The Zambia 2012 Global HIV/AIDS Report was published and provides an update on the situation of the epidemic and the national response, with particular attention given to children, adolescents and women. The report provides key data showing trends of indicators for coverage, utilization and quality of services disaggregated by sex and age. UNICEF supported the NAC, MoH, and MoE for data validation and the technical review of this report. The data informed policy and strategic orientation and UNICEF advocated for a greater refocus on adolescents and young people, both in HIV prevention and around care and treatment. Furthermore, advocacy for the effective mainstreaming of HIV within the social protection policy and strategy document is ongoing to achieve bolder and more sustainable results for children, their families and communities in relation to mitigating the impact of AIDS and reducing underlying vulnerability to HIV infections, particularly among young girls. The young people and HIV response was further emphasized on the national agenda through a High-Level Advocacy and Planning Conference on HIV Prevention Among Youth and on World AIDS Day. UNICEF has supported bottleneck analysis for HIV Testing and Counselling that indicated barriers in friendly HIV testing and enhanced post-HIV test support services for young people. Furthermore, UNICEF is supporting innovations to remove bottlenecks around comprehensive knowledge and the uptake of services using SMS (Zambia U-Report). Zambia U-Report is led by the National AIDS Council (NAC) with technical and financial support from UNICEF Zambia. With strong advocacy and technical support from UNICEF, the Ministry of Health has reaffirmed the commitment of the GRZ for eMTCT. This was illustrated by Zambia’s participation in a panel on “Innovation for eMTCT” at the 2012 World AIDS Conference in Washington, D.C., and by the completion of an evidence-based, costed business case study for
transitioning to Option B+.

**IR 4980/A0/04/811/003** The Government of Zambia adopts an integrated package of child- and HIV-sensitive social protection measures in key sectors by 2013

**Progress:** As co-lead of the social protection sector, together with DFID, UNICEF continued to provide support to the Government of Zambia for the implementation of the Social Protection Expansion Programme. Of strategic importance was the launch of the consultation and drafting process of the national social protection policy, which is expected to provide a road map of reforms towards expanded, integrated, and coordinated social protection programmes. With support from UNICEF, a senior policy advisor was recruited and a partnership agreement was signed with the Economic Policy Research Institute for the provision of technical assistance. A stakeholder workshop in December formulated a definition for social protection in Zambia and developed an initial policy framework. A draft policy is expected in June 2013 and UNICEF will support the Government to ensure that proposed policy reforms are child-sensitive.

In 2012, the number of recipients under the Social Cash Transfer programme increased from around 37,000 to over 50,000, exceeding the 2012 target by about 20%. It is estimated that about 250,000 individuals currently benefit from the cash transfer schemes. Field visits conducted during the annual review of the programme indicated that the regular, bimonthly cash assistance of USD 25 improved diet diversification, food security, clothing, and the ability to pay for children’s school fees. It also enabled women to invest in minor trade activities. UNICEF provides advice on programme design and implementation improvement measures, managed the research and evaluation component of the programme through multi-year impact research, and supported the development of a Management Information System that will be handed over to the Government in 2013.

In light of the rapid expansion of the cash transfer programme, UNICEF will support the Government in 2013 to fine-tune its scale up plans to reach 100,000 recipients by 2015, including through a targeting assessment that was commissioned in December 2012.

**IR 4980/A0/04/811/005** Child budget analysis and the biannual budget tracking report completed and shared

**Progress:** During 2012, UNICEF continued its partnership with the NGO platform Civil Society for Poverty Reduction (CSPR) to track and evaluate budget performance and execution. CSPR has developed and is gradually improving a framework for budget tracking through a so-called ‘Barometer’, which rates public service delivery performance and budget execution from a community and civil society perspective. The Barometer, which is supported and funded by various CPs, covers six key sectors that affect outcomes for children: Education, Health, Agriculture, Water and Sanitation, Infrastructure, and Social Protection. During the year, the budget execution and service delivery barometer was implemented in ten communities across five provinces and disseminated on a quarterly basis among various stakeholders, including Members of Parliament and officials from the Ministry of Finance. However, while the Barometer did contribute to calling attention to key sectors and budget commitments, its impact on budgetary allocations, public expenditure efficiency, and service delivery performance has been limited. This can be attributed, at least in part, to the limited engagement with relevant government agencies and with local authorities. UNICEF, including through its working relationship with the Ministry of Finance, several line agencies, and district authorities, will work with CSPR and its partners to strengthen this area of constraint.

**IR 4980/A0/04/811/006** IR 406 Policies and legislative frameworks are harmonized with the CEDAW, CRC and the optional protocols by 2015

**Progress:** A progressive draft legal framework is in place; UNICEF supported the inclusion of the children’s voice into the Draft Constitution with a progressive Bill of Rights. About 22,000 children participated in the consultative meetings. UNICEF also supported the drafting of four Criminal and Correctional Bills (the Child Justice Bill 2012, the Prisons Amendment Bill 2012, the Penal Code Amendment Bill 2012, and the Narcotics
Amendment Bill 2012), and, under personal and social law, the Birth and Death Registration Amendment Bill of 2012. Further, the CRC State Party Report is in draft form awaiting final editing and submission to the UN Committee on the CRC. Among the Bills, the Child Justice Administration Bill is the most comprehensive in terms of the administration of child justice. The Bill seeks to provide greater protection of the rights of children in contact with the law. It also provides for the establishment, functions and procedures of children’s courts; provides for diversion and alternative correctional programmes for children in conflict with the law; and contains progressive provisions that conform to the standards of the CRC and other regional and international instruments on the treatment of children in contact with the law. Once enacted, the Child Justice Administration Act will transform the administration of child justice in Zambia.

IR 4980/A0/04/811/008 C4D training completed for the Ministry of Education and the Ministry of Health

**Progress:** ZCO’s ‘Brothers for Life’ campaign, which combines mass media with interpersonal communication for HIV and AIDS prevention, was rolled out to two rural districts this year, integrating it with ZCO’s ongoing GBV programme led by the Child Protection section. The campaign continues to attract public attention on the issues of HIV prevention, alcohol abuse, and GBV and was highlighted at this year's World AIDS Day launch in Kitwe. Fifty per cent of respondents were knowledgeable about Brothers for Life and the trends indicate a reduction in both sex with multiple partners and excessive consumption of alcohol.

Significant numbers of donor visits were facilitated this year, which has contributed to new funding streams for ZCO in various areas, including HIV and AIDS, nutrition, birth registration, and the child ambassador programme. There have been no baseline data taken to assess the knowledge levels of journalists and the general public on the CRC and CEDAW. However, rather than teaching journalists the principles and articles of CRC and CEDAW, specific orientations were done on areas of the CRC: child survival, education and protection. More than 80 journalists were trained on issues related to CRC. The high media coverage and reporting by both print and electronic media on children’s rights is an indicator of journalists’ being able to successfully articulate these issues. Specific campaigns on health, GBV, education and hand washing with soap have informed the general public about child rights issues. Results, such as the high turnout of parents bringing in children for immunization during the measles campaign, which was successful in vaccinating more than 6.2 million children, is an indicator of the awareness among the general public about specific issues related to children. Increased reporting of GBV, both in the media and at the service centres, are also indicators of increased knowledge about the CEDAW protection issue.

IR 4980/A0/04/811/304 The Ministry of Finance, key sector ministries and selected local authorities collect, collate, analyse and disseminate disaggregated data relevant to children and women by 2013

**Progress:** In 2012, the Government embarked on a “Government-wide M&E” initiative to ensure that quality data are collected across all ministries. Instrumental in achieving this was the finalization of the draft National Statistics Development Strategy (NSDS). UNICEF supported the Ministry of Finance, through the Central Statistics Office, with the development of Standard Management Information System (MIS) Guidelines, which were integrated in the NSDS. However, the delayed launch of the final NSDS has had repercussions for the timely dissemination of the MIS Guidelines. Cooperating Partners advocated the Government to accelerate the release of the NSDS. Further, the NSDS will facilitate the establishment of a common Government-wide MIS architecture to improve the quality of data collected, collated and analysed by the ministries and other spending agencies and ultimately enhance monitoring of the national development plan. UNICEF supported an MIS assessment study, which highlighted deficiencies in the current system. The assessment report has encouraged other Cooperating Partners such as the EU, DFID, and GIZ to step up their support to strengthen the MIS architecture. This will eventually align with UNICEF support to MIS in other sectors, such as WASH and Social Cash Transfers. A key piece in the Government-wide MIS is the UNICEF-supported ZAM-D database, which uses DevInfo software and facilitates the monitoring of performance indicators in the National Development Plan. The database provides access for sector ministries to evidence generated on progress towards national development targets. Another achievement is the production and publication of the Annual Progress Report (APR) under the Sixth National Development Plan, which UNICEF supported both financially and technically. The report highlights and analyses progress towards the achievement of development milestones, including those related to the well-being of women and
children. The strengthened analytical content of the report addresses a key barrier related to the usefulness of progress reports in informing decision-making.

**IR 4980/A0/04/811/305** DMMU and partners have capacity to plan, coordinate and respond to the rights of children and women affected by humanitarian crises by 2013

**Progress:** UNICEF continued to work closely with Disaster Management and Mitigation Unit (DMMU) to provide technical support in the development of the Annual Contingency Plans, Disaster Management Framework for the country, and capacity-building for decentralized coordination systems. UNICEF provided logistics and technical support to the Annual Vulnerability Assessment, which showed a low scale of effects from floods and a low rate of cholera cases in the country. Support was also provided for data collection, supervision, and analysis and reporting. Less than 500 cases of cholera were recorded countrywide in 2012, compared to an average of 7,000 in 2009 and 2010. The Lusaka District Commission’s Office was supported to conduct public awareness campaigns on epidemics in 20 primary schools targeting 150,000 children from communities often affected by cholera, typhoid and measles. Seventy-eight Curriculum Specialists and Education Planning Officers increased had their knowledge and capacity increased on the subjects of DRR and ways to incorporate it into the national school curriculum currently under review. Planning Officers are expected to develop and implement district- and school-level DRR action plans. Nearly 40 participants from UNICEF, other UN agencies, the Government and NGOs acquired skills on Emergency Risk-Informed Programming through training.

**PC 4 - Cross-sectoral costs**

**PCR 4980/A0/04/800** Effective and efficient programme management and operations support

**Progress:** The CO continued to have in place fully functional structures and committees that contributed to the effective and efficient management of programming and operations. Regular meetings held by various committees allowed for the participation of staff in country office management, and ensured transparency, accountability and overall good governance in the CO. The Annual Management Plan (AMP), which outlined office priorities in 2012, was as a result of a consultative and participatory approach. The AMP review indicated that most Key Performance Indicators (KPIs) were met. VISION was effectively rolled out and the CO continued to pursue the systematic approach to equity refocus, putting emphasis on analysis, implementation and real-time monitoring. The Bottleneck Analysis, successfully conducted for selected SRAs, resulted in a number of positive outcomes, such as the development of district plans and the identification of bottlenecks to improve planning, implementation and results. All of the 13 audit recommendations were closed on 10 October 2013, and the country office put in a sustainability plan to ensure no relapses. A total of USD 1,453,894 was saved in 2012 due to the CO’s centralized budget management and monitoring system that ensured optimum utilization of financial resources. A new board-approved Other Resources – Regular (ORR) was requested following successful resources mobilization. Joint assurance activities were conducted with minimum supply delivery time, and the capacity development of counterparts and timely recruitments, among others, contributed to effective and efficient programme management. Staff capacity development for results was prime in 2012 and will continue to be so in 2013.

**IR 4980/A0/04/800/001** Governance and systems-staff members in front offices, programme coordination, communication and ICT

**Progress:** ZCO has fully functional governance structures and committees in place. In 2012, 9 Programme, 8 Section Chiefs, 8 CMT, 4 JCC, 24 CRC submission, 12 Selection and Advisory Panel, 7 Central Review Body, 2 Property Survey Board, 10 PCA Review Committee, and 9 Operations meetings were held. The 2012 Annual Management Plan (AMP) was developed through a participatory process with inputs from all sections and staff. The office identified seven Key Performance Indicators (KPIs), reviewed by the CMT. The KPIs were
Direct Cash Transfer (DCT) status, funds management, HR indicators, status of audit closure, timeliness of donor reporting, programme implementation rates, and status of supplies in the warehouses. The Country Programme continued to follow a systematic approach to equity refocus; from analysis (defining the characteristics of vulnerability) to advocacy (within the UN Country Team, and with GRZ counterparts and donor partners) and implementation, including real-time monitoring and evaluation. Bottleneck analyses were conducted for the selected SRAs (BR documented and shared with Regional Office); on Health in nine districts, for use towards district plans of actions; in WASH, to identify bottlenecks for improving sanitation (ODF); and in Education on ECCDE. The management KPIs were monitored during the CMT and Programme meetings. ICT supports the smooth functioning of the office and programme. Communication, advocacy and external relations with donors and other stakeholders are very good. The integrated/joint field monitoring was related to assurance visits in the provinces. One road accident fatality resulted in the death of a 14 year old girl. All the 13 audit recommendations were closed on 10 October 2013. ZCO produced one publication on the bottleneck analysis for BR.

**On-track**

**IR 4980/A0/04/800/002 IR802 Financial Resources and Stewardship of assets, staff safety and security assured.**

**Progress:** ZCO has a centralized budget management and monitoring system that ensures the optimum utilization of financial resources through efficiency and cost-saving measures. A sum of USD 1,453,894 was saved during the year. The programme implementation rate was about 97.5% (Regular Resources - 100%, and ORR - 95%). The >9 months DCT status was below 1% (0.9%) and the 6-9 months status was 16% as of 31 December 2012. Over 90% of the fully funded posts were filled during the year. Three joint assurance activities were conducted. All donor reporting deadlines were adhered to except for three reports that were delayed due to VISION-related challenges (uploading errors at the beginning of the year). This was brought to the attention of the RO. ORR was raised above the approved board ceiling for ZCO. The entire supply plan was met and there was minimum supply delivery time during the year. ZCO took steps to build the capacity of counterparts in the MoH with the placement of two temporary staff members in the ministry to provide technical assistance. The completion rate of 2011 ePAS and PAS was 95% and the 2012 performance objective-setting was 90% fulfilled as of the first quarter of the year. Most of the posts (6 IPs, 4 NOs, 3 GS and 9 TAs) that were fully funded were filled on a timely basis.

**On-track**

**IR 4980/A0/04/800/003 IR803 Human capacity costs/staffs - Administrative staffs - Supply and Logistics staffs - Office operating costs**

**Progress:** Staff development through group trainings and self-directed learning has been high on the agenda for ZCO. Three trainings in Competency-Based Interviewing (CBI) and Managing Performance for Results were conducted. Several staff members participated in various WebEx sessions after VISION went live, and 19 staff trained on Emergency Response Informed Programming (ERIP). Group training during the year has been above 80% of the target.
Effective Governance Structure

ZCO has fully functional governance structures and committees in place. In 2012, 9 Programme Chiefs, 8 CMT, 4 JCC, 24 CRC submission, 12 Selection and Advisory Panel, 7 Central Review Body, 2 Property Survey Board, 10 PCA Review Committee, and 9 Operations meetings were held.

The 2012 AMP was developed through a participatory process with inputs from all sections and staff. The office identified seven Key Performance Indicators (KPIs), reviewed by the CMT. The KPIs were DCT status, funds management, HR indicators, status of audit closure, timeliness of donor reporting, programme implementation rates, and status of supplies in the warehouses. The Management priorities for 2012 were:

[i] Equity refocus and programmatic convergence: The Country Programme continued to follow a systematic approach to equity refocus; from analysis (defining the characteristics of vulnerability) to advocacy (within UNCT, and with GRZ counterparts and donor partners) and implementation, including real-time monitoring and evaluation. Bottleneck analyses were conducted for the selected SRAs: on BR, which was documented and shared with the RO; on Health in 9 districts, the results of which were used for district plans of actions; on WASH, to identify bottlenecks for improving sanitation (ODF); and in Education, on ECCDE.

A geographical mapping of UNICEF-supported activities was completed; better coordination and integration of school WASH activities were realized; and other areas for synergy were identified, which will continue to be a priority in 2013. A successful Midyear Programme Review was conducted, and programme monitoring meetings were held monthly (following section heads’ meetings) and provided a forum for discussing bottlenecks from field monitoring visits, cross-cutting issues, and issues that are potential risks to the achievement of results.

[ii] The developed advocacy package is being reviewed by the sections.

[iii] Staff well-being and team-building was and continues to be a priority for the country office, with a focus on promoting positive staff morale in the office and staff well-being. JCC meetings and staff retreats were held. These provided openings to raise issues of importance for staff and an opportunity for dialogue between staff and management. Feedback through the Global Staff Survey indicated high staff morale. The chronic office space issue has been resolved through the procurement of a prefab to accommodate 20 WASH and other programme section staff, and this has further boosted staff morale.

[iv] Audit recommendations closure: ZCO made sure that all the 13 audit observations were closed before year’s end. The sustainability status is above 65 per cent and this will be a key priority in 2013.

The ZCO emergency management team maintained close collaboration with the Disaster Management Team (DMT) of the UNCT, ensuring joint support to the Government for DRR. The UNICEF Representative is currently the chair of the UN DMT. In October 2012, UNICEF staff and implementing partners were trained on ERIP.

Strategic Risk Management

ZCO continues to mitigate the Risk Control Self-Assessment (RCSA) areas that were developed in 2011, in which seven high-risk, six medium- and four low-risk areas were identified. The CO put in place risk mitigation factors such as a funding strategy to mobilize sufficient resources; over USD 16 million in ORR was raised in 2012 and a new board-approved ceiling was sought. Programme management capacity was strengthened through training and the positioning of two full-time Temporary Assistants to provide supply and logistics to MoH to strengthen the "Pull" system for essential drug supply. End-user monitoring of supplies by programme and supply staff was prioritized, with more frequent visits and mainstreaming in field visit checklists.

ZCO was able to successfully roll out VISION and make transactions with minimum debugging due to the
dedicated super- and VISION-users. VISION roles were reformatted to bring about efficiency and effectiveness by ensuring VISION roles were assigned to users who make optimum use of the license, and, as such, six licenses were revoked and reassigned to Programme Assistants and Administrative Assistants. In 2012, ZCO cleaned 105 SoD conflicts out of 109 violations. The remaining four are low-risk areas and mitigation has been sent to the IT Solutions and Services Division (ITSSD) to clear them off.

For the implementation of the harmonized approach to cash transfers (HACT), all implementing partners were micro-assessed and risk-rated and this guided the modality of cash transfer to the partners. In addition, HACT Assurance visits were conducted and the capacity of the counterparts built through training to minimize identified risks. The challenge to this exercise is the turnover of trained staff members of the counterparts and also the lack of coherence among the UN agencies for joint assurance exercises.

ZCO responded effectively to organizational changes (Simplified Results Structure, SAP payroll, VISION, ePas and eRecruitment) by ensuring adequate dissemination of information to all staff, staff training, and equipping staff with necessary skills to enable the new change management initiatives to be efficiently and effectively rolled out.

The Emergency Risk Informed Plan was developed to respond to the risks of flooding, cholera and other natural and man-made emergencies and ensure the pre-positioning of minimum supplies. Seventeen UNICEF staff and 23 partners were trained on ERIP. The Business Continuity Plan is part of the Annual Management Plan and ZCO maintains off-site data backup so that in the case of a fire or other hazards, data could be recovered if an unforeseen event compromises the server. ZCO has an off-site location in the office of the Representative to enable business to continue in the event that 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 unrest, burglary and theft, including safety to staff and property measures, and behavioural change towards HIV/AIDS. All staff must undergo mandatory online security training and briefing by the UN. The UN Department of Safety and Security proposed improved security features in the UN House for a total amount of USD 256,000, and UNICEF’s contribution towards this was USD 150,000. Funding for these measures was also received from the RO through the Regional Contingency Fund (RCF).

**Evaluation**

In 2012, the ZCO maintained a comprehensive Integrated Monitoring and Evaluation Plan (IMEP) with 50 knowledge-generating activities, including seven evaluations of which two have been completed, namely: the summative evaluation of the International Inspiration Project and the evaluation of the Joint Programme on Human Trafficking. The remaining five evaluations are ongoing. The CO uses the IMEP as a tool for the planning and monitoring of evaluations, studies and major M&E activities. The IMEP was monitored on a quarterly basis through the M&E Task Force and the quarterly progress report served as the tracking tool for monitoring implementation of the activities of the IMEP. The CO is making strides towards using the monthly programme meetings as a platform to share overall progress made towards implementation of the IMEP and discuss major bottlenecks experienced in the process.

All evaluations are conducted by external consultants to ensure objectivity, fairness and impartiality. Despite the fact that the office is able to tap local expertise for research, challenges are faced in terms of identifying qualified local expertise to conduct evaluations: there is a small pool of experts and they do not always deliver high-quality work.

In order to mitigate this challenge, the CO strived to develop in-country capacity for quality evaluations; efforts have been made through collaboration with the Research and Development Programme in the Ministry of Finance. UNICEF is supporting the Ministry of Finance with a Knowledge Management consultant, who provides additional capacity to manage and coordinate activities in the areas of research and M&E and provides guidance and oversight in the development of a relevant research database, including a roster of potential researchers and evaluators.
This is intended to facilitate the establishment of a national monitoring and evaluation Community of Practice aimed at encouraging knowledge-sharing from experts in the field of M&E in Zambia and thereby help raise the standards for the practice of M&E. In spite of these efforts there is still need to further develop evaluation capacities among local consultants.

Internally, and as a standard practice for all evaluations, ZCO ensured that Terms of Reference (TORs) were developed in close interaction with the Social Policy, Monitoring and Evaluation Section, which scrutinized evaluation methodologies and ensured their compliance with United Nations Evaluation Group (UNEG) standards. UNEG standards are shared with all consultants engaged to conduct evaluations. The use of steering committees for the quality control of evaluations is becoming a practice in the ZCO. The CO aims to have management responses to all evaluations.

**Effective Use of Information and Communication Technology**

In 2012, the ICT unit accomplished most of its goals as set in the AMP. One of the key ICT priorities was the procurement of equipment and improved connectivity at the Business Continuity Plan (BCP) sites. The procurement of 4G modems, a scanner and a printer ensured the provision of high-quality and reliable services for accessing ICT core applications like Lotus Notes and VISION and also led to improved technological efficiency in the office.

Through collaboration with local mobile service providers, UNICEF consultants based in the field have access to mobile Internet services. The ZCO now benefits from an automatic Internet failover configuration, which switches core applications from the EMC VSAT link to the local Zamtel fibre-optic link, should there be a disruption to the connectivity on the VSAT without the users experiencing downtime.

A major ICT project during the year was centred on the successful migration of all the servers to a clustered hyper-V computing. This enabled available and cost-effective ICT infrastructure and enhanced business continuity and disaster recovery requirements. However, the installation of Wi-Fi services in the office was put off due to a lack of funds.

The ICT unit also played a key role in the successful implementation of Zambia U-Report, a Technology for Development (T4D) initiative to contribute to the strengthening of a youth-led HIV response in Zambia via SMS technology, and thereby contributing to Zambia’s national HIV/AIDS communication activities for young people.

UNICEF ICT is currently chairing the ICT Working Group (ICTWG) under Delivering as One UN. During the time UNICEF chaired the ICTWG, the Working Group facilitated a high-level inter-agency assessment mission of technical experts from the ICT Reference Group at Headquarters. The assessment mission was conducted in February 2012 and a report was created in conjunction with the local ICTWG. The report, which highlighted areas for the possible consolidation of common ICT services, was submitted to the Resident Coordinator’s Office, UNCT, and Operations Management Team in August 2012.

**Fundraising and Donor Relations**

The positive trend of fundraising that commenced in the second half of 2011, in which ZCO mobilized about 84 per cent of the OR resources approved in the Country Programme Document (CPD) for the Country Programme (2011-2015), continued into 2012 and ZCO requested an increase in the ORR ceiling. This was approved by the Board for a total of USD 123,765.000 from the CPD figure of USD 83,765,000.

The CO, through the identification of opportunities, proactive engagement with donors and through the development of Funding Proposals and Concept Notes, successfully mobilized resources estimated at around USD 16, 314,805.79. At the time of reporting, the CO was expecting some EUR 44 million more (approximately USD 57 million) for the focus area of health, and USD 8 million for environmental
Feedback was awaited on a total of seven funding proposals/concept notes/expressions of interest from potential funders and they will be pursued in 2013. Current donors include the Finnish Government, European Union, the US Fund (co-funded by the Conrad N. Hilton Foundation), DFID, ING Bank, GAVI, UBRAF, the UK/Barclays, as well as Irish AID and various National Committees (NatComs). Thematic funds also contributed to the resource mobilization basket in 2012.

Relations with donors continued to be strengthened in 2012; regular and high-level contacts were maintained with in-country donors. Various NatComs visited the CO (representing Ireland, Denmark, Italy, the United Kingdom, and Spain). Field trips exposed NatComs to real situations and to activities supported by them and potential areas of funding. As reported in the COAR 2011, ZCO put in place an efficacious donor review mechanism that ensures quality donor reporting along the checklist recommended by UNICEF's Public Alliances Resource Mobilization Office (PARMO). This includes a donor review workflow process that regulates and certifies the quality of inputs going into the reports. In 2012, the office maintained vigilance on this and on overall donor relations.

The CO participated in the Joint UN Programme on Maternal, Neonatal and Child Health (MNCH), comprised of UNICEF, UNAIDS, WHO, UNFPA and the World Bank. The other Joint Programme is on Human Trafficking, with ILO and IOM. The benefits that come from Joint Programmes are immense and UNICEF will continue to explore further opportunities in this regard in 2013.

Overall, the fundraising strategy developed in 2011, combined with the implementation of the UNICEF Zambia advocacy strategy in 2012 and UNICEF’s participation in UN Joint Programmes have contributed to the realization of the fundraising function in UNICEF Zambia and the engagement and cooperation with both public and private donors, which have ultimately resulted in the mobilization of required resources.

To continually monitor the utilization of Programme Budget Allotments (PBAs) and programme funds in general, ZCO produces monthly programme implementation reports (PIRs) that are presented to programme staff and SMT as part of a monitoring tool.

Management of Financial and Other Assets

UNICEF Zambia joined the rest of the field offices in rolling out VISION on 1 January 2012. The roll-out went well, with some minor challenges in the first few weeks. However, by the end of January 2012, ZCO was among the few country offices able to carry out successful voluminous transactions in VISION. The country office trained eight super-users who were on hand to give support as and when required.

The 13 audit recommendations received following the internal audit conducted by the Office of Internal Audit and Investigations (OIAI) in 2011 were all closed by October 2012 and within the agreed period. Measures have been taken to ensure the sustainability of the audit recommendations, with an Audit Committee put in place and reviews conducted during quarterly programme meetings. Following the roll-out of VISION, the CMT took steps to ensure that rights were given to the Budget and Finance Officer to centralize programme and operations budget management and reporting. Despite the challenges faced in generating management reports in the first quarter, the office overcame the hurdles and eventually reports were generated to guide the office on implementation rates, DCT, and funds utilization, which were shared on a monthly basis during programme meetings. VISION super-users also continued providing support and training as and when required to ensure that accurate reports were generated and interpreted correctly. Close monitoring of both the programme and operations budget resulted in significant efficiency gains in resource use and cost savings.

ZCO implementation rates for 2012 were satisfactory; standing at 100 per cent expenditure for RR, with 95 per cent of grants utilized within the original grant period for ORR and only 1 per cent of DCTs outstanding over nine months on 31 December 2012. All of the 2011 OBOs were utilized before 31 December 2012. The deadlines for bank reconciliation and bank optimization reports were also all met. The office endeavoured to
maintain accuracy in forecasting to ensure that only the required amount of money was requested from HQ. Accounts payable and receivable were also closely monitored and at least 95 per cent receivables in staff member’s vendors were cleared by 31 December 2012.

**Supply Management**

The volume of procurement increased significantly during 2012, from USD 5.9 million in 2011 to USD 13.7 million during 2012.

1. Goods procurements were completed for approximately USD 6.5 million. Major commodities procured included construction materials, bicycles, motorcycles, IT equipment, motor vehicles, hospital/medical equipment, vaccines and consumables, printing services, and readers/books for schools.

2. Complex services through institutional contracts for programmes evaluation, research, studies, borehole drilling and supervision, and media buying were procured for USD 7.2 million, about seven times more when compared to 2011. Contracts for the drilling and supervision of 799 boreholes, estimated at USD 6.2 million, were established.

3. Procurement Services for the Ministry of Health were provided for vaccines and consumables worth USD 2.25 million, and artemisinin-based combination therapies (ACTs) worth USD 1.15 million, which were out of stock in the Government supply chain. Drugs and supplies worth USD 35.5 million were also procured by UNDP for distribution through the Global Fund for Tuberculosis and Malaria (GFTM) programme for the country and ZCO provided support in following up with UNDP and the Supply Division as and when required.

4. With the immense increase in the supply component in 2012 and the Government not fully geared to take on the role of in-land distribution, the supply unit provided significant support in this area. Construction materials for USD 655,000 were distributed by trucks, and, where roads were inaccessible, boats were used. Some 2,600 bicycles, spares for hand-pumps and hand-pumps were also distributed for the WASH programme in 20 districts. ZCO received 36 consignments of offshore shipments.

5. Logistics for the procurement of various commodities (posters/flyers, cold boxes, vaccine carriers, safety boxes, syringes,) worth USD 655,000 were carried out by ZCO for a national measles campaign covering 7.5 million children.

6. Through effective negotiations related to the procurement of services (institutional contracting) while prioritizing value for money, cost savings of USD 910,000 were achieved during the year.

Goods procured for the Health sector are directly delivered to the Government-run Medical Stores, which store and manage further distributions to the final destinations. Pre-positioned supplies are also stored in the Government warehouses with the Disaster Management and Mitigation Unit.

Although there were minor delays, supplies were received on time from local and offshore suppliers to meet programme requirements. The Supply Division provided excellent support to the CO for the campaign as well as in providing other programme supplies during 2012. Supply also established Long-Term Agreements (LTAs) for goods and services that are frequently procured (strategic programme inputs); e.g., bicycles, chlorine, the buying of media services, and event coordination services. Other UN agencies such as UNDP and WFP are procuring services through UNICEF established LTAs for printing, clearing forwarding.

The Contracts Review Committee was well managed, with over 20 meetings and 53 submissions worth USD 11.8 million. Supply staff participated in four end-user field monitoring exercises, gaining valuable experience from the field to further improve the supply chains.

UNICEF is working with the MoH, Medical Stores Limited (MSL) and other Cooperating Partners (CPs) in the rolling-out of the Essential Medicines Logistics Improvement Programme (EMLIP), which is a ‘pull’ system. The coverage of EMLIP extends to 27 out of the 80+ districts in the country.
Human Resources

The One Time Review contractual modality, the feedback for which was received in 2012, generated excitement for affected staff and a major exercise to review the records. Twenty long-serving staff members were awarded permanent appointments.

The streamlined recruitment processes, including the pre-assessed candidates from the talent pool, improved efficiency in recruitment as well as the engagement, within a short period of time, of high-calibre staff members who were able to easily fit in and contribute effectively to the successful accomplishment of programme objectives. This drastic reduction in the vacancy status gave staff time to be with their families, which enhanced their work-life balance. The recruitment of both Fixed Term (FT) and Temporary Appointments (TAs) took into consideration a staffing mix in terms of profiles, gender and geographical distributions. Hence, six IP positions, four NPO, and three GS, including nine TAs were completed.

The Local Training Committee took a deliberate step to review all performance reports at the beginning of the year to review individual objectives as well as previous ratings and training needs. This exercise gave the Committee and HR an opportunity to enforce regular/honest PER discussions as well as to provide guidance to all staff on due process and linking results with individual objectives. The 2011 PER completion rate was 95 per cent at the end of the first quarter, while the objective-setting by the end of the first quarter was 90 per cent. There were no rebuttals or conflicts arising from the performance appraisal process.

Several group trainings were held during the year. These included the training of 16 staff members on Competency-Based Interviewing (CBI), 25 staff on Managing Performance for Results and the VISION roll-out exercises/WebEx sessions on different functional areas. Seventeen staff members were trained on Emergency Risk Informed Planning, and the training also included government counterparts and NGOs. One staff member also benefited from Nutrition emergency training. Staff members were also encouraged to use the learning website resources and learning materials.

The Staff Association, together with management, agreed on a workplan to address areas where ZCO got low scores in the Global Staff Survey (GSS). Generally, the performance of ZCO was good, with 65 per cent being the lowest point score, representing work-life balance. The other lower score, at 68 per cent, was rated by the GSS for perceived bias due to lack of awareness/communication on the role of office committees/management. As a result of the GSS ratings, several meetings were held, including an all-staff meeting and retreat, and subsequent CMT meetings to explain the role of office committees, analyse related issues, and come up with a workplan. The Representative initiated meetings with different categories of staff—GSS, National Professional and International staff—in order to address specific issues related to each group. Staff members have been encouraged to discuss flexitime with their supervisors.

Through the introduction of the “Thank God it's Friday—TGIF” initiative by the Staff Association, staff met on a social basis to promote team coherence. UN Cares continues to provide training to all UN staff on HIV/AIDS training, prevention, voluntary counselling and testing (VCT), and treatment.

Efficiency Gains and Cost Savings

During the year, UNICEF Zambia achieved a total saving of USD 1,453,893.60 in the following areas:

[i] VAT on vehicle repairs and maintenance amounting to USD 16,489.60 was saved; [ii] a further saving of USD 82,404 was made by purchasing 327 square metres of prefabricated offices that house more than 20 staff members and several meeting rooms instead of having to rent from the open market; [iii] a sum of USD 300,000 was saved through the provision of rent-free offices by the UN Common Services; [iv] a total of USD 50,000 was saved on meetings and conferencing facilities; [v] USD 55,000 was saved on the Staff Retreat (100 per cent full board); [vi] USD 40,000 was saved on travel-related expenses; and [vii] USD 910,000 was saved through institutional contracting negotiations.
There were significant economies of scale realized by virtue of UNICEF being a member of the local Operations Management Team (OMT) and participating in Delivering as One (DaO) projects, through which it benefited from common Long-Term Agreements (LTAs) such as those providing duty-free fuel, common conference rooms, rent-free offices, security, building maintenance, repairs and the maintenance of equipment and motor vehicles. There were further efficiencies gained due to a reduction in staff time needed to evaluate bids, contract negotiations and awards. Also, the Zambia Country Office is housed at the UN House and this enables cost-sharing mechanisms in many aspects.

All supplies purchased locally were wholly exempted from 16 per cent VAT as stipulated in the Basic Cooperation Agreement (BCA) and all supplies procured from abroad through the Supply Division were also exempted from import duties, translating into significant savings for the CO for the year 2012.

International travel was kept to a minimum and used only for events/trainings that were necessary and beneficial to other staff members as well. All those that were trained were required to train others upon their return to share the acquired knowledge.

The vehicle fleet was maintained at the same level but with effective repairs and maintenance, thus significant savings were made in this area as well. To carry out monitoring visits, pooled vehicles are used and allocated to take into account the condition of the roads. In many instances, three to four staff members use the same vehicle to a common destination, saving around USD 1,000.00 in fuel and Daily Subsistence Allowance (DSA) costs accordingly.

In June 2012, Management reviewed the allocation of VISION licenses and reallocated five licenses to Programme Assistants and one to an Administrative Assistant after they were trained in the use of the system. This was aimed at further consolidating the gains and operational efficiencies in the implementation of programmes in light of the limited allocation of VISION licenses to the country offices. This action has led to a reduction in the workloads of the staff that previously carried out many functions and has improved overall efficiency in the processing of transactions.

Changes in AMP & CPMP

In 2012, the funding environment was favourable for the CO. Substantial resources were received for health, education, and water and sanitation programmes, and a new ORR ceiling—from USD 83,765,000 to USD 123,765,000—was approved by the board. This also implied additional personnel to accelerate the absorption capacity in the form of new positions and temporary assistance in the affected sections. During the coming 2013 Mid-Term Review (MTR), minor structural adjustments for the office are envisaged, such as the professionalization of GS7 (Senior Programme Assistants) staff and the upgrading of GS4 (Finance Assistant and HR Assistant) positions. These positions will be aligned to IPSAS and VISION, with changes in funding mechanisms related to operational/management areas, which will be reflected in the new Country Programme Management Plan and Integrated Budget (CPMP/IB).

The 2012 Annual Management Plan was developed with the participation of all categories of staff. This was reviewed at midyear and at the end of the year. New areas of priorities have been agreed upon for 2013. ZCO plans to hold a Mid-Term Review in 2013, the time when the quadrennial integrated programme and institutional budgets will be submitted.
## Summary Notes and Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AMP</td>
<td>Annual Management Plan</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>APR</td>
<td>Annual Progress Report</td>
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<td>ART</td>
<td>Antiretroviral Treatment</td>
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<td>B4L</td>
<td>Brothers for Life</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CFS</td>
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<td>CHAZ</td>
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<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
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<td>CMT</td>
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<td>CSPR</td>
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<td>DaO</td>
<td>Delivering as One</td>
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<td>DMMU</td>
<td>Disaster Management and Mitigation Unit</td>
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<td>Disaster Risk Reduction</td>
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<td>ECE</td>
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<td>Earth Child Institute</td>
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<td>GBV</td>
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<td>MAF</td>
<td>Mutual Accountability Framework</td>
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<td>MC</td>
<td>Male Circumcision</td>
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<td>MCDMCH</td>
<td>Ministry of Community Development, Mother and Child Health</td>
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<td>MESVTEE</td>
<td>Ministry of Education, Science, Vocational Training and Early Education</td>
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<td>MGCD</td>
<td>Ministry of Gender and Child Development</td>
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<td>MLGH</td>
<td>Ministry of Local Government and Housing</td>
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<td>MNCH</td>
<td>Maternal, Neonatal and Child Health</td>
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<tr>
<th>Acronym</th>
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<td>MNP</td>
<td>Micronutrient Powders</td>
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<td>Ministry of Education</td>
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<td>MPs</td>
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<td>MTCT</td>
<td>Mother-to-Child Transmission</td>
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<td>NAC</td>
<td>National AIDS Council</td>
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<td>NFNC</td>
<td>National Food and Nutrition Commission</td>
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### Other Publications

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<td>1 2012 Child Protection System Mapping and Assessment Report (Zambia)</td>
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### Lessons Learned

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<td>Scaling-Up Social Cash Transfers in Zambia: More than Just Numbers</td>
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<td>Early Childhood Education (ECD)</td>
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<td>Zambia U-Report - Using SMS technology to accelerate HIV response among adolescents and youths in Zambia</td>
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<td>Children’s participation in the constitution-making process in Zambia</td>
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## Lessons Learned

### 1 Scaling-up Social Cash Transfers in Zambia: More than just numbers

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<td>Paul Quarles van Ufford,</td>
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<td>Chief Social Policy &amp;</td>
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Abstract

The Social Cash Transfer programme in Zambia currently delivers cash transfers to around 50,000 poor and vulnerable recipients. The aim is to reach 100,000 recipients by 2015. This number can potentially be exceeded in view of strongly enhanced political support over the past year, in particular if preliminary evaluation findings will confirm expected impacts. For the moment, the Government’s scale-up strategy is limited to a set of figures that outline the overall year-on-year projected number of programme recipients. Over the past months, however, it has become clear that a detailed scale-up plan implies a number of decisions that will likely be informed and influenced by range of factors that are technical, financial, political, and capacity-related. The current paper outlines what these factors entail and aims to assist UNICEF Country Offices that engage in similar processes of scaling-up cash transfer programmes, with preparing relevant technical assistance and advocacy.

Innovation or Lesson Learned

The scaling-up of a cash transfer scheme in a context of limited financial resources, increasing political support, and low decentralised capacity – is likely to be influenced, shaped and needs to take into account the following factors:

- Technical factors:
  - If different cash transfer models are being rolled-out, an assessment of their targeting mechanisms and impact is required to inform their scale-up or, alternatively, phase-out. In addition, the selected targeting mechanism for scale-up needs to be commensurate to existing capacity (cf. below)
  - The evidence-base, in particular findings from impact evaluations, needs to be made available to decision-makers in a timely and appropriate manner
  - Trade-offs between expanding in existing communities (reaching out to excluded but entitled families) vs. new communities is a typical and challenging dilemma in cash transfer pilots
  - Obtaining reliable projections on expected number of eligible recipients under different scale-up scenarios is critical to inform expansion decisions and their financial and capacity implications.

- Capacity factors:
  - Administrative capacity to enrol increased numbers of recipients
  - Payment capacity and the fragility of a manual payment system when the number of recipients increases. In Zambia, the Government decided to tender the procurement of an external payment service provider to address this. Yet, the tender was not adequately underpinned by a scale-up strategy/ scenario
  - Monitoring capacity. In Zambia, local social welfare assistance committees are assigned with this task. Yet, the design of monitoring tasks and the monitoring system as well as the way in which committee members 'interpret' these tasks, is likely to pose capacity challenges under a scaled-up social cash transfer scheme
  - In view of the above, the observation that poor and vulnerable districts typically have weakest capacity underscores the importance of taking capacity factors into account when designing scale-up plans.

- Financial factors:
  - Reliable and predictable medium-term budget projections, with concomitant fiscal space analysis, are an indispensable part of scale-up plans and, obviously, critical for obtaining Ministry of Finance and, eventually, development partner support. In Zambia, a specific challenge is laid in regularly updating these projections and in proposing budget scenarios with concomitant impact estimates
  - Commitment and buy-in from the Ministry of Finance, at both technical and political level, is often hard to ensure. A Social Protection Policy, including the process through which it is developed, has potential to address this – though the Zambian experiences with policy development are still too ‘fresh’ to derive specific lessons
  - Exploring (and willingness to explore) budget re-allocations (exposing competition with other public expenditure drivers in social protection) to enhance allocative efficiency, while demonstrating relative
‘value for money’ of the cash transfer scheme, is often overlooked – including in Zambia.

• Political factors:
  – Pressure from Members of Parliament to roll-out the programme to other provinces, not necessarily to
    poorest and most vulnerable, may influence scale-up plans and compete with technical scenarios
  – The need to be aware of the observation that ‘voice’ is often inversely related to distance from the Social
    Cash Transfer programme headquarters, and citizens in non-programme communities are typically least
    heard and least capable of influencing the expansion strategy

On an overall basis, a broader Social Protection Policy will strongly facilitate and guide scale-up decisions, in coherence with other social protection programmes and in coherence with the above-mentioned technical, capacity, and financial factors.

**Potential Application**

Moving from pilot to policy poses dilemmas, both technical and political, to a number of initiatives including

in social protection. Formulating lessons in terms of factors that shape and influence expansion and scale- up processes in cash transfer programmes is particularly critical as starting a cash transfer pilot is extremely difficult to reverse, for ethical reasons mainly. The current lessons have been written up for sharing with other UNICEF country offices involved in cash transfer pilots in resource (both capacity and financial) constrained environments in which political economy factors need to be taken into account. The Zambian policy and political environment is not exceptional in that regard.

**Issue**

Over the past few years the Zambian economy has grown significantly. However, growth has not resulted into reduced levels of poverty. In fact, 60% of Zambia’s population live below the poverty line; this represents only a slight reduction from the 62.8% in 2006 but an increase in absolute numbers. Around 39% of the population live in extreme poverty, mainly in rural areas, and are deprived of daily subsistence requirements. Malnutrition is the most prominent form of deprivation with 46.7% of children stunted. High levels of poverty and vulnerability, compounded by the multiple effects of HIV/AIDS, child malnutrition, unemployment and difficulties in small-scale agriculture make a strong case for scaled-up social protection.

**Strategy and Implementation**

Zambia’s Social Cash Transfer programme, implemented through the Ministry of Community Development

Mother and Child Health since 2010, brings together four schemes:

1. A Child Grant scheme - targeting children under 5 in districts with highest extreme poverty levels, infant
   mortality rates and worst health indicators for children below 5.
2. A 10% inclusive model–targeting 10-15% of the
   most incapacitated and destitute households in selected
   districts.
3. A Multiple Categorical Grant scheme - targeting the elderly, children with disabilities, orphans, and
   widows caring for children.
4. A Social Pension – targeting individuals above 60 years.

The schemes are rolled-out in 11 out of Zambia’s 80 districts. The programme forms part of a broader set of in-kind and cash transfers with varying coverage; School Feeding programme, a fee waiver for primary

health care, and a Public Welfare Assistance Scheme (PWAS).

The programme benefits from a ten-year agreement between the GRZ, UNICEF, DFID, Irish Aid, and

Finland. UNICEF provides technical assistance, procures research, evaluation, and capacity development

related services in support of the programme.

The agreement includes a scale-up plan – to 100,000 recipients in 2015 – with concomitant financial

commitments from Government (increasing with the years) and donors (decreasing over the years).

**Progress and Results**

During 2012, the Social Cash Transfer scheme was significantly scaled up from an initial 37,000 recipients

to over 50,000, nearly 20% above the initial projection of 42,500 now implemented in 11 districts. Based
upon the number of individual recipients, the SCT scheme is benefiting an estimated 250,000 individuals. Field visits conducted during the annual review of the programme highlighted strong indications that the transfers are having a positive impact on the lives of beneficiaries and their families, including improved diet diversification, food security, better clothing, and greater ability to pay for children’s school fees and other basic needs. There is also evidence of increased investment into small-scale income generating activities particularly among women.

The issue
The programme needs to update its scale-up projections and strategy with a multi-year perspective. Initial caseload projections have appeared grossly underestimated, in particular for the Multiple Categorical Grant and Child Grant schemes. It is important that Government determines its strategy for expansion into new districts and provinces. Experience from the past year learned that for an effective expansion strategy to be put in place and rolled-out, a number of critical factors need to be taken into account.

Next Steps
In 2013, in order to make the scale up process for the Social Cash Transfer programme as informed and balanced as possible and benefitting to Zambia’s children, UNICEF is working with the Zambian Government to strengthen its forecasting capacity, developing scale-up scenarios, conducting a targeting assessment, making available multi-year impact evidence (through on-going research contracts), and facilitating the consultations and strategic orientation setting for the new social protection policy.

2 Early Childhood Education (ECD)

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Abstract
Most rural children do not have access to early learning services in spite the potential it has to influence success in their schooling. Inadequate services rising from low prioritization of early learning are some of the reasons for this status quo. UNICEF supported strategies to increase access to early learning which includes; bottleneck analysis, annexing early learning centres to primary schools and using radio through Interactive Radio Instruction reaching 7000 children.

With systems strengthening and capacity building of the provincial and district education officers in planning, management and delivery of early learning, ministry officials are demonstrating increasing commitment and ownership of the Early Childhood Education sub-sector and strategies.

Lessons learned include; the importance of buy-in from education officers; community participation and ownership and sustained advocacy and support to development of systems, operational guidelines, and evidence generation to build commitment. Lessons learnt will inform scale up of early learning services.

Innovation or Lesson Learned
The approach combining sustained policy advocacy and social mobilization; systems and capacity development; and modelling of direct service delivery proved to be an effective strategy as indicated by the results reported above.

Advocacy backed by field-based evidence, viable and cost-effective programming options, and social mobilization that foster increased community and constituency demands for better services produces positive results.
The school-based ECD Centres as “demonstrative models” are becoming viable options that can be, with modest cost, integrated within the school management system. This provides lessons to schools in the management and delivery of low cost early learning to children. This integration has made it easier for the Ministry to internalise the concept and include this in the planning and budgeting frameworks resulting in commitments to recruit ECD teachers and provide budgetary allocation for annexing of centres.

Lessons have been learned in terms of the importance of ownership and community participation and partnership. Where there has been community involvement from the start, there has been demonstrated willingness of parents to bring their children and take positive actions in terms of incentives for pre-school teachers and caregivers and assistance in production of play materials from local resources.

### Potential Application

This implementation strategy has potential application for countries starting ECD programs particularly in marginalized areas. Government’s entry into direct ECD service provision and supplementation through partnerships, resulting in community led models provides an opportunity for replication. However, in order for the strategy to effectively work, government needs to ensure that policies, systems and resources are in place to support this strategy at all levels. Lessons learned from this experience need to be documented to inform wider application. Inadequate financial allocation to support this policy is a constraint to potential scale up.

### Issue

In Zambia, the Ministry of Education Science Vocational Training and Early Education is tasked with the provision and coordination of early childhood development and education services. Only 17.3 % of children in grade one had ECD experience in 2012, most affected are children from rural and urban poor areas.

A draft policy framework awaits approval. Early learning standards and curriculum development are in pilot phase. Financing for the sub-sector is negligible despite the high demands for services. Over the past three years ECD received annually 0.1% of the total education budget compared to 63.06% received by the Basic Education sub-sector.

### Strategy and Implementation

Three key strategies have been used to increase access and improve school readiness for children in disadvantaged rural environments: i) Advocacy at national and sub-national levels to mobilize support, increase demand, and secure commitments; ii) systems and capacity development for quality service delivery; iii) modelling service delivery at the school and community level by supporting annexing of early learning centres to primary schools; and setting up community-based early learning through Interactive Radio Instruction.

In partnership with communities, the MESVTEE officials initiated and led implementation. Community mobilization and participation has been a strategy to promote parents’ appreciation of the concept and their roles which facilitated effective implementation and stimulated demand for services.

Field Implementation started with 20 schools with early learning centers in Luapula province but has been replicated to 153 schools in 5 target provinces.

### Progress and Results

8,000 pre-school age children received quality ECD services for school readiness, feeding, and stimulation in 153 early learning centres in five target provinces.

Sustained advocacy contributed to MESVTEE policy shift in favour of service provision rather than being
limited to policy, standards, and regulatory roles. The government is demonstrating increased commitment to building up the ECD sub-sector through inclusion in the NIF III sector plan, the annual work plans and budgets, and the existing school management structures. This resulted in the setting up of school-based centres and commitment to recruit 1000 additional teachers.

Through systems and capacity development, early learning standards and curriculum progressed to the pilot phase. Over 200 education officers and caregivers have increased knowledge, skills and capacity to provide child-friendly quality ECCDE services.

Social demand for ECCDE services increased in target districts resulting in increased enrolment in the established ECD Centers. This is a result of social mobilisation and communication for development activities.

Progress can be attributed mainly to the sense of ownership by the Provincial Education Offices, schools and communities. The main challenges have been lack of institutional and operational framework at the national level and low resource allocation in terms of infrastructure, materials and teachers.

**Next Steps**

The next steps involve continuation of support for various models such as: school based, community led models of Early Learning Centres and the Interactive Radio Instruction model to reach many more children; advocacy for institutional and operational framework, and increment of budgetary allocations. Robust documentation of the pilot phase and evidence generation to establish whether children transiting into schools do have a comparative advantage over those who do not yet have access to early learning services is also a key priority.

### 3 Zambia U-Report - Using SMS technology to accelerate HIV response among adolescents and youths in Zambia

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**Contact Person**

Shaya Asindua, sasindua@unicef.org

**Language**

English

**Abstract**

We describe strategic approaches, key features, and lessons learned during the design and initial implementation of Zambia U-Report, a youth led SMS-based programme aiming at accelerating national HIV response among young people. We share five key innovative features of Zambia U-Report including (i) Knowledge bank (HIV and STI) module, (ii) Poll and campaign module, (iii) Youth-friendly two-way interaction with SMS-counsellors, (iv) Linkage of SMS with free toll call-line and radio programmes, and (v) Periodic monitoring of output results.

Zambia U-Report is a government led initiative through the National AIDS Council (NAC) with technical and financial support from UNICEF Zambia. UNICEF and NAC have jointly designed the programme overall strategic orientations with participation of key stakeholders including young people. We also would like to share the challenges in implementing such m-health programme, and how Zambia is planning to address them.

**Innovation or Lesson Learned**

The following are the key innovative features of the Zambia U-Report experience:
- The Zambia U-Report’s two programmatic modules (The Knowledge Bank; and the Poll/Campaign).
- The Knowledge Bank is a dynamic repository of up-to-date information on HIV and STI; it is accessible to the SMS-counsellors as they interact with the young people through SMS.
- The SMS based platform that provides a two-way interaction and individualized counseling services on
HIV, STI to adolescents and young people in a manner that respect their privacy.
- The regular opinions polls using SMS among the U-reporters are used to inform/shape the young people perspective on local and national HIV responses (policy, behavioural change messaging, and availability access and utilization of youth friendly HIV services).
- The two-way interaction by SMS can be supplemented by a voice conversation on a free-toll line in case of emergency request or for complex issues.

- The linkages with mass-media radio programme to ensure equity in access to information for young people who do not own a mobile phone, and the disabled.

The following lessons learned could inform future design and implementation of similar program:
- Using evidence to make the case: Persistent evidence-based advocacy by UNICEF to refocus efforts on HIV prevention among young people as a strategy for durable national response, and leveraging the growing field of mobile technology in Zambia. Using published literature on successful use of SMS for HIV education among adolescents and youths.
- Securing government buy-in and ensuring that NAC is in the driving seat from the design phase has been key to build government ownership, achieve stakeholders’ consensus and fast-tracking negotiations with private sectors (NGO and mobile providers).
- South-south collaboration with UNICEF Uganda: Leveraging UNICEF expertise in technology for development saved us a lot of time and efforts during the design phase.

- Ensuring participation during the design phase of key stakeholders, particular focus on young people, national programme experts on young people and HIV, stakeholders from ministries of health, education, youth and sport, NGOs, mobile companies, and the IT team (IT and software developers)
- Establishing the SMS-counselor hub was critical, and UNICEF negotiating a strategic partnership with a local NGO (CHAMP) which has expertise in HIV behavioral change communication, and has been managing an HIV call-line for the past 10 years.

Some challenges of the program include:
- Sustaining SMS cost: Despite government involvement and leadership, the SMS short code for Zambia U-Report was not granted a free-toll status. We intend to continue negotiation with the government using initial results of the program, to make the case for freeing SMS cost.

Evaluation of mobile phone based programme remains a challenge due to various factors (response rate, retention, validation of information, study design). We plan a mixed-design that will combine quasi experimental monitoring framework with baseline and post intervention tracking (mobile phone-based) of key indicators, and a field data collection (quantitative and qualitative).

Potential Application
- The first phase of this initiation will target two high HIV prevalence (17-18%) provinces (Copperbelt and Lusaka) with the highest population of young people aged 15-24 years (476,000 in Lusaka and 447,000 in Copperbelt). Zambia U-Report intends to enroll 150,000 young people (15-24) for its first phase as direct beneficiaries of the programme (50,000 in Copperbelt; 100,000 in Lusaka).
- Expanding geographic scope to other provinces over the next 3-10 years is dependent upon negotiation of a free-toll SMS short code, customization of the RapidSMS software application to provincial and district typology, and other findings from evaluation.
- The use of mobile phone to understand the needs, promote participation and meet the specific needs of adolescents and youths can be applied beyond HIV and STI to cover the broader sexual and reproductive health, adherence to ART, career profile counselling, etc.
- Government sectors working with young people and the private sector have high interest in mobile for development. With increasing mobile phone penetration in developing countries, this model could be replicated and customized by any high HIV prevalence country in sub-Sahara Africa.

Issue
In Zambia, every hour, about 3 youth (15-24 years) are infected with HIV in Zambia, 2 of them are girls. Young people HIV risk is increased when they have limited comprehensive HIV knowledge, and are poorly equipped with life skills to adopt safer sexual behaviors and do not optimally utilize high impact HIV
prevention services. Furthermore, comprehensive HIV knowledge among young people remains low (40%), with lower levels among female. Despite potential of m-health to increase knowledge and reduce sexual risk behaviours among young people, this strategy remains poorly integrated in HIV prevention programme among young people.

**Strategy and Implementation**

A comprehensive programme strategy was developed during a 2-day design workshop involving young people; HIV and young people program experts from NAC, ministries of health, education, youth and sport, and local NGOS; representative from mobile companies; IT and software developers. The following strategic results were defined: (1) An effective SMS-based mechanism to increase young people participation in the national HIV prevention response is available; (2) Young people have increased comprehensive knowledge of high impact HIV prevention measures and services; and (3) Young people demand for and are referred to HIV high impact prevention services (HTC, Condoms, MC, ART). We negotiated reduced bulk SMS cost with all 3 mobile companies in Zambia. UNICEF entered into a strategic partnership with a local NGO (CHAMP) for the implementation of the programme. We closely collaborated with UNICEF Uganda during programme design and software development. Pilot of this initiative targets 150,000 young people in 2 provinces (Copperbelt and Lusaka) for 13 months. Evaluation will focus on its adoption, its acceptability, the relevance to young people and stakeholders, the appropriateness and effectiveness of interventions to achieve intended output results, the cost of the initiative with sub-analysis of its cost-effectiveness.

**Progress and Results**

Following a 7-month design and planning phase, the initiative was launched on December 1st 2012 at the World AIDS Day (WAD) celebration in Kitwe, Copperbelt Province by NAC Chairperson and UNICEF Representative. The Zambia U-report system architecture is functional. After 7 days of implementation, over 800 youth people mainly from Kitwe district have send “JOIN” by SMS to register to the programme. A total of 534 U-Reporters completed their registration (age, sex, location), 55% male. A total of 784 SMS requests related to HIV and other STIs were received by two-full-time and 4 part-time trained SMS-counsellors and two-way interactions initiated with U-Reporters to inform, correct misconception, and refer to services. The counsellor web-interface allows for quality control of the conversations. The first opinion poll “Every day 3 young people are infected with HIV, what should be done to have zero HIV infections in Zambia?” was sent to 351 U-Reporters on Day-3 post launch, with a 37% response rate by Day-7. Analysis of opinions will provide information to NAC and key stakeholders and decision makers. It is anticipated that final from first opinion poll be published in a local newspaper and on the U-Report and NAC web-site.

**Next Steps**

Expansion of this innovation is envisaged to be gradual from implementation in the initial two provinces to eventual nationwide coverage. For the current phase, next steps will include:-
- Completion of the software customization.
- Additional training of SMS counselors.
- Mass media mobilization through community radio in Copperbelt and Lusaka.
- Design of the baseline polls on knowledge, risk behaviour demand and utilization of services among young people.
- Develop a methodological approach to customize behavioral change messaging on HIV and other sexually transmitted infections (STI) during integrated media campaigns that will include SMS.
- Review of the database for the knowledge bank.
- NAC to continue high level advocacy for free SMS cost for U-Report programme.
- Evaluation and documentation of 13 months implementation of Zambia U-Report.
Abstract

Zambia started a process of drafting a new constitution in 2012. The constitution making process has been consultative involving various sectors of the society. Children and young people participated in the process following a high level advocacy by UNICEF and partners that saw the Ministry of Justice endorse their participation. Under the leadership of the Parliamentary Caucus on Children (PCC) with UNICEF’s technical guidance, the process of ensuring children’s participation was a great success. Children got together at the district and provincial levels and discussed areas which they thought should be included in the constitution. District level consultations with Members of Parliament, civic and traditional leaders, teachers, pupils and members of the public were held. Over 1,000 submissions received from children and young people; 22,000 children participated making a landmark history in Zambia for this was the first time children were seen participating in a critical national law making process.

Innovation or Lesson Learned

Children have a legitimate claim to make contributions to issues contained in the constitution, in particular the Bill of Rights as it will affect their lives and generations to come. This process makes Zambia proud that they will produce probably the best constitution in Africa as the process has been inclusive. The following were the lessons learnt in the process:
- In matters concerning children, it is best to consult children themselves. No one can express their wishes better than the children themselves
- It is best to mobilise children through their parliamentary representatives and constituency structures for they have the authority and appeal which made children participation effective. This can be used even in other interventions where we want more children’s participation.
- Working with MPs as law makers, provides a basis for follow up, pre informs the politicians and elicits their commitment, making subsequent lobbying of the enactment of any law easier.
- The process of engaging with children increases children’s capacity for participation even in other matters that affect them.
- Involvement of the civil society is critical as they are well versed with participatory process.

Potential Application

The innovation could be applied on the following:
- To involve children in planning, implementing and monitoring programmes that concern them;
- To have children collaborate directly with their Members of Parliament on issues that concern them;
- To ensure child participation to inform policies, strategies and plans related to them;
- To educate and empower young people to discuss issues on child rights and demand that their voices be heard;
- To mobilise children as a good medium of communication to inform their peer group and families and communities.

Issue

The Zambian Constitution was last reviewed in 1996. Children have a legitimate claim to make contributions to issues contained in the constitution, in particular the bill of rights. Child participation is provided for under international law and set out in Articles 12, 13, 14, 15 and 17 of the CRC. However, they do not often get to be involved in the process of constitution making in many countries and decisions on issues concerning them are made by adults on their behalf. UNICEF seized the opportunity in Zambia and successfully galvanised partners to fulfil the fundamental rights of the children.

Strategy and Implementation

As a strategy, UNICEF coordinated an organized approach among state and local officials to advocate for the inclusion of children’s voices in the draft constitution. In a workshop held with parliamentarians, it was agreed that children should participate in the district consultations. After endorsement by the Minister of
Justice, the process of including children in the constitution making process started under the leadership of the Parliamentary Caucus on Children, Government, UNICEF, and civil society organizations worked together to raise awareness for children’s participation. Intensive messaging through all 45 radio stations in the country invited children to put in their submission for the constitution. Building the Future on ZNBC Radio 2, co-presented by a Unite4climate child ambassador was used as a platform to educate people about the new constitution. Social media such as Facebook was used to reach and invite young people to participate in the process and submit their submissions to district authorities.

Members of Parliament (MPs) went to their respective constituencies to consult with children. Children presented 1000 written submissions. District conventions were held to validate and adopt these submissions and climate ambassadors were invited by the Technical Committee on Drafting the Constitution of Zambia to present their findings.

**Progress and Results**

The PCC constitution review consultative process took place in all the 10 provinces where several consultative meetings were held in selected constituencies in each province with children, civic leaders and other stakeholders. About 22,000 children actively participated in the constitution-making process and their views elicited during the meetings. The children were assisted in conceptualising issues requiring attention in terms of gaps and inconsistencies in the law in relation to children’s rights.

More than 1,000 submissions were received from children. In the process. The process itself was educative in that it created awareness to children, leaders and community member on various areas of child rights – and enabled communities to know what was in the draft constitution, especially in the Bill of Rights. Zambia has successfully mobilized and involved young people to participate in the constitution making process, the first time in the Zambian history. The children’s submissions were presented to the National Technical Committee on Drafting the Constitution of Zambia.

This process also heightened the visibility of the Parliamentary Caucus on Children and their role. It strengthened partnership between the Parliamentary Committee and the civil society as the Human Rights Commission was a key partner in simplifying the messages for children.

**Next Steps**

Continue to monitor the process and engage where possible. In particular advocate for the adoption of the draft constitution with children’s rights entrenched in the Bill of Rights; Translate the Bill of Rights and final draft constitution in simplified and child-friendly versions. Raise awareness on the provisions in the Bill of Rights in the constitution and support its implementation.