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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Zambia

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Zambia for the period 2002 to 2006 in the amount of $ 17,925,000 from regular resources, subject to the availability of funds, and $47,500,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/ .

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.).

CONTENTS

List of tables

THE SITUATION OF CHILDREN AND WOMEN

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.9).

2. However, in response to observations that the country note did not adequately highlight the many positive developments and opportunities in the current situation, the following are noted: Zambia has benefited from continued peace and political stability; and there has been considerable progress in the formulation and development of key policies and plans - such as the National HIV/AIDS/STD/TB Medium Term Strategic Framework, the Education Sector HIV/AIDS Strategy, and the Poverty Reduction Strategy Paper (PRSP).

3. The situation of Zambia's children and women is increasingly being addressed by Government and its partners with an explicit application of a human rights based approach to programming, focusing on the fundamental rights of children and women to survival, development, protection and participation. This human rights perspective builds on Government's responsibilities as a prime duty bearer for progressive realization of rights of women and children.

4. Recent data revealed another significant finding not included in the country note. Zambia's public expenditure on basic social services has averaged below 7% in the past 5 years. This is a source of concern and a more comprehensive public expenditure review is being carried out under the auspices of the PRSP. Given that Zambia is a beneficiary of the proposed debt relief under the HIPC Initiative, the future trend of investment in the priority social sectors will be of major concern and will require close monitoring.

PROGRAMME COOPERATION, 1997-2001

5. The current country programme identifies the overall goal of strengthening Zambian capacities to promote sustained improvements in the survival, development and welfare of women and children, to be achieved through three broad strategies: positioning children and women at the centre of Zambia's reform and development agenda; increasing access to quality services; and strengthening district, community and family capacities to protect and care for children. These strategies were pursued vigorously.

6. During the current country programme period, UNICEF has campaigned for the primacy of the rights of children and women in national policy and strategy development, including the Health Sector Strategic Plan; Basic Education Sub Sector Investment Programme (BESSIP); Water, Sanitation and Hygiene Education (WASHE) strategies; the Orphans and other Vulnerable Children (OVC) steering committee; and the Gender policy. UNICEF's active participation in the PRSP process has strengthened an appreciation of the centrality of children and women's rights in the development of national poverty alleviation strategies.

7. Awareness was raised as a result of an extensive six-month consultative process undertaken by the Government in compiling the initial State Party Report (SPR) on the Convention on the Rights of the Child (CRC). This national effort facilitated wide Government consultation with children, youth, adults and various service providers/duty bearers through a series of provincial workshops, polls, radio programmes, debates and focus group discussions.

8. During the current programme, progress was made in improved access to basic services. Progress was most apparent in increased access to safe water and sanitation, community schools, reproductive health services, immunization, food fortification and malaria prevention. In all areas a specific emphasis was placed on addressing gender imbalances, particularly in girls' education. Strong partnerships with communities, empowerment and awareness raising activities have worked to foster Zambian ownership, and concurrent capacity development efforts

(household to national) have been key to making improvements sustainable.

9. Under the goal of promoting sustained improvement in the health and nutrition status of women and children, the Primary Health Care and Nutrition programme provided technical and financial support at the national and district levels. Since 1997, UNICEF in collaboration with JICA, WHO and USAID has provided vaccines, vitamin A capsules, cold chain equipment, communication and other logistical support for the National Immunisation Days and Child Health Weeks. This support contributed to coverage rates above 90% and 91% for polio vaccines and vitamin A, respectively in 1998. As Chair of the UN expanded theme group on HIV/AIDS, UNICEF played an instrumental role, assuring inclusion of issues related to prevention of mother to child transmission (MTCT) of HIV, support for OVC and advocacy for increased action for youth in the National HIV/AIDS/STD/TB Medium Term Strategic Framework. In the area of reproductive health, a maternal syphilis intervention in 5 urban districts was launched with a view to expanding to other areas, improving essential obstetric care in 3 districts and establishing youth friendly health services for adolescent reproductive health. These interventions provided an entry point for the introduction of voluntary counselling and testing for HIV and interventions to reduce MTCT of HIV --- introduced in 1999 in 3 districts. At community level UNICEF supported the implementation of a successful community based malaria control programme in Luapula province which significantly reduced malaria prevalence among users of insecticide treated bednets. Based on malaria evaluations conducted in 1998 and 2000, this programme has been expanded to 38 districts and is a major part of the national roll back malaria strategy.

10. The Education for All programme has addressed quality and access of education with a specific emphasis on girls' education, HIV/AIDS, life skills and the provision of learning opportunities for excluded groups. Through strong advocacy interventions and support to policy development, UNICEF has contributed significantly to the current prioritisation of girls' education and HIV/AIDS and life skills in education, as reflected by the inclusion of two separate components in the sector wide approach (SWAP) to Education: 'Equity and Gender' and 'HIV/AIDS'.

11. With increased financial support from NORAD, CIDA, USAID and the Government of the Netherlands through UNICEF, the girls' education pilot programme, which started in 1995 in 2 districts, targeting 20 schools, was brought to scale under Government leadership. It is currently being implemented in over 600 schools in all 9 provinces of the country. The number of community schools providing learning opportunities for excluded groups has also increased from less than 50 in 1997 to over 700 in 2001. The major supporting partners in this effort were the Canadian and UK National Committees and the New Zealand Government. UNICEF assisted to establish a co-ordinated support network and improve teaching and learning practices and standards in the community. The Ministry of Education, with strong involvement of UNICEF, has developed policy guidelines in support of community schools. With funding from the UNICEF National Committees of Canada and the UK, support to a number of non-governmental organizations (NGOs) in the field of HIV/AIDS peer education has resulted in the establishment of anti-AIDS clubs for in- and out-of-school children and youth, and strengthened capacities of youth to undertake HIV/AIDS peer education activities. Youth participated actively in the development of a youth-to-youth manual on learning activities on growing up, sexual health, HIV/AIDS and life skills.

12. The Water, Sanitation and Hygiene Education (WASHE) programme continued to assist the Reform Support Unit (RSU) and the National WASHE (N-WASHE) to implement water and sanitation sector reforms. A new co-ordination unit has been created in the Ministry of Local Government and Housing to continue with the implementation of sector reforms. The Sanitation Strategy, launched in 1998, was published and disseminated nationally. Following the national strategy, all 13 UNICEF supported WASHE districts prepared their own district sanitation

strategies in 2000. The WASHE concept is now widely accepted and interventions are reaching 62 out of Zambia's 72 districts - a dramatic expansion from the 10 districts initially supported by UNICEF in 1997. Many agencies in the sector are using the WASHE concept and partnerships with international agencies and programmes have been strengthened through this common approach. In the 13 districts, now supported by UNICEF with funds from the Netherlands, USAID, Ireland Aid, NORAD and several National Committees, the District WASHE Committees (D-WASHE) have now gained sufficient experience to plan, implement and monitor their own programmes.

13. Since 1997, through the UNICEF supported programme and other donor assisted programmes, the water coverage in 2 supported provinces, based on district surveys carried out in 2000, has increased from 33.9% and 46.7% to 42% and 53%, respectively. Through UNICEF's support of community-level capacity building training on the proper use and maintenance of WASHE facilities, a recent survey in 10 districts indicated that about 90% of hand pump facilities are working properly. An estimated 22,000 households have built family latrines and started to use them. The number of family latrines built each year in the UNICEF supported districts increased progressively from 200 in 1997, 3,800 in 1998, 7,800 in 1999 to 22,000 in 2000. National sanitation coverage (all methods) has also increased from 63% in 1990 to 77% in 2000. Recent surveys indicate that 32.9% of families have latrines in use (highest district having 42%). About 50% of the latrines are kept clean and are used properly. About 43% of people wash their hands at essential times, 40% use dish racks and 77% store drinking water safely.

14. The goal of the Advocacy, Planning and Action for Women and Children programme had been to create a policy environment which places the highest priority on the needs of children and women and recognizes and strives to fulfil their rights. In response to recommendations arising from the Mid Term Review (MTR), the programme was restructured into the Child Protection programme, and communication efforts integrated into the related programmes. Under the Child Protection programme a number of awareness activities were undertaken in an effort to create an enabling environment that placed highest priority on the progressive realization of the rights of children and women. These activities included training programmes for parliamentarians, counselors, NGOs, district and community development committees. UNICEF supported "Children's Summits" during the Day of the African Child. These provided a forum for children's participation and expression of their opinions to decision makers. UNICEF also supported four provincial consultations on child rights and two studies on knowledge/perceptions of child rights. These in turn contributed to the drafting of Zambia's initial SPR. With support from USAID, DFID and the key line ministries of the Government, two successful national workshops and a regional workshop on OVC for 14 countries from Eastern and Southern Africa were held. These provided practical guidelines for programming for OVC. A direct outcome of these workshops was the establishment, in 2001, of a Zambian national steering committee on OVC, which is providing necessary policy guidance and leadership.

15. In addition, responding to the rapidly expanding population of children in need (especially orphans and street children), a major study on orphans and vulnerable children jointly sponsored by the Government, USAID, SIDA and UNICEF was completed in 1999. Based on its primary recommendation that caring for such large numbers of OVC is best assured in community and family-based arrangements, over 50,000 OVC have been supported at the household level. This has been facilitated through two NGO networks with a combined community-based NGO membership of 146. Direct support has also been provided to a number of smaller NGOs using community-based approaches. Other community-based approaches were piloted to identify and broaden programming options, such as exemption of health fees for 6-16 years of age OVC in 9 districts and a childcare upgrading programme that will establish a national registry and regulate care institutions in the country in accordance with minimum standards of care.

Lessons learned from past cooperation

16. The lessons learned remain essentially the same as described in the country note.

17. Subsequent to the drafting of the country note, a national review of progress on the World Summit for Children goals was undertaken. A lesson learned was that, once achieved, results must be actively sustained or progress can be reversed. Only a sustained commitment accompanied by continued implementation efforts can ensure that goals once reached are not lost. Such has been the experience with salt iodation. Use of iodized salt which measured high at mid decade was considerably lower than expected at end decade.

18. In addition, the experience of the current country programme has pointed out that policy development and action plans and strategies do not in and of themselves result in improved conditions for children and women. The proposed country programme will build on the policy achievements of the previous cycle and will seek to address the evident gap between policy articulation and the political will to assure results oriented implementation of programmes, and sectoral integration at all levels.

RECOMMENDED PROGRAMME COOPERATION, 2002-2006

Regular resources : $17,925,000
Other resources : $47,500,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	Regular Resources	Other Resources	Total
Primary Health Care & Nutrition	4 333	13 775	18 108
Basic Education	3 987	11 162	15 149
Water, Sanitation & Hygiene Education	3 625	10 213	13 838
Child Protection	4 350	12 350	16 700
Cross-sectoral costs	1,630	0	1 630
Total	17 925	47 500	65 425

a/ The breakdown for estimated yearly expenditures is given in Table 3.

Country programme preparation process

19. The 1999 MTR, which was a comprehensive and highly consultative process, provided a strong foundation for the subsequent strategy formulation process in 2000. The country programme builds on the outcomes and recommendations of the MTR and strategy development meetings that involved a broad range of partners and stakeholders. Leadership and coordination was provided by the Ministry of Finance and Economic Development (MOFED). A number of important concurrent processes contributed to the strategy development and the elaboration of the country programme of cooperation. These include the Common Country Assessment (CCA), PRSP, the End Decade Goal Report and the preparation of the initial SPR on the CRC. The Strategy Meeting was held in October 2000 and endorsed the overall direction of the proposed country programme. A conceptual framework focused discussions on linking interventions to address the immediate, underlying and basic causes of factors influencing the health and wellbeing of women and children.

20. The country programme preparation process also benefited from thematic discussions with key partners, close collaboration with government counterparts, dialogue with young people (part of the Global Movement for Children (GMC)

initiative) and consultation with donors, diplomatic missions, NGOs, representatives of civil society, national institutions and the UN system. Feedback on the country note from the Executive Board was shared with partners and the issues raised were addressed. The consensus in this dialogue was reflected in the development of the country programme recommendation. Following these consultations at country level, the primary health care programme, and the water, sanitation and hygiene education programme were delinked. This responded to concerns of many partners that the importance of water and sanitation might be eroded through the merger proposed in the country note.

Country programme goals and objectives

21. To synthesize Zambia's national priorities and UNICEF's global and regional priorities, it has been agreed to pursue a country programme of cooperation that aims at providing support to build Zambian capacities to uphold national obligations to the survival, development and welfare of women and children as articulated in the CRC and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Relation to national and international priorities

22. Zambia's commitments as a party to the CRC and CEDAW will be the foundation on which UNICEF cooperation will be based. Human rights will be the central guiding principal for the new country programme of cooperation. The 2002-2006 country programme will continue to be consistent with and supportive of government development policies and programmes. The country programme is also designed to address the remaining challenges and unmet World Summit for Children and National Plan goals, within the context of the CRC and CEDAW.

23. UNICEF interventions will take place in the context of ongoing, dynamic economic and public sector reforms. The comprehensive cross-sectoral PRSP has emerged as perhaps the most important current initiative, and provides an integrated framework for interventions directed at reducing widespread and increasing poverty, in part through a reduction of the debt burden. Sectoral targets provide a clearly articulated long-term frame of reference for the objectives of the proposed country programme. Also of particular relevance is the 1999 National Capacity Building Programme for Good Governance, which aims to strengthen good governance, accountability, decentralization and national focus on human rights.

24. SWAPs in the health and education sectors are mechanisms which are increasingly used to channel support from many donors. Capacity building for accountability and transparency is a major concern for the SWAP co-operating partners participating in expanded pooled funding. UNICEF will continue to engage in and monitor SWAPs development, but will take a pragmatic approach as a co-operating partner within the UNICEF global guidelines. UNICEF plans to continue its active engagement in SWAPs development, common planning and monitoring mechanisms to ensure that human rights principles are underscored and fully integrated into plans and activities as appropriate.

25. In addition, the CCA, using a human rights framework, has been produced. This will serve as a basis for developing the United Nations Development Assistance Framework (UNDAF), and all programmes of cooperation of the UN system in Zambia. UNICEF is an active participant in the local UN reform process, and the proposed country programme of cooperation has been developed with full consideration of the CCA/UNDAF processes.

26. The 2002-2006 country programme will also be aligned to both established and emerging UNICEF strategic priorities at regional and global levels,

including the ones stipulated in the Medium-Term Strategic Plan: girls' education; integrated policies for early childhood development (ECD); immunization (+); HIV/AIDS prevention among children; and protection of children from violence, exploitation and abuse.

Programme strategy

27. The programme strategy remains largely as described in the country note. However, more attention will be given by all programmes to increasing participation of youth and children at all levels. This recognizes that they are the most important stakeholders and agent for behavioral changes. Their participation is crucial in tackling many development problems, particularly HIV/AIDS. In this regard, the right to information becomes critical to enable young people and children to make informed choices and to meaningfully participate in development activities. The GMC provides an excellent opportunity for mobilization and development of the leadership that will be required for such enhanced participation of youth and children.

28. The Primary Health Care and Nutrition programme will be implemented in support of national efforts as articulated in the 2001-2005 National Health Strategic Plan and within the framework of the ongoing health sector reform and SWAP. The programme comprises three components which address child health; maternal and adolescent health; and nutrition. UNICEF will contribute to the reduction of infant and under five mortality and maternal mortality resulting from preventable childhood illnesses, malaria and HIV/AIDS. The health reform decentralization process and the availability of a growing number of NGOs and community based organizations provide an opportunity for UNICEF to work with these structures to promote community ownership and effectively engage communities and service providers/duty bearers (at the district and community levels) in the management, coordination and delivery of health care services.

29. The programme will focus its support in the rural and peri-urban areas. Specific activities that will be supported include: i) promotion and improvement of the integrated management of childhood illness (IMCI) in 9 provinces (integration of malaria, nutrition, ECD and HIV/AIDS); ii) strengthening the community based malaria prevention programme in rural areas of 5 provinces; iii) strengthening the community based growth monitoring programme in 8 districts; iv) strengthening the coverage and quality of national routine childhood immunization services (including tetanus toxoid for pregnant women and adolescent girls); v) promoting good infant feeding practices; vi) providing micronutrient supplementation (including Vitamin A in all 72 districts); vii) strengthening and expanding prevention of MTCT, youth friendly health services and essential obstetric health services.

30. The expected key outcomes for this programme include: increased use of IMCI at community level in 9 provinces; immunization coverage rates maintained above 80% for all antigens and above 60% for tetanus toxoid (TT2+) for pregnant women; a reduction of malaria morbidity and mortality rates by 50% in the targeted 5 provinces; increased coverage and quality of UNICEF supported youth friendly health services; prevention of MTCT of HIV and improved reproductive health services; increased use of appropriate infant feeding practices; and increased community based monitoring of growth and development of infants and children.

31. The Basic Education programme will work within the framework of Zambia's Education SWAP (BESSIP) and will be based on the education policy 'Educating our Future'. The programme will assist the Government in achieving its target of 100% net enrolment by 2005 for grades 1-7, and will contribute to a substantial increase in the percentage of grade 5 students reaching a minimum standard of literacy and numeracy (currently only 32%). The programme has three closely linked programme components: Learning Achievement, HIV/AIDS and Life Skills, and Community Based Education.

32. The Learning Achievement component will focus on improving the quality of education in Zambia and the promotion of a reduction of gender disparities in education. This will be done by improving the focus on learning achievement and through the promotion of child-friendly school environments. To improve sustainability, communities will receive basic management training. The implementation mainly concentrates on Eastern and Southern Provinces in close collaboration with the WASHE and Health programmes for more effective integration. Strong partnerships will be formed with NGOs. To improve the learning process in schools, teachers will be trained in child-centered and gender sensitive teaching and learning methods, including Child-to-Child approaches. The component will contribute to addressing and integrating gender sensitivity into education policies.

33. The HIV/AIDS and Life Skills component aims to develop and expand effective quality teaching and learning that develop the knowledge, attitudes and life skills of children and adolescents and promotes positive, healthy behaviour change. To achieve this, the component will support HIV/AIDS peer education activities, mainly through NGOs, and the introduction of life skills training for in- and out-of-school children and adolescents. Interventions targeting out-of-school children and youth will include support to community anti-AIDS clubs, training of HIV/AIDS peer educators and support for their outreach activities. Existing pilot activities in these areas will be brought to scale in the proposed country programme, building on successes and lessons learned.

34. The Community Based Education component aims to strengthen ECD and improve the capacity of communities to provide learning opportunities through community schools. This component will focus especially on the policy aspect of early childhood and care practices. At national level, ECD will be coordinated by a cross-sectoral steering committee that will initiate baseline research on ECD practices. Additionally, this component will support the provision of quality basic education through community schools by strengthening community capacities to manage their schools with child-centered teaching/learning methods, and to create stronger linkages with the formal education system. Community based training activities will strengthen care practices of parents and other caregivers in selected districts.

35. The Water, Sanitation and Hygiene Education (WASHE) programme, through its two components (Community WASHE, and School Health and Hygiene), will seek to reduce the incidence of morbidity and mortality among children under 5, to support improved water and sanitation facilities, and to strengthen the capacity and skills of parents and caregivers to ensure the right of children to safe water and a clean environment. WASHE has been shown to be an effective entry point into communities and will continue to be a leading intervention. Once WASHE is established in new communities other interventions will be integrated. The programme will aim at the adoption of improved WASHE practices and capacity building for 75,000 households (15% of the rural population) and at least 1,000 schools in 15 selected districts of 3 provinces. Households with orphans and under 5's will be particularly targeted. The programme will strengthen community-based management of water supplies, sanitation and hygiene practices.

36. Effective partnerships with Government, NGOs, traditional leaders and private sector will be capitalized on, and during the proposed programme period UNICEF will seek to phase out its supply support role. The focus of the public-private sector collaboration will be to bring more efficiency and cost effectiveness to the provision of services and supplies. UNICEF will strengthen support of community access to financial resources such that in the longer term, communities will be able to support their own WASHE initiatives through privatized local sustainable funding initiatives. Communities will also be able to access funds from the Zambian Social Investment Fund (ZAMSIF), a recently initiated Zambian social funding initiative.

37. The overall goal of the Child Protection programme is to support national efforts for the progressive realization of the rights of children and women to protection, particularly for the most vulnerable. To this end the proposed programme aims at strengthening capacity of key duty bearers and facilitating the creation of a more conducive environment. This objective will be achieved through three inter-linked and mutually reinforcing components: mainstreaming of children's and women's rights; institutional capacity building for child protection; and children in need of special protection.

38. The first component will support various activities that will foster a stronger sense of duty bearers' accountabilities within the context of the CRC. The component will assist with the dissemination of the CRC and CEDAW in local languages. UNICEF will also assist Zambia with legal reforms to domesticate into local laws the human rights principles in the CRC. A popularized version of Zambia's initial SPR will be widely disseminated, and used to advocate for integrating children and women's rights into training curricula for law enforcement officers, social workers and teachers.

39. The institutional capacity building component is designed to build Zambian leadership and strengthen co-ordination by Government of children's issues. Capacities of personnel in key governmental and non-governmental organizations will be strengthened in order to enable them to effectively plan, coordinate and develop policies and related activities. OVC profiles will be developed in 30 districts to improve the relevance and impact of the policies and activities. In addition, the capacity to monitor the provision of care assuring minimum standards will be strengthened.

40. The rapidly growing number of OVC has been absorbed mostly by extended families, whose coping capacities are now over-stretched. The resultant congestion in households is contributing to a growing problem of child abuse, street children and children in conflict with the law. The children in need of special protection component is therefore designed to strengthen community and household capacities to respond. Various training and technical supports will be provided, including: training of judicial and law enforcement authorities; technical support to the police to expand protection services that are victim friendly; and life skills programmes for street children at Youth Resource Centres in 4 urban areas. The component will also provide training for parents, guardians and community caregivers on caring practices/parenting skills with a particular attention to ECD and training for NGOs on how to provide psychosocial support to households.

41. The three cross-cutting issues: HIV/AIDS, ECD, and emergency preparedness and one cross-cutting strategy: advocacy/social communication, will be addressed throughout the above four sectoral programmes. By 2006, it is expected that at least 50% of in- and out of school children aged 13 and above will be equipped with life skills that would help them to protect themselves from HIV infection. Children at greatest risk will be targeted. For ECD, the inter-programme activities are expected to increase awareness of the importance of ECD, promote ECD practices, and improve the readiness of Zambia's children for school. UNICEF will continue to be an active member of the UN emergency contingency planning and implementation group that oversees UN responses to emergencies.

Monitoring and evaluation

42. The integrated monitoring, evaluation and research plan (IMERP) and logical frameworks for each project and programme have been developed as tools to guide the work of the programme planning and coordination section. To continually improve the relevance, effectiveness and efficiency of the country programme a number of performance assessment tools will be employed, including progress reporting and the establishment of a database for bi-annual reviews and mid and end-programme performance assessments. The Central Statistics Office (CSO) will act as government's focal point for assembly of information and

coordination of the monitoring and evaluation processes. The main indicators to measure the progress of the overall country programme are: IMR and U5MR, maternal mortality ratio, coverage against vaccine preventable diseases, malaria rate, malnutrition rate, primary school enrolment and retention rates, ECD indicators for 0-8 years (such as access to adequate nutrition and nurturing environment) and gender gap in literacy. Efforts will be made at every level to introduce right-based indicators. Those measuring the realization of the children's and women's right to participation will be particularly challenging, and be given due consideration. Field-visit reporting and monitoring will be strengthened through the programme planning and coordination section. Greater attention will be paid to the need for disaggregated data, deeper analysis and mechanisms to ensure an integration of the views of intended beneficiaries in policy and programming decisions.

43. In order to ensure close linkages between national poverty reduction efforts and the realization of rights of women and children, UNICEF will be actively involved in development of national planning frameworks and will closely monitor efforts to reduce poverty in the country.

44. Research on areas that cut across all programmes will be undertaken in the first part of the country programme. For example, a baseline survey on child rearing is planned in 2002 to provide useful input for the ECD activities; the situation analysis of orphans and vulnerable children conducted in 1999 will also be updated in 2002. The MTR is expected to take place in 2004 to capture lessons learned and provide a basis for adjustments and fine-tuning of priorities and strategies of the country programme based on experience and lessons learned.

Collaboration with partners

45. The broad agenda for children and women to be implemented in the 2002-2006 country programme will require a continued strengthening of the existing relations with Government, UN agencies, bilateral partners and donors. The already strong alliances with the international community and the UNICEF National Committees will be continued. New partnerships and collaboration with the increasing number of members of civil society organizations, in particular NGOs, faith-based groups, community associations and young people will be fostered. Particular emphasis will be placed on forging stronger partnership with youth and children, which will be pursued in the context of the GMC. Given the community focus of the country programme more partnerships will be forged at the sub-national levels. Within the framework of a rights-based approach, strategic alliances will be built with non-traditional partners who are key duty-bearers identified through obligation and role analyses. These include lawmakers (parliamentarians), law enforcement authorities, the national human rights commission, religious and traditional leaders.

46. UNICEF will continue to contribute to the UN reform process in-country and to be an active member of the United Nations country team. Programme cycles have been harmonized and priority areas agreed upon during the CCA process undertaken in 2000. The CCA, using a human rights and poverty reduction framework, provides a basis for developing the UNDAF which is currently underway. In order to further spearhead the human rights based approach and focus on women and children, stronger collaboration and joint programming opportunities will be sought with sister agencies of the UN.

47. Existing partnership with bilateral and multilateral agencies will be strengthened in the new country programme through periodic consultations, joint field visits, sharing information and the preparation of quality donor reports done on a timely basis. New opportunities arising with the agencies that are vigorously pursuing a human rights-based approach, such as DfID and Sweden will be fully developed. In addition, examples of bilateral partnerships that currently exist and that are expected to assist UNICEF in raising other

resources for the country programme include: the governments of the Netherlands, Norway, UK, Finland, Japan, Australia, Denmark, Ireland, Canada, USA, and New Zealand; the EU; and the national committees of UK, Ireland, Italy, Canada, Germany, Netherlands, Australia, USA and Switzerland.

Programme management

48. The MOFED will provide oversight through the Country Programme Coordinating Committee (CPCC). With the leadership of this ministry, the country programme will work to strengthen national-level response and directly address the limitations of the capacity of key duty bearers to meet their obligations to respect and realize the rights of Zambian children and women. Simultaneously, the programme will focus on the capacity development of frontline duty bearers at the district, community and family levels for the progressive and sustained improvements in survival, development, protection and participation outcomes.

49. The country programme will operate in a greatly expanded number of districts. UNICEF inputs at sub-national level will be mobilized mainly through the line ministries. However, with the increasing role of NGOs in the country programme, a more coherent mechanism will be put in place to ensure effective and systematic support and management. Community level associations and institutions will be involved in planning and monitoring of community-based initiatives and cross-cutting activities.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Zambia	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	202	(1999)	U5MR
Infant mortality rate	112	(1999)	IMR
GNP per capita	$ 330	(1999)	GNP
Total population	9.0 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1999
Births	(thousands)				
Infant deaths (under 1)	(thousands)				
Under-five deaths	(thousands)				
Under-five mortality rate (per 1,000 live births)		181	149	192	202
Infant mortality rate (under 1) (per 1,000 live births)		109	92	108	112

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1992/1996)	Moderate & severe	25	24
	Severe	6	5
Babies with low birth weight (%, 1990)		13	..
Primary school children reaching grade 5 (%, 1994)		84	..

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1992/1996)	13	26
Timely complementary feeding rate (6-9 mos.)(%, 1992/1996)	88	95
Continued breast-feeding rate (20-23 mos.) (%, 1992/1996)	34	43
Prevalence of wasting (0-59 mos.) (%, 1992/1996)	5	4
Prevalence of stunting (0-59 mos.) (%, 1992/1996)	40	42
Vitamin A supplementation coverage(6-72 mons.)(%, 1999)	..	75
Household consuming iodized salt (%, 1995/1999)	90	54

HEALTH INDICATORS	About 1990	Most recent
ORT use rate (%, 1996)	..	57
Routine EPI vaccines financed by government (%, 1999)	..	0

Use of improved drinking water sources	Total	52	64

TABLE 1 (continued)

(% of population, 1990/1999)	Urban/rural	88/28	88/48
Use of improved sanitation facilities	Total	63	78
(% of population, 1990/1999)	Urban/rural	86/48	99/64
Births attended by trained personnel (%, 1992/1996)		51	47
Maternal mortality rate (per 100,000 live births, 1996)		..	650

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	72	92	97	97	88
	DPT	65	66	91	86	77
	Polio	60	66	90	84	77
	Measles	73	58	90	86	72
Pregnant women (%) immunized against:	Tetanus	0	40	68	44	55

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1994/1998)	Total	91/77	101/85
	Male	94/78	102/85
	Female	88/76	100/86
Secondary enrolment ratio (gross/net) (%, 1994)	Total	28/16	../..
	Male	34/19	../..
	Female	21/14	../..
Adult literacy rate, 15 years & older (%, 1990/1996)	Total	55	68
	Male/female	63/47	76/60
Radio/television sets (per 1,000 population, 1990/1997)		90/29	120/32

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)					
Population aged 0-18 years	(thousands)					
Population aged 0-5 years	(thousands)					
Urban population (% of total)						
Life expectancy at birth (years)	Total	46	50		41	41
	Male	45	49			
	Female	48	52		41	
Total fertility rate						
Crude birth rate (per 1,000 population)				45		
Crude death rate (per 1,000 population)		19	15	16		

		About 1990	Most recent
Contraceptive prevalence rate (%, 1992/1996)		15	26
Population annual growth rate (%, 1970-90/1990-99)	Total	2.7	2.4
	Urban	4.1	2.4

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-99)		-2.9	-0.9
Inflation rate (%, 1980-89/1990-98)		38	64
Population below $1 a day (%, 1990-99)		..	73
Household income share (%, 1996)	Top 20%/bottom 40%	../..	55/12
Government expenditure (% of total expenditure, 1988/1999)	Health/education	7/9	13/14
	Defense	..	4
Household expenditure (% share of total, 1980 or 1985)	Health/education	5/6	../..
Official development assistance: (1990/1998)	$US millions	430	349
	As % of GNP	13	11
Debt service (% of goods and services exports, 1990/1997)		12	19

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PROGRAMME, 1997-2001 a/

Country: Zambia (in thousands of United States dollars)

Period Covered: 1997-2001	Funding Status	1997	1998	1999	2000	2001	Total
Primary health care and nutrition	RR	617	314	823	906	907	3,567
	OR	2,149	1,853	1,870	2,755	2,755	11,384
	Total	2,766	2,167	2,693	3,661	3,662	14,949
Education for all	RR	159	160	65	797	798	1,979
	OR	1,189	1,555	1,692	2,232	2,232	8,900
	Total	1,348	1,715	1,757	3,029	3,030	10,879
Water, sanitation & health education	RR	257	178	254	725	725	2,139
	OR	1,342	972	735	2,042	2,042	7,133
	Total	1,599	1,150	989	2,767	2,767	9,272
Advocacy, planning and Action/Child Protection	RR	444	485	428	870	870	3,097
	OR	547	415	575	2,470	2,470	6,477
	Total	991	900	1,003	3,340	3,340	9,574
Country programme support	RR	532	502	365	326	326	2,051
	OR	-	-	-	-	-	-
	Total	532	502	365	326	326	2,051
Total	RR	2,009	1,639	1,935	3,624	3,626	12,833
	OR	5,227	4,795	4,872	9,499	9,499	33,892
Grand Total Programme Budget		7,236	6,434	6,807	13,123	13,125	46,725

RR: Regular Resources
OR: Other Resources

a/1997-1999: Actual Expenditure; 2000-2001: Estimated Expenditure

TABLE 3 PLANNED YEARLY EXPENDITURE, 2002-2006

Country: Zambia (in thousands of United States dollars)

Period Covered: 2002-2006	Funding Status	2002	2003	2004	2005	2006	Total
Primary health care and nutrition	RR	906	906	906	708	907	4,333
	OR	2,755	2,755	2,755	2,755	2,755	13,775
	Total	3,661	3,661	3,661	3,463	3,662	18,108
Basic Education	RR	798	797	797	797	798	3,987
	OR	2,234	2,232	2,232	2,232	2,232	11,162
	Total	3,032	3,029	3,029	3,029	3,030	15,149
Water, sanitation & health education	RR	725	870	870	870	870	4,350
	OR	2,470	2,470	2,470	2,470	2,470	12,350
	Total	3,340	3,340	3,340	3,340	3,340	16,700
Child protection	RR	870	870	870	870	870	4,350
	OR	2,470	2,470	2,470	2,470	2,470	12,350
	Total	3,340	3,340	3,340	3,340	3,340	16,700
Country programme support	RR	326	326	326	326	326	1,630
	OR	-	-	-	-	-	-
	Total	326	326	326	326	326	1,630
Total	RR	3,625	3,624	3,624	3,426	3,626	17,925
	OR	9,504	9,499	9,499	9,499	9,499	47,500
Grand Total Programme Budget		13,129	13,123	13,123	12,925	13,125	65,425

RR: Regular Resources
OR: Other Resources

TABLE 4: LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COST

Country: Zambia
Programme: 2002-2006

PROGRAMME SECTION/AREAS And FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	Total	D2 / L7	D1 / L6	P/ L5	P/ L4	P/ L3	P/ L2	IP	NP	GS	Total	IP	LOCAL	TOTAL
REGULAR RESOURCES:																
PRIMARY HEALTH CARE AND NUTRITION	4,333,000		4,333,000	0	0	0	1	0	0	1	0	2	3	862,112	164,796	1,026,908
EDUCATION FOR ALL	3,987,000		3,987,000	0	0	0	0	0	0	0	0	2	2	0	164,796	164,796
WATER, SANITATION AND HYGIENE ED	3,625,000		3,625,000	0	0	0	0	0	0	0	0	1	1	0	66,233	66,233
CHILD PROTECTION	4,350,000		4,350,000	0	0	0	0	1	0	1	0	0	1	862,112	0	862,112
CROSS-SECTORAL COSTS	1,630,000		1,630,000	0	0	0	0	0	0	0	3	8	11	0	1,075,050	1,075,050
TOTAL RR	17,925,000		17,925,000	0	0	0	1	1	0	2	3	13	18	1,724,224	1,470,875	3,195,099
OTHER RESURCES:																
PRIMARY HEALTH CARE AND NUTRITION		13,775,000	13,775,000	0	0	0	0	2	0	2	2	2	6	1,401,186	508,720	1,909,906
EDUCATION FOR ALL		11,162,000	11,162,000	0	0	0	1	1	0	2	3	4	9	1,562,705	771,951	2,334,656
WATER, SANITATION AND HYGIENE ED		10,213,000	10,213,000	0	0	0	1	0	0	1	2	2	5	862,112	482,573	1,344,685
CHILD PROTECTION		12,350,000	12,350,000	0	0	0	2	0	0	2	3	3	8	1,724,224	800,478	2,524,702
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	3	3	0	243,635	243,635
TOTAL OR		47,500,000	47,500,000	0	0	0	4	3	0	7	10	14	31	5,550,227	2,807,357	8,357,584
TOTAL RR & OR	17,925,000	47,500,000	65,425,000	0	0	0	5	4	0	9	13	27	49	7,274,451	4,278,232	11,552,683
SUPPORT BUDGET	Operating costs		1,141,800													
	Staffing			0	0	1	2	0	1	4	1	10	15	3,304,492	807,040	4,111,532
GRAND TOTAL (RR+OR+SB)				0	0	1	7	4	1	13	14	37	64	10,578,943	5,085,272	15,664,215

	Number of posts and staff costs:							
	Current programme cycle				14	12	37	63			
	At the end of proposed programme cycle (indicative only)				13	14	37	64	10,578,943	5,085,272	15,664,215

RR = regular resources.
OR = other resources.
IP = international professional.
NP = national professional.
GS = general service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.