

# UNICEF HUMANITARIAN ACTION

# ZAMBIA

## IN 2007



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

### CORE COUNTRY DATA

Population under 18 (thousands)	6215
Orphan population, 0-18 years (thousands)	1200
U5 mortality rate	182
Infant mortality rate	102
Maternal mortality ratio (1990-2005, reported)	750
Primary school enrolment ratio, 2000-2005, net (male/female)	80/80
% U1 fully immunized DPT3	80
% U1 fully immunized measles	84
% households using improved drinking water sources	58
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	17.0
% U5 suffering from moderate and severe underweight	20
% U5 with birth certificate	9.6

Source: *The State of the World's Children 2007*

### Summary of UNICEF financial needs for 2007

Sector	US\$
Health, nutrition and HIV/AIDS	3,000,000
Water and environmental sanitation	890,000
Education	1,450,000
Child protection	750,000
<b>Total</b>	<b>6,090,000</b>

\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

## 1. CRITICAL ISSUES FOR CHILDREN

Zambia is not on track to achieving most of the Millennium Development Goals. Its development is being substantially undermined by the mutually re-enforcing 'triple threat' of high HIV/AIDS prevalence, chronic and acute food insecurity and poverty, and weak governance. In turn, this is resulting in the widening of the gaps between the 'haves' and the 'have-nots' and threatening the human rights of millions of Zambians. Vulnerable children and women are more disadvantaged in claiming their access to education, health care services and protection.

As one of the poorest nations in the world, 53 per cent of people in urban areas and 78 per cent in rural areas are living below the poverty line. Under-five mortality is estimated at 182 deaths per 1,000 live births and life expectancy at birth has fallen to 38 years, the fourth lowest in the world. The maternal mortality ratio stands at 750 deaths per 100,000 live births and is showing no signs of decreasing.

Malaria accounts for one-third of under-five deaths, with HIV and AIDS, diarrhoea, respiratory infections and neonatal conditions constituting the other main causes. Having deteriorated throughout the 1990s and reflecting the economic determination and changes in the environs and rain cycle, chronic malnutrition in under-five children is now estimated to be as high as 50 per cent. Malnutrition is widespread and continues to be one of the major factors contributing to child deaths. Two thirds of all children suffer from both vitamin A deficiency and anaemia. In rural areas, about 4.8 million people lack access to safe water and 6.6 million to adequate sanitation. While Zambia is free of polio, cholera continues to be endemic in selected areas, including compounds in Lusaka province and Central province. Successful emergency measles immunization campaigns have resulted in a drastic decline of cases from over 30,000 reported cases in 2001 to 15 in 2003. In 2006 a small-scale immunization campaign was conducted in response to new reported cases.

Against the declining provision of social services, educational access is also in jeopardy. Statistics indicate a steady drop from 38 per cent in 2001 to 34 per cent in 2003 in the number of the new seven-year-old entrants (official primary school entrance age) to grade 1. With respect to the quality of learning, the proportion of pupils who attained the minimum levels of learning performance in 2003 remains low, with 36.7 per cent for English and 38.8 per cent for mathematics. The combination of low enrolment and low achievement means that only one out of five children realizes his/her right to a quality basic education.

HIV/AIDS is a pervasive reality: 16 per cent of Zambians aged 15-49 years are infected with HIV. Amongst urban women aged 20-24 years infection rates reach 22 per cent and rise to 42 per cent for women aged 25-39 years. This reality impacts not only the lives of children, but also the capacity of human resource-starved sectors, such as health and education, to respond to their needs. Currently, an estimated 1.1 million children are orphaned, 33 per cent of whom are currently living in households headed by grandmothers. It is predicted that the number of orphans will rise to an estimated 1.3 million by 2010, while the number of adults capable of providing care will simultaneously decline. Many orphans are themselves HIV-positive, infected either at birth from HIV-positive mothers or through sexual activity, including the increasing sexual abuse of children by older males. The rate of mother-to-child transmission of HIV without preventive intervention is estimated at 30 to 40 per cent, causing 32,000 children to be born HIV-positive every year.

Recurrent food shortages and faulty rains in the Western, Southern and Eastern provinces have exacerbated the influence of HIV/AIDS and the social and economic vulnerability of households and Zambian society. Socio-economic issues include not only increasing morbidity and mortality, but also the breakdown of traditional coping mechanisms and increasing gender-based abuse and violence against women and children.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Since the onset of the food and water crisis in 2002 and in the context of the 'triple threat', UNICEF, in collaboration with the Government, civil society and other cooperating partners, has continued to respond to the humanitarian needs of the Zambian population in the priority areas of health, nutrition, water and sanitation, education and child protection. Particular attention has been paid to orphans and other vulnerable children (OVC).

Districts presenting cases of chronic and severe malnutrition were identified following the publication in late 2005 of the UNICEF-supported vulnerability assessment conducted by the Government, WFP and others. Nutrition education and mobilization for the early referral of affected children was undertaken in collaboration with the Zambian Ministry of Health, NGOs and sub-national government structures, as well as the training of health workers and the distribution of supplies and equipment to four provinces (Western, Southern, Eastern and Lusaka). Currently, 15 hospitals are providing case management care to severely malnourished children. To this effect, guidelines and protocols, as well as monitoring and evaluation indicators were developed in collaboration with WHO.

To address cholera, UNICEF has been working with the Government to establish committees, provide technical and material support and develop a surveillance system for recent outbreaks. The successful containment of measles and the elimination of polio have allowed UNICEF, in 2004, 2005 and 2006, to enhance its assistance to routine immunization in order to maintain the immunization uptake. Progress included improved vaccine management, forecasting and injection safety, resulting in the vaccination of 80.2 per cent of all children. UNICEF also continued its assistance to the Equity Malaria Control Programme reaching the most vulnerable groups of society, such as refugees, orphans, pregnant women and people living with HIV/AIDS, most of whom have no access to insecticide-treated mosquito nets through regular social marketing programmes.

In response to the HIV/AIDS pandemic, which has reached a point of national emergency, UNICEF is playing a leading role within the UN Country Team in support of the national multisectoral response to the humanitarian crisis. Of particular interest are the inclusion of the social safety nets and the protection of OVC into the United Nations Development Assistance Framework. UNICEF has supported the expansion of prevention of mother-to-child transmission (PMTCT) services in 2006, increasing their number from a dozen in 2002 to more than 220 public health facilities in 2006. Voluntary counselling and testing (VCT) is now offered at more than 250 public health centres in all 72 districts. UNICEF contributed to the supply of VCT HIV test kits in 2005 and 2006. Efforts to strengthen laboratory capacity for managing opportunistic infections and paediatric treatment are also underway. This is particularly critical in light of the antiretroviral therapy scale-up plan launched by the Government in September 2004, and for which UNICEF partially procures antiretroviral drugs with resources from the Global Fund to Fight Aids, Tuberculosis and Malaria. Lessons learned from the support provided to selected orphanages caring for HIV-infected children will help to document and replicate efforts to increase the access of HIV-positive orphans to antiretroviral therapy.

In response to the shocking rate of sexual and gender-based violence against women and children, UNICEF continued to support the partnership of civil society and Government to raise awareness on sexual exploitation among women's groups in various provinces and informal urban settlements where the prevalence is at its highest. In this regard, provincial consultations were held on a draft bill to address gender violence. With psychosocial support constituting an important intervention in addressing violence and other vulnerabilities, in 2006 the Ministry of Community Development and Social Services conducted 46 district and community trainings for community workers. Community action plans for 2007 were developed at these trainings to provide psychosocial support to victims of violence and vulnerable households caring for OVC.

The care and support of orphans continued to be expanded with the assistance of UNICEF, other development partners and community-based NGOs/faith-based organizations. Programmes addressed needs such as education, psychosocial support and livelihood for caregivers. At the policy level, with the support of UNICEF, the Ministry of Sport, Youth and Child Development launched a revised Child Policy, incorporating OVC issues, as well as a revised Youth Policy. UNICEF assisted the Ministry of Community Development and Social Services to undertake a study on street children aiming to inform policy formulation as well as strategies to address the growing number of street children in the country. UNICEF also assisted this Ministry in launching a draft manual on minimum standards of care in child-care institutions, such as orphanages, day-care centres, and others. The National Committee for Orphans and Vulnerable Children is becoming more active, and its members have contributed to the *Zambian Fifth National Development Plan* by developing the chapters on social protection.

In order to address school drop-out rates due to chronic drought and famine, UNICEF, in cooperation with the Ministry of Education and WFP, has been running a rural school feeding programme in five districts in Southern and Eastern provinces since 2002, as well as a WFP/Project Concern International/UNICEF-supported urban intervention in three districts in Lusaka province. During 2006, the education programme provided non-food items to 107 schools, targeting 66,047 pupils in the 17 most drought-affected districts in Western, North-Western, Southern, Eastern and Lusaka provinces. WFP provided food aid in the same schools. As part of the school feeding programme, UNICEF supported Sport in Action to train the teachers and parents from the 61 schools on the integration of HIV/AIDS and child rights messages into sports and games. School-in-a-box and recreation kits were provided to the children participating in the school feeding programme and to the Angolan refugee children. UNICEF will continue implementing these interventions in severely drought-affected schools in Western, Southern, Eastern, and Lusaka provinces, in collaboration with the Ministry of Education, NGOs and UN development partners, such as WFP.

### 3. PLANNED HUMANITARIAN ACTION FOR 2007

#### **Coordination and partnership**

Overall responsibility for national disaster management is with the Office of the Vice-President of the Republic of Zambia. UNICEF is a member of the Government's Committees of the Disaster Management and Mitigation Unit, which implements disaster management programmes and activities. Effective coordination and partnership among the UN Country Team and other cooperating partners is ensured through the Disaster Management Working Group, which coordinates all disaster management actions. In addition, there are various other mechanisms, such as the Expanded HIV/AIDS Theme Group, the Disaster Management Consultative Forum, the National Epidemics Preparedness Committee, the National OVC Steering Committee, the Health Sector Committee, the Education Sector Strategy Coordination Committee, and the School Feeding Programme Steering Committee. UNICEF is an active member of all these planning and coordination mechanisms.

#### **Regular programme**

The current Country Programme 2007-2010 has four components – health, nutrition and HIV/AIDS; basic education; water, sanitation and hygiene education (WASHE); and child protection – with a pre-eminent focus on HIV and AIDS. At the same time, emergency preparedness and programming will be thoroughly integrated into all programming components.

### **Health, nutrition and HIV/AIDS (US\$ 3,000,000)**

During 2007, the overall goal will be to minimize the impact of the ongoing food crisis and the HIV/AIDS epidemic on the health and nutritional status of children under five, and to ensure that pregnant women in affected areas are identified, receive micronutrient supplementation and malaria prophylaxis and have access to PMTCT Plus services. Specific interventions will include:

- Establish a nutritional status surveillance system to monitor changes in the nutritional status of vulnerable populations, measure the impact of food and nutrition interventions, and provide timely data for adapting programme interventions;
- Support the treatment of severely malnourished children through training and capacity-building in the management of severe malnutrition; provide therapeutic food (F75, F100, Plumpy'nut, antibiotics), cooking sets and technical assistance;
- Strengthen the existing disease surveillance, recognition and response system; provide essential drugs and equipment and ensure adequate monitoring and response capacity for the management of cholera outbreaks;
- Provide micronutrient supplements to children and pregnant and lactating women (vitamin A, iron/folic acid);
- Support malaria prevention and control through the distribution of impregnated mosquito nets and antimalarial drugs;
- Ensure targeted measles vaccination of children under 15 years in vulnerable areas;
- Maintain and increase EPI coverage supporting the cold chain and improving injection safety.

### **Water and environmental sanitation (US\$ 890,000)**

In 2007 UNICEF will intensify its efforts in responding to acute water and sanitation needs in the Southern and Eastern provinces of the country. The southern African nations are prone to droughts and have been hit repeatedly over the last 10 years. UNICEF will continue collaboration with the Ministry of Education and WFP to expand the school feeding programme in drought-affected areas. During 2007, WFP and UNICEF will assist another 10,000 children in Southern and Eastern provinces. An additional 200 schools are estimated for inclusion and will receive the following assistance from UNICEF:

- Construct/rehabilitate water sources (approximately 100 boreholes);
- Construct/rehabilitate latrines (separate for boys and girls) and handwashing facilities, and conduct hygiene education campaigns in 200 schools;
- Procure and distribute 20-litre jerrycans to 200 schools for water storage, as well as chlorine for water treatment;
- Procure and distribute vegetable seeds for school gardens to supplement dry rations;
- Support programme implementation in 10 districts (district coordination, technical assistance, logistics, communications, etc.).

### **Education (US\$ 1,450,000)**

In collaboration with the Ministry of Education, NGOs and UN development partners, such as WFP, the following interventions will be implemented in all 2005 drought-affected and still vulnerable schools in four provinces (Western, Southern, Eastern and Lusaka):

- Expand the school feeding programme benefiting approximately 150,000 pupils, which provides a minimum package of non-food items to 300 schools, while WFP continues to provide food aid;
- Continue to promote sports (football, netball, volleyball and traditional games) as a medium for sending key messages related to HIV/AIDS prevention and child abuse among schoolchildren, teachers and the community. Support will entail the provision of recreation and school-in-a-box kits, as well as the training of teachers and parents/community schools committee members on social mobilization and advocacy through sports;
- In order to ensure effective implementation of education in emergencies, the section will require additional technical staff who will be directly responsible for managing and coordinating these activities with education colleagues and development counterparts.

### Child protection (US\$ 750,000)

During 2007, the child protection response will aim to further mitigate the negative impact of violence and sexual abuse against children, as well as extend adequate care for OVC (to be based in the family and the community), through the following activities:

- Support further consultations on the draft bill on gender violence and promote its enactment;
- Train 90 community facilitators on international legal instruments protecting children's and women's rights and on other humanitarian principles to raise awareness on the rights of children and women in 100 communities in 18 districts targeting traditional leaders, teachers, social workers, relief workers and other key community members;
- Support 100 Community Welfare Assistance Committees to provide psychosocial support to victims of violence and vulnerable households caring for OVC and to monitor abuse and gender violence;
- Train at least 300 law enforcement officers of the Police (Victim Support Unit) on human rights instruments and the management of abuse cases;
- Support the Community Welfare Assistance Committee in 18 districts to strengthen the coping mechanisms of elderly-headed households caring for OVC and to ensure access to basic social services;
- Provide technical assistance to implement and monitor child protection emergency interventions.