Zambia

Country programme document 2011-2015

The draft country programme document for Zambia (E/ICEF/2010/P/L.23) was presented to the Executive Board for discussion and comments at its 2010 second regular session (7-9 September 2010).

The document was subsequently revised, and this final version was approved at the 2011 first regular session of the Executive Board on 11 February 2011.

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Basic data[†] *(2008 unless otherwise stated)*	
Child population (millions, under 18 years)	6.7
U5MR (per 1,000 live births)	148
Underweight (%, moderate & severe, 2007)	15
Maternal mortality ratio (per 100,000 live births, 2001-2007)[a]	590
Primary school attendance (% net, male/female, 2007)[b]	80/80
Survival rate to last primary grade (%, 2006)	75
Use of improved drinking water sources (%)	60
Use of adequate sanitation facilities (%)	49
Adult HIV prevalence rate (%, 2007)[c]	15.2
Child labour (%, 5-14 years old, 1999)[d]	12
GNI per capita (US$)	950
One-year-olds immunized against DPT3 (%)	80
One-year-olds immunized against measles (%)	85

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.
[a] The 2005 estimate developed by WHO, UNICEF, UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 830 per 100,000 live births.
[b] Survey data.
[c] State of the World's Children, 2007.
[d] Indicates data different from standard definition.

Summary of the situation of children and women

1. The last four years have shown improvements in the situation of children and women in Zambia. There has been marked progress in school enrolment, access to prevention of mother-to-child transmission of HIV (PMTCT) services and paediatric treatment of HIV. Yet the benefits of these improvements are not equally distributed: the exclusion of households facing multiple vulnerabilities and chronic poverty in remote rural areas and informal urban settlements is evident (Situation Analysis 2009). While Zambia's gross domestic product enjoyed consistent average growth of 4.9 per cent between 2000 and 2007 and average incomes have been rising, poverty has persisted in some sectors of the population with rates varying from 22 per cent to 95 per cent by district (*Living Conditions Monitoring Survey*, 2006). Zambia's Gini coefficient[1] is 0.508, the third highest among countries with low human development indices. Intensified efforts will be required to achieve the Millennium Development Goal targets, especially in reaching the chronically poor and most vulnerable people.

2. High levels of HIV and AIDS, tuberculosis, malaria, diarrhoea, pneumonia, and sexually transmitted infections continue to negatively impact maternal, infant and young child survival. These widespread and chronic health concerns combine to drive child mortality rates and create a major barrier to economic and social

[1] A low Gini coefficient indicates a more equal distribution, with 0 corresponding to complete equality, while higher Gini coefficients indicate more unequal distribution, with 1 corresponding to complete inequality.

development. Malaria affects more than 4 million people annually, causing nearly 8,000 deaths and accounting for some 30 per cent of outpatient visits, creating a huge burden on families and health care services (*Malaria Indicator Survey*, 2008). Children under the age of five and pregnant women remain the most vulnerable, with 35 per cent to 50 per cent of under-five mortality and 20 per cent of maternal mortality attributable to malaria. The effects of the disease are amplified by the impact of malnutrition. With rates of stunting, acute malnutrition and micronutrient deficiencies deteriorating over the past decade, malnutrition is the major driver of under-five deaths.

3. HIV and AIDS remain a major threat. High prevalence levels are driven by multiple concurrent sexual partnerships, inconsistent condom use, low male circumcision rates, transmission from mother to child and mobile populations. Overall adult HIV prevalence has slightly decreased — from 16 per cent in 2002 to 14 per cent in 2007 (*Zambia Demographic and Health Survey* [ZDHS], 2007). However, prevalence rates are highest among young women, at 20 per cent for 25-to-29-year-olds and 26 per cent for 30-to-34-year-olds (ZDHS 2007), which highlights that this age group is at critical and widespread risk. Although prevalence among girls aged 15 to 19 fell (from 6.6 per cent to 5.7 per cent) between 2002 and 2007, rates among boys of the same age nearly doubled (from 1.9 per cent to 3.6 per cent) over the same period. Overall, HIV prevalence in urban areas (20 per cent) is twice as high as in rural areas (10 per cent).

4. Major underlying causes of HIV among adolescents are prevailing social and institutional norms that marginalize and exclude girls and women, whose autonomy in determining personal, familial and social relationships is profoundly damaged. Children are not expected to express their opinions or participate in decision-making at home or at school or in the community; children, especially girls, are taught to show respect for adults through unquestioning compliance. As a result, violence, abuse and exploitation are common, and girls are less able to make safe and consistent choices around HIV prevention, including condom use. Concerning underresourced public services, social welfare is particularly weak and inconsistent; it is not delivering the special measures needed to fulfil the rights of children experiencing (or at risk of) violence and abuse, or those with disabilities or orphaned otherwise very vulnerable children. Adolescents and orphans face major challenges in accessing social services and developing the skills, capacities and aspirations that lead to a fulfilled and autonomous adulthood.

5. Since the introduction of the free basic education policy in 2002, primary school enrolment has steadily increased. While school enrolment rates exceed the Millennium Development Goal target, significant concerns remain regarding the age of enrolment, attendance and retention, progression and completion, and quality, especially in relation to learning achievement. Despite the integration of grades 8 and 9 in the former primary school system, just 53 per cent of children complete grade 9 (*Education Management Information System*, 2008). Children from poor households, rural children and girls are the last to enrol in school and the first to drop out, and are significantly underrepresented in the upper grades of basic education as well as the secondary level. Community schools, which have a peripheral status in terms of state funding, staffing and oversight, serve approximately 500,000 of the most vulnerable children in rural and urban areas that require special attention.

6. The adoption of a new Gender-based Violence Bill and the Penal Code provide significant measures against violence and abuse; however, customary law still grants significantly fewer rights to women and girls. This is of particular concern in cases of traditional marriage, pregnancy, inheritance and domestic disputes, as provisions of customary law prevail unless respondents have taken steps to establish their rights under statutory law. While formal birth registration rates, as stipulated in the Births and Deaths Registration Act, remain very low — due to lack of public knowledge, complex and underresourced administrative procedures — in practice this gap is filled by the Ministry of Health registration, which is commonly accepted as proof of identity to ensure access to basic social services. Overall, the harmonization of legislation affecting children and women as well as the domestication of the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women remain largely unrealized.

7. The Sixth National Development Plan 2011-2015 (SNDP) offers an opportunity to renew efforts towards the Millennium Development Goal targets and the equitable realization of children's and women's rights through mainstreaming of these considerations in the planning process and the development of related monitoring indicators. Key measures will include expanded social protection efforts and an increased focus on the most vulnerable children and women. Defining the performance and outcomes of the SNDP in terms of social outcomes and equity, not just in terms of growth, has created a way forward to support the intense efforts necessary to reach the targets of the Millennium Development Goals.

Key results and lessons learned from previous cooperation, 2007-2010

Key results achieved

8. The scale-up of prevention of mother-to-child transmission of HIV (PMTCT) service delivery in Zambia was substantial during the period 2007-2010. All levels across the continuum of care showed rapid growth, including in the testing of pregnant women, delivering PMTCT treatment to those who are HIV positive, following up with appropriate treatment and support post-delivery, testing of infants and provision of post-antiretroviral therapy. From minimal coverage at the outset, 92 per cent of pregnant women who attend antenatal care (ANC) are now tested for HIV, and 75 per cent of health facilities offer full ANC and PMTCT services (*Health Management Information System* [HMIS], 2008). The number of exposed infants tested for HIV increased from 7,700 in 2007 to 35,000 in 2009 (HMIS, 2008). Although the number of HIV-positive mothers receiving comprehensive PMTCT and ART services needs to double, as does the testing of exposed infants, the pace of scale-up suggests that planned universal access can be achieved. UNICEF and partners provided specific technical expertise to the Zambian Government on procurement of essential supplies to support the roll-out of infant testing, training of health care workers for integrated service provision, performance monitoring and reporting, and social mobilization and awareness-raising among communities. Through this harmonized and aligned approach, UNICEF contributed to a rapid and efficient scale-up.

9. The National Malaria Control Programme achieved significant results with technical assistance, capacity development and supply support from UNICEF, WHO and United States government agencies. Between 2006 and 2008, a combination strategy — distribution of 3.6 million long-lasting insecticide-treated nets, targeted indoor residual spraying in 34 of the worst affected districts, the introduction of artemether-lumefantrine, and the training of health workers in accurate diagnosis and treatment of malaria — contributed to a reduction in mortality related to malaria. Reported malaria deaths declined by 47 per cent, parasite prevalence declined by 53 per cent, and the percentage of children with severe anaemia declined by 68 per cent between 2006 and 2008 (*Malaria Indicators Survey*, 2008). Drug stock-outs have been frequent, especially in remote rural areas, and remain a constraint in malaria reduction in the very places where infection and mortality rates are highest.

10. UNICEF advocated for the adoption of community school guidelines resulting in the current review of legislation to legitimize these schools so that they can access public resources including trained teachers. Policy, curriculum and standards development support has strengthened the capacity of the public education system to facilitate increased access to early childhood care and development. Interventions were also directed towards strengthening the capacities of children, youths and caregivers to participate as rights holders in decisions affecting the development and management of education services. There was expanded access to life skills education aimed at building the capacities and skills of children and young people to make informed decisions and act on them in regard to social relations, HIV prevention and livelihood development. Suitable life skills curricula were developed for children in school and out of school. The inclusion of life skills in the 2008 National Education Assessment exercise is a key achievement that demonstrates increased commitment of the Government to life skills-related learning outcomes.

11. The water, sanitation and hygiene education programme has played a leading role in establishing the community-led total sanitation (CLTS) approach for improving access and utilization of improved sanitation facilities in rural communities. Through the introduction of this approach in 11 selected districts of the Southern and Copperbelt Province, UNICEF (in collaboration with the Zambian Government and with funding from the Government of the Netherlands) demonstrated how intensive engagement by duty bearers with community members can transform local attitudes and collective commitment of rights holders to collaborative water resource management and self-provisioning of improved sanitation. In one Southern Province chieftaincy, where all 105 villages completed the CLTS programme, the use of safe sanitation reached 100 per cent in less than two years. An evaluation of the approach found that CLTS efforts facilitated the efficiency of expenditures in the water and sanitation sector, not only leveraging community contributions in construction, but also greatly improving sustainable management. Through UNICEF supported training, CLTS implementation capacity was built among both government and non-governmental organization (NGO) partners. The CLTS approach is highlighted in the National Rural Water Supply and Sanitation Strategy.

12. UNICEF partnered with the United Kingdom Department for International Development, the International Labour Organization and Irish Aid in advocating for the scale-up of social cash transfers and full national ownership of an expanded programme. Research and evidence generated by the pilot experience were

instrumental in making the investment case and advocacy for expanding these systems. Support was provided to the Ministry of Community Development and Social Services to disseminate lessons learned to key national decision makers. For decisions on targeting prioritization of outcomes for vulnerable children, evidence-based advocacy and capacity development were employed. This resulted in the development of a comprehensive national plan, based on clear criteria and a phased national scale-up, which will form the basis for expanded cooperation in the next country programme.

Lessons learned

13. The importance of a shared process in generating high-quality evidence and analysis has been a key lesson. In 2008, UNICEF and the Ministry of Finance and National Planning embarked on a shared programme of research that produced a comprehensive rights-based situation analysis of children and women (with funding from Irish Aid and United Kingdom Aid). The analysis combined national statistical and sector based reviews with the articulation of the voices of vulnerable children and women in community based research throughout the country. Having collaborated closely on research design, oversight and analysis, and the investment in a high standard of research, there was strong mutual ownership and commitment to the conclusions, which greatly facilitated broader acceptance and use of the findings. The final report was tabled in Parliament by the Minister of Finance and used as a key source in planning the SNDP, the United Nations Development Assistance Framework (UNDAF) and the country programme.

14. A key finding of the situation analysis was that failure to integrate analysis, policy development, planning, and delivery across key sectors has created substantial inefficiencies and lost opportunities to improve results for children and women. The analysis further concluded that more integrated planning at both the national and subnational levels is essential for accelerating results for children and women, and building effective capacity in families and communities, especially among children, adolescents and women. These lessons have informed the development of the SNDP, which integrates results for children across all sectors and the monitoring and evaluation framework.

15. Monitoring and documentation of experiences with safe motherhood action groups, the community-led total sanitation (CLTS) programme, and work to redefine and pilot new roles for community health workers has highlighted the importance of strengthening decentralized structures. Specific lessons from these initiatives include the importance of reorganization and delegation of roles, responsibilities and relationships between individual rights holders and duty bearers including community volunteers, government service providers, local authorities and other actors. While the amount of work that community members may be asked to contribute is, at times, considered too substantial, this is often the case when ownership or clear assignment of responsibility is lacking. Using community health workers as a model of service provision with compensation of volunteers has had a significant impacts on community management of diseases, strengthening service provision and increasing the capacities of rights holders. In all instances, capacity development for local technical leadership, as well as planning, coordination, management and reporting, has been fundamental to success.

16. The current cooperation programme highlights the need for an increased focus on older children and adolescents within the context of Zambia — high HIV prevalence and widespread poverty, children being pushed into adult roles at a young age, and children ill-equipped in terms of knowledge and capacity to protect themselves from risks and vulnerabilities. For girls, these risks are heightened. Many poor children who only complete primary school are vulnerable to early pregnancy and HIV infection. Without further support, the high proportion of children who become parents themselves will be maintained, and their experiences reproduced in successive generations. Through the work on life skills, gender-based violence prevention and the United Nations Joint Programme on human trafficking, it has become apparent that the needs of adolescents must be better understood and the work with them better integrated and rapidly scaled up. This focus on adolescents forms a key element of the new country programme.

The country programme, 2011-2015

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Child and maternal survival	17 000	38 500	55 500
Child and adolescent development, protection and participation	16 000	22 650	38 650
Policy advocacy and partnerships	4 400	11 500	15 900
Cross-sectoral costs	5 395	11 115	16 510
Total	**42 795**	**83 765**	**126 560**

Preparation process

17. The development of the country programme is based on a number of joint analyses, reviews and planning processes, which involved extensive consultations with partners from Government counterparts, donor representatives, United Nations agencies, and civil society, including young people.

18. The findings of the 2008 Situation Analysis of Children and Women in Zambia, jointly conducted by UNICEF and the Ministry of Finance and National Planning, informed the development of the Sixth National Development Plan (SNDP), the UNDAF, and the new country programme document. The new country programme further responds to the 2003 Concluding Observations of the Convention on the Rights of the Child Committee. The preparation process also drew on findings from the 2008-2009 UNICEF midterm review (MTR), carried out as an integral part of the UNDAF MTR. The MTR recommended improved integration between sectors, the importance of decentralization and increased focus on United Nations joint programming. These findings have guided the United Nations country team and UNICEF in planning more coherent and effective support in the implementation of the SNDP through the new UNDAF and the new country programme.

19. In line with the Paris Declaration on Aid Effectiveness, the country programme preparation benefited from extensive consultations around the SNDP and UNDAF developments. The SNDP was prepared through line ministry-led sector advisory group review and planning exercises involving national and international stakeholders, including the United Nations. These exercises resulted in five-year sector plans, forming the basis for the SNDP and guiding the support plans of all development partners, including the new country programme. The UNDAF was articulated through an inclusive and participatory process between the United Nations, the Ministry of Finance and National Planning, and a wide range of other line ministries. UNICEF held specific consultations on the new country programme with all relevant line ministries.

Programme components results and strategies

20. The new UNICEF Zambia programme of cooperation will work as part of the United Nations Country Programme to provide support to the Government for the attainment of the Millennium Development Goals by 2015. It provides for scaled-up measures to address maternal health, child survival and development, renewed emphasis on addressing gaps and challenges faced by adolescents, and strategic actions intended to increase the prioritization of the rights and needs of children and women across the overarching policy and budget framework.

21. The following are the expected programme component results: (a) children, mothers and pregnant women benefit from high-impact interventions, contributing to the attainment of Millennium Development Goal targets for child and maternal survival; (b) children and adolescents are able to develop, learn and participate in a protective and enabling environment; and (c) the rights of children, adolescents and women, especially the most vulnerable, are prioritized and inclusive in national policy, planning, monitoring and budgeting processes.

22. The following strategies have been applied in the development of the proposed country programme: (a) sectoral integration for enhanced programme synergies and results; (b) decentralization with strengthened provincial, district and community involvement; (c) strengthened performance and results monitoring; and (d) stronger focus on equity, gender relations, disaster risk reduction and environmental sustainability.

Relationship to national priorities and the UNDAF

23. The situation analysis of children and women provided a rights-based analysis of key challenges facing children and women and shaping their lives in Zambia. Findings from the analysis have contributed to the identification of national priorities, such as the scaling-up of social cash transfer for the SNDP and the UNDAF.

24. The new country programme is aligned with national development priorities as articulated in the SNDP. The strategic focus of the SNDP is on addressing infrastructure challenges as a major constraint to poverty eradication, growth, economic diversification and human development. All sector strategies, including the basic social services sectors, will contribute to these overarching SNDP priority areas.

25. The UNDAF outcomes, identified through government-led consultations, cover the following key result areas: (a) HIV and AIDS; (b) sustainable livelihoods and food security; (c) human development; (d) climate change, environment and disaster risk reduction and response; and (e) good governance and gender equality. These result areas are fully aligned with government priorities as formulated in the SNDP. The programme of cooperation will collaborate with other United Nations agencies to contribute towards results in UNDAF outcome areas one and three, as well as to the outcomes on food security and governance.

Relationship to international priorities

26. The country programme embodies the guiding principles of the Convention of the Rights of the Child and the African Charter on the Rights and Welfare of the Child. Programme design, strategies and planned results have been guided by the Convention on the Elimination of All Forms of Discrimination against Women, *A World Fit for Children*, the Millennium Declaration and Millennium Development Goals, the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action and the Hyogo Framework for Action. The programme component result areas contribute to all five focus areas of the UNICEF medium-term strategic plan and draw on the four-pronged approach of the "four Ps" within the Unite for Children, Unite against AIDS campaign.[2]

Programme components

27. The new country programme comprises the following three programme components, with HIV and AIDS mainstreamed across components in areas of comparative advantage of UNICEF.

28. **Child and maternal survival**. This component is intended to support the attainment of Millennium Development Goal targets for maternal and child survival, as well as targets for malaria, HIV and AIDS and for access to safe water and sanitation. Efforts will be directed at providing an enabling environment and strengthening national health systems to improve delivery of accessible, integrated, and equitable maternal and child health and nutrition services.

29. Capacity development for duty bearers all levels will be supported for the delivery of high-impact health, nutrition and water, sanitation and hygiene education services, including maternal and paediatric HIV and AIDS prevention, treatment and care. UNICEF will support the increase in numbers and capacity of community health workers in order to extend access to rights holders in hard-to-reach areas, particularly with the most vulnerable children. Strategies to increase the capacity of rights holders and improve key family and community practices for child and maternal health, including appropriate maternal nutrition, infant and young child feeding, management of common childhood illnesses and emergency obstetric and newborn care, will be central to maximizing results.

30. By supporting the implementation of the national rural water supply strategy, the country programme will contribute to increasing capacity, at all levels, particularly the planning, management and utilization of improved access to clean

[2] The four Ps are (1) preventing mother-to-child transmission of HIV; (2) providing paediatric treatment of AIDS; (3) promoting awareness to prevent infection among adolescents and young people; and (4) protecting and supporting children affected by AIDS.

water and adequate sanitation services in rural areas and informal settlements, as well as in primary schools and health institutions. Communities in target districts will be equipped to plan, construct and manage improved sanitation facilities and to adopt improved hygiene practices.

31. **Child and adolescent development, protection and participation**. This component is intended to support achievement of the Millennium Development Goals on education, HIV and AIDS, the Millennium Declaration provisions on protection, as well as contributing to gender equity. Actions will aim to strengthen the enabling environment to protect, inform and empower adolescents to claim rights and increase their opportunities for participation.

32. Strategies include capacity and systems strengthening in support of efforts to improve school quality, provide equity in participation and progression in primary, basic and secondary education, particularly for girls, rural children and other excluded groups. HIV prevention, awareness and behavioural change will be promoted through actions including life skills programmes for children who are in school and out of school.

33. Interventions will support state and non-state duty bearers to prevent and respond to violence, exploitation and abuse of children and women by strengthening social welfare systems and expanding access to legal protection, justice systems and care. By increasing knowledge on legal provisions, protection mechanisms and opportunities to claim rights, vulnerable children and women will be empowered to prevent and respond to threats of rights violations. Support will be provided to strengthen public and non-state social welfare services, increasing coordination, improving quality and expanding access. Capacity-building will support the integration of protection considerations into planning, implementation and monitoring across the social sector.

34. Through collaboration between the education, protection and communications sections, and with support from the HIV specialist, key results are expected on improving access for children and adolescents to knowledge, skills and opportunities to prevent HIV and for them to make informed decisions, claim rights and participate in national and local affairs, as appropriate for young citizens. Through government and civil society partners, the capacity of vulnerable children to claim rights, articulate their views, and participate in local and national decision making will be expanded.

35. **Policy advocacy and partnerships**. This component is intended to enhance the fulfilment of national commitments to the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women. It seeks to strengthen national policy, planning and budgeting processes to prioritize the needs of children, adolescents and women, especially the most vulnerable. Building on existing collaboration, UNICEF will work with the Government to construct a strong evidence base for developing policy and understanding results in all key social and economic sectors, advocating for strengthened social protection measures, as appropriate, across the national development framework. Periodic and real-time situation analysis, SNDP monitoring and strategic impact evaluation will support the meaningful integration of children and women in key sectors and across the national development agenda. This will be reflected in decision making around national policy, planning and budgeting.

36. Technical assistance in policy analysis, monitoring and evaluation will provide timely access to information on children and women to decision makers from Government, civil society and the development community. As a result, this will increase the priority attached to fulfilling the rights of children and women, particularly the poorest and most vulnerable. Government efforts to expand comprehensive child-sensitive social protection and to develop effective disaster-risk reduction strategies will be supported. The capacity of state and non-state partners will be strengthened in carrying out vulnerability assessments and to deliver coordinated responses to children and women affected by chronic vulnerability and rapid onset emergencies, including climate change.

37. **Cross-sectoral costs**. Based on the UNICEF global communications strategy, communication support will be provided for all programme aspects on behalf of children through the mobilization of public opinion, political will and financial resources. The communications support will illustrate the effectiveness of UNICEF programmes; affirm the identity of UNICEF as the world's leading child advocate; present UNICEF as a knowledge leader on children's issues; and promote special events that highlight UNICEF goals. Communications channels will include publications, television, radio and the Internet. Organized donor and media field visits and external evaluations will help mobilize resources. Communications will also facilitate youth participation efforts, based on the Convention on the Rights of the Child, focusing on climate change and HIV/AIDS prevention.

38. Cross-sectoral communication for development support will provide expertise to promote and document behavioural and social changes towards improved outcomes for children and women across the three programme components.

39. Operational and administrative support will ensure effective and efficient programme implementation through support services in administration, financial management, information communication technology, supply and logistics, and strategic human resources management.

Major partnerships

40. In the context of the Paris Declaration on Aid Effectiveness, UNICEF works in line with the Joint Aid Strategy for Zambia. As co-lead in social protection and education and as an active member in other sector groups, UNICEF will continue to promote improved alignment among United Nations and other partners through participation in sector-wide approaches where this strategy is being used to accelerate results for children and women.

41. In the health and HIV sectors, UNICEF will continue to collaborate with the Global Fund Against AIDS, Tuberculosis and Malaria, the International Health Partnership, Global Alliance for Vaccines and Immunization, UNITAID,[3] the United States President's Emergency Plan for AIDS Relief (PEPFAR), the World Bank and other relevant actors.

42. This country programme recognizes the major role of PEPFAR in supporting orphans and vulnerable children at the community level. UNICEF will continue to work with PEPFAR-funded programmes, encouraging good practice and helping to

[3] UNITAID is an international facility for the purchase of drugs against HIV/AIDS, malaria and tuberculosis.

link these activities to the Government, and drawing policy lessons from effective PEPFAR-funded activities.

43. UNICEF will continue its cooperation with donor partners in the water and social protection sector, including the Government of the Netherlands, United Kingdom Aid and Irish Aid. Substantial funding commitments to support the Government on expanding social cash transfers over the course of the new country programme have been signed with United Kingdom Aid. The Swedish International Development Cooperation Agency is supporting UNICEF to conduct research on the economic crisis in collaboration with the Ministry of Finance and National Planning and the Institute of Development Studies (United Kingdom).

44. UNICEF works in close cooperation with non-governmental organizations and faith-based organizations, which provide substantial support to vulnerable people at the community level in Zambia. Interventions to raise standards, support capacity and improve coordination will be significant in this regard.

Monitoring, evaluation and programme management

45. The Ministry of Finance and National Planning is the national coordinating body for the UNICEF programme of cooperation. Implementation and management of the programme will be carried out by relevant government agencies and non-state actors. The country programme management plan will reflect implementation requirements and outline the skills and competencies needed for delivery of the three programme component results.

46. The five-year Integrated Monitoring and Evaluation Plan (IMEP) outlines key research, monitoring and evaluation activities across all programme components. Annual IMEPs will provide a means of planning and monitoring the implementation of all interventions and will be fully aligned with the SNDP and UNDAF monitoring and evaluation plans.

47. The Central Statistical Office survey plan indicates several surveys that will inform key performance indicators. These include the Demographic and Health Survey, Living Conditions Monitoring Survey, Labour Force Survey and Sexual Behaviour Survey. The management information systems for health, education and social protection will support the evaluation of UNICEF contributions to SNDP results.

48. UNICEF will support the Government in the development of national guidelines on evaluation as a strategic tool to track the performance of key policies and programmes. Major evaluations planned in partnership with the Government will focus on education quality, PMTCT, and the performance, targeting and impact of the expanded social cash transfer programme. Midterm reviews and programme evaluations will be scheduled for 2013 and 2015, respectively, timed to inform Government-led UNDAF reviews.