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Item 4 (a) of the provisional agenda*

Country programme document

Zambia

Summary

The country programme document (CPD) for Zambia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$41,320,000 from regular resources, subject to the availability of funds, and \$148,125,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2023 to 2027.

* E/ICEF/2022/22.

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. Zambia's population is among the world's fastest growing and youngest,¹ with 48 per cent² of the country's 18 million people between 0 and 14 years of age.
2. About 60 per cent of children live in families whose income falls below the poverty line,³ and in rural areas this climbs to 80.5 per cent. Despite progress, the country continues to face challenges in ensuring children and adolescent's rights and meeting Sustainable Development Goal targets. The impacts of the coronavirus disease 2019 (COVID-19) pandemic, recurrent climate-related shocks such as droughts and floods, public health emergencies including cholera and polio outbreaks, and an already strained economy have compounded existing challenges and increased deprivations, particularly among the most vulnerable. With a new Government in place, there is now increased momentum to implement reform agendas and improve public spending for social sectors, albeit in the context of limited fiscal space and stretched public service systems.
3. The maternal mortality ratio remains high despite a decline from 591 to 278 deaths per 100,000 live births between 2007 and 2018. While under-5 mortality declined from 75 to 61.7 deaths per 1,000 live births between 2014 and 2018, newborn mortality increased from 24 to 27 deaths per 1,000 live births between 2014 and 2018, reflecting the inadequate quality of care, especially during the intrapartum period. Significant progress in HIV epidemic control notwithstanding, the mother-to-child transmission rate remains high, at 11 per cent. Only 58 per cent of children (aged 0–14 years) and 53 per cent of adolescents (aged 10–19 years) living with HIV are receiving anti-retroviral treatment.⁴ COVID-19 has negatively impacted the quality and continuity of routine immunization and essential reproductive, maternal, neonatal, child and adolescent health services. There is inequitable distribution of services, particularly at the community level and in emergencies; limited use of data to inform programming; and gender and social norms that hinder care-seeking behaviours and practices.
4. Zambia faces the triple malnutrition burden of undernutrition, micronutrient deficiency, and overweight and obesity. While stunting prevalence declined from 40 per cent to 34.6 per cent between 2013 and 2018, the absolute number of children with stunting increased as stunting decline did not keep pace with population growth. Disparities between rural and urban areas (36 per cent versus 32 per cent) and between boys and girls (38 per cent versus 31 per cent) persist. Reduction in wasting has remained stagnant for decades. Only 22 per cent of children (aged 6–23 months) have sufficient dietary diversity. Climate-related shocks and the socioeconomic effects of COVID-19 have impacted food security, supplies and nutritional services. Additional challenges include poor access to and use of appropriate diets and nurturing care; limited services for maternal nutrition and child feeding; and suboptimal nutrition practices, including in humanitarian settings.
5. Young children (aged 0–6 years) have limited access to early stimulation and early learning opportunities. Only 35 per cent of Grade 1 entrants had benefited from early childhood learning. In line with the Government's prioritization of nurturing care and child development, a unified multisectoral early childhood development (ECD) policy and increased multisectoral capacities are needed.

¹ By median age.

² Unless otherwise specified, data are from UNICEF, "The 2021 Situation Analysis of the Status and Well-Being of Children in Zambia", October 2021.

³ Referring to families with income below the national poverty line, at 214 Zambian Kwacha (2015 prices).

⁴ 2021 estimates from the Joint United Nations Programme on HIV and AIDS.

6. Poor access to water, sanitation and hygiene (WASH) can cause diarrhoea, a leading cause of death among children (aged 0–5 years). In Zambia, 36 per cent of the population lacks access to basic drinking water services. Only 28 per cent of the rural population has access to basic sanitation services and 15 per cent to basic hygiene services, compared with 41 per cent and 24 per cent, respectively, in urban areas. Peri-urban areas face some of the worst water supply and sanitation services. Girls and women, who often carry the burden of seeking water from remote sources, are particularly affected by poor access to WASH, which also impacts their menstrual hygiene management. COVID-19 and climate change have underscored the sector’s inadequacy to sustain shocks, including in WASH infrastructure, funding gaps, and a lack of a comprehensive sector management information system. Social norms continue to hamper the adoption of hygiene and sanitation behaviours.

7. Adolescents represent a quarter of the population and need stronger policies and programmes to address their needs. Adolescent childbearing remains high, at 29 per cent. About 14.4 per cent of adolescent girls (aged 15–19 years) are married, compared with 1.1 per cent of boys.⁵ New HIV infections are four times higher among adolescent girls than boys. Sexual and reproductive health services are inadequate and not sensitive to adolescent needs. Adolescents also have limited opportunities to acquire life skills, as school dropout rates, particularly among girls, are significant.

8. Zambia has made strides towards universal primary education, with near parity (for every 100 boys enrolled, there are 99 girls). The free education policy has been newly introduced for all learners through secondary school. Yet, challenges in access and quality persist, particularly for vulnerable children, including children with disabilities. More than 900,000⁶ school-age children remain out of school, 65 per cent of whom are of secondary school age. More boys than girls attend school in upper secondary. COVID-19-related school closures exacerbated a pre-existing learning crisis and inequities in education and skills development. Only 9 per cent of children had access to remote learning during school closures. Extremely low attainment levels in literacy and numeracy are concerning. About 65 per cent of Grade 2 learners cannot read a single word. Only 2 per cent of 15-year-olds reach minimum proficiency in mathematics and 5 per cent in reading. Challenges include inadequate teaching quality, lack of appropriate pedagogy, low budget allocation,⁷ and insufficient alternative and flexible learning modalities.

9. Disability prevalence among children (aged 2–17 years) is at 4.4 per cent, with significant gaps in services. Women and girls with disabilities are at heightened risk of sexual and gender-based violence, and of contracting HIV. There is a need to strengthen systems across sectors to remove barriers faced by children with disabilities, enhance early identification and intervention services, and support education and vocational training, assistive devices and technology, and appropriate health and rehabilitative services, while addressing stigmatization.

10. About 20.3 per cent of females and 10 per cent of males (aged 18–24 years) experienced sexual abuse prior to age 18, of whom no females and only 7.2 per cent of males received professional services. The child marriage rate for girls declined marginally, from 31.4 per cent to 29 per cent, between 2014 and 2018. Challenges include insufficient child-friendly reporting pathways; weak accountability mechanisms; and norms and behaviours that tolerate violence and child marriage. Only 14 per cent of children’s births are registered, with stark variations between

⁵ Zambia Demographic and Health Survey, 2018.

⁶ 2020 Education Management Information System.

⁷ The relative share of government expenditure on education was 12 per cent in 2020, significantly lower than the international benchmark of 20 per cent.

urban and rural areas. Other challenges include a punitive juvenile justice system and limited community-based alternatives to detention, particularly of child migrants.

11. Multiple overlapping deprivations compound the challenges faced by children. About 40.9 per cent of children, including 60 per cent in rural areas, suffer from at least three deprivations. Guided by the National Social Protection Policy, allocations to social assistance have consistently increased and in 2021, 47 per cent of extremely poor children lived in families benefitting from the social cash transfer programme. Yet, few social protection programmes are designed specifically for children.

12. The situation analysis shows that where data exist, girls are disproportionately more disadvantaged along multiple dimensions. It also points to a lack of gender-disaggregated data for planning and monitoring and engrained, harmful gender norms.

13. Lessons from the previous country programme's evaluation were confirmed during stakeholder consultations and informed the design of the country programme, including that (a) an integrated approach to programming across the life cycle improves multisectoral collaboration and results, especially for early childhood and adolescence; and (b) an improved learning approach is needed for adaptive programming, requiring stronger national monitoring and evaluation systems to improve data availability, reliability and use.

Programme priorities and partnerships

14. Informed by the United Nations Common Country Analysis, the “2021 Situation Analysis of the Status and Well-Being of Children in Zambia” and other evidence, the country programme is the product of a consultative process engaging the Government, development partners, the United Nations system, civil society, children and young people.

15. Supporting the Government's Vision 2030 and Eighth National Development Plan, the country programme contributes to providing all children with opportunities to fulfil their rights and develop to their full potential. Building on collaboration with other United Nations entities, UNICEF will contribute to all four outcomes of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023–2027, namely, prosperity, people, planet and peace.

16. The overarching theory of change is that, if more children, adolescents and women, and particularly the marginalized, effectively utilize quality, equitable and resilient health, nutrition and WASH services; if children and adolescents learn and acquire skills; if they are protected from violence and have a legal identity; if they benefit from more and better spending on social services and enabling social and economic policies and programmes that reduce poverty and promote inclusion; and if barriers faced by vulnerable children, particularly those with disabilities and those facing gender barriers, are effectively reduced; then more girls, boys and adolescents will have their rights fulfilled and develop to their full potential in a safer and more inclusive society.

17. UNICEF is a credible advocate for child rights and evidence-based policies and programmes. UNICEF has supported the Government to review child-related laws, incorporating recommendations of the Committee on the Rights of the Child, and supported the ratification of optional protocols. UNICEF will continue to support the Government and partners implement the Convention on the Rights of the Child and other human rights treaties, to safeguard children's rights and build duty bearers' capacities to fulfil their obligations.

18. Building on the interdependence of its components, the programme will prioritize integrated interventions and consolidate synergies with other United

Nations agencies and partners, placing the child at the centre. Strengthening its equity approach, the programme will focus on populations and regions with the greatest deprivations and vulnerability to shocks. Resilience-building is embedded throughout the programme, reinforcing the humanitarian-development nexus. The programme includes a strong focus on gender, disability, and social and behaviour change.

19. Risks that could undermine the programme include climate-related shocks, public health emergencies or other socioeconomic changes that disrupt social services, strain resources and undermine investment in and effective implementation of programmes.

20. With partners, UNICEF will employ these strategies to deliver results for children:

- (a) Systems strengthening, improving institutional capacities and social accountability
- (b) Data, research and knowledge management to inform equity-focused and evidence-based decision-making
- (c) Advocacy and communication for child-friendly policy development and planning
- (d) Social and behavioural change and fostering community engagement
- (e) Gender- and disability-inclusive programming
- (f) Innovation and digital transformation to expand services
- (g) Risk-informed programming to strengthen resilience, ensuring continuity of services, effective preparedness and response.

Health and HIV

21. This programme supports the UNSDCF outcome on people, aimed at ensuring that women, newborns, children and adolescents, especially those from vulnerable groups, utilize quality, comprehensive, gender-, age- and shock-responsive health and HIV services and benefit from nurturing practices and essential supplies. A cross-cutting priority will be to promote community engagement and social and behaviour change.

22. UNICEF will work with the Ministry of Health to improve the capacity of the health-care system in maternal and perinatal health (including the prevention of mother-to-child transmission of HIV and paediatric HIV), essential newborn care, child health and integrated management of childhood illness. Interventions include institutionalizing community health, strengthening supply chains, building the capacity of the health-care workforce, enhancing the Health Management Information System, and strengthening the availability of medical oxygen therapy services.

23. UNICEF will support strengthening the primary health-care system to manage and deliver life-saving vaccination services, including COVID-19 and other new vaccines, in both development and humanitarian situations. Interventions will focus on stimulating demand and ensuring supply of quality immunization with integrated maternal, newborn, child and adolescent health services at community and institutional levels, supporting the revitalization and optimization of cold-chain systems (including with climate-adaptive equipment), capacity-building regarding vaccine-preventable disease outbreaks, and embedding vaccine delivery as an integral component of primary health care.

24. UNICEF will build the Government's capacity to expand programmes to address health challenges faced by adolescents, such as adolescent pregnancies, HIV,

substance abuse and mental health, and access to adolescent-friendly sexual and reproductive health services, including by promoting their participation in the design of these services.

25. UNICEF will also help to strengthen the health system's national and subnational capacities to prepare for and respond to health emergencies while continuing to deliver essential health services and addressing emerging public health issues such as non-communicable diseases and environmental health.

Nutrition

26. This programme supports the UNSDCF outcome on people, aimed at ensuring that more children, adolescents and women benefit from diverse and nutritious diets, quality care practices and services that support their optimal nutrition and development. It will address all forms of malnutrition and leverage the food, health, WASH, education and social protection systems.

27. To reduce stunting and micronutrient deficiencies, UNICEF will help strengthen Government and partners' capacities to implement programmes that facilitate dietary diversity, provide integrated nutrition-sensitive interventions, and promote gender and social norms that encourage optimal care behaviour and practices. This includes promoting breastfeeding, diversified complementary food and feeding practices and nurturing care; supporting maternal nutrition by integrating nutrition within the primary health care delivery framework; providing child nutrition services as part of the Integrated Management of Neonatal and Childhood Illness package; strengthening the supply chain and procurement of essential nutrition supplies; and supporting the Ministry of Health and the National Food and Nutrition Commission (NFNC) in policy development, including a National Strategy for the Prevention and Control of Micronutrient Deficiencies and a framework for adolescent nutrition to promote healthy diets and safe and healthy environments for adolescents in schools.

28. To ensure the early detection and treatment of wasting, including in humanitarian settings; UNICEF will strengthen facility and community-based approaches for the integrated management of acute malnutrition. This includes active case finding, referral, follow up and counselling, and outpatient and in-patient therapeutic programmes to treat children. Pre-positioning nutrition supplies and building capacities on emergency preparedness and response will be supported.

29. UNICEF will work with the NFNC, line ministries, civil society, academia and United Nations agencies to support policy development, evidence generation and financing for multisectoral nutrition programming and coordination to address all forms of malnutrition in children, adolescence and women.

Climate-resilient water, sanitation and hygiene

30. This programme supports the UNSDCF outcomes on people and planet, so that more children and their communities have access to and utilize safely managed, climate-resilient, sustainable, gender-responsive and equitable WASH services in communities and institutions, including schools, health-care facilities and other sites.

31. UNICEF will support strengthening government capacity at national, provincial and district levels to develop and implement child-sensitive WASH policies and strengthen coordination mechanisms, budgeting, monitoring and information management systems. UNICEF will engage the private sector by gathering, analysing and disseminating market intelligence, and stimulating their involvement in household water treatment and handwashing innovations.

32. UNICEF will work to increase access to WASH services for disadvantaged children, including in peri-urban areas. Efforts will support service delivery, handwashing habit formation and menstrual hygiene management. UNICEF will engage communities in social and behaviour change programmes and build the capacities of WASH committees. It will support WASH and waste management in health-care facilities and WASH facilities and clubs in schools, as well as help communities to design, build, operate and maintain WASH services, engaging women, adolescent girls and people with disabilities.

33. To strengthen communities' and institutions' WASH capacities to prepare for and respond to climate-related shocks, UNICEF will support government efforts to analyse WASH-related climate data; institutionalize climate resilience in existing activities; develop child-sensitive climate change policies; mobilize climate financing; promote youth engagement; conduct risk assessments; and support climate-resilient WASH. UNICEF will support the Disaster Management and Mitigation Unit and the Ministry for Green Economy and Environment in preparing for, and responding to, WASH-related diseases in emergencies.

Quality learning and skills development

34. This programme supports the UNSDCF outcomes on prosperity and people, aimed at ensuring that more children and adolescents, especially the most disadvantaged, have improved learning outcomes and acquire relevant life skills. The programme will support an equitable, gender-sensitive and inclusive education system.

35. National, subnational and community-level capacities will be strengthened to provide, expand and stimulate demand for quality and inclusive early childhood development and education. The Government will be supported to develop a national multisectoral ECD policy and monitoring framework; expand the community-based ECD service provision model; enhance quality, developmentally appropriate and play-based early learning interventions, including for children with disabilities; strengthen district and community-level capacities to prioritize this work in plans and budgets; and support caregivers' early childhood care and education practices through social and behaviour change approaches.

36. Efforts will focus on strengthening government capacities to stimulate demand for, and deliver, quality and inclusive primary education, with an emphasis on equity in learning outcomes and literacy and numeracy. This includes strengthening a teacher development system focused on learner-centred and activity-based pedagogies; building capacities at district and school levels to ensure locally led learning and quality improvement; supporting sector reform through evidence generation, capacity-building and coordination; and ensuring the continuity of learning.

37. A third focus area is enhancing capacities to deliver quality and inclusive secondary education and skills development programmes for adolescents, particularly girls. This contributes to the Government's priority of better preparing adolescents for life and work. Interventions will help to develop national skills and career education frameworks; enhance child protection policy and guidelines for education settings; strengthen alternative learning options, including through digital solutions, developing flexible learning pathways, particularly for at-risk and disadvantaged learners; and build capacities to empower adolescents with leadership, participation and transferable skills.

Child protection

38. This programme supports the UNSDCF outcomes of peace and people, aimed at ensuring that children and adolescents live in an increasingly protective environment and benefit from improved child protection services. UNICEF will work with partners, families and children to address violence against children and child marriage, and to enable timely birth registration.

39. UNICEF will help to increase capacities and strengthen systems across sectors to prevent violence, abuse and neglect and ensure timely birth registration. This will include strengthening the Government's welfare structures at the community level to address violence, stigma and exclusion and facilitate access to quality services, including birth registration; addressing harmful social and gender norms; and preventing child marriage through better access to education and reproductive health services. It includes institutionalizing community-based case management; strengthening community dialogues; empowering girls and boys to be change agents for a culture of zero tolerance on violence; and ensuring child safeguarding in settings where children reside.

40. UNICEF will work with partners to enhance the Government's capacity to provide quality and accessible services for children who have experienced violence and other vulnerabilities. This will entail strengthening the statutory case-management system and child welfare to ensure access to timely, consistent and effective services, with special emphasis on psychosocial support, family-based care combined with cash interventions, and access to child-friendly justice. It also includes enabling birth registration by supporting the Integrated National Registration Information System, digital transformation and enhanced interoperability between health and civil registration systems.

41. UNICEF will support the Government to strengthen legislation, policies and regulatory frameworks and advocate with partners to secure adequate domestic resources to ensure a protective environment for children and enable birth registration for all. This includes working with the Department of Child Development and Social Services to enhance intersectoral coordination; providing technical support for advancing birth registration-related legislation; operationalizing the country's Children's Code Bill and the Migration and Anti-Human Trafficking policies; enhancing administrative information management systems for monitoring service provision; and strengthening the professionalization of qualified social workers.

Social policy

42. This programme supports the UNSDCF outcomes of prosperity and people, aimed at ensuring that more children and adolescents benefit from improved spending and supportive social and economic policies and programmes that reduce child poverty and promote inclusion and resilience.

43. UNICEF will help to enhance the capacities of national and local governments to sustainably mobilize, plan, equitably allocate, utilize and monitor resources for social sectors. It will support the Ministry of Finance and National Planning and legislatures to strengthen systems for public financial management and expand the knowledge base for investing in children. UNICEF will advocate for increased budget allocations and their efficient and effective use; strengthen efforts to improve fiscal space to invest in children; support reforms around budget transparency, fiscal decentralization, output-based budgeting; and help to implement social accountability initiatives to enable community-based monitoring of budget processes and service delivery.

44. UNICEF will support the Ministry of Community Development and Social Services to strengthen capacities to deliver child-sensitive social protection effectively and equitably in development and humanitarian settings. Priorities include ensuring that the social protection system is shock-responsive, well-coordinated and disability-inclusive; strengthening the social cash transfer programme by closing inclusion gaps, improving data management and ensuring linkages in wider cash-plus frameworks; integrating social protection with other social sectors; supporting decentralized integration platforms including social work outreach; and creating a unified social registry.

45. Efforts will focus on strengthening capacities to generate and use quality and equity-focused data and evidence to inform programmes and policies. Priorities include leveraging evidence to highlight equity concerns and understand multidimensional and monetary child poverty; collaborating with the Zambia Statistics Agency on strengthening household survey data quality, equity and disaggregation; enhancing the use of real-time data; supporting the Ministry of Finance and National Planning to establish a national research repository; and promoting the digital transformation of data systems.

Programme effectiveness

46. This component will support programme delivery and intersectoral collaboration, including planning, monitoring, evaluation and reporting; cross-sectoral approaches such as social and behaviour change; communication and advocacy; resource mobilization and partnerships; gender- and disability-sensitive programming; and operational support.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and HIV	8 264	47 500	55 764
Nutrition	4 132	23 750	27 882
Climate-resilient water, sanitation and Hygiene	4 132	23 750	27 882
Quality learning and skills development	4 132	25 175	29 307
Child protection	4 545	8 075	12 620
Social policy	4 132	12 469	16 601
Programme effectiveness	11 983	7 406	19 389
Total	41 320	148 125	189 445

Programme and risk management

47. This country programme document summarizes the contributions of UNICEF to national results and is the principal mechanism for accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. The responsibilities and accountabilities of managers at the country, regional and headquarters levels are defined in the policies and procedures regarding the organization's programmes and operations.

48. The programme will be implemented and monitored in collaboration with the Government of Zambia under the overall coordination of the Ministry of Finance and National Planning.

49. The United Nations country team will establish UNSDCF results groups, with the Programme Management Team overseeing implementation and coordination. UNICEF will play a key role in these various working groups. Joint programming opportunities will be explored in the areas of social protection, resilience-building; ending child marriage; health system strengthening; malnutrition; Sustainable Development Goal financing; climate change adaptation; youth engagement; and sexual and reproductive health and rights.

50. Key risks that threaten the achievement of results include disasters, climate change, health emergencies, unpredictable fiscal space and worsening economic conditions. UNICEF will monitor the situation to reassess planning assumptions and adjust the programme accordingly, work with the United Nations country team on resilience-building as part of regular programming, and mobilize resources for emergency response when needed.

51. UNICEF will use the harmonized approach to cash transfers as the mechanism for managing financial resources, and strengthen child safeguarding mechanisms, including on protection from sexual exploitation and abuse.

52. UNICEF will hold regular reviews to assess programmatic, operational and financial risks, defining appropriate risk-control and mitigation measures to monitor the effectiveness of governance and management systems, the stewardship of financial resources and the management of human resources.

Monitoring, learning and evaluation

53. The integrated results and resources framework forms the basis for programme monitoring and evaluation. UNICEF will strengthen government systems to generate sex- and gender-disaggregated data with an equity and child focus, monitor progress, support national surveys and management information systems, and enhance real-time data use. Implementation progress and bottlenecks will be gauged through field monitoring, third-party monitoring, programmatic visits and frequent communications with partners. Evaluations, as indicated in the costed evaluation plan, will focus on learning and contributing to programme improvements and strategy refinement. Government engagement in evaluations will be enhanced with UNICEF support to national capacity-building.

54. UNICEF will support the efforts of the United Nations to monitor UNSDCF and joint programmes, including through the United Nations Inter-agency Data and Monitoring and Evaluation Theme Group.

Annex

Results and resources framework

Zambia – UNICEF country programme of cooperation, 2023–2027

<p>Convention on the Rights of the Child: articles 1–42</p> <p>National priorities: Eighth National Development Plan</p> <p>Sustainable Development Goals: 1–6, 10, 11, 13, 16, 17</p>
<p>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF: 1–4</p>
<p>UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</p>

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
2. (People): By 2027, all people in Zambia, including the marginalized and vulnerable groups, have equitable access to and utilization of quality, inclusive, and gender- and shock-responsive universal social services.	1. By 2027, more women, newborns, children and adolescents, especially those from marginalized and vulnerable groups, utilize quality, comprehensive, gender-, age- and shock-responsive health and HIV services, and benefit from nurturing practices and essential supplies.	Percentage of live births attended by skilled health personnel B: 80% T: 90%	Demographic and Health Survey (DHS)	1.1 The health system has improved capacities to deliver high-impact reproductive, maternal, newborn and child health services, including for HIV. 1.2 Capacities of the primary health-care system are strengthened to be more resilient and effectively manage and deliver life-saving immunizations with integrated maternal, newborn, child and adolescent health services in development and humanitarian situations.	Ministry of Health (MoH); Ministry of Education (MoE); Ministry of Youth and Sports; Ministry of Community Development and Social Services (MCDSS); Disaster Management and Mitigation Unit (DMMU); World Health Organization (WHO); United Nations Population Fund (UNFPA); Joint	8 264	47 500	55 764
		Percentage of newborns receiving postnatal care within two days of birth B: 72% T: 90%						
		Percentage of children (0–59 months) with diarrhoea receiving oral rehydration salts with zinc B: 34% T: 70%						

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		Percentage of children (12–23 months) having received all basic vaccinations B: 63% T: 85%	Health Management Information System	1.3 The Government and partners have improved capacities to scale up comprehensive and integrated adolescent-friendly health services and promote adolescent participation.	United Nations Programme on HIV/AIDS (UNAIDS); United State Agency for International Development (USAID); US Centers for Disease Control and Prevention; Foreign, Commonwealth and Development Office of the United Kingdom (FCDO); Swedish International Development Agency (Sida); Government of Germany; Government of Japan; European Union (EU); World Bank; Gavi, the Vaccine Alliance; Global Fund; and civil society organizations (CSOs)			
		Percentage of children (0–59 months) sleeping under an insecticide-treated net B: 69% T: 95%	Zambia Malaria Indicator Survey	1.4 The health system has strengthened capacities to prepare for and respond to health emergencies, while continuing to deliver essential services and addressing emerging public health issues.				
		Percentage of adolescents (10–19 years) on antiretroviral therapy among all adolescents living with HIV B: 53% (Male (M): 60%, Female (F): 49%) T: 95%	UNAIDS estimates					
2	2. By 2027, more children, adolescents and women, particularly the marginalized and	Percentage of children under the age of 5 years who are stunted* B: 35% T: 25%	DHS	2.1 Government and partners have strengthened capacities to implement multisectoral programmes that support	National Food and Nutrition Commission; MoH; Disaster Management	4 132	23 750	27 882

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	vulnerable, benefit from diverse and nutritious diets, quality care practices and nutrition services that support their optimal nutrition and development.	Percentage of children under the age of 5 years who are wasted B: 4% T: 3%		dietary diversity, optimal care behaviour and practices, and integrated services to reduce stunting and micronutrient deficiencies. 2.2 Children have access to services for the early detection and treatment of wasting, including in humanitarian settings. 2.3 Government and partners have increased capacities to support policy, evidence generation and financing for multisectoral nutrition programming.	and Mitigation Unit (DMMU); EU; FCDO; Sida; Government of Germany; World Food Programme; Food and Agriculture Organization of the United Nations; WHO; CSOs			
Percentage of women (15–49 years) and adolescent girls (15–19 years) with anaemia B: 31%, 33% T: 25%, 27%								
Percentage of children (6–23 months) who consumed a minimum acceptable diet B: 13% T: 30%								
4. (Planet): By 2027, ecosystems are healthier, and all people, including the marginalized and vulnerable, are more resilient, contribute to and benefit from the sustainable management and use of natural resources and	3. By 2027, more children and their communities use safely managed, climate-resilient, sustainable, gender-responsive and equitable water, sanitation and hygiene (WASH) services in communities and institutions.	Proportion of population using at least basic sanitation services* B: 32% T: 37%	UNICEF/WHO Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	3.1 The Government has strengthened capacities to develop and implement policies and budgets that enable safely managed, climate-resilient, sustainable, gender-responsive and equitable WASH services. 3.2 Children have increased access to safely managed, climate-resilient, sustainable, gender-responsive and equitable WASH services in communities and in institutions. 3.3 Communities and institutions have	Ministry of Water Development and Sanitation; MoH; MoE; Ministry of Green Economy and Environment; DMMU; Government of Germany; Office of the United Nations High Commissioner for Refugees (UNHCR); Water Resources Management Authority; National Water	4 132	23 750	27 882
		Proportion of population using at least basic drinking water services* B: 65% T: 71%						
		Proportion of population using at least basic hygiene services B: 18%						

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
environmental services, and more effective responses to climate change, shocks, and stresses.		T: 24%		strengthened WASH capacities to prepare for and respond to disasters and climate change.	Supply and Sanitation Council; local authorities; CSOs			
2 1. (Prosperity): By 2027, all people in Zambia, including the marginalized and vulnerable, will benefit from an inclusive, resilient and sustainable economy that provides equitable, diverse, and sustainable opportunities for decent jobs, livelihoods, and businesses.	4. By 2027, more children and adolescents, especially the most disadvantaged, have improved learning outcomes and acquire relevant skills for life and work.	Percentage of Grade 1 learners with early childhood education experience B: 37.1% (M: 37.3%, F: 36.9%) T: 45% each	MoE, Education Statistical Bulletin	4.1 The Government has strengthened capacities to provide, expand and stimulate demand for quality and inclusive early childhood development and education. 4.2 National and subnational stakeholders and schools have strengthened capacity to deliver and stimulate demand for quality and inclusive primary education, focusing on learning outcomes. 4.3 The Government has improved capacity to deliver quality and inclusive secondary education and skills development programmes.	MoE; MoH; MCDSS; EU; CSOs; academia; private sector; United Nations Educational, Scientific and Cultural Organization	4 132	25 175	29 307
		Percentage of children starting Grade 1 at the right age (7 years old) B: 49.2% (M: 48.8%, F: 49.5%) T: 55% each						
		Transition rate between lower and upper secondary education B: 46.5% (M: 46.8%, F: 47.2%) T: 60% each						
		Average learning outcome results in core subjects (%) B: English 35.87 (M: 35.46, F: 36.25), Math 33.14 (M: 33.59, F: 32.78) T: English 42 each; Math 45 each	National Assessment Survey					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
2 3. (Peace): By 2027, all people, including the marginalized and vulnerable, participate in and benefit from sustained peace, democracy, human rights, the rule of law, justice, non-discrimination, equality, and inclusive and transformative governance.	5. By 2027, more children and adolescents live in an increasingly protective environment and benefit from improved child protection services, including birth registration.	Percentage of women and men (20–24 years) married before the age of 18 years* B: F: 29%, M 2.8% T: F: 22%, M: 2%	DHS	5.1 Children, adolescents, parents, communities and the Government have increased capacities to prevent violence, abuse and neglect and ensure timely birth registration.	MCDSS; Ministry of Home Affairs and Internal Security; MoE; MoH, Ministry of Local Government and Rural Development (MLGRD); National Prosecution Authority and Judiciary; Sida; EU; UNFPA; UNHCR; United Nations Development Programme (UNDP); CSOs	4 545	8 075	12 620
		Percentage of youth (18–24 years) who experience sexual abuse prior to the age of 18 years and report having access to services B: F: 0%, M: 7.2% T: 25% each	Violence against children survey	5.2 The Government has enhanced capacities to provide and oversee quality and accessible services for children who have experienced violence and vulnerabilities.				
		Under-5 birth registration rate* B: 14% T: 50%	DHS	5.3 The Government has strengthened legislation, budgeted policies and regulatory frameworks, to ensure a protective environment for children.				
1, 2	6. By 2027, children and adolescents benefit from improved social and economic policies and programmes that reduce poverty and promote inclusion and resilience.	Proportion of total government spending on essential services (education, health and social protection), disaggregated by sector B: Health (8.1%); Education (11.5%); Social protection (4%)	National Budget Documents	Government has enhanced capacities to: 6.1 equitably and sustainably mobilize, plan, manage and monitor social sector resources 6.2 deliver child-sensitive social protection in	Ministry of Finance and National Planning (MoFNP); MLGRD; Zambia Institute for Policy Analysis and Research; MCDSS;	4 132	12 469	16 601

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		T: Health (10%); Education (13%); Social protection (6%) Number of households reached by cash transfer programmes* B: 973 323 T: 1 493 352	Social Cash Transfer Management Information System	development and humanitarian settings 6.3 generate and use quality, equity-focused data and evidence to inform programmes and policies.	Zambia Agency for Persons with Disabilities; World Bank; FCDO; Swiss Agency for Development and Cooperation; Sida; UNDP; CSOs; academia			
1-4	7. Programme effectiveness	Percentage of country programme results on track or achieved B: 81% T: 100%	Internal database	7.1 Programme coordination 7.2 External relations 7.3 Social and behaviour change 7.4 Communications, advocacy, partnerships and engagement 7.5 Planning, monitoring and evaluation 7.6 Operations support	MoFNP; United Nations	11 983	7 406	19 389
Total resources						41 320	148 125	189 445