



**Executive Board of the  
United Nations Development  
Programme and of the  
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**UNITED NATIONS POPULATION FUND**

**Country programme for Zambia**

Proposed UNFPA assistance: \$15.3 million: \$10 million from regular resources and \$5.3 million through co-financing modalities and/or other, including regular, resources

Programme period: 4 years (2007-2010)

Cycle of assistance: Sixth

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.0	3.1	9.1
Population and development	2.5	1.6	4.1
Gender	0.9	0.6	1.5
Programme coordination and assistance	0.6	0.0	0.6
<b>Total</b>	<b>10.0</b>	<b>5.3</b>	<b>15.3</b>

## **I. Situation analysis**

1. The population of Zambia is expected to reach 15.3 million by 2015. The contraceptive prevalence rate increased from 26 per cent in 1996 to 34 per cent in 2002. The total fertility rate declined from 7.2 children per woman in 1980 to 6.0 children per woman in 2000. More than half the population is under the age of 25. Sixty-seven per cent of Zambians live below the poverty line.

2. According to the 2001/2002 demographic and health survey, more than a quarter of Zambian adolescents have had a child. Despite this, the percentage of girls reaching grade 7 improved from 57 per cent in 1990 to 75 per cent in 2004. The net primary school enrolment rate for girls increased from 69 per cent in 2001 to 75 per cent in 2003, while the rate for boys remained at 71 per cent from 1990 to 2003. Declines in infant and child mortality may be attributed to increased access to family planning services, antenatal care and under-five health care clinics. The under-five mortality rate decreased from 191 deaths per 1,000 live births in 1992 to 168 in 2002. During the same period, the infant mortality rate declined from 107 deaths per 1,000 live births to 95.

3. The maternal mortality ratio increased from 649 deaths per 100,000 live births in 1996 to 729 in 2002, in part due to an increase in the number of women delivering at home without skilled attendants. Access to health services at the community level, especially access to emergency obstetric care, is poor. The percentage of births attended by skilled personnel declined from 51 in 1992 to 43 in 2002.

4. The HIV/AIDS pandemic is impeding development efforts. Sixteen per cent of Zambians aged 15-49 are infected with HIV. Girls aged 15-24 are four times more likely to be infected than boys in the same age group. Nearly a quarter of all Zambians living with HIV/AIDS are under the age of 25, and young people account for half of all new HIV/AIDS cases. Zambia is faced with the "triple threat" of

HIV/AIDS, food insecurity and weakened government capacity to deliver basic social services.

5. The Government has implemented policies and strategies to address these challenges. Zambia is committed to the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development (ICPD), the Beijing Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women. The United Nations system in Zambia has aligned itself with existing planning frameworks such as the national development plan that provided the basis for the 2007-2010 United Nations Development Assistance Framework (UNDAF) and the joint assistance strategy.

## **II. Past cooperation and lessons learned**

6. The fifth country programme (2002-2006) was approved for \$10.25 million. At the national level, the programme provided support to: (a) revise the national population policy; (b) finalize the reproductive health policy; (c) analyse the 2000 census; (d) build capacity to integrate population issues into plans and programmes; and (e) participate in sector-wide approach basket funding.

7. In the North-Western province, the programme supported reproductive health, including adolescent and sexual reproductive health. It strengthened behaviour change communication efforts and the capacity to address gender-based violence. When the programme was formulated, mining operations had not yet begun in the North-Western province. The start of mining activities and the advent of peace in Angola led to an influx of migrant workers, which increased the demand for reproductive health services and made the region more vulnerable to HIV/AIDS.

8. Programme achievements included: (a) ensuring reproductive health commodity security; (b) providing technical assistance to the reproductive health unit; and (c) increasing the

availability and accessibility of high-quality reproductive health services in the North-Western province by strengthening the referral system and supporting the pre-service training of nurses. The programme integrated reproductive health training and mobilized local communities and refugees to use reproductive health services. It helped to improve skills to manage gender-based violence and established safety nets for victims. It also supported the dissemination of the 2000 census results and the production of analytical reports. In addition, it ensured that population and development issues were included in the fifth national development plan.

9. Lessons learned included the need to: (a) increase the participation of UNFPA partners in preparing national development plans to ensure inclusion of the Millennium Development Goals and the ICPD goals; (b) define target populations at the programme design stage to ensure synergy among projects; (c) use sociocultural research to direct programme focus; and (d) consider future developments that affect programme delivery, such as the opening of another mine in the North-Western province and the attrition of trained health providers due to AIDS and emigration.

### III. Proposed programme

10. The goal of the programme is to contribute to improved quality of life by achieving population growth commensurate with socio-economic development. UNFPA and the Government developed the programme with the participation of non-governmental organizations and academia. The programme, which will address national development priorities as reflected in the 2007-2010 UNDAF, is aligned with the fifth national development plan (2006-2010). It consists of three components: reproductive health; population and development; and gender. The components will incorporate advocacy and will adopt a rights-based, culturally sensitive approach.

#### *Reproductive health component*

11. This component will provide high-quality, gender-sensitive, integrated reproductive health

services, including adolescent sexual and reproductive health, emergency obstetric care and the prevention of HIV. Activities will include: (a) strengthening the capacity of the university teaching hospital; (b) supporting reproductive health commodity procurement; (c) developing standards and protocols; and (d) supporting advocacy efforts.

12. The geographical focus will be on North-Western and Luapula provinces. In the North-Western province, the programme will promote joint programmes with the United Nations Children's Fund (UNICEF), the United Nations World Food Programme, the Food and Agriculture Organization of the United Nations, UNDP and the World Bank. In Luapula, the programme will scale up efforts in adolescent sexual and reproductive health and HIV/AIDS prevention. The geographical focus is aligned with government pro-poor and decentralization policies. HIV/AIDS activities will be implemented under one United Nations joint support programme, with UNFPA leading prevention efforts.

13. The reproductive health component has three outcomes: (a) increased access to a comprehensive package of HIV prevention services; (b) increased access to HIV/AIDS treatment, care and support; and (c) increased access of vulnerable groups to high-quality reproductive health services.

14. Output 1: A national HIV prevention strategy is developed by 2007. This output involves developing an HIV prevention strategy and adopting a multisectoral approach for accelerating HIV prevention by working with all stakeholders.

15. Output 2: Mechanisms to prevent the transmission of HIV, focusing on high-risk behaviour, are in place by 2010. This output will be achieved by: (a) developing and implementing guidelines and protocols, including condom programming and life-skills strategies for commercial sex workers, to address high-risk behaviour; (b) orienting stakeholders to scale up HIV prevention efforts; (c) training peer volunteers to promote the use of sexual and reproductive health services and to distribute

reproductive health commodities; (d) training parents, elders and traditional leaders to support adolescent sexual and reproductive health initiatives; and (e) updating the training curriculum for the police force and prisons so that it includes information on reproductive health, HIV prevention and behaviour change communication. The programme will also support the development of youth networks.

16. Output 3: A comprehensive framework for procurement and logistics management, with a focus on service delivery systems, is developed by 2008. This output will involve: (a) strengthening the logistics management information system, including condom programming; (b) procuring a basic reproductive health package of equipment, drugs and supplies for all levels of health care; and (c) ensuring reproductive health commodity security by providing technical and logistical support to the reproductive health commodity security committee.

17. Output 4: Strengthened provision of high-quality integrated reproductive health services, particularly emergency obstetric care. This output is based on the Zambian road map for maternal and newborn health. It will focus on providing integrated reproductive health services to reduce morbidity and mortality by: (a) supporting the pre-service training of nurses and midwives serving in rural health facilities; (b) training health providers in basic and comprehensive emergency obstetric care and safe motherhood; (c) strengthening the referral system for emergency obstetric care; (d) integrating adolescent-friendly health services into all health units; and (e) empowering communities to address high-risk pregnancies and strengthening the reproductive health monitoring and evaluation system.

18. Output 5: Increased availability of culturally sensitive reproductive health behaviour change communication programmes for vulnerable groups. This output will be achieved by: (a) developing and implementing a behaviour change communication strategy for reproductive

health, targeting service providers, women, adolescents, youth and men; and (b) implementing a regional behaviour change communication project on HIV prevention, in collaboration with the Japanese Organization for International Cooperation in Family Planning.

#### *Population and development component*

19. The population and development component contributes to the achievement of two UNDAF outcomes related to HIV/AIDS and institutional strengthening. The outcome of this component is: institutions in support of national development priorities are strengthened.

20. Output 1: Strengthened institutional capacity to implement, coordinate, monitor and evaluate the national population policy and the national gender policy. The programme will design and implement an advocacy strategy to improve implementation of the national population and gender policies by strengthening the capacity of the social and population unit of the Ministry of Finance and National Planning; the inter-agency technical committee on population; and the gender in development division of the Office of the President through short-term training, knowledge-sharing and technical assistance. The programme will support national-, provincial-, and district-level training, including the development of user-friendly training modules.

21. Output 2: Improved capacity of institutions at all levels to collect, analyse and utilize data for planning and policymaking. The programme will support national efforts to conduct and analyse the 2010 census, including training on gender-sensitive data collection and analysis, census mapping and cartography, and management information systems. It will strengthen the capacity of the University of Zambia to implement short-term courses on population as well as the graduate programme in population studies. The programme will support the analysis of the 2006 demographic and health survey, the 2010 population and housing census, and the 2010 demographic and health survey. UNFPA will assist in developing a resource mobilization

strategy to harness additional resources for the 2010 census and the 2010 demographic and health survey. The programme will also build the capacity of youth organizations to utilize data for advocacy and policy formulation.

#### *Gender component*

22. The gender component addresses gender inequalities that contribute to the spread of HIV/AIDS and supports the efforts of national and local institutions to address gender issues. The outcome of this component is: social safety nets for vulnerable groups are strengthened.

23. Output 1: Strengthened responsiveness to gender concerns among institutions and providers of basic social services. This will be achieved by: (a) increasing policy dialogue and strengthening the technical capacity of government departments and offices to mainstream gender issues into social and cultural programmes; (b) building capacity and developing tools to address gender-based violence; (c) supporting the establishment and operations of drop-in centres for victims of gender-based violence; and (d) increasing awareness and capacity to promote the rights of women, adolescent girls and other vulnerable groups.

24. Output 2: Strategy for meeting State party reporting obligations for international conventions is in place by 2010. This will be achieved by: (a) working with parliamentarians and members of the judicial system, in collaboration with other United Nations organizations, to implement the Convention on the Elimination of All Forms of Discrimination against Women; (b) preparing the seventh periodic report of Zambia on the Convention; and (c) networking with women parliamentarians and the Zambia All-Party Parliamentary Group on Population and Development.

#### **IV. Programme management, monitoring and evaluation**

25. The Ministry of Finance and National Planning will coordinate the overall programme as well as the

population and development component. The Ministry of Health will coordinate the reproductive health component while the gender in development division in the Office of the President will coordinate the gender component. Relevant government ministries, the University of Zambia, civil society organizations, the non-governmental organizations coordinating committee and other stakeholders will implement the programme. The coordinators for each programme component will organize biannual reviews, which will feed into the annual UNDAF review process.

26. The Government and UNFPA will carry out monitoring and evaluation in accordance with UNFPA guidelines and the UNDAF results matrix. The programme will develop strategies to enhance national capacity in monitoring and evaluation and will establish monitoring and evaluation mechanisms. UNFPA and the Government will conduct a programme evaluation during the fourth year of the programme. The country office will develop a resource mobilization strategy to harness additional resources for the programme.

27. The UNFPA country office in Zambia consists of a representative, two national programme officers, an operations manager, and several support staff, within the framework of the approved UNFPA country office typology. The office has recruited two national project personnel to strengthen programme implementation and will require five additional national project staff to address HIV/AIDS prevention, condom programming, gender, and monitoring and evaluation. The UNFPA Country Technical Services Team in Harare, Zimbabwe, will provide technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR ZAMBIA

<p><b>National priority:</b> to reduce HIV prevalence from 16% to 5% by 2010 and reduce the socio-economic impact of HIV/AIDS; (b) to further improve health service delivery in order to contribute to the attainment of the health-related Millennium Development Goals and national health priorities; and (c) to promote the observance of good governance principles</p> <p><b>UNDAF outcome:</b> (a) by 2010, the multisectoral response to HIV/AIDS at national, provincial and district levels is scaled up; (b) by 2010, access of vulnerable groups to quality basic social services is improved; and (c) by 2010, institutions, systems and processes in support of national development priorities are strengthened</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome:</b> Increased access to a comprehensive package of HIV prevention services</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>▪ HIV/AIDS prevalence rate</li> </ul> <p><b>Baseline:</b> 16% (demographic and health survey 2001/2002)</p> <p><b>Outcome:</b> Increased access for HIV/AIDS treatment, care and support</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>▪ National HIV/AIDS treatment, care and support strategy is in place</li> </ul> <p><b>Outcome:</b> Increased access of vulnerable groups to high-quality reproductive health services</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>▪ Proportion of births attended by skilled personnel</li> </ul> <p><b>Baseline:</b> 43.4% (demographic and health survey 2001/2002)</p>	<p><b>Output 1:</b> A national HIV prevention strategy is developed by 2007</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>▪ National HIV prevention strategy is in place</li> </ul> <p><b>Output 2:</b> Mechanisms to prevent transmission of HIV, focusing on high-risk behaviour, are in place by 2010</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Protocols and guidelines addressing high-risk groups are in place</li> <li>▪ Percentage of youth accessing services</li> <li>▪ Number of facilities providing adolescent sexual and reproductive health services, including voluntary counselling and testing</li> <li>▪ National youth network is formed and functional</li> </ul> <p><b>Output 3:</b> A comprehensive framework for procurement and logistics management, with a focus on service delivery systems, is developed by 2008</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Procurement and logistics management framework is in place</li> <li>▪ Percentage of facilities with no stock out of basic commodities in a given period</li> </ul> <p><b>Output 4:</b> Strengthened provision of high-quality, integrated reproductive health services, particularly emergency obstetric care</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Percentage of health centres that provide basic emergency obstetric care</li> <li>▪ Percentage of hospitals that provide comprehensive emergency obstetric care</li> <li>▪ Percentage of facilities providing youth-friendly services</li> </ul> <p><b>Baseline:</b> 11% basic and 24% comprehensive (2005 emergency obstetric care survey)</p> <p><b>Output 5:</b> Increased availability of culturally sensitive reproductive health behaviour change communication programmes for vulnerable groups</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>▪ Behaviour change communication strategy on sexual and reproductive health for vulnerable groups developed and implemented</li> </ul>	<p>UNDP; Joint United Nations Programme on HIV/AIDS (UNAIDS); UNICEF; World Health Organization (WHO); Office of the United Nations High Commissioner for Refugees (UNHCR)</p> <p>United States Agency for International Development (USAID); Department for International Development of the United Kingdom</p> <p>USAID</p>	<p>\$9.1 million (\$6 million from regular resources and \$3.1 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> Institutions in support of national development priorities are strengthened</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>▪ Number of functional national institution</li> </ul>	<p><b>Output 1:</b> Strengthened institutional capacity to implement, coordinate, monitor and evaluate the national population policy and the national gender policy</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of staff trained and retained for policy implementation</li> <li>• Report of biannual meetings of high-level inter-agency technical committee on population</li> <li>• Number of new or revised policies and plans that have effectively addressed population and gender issues</li> </ul> <p><b>Baseline:</b> Fifth country programme evaluation report, annual report and report of biannual meetings of the inter-agency technical committee on population</p> <p><b>Output 2:</b> Improved capacity of institutions at all levels to collect, analyse and utilize data for planning and policymaking</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of staff trained and retained</li> <li>• Number of priority studies identified and undertaken</li> <li>• Number of results of surveys disseminated</li> </ul> <p><b>Baseline:</b> Fifth country programme evaluation report, training reports and annual reports</p>	<p>UNDP; UNICEF Norwegian Organization for International Cooperation in Family Planning (NORAD)</p> <p>UNDP; UNICEF; UNAIDS; WHO European Union; USAID</p>	<p>\$4.1 million (\$2.5 million from regular resources and \$1.6 million from other resources)</p>
Gender	<p><b>Outcome:</b> Social safety nets for vulnerable groups are strengthened</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of functional basic social service institutions</li> <li>• Percentage of care providers providing high-quality care for victims of gender-based violence</li> </ul>	<p><b>Output 1:</b> Strengthened responsiveness to gender concerns among institutions and providers of basic social services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of gender-based violence cases reported</li> <li>• Percentage of victim support unit officers, judiciary and other law enforcement officers trained in case management of gender-based violence</li> </ul> <p><b>Output 2:</b> Strategy for meeting State party reporting obligations for international conventions is in place by 2010</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Framework for joint reporting by Government and civil society organizations is developed and in place by the end of 2008</li> </ul> <p><b>Baseline:</b> Ten-year review of ICPD and the national Millennium Development Goal report</p>	<p>UNICEF, UNDP Danish International Development Agency; NORAD</p> <p>International Labour Organization; UNDP; UNICEF; UNHCR</p>	<p>\$1.5 million (\$0.9 million from regular resources and \$0.6 million from other resources</p> <hr/> <p>Total for programme coordination and assistance: \$0.6 million from regular resources</p>