

UNFPA ZAMBIA
Country Programme Performance Summary

A. Country Information		
Country name: ZAMBIA		
Category per decision 2007/42: A	Current programme period: 2011-2015	Cycle of assistance: SEVENTH

B. Country Programme Outputs Achievement

Output 2: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence			
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Indicators	Baseline	Target	End-line data
2.1 Existence of LMIS system for monitoring/tracking RH commodities.	1	2	One LMIS system in place for monitoring and tracking RH commodities

Key Achievements			
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- The establishment of a national co-ordination mechanism for procurement of contraceptives, forecasting and quantification of contraceptives at national level;
- Procurement of approximately 50% of the forecasted RH/MH commodity needs for the public sector each year, which contributes an average of 914,049 couple years of protection per annum;
- National FP2020 8-year scale-up plan (2013 – 2020) developed, costed and disseminated to all provinces.
- Three provinces out of 10 provinces incorporated interventions of the national FP2020 scale-up plan into provincial plans in 2014;
- About 270 health care providers and managers from selected districts acquired knowledge in supply chain management;
- 704 Safe Motherhood Action Group (SMAG) members and Community Based Distributors (CBDs) acquired knowledge in distribution of modern contraceptive and condoms;
- 270 service providers acquired knowledge in long acting and reversible contraceptive;
- Development of the annual national RH procurement plans, informed by evidence-based forecasting and quantification
- Score card for monitoring FP2020 commitments in place; and
- 20 high profile FP ambassadors identified and engaged to advocate for an enabling environment for FP.

Output 3: Increased national capacity to deliver comprehensive maternal health services (including integrated SRH-HIV, youth and adolescent health services)			
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Indicators	Baseline	Target	End-line data
3.1 Number of Provinces that have established MDSR systems supported by UNFPA	0	8	6 provinces established MDSR systems
3.2 Number of obstetric fistula cases successfully repaired with UNFPA support	300	500	1,786 obstetric fistula cases successfully repaired in the period beyond the target.

Key Achievements			
<ul style="list-style-type: none"> • 1,786 fistulae survivors have been repaired with varying levels of post-operation outcomes as revealed by the fistula tracking study; • About 50% increase in utilization of Maternal Health Services in 14 districts resulting from training of 180 midwives, 179 Nurses, and 704 Safe Motherhood Action Group (SMAG) members and Community Based Distributors (CBDs), engagement of 25 retired midwives, and refurbishment of 9 maternity waiting homes and delivery rooms in supported districts. • Institutional capacity of 14 midwifery training institutions strengthened through provision of midwifery teaching models, text books, job aids and ICT equipment. • Midwifery workforce capacity to provide quality midwifery services strengthened through revision of existing curricula namely: (a) Basic Registered Midwifery practices (b) Enrolled Midwifery; and (c) Direct Entry Midwifery; as well as the development of a new BSc Midwifery curriculum. In addition, UNFPA supported the revision of midwifery practice tools for monitoring labor consistent with ICM standards. • Conducted national assessment on emergency obstetric care, fistula tracking study and reproductive health commodity security survey to generate evidence to inform targeted sexual reproductive health programme interventions; especially in rural and underserved areas. • Mainstreamed gender components in the delivery of integrated sexual reproductive health information and services, achieved through the development of national guidelines on the multi-disciplinary management of GBV survivors and subsequent capacity building for health care workers; 			
Output 4: Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments			
Indicators	Baseline	Target	End-line data
4.1 Existence of revised CCP strategy	0	1	Comprehensive Condom Programming Strategy was revised as well as the Revised National AIDS Strategic Framework is in place
Key Achievements			
<ul style="list-style-type: none"> • National AIDS Strategic Framework and Comprehensive Condom Programming Strategy revised and guidelines for SRH/HIV for integration developed, alongside on-going evidence-based design and piloting of SRH/ HIV integration service delivery models. • 6,000,000 male condoms and 500,000 female condoms were procured in 2014 alone and distributed using the last mile approach • The COMDOMIZE! Campaign was scaled up using strategic events at national and provincial level which reached over 10,000 young men and women with key messages on HIV prevention and services; • 662 men and boys were reached through peer to peer education and 555 young people reached with Youth Friendly Services. 			
Output 7: Increased national capacity to design and implement community and school based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality			
Indicators	Baseline	Target	End-line data
In and out of school CSE education curricula aligned to international standards with UNFPA support	0	2	CSE curriculum revised to reflect gender sensitive information and has been integrated into the national school curriculum. It is currently implemented in Grades 5, 8 and 10. The draft out of school CSE curriculum is being developed in 2015.
National guidelines, protocols and standards for HCWs to deliver quality SRH for adolescents and youth	0	3	Minimum standards for youth friendly service provision developed. Guidelines on SRH/HIV integration developed. Zambia Adolescent Health Strategy in place.
Key Achievements			
<ul style="list-style-type: none"> • Phased roll-out of CSE curricula for in-school in 5 districts of 4 provinces - starting with grades 5, 8 and 10 reaching over 20,000 students aged between 10 and 15years old. • In collaboration with the Ministry of Youth and Education, currently developing the out-of-school curricula to be rolled out in 2016 • Guidelines for SRH/HIV integration developed and validated, alongside complementary capacity building of health workers and programme managers at national, provincial, district and health facility levels • Minimum standards for youth friendly services and Adolescent Health Strategy developed to guide quality and equitable service delivery to young people, including adolescents. 			
Output 8: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage			

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Indicators	Baseline	Target	End-line data
Existence of a national strategy on ending child marriage	0	1	The national strategy is being developed and will be launched in June 2015
Key Achievements <ul style="list-style-type: none"> Increased availability of data on marginalized and vulnerable adolescents and young women through in-depth analysis of the 2010 census data. Enabling legislative actions secured which includes the enactment of an anti-gender based violence bill, revision of the marriage act which increased the age of marriage to 18; amendment of the draft constitution to reflect reproductive rights dimensions; and harmonization of customary and statutory laws regarding the age of marriage within the draft constitution. Facilitated the establishment of a multi-sectoral coalition at policy and programme level on ending child marriage 10 traditional leaders championing community-based interventions on ending Child marriages resulting in pronouncements and dissolution of child marriage unions; Conducted a rites of passage study to generate evidence on cultural practices that limit reproductive rights and entrench gender inequality for use in evidence-based advocacy, policies and programming. 			
Output 13: Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication and sustainable development			
Indicators	Baseline	Target	End-line data
Number of reports & processes supported by UNFPA to successfully include population dynamics and its linkages to poverty & sustainable development	12	17	The additional six (6) national strategies were informed with disaggregated data and population dynamics: <ul style="list-style-type: none"> a) National Health Strategic Plan 2011-2015; b) Revised Sixth National Development Plan 2013; c) Zambia Adolescent Health Strategy 2011-2015; d) UN Country Analysis Report 2014; e) Eight Year Family Planning Scale-Up Plan 2013; and f) Demographic Dividend Study
Key Achievements <p>There was strengthened capacity for data generation and increased availability of disaggregated data and the following were achieved:</p> <ul style="list-style-type: none"> Monographs on population variables from the 2010 population and housing census for provincial, district and constituency levels; and for key sectors were developed and disseminated to inform national development planning, programme implementation and monitoring. Post Enumeration Survey report available. The 2013-2014 Zambia Demographic and Health Survey and the Living Condition Monitoring Survey were supported with final reports available. Capacity building of 120 analysts resulted in the in-depth analysis of the 2010 census data of population and housing, resulting in monographs and summary publications on adolescents and young women. Conducted the Demographic Dividend study whose results are available. Capacity building of 120 planners on integration of population dynamics into relevant national and provincial plans guided by a national training module on population and development Improved technical capacity of 10 Central Statistical Office staff on maternal mortality data triangulation resulting in the estimation of the 2013/14 ZDHS maternal mortality ratio. 			

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
<i>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</i>					

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Reduction of Maternal mortality ratio	591/100,000 live births	2011	398/100,000 live births	2013/2014	The 2015 target is 185/100,000 underscoring the need for continued programme support in improving access to sexual reproductive health services
Percentage of deliveries assisted by skilled health personnel	47% of deliveries by skilled health personnel	2011	64% of deliveries were by skilled health personnel	2013/2014	The 2015 target of 60% was surpassed
Contraceptive Prevalence rate	33% for modern methods	2011	45% for modern methods	2013/2014	The 2015 target of 58% is yet to be met underscoring the need for continued programme support
Adolescent fertility rate	146/1000	2007	141/1000	2013/2014	Fertility has slightly reduced among adolescents though targeted programming is required for the population group

Summary of National Progress

Maternal Mortality ratio reduced from 591/100,000LB in 2007 to 398/100,000LB in 2013, though higher than the targeted 185/100,000 by 2015. Skilled attendance at birth increased from 47% in 2007 to 64% in 2013 with institutional delivery also increasing to 67%. The contraceptive prevalence rate for modern contraceptives methods by currently married women increased from 33% in 2007 to 45% in 2013. The unmet need for family planning has slightly reduced from 27% in 2007 to 21% 2013.

UNFPA's Contributions

UNFPA provided technical assistance to the national institutions - Ministry of Health, Ministry of Community Development Mother and Child – to improve the enabling policy environment for Reproductive Maternal and Newborn health, including the development of the National Health Strategic Plan, costed Eight Year Family Planning Scale-Up Plan 2013-2020; National AIDS Strategic Framework and sub-sector strategies and policies which guides priority investments and actions to improve the Reproductive and Maternal Health outcomes. UNFPA supported national forecasting and quantification processes for reproductive health commodities and procured 50% of the modern contraceptive commodity needs for the public sector; thereby contributing to an average of 914,049 couple years of protection per annum. UNFPA supported the distribution of commodities to ensure availability at service delivery points.

UNFPA supported the development of the national supply chain strategy and action plan; alongside capacity building of health care providers on logistics and supply chain management; all of which is aimed at strengthening supply chain management at all levels. UNFPA strengthened capacities of 16 national institutions and over 1,900 health care providers on emergency obstetric care, fistula prevention and repairs, family planning technology, health response to gender-based violence, adolescent sexual reproductive health services, and HIV prevention.

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Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health					
Percentage of girls first married before age 18	42%	2007 (ZDHS)	45%	2013/14	There is a rising trend of child marriage between 2007 and 2013 underscoring the need to ensure effective implementation of strategies following the 2013 launch of the multi-sectoral coalition on ending child marriage

Summary of National Progress

45% of girls currently aged 25-49 married by age 18 and 65% by age 20 according to the 2013/14 ZDHS, reflecting an increasing trend in age of first marriage and a greater risk of long-term fertility due to early child bearing among young girls; which in turn contributes to high fertility. To address early child marriage and associated teenage pregnancy, Zambia made significant progress in the enacting laws and putting in places policies to advance gender equality. These include the enactment of an anti-gender based violence bill, revision of the marriage act which increased the age of marriage to 18; amendment of the draft constitution to reflect reproductive rights dimensions; and harmonization of customary and statutory laws regarding the age of marriage within the draft constitution.

There is also the National Action Plan on women, girls and HIV; National Gender Policy; in-school Comprehensive Sexuality Education curriculum and a draft out-of school CSE. In addition, minimum standards for youth friendly service provision, guidelines on SRH/HIV integration and Zambia Adolescent Health Strategy have been developed to guide programme implementation. Zambia is also implementing the school re-entry policy to support pregnant girls to return to school. However implementation of the aforementioned laws, policies, strategies and plans remain limited.

Zambia has put in place statutory bodies like Human Rights Commission of Zambia, whose mandate includes monitoring and tracking accountability for human rights, including reproductive rights. The Government of the Republic of Zambia also established a Ministry of Chiefs and Traditional Affairs which provides oversight and leadership in policy formulation and programming on multi-sectoral issues requiring involvement of the traditional institution, including prevention of child marriages in communities and chiefdoms.

UNFPA's Contributions

Provided lead technical and financial support to the Ministry of Gender, Ministry of Chiefs and Traditional Affairs and Civil Society organizations to formulate and implement gender related policies and laws, guidelines and protocols on adolescents. UNFPA supported Zambia's launch of a national campaign to end child marriage leading to the establishment of a multi-sectoral coalition on ending child marriage and the engagement of 10 traditional leaders championing community-based interventions that have resulted in dissolution of child marriage unions.

UNFPA also contributed to the revision of the in-school comprehensive sexuality education curriculum to reflect gender-sensitive information, however there is need for additional revisions to reflect rights-based sexual reproductive health components in the curricula. UNFPA is supporting the development of the out-of-school CSE curricula, which requires advanced support to ensure effective implementation through targeted approach and strategic partnerships within out-of-school programmes.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

National Development Plans integrating population dynamics	Sixth National Development Plan	2011	Revised Sixth National Development Plan	2014	
Conduct of censuses and surveys.	2000 Census and 2007 ZDHS	2011	2010 Census and 2013/2014 ZDHS	2015	

Summary of National Progress

Zambia revised its 2007 National Population Policy to reflect the appropriate linkages between population and national development; strengthened capacity of planners on integration of population variables into the national development planning processes and conducted the Demographic Dividend Study, which provided policy options on priority actions to be undertaken by Zambia in order to harness its demographic dividend. Zambia is using its strengthened institutional and technical capacities to inform annual planning and budgeting, as well as the conceptualization of the 7th National Development plan towards actualizing Vision 2030.

Zambia conducted the 2010 Housing and Population Census and the Post Enumeration Survey. The 2013 -2014 Zambia Demographic and Health Survey was conducted with support from UNFPA, UNICEF and USAID.

UNFPA's Contributions

UNFPA provided technical and financial support for the conduct, dissemination and in-depth analysis of the 2010 Housing and Population Census, resulting in increased availability of disaggregated data for policy formulation and targeted programming. UNFPA also played a significant role in advocating for in-country resource mobilization for the 2010 population and housing census which secured funding from DFID. UNFPA provided the sole support to government for the Post Enumeration Survey was also successfully carried out. It should be noted the 2013 ZDHS has included some questions on fistula for the first time ever.

UNFPA partnered with the Central Statistics Office for the preparatory and execution phases of the 2013 – 2014 ZDHS with specific support to staff capacity building, adaptation and pre-testing of survey instruments, household listing, communication and publicity, to mention a few. The main report of the DHS has been disseminated. The ZDHS is contributing to the body of evidence on progress and unfinished business for SRH outcomes in the country; especially articulation of indicators and targets for the post 2015 development era.

E. Country Programme resources						
SP Outcome (for 2013 onwards only) Choose only those relevant to your CP	Regular Resource (000) (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (000) (Planned and Final Expenditure)	
Population and Development	1,805	1,977	600	3,386	2,405	5,363
Sexual Reproductive Health	6,605	7,238	1,500	8,464	8,105	15,702
Adolescents and Youth	778	852	300	1,693	1,078	2,545
Programme coordination and assistance	422	463	0	0	422	463
Total	9,610	10,530	2,400	13,543	12,010	24,073