REPUBLIC OF ZAMBIA

United Nations Population Fund - Zambia

GOVERNMENT OF THE REPUBLIC OF ZAMBIA (GRZ)
And
THE UNITED NATIONS POPULATION FUND
(UNFPA)

Photo Credit: UNCG/Zambia/2012/T9D_0706/Georgina Smith

SEVENTH
COUNTRY PROGRAMME ACTION PLAN
(CPAP)
2011 – 2015

TABLE OF CONTENTS **PAGE**

List of Acronyms

ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BEmONC	Basic Emergency Obstetric and Neonatal Care
CARMMA	Campaign to Accelerate the Reduction of Maternal Mortality in Africa
CAPAH	Coalition of African Parliamentarians Against HIV and AIDS
CCA	Common Country Assessment
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
7CP	Seventh Country Programme
CBOs	Community Based Organization
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSO	Central Statistics Office
EmONC	Emergency Obstetric and Neonatal Care
FACE	Fund Authorization and Certificate of Expenditures
FNDP	Fifth National Development Plan
GBV	Gender Based Violence
GDP	Gross Domestic Product
GIDD	Gender in Development Division
GRZ	Government of the Republic of Zambia
HIV/AIDS	Human Immuno-deficiency Virus and Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
ICPD POA	ICPD Programme of Action
ILO	International Labour Organization
IPs	Implementing Partners
JASZ	Joint Assistant Strategy for Zambia
MCA-Z	Millennium Challenge Account - Zambia
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MNCH	Maternal, Neonatal and Child Health
NAC	National HIV/AIDS/STI/TB Council
NASF	National AIDS Strategic Framework
NEX	National Execution
NGOs	Non-Governmental Organizations
NPPP	National Project Professional Personnel
PD	Population and Development
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
SGBV	Sexual and Gender-Based Violence
SMAGs	Safe Motherhood Action Groups
SNDP	Sixth National Development Plan
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SWAP	Sector-Wide Approach
TFR	Total Fertility Rate
UNAIDS	United Nations Joint Action on AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNZA	University of Zambia
UNICEF	United Nations Children's Fund
UNS	United Nations System
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
ZAPPD	Zambia All Party Parliamentary Group on Population and Development
ZDHS	Zambia Demographic and Health Survey

Common Framework

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of Zambia (hereinafter referred to as the Government) and the United Nations Population Fund (hereinafter referred to as UNFPA)

Furthering their mutual agreement and cooperation for the fulfillment of the International Conference on Population and Development Programme of Action;

Building upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;

Entering into a new period of cooperation as described in the United Nations Development Assistance Framework (UNDAF 2011-2015);

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

This Country Programme Action Plan (CPAP) from its signature replaces all anterior dispositions.

The CPAP and its annexes can be modified with the mutual consent of both parties.

No disposition of the CPAP can be interpreted as a renounce to the protection agreed to the UNFPA by the disposition of the Convention on the privileges and immunities of the United Nations, where the Government of the Republic of Zambia is signatory.

In faith of what the undersigned, authorized for this purpose; signed the Country Programme Action Plan on **14th day** of **February 2011** in Lusaka, Zambia.

For the Government of the Republic of Zambia:

Name: Hon. Dr S. Musokotwane Signature:……...
Title: Minister of Finance and National Planning

For the United Nations Population Fund, Zambia:

Name: Mr. Duah Owusu-Sarfo Signature:…….
Title: UNFPA Representative

I. Basis of Relationship

1. UNFPA Assistance to Zambia is subject to the provision of Standard Basic Assistance Agreement and the Exchange of letters signed between the United Nations and the Government of the Republic of Zambia in September 1996 and ratified by the Government of Zambia in May 2002. The SBAA applies to UNFPA activities and personnel, mutates mutandis, in accordance with the Letter of the Ministry of Foreign Affairs of Zambia dated 17th May 2002 Reference Number IOD/101/8/19. Thus, the UN SBAA and the above Letters constitute the legal basis for the relationship between the Government of Zambia and UNFPA.

2. The programme described herein has been agreed jointly by the Government of Zambia and UNFPA and will be covering the period from 1st January 2011 to 31st December 2015.

II. Situation Analysis

3. Zambia is rich in mineral resources especially copper, abundant water resources, immense forests and vast tracts of arable land. This natural bounty provides a strong foundation for economic growth and development. However, economic and social progress since independence has been highly uneven. Over the past five years, real Gross Domestic Product (GDP) has grown by an average of 6%; driven by policies conducive to new foreign investment, strong macro-economic performance, a mining boom and more than a decade of political stability. Nevertheless, despite these improvements in macroeconomic indicators and general economic conditions in 2009, it was estimated that about 64 percent of the population was poor in 2009 and the prospects for achieving most of the Millennium Development Goals were considered low. Zambia's Human Development Index in 2010 was 0.395 and was ranked 150 out of 169 countries.

4. According to the 2010 Census, the population of Zambia in 2010 was 13.04 million, with annual growth estimated at 2.4 percent. The population is projected to reach 15.5 million by 2015. According to the 2007 Zambia Demographic and Health Survey (ZDHS), the Total Fertility Rate (TFR) is 6.2 at the national level, reaching 7.5 in rural areas. Though knowledge of family planning is universal, the contraceptive prevalence rate is 25 per cent for modern methods. The unmet need for family planning is 27 percent overall but rises up to 47 percent among women aged 40-44 especially in rural areas. The use of modern contraception is closely associated with education level. Life expectancy at birth is 50 years for males and 55 years for females.

5. Although Zambia's population has been ageing as fertility and mortality slowly decline, the population is still relatively young. Forty six per cent of the population is under 15 years of age. The median age at first marriage for women is 18 years. The teenage pregnancy rate (15-19 years) is at 146 per 1,000 and higher in rural than urban areas. Youth-friendly sexual and reproductive health information and services are not accessible to a vast majority of young people. Due to the large numbers of adolescents and young people entering reproductive ages coupled with already low use of family planning services, the potential for future growth due to population momentum is considerable and may negatively impact national development indicators. Additionally, the number of young people entering the labour market is expected to grow steadily over the coming decades—requiring significant investment in comprehensive youth development so that Zambia benefits from demographic dividend.

6. Commendable progress has been recorded in the reduction of maternal and infant mortality. The maternal mortality ratio declined from 729 per 100, 000 live births in 2002 to 591 in 2007. The infant mortality rate declined from 95 deaths per 1,000 live births to 70 over the same period. The decline could be attributed to increase in births assisted by health workers, increase in community sensitisation efforts and improved emergency obstetric care.

According to the 2007 Zambia Demographic and Health Survey (ZDHS), births assisted by skilled health workers increased from 43 per cent in 2002 to 47 per cent in 2007—an insufficient but welcome improvement. Nonetheless, the health sector suffers from poor quality of services, poor infrastructure and inadequate qualified human resources.

7. High HIV prevalence is a major concern affecting national development. The adult HIV prevalence rate is estimated at 14.3 percent having reduced from 16.1 in 2002. About 1.6 per cent of the population between the ages of 15 and 49 are newly infected each year. HIV prevalence is higher in urban than in rural areas and also higher among females than males. The key drivers of the HIV epidemic are low and inconsistent condom use especially in long-term relationships, multiple and concurrent sexual partnerships, low levels of male circumcision, Mother to Child Transmission (MTCT), sex work and men having sex with men, and mobility and labour migration. The spread of HIV is further compounded by other structural factors such as gender inequality and poverty.

8. Gender-based violence is a common phenomenon in Zambia. According to the 2007 DHS, forty-seven (47) percent of women aged 15-49 have experienced gender based violence. GBV cases are on the increase in Zambia, from 8,261 in 2009 to 8,467 in 2010 – with the 2007 ZDHS showing that women in urban areas are more likely than their rural counterparts to report ever having experienced both physical violence (50% versus 44%) and sexual violence (23% versus 18%). Similarly, urban women are more likely than rural women to have ever initiated physical violence against their husband/partner (14% compared with 8%). The role of increased recognition and reporting of sexual violence needs to be better understood in this context.

9. The Government of the Republic of Zambia undertook a mid-term review of the Fifth National Development Plan in October 2009 as part of the development of the Sixth National Development Plan (SNDP 2011 - 2015). The Government in collaboration with the Millennium Challenge Account-Zambia (MCA-Z) also undertook a "Constraints Analysis to Inclusive Growth in Zambia" (informed by a 2008 World Bank study). The review and the analysis identified a number of challenges such as: (i) high HIV prevalence; (ii) deep-rooted poverty and food insecurity; and (iii) weakened governance systems, which adversely affected public service delivery capacity. These challenges undermined past gains in socio-economic and human development.

10. The UN system in Zambia also undertook a mid-term review of the UNDAF (2007 -2010) as well as the Basic Social Services component of the UNDAF in July 2009. The results of these reviews identified a number of challenges such as human resource constraints (inadequate qualified personnel and low retention of personnel), low quality of health care, gender inequalities and weakened family support systems. They recommended the need for: (i) strengthening UN collaboration at the country level within the framework of "Delivering as One"; (ii) assisting Government to strengthen systems for human resource management; and (iii) improving the monitoring and evaluation of UNDAF and country programme interventions whose M&E systems were found to be weak. The results of these analyses formed the basis for identifying the priorities of the UNDAF (2011-2015). The UNDAF, the UNFPA Strategic Plan (2007-2011), the draft Sixth National Development Plan and the MDGs formed the basis for formulating the 7th Country Programme.

III. Past Cooperation and Lessons Learnt

11. Since the late 1970s, UNFPA has supported six country programmes in Zambia. The goal of the Sixth Country Programme (6CP, 2007-2010) was to contribute to improved quality of life by achieving population growth commensurate with socio-economic development. In October 2010, an evaluation of the 6th UNFPA Country Programme was undertaken. The main findings were: (i) to a large extent the outputs for reproductive health, and population and development were achieved; (ii) The output for gender was not fully achieved due to management and coordination difficulties; (iii) the 2007 Demographic and Health survey was completed and analysed;

(iv) the 2010 population and housing census was conducted and the data was being processed; (v) population issues were incorporated in the Sixth National Development Plan and the draft Seventh National Development Plan (2011-2015); (vi) the capacities of health providers (nurses and midwives) were strengthened in basic and comprehensive emergency obstetric care; (vii) a centre of excellence for fistula repairs was established at the University Teaching Hospital; (viii) activities of Safe Motherhood Action Groups (SMAGs), parent elder educators and peer educators led to increased demand for reproductive health services in the two programme provinces; (ix) HIV prevention campaigns for youth and adults contributed to improved behaviour change in many communities; and (x) the production of a manual to standardise peer education for youth which was the first in Zambia.

12. The evaluation of the country programme revealed such challenges as: (i) inadequate qualified personnel in most programme areas, coupled with high staff attrition; (ii) inadequate baseline data to facilitate monitoring and evaluation of programme performance; (iii) delay in the inception of the CP that affected implementation rate during the first year; (iv) the absence of a detailed technical assistance plan which affected the quality of delivery especially in the gender component. The key lessons learnt include: (i) the need to strengthen the monitoring and evaluation of the country programme; (ii) the need to increase the understanding of national officials about population and development; (iii) the effective integration of population issues into development plans would be achieved by developing appropriate modules and by orientating national officials about the modules; (iv) the need for better targeted advocacy to ensure stronger political commitment to population issues; (v) the need for strengthening human resource management for health and other areas of concern of the country programme; (vi) the need to strengthen the gender component of the country programme in order to enhance the conceptual understanding of gender and its linkages to development; (vii) community mobilisation and support were crucial factors in improving reproductive health outcomes in the programme areas, especially in rural areas. These findings of the evaluation have been taken into account in the formulation of this CPAP.

IV. Proposed Programme

13. This Country Programme Action Plan aims at operationalizing the Country Programme Document (CPD) that was approved by the Executive Board of the United Nations Population Fund in January 2011. It was formulated through a participatory process with implementing partners simultaneously with the review of the 6CP and the development of the 2011 annual work plans. It will assist in tracking the progress that will be made towards achieving the MDGs as they relate to the CP outcome areas. The CPAP was revised in April 2012 in order to align it with UNFPA's revised strategic focus whose new goal is "*to achieve universal access to SRH (including family planning), to promote reproductive rights, reduce maternal mortality, and to accelerate progress on the ICPD agenda and MDG 5 (A and B), in order to empower and improve the lives of underserved populations, especially women and young people (including adolescents)*". The programme will therefore seek to address three pillars of maternal health namely Family Planning, Emergency Obstetric and Neonatal Care (EmONC), midwifery services and HIV prevention, given the link between HIV and maternal mortality. This three-pronged strategy will be key to the accomplishment ensuring that women have access to contraception to avoid unintended pregnancies, pregnant women have access to skilled care during pregnancy, at the time of birth and following child birth; and those with complications have timely access to quality emergency obstetric care. Given that HIV contributes significantly to maternal mortality in Zambia, HIV prevention including elimination of mother to child transmission especially prongs 1 and 2 will be a core component of the maternal health programme. The programme will also support interventions addressing population dynamics, and gender based violence (GBV) as a way of providing an enabling environment for the attainment of the programme's maternal health objectives.

14. The goal of the UNFPA Country Programme is to contribute to poverty eradication by strengthening reproductive health services and enhancing Government's capacity to implement a multi-sectoral population programme. The programme will be implemented using a rights-based approach with a focus on mobilising policy makers and communities, and strengthening capacities to address the population and reproductive health challenges in the country. Participation and accountability will be at the fore and efforts will be made to ensure that programme activities strengthen the links between individual rights and the responsibilities of duty bearers. All efforts will be taken to use lessons learnt from the evaluation of the just completed CP to improve the design and implementation of the 7CP and AWPs.

15. Within the principle of 'Delivering as One', the UNCT has agreed that the areas for joint programming with other United Nations agencies will include maternal health, HIV/AIDS interventions, Gender Based Violence, interventions for in-school and out-of school youth and disaster management. In line with UNFPA's new Cluster Approach, efforts will also be made to ensure that women, girls and young people (including adolescents) are not only the primary beneficiaries of the programme but also become empowered actors in national development.

16. The programme will have both a national and provincial level focus. At national level, the programme will focus on policy support, data collection, capacity strengthening and advocacy. At district level, the programme will support integrated reproductive health and population integration interventions in selected districts in North Western, Luapula and Western Provinces. Districts will be selected on the basis of poor maternal outcomes and HIV prevalence using information from the Baseline Survey and national data.

17. The 7CP is aligned with the priorities of the United Nations Development Assistance Framework (UNDAF) 2011-2015, the Government's Sixth National Development Plan, (SNDP) the National Population Policy, the National Health Strategic Plan, the National AIDS Strategic Framework (NASF) 2011-2015, the MDGs and the UNFPA Strategic Plan as outlined in Table 1 below. The country programme has eight outputs that will contribute to various outcomes in the UNDAF and UNFPA strategic framework.

Table 1: Links between the SNDP, UNFPA Strategic Plan, UNDAF Outcomes and CP Outputs

SNDP goals that the CPAP will contribute to	UNFPA Outcomes that the CPAP will contribute to	UNDAF Outcomes that the CPAP will contribute to	CPAP Outputs
SNDP goal on Population and Development To attain economic growth that is three times higher than the population growth rate	**OUTCOME 1** Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies	**OUTCOME 2** Targeted populations in rural and urban areas attain sustainable livelihoods by 2015	**OUTOUT 01:** Increased national capacity and advocacy to incorporate population dynamics and gender issues into national development planning
SNDP goal on Health To attain significant reductions in maternal and child mortality rates in line with health related MDGs	**OUTCOME 2** Increased access and utilization of quality maternal and new-born health (EmONC) and family planning services	**OUTCOME 3** Vulnerable people living in Zambia have improved quality of life and wellbeing by 2015	**OUTPUT 02:** Strengthened National Capacity for Comprehensive Midwifery Programmes (Regulation, Education and Association)
			OUTPUT 03: Strengthened National Capacity for Emergency Obstetric and New-born Care (EmONC), including fistula management.
	OUTCOME 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions	**OUTCOME 3** Vulnerable people living in Zambia have improved quality of life and wellbeing by 2015	**OUTPUT 04** Strengthened national systems for reproductive health commodity security (RHCS)
			OUTPUT 05: Strengthened national capacity for community-based interventions for family planning services including dual protection methods
SNDP goal on HIV/AIDS To prevent and continue to reverse the spread and impact of HIV and AIDS by 2015	**OUTCOME 4:** Increased access to and utilization of quality HIV and STI prevention services especially for young people (including adolescents) and other key populations at risk	**Outcome 1** New HIV infections are reduced by 50 percent by 2015, while scaling up treatment, care and support	**OUTPUT 06:** Enhanced national capacity for HIV prevention among young people, including the provision of youth friendly SRH information and services
SNDP goal on Population and Development To attain economic growth that is three times higher than the population growth rate	**OUTCOME 7:** Improved data availability and analysis around population dynamics, sexual and reproductive health (including family planning), and gender equality	**Outcome 2** Targeted populations in rural and urban areas attain sustainable livelihoods by 2015	**OUTPUT 07:** Enhanced national capacity for the Generation, dissemination and utilization of quality statistical data and evidence on population dynamics, young people, gender equality and SRH including in humanitarian settings
SNDP goal on Gender To ensure the implementation of gender responsive policies and legal frameworks in order to attain gender equity and equality at all levels of socio-economic development in the country.	**OUTCOME 5** Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy related to SRH and HIV prevention among women, adolescent girls, young people and key affected populations	**Outcome 5** Targeted Government institutions ensure human rights-based and gender responsive policies, frameworks and services by 2015	**OUTPUT 08:** Strengthened national capacity for addressing gender-based violence (GBV) and the provision of quality integrated services for women, adolescents girls, young people and key affected populations

Output 01

Increased national capacity and advocacy to incorporate population dynamics and gender issues into national development planning

18. This output will be achieved by building the requisite technical capacity at national and provincial levels to integrate population dimensions into key national and decentralized development frameworks and strategies, including the SNDP, the next MDG Report, and provincial development plans.

Key Strategies and Major Activities

19. Results under this output will be achieved through the following strategies: (i) coordination of the implementation of the National Population Policy; (ii) capacity building for integration of population issues into national and decentralized development frameworks; (iii) policy and advocacy.

20. The capacity of the Inter-agency Technical Committee on Population will be strengthened to manage, monitor and promote the national population policy and programmes. The Secretariat of the ITCP will be provided with the required support to enable the Committee to effectively assume its co-ordination role.

21. Capacity building support will include; (i) training of planners at national and provincial levels to integrate population issues into development frameworks and strategies; (ii) strengthening the incorporation of population issues into the SNDP (2011-2015), as well as the next MDG Report; (iii) technical support to the University of Zambia to strengthen the teaching programme in Demography, and the development of modules on the integration of population factors into development frameworks; (iv) support to the University of Zambia Population Students Association (UNZAPOPSA) to enable the student body to participate in awareness creation for the population and development nexus; (v) technical support to the Zambian All Party Parliamentary Group on Population and Development (ZAPPD) to strengthen its capacity to advocate for integration of population dynamics in development planning; (vi) capacity strengthening of government ministries and NGOs that deal with youth issues; and vi) Orientation and mentoring of journalists to strengthen their capacity to competently report on SRH, GBV and PD issues.

22. Policy and advocacy support will be provided through (i) enhancement of institutional effectiveness to support the development and implementation of national population policies (National Population Policy, National Youth Policy, and National Gender Policy) and (ii) advocacy for integration of population factors in various policy development, reviews and implementation.

Output 02

Strengthened National Capacity for Comprehensive Midwifery Programmes (Regulation, Education and Association)

23. This output will support the Government and its partners to strengthen midwifery skills and services. The support will specifically include improving education and training; strengthening regulations and formation of a midwifery association; and enhancing the recruitment and retention of midwives. The Ministry of Health, the General Nursing Council (GNC) and the Midwives Association of Zambia (MAZ) will be the key implementing partners. Support will be provided to these partners to familiarize them on the essential competencies for basic midwifery practice, the Global Standards for Midwifery education, practice, regulation and association as well as the Midwifery Association Assessment Tool.

Key Strategies and Major Activities:

24. The strategies that will be used to achieve this output are advocacy, institution capacity strengthening and capacity building. Advocacy activities will include advocacy for the formation of the midwifery association as well as for the revision of the Midwifery Act.

25. The main activities under institutional capacity strengthening will include: (i) Establishment and dissemination of the midwifery Professional Regulatory Framework; (ii) Updating the nurses and midwifery curricula including the provision of financial support for nurses training as Midwifery tutors and midwives; (iii) Rehabilitation and equipping of midwifery training institutions; and (iv) Mentorship and Supportive supervision of midwifery services.

26. Capacity building activities will include: (i) Provision of technical and financial support for the midwifery interest group to transform into an association; (ii) Capacity building of the Midwives Association will be provided in order to enhance their capacity and skills in advocacy, Leadership, governance and resource mobilization; (iii) training of nurses and midwives to provide skilled care; and iv) Support the training of midwifery tutors by Department of Nursing Sciences at UNZA.

Output 03

Strengthened National Capacity for Emergency Obstetric and Newborn Care (EmONC) including Fistula management.

27. This output will support the strengthening of the capacity of Government and its partners to manage and coordinate operationalization of the National Reproductive Health Policy and the MNCH roadmap. At service delivery level, the programme will support the scaling up of reproductive health services, including those for adolescents, by ensuring the availability of emergency obstetric and newborn care in selected health facilities. The programme will specifically seek to address the factors that influence access to maternal health services; these include socio-cultural factors that delay decisions to seek health care; accessibility issues which delay reaching health facilities; and quality of care issues to ensure availability of adequate and appropriate treatment. The programme will increase the availability and access to EmONC by building the capacity of service providers in safe motherhood skills, family planning, adolescent sexual and reproductive health, and elimination of mother to child transmission, fistula prevention and management, and upgrading selected health facilities and referral hospitals to offer BEmONC and CEmONC respectively. The programme will also help strengthen the referral system between health facilities and communities.

Key Strategies and Major Activities

28. The output will be achieved through capacity building for service providers, institutional capacity strengthening, policy and advocacy and health promotion efforts at national, district and community levels in selected provinces.

29. Capacity building interventions will include (i) training health care providers in EmONC, Focused Antenatal and Postnatal care services and Family Planning; (ii) training selected medical personnel in fistula management including in-service training in fistula repair (iii) conducting fistula repair camps; (iv) provision of mentorship and supervision for EmONC and (v) training SMAGs, peer educators and parent elders in safe motherhood; and (vi) Orienting and mentoring Civil Society Organizations (CSOs) on SRH to strengthen their capacity to advocate for SRH issues.

30. Institutional capacity strengthening strategy activities will include: (i) facilitating the establishment and equipping of at least four BEmONC and one CEmONC facilities in each selected district; (ii) strengthening the national Fistula Centre and the satellite sites; (iv) provision of technical and financial support for coordination activities including Sector Wide Approach (SWAP) and strengthening SRH capacity of Ministry of Health and Ministry of Community Development, Mother and Child Health; (vi) strengthening the institutionalization of Maternal Death Review (MDR) at national, provincial and district levels; (vii) Development, review and operationalization of policies, strategies and guidelines that will address Family Planning, safe motherhood and EmONC; (vii) supporting the standardization of safe motherhood information package and training manuals; (viii) supporting the establishment or refurbishment of maternity/waiting homes; and (ix) facilitating the establishment and/or strengthening of functional emergency referral systems linking rural health centres with provincial hospitals in at least three provinces, including the provision of ambulances to enhance the referral system.

31. Under Policy and Advocacy, the programme will: (i) support the review of the National Reproductive Health Policy; (ii) support the Government to undertake a national EmONC assessment; (iii) advocate to Government for community based SRH data capturing and reporting by Neighborhood Health Committees (NHC) and Community Based Agents (CBA); (iv) advocate for additional investment and leadership for maternal health; including RH commodities; (v) supporting the implementation of the MNCH Communication Strategy; (vi) build the capacity of parliamentarians, traditional leaders and other opinion leaders to advocate for safe motherhood in line with CARMMA; and (vii) advocate for and support the integration of fistula prevention, treatment and social integration with maternal health services.

32. Health promotion activities will include: (i) Engaging community and national radio/TV stations for airing safe motherhood related programmes and activities (ii) Developing IEC materials for safe motherhood, including family planning; (iii) Documenting and disseminating safe motherhood best practices to inform advocacy and programming; (iii) support awareness creation for safe motherhood, EmONC and Fistula prevention; and (iv) Formation and strengthening Safe Motherhood Action Groups (SMAGs), peer educators and other groups to undertake community-based activities to increase demand for reproductive health information and services; and (v) service delivery activities will facilitate the delivery of essential health care and outreach service package in health facilities and communities and will include linkages between child marriages and adolescent pregnancies with maternal and newborn mortality.

Output 04

Strengthened National Systems for Reproductive Health Commodity Security (RHCS)

33. This output will support the strengthening of a comprehensive approach to RHCS by enhancing the capacity of the national Reproductive Health Commodity Security Committee to coordinate RHCS interventions, forecast and quantify needs for contraceptives, supporting a streamlined and efficient contraceptive procurement plan that eliminates adhoc requests; and procuring basic reproductive health equipment, drugs and supplies for all levels of health care as well as supporting the overall implementation of the national reproductive health commodities security strategy. Based on the realization that condom forecasting and projection may be underestimated as it is based on distribution data; the programme will promote Comprehensive Condom Programming so as to increase condom availability and uptake especially by young people, most at risk populations and people in long-term relationship, by strengthening the forecasting, quantification, supply chain of condoms and demand generation for dual protection against unintended pregnancy and the transmission of HIV/STIs.

Key Strategies and Major Activities

34. Programme support will be provided through (i) national capacity building for forecasting, quantification, procurement, distribution and logistics management at all levels of health care; (ii) strengthening of Logistics Management Information System (LMIS) which includes the Channel software; (iii) training of Health Care Providers and Commodity Management Officers in LMIS and supply chain management as well as analysis of LMIS/HMIS data; (iv)strengthening national coordination mechanisms by supporting the activities of the National Reproductive Health Commodity Security committee and the National Essential Medicines Logistic Improvement Program; (v) finalization and implementation of the RHCS strategy as well the development and operationalization of Misoprostol guidelines ; (vi) introduction of the CHANNEL software to computerize RHCS commodity management processes ; (vii) Strengthening MoH capacity for RHCS and advocacy for an increasing government contraceptive budget line ; (viii) advocacy for and mobilization of additional resources to meet the funding gap; (ix) support the procurement of RH commodities and supplies; (x) strengthening the programming and forecasting of condoms for dual protection, and (xi) purchasing contraceptive demonstration models for public education.

Output 05

Strengthened National Capacity for Community Based Family Planning services including dual protection methods

35. This output will focus on repositioning family planning by promoting and enhancing knowledge and use of modern family planning methods, improving access to and availability of the full range of quality family planning methods and services, and supporting the expansion of family planning service providers at community level. It will also address the integration of HIV information and services and family planning service provision. The Ministry of Health in close collaboration with the Ministry of Community Development Mother and Child Health will be supported to train health care providers, Community Based Distributors (CBDs) and peer educator CBDs so that communities access and demand quality family planning and HIV prevention information and services. In addition they will be supported to design and implement effective behavior change communication for family planning for different target audiences including young people and sex workers.

Key Strategies and Major Activities

36. The main strategies for achieving this output will include institutional capacity strengthening, policy and advocacy, capacity building and community mobilization efforts.

37. In order to strengthen institutional capacity, programme support will include: (i) Developing Community Based Distributors guidelines and training manuals; (viii) Procuring equipment for cancer of the cervix screening to integrate in family planning services; (ix) increasing institutional capacity for screening, prevention, treatment of Reproductive Tract cancers; (x) supporting the policy for integration of sexual and reproductive health and HIV/AIDS information and services; (xi) provision of technical assistance to MoH and MCDMCH for the operationalization and implementation of task shifting of longer acting methods to CBDs.

38. Policy and advocacy activities will seek to support the provision of an enabling environment for effective provision of family planning services. The programme will specifically (i) create awareness for task shifting to health professional Regulatory Bodies; (ii) advocate for the integration of family planning into national policies and programmes; (iii) develop and deliver advocacy message for universal access to family planning; and (iv) document and disseminate good practices in family planning.

39. Capacity building activities will include (i) Training health care providers in family planning provision including the supervision Community Based Distributors (CBD); (ii)) building the capacity of CBDs in selected communities; (iii) training health care providers in Long acting Family Planning, (iv (v) supporting outreach for Family planning services; (vii) Training Health Care providers (HCPs) in Visual Inspection with Acetic Acid (VIA) and also advocacy for this training to be integrated in FP trainings; and (x) strengthening the capacity to scale up the screening and detection of early stages of Reproductive Tract cancers.

40. Community mobilization activities will include (i) creation of community awareness for family planning (ii) Conducting family planning campaigns (iii) Developing family planning BCC materials (iv) Identifying and orienting traditional leaders and male motivators as champions for family planning (v) educating and motivating men/boys about male involvement for SRH with focus on family planning (vi) Engaging community and national radio stations for airing Family planning programmes and activities; (v) analyzing and addressing demand barriers for family planning; and (vi) promoting the use of male and female condoms for dual protection.

Output 06

Enhanced national capacity for HIV prevention among young people, including the provision of youth friendly SRH information and services

41. UNFPA's support to the national HIV response will be within the framework of the UNAIDS Division of Labor and the UN Joint Programme for HIV and AIDS. In line with UNFPA's mandate under the UNAIDS Division of Labour, this output will focus on the prevention of sexual transmission of HIV with a special focus on empowering young people (including adolescent girls) to protect themselves against HIV through (a) comprehensive condom programming; (b) comprehensive knowledge through sexuality education for in-school and out of school youths; (c) scale up of HIV Testing and Counseling (HTC); (d) SRH/HIV linkages at policy level and scaling up of integrated youth friendly health service provision; (e) prevention of HIV and unintended pregnancies among young women and girls (Prong 1 and 2 of elimination of mother to child transmission of HIV (eMTCT); and (f) empowerment of adolescent girls. The interventions will be implemented in collaboration with UNICEF and UNESCO who will lead the HIV Testing and Counseling (HTC) and comprehensive sexuality education (CSE) initiatives respectively.

Key Strategies and Major Activities

42. The key strategies to be used include (i) policy and advocacy (ii) capacity building (iii) comprehensive sexuality education (iv) scaling up HIV prevention and youth friendly services (including for key populations); (v) HIV service provision; and (vi) institutional capacity strengthening; and (v) empowerment of adolescent girls.

43. Under policy and advocacy, the programme will (i) convene high level evidence-based policy advocacy events to facilitate the creation of an enabling policy environment for comprehensive sexuality education, and access to youth friendly services including male and female condoms; (ii) strengthen the role of the Coalition of African Parliamentarians Against HIV and AIDS (CAPAH) to advocate for HIV prevention services for young people and key populations; (iii) Strengthen the capacity of Civil Society Organizations (including youth-serving organizations, youth networks, PLWHIV, and community leaders such as chiefs, religious leaders) to advocate for the integration of HIV and SRH services for young people and availability of SRH/FP commodities and services in HIV care settings; (iv) support the advocacy agenda of the inter-ministerial committee on youths, and (v) address barriers to linking SRH and HIV at policy level.

44. In order to enhance the provision of HIV information and services among young people, the programme will (i) build the capacity of peer educators, counselors and other service providers to deliver quality youth friendly services and to promote condom use, HTC and MC, (ii) support the condomize and HTC national campaign initiatives; (iii) support the integration of HIV and SRH services for young people at policy and service delivery levels; and (iv) promote the use of both male and female condoms including supporting condoms social marketing for dual protection.

45. Preventing HIV among women and unintended pregnancies among women living with HIV will be addressed through support to; (v) the promotion and integration of HIV Counseling and Testing into Family Planning and ANC services (using the opt out policy) and male involvement in PMTCT; (vi) promote increased access to and use of family planning services by women living with HIV (vii). These EMTCT activities will specifically target young women.

46. Institutional Capacity strengthening activities will include (i) (ii)support the operationalization of the National Comprehensive condom strategy; (iv) build the capacity of NAC sub-national structures to effectively monitor and evaluate HIV prevention programmes for young people; (iii) support the strengthening of the condom supply chain/distribution channels at national level as well as in selected districts in order to ensure consistent supply of male and female condoms; (vii) Support the Ministry of Health to develop policies and guidelines that will address policy and service delivery -level barriers to SRH/HIV linkages for young people (including adolescents).

47. The programme will work closely with UNESCO and UNICEF to provide comprehensive and life-skills based sexuality education for young people. Key activities will include (i) advocating for developing one comprehensive sexuality education programme that merges life skills and SRH into the school system; (ii) support the establishment of a national resource team to develop and implement CSE curricula for in and out of school youths; (iii) support the training of teachers and youth workers to deliver a comprehensive sexuality education package; (iv) Support social and behavior change communication for young people

48. In order to support access to youth friendly services, the programme will work with PPAZ, Ministry of Youth and Sport and selected CSOs to (i) assess selected public health facilities based on established YFS criteria, (ii) strengthen the provision of youth friendly services; (ii) establish youth friendly centers of excellence; (iii) support the provision of a minimum integrated YFS package to young people in selected health facilities; (iv) support the development of the training materials; and (v) integrate condom programming into reproductive health services.

49. Zambia has been selected as an Adolescent Girls' Initiative (AGI) Champion Country in early 2012. The initiative is a result of the UN Joint Statement on Accelerating Efforts to Advance the Rights of Adolescent Girls signed in 2010 by the heads of United Nations agencies. In partnership with the other UN partners, UNFPA will select a strategic partner with an existing track record in empowering adolescent girls to operationalize and pilot-test the initiative's five key strategic areas, "Educate Adolescent girls; Improved Adolescent girls' health; Keep Adolescent girls' free from violence and harmful practices such as child marriage; Promote Adolescent girl leadership and; Count Adolescent girls" in selected districts. This component will include integration of sexuality education and HIV Prevention into traditional rites of passage programmes in selected districts.

Output 07

Enhanced national capacity for the generation, dissemination and utilization of quality statistical data and evidence on population dynamics, young people, gender equality and SRH including in humanitarian settings

50. To achieve this output, four key interventions will be implemented. These include those to support conduct of 2010 population and housing census; support the 2012 Demographic and Health Survey (DHS); conduct baseline and operational researches; and strengthen national health management information systems (HMIS) in selected districts. The programme will provide support to the Central Statistical Office to collect, process, analyze and disseminate the results of the 2010 Census and 2012 DHS. Support to the HMIS will be aimed at strengthening information needs for reproductive health programming in selected districts in line with two clusters. Technical assistance will also be provided to UNZA and other institutions to conduct researches and publication of research results to enhance policy and decision-making in areas of UNFPA's key mandate. Population projections as well as preparatory activities for the 2020 population and housing census will also be supported.

Key Strategies and Activities

51. The key strategies under this output will be (i) capacity building; (ii) advocacy for data collection and utilization; and (iii) data collection and analysis.

52. Under capacity building, the programme will build the capacity of health providers in selected districts to collect and utilize HMIS data. Support will also be provided for the data entry, processing, analysis and dissemination of the 2010 Census of Population and Housing and the 2012 Demographic and Health Survey (DHS). The programme will also undertake an assessment to examine the effectiveness of the overall census methodology in the light of current approaches and also in order to propose improvements in future censuses.

53. Advocacy activities will include (i) supporting stakeholders' dialogue for financial, technical and human resource support for both the Census and DHS, including the development of communication advocacy strategies; (ii) mobilizing resources for the conducting the Census and the DHS; and (iii) supporting the generation of data for evidence-based policy and programme development at national, provincial and district levels. In order to enhance the utilization of data for development planning, the programme will support the development of CSO's data analysis and dissemination capacity to the different levels of end-users through the development of on-line platforms and other relevant infrastructure. The publication and dissemination of thematic reports from the Census and DHS, including maternal health, and adolescents and youth; will also be supported.

54. Technical assistance and funds will also be provided to UNZA and other institutions to conduct research and publication of research results to enhance policy and decision-making in the area of population dynamics. The programme will identify areas/policy issues that need to be researched and initiate and facilitate processes for research. Socio-cultural studies will be conducted to enhance and support the formulation of effective programme interventions.

Output 08

Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services for women, adolescents girls, young people

55. This output will address Gender Based Violence (GBV) from a Sexual Reproductive Health (SRH) perspective, using strategies that will achieve a systematic and multi-sectoral health response to curb the factors and effects of GBV. Technical and financial support will be provided to the Ministry of Health, Ministry of Gender and Child Development, Ministry of Community Development Mother and Child Health and selected CSOs to strengthen the capacity of key institutions, Health facilities and staff to respond to GBV from a reproductive health perspective. Research into the determinants of GBV and the development of "evidence-based" policies and action plans will also be a key strategy in this output.

Key Strategies and Activities

56. The strategies and activities under this output will be implemented within the UN Joint Programme on GBV (2012-2015) which will be implemented in collaboration with UNDP; UNICEF; ILO and WHO. UNFPA will lead the health component of the GBV Joint Programme; whose objective will be to ensure that GBV survivors have increased access to timely and appropriate health services.

57. The key strategies to be used include (i) capacity building; (ii) policy and advocacy; (iii) service provision; and (iv) data collection and analysis.

58. In an effort to strengthen the health sector role in addressing GBV, the programme will support the following capacity building activities; (i) review and roll-out protocols and guidelines for screening, managing and referring GBV cases in health facilities; (ii) training health providers in screening, counseling and managing GBV in selected districts; and (iii) ensure adolescent SRH services address GBV and harmful practices such as child marriages.

59. Policy and Advocacy activities will include (i) Development and operationalization of the Health Sector Policy on GBV; (ii) advocacy for provision of HIV PEP and emergency contraceptives and counseling services in health facilities; (iii) advocacy for the institutionalization of GBV in pre-service training curricula for health professionals; (iv) incorporation of GBV modules in SMAGs training guidelines

60. The key activity under Service Provision will be the creation of awareness on the availability of integrated health services for GBV survivor. Under data collection and analysis the programme will (i) seek to streamline data collection and analysis to ensure that incidence data is recorded in a comprehensive and consistent manner; (ii) strengthen and support existing mechanisms for gathering, processing and sharing GBV statistics as well as the development of suitable GBV indicators; (iii) support the implementation of the recommendations of the HMIS assessment, especially those relating to maternal health information ; (iv) advocate for inclusion of GBV data into HMIS; (v) Provide technical assistance for the standardization of GBV data collection tools; (vi) Provide technical assistance to the mapping of GBV stakeholders; (vii) carry out socio-cultural research on GBV, and districts where other UN partners are not available and UNFPA is operating, the full GBV package will be provided.

V. Partnership Strategy

61. The implementation of the 7CP will be supported by a range of partnerships, including other former UN EXCOM agencies and UN specialized agencies collaborating in the UNDAF (UNDP, UNICEF, WFP, UNAIDS, WHO and ILO). Government departments at national and provincial levels, quasi-government institutions, other donor agencies and NGOs are the main national agencies engaged with the programme. Other donors active in Zambia such as USAID, DFID, SIDA and EU are the collaborating partners through funding or the exchange of experience and technical information. The UN system in Zambia is a key player in the Joint Assistance Strategy of Zambia (JASZ) through which Zambia's development partners have agreed in principle, to work jointly under a "division of labour" with lead partners in supporting the Government of Zambia in the realization of its development objectives. UNFPA and other UN agencies will continue to work with other development partners under a new JASZ that will be launched for the period 2011-2015 and within the framework of the Sixth National Development Plan. Responsibility for the overall co-ordination of the programme lies with the Social and Population Unit (SPU) of the Department of Planning under the Minister for Finance and National Planning. The Ministry of Health and the new Ministry of Community Development Mother and Child Health will be the main implementing partner for the reproductive health interventions in collaboration with Provincial and District Offices of Health. The Ministry of Youth and Sport and the Planned Parenthood Association of Zambia (PPAZ) are the key implementing partners for implementing BCC programmes for youth, strengthening youth networks and mobilizing young people to champion sexual and reproductive health and rights of young people and contribute to national development. The Ministry of Gender and Child Affairs is a key partner under the output addressing GBV and will be responsible for enlisting the support of civil society organization to combat gender-based violence against women and girls. The Social Planning Unit (SPU) of the Ministry of Finance and National Planning (MoFNP) is the main implementing partner for the output addressing population dynamics, with the University of Zambia (UNZA) having specific roles in accordance with their respective mandates. The National AIDS Council (NAC) and the Central Statistical Office (CSO) will be the main implementers for HIV interventions and data collection respectively. Various Civil Society Organizations will provide support to the implementation of the various CP interventions based on their comparative advantages.

VI. Programme Management

Simplification and Harmonisation of Procedures

62. Pursuant to the UN General Assembly Resolution 56/201 on the triennial policy review of operational activities for development of the United Nations system, UNDP, UNICEF, UNFPA and WFP (former UNDG ExCom Agencies) adopted a common operational framework for transferring cash to government and non-government Implementing Partners. Its implementation will significantly reduce transaction costs and lessen the burden that the multiplicity of UN procedures and rules creates for its partners.

63. Implementing Partners will use common forms and procedures for requesting cash and reporting on its utilization. Agencies will adopt a risk management approach and will select specific procedures for transferring cash on the basis of the joint assessment of the financial management capacity of Implementing Partners. The payment modality that will be used for Implementing Partners is Advances. However, two other modalities; Direct Payments and Reimbursement will be considered where the implementing partners have difficulties managing or clearing advances in a timely manner. Regardless of the modality used – advances, direct payment or reimbursement - the Implementing Partner will remain fully accountable for the expenditure and supporting documents for NEX Audit. They will also agree on and coordinate activities to maintain assurance over the utilization of the provided cash. Such jointly conducted assessments and assurance activities will further contribute to the reduction of costs.

64. The adoption of the new harmonized approach is a further step in implementing the Rome Declaration on Harmonization, Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, which calls for a closer alignment of development aid with national priorities and needs. The approach allows efforts to focus more on strengthening national capacities for management and accountability, with a view to gradually shift to utilizing national systems. It will also help agencies shape their capacity development interventions and provide support to new aid modalities.

Execution/Implementation Arrangements

65. At national level, the Ministry of Finance and National Planning and UNFPA will provide joint leadership for policy direction of the 7CP. The MONFP will be responsible for ensuring national ownership and synergy between the UNFPA-supported programme and the government policies and programmes.

66. The programme will be implemented by national institutions, including government agencies and NGOs as well as three provinces (North-Western, Luapula and Western). Technical assistance will be provided internally and internationally, including by UNFPA. The reproductive health interventions will be implemented by the Ministry of Health and Ministry of Community Development Mother and Child Health. The population and development interventions will be implemented nationally and in provinces by the Ministry of Finance and National Planning. The Ministry of Youth and Sport will implement the out-of school youth components of the ARH interventions. The Central Statistics Office (CSO) will undertake the processing, analysis and dissemination of the 2010 Census of Population and Housing and also undertake other surveys including the next Demographic and Health Survey (DHS). The Planned Parenthood Association of Zambia (PPAZ) will continue to implement peer education and other ASRH interventions. The Ministry of Gender and Child Development in the Cabinet Office will implement the GBV interventions with support from civil society organizations. All IPs will be contributing to the relevant Clusters (Women's Reproductive Health; or Adolescents and Youth Cluster) and will adopt a team approach to programme delivery.

Financial Management

67. All cash transfers to an Implementing Partner will be based on the Annual Work Plans agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWPs can be made by UNFPA using the following modalities following capacity assessment of IPs:

- Cash transferred directly to the Implementing Partner:
    - Prior to the start of activities (direct cash transfer), or
    - After activities have been completed (reimbursement);
- Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
- Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.

68. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the implementing partner over and above the authorized amounts.

69. Following completion of any activity, any balance of funds shall be re-programmed by mutual agreement between the implementing partner and UNFPA, or refunded.

70. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a government implementing partner, and of an assessment of the financial management capacity of the non-UN implementing partner. A qualified consultant such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the implementing partner shall participate.

40. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

UNFPA Country Office & Human Resources

71. Currently, the UNFPA office in Zambia consists of a Representative, an Assistant Representative, two national programme officers, four national professional project personnel, an operations manager and support staff. One NPPP in the areas of HIV/AIDS respectively will be recruited to strengthen the CO's technical backstopping to the relevant sub-programme components with UBRAF funds. An expert in Population and Development will be recruited using programme funds and will be located in the Ministry of Finance and National Planning. Other short–term technical assistance will be provided to the IPs on need basis.

72. The UNFPA Africa Regional Office and the Sub-regional Office for Eastern and Southern Africa, based in Johannesburg, South Africa, as well as relevant HQ units and national and international consultants, will provide technical and management support in the implementation of the 7CP as required.

VII. Monitoring, Assurance and Evaluation

73. The programme has been developed using the principles and methods of Results-Based Management. Within the principle of "Delivering as One" efforts will be made to integrate the review of the CPAP with the UNDAF review process. The UNDAF and CPD Results and Resources Framework and the CPAP Results and Resources Framework (Annex I) will provide the foundation for the Monitoring and Evaluation System. The CPAP Results and Resources Framework will be the primary basis on which the achievement of results at various levels will be measured. Participatory monitoring mechanisms will be enhanced in order to capture different actors at various levels of service delivery.

74. The M&E framework includes all the tools for tracking progress of the entire Country Programme. It contains the cornerstones of M&E including research, base and end line surveys, information systems, reviews, field and technical backstopping visits. The Country Programme is committed to operational research including baseline surveys to provide benchmarks for accountability of results. UNFPA and its implementing partners will also be committed to annual reviews of specific programme component interventions in preparation for the CP final evaluation milestone.

75. In line with the above, partners will be required to effectively adopt the use of tools such as the CPAP planning and tracking tool, the CPAP monitoring and evaluation calendar, the annual workplan monitoring tool, etc. to facilitate tracking of progress and effectiveness as well as to identify bottlenecks associated with implementation of the CPAP. Mechanisms will be put in place to improve data collection and ensure that programme implementation is guided by findings documented in the M&E system. In order to improve on monitoring and reporting of progress on the implementation of the CP, the Inter-Agency Technical Committee on Population (ITCP) which meets twice per year shall also be used as a platform. All IPs will monitor and track their direct and indirect programme beneficiaries with UNFPA calculating annual cumulative numbers reached with information and services.

76. The Government of the Republic of Zambia and the UNFPA will be jointly responsible for the regular monitoring and evaluation of the CPAP to ensure efficient utilisation of programme resources, accountability and transparency as well as achievement of results.

77. Implementing partners will be required to agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, implementing partners will agree to the following:

- Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,
- Programmatic monitoring of activities following UNFPA standards and guidance for site visits and field monitoring,
- Special or scheduled audits. UNFPA, in collaboration with other UN agencies and in consultation with the MoFNP will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

78. To facilitate assurance of activities, implementing partners and UNFPA may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

VIII. Commitments of UNFPA

79. The UNFPA Executive Board approved a total commitment for Zambia of the equivalent of the sum of $20.0 million over the five year period beginning January 2011 and ending in December 2015. Of the $20.0 million pledged, $16.0 million will come from regular resources subject to the availability of funds. UNFPA will mobilize an additional $4.0 million through co-financing modalities and/or others sources, including regular resources. The regular and other resources mobilised will be exclusive of those that may be received in response to emergency appeals.

80. The proposed assistance by core programme area (in millions of US$) is as follows:

Programme Area	Resource Commitment		
	Regular Resources	Other Resources	Total
MNCH	9.2	3.1	12.3
HIV & AIDS	0.7	0.5	1.2
Population dynamics	2.7	1.3	4.0
Data	2.2	0.8	3.0
Gender	0.5	0.5	1.0
Programme coordination & assistance	0.7	-	0.7
Total	16.0	4.0	20

81. In the case of direct cash transfers or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within 10 working days from the date of receipt of requests.

82. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with payment within 10 working days.

83. UNFPA shall not have any direct liability under contractual arrangements concluded between Implementing Partner and third party vendor.

84. Where UNFPA and one or more other UN agency(ies) provide cash to the same implementing partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

IX. Commitments of the Government of Zambia

85. The GRZ will provide essential support, as agreed with UNFPA, to Government implementing agencies to carry out the 7th Country Programme of Assistance. Such support will include the recruitment and funding of counterpart positions, the provision of office space and communications, and logistical support. The GRZ will organize periodic programme review and planning meetings and facilitate the participation of NGOs and donors.

86. Each UNFPA-assisted department, whether national, provincial or district, shall maintain proper accounts, records and documentation with respect to funds, supplies, equipment and other assistance provided under this Country Programme. Authorized officials of the UNFPA shall have access to all relevant accounts, records and documents concerning the distribution of equipment, supplies and other materials, experts on mission and persons performing services for UNFPA to observe and monitor all phases of the programme of cooperation.

87. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by implementing partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The implementing partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

88. Cash transferred to implementing partners should be spent for the purpose of activities as agreed in the AWPs only.

89. Cash received by the Government and national NGO implementing partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

90. In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

91. To facilitate scheduled and special audits, each implementing partner from UNFPA will provide the UNFPA or its representative with timely access to:

- all financial records which establish the transactional record of the cash transfers provided by UNFPA; and
- all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

92. The findings of each audit will be reported to the implementing partner and UNFPA. Each implementing partner will furthermore:

- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to the UNFPA.
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to the UNFPA.

X. Other Provisions

93. This CPAP and annexes shall supersede any previously signed CPAP or action plan of operations and will take effect upon signing, but will be understood to cover programme activities to be implemented during the period January 1, 2011 to December 31, 2015.

94. The CPAP may be modified through mutual consent of the Government of the Republic of Zambia and the UNFPA based on annual reviews or compelling circumstances.

95. Nothing in this CPAP shall in any way be construed to waive the protection of the UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities of the United Nations adopted by the General Assembly on 13th February 1946 to which the Government of the Republic of Zambia is a signatory.

96. In faith of what the undersigned, being duly authorized, have signed this Country Programme Action Plan on this …….day of ……2011 in Lusaka, Zambia.

For the Government of Zambia Hon. Dr. S. Musokotwane Minister Finance and National Planning Date:_____		For the United Nations Population Fund Mr. Duah Owusu-Sarfo UNFPA Representative Date:_____

ANNEX I. CPAP Results and Resources Framework (*Based on the CPD RRF)*

UNFPA Strategic Plan Outcome	Country programme output(s)	Output indicators and means of verification	Implementing Partners	Indicative resources by output per annum (000' USD)					
				Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Total
UNDAF Outcome 2: Targeted populations in rural and urban areas attain sustainable livelihoods by 2015 **UNDAF indicator: Proportion of population living in extreme poverty - by sex and geographic area. TARGET: 51% BASELINE: 29%**									
OUTCOME 1: Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies	**OUTPUT 01:** Increased national capacity and advocacy to incorporate population dynamics and gender issues into national development planning	Number of districts incorporating population issues in development planning *Baseline: 0* *Target: 9* Number if revised or new policies that have effectively addressed population and gender issues Baseline: 0 Target: 9 Number of persons who have acquired the knowledge and skills to incorporate population issues in national plans and programmes at national and provincial levels *Baseline: TBD* *Target:50* <u>MOV</u> Sectors and provincial plans/policies Provincial Administrative reports	MoFNP UNZA MoGCD	Regular Resources					
				600	600	500	500	500	2,700
				Other Resources					
UNDAF Outcome 3: Vulnerable people living in Zambia have improved quality of life and wellbeing by 2015 **UNDAF indicator: Maternal mortality rate BASELINE: 591/100,000 TARGET: 185/100,000**									
OUTCOME 2: Increased access and utilization of quality maternal and new-born health	**OUTPUT 02**: Strengthened National Capacity for Comprehensive Midwifery Programmes (Regulation,	Number of midwives and nurses trained with UNFPA support *Baseline: 300* *Target: 1000*	MoH GNC	Regular Resources					
				Other Resources					

(EmONC) and family planning services	Education and Association)	Number of midwifery training institutions rehabilitated and equipped *Baseline: 0* *Target: 4* Midwifery Association of Zambia formed by 2011 *Baseline: 0* *Target: 1* <u>MOV</u> Training reports and Midwifery training schools survey Administrative reports	MAZ						
	OUTPUT 03: Strengthened National Capacity for Emergency Obstetric and New-born Care (EmONC), including fistula management.	Number of functional EmONC sites in selected districts *Baseline: 0* *Target: 18%* % Increase in deliveries assisted by skilled health personnel *Baseline: 47%* *Target: 60%* Number of obstetric fistula cases successfully repaired at supported districts *Baseline: 136* *Target: 500* Number of referral hospitals offering comprehensive EmONC *Baseline: 0* *Target: 3* <u>MOV</u> Health facility survey, Facility registers, ZDHS, HIMS Fistula repair reports HIMS		Regular Resources					
				1,800	1,800	1,600	1,600	1,600	8,400
				Other Resources					

	OUTPUT 04: Strengthened national systems for reproductive health commodity security (RHCS)	Number of service delivery points with ''no stock outs'' of commodities within last 6 months *Baseline: 0* *Target:100* Number of HCPs trained in logistic management and channel software *Baseline: 24* *Target:50* % increase in government budget allocation for contraceptives and condoms *Baseline: 10%* *Target:20%* RHCS Strategic plan developed and implemented Baseline: 0 Target:1 <u>MOV</u> Health facility surveys Training reports Annual national budget on the health sector	MOH MSL						

	OUTPUT 05: Strengthened national capacity for community-based interventions for family planning services including dual protection methods	Number of communities supported in demand generation for modern contraceptives methods *Baseline: TBD* *Target: 50%* Number of CBDs providing information and services within their communities *Baseline: TBD* *Target: 50%* % of women using modern family planning methods *Baseline: TBD* *Target: 50%* <u>MOV</u> Programme Reports	MoH, MCDMCH PPAZ	200	200	150	150	100	800

UNDAF Outcome 1: New HIV infections are reduced by 50 percent by 2015, while scaling up treatment, care and support **UNDAF indicator: 50% reduction of new infections BASELINE: 80,000 TARGET: 40,000**									
	OUTPUT 06: Enhanced national capacity for HIV prevention among young people, including the provision of youth friendly SRH information and services	National Condom Strategy developed and disseminated *Baseline: 0* *Target: 1* Number of facilities providing offering youth friendly services in selected programme areas Baseline: TBD Target: 15 Number of young people (15-24 years) accessing SRH and HIV prevention information and services from facilities providing offering youth friendly services *Baseline: TBD* *Target: 1000* *Number of districts without condoms stock outs in the last 6 months* *Baseline: 0* *Target: 9* <u>MOV</u> ZDHS, SBS,HIMS, Health facility survey	CSOs MoH NAC PPAZ	Regular Resources					
				200	200	100	100	100	700
				Other Resources					

	OUTPUT 07: Enhanced national capacity for the generation, dissemination and utilization of quality statistical data and evidence on population dynamics, young people, gender equality and SRH including in humanitarian settings	Number of policies revised or formulated on the basis of completed policy related studies *Baseline: 11* *Target: 5* Number of reports generated from 2010 population and housing census *Baseline: TBD* *Target: 14* Number of sector and provincial plans and policies utilizing population data *Baseline: TBD* *Target: 21* <u>MOV</u> CSO (Census analytical report) Sector and provincial plans/policies Acts of parliament		500	500	400	400	400	2,200
UNDAF Outcome 5: Targeted Government institutions ensure human rights-based and gender responsive policies, frameworks and services by 2015 **UNDAF Indicator: Percent of reported Gender Based Violence (GBV) cases resulting in convictions BASELINE: 10% TARGET: 60%**									
	Output 08: Strengthened national capacity for addressing gender based violence (GBV) and the provision of quality integrated services for women, Adolescent girls, young people and key affected populations, including in humanitarian setting	% of health facilities offering integrated GBV services to GBV survivors *Baseline: TBD* *Target: At least 50%* Number of trained health workers providing quality GBV services to GBV survivors *Baseline: TBD* *Target: 100* Health sector policy on GBV developed *Baseline: 0* *Target: 1* <u>MOV</u> Programme reports, facility registers Programme reports Training registers Programme reports ZDHS, Programme reports	MOH MCDMCH CSO MOGCD YWCA WILSA WILDAF ZP (Victim Support Unit)		150	150	100	100	500

ANNEX II: Planning Matrix for Monitoring and Evaluation

Expected results (outcomes & outputs)	Indicators (with baselines & indicative targets) and other key areas to monitor	M&E event with data collection method and target	Time or schedule and frequency	Responsibilities	Resources
Outcome1: Population dynamics and its inter linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning,) gender equality and poverty reduction addressed in national and sectoral development plans and strategies **Output 01:** Strengthened national capacity to incorporate population dynamics and its inter linkages with the needs of young people (including adolescents) sexual and reproductive health (including family planning,) gender equality and poverty reduction in NDPs, PRSs and other relevant plans and programmes	Number of districts incorporating population issues in development planning Baseline: 0 Target: 9 Number if revised or new policies that have effectively addressed population and gender issues Baseline: 0 Target: 9 Number of persons who have acquired the knowledge and skills to incorporate population issues in national plans and programmes at national and provincial levels Baseline: TBD Target:50	1. Surveys: one ICPD global survey through a workshop 2. Annual Progress Reviews through Workshop 3. Two Joint field visits (Qualitative and quantitative) Socio-cultural research 4. One Final Evaluation of 7th CP, through a structured questionnaire and Focus Group Discussions	June, 2012 Once per year. . Quarterly per year 2013 once 2015 August once	MoFNP, UNZA MoFNP UNFPA MoFNP, MoH, MoCDMC, UNFPA, CSO, Provinces MoFNP, MoH, MoCDMC, UNFPA, CSO, Provinces UNZA CSO	$30,000 $0 $70,000 $80,000 $100,000
Outcome 2: Increased access and utilization of quality maternal and new-born health (EmONC) and family planning services **Output 02**: Strengthened National Capacity for Emergency Obstetric and Newborn Care (EmONC) including Fistula management.	Number of midwives and nurses trained with UNFPA support Baseline: 300 Target: 1000 Number of midwifery training institutions rehabilitated and equipped Baseline: 0 Target: 4 Midwifery Association of Zambia formed by 2011 Baseline: 0 Target: 1	Health Facility based survey on Emergency Obstetric and New born Care and SRH	2014 once	MoH, CSO, UNZA	$1,500,000
Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive **Output 03:** Maternal, Neonatal and Child Health	Number of functional EmONC sites in selected districts Baseline: 0 Target: 18%	1. One Evaluation of SMAGs	2012	UNZA, CSO	$100,000

(MNCH) Commodities Consistently Available at Service Delivery Points	% Increase in deliveries assisted by skilled health personnel Baseline: 47% Target: 60% Number of obstetric fistula cases successfully repaired at supported districts Baseline: 136 Target: 500 Number of referral hospitals offering comprehensive EmONC Baseline: 0 Target: 3		-	-	-
Output 04: Strengthened National Systems for Reproductive Health Commodity Security (RHCS)	Number of service delivery points with ''no stock outs'' of commodities within last 6 months • Oral contraceptives • Injectables • Condoms • Norplant Baseline: 0 Target:100 Number of HCPs trained in logistic management and channel software Baseline: 24 Target:50 RHCS Strategic plan developed and implemented Baseline: 0 Target:1 % increase in government budget allocation for contraceptives and condoms Baseline: 10% Target:20%				

Outcome 6: Strengthened National Capacity for Community Based Family Planning services including dual protection methods	Number of communities supported in demand generation for modern contraceptives methods Baseline: TBD Target: 50% Number of CBDs providing information and services within their communities Baseline: TBD Target: 50% % of women using modern family planning methods Baseline: TBD Target: 50%				
Outcome 6: Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk.	National Condom Strategy developed and disseminated Baseline: 0 Target: 1 Number of facilities providing offering youth friendly services in selected programme areas Baseline: TBD Target: 15 Number of young people (15-24 years) accessing SRH and HIV prevention information and services from facilities providing offering youth friendly services Baseline: TBD Target: 1000 Number of districts without condoms stock outs in the last 6 months Baseline: 0 Target: 9	1. ZDHS	**2011-2013**	MoH, CSO	$0

OUTCOME 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy related to SRH and HIV prevention among women, adolescent girls, young people and key affected populations **OUTPUT 08:** Strengthened national capacity for addressing gender-based violence (GBV) and the provision of quality integrated services for women, adolescents girls, young people and key affected populations	% of health facilities offering integrated GBV services to GBV survivors in selected programme areas Baseline: TBD Target: At least 50% Number of trained health workers providing quality GBV services to GBV survivors in selected programme areas Baseline: TBD Target: 100 Health sector policy on GBV developed Baseline: 0 Target: 1	1. Socio-cultural research on GBV	2013-2014	**MoGCD, UNZA, CSO**	$92,000
Outcome 7: Improved data availability and analysis around population dynamics, sexual and reproductive health (including family planning), and gender equality. **Output 7**: Enhanced national capacity for the generation, dissemination and utilization of quality statistical data and evidence on population dynamics, young people, gender equality and SRH including in humanitarian settings	Number of policies revised or formulated on the basis of completed policy related studies Baseline: 11 Target: 5 Number of reports generated from 2010 population and housing census Baseline: TBD Target: 14 Number of sector and provincial plans and policies utilizing population data Baseline: TBD Target: 21	1. Analysis of 2010 Census of Population and Housing results through W/hops 2. ZDHS 3. Sample Census	2011-2013 2011-2013 2015	CSO CSO cso	UNFPA 1,000,000 $1,200,000 $1,000,000