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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Zambia

SUMMARY

The Executive Director presents the country programme summary note for Zambia for a programme of cooperation for the period 1997 to 2001.

This country programme has been developed in the context of the United Nations country strategy note in Zambia, and it builds upon a critical analysis of the declining situation of women and children based on a thorough review of past cooperation and lessons learned. Strategy formulation has benefited from the contributions of a broad range of government, non-governmental organization (NGO), bilateral and multilateral partners.

The country programme strategy focuses on advocacy and social mobilization to position children and women at the centre of Zambia's reform and development agenda. Priorities include improving access to and the quality of basic services for children and developing methods to strengthen community and family capacities to protect and care for children. The strategy will build national and local capacities to lead and facilitate development, develop stronger partnerships with NGOs, create and demonstrate innovative new approaches, and promote intersectoral communication and collaboration. Five integrated programmes have been designed: primary health care and nutrition; education for all; water supply, sanitation and hygiene education; communications for child protection, care and development; and monitoring and planning for human development.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. The economic decline during the 1970s through the early 1990s resulted in reductions of social sector budgets and a deterioration in both the coverage and quality of essential services. The infant mortality rate has increased from 80 (1980) to 113 (1995) per 1,000 live births and the under-five mortality rate (U5MR) rose from 150 to 202 per 1,000 live births. Twelve per cent of babies are born with low birth weight; 40 per cent of Zambian children are nutritionally stunted; and about one half of infant and young child deaths are associated with poor nutrition. The national estimate of maternal mortality is 200 per 100,000 live births.
2. Surveys estimate HIV prevalences of 15 to 37 per cent among urban adults and 7 to 15 per cent in rural areas. In 1994, about 700,000 Zambians were infected, and the number of new infections is growing at a rate of 400-500 cases daily. In 1995, an estimated 50,000 people will die of AIDS. The number of AIDS deaths may more than double by the year 2000. Rates of infection among adolescents are six times higher for females than males. The population of AIDS orphans could grow from 80,000 (1991) to about 600,000 by the year 2000.
3. There have been few new investments in the social infrastructure. Consequently, compared to a decade earlier, fewer children have access to quality basic services. Also, poverty has stretched many families beyond their limits, thereby forcing children out of school to make a livelihood.
4. Gross primary education enrolment rates have dropped from 96 (1985) to 77 per cent (1992). Between 1986 and 1992, completion rates dropped by almost 25 per cent, and the level for girls is 10 to 15 per cent less than for boys. Access to and the quality of primary education have been eroded by the lack of trained teachers and poor conditions of service, the lack of teaching and learning materials, and the poor physical state of schools. The root causes are the lack of policy and investment in primary education; low levels of participation by non-governmental organizations (NGOs), the church, the family, the private sector and the community; and the loss of faith of poor families in education as an investment for their children.
5. Access to protected water sources in rural and peri-urban areas ranges between 25 and 60 per cent, and about 50 per cent of the systems are not functioning because of neglect. Access to sanitation is between 40 and 50 per cent in rural and peri-urban areas.
6. Since the 1991 elections, the Government has embarked on a stringent economic reform and structural adjustment programme. UNICEF is working with the Government to ensure that increased social sector investments become part of the reform process as does advocacy for poverty alleviation.

LESSONS LEARNED FROM PAST COOPERATION

7. There is a need not only to expand access to essential services, but also to develop policies and strengthen national service and communication capacities at central, provincial and district levels. The cooperation should develop

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broader and more substantive partnerships with NGOs, the church, civic groups and the private sector to strengthen community/neighbourhood capacities to demand, manage and contribute to their own sustainable development.

8. The mid-term review undertaken in 1994 noted that it will be important for UNICEF cooperation to concentrate the use of resources and to ensure their effective use. The review also recommended that the integration of programmes and projects be improved so that they become more mutually supportive. UNICEF cooperation should evolve from the provision of inputs for service delivery towards capacity-building of the Zambian Government and NGOs. Increased use of the Convention on the Rights of the Child as a policy framework, more attention to the consequences of HIV/AIDS and more effective communication strategies would help to bring about behavioural changes. These recommendations have been addressed as part of the proposed country programme strategy.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. The overall goal of the country programme is to strengthen Zambian capacities to promote sustained improvements in the survival, development and protection of its women and children. The country programme will support national efforts to (a) halt increases in infant mortality and hold the U5MR below 200 per 1,000 live births; (b) maintain the maternal mortality rate below 200 per 100,000 live births; (c) reverse the increasing trend in young child malnutrition and reduce malnutrition among children aged 12-23 months to below 25 per cent; (d) arrest increasing HIV infection rates and stabilize HIV infection rates for rural and urban adults of reproductive age at 15 and 25 per cent, respectively; (e) increase access and retention of children (aged 7-13 years) in primary school; and (f) increase access to clean water supplies and sanitation facilities.

10. Three mutually reinforcing strategies have been identified. The first is to position children and women at the centre of Zambia's reform and development agenda. Advocacy will increase awareness of the problems and needs as well as the solutions for women and children. The Convention on the Rights of the Child will be used to establish agreed minimum standards for children, and the National Programme of Action for Children will be used to mobilize government, NGO, community and international resources. Advocacy will be complemented by efforts to improve monitoring of the situation of women and children.

11. A second strategy is to increase access to quality services. Support will be provided to increase the quality and quantity of essential social services, especially in the areas of health and nutrition, primary education and life skills, and water supply and sanitation. Support also will be provided for the creation of social safety nets for families in distress, especially children in difficult circumstances; poor, and often female-headed, households; life needs services of girls and adolescents; and to address gender, regional and other inequities.

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12. Thirdly, methods will be developed to strengthen community and family capacities to protect and care for children. This will involve empowering communities with the skills and methods needed to identify the priority needs of children and women; assess their causes; and develop appropriate, affordable community-based strategies. In addition, participatory planning will address relations between communities and service providers as well as communications strategies which improve the skills of service providers and parents. In implementing these strategies, programmes and projects will be developed to link national advocacy and mobilization approaches with community-organized approaches that foster the participation of women.

13. Implementation of the strategies will involve UNICEF support for five programmes: health and nutrition; education for all; water supply, sanitation and hygiene education; communications for child protection, care and development; and monitoring and planning for human development.

14. The objective of the health and nutrition programme will be to promote sustainable improvements in the health and nutrition of women and children. By strengthening district technical and managerial capacities, the strategy aims to broaden coverage and the quality of promotive and preventative health and nutrition services and the integrated management of the sick child; improve the relevance and reach of community health education services; build health service/community linkages; promote effective community participation and use of services; and strengthen mechanisms to monitor access to and utilization of health services.

15. The education for all programme will open access to quality primary education for all children aged 7-13 years; and provide learning opportunities to empower children with the skills, knowledge and confidence to fully participate in Zambia's development. Advocacy will increase the priority to and make resources available for meeting the learning needs of primary school-age children. Hence, UNICEF will support the development of learning materials and methods; community-based approaches to primary education and the exploration of opportunities for distance and peer education; the decentralization of management and more effective community-school linkages; life skills and HIV/AIDS prevention strategies in education; and strategies that promote the educational participation and achievement of girls.

16. The water supply, sanitation and hygiene education programme will contribute to the reduction in morbidity and mortality due to diseases associated with inadequate water supplies and sanitation and poor hygiene practices; and reduce time and energy spent, especially by women and young girls, on the collection of water. A strategy will be to increase access to potable water supplies through promoting community responsibility and capacities to manage, maintain and operate community water supplies; and improving household sanitation and hygiene practices. Community-based projects will involve an estimated 200,000 people (40,000 families).

17. The communications for child protection, care and development programme will heighten awareness of, and commitment to, the principle of "children first". The Convention on the Rights of the Child will provide a framework for stimulating popular awareness and discussion of the needs of children.

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Developing strategies to strengthen family and community actions for child protection and strengthening national capacities to bring about positive behaviour changes will be priorities.

18. The monitoring and planning for human development programme seeks to strengthen capacities to measure the impact of policies and programmes on poor households; monitor human development indicators and progress towards the goals for women and children; and support the management, monitoring and evaluation of the cooperation.

19. This programme has been developed in close collaboration with other United Nations agencies and bilateral and NGO partners. To strengthen the complementarity of United Nations actions, programme cycles have been harmonized. A joint Government-United Nations situation analysis has been completed and the country strategy note is nearly formulated. Thematic groups are facilitating working relations with key United Nations partners. The country-level mechanisms for the Joint United Nations Programme on HIV/AIDS have been put in place, as have consultative mechanisms to facilitate coordination and communications with other bilateral and non-governmental partners. The Office of the President (National Commission for Development Planning), which undertakes overall programme coordination, is supported by a multisectoral Programme Planning and Monitoring Committee.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
 (In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds</u>	<u>Total</u>
Primary health care and nutrition	2 788	16 600	19 388
Education for all	1 804	10 300	12 104
Water supply, sanitation and hygiene education	1 804	10 300	12 104
Communications for child protection, care and development	1 394	8 300	9 694
Monitoring and planning for human development	<u>2 460</u>	<u>2 000</u>	<u>4 460</u>
Total	<u>10 250</u>	<u>47 500</u>	<u>57 750</u>

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.
