MILLENNIUM DEVELOPMENT GOALS

ZAMBIA

STATUS REPORT, 2005

United Nations

Zambia

Millennium Development Goals

Status Report 2005

Foreword

This is the second Millennium Development Goals (MDGs) Progress Report published by the Government of the Republic of Zambia and the United Nations Country Team. The eight Goals stem from the Millennium Declaration that was signed by Heads of States, including the President of the Republic of Zambia, at the United Nations in New York in 2000, in which the world agreed to achieve tangible progress in key development areas by 2015. The MDGs are about halving extreme poverty and hunger; achieving universal primary education for both girls and boys; empowering women; reducing under-five mortality and maternal mortality by two-thirds and three-quarters, respectively; reversing the spread of HIV/AIDS and other major diseases; ensuring environmental sustainability; and developing a global partnership for development.

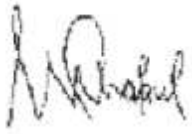
The Millennium Development Goals synthesise Zambia's long-term aspirations whose achievement is being sought through the implementation of the current Transitional National Development Plan (TNDP) and the New Fifth National Development Plan (FNDP) 2006-2011 that Government is currently preparing through the Sectoral Advisory Groups (SAGs) in which Government, Civil Society in its widest definition, the Private Sector and Co-operating Partners participate.

Government's continued commitment to prudent macroeconomic management and poverty reduction has brought about a more positive assessment of achieving the Millennium Development Goals in 2005 than prospects depicted in the previous Report. The current report shows that the likelihood for achieving the targets for 2015 on halving extreme poverty, and ensuring a full course of primary education for the country's youth have improved. The Report further notes that through concerted efforts between Government, Civil Society, Private Sector and the Cooperating Partners in fora such as the Private Sector Reform Programme, the SAGs and the Harmonisation in Practice Initiative, have made considerable achievements in improving the state of national support for achieving the targets on halving extreme poverty, ensuring primary education for the country's youth, integrating the principles of sustainable development, and halving the share of people without sustainable access to safe drinking water and education.

Overall, the Report shows that achieving the Goals by 2015 remains a big challenge for Government. Government is however, committed to reverse the trend of the indicators that show a negative development, speed up progress in areas where more efforts are needed and do better than the targets for 2015 where it can. To achieve this during the coming 10 years Government needs to continue the path it has chosen of effective implementation of the programmes that directly address poverty in all its facets including the county's environment and stimulate pro-poor economic growth.

I want to thank all cooperating partners that have contributed to the improved performance of Zambia towards the attainment of the Goals during the last two years.

I hope for your continued support in the 10 years or so to come because 2015 is possible!



Hororable Ng'andu P. Magande, MP
Minister of Finance and National Planning
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Preface

This second MDG Progress Report is special because the outcome of the assessment will feed directly into the Millennium+5 Summit that will be held in New York. The Report portrays the progress that Zambia has made since the signing of the Millennium Declaration five years ago. It provides a non-technical assessment written for the widest possible audience of the combined interventions of Government, Civil Society and Private Sector Organisations and Zambia's Cooperating Partners.

This Report is an important tool for raising awareness around the Millennium Development Goals and advocacy for policies and programmes that support the achievement of the Goals. These Goals serve as a platform on which alliances can be built between different stakeholders that work towards the same goals and objectives.

The Report is written through a collaborative alliance between Government, Civil Society and Private Sector Organisations, Academia, Political Leaders and the UN Country Team (UNCT). The MDG Task Force comprising the Ministry of Finance and National Planning, Central Statistical Office, Civil Society for Poverty Reduction (CSPR), Global Compact Zambia, Cabinet Office, Ministry of Agriculture & Cooperatives, Ministry of Health, Ministry of Tourism, Environment and Natural Resources, Ministry of Energy and Water, the Zambia Trade Network and the UNCT was tasked to consult all the stakeholders and produce the Report that can be nationally owned because it speaks for everyone.

On behalf of the UNCT, I wish to acknowledge Government's leadership of the Task Force through the Ministry of Finance and National Planning that galvanized the active participation of all the relevant Ministries and institutions. In this regard, I wish to thank Mrs Petronella Mwangala, Permanent Secretary and Mr. James Mulungushi Director of Planning and their team for this leadership. I also wish to thank all Civil Society Organisations as well as the Global Compact for facilitating the activities.

Aeneas Chapinga Chuma
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Table of Contents

List of Tables

List of Figures

List of Acronyms

ANCs	Ante-natal Clinic Attendees
ART	Anti-retroviral Therapy
ARVs	Anti-retrovirals
BESSIP	Basic Education Sub Sector Investment Programme
CSO	Central Statistics Office
DDCCs	District Development Coordinating Committees
DTF	Devolution Trust Fund
EB	Encyclopedia Britannica
ESS	Epidemiological Sentinel Surveillance
FNDP	Fifth National Development Plan
GDP	Gross Domestic Product
GMAs	Game Management Areas
HIPC	Highly Indebted Poor Countries
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Infection
IMR	Infant Mortality Rate
ITNs	Insecticide Treated Mosquito Nets
LCMS	Living Conditions Monitoring Survey
MDG	Millennium Development Goal
MDGR	Millennium Development Goal Report
MMR	Maternal Morality Ratio
MOE	Ministry of Education
MoFNP	Ministry of Finance and National Planning
MTEF	Medium Term Expenditure Framework
MTENR	Ministry of Tourism Environment and Natural Resources
NAC	National Aids Council
NAPCP	National Prevention and Control Programme
NEPAD	New Partnership for Africa's Development
NHCs	Neighbourhood Health Committees
NID	National Immunization Day
NWASCO	National Water and Sanitation Council
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PAGE	Programme for the Advancement of Girls Education
PDCCs	Provincial Development Coordinating Committees
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PRSP	Poverty Reduction Strategy Paper
RBM	Roll Back Malaria
RED	Reach Every District
SDP	Sectoral Development Plan
STI	Sexually Transmitted Infections
TBAs	Traditional Birth Attendants
TNDP	Transitional National Development Plan
VCT	Voluntar3y Counseling and Testing
WASHE	Water, Sanitation and Health Education

Zambia's Progress towards the Millennium Development Goals

Status at a Glance

Goals/Targets	Will target be met?		State of national support	
	2005	2003	2005	2003
Extreme Poverty Halve, between 1990 and 2015, the proportion of people living in extreme poverty.	Likely	Unlikely	Strong	Weak but improving
Hunger Halve, between 1990 and 2015, the proportion of people who suffer from hunger.	Likely	Unlikely	Good	Weak but improving
Universal Primary Education Ensure that by 2015, children everywhere, boys and girls alike, will complete a full course of primary schooling.	Likely	Potentially	Strong	Strong
Gender Equality and Women Empowerment Eliminate gender disparities in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.	Likely	Potentially	Good	Fair
Child Mortality Reduce by two-thirds between 1990 and 2015, the under five mortality rate.	Potentially	Potentially	Good	Fair
Maternal Mortality Reduce by three-quarters, between 1990 and 2015 the maternal mortality ratio.	Unlikely	Potentially	Weak	Weak but improving
HIV/AIDS Have halted by 2015, and began to reverse the spread of HIV/AIDS.	Likely	Potentially	Good	Fair
Malaria and other major diseases Have halted by 2015, and began reversing the incidence of malaria and other major diseases.	Potentially	Potentially	Good	Fair
Environmental Sustainability Integrate the principles of sustainable development into the country policies and programmes and reverse the loss of environmental resources.	Unlikely	Potentially	Good	Weak but improving
Water and Sanitation Halve by 2015, the proportion without sustainable access to safe drinking water and sanitation.	Potentially	Potentially	Good	Weak but improving

Introduction

This is the second Millennium Development Goals Progress Report for Zambia and like the first Report from 2003 it aims at generating dialogue on all aspects of development including the setting of national targets, designing pro-poor policies and enabling all parties to hold each other accountable for shared objectives towards the realisation of the goals.

In this process, civil society, the private sector, government, and development partners all play complimentary roles. The Millennium Development Goals, which are to be achieved by 2015, were adopted at the United Nations (UN) Millennium Summit and are listed as follows:

- Eradicate extreme poverty and hunger;
- Achieve universal primary education;
- Promote gender equality and women empowerment;
- Reduce child mortality;
- Improve maternal health;
- Combat HIV/AIDs, Malaria and other diseases;
- Ensure environmental sustainability; and
- Develop a global partnership for development.

Numerical targets and appropriate indicators to monitor progress have been set for each goal. A common list of 18 targets and more than 40 indicators corresponding to each of these goals has been prepared collaboratively by the UN, the World Bank, International Monetary Fund (IMF) and the Organisations for Economic Cooperation and Development (OECD) to ensure a common assessment and understanding of the status of MDGs at global, regional and national levels. Monitoring and reporting on the MDGs will take place at global and country levels to keep poverty issues at the front and centre of national and global development agenda.

This report uses the same mechanism in monitoring progress and poverty reduction as utilised by other national frameworks and initiatives such as the Transitional Development Plan (TNDP) and the National Development Plan that is currently being drafted to cover the period 2006-2011. The trends in this report are based on information at three points in time, where possible; 1990, 2000, and 2015. Whenever data is not available for 1990 or 2000, estimates cited refer to years closest to the two points in time. The year of the data is indicated in the tables.

For 2015, the targets are calculated using the 1990 baseline data according to how the relevant target has been formulated. Data used in this report is mainly from Central Statistical Office (CSO) and other national data sources.

This report is organised into sections; the first outlines the overall development context in broad terms and the eight successive sections assess the country's progress towards the attainment of each of the MDGs. Each section examines the targets of a goal through a review of its status and trends, challenges to their achievement and supportive environment containing policies and programmes in place that would enhance their achievement.

A summary on the status and statistics at a glance are also provided.

Goal 1 Eradicate extreme poverty and hunger

Target 1: Halve between 1990 and 2015, the proportion of people living in extreme poverty.

Status at a Glance

Will target be met?	**Likely**	Potentially	Unlikely	No data
State of supportive environment	**Strong**	Good	Weak	

Table 1: Proportion of population living in poverty

Indicator	1990	2002/03	2015 MDG Target
Proportion of people living in extreme poverty	58%	46%	29%

Source : Zambia MDGs, 2003; LCMS III, 2004

Status and Trends

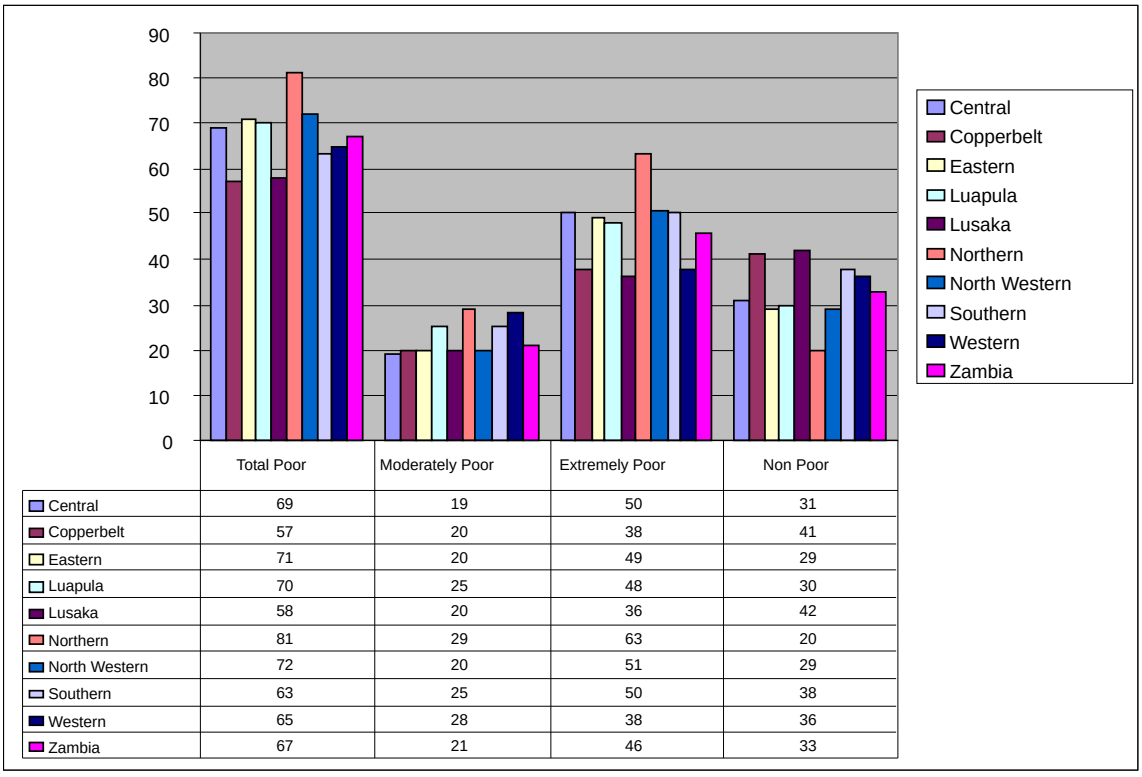
Poverty in the Zambian context can be defined as a lack of access to income, employment opportunities, and to entitlements such as freely determined consumption of goods and services, shelter and other basic necessities of life (Ministry of Finance and National Planning [MoFNP], 2002; ZDHS, 2003). The procedure used in determining poverty results in two poverty lines expressed in Per Adult Equivalent terms; the extreme and moderate poverty lines. The extreme poverty line relates to the monthly cost of the food basket whilst the moderate line relates to the monthly cost of all basic needs [LCMS 2002-2003, CSO]. Extreme poverty raises a lot of concerns in any country because it is one of the major causes of suffering and death. Poor people in general and the poorest in particular are often the most vulnerable to suffering from severe malnutrition, epidemic disease outbreaks, famine, war, mental illness, drug dependence and crime.

At national level, almost two-thirds (67 percent) of Zambia's population now live below the poverty line, and of these 46 percent are extremely poor. The Objective of reducing extreme poverty from 58 percent in 1998 to 29 percent in 2015 still constitutes a major challenge for Zambia (MDGR 2003). Extreme poverty is much higher in rural areas (74 percent) compared to urban areas (52 percent) (CSO, 2004). Nearly one in every two persons in rural areas is still living in extreme poverty compared to one in every three in urban areas.

Relative to 1991, these represent an increase for urban areas from 32 percent but decrease for rural areas from 81 percent (CSO, 2004)

Regional analysis of incidence of poverty reveals high proportions of the poor in Northern Province, at 81 percent, followed by North-Western at 72 percent, Eastern at 71 percent and Luapula province at 70 percent. The lowest rates of poverty are in Lusaka and Copperbelt provinces whose rates are at 57 and 58 percent respectively (see Figure 1). It is worth noting that the rate of extreme poverty varies from 36 percent in Lusaka province to 63 percent in Northern Province. The high levels of extreme poverty are prominent in Northern, North Western, Central and Eastern provinces.

Figure 1: Incidence of poverty by province in Zambia (2002-2003)



	Total Poor	Moderately Poor	Extremely Poor	Non Poor
Central	69	19	50	31
Copperbelt	57	20	38	41
Eastern	71	20	49	29
Luapula	70	25	48	30
Lusaka	58	20	36	42
Northern	81	29	63	20
North Western	72	20	51	29
Southern	63	25	50	38
Western	65	28	38	36
Zambia	67	21	46	33

Zambia MDGs, 2003; LCMS III, 2004

Challenges

There are a number of challenges that individual households in provinces face as they strive to reduce poverty, which need to be addressed in order to reduce the number of people living in extreme poverty.

These include:

- Providing agriculture inputs on time. Provision of living wages to the greater majority of workers.
- Provision of Retirees Pension Benefits on time.
- Increasing employment opportunities for Zambians particularly for graduating students from various Colleges and Universities.
- Provision of access to finances for economic growth and development especially for small enterprises in the different economic sectors.
- Achieving broad based economic growth which is pro poor.
- Removing obstacles to good governance.
- Provision and execution of an implementation strategy for the decentralization policy.

Supportive Environment

Over the past two years there has been an increasing level of commitment on the part of Government, civil society organizations and cooperating partners to create the conducive environment for poverty reduction. These include:

- Government's expressed commitment to address the current high levels of poverty through various initiatives including the Poverty Reduction strategy Paper (PRSP), the Transitional National Development Plan (TNDP) and the now the newly formulated and forthcoming Fifth National Development Plan (FNDP).
- The establishment and adherence to a Medium Term Expenditure Framework (MTEF), which programmes expenditure prioritization on a three-year basis, and developed through a consultative process to ensure transparency and ownership of the budgeting process.

- prioritization on a three-year basis, and developed through a consultative process to ensure transparency and ownership of the budgeting process.
- The adherence by the Ministry of Finance and National Planning to the full disbursement of budgeted resources for poverty reduction programmes (PRPs) during the recent past.
- The Sectoral Development Plan (SDP) emphasizes the importance of decentralized approach in development and is likely to reduce poverty among many Zambians.
- The willingness of creditor nations to forgive 100% of Zambia's debt as announced at the Gleneagles Summit in July 2005. Since the HIPC completion (though still being challenged) has been attained it is hoped that some funds will be allocated to other socio-economic activities aimed at improving the welfare of Zambians, especially the extreme poor.
- The New Partnership for Africa's Development (NEPAD) is an important strategy which government has adopted. If domesticated and haramonised properly within the FNDP, NEPAD is likely to make a significant contribution towards Zambia's economic growth and development within the broader framework of reducing poverty.

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from Hunger

Status at a Glance

Will target be met?	Likely	Potentially	Unlikely	No data
State of supportive environment	Strong	Good	Weak	

Table 2: Underweight Under Five Children

Indicator	1990	2002/03	2015 MDG Target
Proportion of people living in extreme hunger	25%	28%	12.5%

Source: Zambia MDGs, 2003; LCMS III, 2004.

Status and Trends

As mentioned above the Central statistical Office (CSO) has been using the food basket approach when measuring absolute poverty in Zambia. This food basket meets the daily caloric and protein requirements of 12,564 and 335 grams of a family of six respectively (CSO, 2003; 2004).

Poor nutrition has mainly been attributed to inadequate incomes (and thus food is not affordable among the poor); lack of access to animal protein; dominance of high carbohydrate foods like maize and cassava in the Zambian diet rather than a balanced diet (which is a major factor in high malnutrition levels); and poor food processing at household level.

The majority of households in Zambia cannot afford three meals in a day. Slightly more than half of the households (51 percent) only manage two meals in a day. Another 11 percent of households can only afford one meal per day. This only leaves about 38 percent of households that can manage to have three meals or more per day. There are proportionately more female (68 percent) than male-headed households (60 percent) that do not have three meals or more per day. The proportion that manages three meals per day is higher among male (38 percent) than female headed households [30 percent] (CSO, 2004).

The required minimum number of meals for an average person is three per day. However, not all households can afford to consume three meals in a day. According to Nutritionists, reduced number of dietary food intakes in most cases lead to deficiencies and under weight due to insufficient nutrients such as vitamins,

minerals, proteins and carbohydrates especially among the children who are under five. It is important that normal growth, particularly among under-five children, occurs if various body organs and tissues are to receive adequate nutrients. As a result, Zambia is having a high percent (47) of stunted children below the age of five. Stunted growth reflects chronic malnutrition caused by low food intake. The problem is more serious in rural areas where it is at 34 percent.

In addition to this 28 and 34 percent of the children aged under five years were under weight in 2001/2 and 2002/2003 respectively; reflecting a rise from 1992 (Ministry of Finance and Development Planning [MoFDP], 2004). By the end 2003 (through self-assessment) 19 percent of the households reported that they seldom or never had enough to eat and were thereby chronically food insecure. Eleven and 24 percent of these lived in urban and rural areas respectively.

Challenges

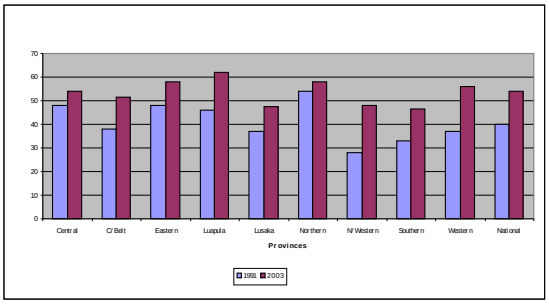
Despite positive gains made in the Agriculture Sector in 2003, hunger eradication continues to prove a major challenge in Zambia. Due to the 2001/02 drought, Government intervened in 2003 and provided subsidies to agriculture inputs which resulted in a relatively good harvest, in almost all the major crops during that year. However, the 2005 drought, which has hit some parts of the country, threatens to lead to the reemergence of a food crisis in those affected areas if not managed properly.

One of the key aspects in addressing the food security and eradication of hunger in Zambia is to deal with the structural problems.

Other key challenges include:

- Reducing high poverty levels undermining productivity;

Figure 2: Underweight-under five children at both National and provincial levels (1991 and 2003)



Source: CSO (2004), Living Conditions Monitoring Survey Report, 2002-2003

- Encouraging favourable agricultural practices;
- Increasing the capacity of private sector organisations to fully participate in agribusiness activities like inputs supply, out grower schemes and marketing.
- Improving market access in order to encourage farmers to produce more crops, fish, livestock and livestock products;
- Intensifying the mitigation of droughts and floods, which have negative effects on crop, fish and livestock production;
- Finding effective ways of reducing high post-harvest and production, (milk, eggs, chicks and small livestock) losses;
- Learning to respond more efficiently to food crises and livestock disease outbreaks due to deficiencies in the early warning system, monitoring, and surveillance, financial, human resources and food reserves;
- Strengthening legislation for land reforms;
- Reducing the prevalence of livestock diseases of national economic importance that impact negatively on agricultural production and productivity through reduced animal draught power, manure and protein sources for households and sustainable agricultural production;
- Improving livestock and fisheries management and production systems.

- Development of small scale irrigation systems, water harvesting and dam construction to enhance crop, fish and livestock production in drought and normal rain seasons;
- Low per capita productivity due to lack of access to resources and agriculture service support and loss of draught power;
- High dependence on rain-fed agriculture and limited utilization of irrigation;
- Limited diversification of agricultural production due to dependence on few crops, as government has mainly supported the production of maize at the expense of other crops and livestock;
- Inadequate infrastructure leading to poor market access by farmers resulting in loss of income and poor access to inputs;
- Limited mainstreaming of gender in agriculture despite women being major food producers, their access to productive resources and services is limited leading to low productivity;
- Environmental degradation due to unsustainable agricultural practices;
- The loss of labour due to the impact of HIV/AIDS, which has been undermining households' income generating and food security activities.
- Inadequate access to food by low income households- a large portion of Zambia's poor cannot command food resources because they simply cannot afford to purchase it at the prevailing prices due to lack of income and employment;
- Enhancing per capita productivity through higher access to resources and agricultural service support and eradicating loss of drought power;
- Reducing high dependence on rain-fed agriculture and increasing utilization of irrigation;
- Increasing diversification of agricultural production rather than focusing on maize at the expense of other crops and livestock;
- Improving infrastructure in order to improve farmers' access to agricultural inputs and markets which would in turn increase their incomes;
- Enhancing mainstreaming of gender in agriculture because women are the major food producers and yet their access to productive resources and services is limited leading to low productivity;
- Continue sensitizing about better farming methods aimed at reducing environmental degradation and attaining sustainable agricultural practices;
- Increase the labour in agriculture by reducing the impact of HIV/AIDS, which has been undermining households' income generating and food security activities;
- Increasing access to food among low income households; a large number proportion of Zambian's poor cannot command food resources because they simply cannot afford to purchase at the prevailing prices due to lack of income and employment and
- Strengthening extension services for small-scale, medium and large scale farmers.

Supportive Environment

The supportive environment for eradicating hunger in Zambia has received tremendous boost in the past three years. Government Policy as provided in the National Agricultural Policy is providing a conducive and supportive environment for increased agricultural production, productivity and ultimately, poverty reduction. The main thrusts of the National Agriculture Policy are liberalisation, commercialization, promotion of public and private sector partnerships, and provision of effective services that will ensure sustainable agricultural growth.

The principle national development documents such as the TNDP and the FNDP both support and emphasis agriculture development as a pillar for economic growth and development.

Government and other development agencies have recognized the importance of agriculture as the engine for reducing poverty in Zambia because it is the main source of livelihood for the majority of the

rural people. The agricultural support programme which is funded by the Swedish International Development Agency (SIDA) is currently running a programme whose objectives are to improve food and nutrition security and increase income among targeted small scale farmers through sale of agricultural related products and services. Private sector entities are now showing an interest in private/public partnerships that seek to reduce rural poverty and increase agriculture incomes.

Many other organizations are promoting food security and nutrition. These include: NGOs, research institutions, cooperating partners and the private sector.

Zambia has benefitted from a number of projects financed by the World Bank and/or other Agencies under the Agricultural Development Programme Support Project for smallholders Commercialization (ADSP-SP) have either been completed or are on going or are still under plan these include:

<u>World Bank financed</u>

1. Agricultural Sector Investment Programme (completed),
2. Rural Investment Fund [ASIP sub-programme] (completed),
3. Emergency Drought Recovery Project (ongoing),
4. Zambia Social Investment Fund [ZAMSIF] (ongoing) and
5. Enterprise Development Project [EDP] (ongoing).

<u>Funded by other Development Agencies</u>

IFAD

- Small Enterprise and Marketing Programme [SHEMP] (ongoing),
- Southern Province Household Food Security Programme [SHEP] (ongoing),
- Rural Finance Programme [RFP] (completed).

AfDB

- Smallholder Agricultural Production and Marketing Support Project [SAPMSP] (under plan),
- Small-scale Irrigation Programme [SIP] (ongoing),
- Support to ASIP in the Eastern Province (ongoing) and

Swedish International Development Agency (SIDA)

- Countrywide ASIP Programme (ongoing).

NORAD

- Support to Farmer Association Project [SFAP (Completed).

JICA

- Participatory Village Development in Isolated Areas (PAVIDIA).

Government of the Republic of Zambia (GRZ)

- Ministry of Agriculture and Cooperatives (MACO)
- Fertilizer Support Programme [FSP] (ongoing)

Food and Agricultural Organisation [FAO]

- Luapula Livelihood and Food Security Programme [LLFSP] (Completed).

GRZ/Programme Against Malnutrition [PAM)

- Smallholder ACCESS to Processing, Extension and Seed Project [SHAPE] (ongoing).

The Netherlands

- Agricultural Innovation Fund [AGRIFU] (ongoing).

Goal 2 Achieve universal primary education

Target 3: Ensure that by 2015, children everywhere, boys and girls alike will be able to complete a full course of primary schooling.

Status at a Glance

Will target be met?	**Likely**	Potentially	Unlikely	No data
State of supportive environment	**Strong**	Good	Weak	

Table 3: Status In Figures

Indicator	1990	2003	2004	2015
Net enrolments in Primary Education				
National	80%	76%	78%	100%
Girls	69%	75%		
Boys	71%	71%		
Pupils, reaching Grade 7				
National	64%	73%	82%	100%
Girls	57%	66%	75%	
Boys	71%	80%	95%	
Literacy rates (15-24 year olds)				
National	79%	75%	70%	100%
Female	75%	70%	66%	
Male	79%	75%	75%	

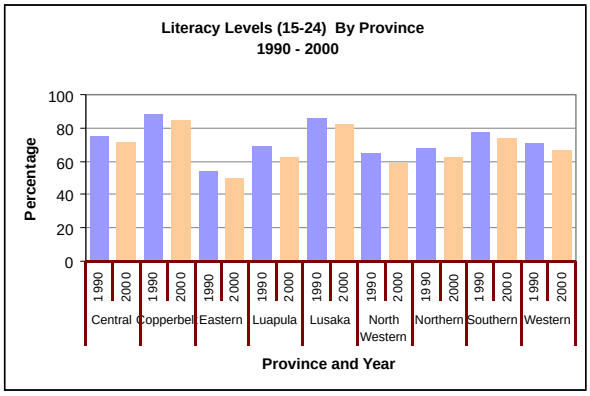
(Source: (CSO National Census of Population and Housing, 2000, (Zambia DHS Ed Data Survey: 17 2002).

Status and Trends

Education is a major factor in enhancing a country's social and economic development as it aids in fighting against poverty and hunger. Since 1990 the percentage of pupils reaching grade 7 has improved from 64% in 1990 to 82% in 2004. The country has therefore gone beyond the MDG requirement of pupils reaching Grade 5. On the other hand literacy rates have shown a decline from 75% in 1990 to 70% in 2004. The potential to achieving Universal Primary Education for boys and girls by 2015 exists especially when it is considered that the rate increased by and those of females fell from 75% in 1990 by 2000 they fell to70% and those of females fell from 71% to 66% during the same period.

almost 10 percentage points (from 70% to 78%) in one year (2003 to 2004). Reaching 100% (an additional 17%) in 10 years from now is a real possibility. Notable are declining literacy rates for those between ages 15-24 years, which fell from 71% to 66% during the same period with female literacy rates are still lagging behind those of males. Whereas male literacy rates were 79% in 1990 by 2004 they fell to 75% and those of females fell from 75% in 1990 by 2000 they fell to70% and those of females fell from 71% to 66% during the same period.

Figure 3: Literacy Levels (15-24 By Province 1990-2000)



Source: Zambia EMIS, Education Management

Challenges

Despite the supportive environment in place, the challenge is however, that much more needs to be done to achieve the goal of universal primary education for boys and girls by 2015. Major challenges to overcome include:

- Effective implementation of the Education Sector Policy
- Maintaining the current political commitment to further increase budgetary allocation to the education sector as a whole.
- Mitigating the impacts of HIVAIDS on children, teaching staff and education support staff.
- Improving conditions for teaching staff especially I rural areas.
- Improving the quality of education and services lly in rural schools (learning environment, pupil-teacher ratios and learning materials).
- especially in rural schools (learning environment, pupil-teacher ratios and learning materials).
- Continuing to reduce the gender imbalance between boys and girls in primary school retention, progression and completion rates.
- Strengthening capacity of monitoring and evaluation units at the district level.

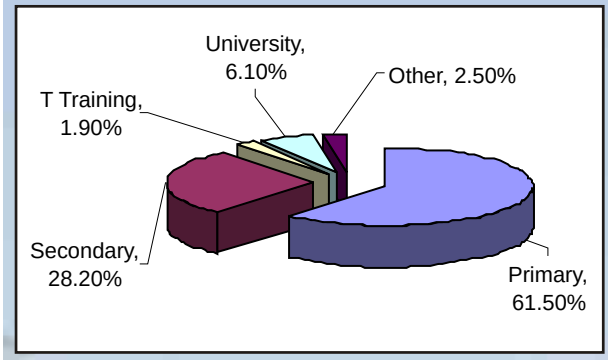
Sector Programme the following are envisaged:

- Improved access, gender equity and quality in basic education (Grades 1-9).
- Improved quality and efficiency in high school and tertiary education.
- Development of relevant skills and enhanced learning achievements by all learners.
- Effective decentralization of decision-making, procurement and financial management of districts and schools.
- Management/Mitigation of the impact of HIV/AIDS.

In this regard the Ministry of Education will allocate a significant proportion of its capital budget to primary education. Figure 4 indicates the planned allocation by education sub sector.

The favorable debt situation following the accession to HIPC completion point early this year should be used to benefit the education sector by increasing budget allocations in order to enhance the implementation of the Five Year Education Sector Plan (2003-2007). In this regard the Government is committed to supporting and strengthening cooperation with the private sector, the church, civil society and other cooperating partners in providing universal primary education.

Figure 4: Planned Capital allocation by sub-sector (2003-2007)



Source: MOE Strategic Plan 2003-2007, 2003

Target 4: Eliminate gender disparities in primary and secondary education preferably by 2005

Status at a Glance

Will target be met?	Likely	Potentially	Unlikely	No data
State of supportive environment	Strong	Good	Weak	

Table 4. Status in Figures

Indicator	1990	2003	2004	2005	2015
Ratio girls to boys in Primary Secondary Tertiary	0.98 0.92	0.98 0.90 0.71	0.95 0.84 0.63	0.95 0.83	1
Ratio of Literate females 15-24 years		0.80	0.80	0.80	100%
Share of Women in wage employment	39%	35%	35%		
Proportion of seats held by women in National Parliament	6%	12%	12%	12%	(2005) 30%

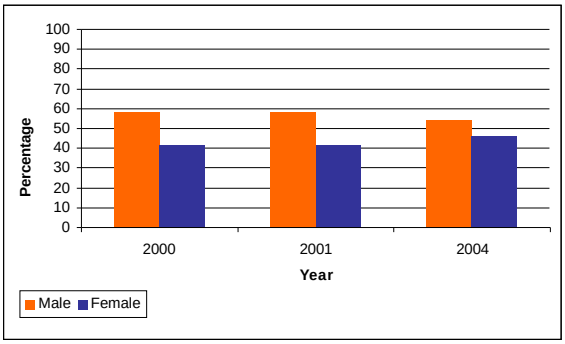
Source: MOE Annual School Census, 2005, UNZA and TEVETA 2003-2004 Data, Zambia Census of Population and Housing, 2003, Cabinet Office/GIDD)

Status and Trends

Education for women has been identified as key to their participation in national development. Education is crucial because it enhances the life opportunities of women, has a positive influence on fertility levels and enhances socio economic status of women and their families. Girl's education is critically important not only for harnessing the nation's human resource for development, but also for raising the self-esteem and confidence, and widening the life choices of females, their access to information and knowledge.

Between the periods 2000-2004 the ratio of boys to girls have remained high but constant in primary schools but has decreased in secondary school and tertiary institutions from 2003-2004. Females still continue to have lower literacy rates 66% as against 79% for males with female literacy rates have steadily been declining between 1990 and 2004.

Figure 5: Male and Female enrollments in Secondary School (2000-2004)



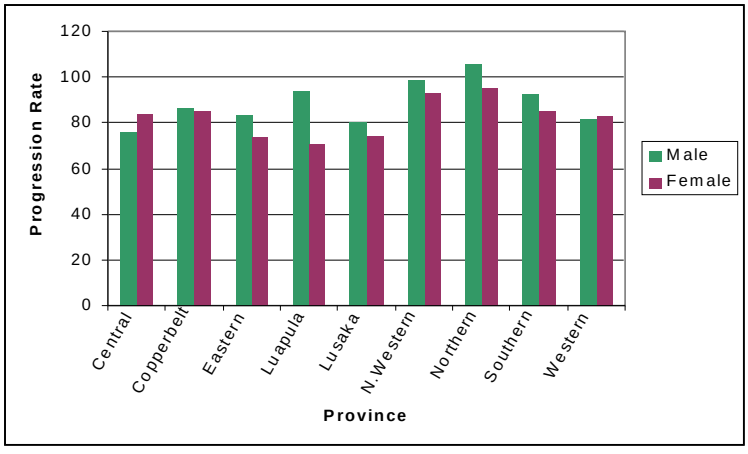
Source: MOE 2004 Statistical Bulletin

Even when girls make it to secondary school their progression and completion rates are lower than those for boys. Male progression rates, which had been about 59% in 2000, have gone down by 4 percentage points in 2004 to about 55% and those of females have gone up slightly from about 40% in 2000 to 45% in 2004. Available data indicates that Northern Province has the highest completion rate for males 100% compared to about 95% for females. Data for the provinces show not only wide gender disparities in progression rates but also that boys access to secondary education may be decreasing. Out of all provinces, Central Province followed by Western is beginning to show lower progression rates for boys as against those for girls.

Regarding access to secondary education both boys and girls have been affected adversely due to neglect of the high school sector which has resulted over the years in high school infrastructure growing at a much slower pace than that of primary school infrastructure. This has resulted in high competition for secondary school places with girls being at a disadvantage. "There are presently not enough school places for pupils with only 25.9% children progressing from basic to high school" (MOE Strategic Plan 2003-2007:32:2003).

The poorer performance of girls in the education sector reflects their lower participation rates in formal wage employment across all sectors. Women are more likely to be employed in occupations requiring fewer skills and in the least paying jobs in the labour market Women's participation in decision-making positions is also lagging far behind that of males in both private and public institutions where serious gender gaps of over 70% exist. Given this scenario the country is not likely to meet the SADC requirement of 30% women in all decision making levels.

Figure 6: Secondary School Progression rates by Gender and Province



Source: MOE 2004 Statistical Bulletin

Challenges

The country has made major strides in achieving 1-1 enrolments ratios at primary school but drop out and completion rates remain poor especially for females as they move up the education ladder. In addition boys' progression rates at Secondary school are also under threat. While the potential is there due to the supportive environment, it does not appear possible for the country to eliminate gender disparities particularly in secondary and tertiary education by 2005 and to all levels (exception of primary schools) of education no later than 2015. The following remain the challenges:

- Reversing high female illiteracy rates.
- Reducing higher drop out, retention and completion rates for females in primary, secondary and tertiary education. Strengthening affirmative action to promote gender equality.
- Maintaining the current political and professional will to implement the Education Sector Policy.
- Increasing budgetary allocation to secondary and tertiary education.
- Mitigating impacts of HIV/AIDS pandemic on pupils and teaching staff.
- Combating retrogressive traditional and cultural beliefs detrimental to gender parity.

Supportive Environment

In order to improve progression of females to higher levels of education the government has introduced free primary school education, lower pass cut off points for females between primary and secondary school and provision of bursaries for females and other vulnerable children. In its Education Strategic Plan (2003-2007) proposes to work towards rehabilitation of classrooms, practical subject rooms and improve water and sanitation facilities in high schools up to University level. Increase bursaries and provide a percentage of places to vulnerable groups in rural boarding schools and open more day high schools in rural and semi-urban areas to increase high school places. Government will pay attention to teacher training and retention through improved salary scales, better housing, access to loans and development opportunities as well as hardship allowances (MOE Strategic Plan 2003-2007:39-43:2003).

Goal 4 Reduce child mortality

Target 5: Reduce by two-thirds between 1990 and 2015, the under-five mortality rate

Status at a Glance

Will target be met?	Likely	**Potentially**	Unlikely	No data
State of supportive environment	Strong	**Good**	Weak	

Table 5. Status in Figures

Indicator per 1000 births	1992	2002	2015 MDG Target
U5 Mortality Ratio	191	168	63
Infant Mortality Ratio	107	95	36
Proportion of 1-year olds immunized against measles	77	84	
Proportion of children accessing ANC	92	93	

Source: Central Statistical Office (CSO), Central Board of Health (CBoH) and ORC Macro, 2003, Zambia Demographic and Health Survey, 2001-2002, P. 120

Status and Trends

This is one of the targets that Zambia has the potential to achieve because of conducive and supportive environment. Under-five mortality rate has a number of components to it; neonatal, post neonatal, infant and child mortality rates. Although still relatively high, child mortality rates in the country have shown signs of decline. Under-five mortality was 191 deaths per 1,000 live births in 1992, increased to 197 deaths per 1,000 live births in 1996, but markedly declined to 168 deaths per 1000 live births during the 2001-2002 Demographic and Health Survey.

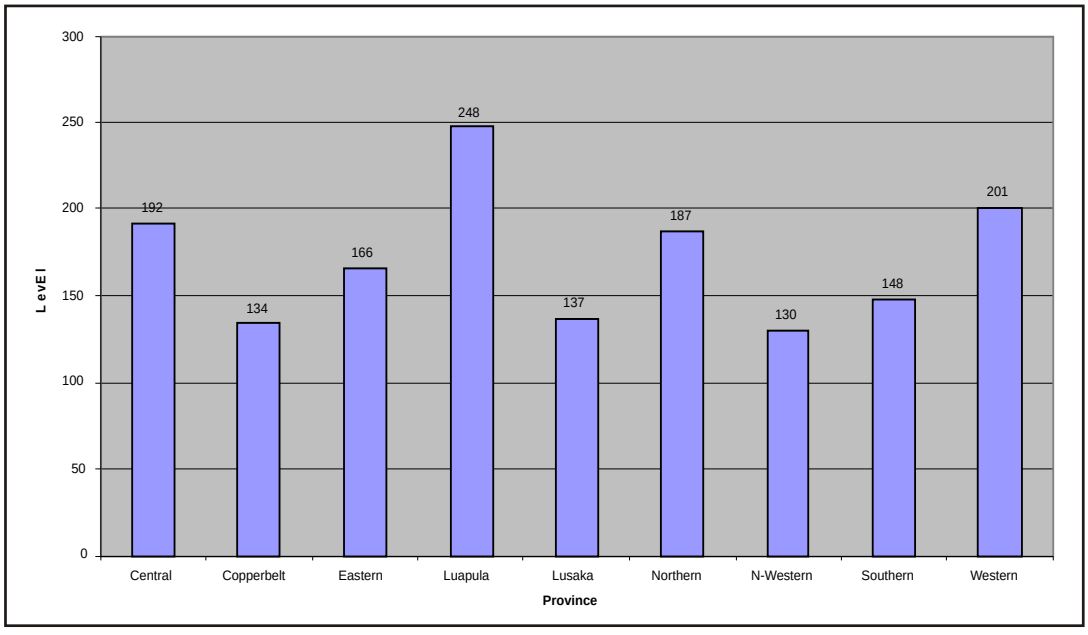
The childhood mortality indicators were better in the urban compared to the rural areas. For instance, in 2002, IMR was 34 per cent lower in urban (77 deaths per 1,000 live births) than rural (103 deaths per 1,000 live births) areas. For the same period, under-five mortality was 140 deaths per 1,000 live births for urban compared with 182 deaths per 1,000 live births for rural areas. North-Western Province (130 deaths per 1,000 live births) had the lowest under-five mortality and Luapula Province had the highest rate (248 deaths per 1,000 live births).

Table 6: Early childhood Mortality by background characteristics

	Neonatal	Postnatal	IMR	Child	Under 5
Province					
Central	35	57	92	110	192
Copperbelt	24	43	68	71	134
Eastern	29	55	84	89	166
Luapula	36	118	154	112	248
Lusaka	29	41	70	72	137
Northern	39	74	113	84	187
North-Western	25	49	74	60	130
Southern	29	47	76	77	148
Western	60	79	139	72	201
Residence					
Urban	31	46	77	69	140
Rural	35	68	103	89	182
Total (2001-02)	37	58	95	81	168

Source: CSO, CBOH, Measure DHS+, (2003) ZDHS, 2001-2002, Calverton Maryland USA: CSO, CBOH, and ORC Macro, p.120

Figure 7: Under Five Mortality by Province, 2001 - 2002



Source: CSO, CBoH, Measure DHS+, (2003) Zambia Demographic and Health Survey, 2001-2002, Calverton Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro, p. 120.

Challenges

The challenges in reduction of infants and under-five mortality rate in the country are many and include the following:

- Training, re-training and retention of health personnel.
- Managing problems of operational capacity nature in the health system in areas such as the administration of stock-outs or expiry of drugs.
- Limited access to child health services.
- Inadequate community or home care services.
- Inadequate health education.
- High national prevalence of HIV and limited access to Prevention of mother-to-child transmission of HIV (PMTCT) and scaling-up anti-retroviral therapy (ART).
- High prevalence of Malaria.
- High levels of childhood malnutrition.
- High poverty levels in the country.
- Many diarrhoea cases among children.
- Exclusive breast-feeding or/and complementary or/and supplementary feeding and management of orphaned and vulnerable children (OVCs) in the era of HIV and AIDS.

Supportive Environment

The policy and programme environment, as provided for in the national health policy, is both conducive and supportive of child health programmes. As an example several child health services and programmes have been put in place and implemented under maternal and child health (MCH) activities. These include improved child immunisation coverage both for routine and National Immunisation Days (NID); Integrated Management of Childhood Infections (IMCI) programme; establishment and expansion of Prevention of Mother-to-child Transmission (PMTCT) of HIV; Reach Every District (RED) initiative; abolition of user-fees for the under-five children; nutrition and breast-feeding support programmes.

The programmes also include improved childhood immunisation rates (increased routine immunisation coverage for measles from 77 per cent in 1992 to 87 per cent in 1996 and 84 per cent in 2002) (CSO, CBoH and Macro, 2003:143) and provision of micronutrients such as vitamin A through supplementation and fortification of foods. Early medical interventions, use of antenatal care services as well as the involvement of local communities may also have contributed in the reduction of childhood mortality. For example the 2001-2002 ZDHS indicated that up to 70 per cent of children with acute respiratory infection had been taken to a health facility, and 93 per cent of all the children had received antenatal service from a trained medical provider (doctor, clinical officer or a nurse). Forty-two per cent of women and 37 per cent of the men during the 2001-2002 Zambia Demographic and Health Survey indicated that they knew of the existence of Neighbourhood Health Committees (NHCs) in their localities (CSO, CBoH and Macro, 2003:140-141).

Other supportive child-friendly health policies and programmes are the national nutrition and HIV/AIDS policies; roll-back malaria (RBM); safe water programmes; oral rehydration therapy (ORT) or oral rehydration salts (ORS); integrated reproductive health programmes; use of insecticide-treated mosquito nets (ITNs); school nutrition and health programmes and health education; drafting of child and reproductive health policies; family planning programmes and creation of NHCs. The government is also committing the budgeted resources to the intended child-health activities. With the attainment of highly indebted poor countries (HIPC) completion point status, more debt relief, and possibly 100 per cent debt cancellation, may avail more resources.

Goal 4 Improve maternal health

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Status at a Glance

Will target be met?	Likely	Potentially	**Unlikely**	No data
State of supportive environment	Strong	Good	**Weak**	

Table 7. Status in Figures

Indicator	1996	2002	2015 MDG Target
MMR (per 100,000 live births)	649	729	162
Births attended by skilled personnel	51*	45	

* Data for 1992
Source: CSO, CBoH, Measure DHS+, (2003) Zambia Demographic and Health Survey, 2001-2002, Calverton Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro., P 138.

Status and Trends

Maternal Mortality increased from 649 deaths per 100,000 in 1996 to 729 deaths per 100,000 births during the 2001 to 2002 Zambia Demographic and Health Survey. The target for maternal mortality ratio in 2015 is 162. This is despite high proportion of children accessing under-five clinics and antenatal care attendance (98 per cent in urban and 91 per cent for rural areas during the 201-2002 ZDHS) and attention and resources given to reproductive health programmes over the past 12 years.

The critical indicators in maternal health include access to antenatal, delivery and postnatal care. A total of 95.7 per cent of the women during the 2001-2002 ZDHS received antenatal care; 93.4 per cent from a health professional and 2.3 per cent from a Traditional Birth Attendants (TBAs). The percentage of women receiving antenatal care from a health profession slightly decreased from 96 per cent in 1996 to the 93.4 per cent in 2001-2002 period.

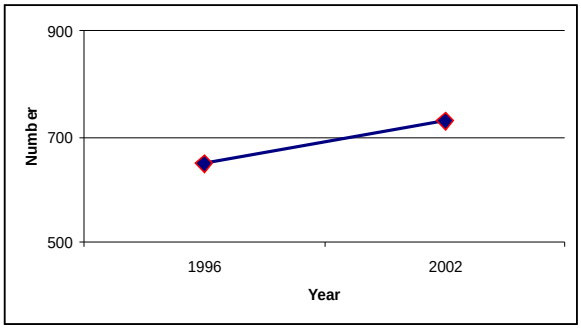
One contributing factor to high maternal ratio could be the increase in the number of women delivering at home. During the 2001-2002 ZDHS, 56 per cent of the women delivered at home and fewer of them, 44 per cent, at a health facility. Medical persons are also attending slightly fewer deliveries, while the proportion of births attended by TBAs increased to the highest record in 2001-2002 since 1992. The proportion of women delivered by a medical person declined, from 51 per cent of births in 1992 to 47 per cent in 1996 and 44 per cent in 2001-2002. The proportion of women delivered by a relative or friend consequently, increased from 33 per cent in 1992 to 41 per cent in 1996, though slightly declined to 38 per cent in 2001-2002.

Postnatal care is important in detecting complications related to delivery, in both

institutional and particularly in cases of non-institutional births that may threaten the mother or the child's health. In 2001-2002, 77.2 per cent of the women who had a non-institutional delivery did not receive postnatal check-up. More such women in rural (81 per so be discharged before receiving the postnatal check-up. cent) compared with those in urban (53 per cent) did not receive the postnatal care. The women who deliver at the health facilities may also be discharged before receiving the postnatal check-up.

Other reasons for increasing maternal mortality ratio (MMR) include limited access to facilities due to few health facilities; long distance to facilities; non-availability or costly transportation facilities; shortage of trained staff; attitude of some health staff; and poor quality of care (untrained staff and lack of surgical and medical supplies). Low postnatal care, prenatal complications, complicated deliveries, postpartum deaths from haemorrhage and infections and post abortion complications also contribute to increased MMR.

Figure 8: Trends in Maternal Mortality Ratio



Source: ZAMBIA_DHS01/2, Zambia Demographic and Health Survey 2001-2002,

Challenges

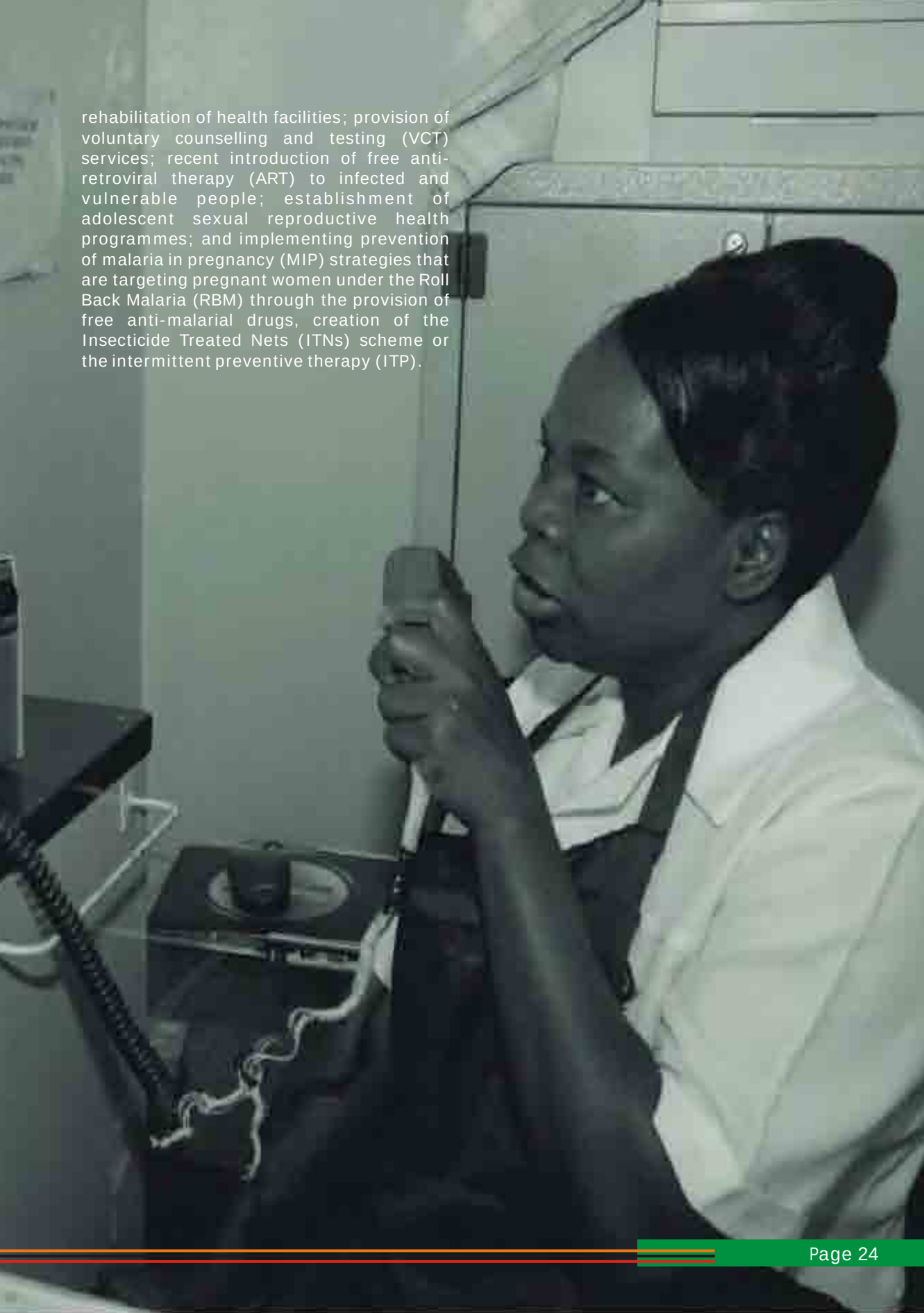
- Inadequate availability of midwifery and other medical skills at attendance and/or delivery.
- Inadequate availability of emergency referral services.
- Inadequate essential obstetric care.
- Inappropriate attitude of some medical staff, especially to adolescents.
- Low quality of reproductive health care (i.e. inadequate conducive environment in the health facilities like limited light and water).
- Accessibility to health services.
- High HIV and AIDS prevalence among women.
- Low levels of contraceptive usage. Low advocacy levels for reproductive health.
- Negative cultural practices.
- Male involvement in reproductive health issues.
- Involvement of traditional leaders in reproductive health matters.
- Inadequate health education.
- Inadequate access to intermittent preventive therapy (IPT) in prevention of malaria in pregnant women.
- Poor institutional linkages.
- Provision of youth-friendly services.

Supportive Environment

A number of reproductive health-related issues have been articulated in numerous policy documents. There is also a draft reproductive health policy. Some services offered include recent integration of PMTCT services into routine reproductive health services, on-going training of reproductive health providers (such as traditional birth attendant midwives). In order to help health services reach the local communities; decentralisation strategies have been employed. These have involved the local Neighbourhood Health Committees (NHCs) in awareness and advocacy of maternal health care. During the 2001-2002 ZDHS for instance, an overall of 10 per cent of women reported a visit by a community health worker in their house. The proportion of the visit was higher in rural (11 per cent) than in urban areas (7 per cent).

The government has also exempted pregnant mothers, children under the age of five and people aged from 65 years and above from paying user-fees. Other measures aimed at addressing the maternal health care include provision of family planning services by government, non-governmental organisations and co-operating partners; safe motherhood programmes; continued construction and

rehabilitation of health facilities; provision of voluntary counselling and testing (VCT) services; recent introduction of free anti-retroviral therapy (ART) to infected and vulnerable people; establishment of adolescent sexual reproductive health programmes; and implementing prevention of malaria in pregnancy (MIP) strategies that are targeting pregnant women under the Roll Back Malaria (RBM) through the provision of free anti-malarial drugs, creation of the Insecticide Treated Nets (ITNs) scheme or the intermittent preventive therapy (ITP).



Target 7: Have halted by 2015, and began to reverse the spread of HIV/AIDS

Status at a Glance

Will target be met?	Likely	Potentially	Unlikely	No data
State of supportive environment	Strong	Good	Weak	

Table 8. Status in Figures

Indicator	1994	2002	MDG Target
ESS Trends of HIV infection among ANC	20%	40%	19%
ZDHS HIV prevalence rate among male & female		16%	16%
Children orphaned		1 Million	

Source: CSO, CBoH, Measure DHS+, (2003) Zambia Demographic and Health Survey, 2001-2002, Calverton Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro. P 236.

Status and Trends

Using the first population-based survey, Zambia Demographic and Health Survey carried out during the 2001-2002 period, a total of 15.6 per cent of the population aged 15 to 49 years were found to be HIV-positive. The epidemic is at different levels of evolution in Zambia with urban having a stable epidemic while the rural areas are yet to stabilise.

More women (17.8 per cent) than men (12.9 per cent) were infected. Figure 9 further shows that, except for the older women aged 40 and above, more women than men were infected in all the age groups.

The prevalence rate is higher in urban than rural areas. For instance, during the 2001-2002 survey, the total proportion infected in the urban (23.1 per cent) was slightly more than twice compared to the rural (10.8 per cent) areas.

Prevalence rates increase with age, rising from 5 per cent for those aged 15 to 19 to 25 per cent for those aged 30-34 years before falling to 17 per cent for the 45-49 year olds (Table 9).

Prior to the 2001-2002 Zambia Demographic and Health Survey (ZDHS), HIV trend were monitored using the Epidemiological Sentinel Surveillance system (ESS) using antenatal clinic (ANC) attendees aged 15 to 49 years. ESS done in 22 sites in 1994, 1998 and 2002 reported mean HIV prevalence rates of 20 per cent, 18.6 per cent and 19.1 per cent, respectively. HIV prevalence rate among ANC attendants aged 15 to 24 dropped from 19 per cent in 1998 to 17 percent in 2002. Just like the ZDHS, the prevalence rate in 2002 was reported to be higher in the urban (26 per cent) compared with rural (11 per cent) areas.

Despite the high HIV prevalence rate, high-risky sexual behavior is still observed in the country. The 2001-2002 ZDHS reported that two per cent of currently married women and 19 per cent of the men had at least an extramarital relation within the past 12 months. Among the unmarried, 31 per cent of the women and about 53 per cent of the men had had a sexual partner in the past 12 months. Condom was not a norm among the sexually active groups.

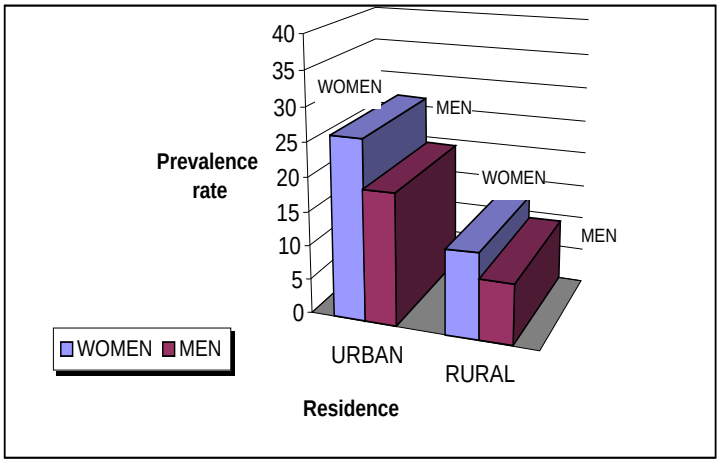
Table 9: HIV prevalence by background characteristics

Background Characteristic	Women		Men		Total	
	Percent HIV-positive	Number tested	Percent HIV positive	Number tested	Percent HIV-positive	Number tested
Age						
15-19	6.6	497	1.9	366	4.6	864
20-24	16.3	443	4.4	309	11.4	752
25-29	25.1	363	15.0	318	20.4	681
30-34	29.4	274	20.5	260	25.1	534
35-39	22.6	210	22.4	227	22.5	437
40-44	17.3	154	20.5	153	18.9	307
45-49	13.6	131	20.2	101	16.5	232
50-54	na	na	7.3	91	na	na
55-59	na	na	11.7	52	na	na
Residence						
Urban	26.3	808	19.2	676	23.1	1,484
Rural	12.4	1,265	8.9	1,058	10.8	2,323
Province						
Central	16.8	171	13.4	135	15.3	306
Copperbelt	22.1	423	17.3	352	19.9	775
Eastern	16.1	252	11.0	219	13.7	471
Luapula	13.3	167	8.6	133	11.2	299
Lusaka	25.0	296	18.7	263	22.0	559
Northern	10.0	283	6.2	234	8.3	517
North-Western	8.8	92	9.5	75	9.2	166
Southern	20.2	220	14.6	188	17.6	408
Western	16.9	169	8.3	136	13.1	306
Total 15-49	17.8	2,073	12.9	1,734	15.6	3,807
Total 15-59	na	na	12.6	1,877	na	na

Source: CSO, CBoH and ORC Macro, (2003) Zambia Demographic and Health Survey, 2001-2002, Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro, p. 236.

While 44 per cent of the men had used a condom during the last sexual encounter with a non-cohabitating partner, only 33 per cent of women had (CSO, CBoH and ORC Macro, 2003:223).

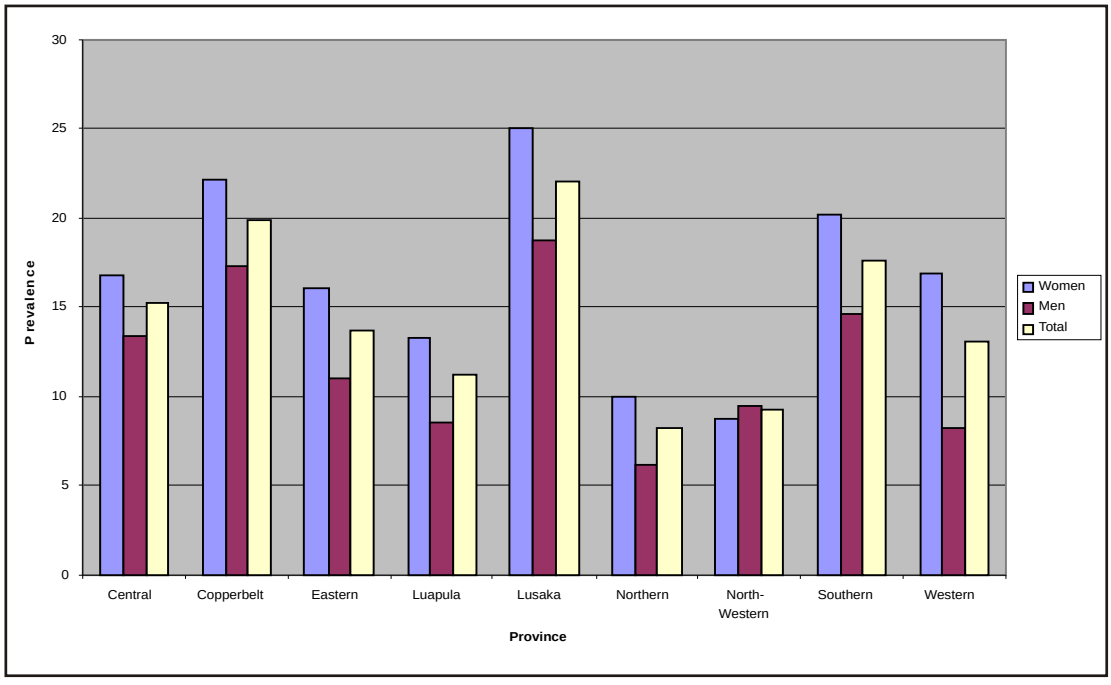
Figure 9: HIV Prevalence Rate by Place of Residence



Source: CSO, CBoH, Measure DHS+, (2003) Zambia Demographic and Health Survey, 2001-2002, Calverton Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.

The highest HIV prevalence rate from the 2001-2002 ZDHS was recorded in Lusaka, followed by the Copperbelt Province, with the lowest level reported in Northern Province. Generally, the urban had higher prevalence rates than the rural provinces.

Figure 10: HIV prevalence rate by province



Source: CSO, CBoH, Measure DHS+, (2003) Zambia Demographic and Health Survey, 2001-2002, Calverton Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.

Challenges

The major challenges in combating HIV and AIDS include the following:

- Overcoming the stigma associated with HIV and AIDS.
- Greater integration of sexual reproductive health and HIV and AIDS.
- Strengthening monitoring and evaluation mechanisms to bring about sustained behavioural change and to enable resource tracking.
- Training, re-training and retention of human resource.
- Addressing the increasing number of orphaned and vulnerable children (OVCs).
- Limited access to prevention, testing, treatment and care and support programmes.
- Sustainability of HIV and AIDS programmes and resources, especially in the absence of collaborating partners.
- The multi-sectoral and multi-faceted nature of the pandemic.
- Gender inequality.
- Co-ordination and leadership of HIV and AIDS programmes.
- Consistent and correct use of condoms.
- High poverty and unemployment levels in the country.
- Health education on VCT and ART.
- Improving operational capacity of the health system.
- Correct and consistent information, education, communication (IEC) and advocacy strategies. This also includes use of information technology and communication.
- Scaling-up of various programmes such as prevention of mother-to-child transmission of HIV, VCT and ART services or/facilities.
- Addressing poor health seeking behaviour of the Zambians (such as late visits to the health facilities.)
- Male involvement in reproductive health issues.

Supportive Environment

Since the first case of HIV/AIDS was reported in 1984, the government of Zambia has put in place a national HIV/AIDS policy and various prevention programmes. The initial programme started in 1986 with the establishment of the National AIDS Prevention and Control Programme (NAPCP), which formulated short and medium term plans that set priority operational areas.

In 1999, the National AIDS Council (NAC) was created. This semi-autonomous, multi-sectoral body has developed a National HIV/AIDS/STI/TB Strategic Intervention Plan (2002-2005) and also facilitated the formulation of the HIV/AIDS policy. The plan incorporates a mechanism for multi-sectoral co-ordination and collaboration that provide many interventions on prevention, treatment and care. The pandemic has been mainstreamed by all sectors be they public, private, non-governmental, religious and traditional groups and civil society. Thus, there are also specific sector policies on HIV and AIDS. These various HIV and AIDS activities have also been supported by appropriate budget-lines. Such have included interventions on HIV and AIDS at work places. In addition, the country has developed care and management guidelines on HIV and AIDS and operationalisation of the system.

The political leadership has continued to fight against the pandemic in various ways, notably through regular references to the social, economic, and health impact of the pandemic in Zambia. Other efforts in combating the pandemic have included the Zambian parliament passing the NAC Act in 2002; establishing a cabinet committee on HIV and AIDS; mainstreamed HIV and AIDS in the Poverty Reduction Strategy Paper (PRSP), the TNDP and FNDP; establishment of HIV/AIDS sub-committees (task forces) under the Provincial and District Development Co-ordinating Committees (PDCCs and DDCCs); provision of anti-retroviral therapy in public hospitals. Most recently the government has moved to decentralize the free distribution of ARVs to district levels. The government has also

endorsed the global World Health Organization (WHO) 3 by 5 strategy.

Other positive measures in addressing the scourge are the establishment and expansion of voluntary counseling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) programmes to district levels, support to home-based care programmes, incorporation of nutritional programmes as part of care and support of people living with HIV and AIDS (PLWHA) and the provision of condoms and drugs for sexually transmitted infections (STIs). There are also currently drives to support local remedies.

Other strategies worth noting are establishment of bottom-up planning process in all the districts; building community competencies by all stakeholders and fostering co-ordination efforts at national and community levels; youth involvement in HIV and AIDS programmes; establishing resource mobilisation strategies; initiatives by the transit communities (such as truckers, farmers and sex workers; malaria supportive programmes for people living with HIV and AIDS; and existence of monitoring and evaluation plan to track the response. Such plans also come in the form of annual review programmes.

Target 8: Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases

Table 10: Status in Figures

Indicator	1990	2002	2015 MDG Target
New malaria cases per 1000	255	377*	Less than 121
Malaria fatality Rates per 1000	11	48	
Households with ITN (%)	-	14	

* Data for 1999
Source: CSO, CBoH, Measure DHS+, (2003) Zambia Demographic and Health Survey, 2001-2002, Calverton Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro.P 155.

Status and Trends

Malaria is endemic throughout the country and continues to be a major public health problem. It is the leading cause of morbidity and mortality among the population and affects especially the pregnant women and the children below the age of five. In 2002 a total of 4 million cases of malaria were diagnosed in Zambia accounting for 37 per cent of all hospital patient attendance. Yet access to insecticide-treated mosquito nets (ITNs) is a serious challenge. In the same year, 2002, only 14 per cent of the households had at least one insecticide-treated net. Sixteen per cent of the children had been reported to have slept under a bednet and 17 per cent of the pregnant women had slept under a bednet (CSO, CBoH and Macro, 2003:156-157).

Table 11 shows that a total of 27.2 per cent of the households in the country owned a mosquito net with only 13.6 per cent of the people owning an insecticide-treated net (ITN).

Table 11: Ownership of Mosquito Nets, 2001-2002

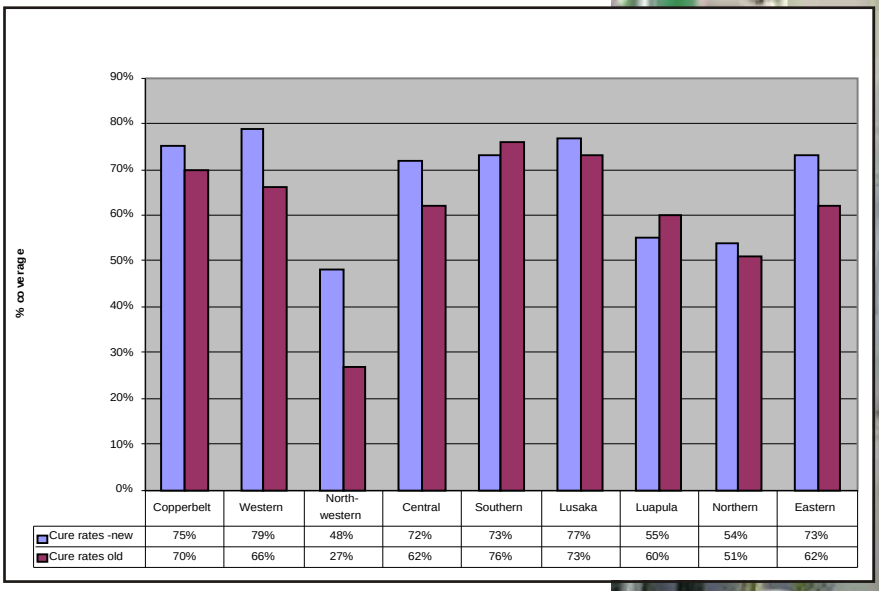
Percentage of households with at least a mosquito net, treated or untreated

Background Characteristic	Insecticide treated	Ever soaked	Any type	% of household that have more than one net	Number of households
Residence					
Urban	16.1	5.3	34.9	14.3	2,437
Rural	12.4	4.5	23.3	7.5	4,689
Province					
Central	7.2	2.3	23.6	10.2	490
Copperbelt	14.7	4.5	30.1	11.5	1,221
Eastern	12.3	14.0	25.7	11.9	999
Luapula	25.1	4.4	33.7	10.3	652
Lusaka	11.7	3.6	29.3	9.4	976
Northern	12.1	2.8	21.3	6.9	1,028
North-western	23.0	2.3	32.1	10.0	371
Southern	6.2	2.8	20.3	7.0	734
Western	15.6	2.0	31.6	11.0	656
Total	13.6	4.8	27.2	9.8	7,126

Source: Central Statistical Office, Central Board of Health and ORC Macro, (2003), Zambia Demographic and Health Survey 2001-2002, Lusaka, Maryland, P 155

The incidence of malaria rose from 255 per 1,000 in 1990 to 377 in 1999 with fatality rates also rising. Children under 5 years are six times more likely to get malaria and ending up at a health facility than older age groups.

Figure 11: TB cure Rates in Zambia



	Copperbelt	Western	North-western	Central	Southern	Lusaka	Luapula	Northern	Eastern
Cure rates -new	75%	79%	48%	72%	73%	77%	55%	54%	73%
Cure rates old	70%	66%	27%	62%	76%	73%	60%	51%	62%

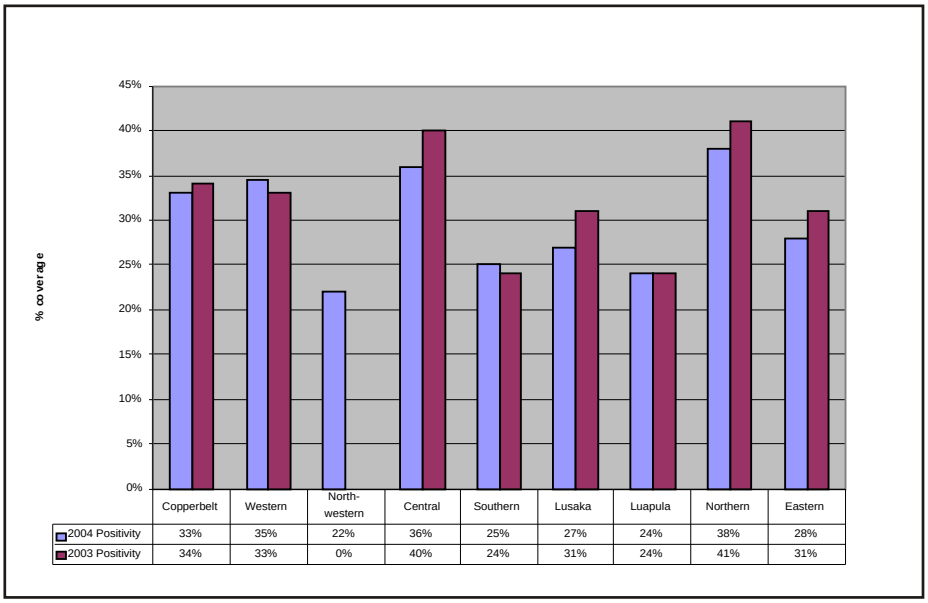
Source: CBoH, 2005. Report on National TB Meeting, April 2005.

Another disease that is causing stress on the public health system in Zambia is tuberculosis (TB). In 2000, the prevalence rate was 512 per 100,000 population. Figures 11 to 13 provide more information on TB in the country.

Figure 11 shows that the cure rates in all the provinces, except North-western, are beyond 50 per cent. The cure rates in all the provinces, except for Eastern and Southern provinces have been improving (old compared with new cure rates).

Figure 12 shows that the proportion of patients found to be TB smear positive was highest in Northern and lowest in North-western. Generally, though, low proportions of people are found to be positive. This might require strengthening of diagnostic procedures including laboratory and training of people involved in TB diagnosis and control.

Figure 12: TB Smear Positivity for 2003 and 2004



	Copperbelt	Western	North-western	Central	Southern	Lusaka	Luapula	Northern	Eastern
2004 Positivity	33%	35%	22%	36%	25%	27%	24%	38%	28%
2003 Positivity	34%	33%	0%	40%	24%	31%	24%	41%	31%

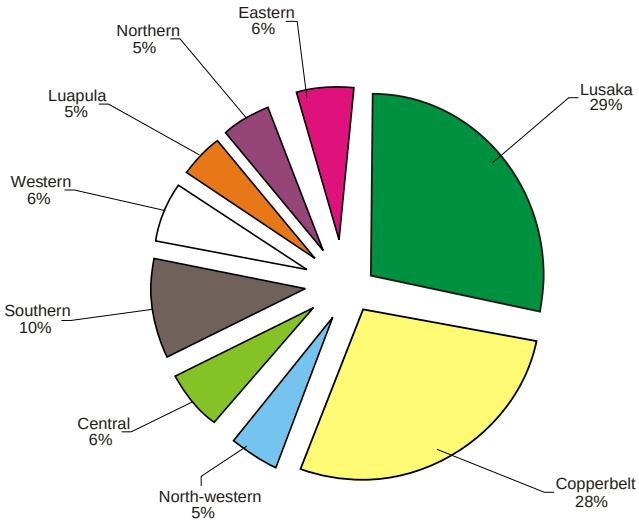
Figure 13 below shows that high notification rates were reported in Lusaka (highest) and Copperbelt (second highest). With the addition of Southern Province, these were the only provinces that had a notification rate of at least 10 per cent. The factors leading to such low notification rates might include access to TB diagnostic and treatment centres, limited trained staff, limited monitoring and supervisory visits and long distances to the diagnostic and treatment centres.

Challenges

The challenges in halting and reversing incidences of malaria and other major diseases in the country include:

- Infrastructure and human resource constraints (for diagnosis and treatment).
- Low levels of ownership and use of mosquito nets.
- Low levels of preventive malaria drugs (anti-malarial chemo-prophylaxis).

Figure 13: TB Notification Rates per Province, 2004



- Inadequate in-door residual insecticide spraying programmes.
- Poor treatment seeking behaviour.
- Low levels of treatment and re-treatment of mosquito nets.
- Inability to implement existing public health legislation on malaria and other major diseases.
- Maintaining the momentum in preventive strategies.
- Drug resistance and some places still using chloroquine instead of Coartem.
- Having reliable TB treatment partners.
- Inadequate diagnostic and treatment centres.
- Inadequate availability of services (long distances, transportation and operational costs).
- Access to health education programmes.
- Increasing number of TB infections, especially dual infections with HIV and AIDS.

Supportive Environment

The government has adopted intermittent prevention therapy (IPT) in malaria and TB (contact tracing when a family member is diagnosed with TB). The government has adopted an Anti-malarial Drug Policy as a presumptive treatment of fever with Coartem as the first-line of drug replacing chloroquine, and the promotion of efforts to increase its availability at the community level. Malaria prophylaxis (taking preventive anti-malarial drugs) during pregnancy is also a national policy. Since 1999, Zambia has been involved in the global social movement to Roll Back Malaria (RBM). The purpose of this strategy is to halve the incidence of malaria by 2010. The strategies under this initiative include the provision of insecticide-treated nets (ITNs), malaria preventive treatment (long term chemo-prophylaxis or intermittent preventive treatment or therapy (IPT) and in-house insecticide spraying. There have also been malaria awareness and/or preparedness initiatives by government departments. Malaria programmes at the district level have been incorporated in the DDCC plans.

The WHO international standard regime for treatment of TB, direct observation treatment short-course or therapy (DOTS) has also been domesticated in Zambia. Treatment partners vary appropriately from health providers, community health workers or family members. The anti-TB drugs are also freely made available at local community level. There are also additional resources mobilised from other sources such as global fund, partners and foundations.

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Status at a Glance

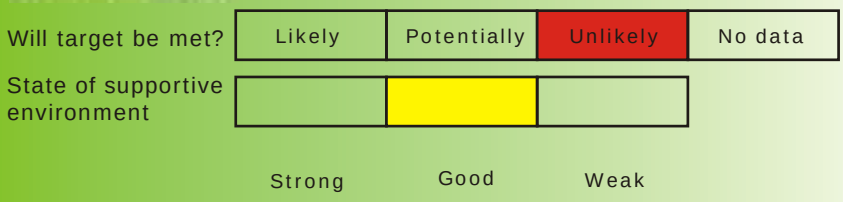


Table 12. Status in Figures

Indicator	1990	1996	2001	2003	2004
Percentage of land covered by forest*	59.8 (1992)	59.1	59.6	45	
Percentage of Land protected to maintain biological diversity *	38.8	39.2	39.6	39.6	39.6
Energy use (metric ton oil equivalent) per $1 GDP (PPP) #					
Carbon dioxide emissions per capita?	0.3	0 . 2 (1999)	-		
Consumption of ozone depleting chlorofluorocarbons (CFCs) in ODP tons?		95.57	45.12	44.54	43.04
Percentage of population using solid fuels#	86	82	80	80	

Source: * Forestry Department, Ministry of Tourism, Environment and Natural Resources
Department of Energy, Ministry of Energy and Water Development World Development Indicators, World Bank, April 2002

Status and Trends

Zambia's forests continue to be under tremendous pressure as a result of a variety of reasons with wood harvesting for fuel wood (mainly charcoal) and timber, and clearance for agriculture and human settlement being the primary ones. The rate of deforestation that has been for decades quoted to be about 300,000 hectares per annum is currently reported to be 800,000 hectares per annum (FAO Resource Assessment, 2000). In 2003, a forestry resource assessment found that high-medium-, and low-density forests covered 30.1 million hectares (ha) equivalent to 40 percent of the total land area. Trees growing outside coherent forests, mainly as scattered woodlands, covered an additional 3.4 million ha, bringing the combined forested and wooded area to 33.5 million ha, or 45 percent of Zambia's total land area. This represents a downward trend compared to previous estimates that had put the coverage of forests and woodlands at 60 percent (ZFAP, 1998). At this rate of reduction, unless drastic measures are taken to arrest the rampant illegal and unregulated destruction of this vital resource, Zambia risks having her forests wiped out in the next two decades.

Zambia's biological diversity is protected in 19 national parks, 35 Game Management Areas (GMAs) and 488 national and local forest reserves, covering 8 percent, 22

percent and 9.6 percent of the country's land area, respectively. The percentage of land protected to maintain biological diversity has, in the last five years remained constant (at least nominally) owing to lack of excision of any forests. However, a net total of 83,714 ha from 17 forest reserves, mainly on the Copperbelt, are lined-up for excision.

The poor status of most of the national parks and forest reserves is of much concern when considering biological diversity. It is reported that 87 of the total of 180 national forest reserves and 167 of the total of 308 local forests are at various degrees of encroachment (MTENR, 2004). In addition, a recent assessment of national parks suggests that 11 of the 19 national parks were either declining or degraded in status (MTENR/UNDP, 2005). Aerial surveys of the animal population in national parks and GMAs showed that while there was stability in the numbers of some species such as elephant, buffalo, impala, puku, warthog, zebra, Kafue lechwe, black lechwe and Tsessebe, for others there was a general decline due to poaching especially in GMAs (GRZ, 2005). However, there has been an increase in animal / human conflict which has put pressure on ZAWA to institute mitigation measures which include killing nuisance animals.

Zambia's energy use has risen sharply over the years. In 2003, in all sectors of the economy and in households was estimated at 10.8 million Tonnes of Oil Equivalent (TOE) per annum, as compared to 4.7 million TOE in 2000 and 4.4 million TOE in 1990. The per capita energy consumption has also increased from 22.5 Giga Joules (GJ) in 1990 to 20 GJ in 2000 and 42 GJ in 2003. This increased use of energy is attributed to increased economic activity. The indicator of percentage of population using solid fuels has stagnated at 80 percent for more six years up to 2003 as the proportion of the population with access to energy has remained constant at 20 percent. This indicator has implications for the achievement of the health MDGs as use of solid fuels has a negative impact on the health of the population, especially women. In addition it has implications for forest degradation as people indiscriminately access forests for energy.

Since the last green house emission inventory in 1994 no new data is available for carbon dioxide emissions. However, given increased economic activity (energy use, agricultural and mining activities, and waste generation) with no corresponding measures to curb emissions, it is most likely carbon dioxide emissions are increasing. However efforts are underway by the MTENR through a UNDP/GEF initiative that will communicate the findings of the Second Report on carbon dioxide emissions. Nonetheless, consumption of ozone depleting CFCs is progressively reducing following Zambia's implementation of her obligations under Vienna Convention on the Protection of the Ozone Layer and it's Montreal Protocol on the Phase-Out of Ozone Depleting Substances. This achievement has been made possible by effective use of internationally available assistance to transfer ozone-friendly technologies to the Zambian industry.

Challenges

Zambia has numerous challenges in integrating the principles of sustainable development into country policies and programmes and reversing the loss of environmental resources. These include:

- High levels of poverty with a large proportion the population, especially rural dwellers, depending on natural resources for their livelihoods accompanied by a weak administrative and legal framework and breakdown of traditional values and practices which previously ensured a high degree of social responsibility and equitable sharing of resources within a natural equilibrium. These have further been compounded by the fact that the revised land policy has still yet to be formally approved.
- Lack of coordination between sector policies and until recently compounded by the lack of an over-arching environmental policy that would serve the purpose of harmonizing and integrating the roles and policies of various players and numerous government institutions that are in one

way or another involved in environmental matters.

- Deficiencies in institutional capacities that have rendered ineffective the enforcement of legislation and implementation of policies and strategies to do with environment and natural resources management coupled with an administrative system that does not impress on public institutions to fully account for their activities.
- Ensure that monitoring system are instituted that measure the implementation of programmes in the environment and energy sectors.
- To put in place programmes, activities and resources that encourage the clear and full participation of communities in development programmes in order to enhance the achievement of sustainable development.
- Low public awareness and limited access to alternative and environmentally friendly technologies in fields such as energy.
- CSO should be encouraged to broaden its statistical data base to include indicators and data on environment and natural resources
- There will be need to ensure that mechanisms are put in place to ensure the transparent allocation of land in Zambia.
- There will be need for MTENR to design an outreach programme with Members of Parliament through their Constituency Offices in order to enhance and articulate environmental concerns at all levels particularly in constituencies.
- Human/wildlife conflict needs to be seriously addressed and managed.

Supportive Environment

Zambia has a draft National Policy on Environment. This document forms the basis for reversing environmental degradation and strengthening poverty reduction efforts.

Secondly, planning at the Ministry of Finance and Development planning has been reintroduce in Zambia and is more consultative and now involves various stakeholders and other interest groups country wide and also stretches to the district level. The TNDP comes to end this December and will be replaced with the FNDP which like its predecessors provides for sustainability in environment related issues. The National Energy Policy has also undergone review. Further, Government has commenced activities that will lead to the establishment of the Forestry Commission (possibly by January 2006) and effect the enforcement of the Forestry Act of 1999, thereby addressing the capacity issues that have incapacitated the current Forestry Department.

The institutionalisation in the MTENR of the Climate Change programme in the FNDP will contribute to activities that will ensure Zambia moves towards achieving the MDG Goal 7.

The capacity issues at ZAWA are being addressed with ongoing support from cooperating partners. Disbursement of community share of wildlife revenues through the Community Resource Boards has improved and this is likely to commit the communities to participate in conservation of wildlife and reduce poaching. A multi-million dollar project has been approved by UNDP/GEF to finance the improvement and reclassification of Zambia's Protected Area System.

In 2005, the Natural Resources Consultative Forum (NRCF) has been operationalised and is likely to provide an important dialogue forum for addressing contentious issues amongst all key stakeholders and lead to improved coordination, information sharing and data collection through special studies for input to effective formulation of national policy.

The NRCF will afford opportunities for public, community and more importantly private sector involvement and engagement on natural resource management issues.

The Environmental Council of Zambia operations have been expanded through additional offices in Copperbelt and Southern Provinces - a measure that is likely to bring it closer to the people in order to improve enforcement of regulations and increase public awareness.

All the above provide a picture of an improving enabling environment but eventually what counts is the implementation of programmes and measures with measurable results as well having in place a robust monitoring system. With political will and actions it is anticipated that the trend will be more oriented towards programme implementation.

Target 10: Halve by 2015 the proportion without sustainable access to safe drinking water and basic sanitation

Status at a Glance

Will target be met?	Likely	**Potentially**	Unlikely	No data
State of supportive environment	Strong	**Good**	Weak	

Table 13. Status in Figures

	1991	1996	2000	2003
Indicator: *Water*, percentage of households with access to an improved water source*				
All Zambia	50	47	49.1	53
Rural	20	28	31.2 (2001)	37
Urban	90	85.3	89.8 (2001)	86
Province				
Central	43	53	43.8	42
Copperbelt	86	67	70.9	78
Eastern	39	40	43.6	63
Luapula	28	10	18.8	10
Lusaka	91	88	91	95
Northern	21	11	21	22
North-Western	27	18	31.6	32
Southern	42	55	58.6	71
Western	32	28	28.4	27
Indicator: *Sanitation*, percentage of households with access to improved sanitation**				
All Zambia	24	18	14.9	65
Rural	6	2	2.9 (2001)	57
Urban	47	45.9	44.8 (2001)	80
Province				
Central	18	14	10.9	75
Copperbelt	52	52	47	89
Eastern	8	2	2.6	40
Luapula	17	4	2.3	83
Lusaka	43	33	25.8	68
Northern	15	2	3.7	84
North-Western	20	4	2.9	81
Southern	14	9	13.4	40
Western	8	5	3.3	17

Source: CSO (1993; 1997a; 1997b; 2003a; 2003b; 2004)

Note: *Data for 1991, 1996 and 2000 collected as "access to safe drinking water" which by definition is similar to 2003 on "access to an improved water source"

**Data for 1991 1996 and 2000 collected as "access to sanitary means of excreta disposal" which is defined as access to flush toilet (whether private or communal) and ventilated pit latrines. This differs from the 2003 data on "improved sanitation" based on the UN (2003) definition which assumes that facilities such as a sewer or septic tank system, poor-flush latrines, simple pit or ventilated improved pit latrines are likely to be adequate, provided that they are not public or shared. Therefore, the 2003 data may not be comparable to that of the previous years.

Status and Trends

Some progress is being recorded in terms of access to improved water sources in Zambia. In 2003, about 53 percent of the population in Zambia had access to improved water sources or to safe drinking water. Among the nine provinces, Lusaka Province had the largest proportion of population accessing improved water sources followed by Copperbelt and Southern Provinces. The least access to improved water sources was in Luapula. The trend is such that provinces with dominantly urban population had more access to improved water sources given the presence of piped water in urban areas. The majority of the rural dwellers access their water from lakes/rivers and unprotected wells, which are not "safe" or "improved".

With the 4 percentage points gained in the three years, Zambia has potential to reach the target of halving the proportion of the population with access to improved water sources.

Access to proper sanitation in Zambia, has been lagging behind that of water. However, application of the standard UN definition for "access to improved sanitation" as used in the target on sanitation captures 51 percent of all Zambians (56 percent rural and 40 percent urban) who use 'own' pit latrines. Whether, or not these facilities are "correctly constructed and properly maintained" as qualified by this UN definition, cannot be determined from the data presented by CSO. However, it is a fact that the majority of these would have been left out if the standard definition of proper sanitation that regards pit latrines as improper hitherto used in Zambia was applied. Therefore, in the absence of comparable data for the previous years it becomes difficult to determine the actual trend of this target. Given that just over half of Zambians depend on pit latrines, it is clear that this inadequate sanitary infrastructure is likely to still lead to water contamination and to diseases like diarrhea, dysentery and cholera. For this reason, it is necessary to improve access to proper sanitary facilities for the country to improve the lives of both urban and rural communities.

Challenges

Some of the challenges to attain improved access to safe water and sanitation are:

- Strengthening the lobby for release of financial resources from HIPC to water supply and sanitation programmes and activities.
- Ensuring that the inadequate investment in water supply and sanitation infrastructure especially in rural and peri-urban areas where cost recovery may not be possible is addressed.
- Improving the current poor operation and maintenance of urban and rural water supply facilities that results in restricting the services to a small number of consumers and making the cost of services unaffordable for the urban poor.
- Encouraging effective community participation and stakeholder involvement in the design, operation and management of water supply and sanitation facilities.
- Availing low-cost, appropriate, standardized and sustainable water supply and sanitation technologies in order to provide alternatives to high cost technologies.
- Improving information, education and communication (IEC) programmes with respect to water and sanitation.
- De-politicizing land allocations in order to curb the continued mushrooming of unplanned and illegal urban settlements that make the provision of water and sanitation facilities difficult.
- Investing significant financial and human resources in order to collect comprehensive baseline data as well as standardize and define what constitutes access to safe water and sanitation within the context of Zambia.

Supportive Environment

The National Water Policy, formulated in 1994, is being reviewed to provide for effective management of water resources as well as water supply and sanitation. Under the National Water and Sanitation Council (NWASCO), a Devolution Trust Fund (DTF) has been established to finance the

implementation of water supply projects in peri-urban areas by commercial utilities.

Sector reforms that have seen the separation of water resource management from water work of the Water Resources Action Programme (WRAP).

The WASHE concept (Water, Sanitation and Health Education) that has been the vehicle for rural water supply and sanitation continue to be implemented in all districts of the country and are being strengthened by District strategic planning and implementation of the Decentralisation Policy.

The institutionalisation of the sector wide approach in the water sector is anticipated to improve coordination of programmes, activities and financial resources.

Investments through ZAMSIF have seen significant improvements of delivery of safe water and access to sanitation points both in rural, and peri-urban areas.

Many of the foregoing key policy changes and activities in the water sector underscore the Government's, private sector and cooperating partners commitment to ensuring that delivery of safe water and access to sanitation as articulated through MDG 8 is attained.

CREDITS:
Cover design and report layout by Ian S. Membe, 2005
Pictures on pages iv, 1, 3, 5-6, 14, 17-18, 21, 24-25, 29 & 37 By François d'Elbeé, 2005