

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR ZAMBIA

Second regular session 2022

Comments by Finland	UNFPA country/regional office response to comments
<p>The CPD could reflect in more detail on how the CO intends to ensure that all required resources are secured to implement the CPD.</p>	<p>We thank the Government of Finland for this important comment. Resource mobilization is key to ensuring effective implementation of the country programme as noted in section III, paragraph 34 of the CPD. Paragraph 34 notes the following:</p> <p><i>“Informed by the country office partnership and resource mobilization strategy, the programme will intensify resource mobilization and innovative financing efforts, targeting domestic resources, traditional and non-traditional donors, and the private sector. Additionally, UNFPA will shift from funding to financing by leveraging partnerships with governments and South-South and triangular cooperation, as well as international financial institutions, for the realization of the transformative results.”</i></p> <p>Additionally, with the support of the Regional Office, Zambia is being included in specific regional/multi-country programs in order to expand opportunities for resource mobilization through multi-pronged efforts. Furthermore, the CO has developed a Resource Mobilization and Partnership Strategy with an emphasis on innovative financing to guide its resource mobilization efforts for the 9th country programme.</p>
<p>We would also appreciate more concrete reflections on how the CO intends to ensure better coordination with other UN agencies and entities in the country.</p>	<p>The CO confirms that the Country Program is derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF) and has engaged in the UNCT configuration process where details on how UNFPA will coordinate with other entities in the UN is well articulated. In addition, paragraph 23 of the CPD notes the coordination with the UN agencies in the country.</p> <p><i>“The programme will apply the following modes of engagement: (a) policy advocacy; (b) knowledge management; (c) capacity building; (d)</i></p>

	<p><i>partnership and coordination of South-South and triangular cooperation; and (e) service delivery (to a lesser extent). The programme will be implemented at national and subnational levels, in selected provinces, especially in rural, underserved and hard-to-reach areas. Prioritization of target provinces will be informed by the status of population and SRH indicators, in collaboration with other United Nations agencies – UNDP, UNICEF, United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organisation (WHO), UNAIDS, UN-Women, United Nations Volunteers (UNV), International Labour Organization (ILO), International Organization for Migration (IOM), World Food Programme (WFP), Office of the United Nations High Commissioner for Human Rights (OHCHR) and United Nations High Commissioner for Refugees (UNHCR), among others – to enhance coherence and maximize efficiencies.”</i></p> <p>Furthermore, the Results and Resources Framework on pages 10 and 11 indicates partnerships with UN Agencies across all four (4) outputs. The Country Office will also strengthen coordination with other UN agencies in the delivery of the UNSDCF results through joint programming and coordination efforts.</p>
<p>It would be important to recognize and ensure visibility of top core contributors to UNFPA also at country level. The CPD also does not refer to bilateral donors that directly support UNFPA programming at CO level.</p>	<p>We thank the Government of Finland for this important observation. The Country Office Resource Mobilization and Partnership Strategy recognises the top core contributors to the UNFPA mandate and intends to ensure their visibility. The CO intends to sustain and scale up its partnership with bilateral and multilateral partners to support the implementation of the 9th country programme, which is reflected in the updated paragraph 24 which now includes a reference to bilateral donors:</p> <p><i>“UNFPA will scale up partnerships with the Government, bilateral donors, cooperating partners, international financial institutions, civil society, the private sector, organizations of persons with disabilities, faith-based organizations, academia, professional associations, communities and community-based volunteers in the implementation of the programme ”</i></p>

Comments by the European Union	UNFPA country/regional office response to comments
<p>The CPD takes into account recommendations/learnt from the final evaluation of the previous programme, with a focus on youth and adolescents, people with disabilities and a more integrated approach to SRH-GBV-HIV. However, there should be more focus on education/CSE when addressing the issue of multi-sector coordination and integration. CSE was targeted in the previous UNFPA programme with an interesting model to integrate Adolescent SRH in education through different approaches. Unfortunately, this has not been taken up in their new programme – despite its high relevance in Zambia</p>	<p>We thank the EU for the important comment regarding comprehensive sexuality education especially considering the ongoing advocacy undertaken by the CO to counteract opposition and the newly endorsed ESA Ministerial commitment on health, education and gender. Furthermore, the CO in the 9th country programme has prioritized CSE as a core strategy for reducing child marriage and teenage pregnancies in order to achieve the transformative results and by extension the SDGs. Under paragraph 29, item c which reads: “<i>advocacy and scaling up in-school and out-of-school comprehensive sexual education and social behavioural change communication</i>” has nonetheless been modified to read as follows: “<i>advocacy and scaling up in-school and out-of-school comprehensive sexuality education (CSE) and social behavioural change communication, with the rolling out of functional referral systems between CSE, SRHR and GBV services for young people.</i>”</p>
<p>Under the population dynamics outcome, it would be good if UNFPA could consider support to more synchronised and coordinated work around data collection and national strategies and plans revision/development. Current sequencing does not seem to be right: the National Health Strategic Plan (NHSP) 2022-2026 is based on old data from 2012, 2015 or 2018 that actually fed the previous NHSP. We do not know if any progress has been made. This also makes it nearly impossible to set up new “adequate” targets/objectives under the new NHSP and other health strategies (different health strategies – adolescent, digital, community and Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAHN) – are currently being developed). There is also a plan to have a new National Demographic Health Survey (NDHS) in 2023, which is too late to feed into the NHSP and other strategies currently being developed.</p> <p>Another important issue is that prevention from SGBV for adolescents, and not only response, should figure more prominently. The new National Adolescent Health strategy 2022-24 (as mentioned before, being prepared) should be a key reference. The response linked to an early pregnancy (more vulnerable to mortality and morbidity linked to pregnancy) involves high impact</p>	<p>UNFPA CO acknowledges the important comment on data. The 9th country programme will contribute to strengthening data systems and evidence-based analysis to inform policies, programming and accountability mechanisms.</p> <p>The CO will continue to collaborate with the Ministry of Finance and National Planning (MoFNP) and Zambia Statistics Agency (ZAMSTATS), to encourage data triangulation of survey data with routine/administrative data sources (such as HMIS, LMIS). This will ensure that strategies, plans and reviews are more evidence-driven. UNFPA in collaboration with the UN system and partners will also seek to influence the timing of national population data surveys to align with the development and review of national plans and strategies. Data from the 2022 Population and Housing Census will play a key role in addressing some of the current data gaps.</p> <p>The CO notes with appreciation the comment on the highlighted high impact interventions to address prevention of SGBV for adolescents and early pregnancies. In addition to the proposed high impact interventions in paragraphs 26 and 29, paragraph 26, item “f” of the CPD has been</p>

<p>interventions such as early detection in the communities, improving ante-natal care, early referrals to maternity blocks, etc. These would be classical interventions in a country with such high early pregnancy rates as in Zambia. Besides a link could be made with social cash transfers and nutrition.</p>	<p>modified to read as follows: <i>“empowering those furthest left behind, especially women, adolescents and youth, and persons with disabilities, to improve detection of early childbearing in the communities, SRHR/GBV health-seeking behaviours and demand for high-quality services (such as antenatal care and early referrals)”</i></p> <p>In collaboration with UNICEF and ILO, the CO will engage the Ministry of Community Development and Social Services to ensure inclusion of survivors of GBV as beneficiaries of social protection systems, including cash transfers as may be applicable.</p>
<p>The results chain looks quite ambitious with many new indicators as compared to the 8th CPD and high targets. The source of baseline data is not mentioned and that would be good to know as it provides quite recent data (2021) that could be helpful for GRZ strategic documents that are being finalised now as well as for our programming and logical framework.</p>	<p>The CO appreciates the comment on the Results and Resources Framework. The results chain is designed to contribute to UNFPA’s three transformative results and the regional priority result on ending sexual transmission of HIV. The ambitious targets are informed by the shift from business as usual into acceleration towards 2030, which leverages critical pathways to support the country in moving further and faster towards the SDGs and national development results. For example, the 9th country programme targets contribute to the reduction of “Unmet need for Family Planning from 20% to 15%” taking into consideration strategic partnerships for scaling up effective coverage of high impact interventions, leveraging innovation and digitalization to improve pace, scale, and reach as well as leveraging innovative financing for sustainable family planning.</p> <p>The source of data for output indicators, including baseline data, is the DHIS2 based Management Information System (MIS) in the Ministry of Health and Strategic Information System (SIS) for UNFPA.</p>
<p>Point 2.6.2 on shock responsive universal services (p.13-14): It would be of interest to include a surge capacity to respond to regular drought/other hazards by strengthening MHPSS (via PFA) and protection need analysis/response component.</p>	<p>The CO appreciates this comment which makes reference to point 2.6.2 of the ‘People Pillar Theory of Change’ in the Zambia UNSDCF. Taking this comment into account, the CO has modified paragraph 14 (b) of the country programme to include surge capacity. The revised sentence reads as follows: <i>“leveraging innovation and digitalization to ensure continuity of SRHR</i></p>

	<i>services, including enhanced surge capacity in humanitarian emergencies”</i>
Point 2.8.2 – The Planet Pillar Theory of Change (p.19-20): gender mainstreaming should be better emphasized in the logic of intervention (because mentioned in theory of change scheme).	This comment, which makes reference to the ‘Planet Pillar Theory of Change’ in the Zambia UNSDCF, is well noted. The Country Office will ensure that gender is effectively mainstreamed throughout the implementation of the programme.
Comments by the United States of America	UNFPA country/regional office response to comments
<p>We appreciate UNFPA’s strong emphasis on improving adolescent sexual and reproductive health and rights, gender-based violence prevention and services, and contraceptive commodity security, and note that the document aligns well with USAID’s Family Health Strategy in Zambia.</p> <p>The CPD’s goals are appropriately ambitious, however, we recommend including greater detail about how the programme will be implemented in order to generate more useful discussion about the complementarity of our’s and UNFPA’s work</p>	<p>The CO appreciates the comment by the United States and notes the importance of reinvigorating and expanding partnerships in the implementation of the 9th country programme as a way of accelerating the attainment of national development results and the three transformative results. As a result, the 9th country programme will scale up partnerships with cooperating partners in the implementation of the program. Further details on the implementation of the country programme will be elaborated in the annual work plans developed between UNFPA country office and implementing partners.</p>