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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Zambia

Proposed indicative UNFPA assistance: \$20 million: \$16 million from regular resources and \$4 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2011–2015)

Cycle of assistance: Seventh

Category per decision 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	11.0	2.5	13.5
Population and development	3.0	1.0	4.0
Gender equality	1.3	0.5	1.8
Programme coordination and assistance	0.7	–	0.7
Total	16.0	4.0	20.0



I. Situation analysis

1. The population of Zambia, estimated at 12.2 million in 2009, is growing at an average annual rate of 2.4 per cent. The population is projected to reach 15.5 million by 2015. According to the 2007 demographic and health survey, the total fertility rate is 6.2 children per woman at the national level, reaching 7.5 in rural areas. Although knowledge of family planning is universal, the contraceptive prevalence rate is only 25 per cent for modern methods. The unmet need for family planning is 27 per cent.

2. Zambia has a young population. Forty-six per cent of the population is younger than 15. The pregnancy rate among teenagers aged 15 to 19 is 146 per 1,000, and is higher in rural areas than in urban ones. Twenty-eight per cent of adolescents have already had a child, and the median age at first marriage for women is 18. Youth-friendly sexual and reproductive health information and services are not accessible to the vast majority of young people.

3. Sexually transmitted infections, including HIV/AIDS, are a growing concern. According to the 2007 demographic and health survey, the adult HIV prevalence rate is estimated at 14.3 per cent; 1.6 per cent of the population between the ages of 15 and 49 becomes infected each year. HIV prevalence is higher in urban areas than in rural areas, and is higher among females than among males. Only 6 per cent of Zambians use condoms, up from 4 per cent in 2002.

4. Significant progress has been made in reducing maternal and infant mortality. The maternal mortality ratio declined from 729 deaths per 100,000 live births in 2002 to 591 in 2007. During the same period, the infant mortality rate declined from 95 deaths per 1,000 live births to 70. The decline has been attributed to: (a) an increase in births assisted by health workers; (b) community sensitization efforts by safe motherhood action groups; and (c) improved obstetric care in some provinces. According to the 2007 demographic and health survey, births assisted by skilled health workers

increased from 43 per cent in 2002 to 47 per cent in 2007. Nevertheless, the health sector suffers from inadequate infrastructure, equipment, referral systems and trained personnel. Access to, and utilization of, reproductive health services are limited. Life expectancy at birth is 50 years for males and 55 years for females.

5. Gender disparities are marked, and women's participation in decision-making is limited. Women are disadvantaged by low educational levels, illiteracy and low participation in the formal employment sector. Women's reproductive and sexual health rights are ignored or disrespected in many communities. Gender-based violence continues to diminish women's ability to protect themselves against HIV and AIDS.

6. The Government's fifth national development plan, 2006-2010, seeks to achieve an annual economic growth rate of 7 per cent and halve the percentage of the population living in poverty by 2015. A 2009 midterm review of the plan indicated that real gross domestic product grew at an average of 6.1 per cent per annum. The percentage of the population living in poverty was 64 per cent in 2009, down from 68 per cent in 2006. The Government attributed this decrease to increased investments following privatization, among other factors. However, Zambia faces challenges, including the global economic crisis, poor agricultural performance and high oil and food prices.

7. The Government's national population policy incorporates the goals and principles of the Programme of Action of the International Conference on Population and Development (ICPD). However, implementation of the policy has been slow, due to capacity constraints.

II. Past cooperation and lessons learned

8. UNFPA assistance to Zambia began in 1979. The goal of the previous country programme was to contribute to improved quality of life by achieving population growth

commensurate with socio-economic development.

9. The sixth country programme facilitated the revision of the national population policy, the revitalization of the inter-agency technical committee on population, the implementation of the 2007 demographic and health survey, the implementation of the 2010 population and housing census, and the incorporation of population issues into the fifth national development plan.

10. Reproductive health services were improved by: (a) strengthening the logistics management system; (b) providing technical and logistical support to the Ministry of Health; (c) supporting pre-service training of nurses and midwives; (d) training health providers in basic and comprehensive emergency obstetric care; (e) establishing a centre of excellence for fistula repair at the University Teaching Hospital; (f) empowering communities to address high-risk pregnancies; (g) strengthening the reproductive health monitoring and evaluation system; and (h) implementing comprehensive HIV prevention campaigns for youth and adults.

11. Lessons learned include the need to: (a) strengthen the monitoring of programme implementation; (b) integrate population issues into provincial plans; (c) increase advocacy efforts to ensure stronger political commitment to population issues; and (d) address the deteriorating health infrastructure and the lack of human resources to improve reproductive health services.

III. Proposed programme

12. The seventh country programme is based on the United Nations Development Assistance Framework (UNDAF), 2011-2015, the Government's sixth national development plan, 2011-2015, and the national population policy. The country programme addresses those areas of the UNDAF where UNFPA has a comparative advantage. The goal of the UNFPA country programme is to contribute to poverty eradication by strengthening reproductive health services and enhancing government capacity to implement a multisectoral

population programme. The programme consists of three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. Areas for joint programming with United Nations partners include women's empowerment, HIV/AIDS interventions, maternal mortality reduction and humanitarian response. Programme strategies will include developing capacity, promoting human rights, applying culturally sensitive approaches and strengthening civil society.

Reproductive health component

13. The outcome of this component is: increased access to integrated and high-quality sexual and reproductive health information and services, including HIV/AIDS prevention for women, men, adolescents and youth. This outcome contributes to the UNDAF outcomes on reducing HIV infections and ensuring the health, education and access to social protection mechanisms of families and communities. It also responds to the priorities of the maternal, neonatal and child health strategy of the Ministry of Health and the national HIV/AIDS strategy. Three outputs contribute to this outcome.

14. Output 1: Increased availability of integrated reproductive health services, particularly family planning, antenatal and post-natal care, adolescent-friendly health services, and essential and emergency obstetric and neonatal care. This output will be achieved by supporting the Ministry of Health and three provinces to: (a) use multimedia programmes to improve understanding of reproductive health issues; (b) increase the number of rural facilities providing essential and emergency obstetric and neonatal care; (c) train more nurses and midwives to provide skilled care; (d) strengthen sexual and reproductive health information and services targeting adolescents and sex workers; (e) increase antenatal and post-natal care coverage; (f) increase the number of pregnant women delivering in well-equipped health facilities with skilled birth attendants; (g) institutionalize maternal mortality audits; (h) strengthen emergency referral systems linking rural health centres

with provincial hospitals; (i) integrate interventions for fistula prevention and treatment, and social integration with maternal and neonatal health services; and (j) integrate and link sexual and reproductive health and HIV/AIDS information and services.

15. Output 2: Increased availability of HIV/AIDS prevention services. This output will be achieved by: (a) strengthening capacity to operationalize the national HIV prevention strategy; (b) working with communities and service providers to strengthen HIV/AIDS prevention services for adolescents, young people and other high-risk populations in urban areas; (c) integrating and linking sexual and reproductive health service packages, including condom programming, male circumcision and services related to sexually transmitted infections; and (d) strengthening the capacity to develop and implement gender and HIV and AIDS policies and plans that will empower and protect women against HIV and AIDS.

16. Output 3: Improved reproductive health commodity security. This output will involve: (a) strengthening the logistics management and information system by providing technical support to the reproductive health commodity security committee and its coordinator; (b) procuring a basic reproductive health package of equipment, drugs and supplies for all levels of health care; and (c) providing technical and logistical support to the Ministry of Health.

Population and development component

17. The outcome of this component is: national and provincial authorities effectively implement and monitor the national population policy through better understanding of population and development interactions. This outcome contributes to the UNDAF outcome related to increasing access to sustainable income opportunities, productive employment and food security in targeted populations in rural and urban areas. It will be achieved by effective implementation, monitoring and review of the national population policy and the integration of population issues into the sixth

national development plan, 2011-2015. Two outputs will contribute to this outcome.

18. Output 1: Strengthened institutional and technical capacity to support the implementation, monitoring and review of the national population policy. The programme will: (a) strengthen the capacity of the inter-agency technical committee on population and its secretariat to manage, promote and monitor the national population programme; (b) support the parliamentary group on population and development to motivate parliamentarians to advocate increased government commitment to the ICPD agenda; (c) build technical capacity at national and provincial levels to integrate population dimensions into key national and decentralized development strategies and plans; and (d) support the preparation of the next Millennium Development Report.

19. Output 2: Increased availability of policy-relevant and disaggregated population data at all levels, and research results for evidence-based policy formulation and implementation. This output will be achieved by: (a) providing support to the Central Statistical Office and other institutions to analyse and disseminate results from the 2010 population and housing census; (b) supporting the implementation and policy analysis of the next demographic and health survey; and (c) supporting the University of Zambia and other institutions of higher education to strengthen teaching and research in the area of population studies.

Gender equality component

20. The outcome of this component is: effective institutions and mechanisms for addressing key gender issues, with a focus on strengthening institutional capacity and preventing gender-based violence. This outcome contributes to the UNDAF outcome on improving governance and service delivery. Two outputs will contribute to this outcome.

21. Output 1: Strengthened capacity of the Government and non-governmental organizations to implement, review and revise gender policies, programmes and action plans. This output will be achieved by:

(a) strengthening the capacity of the Gender in Development Division of the Office of the Cabinet and relevant stakeholders to implement and review the national gender policy and to implement relevant international instruments; (b) supporting public and civil society organizations to undertake advocacy in support of the national gender policy; and (c) supporting the preparation of the next national report on the Convention on the Elimination of All Forms of Discrimination against Women.

22. Output 2: Effective mechanisms to address gender-based violence, gender inequality and discrimination, and the empowerment of women. This output will be achieved by: (a) supporting a review and revision of existing advocacy and audio-visual materials; (b) improving the capacity of key institutions, including law enforcement agencies and medical facilities, to respond to gender-based violence and other forms of gender discrimination; (c) strengthening the capacity of key institutions to conduct research into the causes of gender-based violence; and (d) developing evidence-based gender policies and action plans.

IV. Programme management, monitoring and evaluation

23. The Ministry of Finance and National Planning will coordinate the programme. National institutions, including government agencies and non-governmental organizations, will implement the programme within the framework of the UNDAF. UNFPA and international partners will provide technical assistance.

24. The Ministry of Health, civil society organizations and non-governmental organizations will implement the reproductive health component. The National AIDS Council will implement the HIV elements of the reproductive health component, and the Ministry of Sport, Youth and Child Development, along with youth networks, will implement the sexual and reproductive health interventions for youth. The Ministry of Finance and National Planning, the Central

Statistics Office and other public institutions will implement the population and development component. The Gender in Development Division will implement the gender equality component in collaboration with civil society organizations. The Government is responsible for the safety and security of UNFPA staff and their offices.

25. The programme will employ a results-based management approach, aligning its monitoring and evaluation efforts with the UNDAF and the national monitoring and evaluation system. UNFPA and the Government will conduct baseline and end-line surveys in key areas, particularly in the area of reproductive health service delivery.

26. The UNFPA country office in Zambia consists of a representative, an assistant representative, two national programme officers, an operations manager, two national professional project personnel, a United Nations volunteer and six support staff. The office will recruit additional national and international project staff to strengthen programme implementation. The UNFPA regional and subregional offices in Johannesburg, South Africa, will provide technical support to the programme.

RESULTS AND RESOURCES FRAMEWORK FOR ZAMBIA

DP/EPA/DCP/ZMB/7

<p>National priorities: improved access to and utilization of client-friendly sexual and reproductive health services, with an emphasis on safe motherhood, family planning and the prevention of HIV/AIDS and sexually transmitted infections for women, men and adolescents</p> <p>UNDAF outcomes: (a) by 2015, new HIV infections are reduced by 50 per cent; and (b) families and communities living in Zambia are healthy and well educated with access to social protection mechanisms, and are better able to contribute to national development</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 and rights	<p><u>Outcome:</u> Increased access to integrated and high-quality sexual and reproductive health information and services, including HIV/AIDS prevention, for women, men, adolescents and youth</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Contraceptive prevalence rate <p>Baseline: Contraceptive prevalence rate is 25 per cent for modern methods; 6 per cent of Zambians use condoms (Source: The HIV prevention and modes of transmission analysis) <ul style="list-style-type: none"> • HIV prevalence rate <p>Baseline: HIV prevalence rate is 14.3 per cent</p> <ul style="list-style-type: none"> • Percentage of adolescents utilizing reproductive health and HIV/AIDS services <p>Source: 2007 demographic and health survey</p> </p>	<p><u>Output 1:</u> Increased availability of integrated reproductive health services, particularly family planning, antenatal and post-natal care, adolescent-friendly health services, and essential and emergency obstetric and neonatal care</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of health facilities in selected provinces providing at least three types of contraceptive methods • Percentage of health facilities providing comprehensive emergency obstetric care and essential obstetric care • Percentage of births supervised by skilled attendants • Percentage of facilities providing youth-friendly services <p>Baseline: 11 per cent of health facilities providing basic obstetric care and 24 per cent comprehensive emergency obstetric care (2005 emergency obstetric care survey); 47 per cent of deliveries are supervised by skilled attendants (2007 demographic and health survey)</p> <p><u>Output 2:</u> Increased availability of HIV/AIDS prevention services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number and type of prevention activities • The national HIV prevention strategy is operationalized • Percentage increase in budgetary allocation for HIV interventions due to advocacy efforts by parliamentarians . <p><u>Output 3:</u> Improved reproductive health commodity security</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Amount and type of reproductive health commodities procured • Percentage of facilities with no stock-outs of basic commodities in a given period • Percentage increase in budgetary allocation for reproductive health commodities <p>Baseline: Government allocated \$27,901 for contraceptive procurement in 2010</p>	<p>Ministry of Health; Ministry of Sport, Youth and Child Development; Parliamentary group on HIV and AIDS</p> <p>Department for International Development of the United Kingdom; Joint United Nations Programme on HIV/AIDS; United Nations Children’s Fund; World Bank; World Health Organization</p> <p>Planned Parenthood Association of Zambia</p>	<p>\$13.5 million (\$11 million in regular resources and \$2.5 million in other resources)</p>

National priority: effective implementation of the national population policy in support of the objectives of Vision 2030, and the achievement of the Millennium Development Goals UNDAF outcome: by 2015, targeted populations in rural and urban areas have increased access to sustainable income opportunities, productive employment and food security				
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>Outcome: National and provincial authorities effectively implement and monitor the national population policy through better understanding of population and development interactions</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • A national population plan of action • Population and reproductive health issues are integrated into national development frameworks <p>Baseline: population factors integrated into the fifth national development plan</p>	<p>Output 1: Strengthened institutional and technical capacity to support the implementation, monitoring and review of the national population policy</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • National population action plan is ratified and implemented • Number of sectoral plans and programmes that incorporate population issues • Number of decisions adopted by the inter-agency committee on population <p>Output 2: Increased availability and use of policy-relevant and disaggregated population data at all levels, and research results for evidence-based policy formulation and implementation</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of completed policy-related studies using 2007 demographic and health service data • Number and type of reports generated from the 2010 population and housing census • Number of sectors and provinces utilizing population data • Number of policies and laws amended as a result of advocacy efforts undertaken by the parliamentary group on population 	<p>Ministry of Finance and National Planning; Central Statistical Office</p> <p>Zambian All Party Parliamentary group on population and development</p> <p>University of Zambia</p>	<p>\$4 million (\$3 million from regular resources and \$1 million from other resources)</p>
National priority: gender equality and the empowerment of women are achieved UNDAF outcome: by 2015, the Government at all levels, and civil society, including communities and individuals, are better able to realize improved governance and service delivery, based on the rule of law, accountability, human rights and gender equity, with an emphasis on the empowerment of marginalized groups				
Gender equality	<p>Outcome: Effective institutions and mechanisms for addressing key gender issues, with a focus on strengthening institutional capacity and preventing gender-based violence</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • The incidence of gender-based violence, including domestic violence, is reduced <p>Baseline: 47 per cent of women over the age of 15 have experienced physical violence</p>	<p>Output 1: Strengthened capacity of the Government and non-governmental organizations to implement, review and revise gender policies, programmes and action plans</p> <p>Output indicator: Number of new or revised policies, programmes and plans that have effectively addressed gender issues</p> <p>Output 2: Effective mechanisms to address gender-based violence, gender inequality and discrimination, and the empowerment of women</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Gender-based violence guidelines are developed and implemented • Number of victims of sexual and gender-based violence receiving services, including counselling • Number of completed research studies on the causes of gender-based violence 	<p>Civil society organizations; Gender in Development Department; UNDP; United Nations Children's Fund</p>	<p>\$1.8 million (\$1.3 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.7 million in regular resources</p>