



Zambia



Millennium Development Goals Progress Report 2011

For more information on MDGs, please contact:

Ministry of Finance and National Planning
Monitoring and Evaluation Department
Lusaka, Zambia
Tel: +260 211 250 886

United Nations Development Programme
Strategy and Policy Unit
UN House
Lusaka, Zambia
Tel: +260 211 250 800

This report was produced by the United Nations Development Programme
Authored by Dennis K. Chiwele and Stephen Syampungani
Edited and designed by Camilla Hebo Buus
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FOREWORD

The Government of the Republic of Zambia and the United Nations in Zambia have partnered to produce this Millennium Development Goals Report (MDGR) for 2011. This is the fourth such report, produced jointly, since 2003. The MDGR 2011 measures progress against the Millennium Development Goals (MDGs) in the country at the current time, and looks to the remaining four years to 2015. The main purpose of the report is to provide a continuous monitoring and tracking of the progress towards attaining the MDGs at country level, and at the same time to provide a space for sharing good practices and to advocate 'what works' across countries, to raise awareness about development strategies that can accelerate progress, and the transformations that are required in the policy, investment and institutional frameworks to make it happen. The MDGR therefore speaks to a broad group of stakeholders in the country, including the government, civil society, cooperating partners, private sector, media and the general public.

During the last decade, the Government of the Republic of Zambia has been instrumental in ensuring macroeconomic stability and opening up the economy to foreign direct investments, which have contributed significantly to the sustained strong performance of the Zambian economy over the past five years. It is expected that this growth translates more rapidly into results in poverty reduction, broad-based job creation and reducing rural-urban and gender inequalities. While there has been important progress, these challenges remain and the report analyzes trends, vis-à-vis the expected targets towards 2015, and reviews bottlenecks along the way.

The bottom line is clear – while much is on track, the pace of progress must accelerate substantially if Zambia is to attain all of the MDGs by 2015, particularly with regards to the goals of extreme poverty, maternal mortality and environmental protection. The focus must also be on whether the MDGs are reaching the poor and most vulnerable, and doing so over the long term without a regression of results achieved. This emphasis on equity and sustainability is at the core of the United Nations' work and contribution to Zambia's development. The report, therefore, has a direct bearing on areas central to the success of the Sixth National Development Plan, taking a close look at accelerators for more equitable and sustainable economic growth and human development over the next four years.

This MDGR 2011 is the result of a collaborative endeavour between the Government of the Republic of Zambia and the United Nations Development Programme in Zambia, and all major development stakeholders, including central and sector ministries, civil society organizations, private sector, the UN system and cooperating partners, who have contributed significantly to this team effort. We are most grateful to all for their views, information and experiences shared, questions raised that enriched the analysis and the continued engagement on the development debate and dialogue.



Hon. Situmbeko Musokotwane, MP
Minister of Finance and National Planning
Ministry of Finance and National Planning



Kanni Wignaraja
United Nations Resident Coordinator
and UNDP Resident Representative

EXECUTIVE SUMMARY

Zambia has made steady progress along a number of the Millennium Development Goals (MDGs) in the past few years. However, much more needs to be done to meet all of the MDG targets by 2015. Many of the difficulties are anchored in the deterioration in economic and social conditions witnessed after many years of copper price decline and overall economic stagnation that started in the mid-1970s, and the 'shock' to life expectancy rates caused by HIV/AIDS in the 1980s and 1990s. When heads of state and government gathered at the UN Summit in 2000 to agree on the MDGs, Zambia's human development indicators were in a highly weakened state, but have been improving since then.

Since the publication of the first MDG Report in 2003, improvements have been made for a number of MDG targets. Notable among these are achievements in access to education and child malnutrition. Progress has also been made in reducing infant mortality, although much still remains to be done. The major challenges ahead relate to the rate of poverty reduction, women's participation in decision-making, maternal health and environmental protection. Below is a goal-by-goal summary of progress made in meeting the MDGs.

MDG 1: ERADICATING EXTREME POVERTY AND HUNGER

Extreme poverty declined from 58% in 1991 to 51% in 2006. This is a positive trend, but the rate of change at current levels would be too slow to meet the target of 29% by 2015, which would halve extreme poverty. Extreme poverty is also much higher in rural areas at 67% compared to 20% in urban areas. However, the poverty gap ratio declined from 62.2% in 1991 to 34% in 2006, indicating that the severity of poverty declined sharply, and providing evidence that with the right policies and investments the incidence of poverty can fall fairly quickly. On the nutrition indicator, the prevalence of underweight children declined from 25.1% in 1992 to 14.6% in 2007. However, stunting in children remains a major issue of concern and should be addressed by appropriate nutrition, health and education

strategies particularly targeted at pregnant women and children in their first 1,000 days after birth.

Sustained and robust economic growth is essential but not sufficient on its own for the achievement of this goal. Macroeconomic and structural policies that promote job creation, economic inclusion, social empowerment and significant levels of investment in health and education are essential. Some key policy and investment choices that can accelerate the achievement of the MDG 1 targets include: (i) commercialization of small scale agriculture and diversification of the rural economy; (ii) implementation of climate change adaptation and mitigation strategies; (iii) an institutionalized social security system to protect the most vulnerable; and (iv) more accessible and efficient service delivery that reaches the poorest.

MDG 2: ACHIEVING UNIVERSAL PRIMARY EDUCATION

Net enrolment of children in primary education increased from 80% in 1990 to 102% in 2009, supported by the increased construction of schools, the removal of school fees in 2002 and the adoption of Free Basic Education and Re-entry Policies. Such policies also favoured an increase of 27.7 percentage points in primary school completion rates, from 64% in 1990 to 91.7% in 2009. The primary education target of 100% has already been attained. The main challenges at present are adult literacy, which declined from 79% in 1990 to 70% in 2004, and the low completion rate in secondary school (despite its increase from 14.4% in 2002 to 19.4% in 2009). The emphasis needs to be on the quality of education, achieving higher completion rates for girls in secondary education and improving access to post-secondary education and skills training.

MDG 3: PROMOTING GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN

With regards to gender parity in education, the ratio of girls to boys in primary education improved from 0.90 in 1990

to 0.96 in 2009. In secondary school this rate decreased from 0.92 in 1990 to 0.88 in 2009. On women's representation in parliament, Zambia's percentage at 14% in 2009 is low relative to the MDG and SADC target of 30%. This figure has been on a gradual rise from 6.7% in 1991, and requires affirmative action to reach the target. Early marriage, teenage pregnancy, HIV/AIDS and cultural and social factors that deter girls and women from actively participating in the political life of their communities need to be addressed to see further progress towards this MDG target. School and community sensitization to change attitudes and behaviours, together with investments in women's education, equal pay for equal work as well as increased access to financing, entrepreneurship skills and asset ownership by women will go a long way towards this end.

MDG 4: REDUCING CHILD MORTALITY

The number of under-five deaths dropped from 190.7 per 1,000 live births in 1992 to 119 in 2007. The MDG target is 63.6 by 2015 so further efforts are necessary. Infant mortality has also declined from 107.2 per 1,000 live births in 1992 to 70 in 2007. Similarly, additional action is necessary to reach the target of 35.7 by 2015. Increased access to skilled birth attendance during delivery and higher levels of mothers' education and nutrition standards reduce many of the common causes of neonatal mortality. Continued and effective child immunization particularly from 0-2 years, scaling up of interventions for prevention and management of common childhood illnesses and promotion and support of appropriate breast feeding and infant and young child feeding practices are strategies and programmes that would need to be intensified for the country to reach this goal.

MDG 5: IMPROVING MATERNAL HEALTH

To achieve this goal, Zambia needs to significantly reduce the number of women dying due to complications during pregnancy, child birth and the postpartum period over the coming four years. Maternal mortality decreased from 649 deaths per 100,000 live births in 1996 to 591 in 2007. The target is 162 in 2015, which means a further reduction of 429 deaths per 100,000 has to be achieved by 2015. The known success factors are the presence of trained midwives at births, and rural feeder roads and transport that get pregnant women to health clinics on time. The necessary investment in terms of training, oversight and incentives for midwives should be provided in conjunction with improved access to and monitoring of rural health posts, and curbing unsafe home-based birthing practices.

MDG 6: COMBATING HIV/AIDS, MALARIA AND OTHER DISEASES

The national HIV prevalence rate among adults (15-49 years) declined from 15.6% in 2002 to 14.3% in 2007. The target, which is to keep prevalence below 15.6%, has been met. It must be noted that women in Zambia have a higher prevalence rate of 16.1% compared to men (12.3%), and the urban population has rates twice as high as the rural population (19.7% versus 10.3%). The lowering of prevalence rates has been made possible by effective strategies on ARV provision and coverage, and significant reductions in mother-to-child transmissions. Treatment for HIV patients has been scaled up to cover 70% of all PLHIV eligible for ART, while prevention efforts have increased coverage of PMTCT to 65%. The challenge remains of halving new HIV infections by 2015. The rate of contraceptive prevalence increased from 11.6% in 1992 to 24.6% in 2002. Only 25% of adult Zambians have been tested for HIV, and intensified efforts at prevention, including the use of birth control to prevent the continued spread of STDs and HIV, is key.

Important progress has been made on the malaria targets. The proportion of children under-five, who sleep under an insecticide-treated net rose from 6.5% in 2001-2002 to 41.1% in 2008. Continued efforts at access to treated bednets and malaria prophylaxis is critical to prevent any roll back of hard-won gains in this area. Tuberculosis notification rates have been declining steadily, since reaching a peak of 545 per 100,000 people in 2003-04 to 425 per 100,000 people in 2009. The target of TB treatment success rate of 85% in the new smear-positive TB patients was attained in 2007, and reached 86% in 2008.

MDG 7: ENSURING ENVIRONMENTAL SUSTAINABILITY

The percentage of land covered by forests in Zambia decreased from 66% in 1990 to 55.9% in 2007, and this has been a serious cause of concern. High priority efforts to curb deforestation and to regenerate forest cover is a critical factor to protect and enable the more sustainable use of the country's rich natural resource base and be more resilient to climate change shocks.

With regards to sustainable access to drinking water and sanitation, the proportion of households without access to a clean water source was reduced from 51% in 1990 to 40% in 2006. More efforts in this direction to reach the target of 25.5% is recommended, enabled through access to boreholes replacing old wells in rural settings and greater access to treated municipal water in peri-urban areas. The share

of the population without access to improved sanitation grew from 26% in 1991 to 36.1% in 2006. This trend undermines progress in achieving MDG 7 and remains a significant challenge. Strategies that support positive trends in these fields include greater community management of forestry resources, strict monitoring and curbing of illegal logging practices, curbing unplanned urban settlements, and promotion of public-private partnerships that provide accessible but also affordable water and sanitation services to poorer urban and rural communities.

MDG 8: DEVELOPING A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Zambia has regained and sustained an impressive record of macroeconomic stability, achieved single-digit inflation and consistently had growth rates over 5% for the past five years. Official Development Assistance (ODA) increased from US\$754 million in 2002 to US\$918 million in 2009, and the Highly Indebted Poor Country Initiative (HIPC) and Multilateral Debt Relief Initiative (MDRI) reduced Zambia's debt servicing obligations. The stock of external public debt dropped from US\$6,005 million in 1999 to US\$934 million in 2006. However, since then, external public debt has increased to US\$1,521 million in 2009.

In 2010, Zambia was considered the 6th best country in Africa to do business. This context has attracted significant foreign direct investments (FDI). From 1995 to 2005, the country received an annual average of US\$211 million of FDI, and from 2006 to 2009, the figure rose to US\$960 million annually. The area of focus must now be on improving competitiveness. Zambia is ranked 115th out of 139 countries in terms of competitiveness. Policies should be targeted at easing supply-side constraints in transportation, storage, communications and local entrepreneurs' easy access to open markets, particularly for agricultural produce. Efforts to expand the domestic revenue base through effective taxation policy and its full administration is a must, as ODA shows greater volatility and even decline in the coming years. The use of the fiscal space for an increase in investments in human development is a strategy used effectively by countries that show significant progress on human development. The easing of regional and global trade barriers through common agreements will be key to a more robust and open trading regime that spurs balanced growth. At the same time, cooperating partners must also meet the ODA target of 0.7% of their GDP as agreed in Gleneagles to support the achievement of the MDGs by 2015.

MILLENNIUM DEVELOPMENT GOALS:

The Millennium Development Goals are based on the Millennium Declaration, signed by 189 countries - including 147 heads of State and Government - in September 2000, and from further agreement by member states at the 2005 World Summit.

To assess progress on the commitment made in the Millennium Declaration over the period from 1990 to 2015, relevant targets and indicators were agreed upon. The goals and their targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment - at the national and global levels alike - which is conducive to development and the elimination of poverty".¹

The official list of MDG indicators can be found on <http://mdgs.un.org>. Kindly note that certain targets and indicators are not included in this report due to unavailability of data in Zambia.

STATUS AT A GLANCE

Goal	Target	Indicator	Latest Figure	2015 Target	Will Target be Achieved under the Present Trend?
MDG 1: Eradicate Extreme Poverty and Hunger	Target 1.A: Halve, between 1990 and 2015, the proportion of people living in extreme poverty	Proportion of population in extreme poverty (%)	51	29	Significant reforms and investments needed
		Poverty Gap Ratio (%)	34	31.1	Yes
	Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Prevalence of underweight children U-5 (%)	14.6	12.5	Acceleration required
MDG 2: Achieve Universal Primary Education	Target 2.A: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Primary school net enrolment rate (%)	102*	100	Yes
		Pupils reaching Grade 7 (%)	91.7	100	Acceleration required
		Literacy rates: 15-24 year olds (%)	70	100	Acceleration required
MDG 3: Promote Gender Equality	Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Ratio of girls to boys in primary education	0.96	1	Yes
		Ratio of girls to boys in secondary education	0.88	1	Acceleration required
		Ratio of girls to boys in tertiary education	0.74	1	Acceleration required
		Ratio of literate women to men 15-24 years old	0.8	1	Acceleration required
		Share of women in wage employment (%)	0.34	-	-
		Proportion of seats held by women in parliament (%)	14	30	Significant reforms and investments needed
MDG 4: Reduce Child Mortality	Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	U-5 mortality rate (deaths per 1,000 live births)	119	63.6	Acceleration required
		Infant mortality rate (deaths per 1,000 live births)	70	35.7	Acceleration required
		One-year olds immunized against measles (%)	84.9	100	Acceleration required
MDG 5: Improve Maternal Health	Target 5.A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	Maternal mortality ratio per 100,000 live births	591.2	162.3	Significant reforms and investments needed
		Births attended by skilled personnel (%)	46.5	-	-
	Target 5.B: Achieve, by 2015, universal access to reproductive health	Contraceptive prevalence rate (%)	24.6	-	-

* NER cannot exceed 100%; however, it is based on demographic data, which does not include factors such as migration within Zambia.

STATUS AT A GLANCE

Goal	Target	Indicator	Latest Figure	2015 Target	Will Target be Achieved under the Present Trend?
MDG 6: Combat HIV/AIDS, Malaria and other Major Diseases	Target 6.A: Have halted by 2015, and begun to reverse the spread of HIV/AIDS	HIV prevalence rate (%)	14.3	<15.6	Yes
		Proportion of population (15-24 years) with comprehensive, correct knowledge of HIV/AIDS (%)	48	-	-
		Ratio of school attendance of orphans to non-orphans (10-24 years) (%)	97	100	Yes
	Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Proportion of population with advanced HIV infection with access to ARVs	79	80	Yes
	Target 6.C: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	New malaria cases per 1,000 population	252	≤255	Acceleration required
		Malaria fatality rate per 1,000 population	39	11	Acceleration required
		Households with ITNs (%)	64.3	-	-
	MDG 7: Ensure Environmental Sustainability	Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse loss of environmental resources	Land covered by forests (%)	45	-
Land protected to maintain biological diversity (%)			41	-	-
Carbon dioxide emissions (MT per capita)			0.22	-	-
Proportion of population using solid fuels (%)			83.8	-	-
Target 7.C: Halve by 2015 the proportion of the population without sustainable access to safe drinking water and basic sanitation		Proportion of population without access to an improved drinking water source (%)	40	25.5	Acceleration required
		Proportion of population without access to improved sanitation facilities (%)	36.1	13	Significant reforms and investments needed
MDG 8: Develop a Global Partnership for Development	Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	Overseas development assistance (US\$ m)	918.6	-	-
		Access to markets in developed countries	-	-	-
	Target 8.B: Address the special needs of the least developed countries	Foreign direct investment (US\$ m)	699.15	-	-
	Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	Fixed telephone lines per 1,000 people	7	-	-
		Cellular subscribers per 1,000 people	322.8	-	-

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome	MT	Metric Tonnes
ANCs	Antenatal Clinics	MTENR	Ministry of Tourism, Environment and Natural Resources
ART	Antiretroviral Therapy	NDPs	National Development Plans
ARVs	Antiretrovirals	NER	Net Enrolment Rate
CBOH	Central Board of Health	NPLs	Non-Performing Loans
CFCs	Chlorofluorocarbons	NTEs	Non-Traditional Exports
CSO	Central Statistical Office	NWASCO	National Water Supply and Sanitation Council
CSOs	Civil Society Organizations	ODP	Ozone Depletion Potential
CPs	Cooperating Partners	OECD	Organization for Economic Cooperation and Development
DBS	Direct Budget Support	ODA	Official Development Assistance
DHMTs	District Health Management Teams	PAGE	Programme for the Advancement of Girls Education
DTP	Diphtheria, Whooping Cough and Tetanus	PLHIV	People Living with HIV/AIDS
ECZ	Environmental Council of Zambia	PMTCT	Prevention of Mother-To-Child Transmission
FDI	Foreign Direct Investment	PPP	Purchasing Power Parity
FISP	Farmer Input Support Programme	PRBS	Poverty Reduction Budget Support
FNDP	Fifth National Development Plan	PTA	Parent-Teacher Association
GDP	Gross Domestic Product	PTA	Parent-Teacher Association
GRZ	Government of the Republic of Zambia	SADC	Southern African Development Community
HIV	Human Immunodeficiency Virus	SIDA	Swedish International Development Agency
HIV+	HIV positive	SNDP	Sixth National Development Plan
IFAD	International Fund for Agriculture Development	STDs	Sexually Transmitted Diseases
IFPRI	International Food Policy Research Institute	SWAP	Sector Wide Approach
IMF	International Monetary Fund	TB	Tuberculosis
ITNs	Insecticide-Treated mosquito Nets	TEVETA	Technical Education, Vocational and Entrepreneurship Training Authority
JASZ	Joint Assistance Strategy for Zambia	U-5	Under 5 years of age
JSC	Joint Steering Committee	UNDP	United Nations Development Programme
LCMS	Living Conditions Monitoring Survey	UNICEF	United Nations Children's Fund
MDG	Millennium Development Goal	VCT	Voluntary Counseling and Testing
MDGR	Millennium Development Goals Report	ZAMMOD	Zambian Macroeconomic Model
MEWD	Ministry of Energy and Water Development	ZDHS	Zambia Demographic and Health Survey
MFNP	Ministry of Finance and National Planning	ZICTA	Zambia Information and Communication Technology Authority
MOE	Ministry of Education		
MOH	Ministry of Health		
MoU	Memorandum of Understanding		

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INTRODUCTION

This is the fourth Millennium Development Goals Report (MDGR) Zambia has produced since the MDGs were adopted in 2000. The first three MDGRs were produced in 2003, 2005 and 2008. The MDGR 2011 takes a special place in this series for at least four reasons:

- There are now only four years to 2015, the final date set by the UN Summit by which the MDGs must be achieved. In this short time, Zambia needs to double its efforts towards achieving the goals. It is hoped that the MDGR 2011 will be a tool for rallying domestic coalitions between the Government of the Republic of Zambia (GRZ), civil society, private sector, bilateral and multilateral agencies and the people of Zambia to renew their commitment and work together to accelerate progress towards meeting the MDGs.
- In the ten years since the MDGs were adopted, some countries have made good progress while others have lagged behind. In other countries still, progress has been mixed. However, enough lessons learnt from experience are available to help Zambia make the right decisions to accelerate the process of achieving its own MDGs.
- Since the MDGR 2008, the world has known turbulent times in terms of the sharp increase in international food and fuel prices, quickly followed by a global recession that threatened to undo the consistent economic growth Zambia had achieved in the previous ten years. In addition, the world more than ever before has awakened to the reality of climate change and variability and their adverse implications, realizing that the hardest hit will be vulnerable people in developing countries, the people for whom the MDGs were conceived. It is important to assess the implications of these “new” challenges on the MDGs and make appropriate recommendations for strategies to minimize the negative impacts on progress.
- Beyond looking at the indicators, this report seizes the opportunity to use available qualitative information in order to lend a voice to ordinary people and their perspectives, which adds another dimension to assessing progress made.

PURPOSE OF THE MDGR 2011

The main purpose of the MDGR 2011 is to send a deeper and more compelling message to Zambia and its international partners that more should be done to achieve the MDGs. The objectives of the MDGR 2011, therefore, are:

- To deepen national understanding of why progress is achieved on some MDGs and why others are lagging behind, and thus be clear on what is working and what is not;
- to engage and build national coalitions of partners (Government, bilateral and multilateral agencies, communities, CSOs, the private sector and others) to work together to address key constraints to meeting the MDGs;
- to catalyze greater efforts and resources in favour of the MDGs;
- to facilitate targeted public advocacy campaigns that serve to rally national stakeholders around accelerating progress on the MDGs; and
- to align national efforts with recent global developments.

To achieve its objectives, the MDGR 2011 focuses on the following types of analyses:

Inequality Analysis:

At this critical time in the production of MDGRs, it is necessary to assess where the MDGs are faltering the most. In order to do this, even MDGs on track have had their progress scrutinised to assess whether any categories could perform better.

Comparative Analysis across MDGs:

Progress has varied between MDGs. The MDGR 2011 has tried to isolate and analyze what is common or special about the MDGs with significant progress to identify lessons that can be applied to those off track.

Listening to the People on the Ground:

The people of Zambia have not been given much attention in previous analyses of MDG progress. It is critical to

investigate how people relate to the MDGs, including: (i) how they perceive the impact on their quality of life; (ii) how satisfied they are with the status and progress of the MDGs; and (iii) how their needs will be addressed beyond 2015.

The MDGR 2011 has taken advantage of existing studies which have collected people's perspectives on a whole range of issues, of which some touch on the MDGs. One of these is the Afrobarometer surveys conducted in Zambia from 1999 to 2009.

Analysis of New Global Challenges:

Three global crises have taken place since 2008: the sharp increase in food prices; the sharp rise in fuel prices; and an important economic recession. Added to this are on-going concerns with regard to climate change and variability, whose adverse impacts on vulnerable communities in the developing world are beginning to be better understood. The MDGR 2011 takes advantage of the various studies being conducted on the impact of the global economic crisis and of climate change to explore how the achievement of the MDGs is being threatened as a result.

Learning From the Global Experience:

Analysis of why some countries have made progress while other have not is likely to yield important insights into what Zambia should do in order to accelerate progress in achieving its MDGs in the remaining four years. Global lessons have been passed through filters for local context before recommending that Zambia adopts similar strategies.

Identifying Blockage Points:

If action is taken to address these constraints, the likelihood of making significant progress is high. This kind of analysis recognizes that although there might be many constraints, some of them are more debilitating – and should receive more focus – than others.

Searching for Accelerators:

These are actions which once adopted would produce the greatest results in addressing identified blockage points. The results from both the comparative analysis across MDGs and the lessons from the global experience have been applied here in particular. This kind of analysis goes beyond a mere assessment of economic parameters to recognize that interventions for accelerated progress towards the MDGs often imply tradeoffs that should be carefully analysed.

2

MDGs IN THE FACE OF GLOBAL CHALLENGES

THE GLOBAL ECONOMIC CRISIS

Three crises hit the world in quick succession in 2008: a sharp rise in food prices, a spike in fuel prices and a financial crisis that resulted in the global economy descending into a deep recession not seen in decades. This triple-crisis was declared over by the end of 2009 but the world's economic recovery remains fragile.

Zambia has shown greater resilience than expected. GDP growth, which was projected to drop from 5.3% in 2008 to 4.5% in 2009, increased to 6.3%. The resilience has been attributed to a number of factors, including:² (i) radical macro-economic reforms undertaken in the 1990s meant that there were no serious maladjustments that could have dislocated the economy further once hit by the shock; (ii) the economy was in a much stronger position to absorb the shock given the good performance attained in the years before the global recession; (iii) fiscal triggers allowed the Government to continue spending despite the fall in revenue; and (iv) the resilience of China and other emerging markets to the global economic shock helped to speedily revert the fall in commodity prices, including copper prices which remain vital for Zambia's economy.

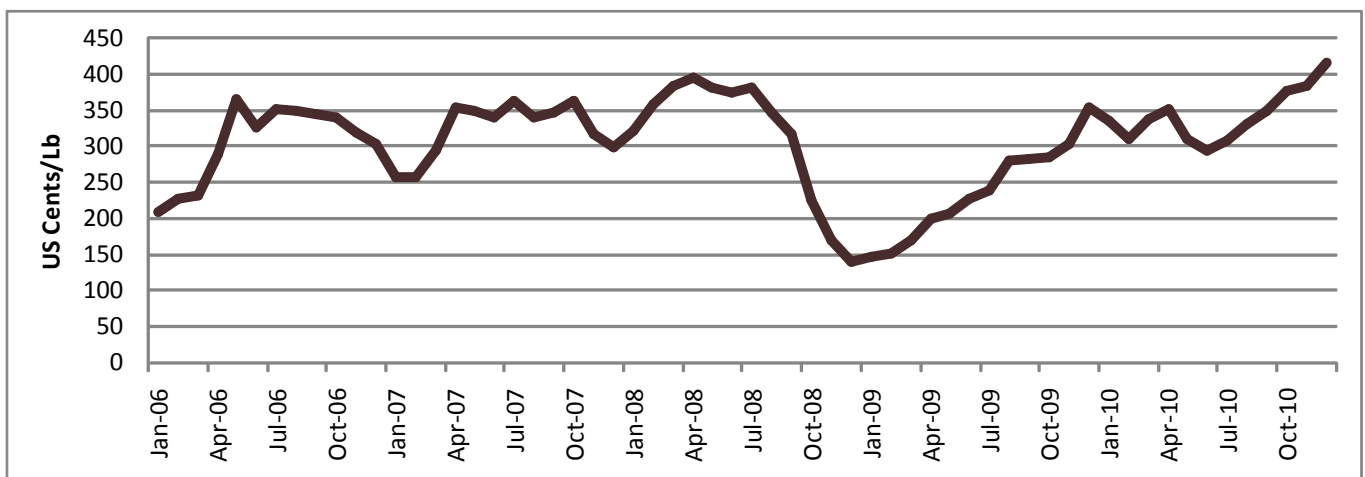
Still, the global recession complicated Zambia's ability to make progress on the MDGs via a number of transmission channels.³ Zambia's financial sector was not directly affected by the recession, because it is less integrated into world fi-

ancial markets and had less to do with the "toxic" assets that triggered the crisis. However, as the adverse effects in sectors like mining, tourism and agriculture piled up, the economic crisis soon caught up with Zambia's banks. Non-performing loans (NPLs) rose as workers losing jobs failed to service their loans. NPLs as a share of bank assets increased from 7% in the first quarter of 2009 to 13% in the third quarter. After some time, rising NPLs negatively affected inter-bank lending and led to a credit squeeze.

From the third quarter of 2008 onwards, Zambia's trade balance went into a deficit and only turned positive in July 2009. Non-Traditional Exports (NTEs) which in the second quarter of 2008 had reached US\$1.4 billion declined to US\$684 million in the first quarter of 2009. NTE-based industries had otherwise just begun to recover from the effects of a sharp appreciation of the Kwacha in 2005/06. In the first half of 2005, the Kwacha traded in the range of K4,800-K4,900/US\$. Eighteen months later, it had appreciated to K3,000/US\$ before starting to depreciate again. The Kwacha appreciation combined with the global economic crisis hit many exporters hard. As can be seen in Figure 1, copper prices that had peaked at US cents 393.95/lb in April 2008 dropped to US cents 139.05 by December 2008. This led to closure of some mines and a scaling down of investments.

Other sectors hit by the global recession included tourism, as the number of tourist arrivals fell from 811,775 in 2008 to 653,758 in 2009.⁴ Before this, tourist arrivals had been

Figure 1: Monthly Copper Prices 2006-2010 (inter-annual)⁵



improving significantly from 690,000 in 2006 to 805,059 in 2007. The fact that the number of tourists increased by only 6,716 from 2007 to 2008, before markedly falling in 2009 is an indication of the immediate effects of the global economic crisis. Subsequently, the number of tourist arrivals has rebounded to about 900,000 in 2010.

As discussed under MDG 1, these developments resulted in job losses in mining, tourism, export-based agriculture and eventually in the manufacturing sector as the contagion caught up. Job losses complicated the country's effort to combat extreme poverty, especially in urban areas.

For the education and health-related MDGs, the main challenge was the reduced fiscal space the global economic crisis imputed on the GRZ. Domestic tax revenue as a percentage of GDP rose from 17.3% in 2005 to 18.7% in 2007 before dropping to 17.2% in 2008 and 15.9% in 2009.⁶ The GRZ was forced to resort to domestic borrowing to continue funding its programmes. Domestic borrowing as a percentage of GDP, which otherwise had dropped from 1.95% in 2006 to 0.9% in 2007 with a view to meeting the FNDP target of 0.5%, rose to 1.5% in 2008 and 2.6% in 2009.⁷ As a result, the GRZ sustained its spending reasonably well despite the crisis.

Inflation, which had dropped to 8.7% in November 2007, started to rise until it reached 16.6% in December 2008. Food inflation rose from 5.2% in November 2007 to a peak of 21.3% in January 2009.⁸ For the urban population that depended on cash purchases to get food, the rise in food prices diminished their access to food. The Kwacha which had appreciated to below K3,200/US\$ in June 2008, depreciated to above K5,600/US\$ in April 2009. For exporters this Kwacha volatility was unsettling to business planning, especially regarding hire of labour. The share of formal sector employment dropped from 12% of the total labour force in 2007 to 10% in 2008.

CLIMATE CHANGE AND THE MDGs

There is evidence that global climate is changing. For Southern Africa, numerous studies have highlighted the risk of deteriorating conditions in the vulnerable subsistence farming sector, such as the occurrence of more extreme temperature events,⁹ late onset of the rainy season,¹⁰ and general decline in rainfall.¹¹ Climate change is expected to affect Southern Africa across sectors, including health,¹² agriculture, food security,¹³ and water management,¹⁴ and therefore the attainment of MDGs. Increasing temperatures and unpredictable rainfall, frequent extreme weather and more pests and diseases are among the changes that would impact on the attainment of the MDGs.¹⁵

The clearest examples of the adverse impacts of climate change and variability and how these could undermine prog-

ress towards MDGs are in the agriculture sector. The droughts of 1991/92, 1994/95 and 1997/98 resulted in a sharp drop in maize yield. At the regional level these droughts resulted in a deficit of 7.6 million tons of cereal crop yield, and thus put an estimated 30 million people on the brink of starvation. As climate change has the capacity to result in failure of agricultural and food security systems throughout Southern Africa, it forces Zambia to import its food from distant and more expensive sources.

According to the International Food Policy Research Institute (IFPRI), increased climate variability "reduces Zambia's GDP growth rate by 0.4 percentage points per year, which costs the country US\$4.3 billion over a 10-year period. These losses reach as high as US\$7.1 billion under Zambia's worst rainfall scenario". Agriculture is found to be particularly vulnerable, losing on average 1 percentage point in GDP growth due to climate variability. This goes up to 2 percentage points under worst rainfall scenarios. Overall, it is estimated that climate variability will be responsible for keeping 300,000 people in poverty by 2016. It is shown that were rainfall to reduce by 15% it would enhance "the negative effects of climate variability by a factor of 1.5, pushing 30,000 more people into poverty over a 10-year period". Although future projections remain uncertain, there are indications that unless Zambia takes critical mitigation and adaptation measures, the livelihoods of many people could be in peril. Some effects on crops, livestock, wildlife and electric power generation have already been noted.

The health sector provides other examples on how climate change may undo progress in MDGs. Field surveys conducted under the National Adaptation Programme of Action on Climate Change show that Zambia has of late been experiencing droughts, floods, extreme heat and a shift in rainy season length. High temperatures and heavy precipitation have been shown to be related to diarrheal diseases. A study found that an increase in temperature of 1°C six weeks before the beginning of the rainy season increased the number of cholera cases in Lusaka by 5.2% during an outbreak.¹⁶ Excessive rainfall increased the risk of water contamination, especially from faecal matter, when flooded pit latrines contaminate unprotected, shallow water wells.

Climate change and variability also have implications on the attainment of many other MDGs. In rural areas, where livelihoods depend on agriculture, mortality may rise. Food insecurity will affect child and maternal mortalities – and the efficacy of antiretroviral treatment in HIV/AIDS patients, as this is dependent on nutritional status and, therefore, food availability. Children may be required to spend more time fetching water and herding cattle to grazing pastures in far-away locations rather than going to school. When climatic variability alters the livelihoods of the population, the environment also suffers as people tend to employ unsustainable methods of harvesting in order to earn a living.

3

LEARNING FROM THE GLOBAL EXPERIENCE

The MDG Awards held on 21st September 2010 in New York, an annual event that honours and celebrates the work of governments, civil society and individuals for their substantial contribution towards the achievement of the MDGs, gave awards to eight countries besides individuals in the following categories:

- Malawi for exceptional progress toward achieving national food security over the last decade;
- Tanzania for progress towards achieving universal primary education;
- Liberia for promoting gender equality and empowering women;
- Bangladesh for reducing child mortality;
- Nepal for improving maternal health;
- Cambodia and Sierra Leone for combating HIV/AIDS, malaria and other diseases; and
- Burkina Faso for ensuring environmental sustainability.

Zambia can draw encouragement from this list, as five of the eight winners are sub-Saharan African countries with similar challenges, and two of these are Zambia's own neighbours.

From a wide literature available on progress and lessons in implementing MDGs such as MDG progress reports for other countries and regions, policy briefs and special reports on particular themes and MDGs, we are able to extract a number of lessons that Zambia can learn from, some of which are listed below:

Balancing Economic Growth and Social Policies:

Growth is essential for making progress in MDGs. Countries need to pursue sound macroeconomic policies, manage the complimentary roles of the state and the markets and promote foreign and domestic investment to unlock the potential of key economic areas. But they should balance these with good social policies for significant progress in MDGs. All the countries recognized for outstanding achievement have exhibited good GDP growth in the last decade but have combined this with very specific social policies. Liberia, for example, launched a comprehensive

national Girls' Education Policy to increase enrolment and retention of girls in public schools. Faced with chronic hunger, Malawi decided in 2005 to widen input subsidies to small farmers.

A focus on economic growth rather than social policies appears easier because of the visibility of the results of economic stagnation. It is rare that countries have in place a good and holistic framework for tackling social conditions. Thus it is not surprising that in many countries in Africa, Zambia included, the high growth achieved in the past ten years is not translating strongly into progress in social conditions. It is therefore important that the goals of National Development Plans (NDPs) are aligned with MDGs. There is a good example of this in the Tanzania's National Strategy for Growth and Reduction of Poverty (MKUKATA by its Swahili acronym), devised to run from 2005 to 2010, which made very specific attempt to align NDP goals with MDGs. Although Zambia is among 40 African countries that are said to be undertaking MDG-based national development planning, the country still needs to do more in this area.

Other countries have gone even further in utilizing the MDGs as a good framework for addressing social conditions. An example is Mongolia, which included a 9th MDG, strengthening human rights and fostering democratic governance. Vietnam revised the target for secondary school enrolment to universal enrolment.

Policy and Programme Coordination:

MDG-based planning alone is not enough to accelerate progress. It is necessary to also institutionalize the coordination of MDG implementation across different institutions. An example is Nigeria's MDG coordination under the Office of Senior Special Assistant to the President which is the secretariat to the Presidential Committee on MDGs charged with funding, tracking and monitoring MDG-specific interventions. It works with MDG desks in each ministry and other MDG-related bodies at different tiers of Government. MDG-based planning and strong policy and programme coordination will contribute to the achievement of the MDGs. Although such coordination does not necessarily have to be located in the President's office, Zambia could put in place a coordination mechanism recognized by all key players.

Coordination at sector level such as through Sector Wide Approaches (SWAPs) is helping to tackle some of the more difficult MDGs, particularly health MDGs. Such coordination helps to foster strong collaboration among Government, non-state actors and development partners. Zambia's health SWAP, the oldest on the continent, is credited with having attained progress in infant mortality rates in recent years and with combating the spread of malaria.

Increased Resources for MDG-Related Activities:

To accelerate progress, countries need to increase funding targeted at achieving the MDGs. Unfortunately, funding is usually targeted at individual MDGs as is the case with agricultural subsidies. However, in order to achieve substantial and systematic progress, the MDGs must be tackled in unison, in particular because they are mutually reinforcing. Examples of good practice in this area include countries that are setting up dedicated funds to help speed up the achievement of MDGs. Nigeria and Uganda, for example, have put in place Virtual Poverty Funds designed to track MDG-specific expenditure. Nigeria has dedicated US\$1 billion to MDG implementation from the US\$18 billion debt relief it received in 2005.

Contextualization of MDGs:

Whether a country decides to implement the above lessons is a matter of political commitment. Thankfully there is a broad acceptance of MDGs on the continent. What is lacking to some degree is a genuine political commitment to the institutional and governance contextualization of the MDGs to create broad acceptance and political commitment for efficient implementation.

Decentralization:

Where there has been substantial decentralization of governance, 70% of MDG-related spending is accounted for by local governments. If they are made stronger and more effective, they can be a powerful instrument in accelerating progress towards achieving the MDGs.

Other than spending, there are many other advantages to decentralization. Because local institutions are closer to the people, they are more likely to be in tune with the latter's aspirations and needs; could more easily drive the process in partnership with the people/communities themselves; could be more cost-effective and could be innovative and try out solutions that work in their local context. Local institutions are also more likely to monitor progress effectively. Therefore, even where actual political and fiscal decentralization have not gone far, some countries are experimenting with having some MDGs implemented by sub-national organs.

Targeted Interventions:

The challenge of finding the resources to achieve the MDGs is recognized but can be partially mitigated by schemes that direct resources where efforts are likely to achieve greatest results. In countries where universal coverage of social protection schemes is financially unfeasible, much progress can be obtained in reducing extreme poverty and hunger or improving immunization by targeting areas of greatest need. Geographical targeting, as an example, has proven effective in Latin America. There is a high correlation between geographical isolation and the MDG indicators. The MDG-disadvantaged are more likely to live in areas with less access to infrastructure, health, education, markets, public utilities, etc. By focusing on these areas a lot of progress could be made.

The re-emergence of input subsidies in Africa is helping to roll back hunger. Rather than using geographical targeting, they target a sector that supports most of the poor people. Countries as different as Kenya, Malawi, Mali and Senegal have adopted or expanded input subsidy schemes, which are credited for some of the recent successes in agriculture on the continent. Malawi received the 2010 MDG award for the success of its input subsidy scheme. Despite their apparent success, the schemes are under intense scrutiny in various studies concerned with two fundamental questions: (i) do the benefits in terms of agricultural productivity and food security exceed what could be achieved by investing in other areas such as irrigation, research and extension services often starved in favour of the schemes; and, (ii) do these schemes crowd out the private sector, e.g. by impeding farmers' purchase of inputs on commercial terms or by undermining development of private-led distribution infrastructure?

What is Good for Gender is Also Good for Progress in MDGs:

Gender advancement and MDG progress are interrelated. In fact, gender discrimination puts 50% of the population at risk of being MDG-disadvantaged. It follows that lifting the plight of women will also yield significant dividends in achieving the MDGs. The OECD has collated evidence that shows that countries should address four key areas:¹⁷

- Ensure that financial assets are in the hands of women: The objective is to make financial markets work for women so that they have access to a whole range of financial services. This will promote women's economic participation and their ownership and control of productive resources. The benefits go beyond women as they are more likely to invest more resources in their children, families and communities than men.

- **Keep girls in school:** Gender equality in education is essential for the improvement of women's wellbeing but also for achieving other MDGs. In particular, the chances that a woman will send and keep her children in school increases the higher her own level of education. Decisions pertaining to her reproductive health also improve.
- **Improve reproductive health via access to family planning:** It is unfortunate that resources dedicated to family planning have been on the decline. But reducing teenage pregnancies, for example, will reduce maternal and infant mortality rates and release resources for other health care needs. Maternal health would also improve if women had access to safe and effective contraceptives.
- **Support women leadership:** Many countries in Africa are struggling to meet targets related to the proportion of women in leadership roles. But women are effective agents for change in their families, communities and countries. Liberia received the 2010 MDG award because of its considerable progress in promoting gender equality. The fact that its President is a woman should not be underestimated as a critical role model to other women and girls for them to take up their rightful place in society.

Improve Demand for

Pro-Poor Services Through Specific Policies:

Many countries in Africa have improved enrolment rates through the abolition of primary school fees. The achievement associated with this policy has been immediate almost universally. Tanzania went further and abolished enrolment-related contributions by parents to perform even better in improving school enrolments and retentions.

Smart Fiscal Schemes

can Accelerate Achievement of MDGs:

Sierra Leone has taken similar strategies as most other countries in combating malaria. However, in a bid to increase the use of ITNs, the Government has also introduced a waiver of duty on the importation of ITNs into the country.



1

COMBAT EXTREME POVERTY AND HUNGER

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

- Indicators:**
- Proportion of population living in extreme poverty (%)
 - Poverty Gap Ratio (incidence x depth of poverty) (%)

STATUS AT A GLANCE

Will target be achieved under the present trend?

Significant reforms and investments required

STATUS AND TRENDS

Figure 2: Proportion of Population in Extreme Poverty

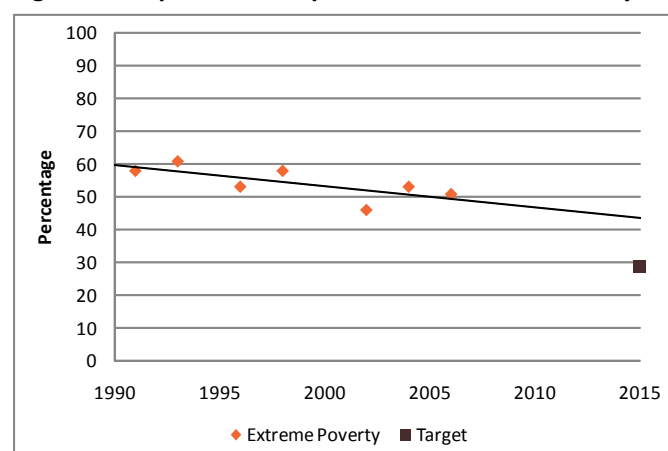


Figure 3: Poverty Gap Ratio

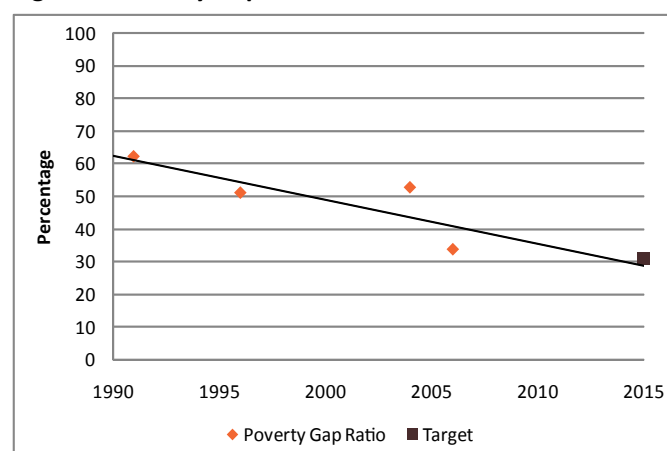


Table 1: Progress in Indicators^{18,i}

	1991	1993	1996	1998	2002	2004	2006	2015 Target
Proportion of population living in extreme poverty (%)								
National	58	61	53	58	46	53	51	29
Rural	81	84	79	71	52	53	67	40.5
Urban	32	24	44	36	32	34	20	16
Poverty Gap Ratio (incidence x depth of poverty) (%)								
National	62.2		51.3			53	34	31.1
Rural	69.7		55.6			56	45	34.8
Urban	46.4		37.9			42	13	23.2

ⁱ As of April 2011, poverty data for 2010 had not been released.

Poverty trends between 1991 and 2006 show that the country achieved a modest reduction in extreme poverty of 7.5 percentage points in 15 years (Figure 2). Zambia should reduce the proportion of people who live in extreme poverty by 21.5 percentage points in 9 years between 2006 and 2015 to attain Target 1 of MDG 1. Lack of growth in agriculture accounts for most of the lack of progress. Whereas GDP grew at an average of 4.8% between 2000 and 2006, agriculture GDP grew at only 0.3% per year. In contrast, growth in the mining and manufacturing sectors, which reward mostly the urban population, grew at an average rate of 16.2% and 9%, respectively.¹⁹

Extreme poverty is concentrated in rural areas with 67% of the rural population being classified as extremely poor in 2006 in contrast to 20% in urban areas. Between 1991 and 2006, extreme poverty in rural areas fell by 14% and in urban areas by 12%. There are also substantial provincial variations in the incidence of extreme poverty ranging from 16% in Lusaka Province to 73% in Western Province.

There is a high possibility of meeting Target 1 for urban areas, where extreme poverty only needs to come down by another 4 percentage points between 2006 and 2015. Rural poverty, on the other hand, has a much longer distance to travel as a reduction of 26.5 percentage points is required to meet the target. At provincial level, Western and Central Provinces have the longest distances to travel to meet their targets (see Table 2).

The situation looks brighter when trends in the severity of poverty measured by the poverty gap ratio are being considered. Although the poverty head count is the more popular indicator because it is easier to understand, the

poverty gap ratio carries a clearer message regarding what is happening to poverty. It measures how far away from the poverty line poor households are. Thus, the poverty gap ratio provides information on whether the poor are becoming poorer (or not). It is seen in Table 1 that the poverty gap ratio dropped from 62.2% in 1991 to 34% in 2006. The drop has been most significant in urban areas from 46.4% to 13% in the same period.

What this means is that the poor on average moved closer to the poverty line in 2006 than they were in 1991. By implication, lifting the poor out of poverty was a much easier prospect in 2006 than in 1991. This consideration raises optimism that there is indeed potential to meet the target of halving extreme poverty by 2015. However, it depends on the kind of interventions adopted.

INEQUALITY ANALYSIS

It is seen above that there is a huge difference in the incidence of extreme poverty between urban and rural areas and that it varies widely from province to province (see Table 2). Extreme poverty is also strongly associated with a number of household characteristics, including gender, age and the educational level of the person heading the household. In 2006, extreme poverty stood at 57% in female-headed households compared to 49% for male-headed households. Households with older people were also more likely to be poor. Thus, 66% of households headed by people above 60 years lived in extreme poverty compared to 50% for households headed by those aged 30-59 years. Additionally, extreme poverty was influenced by education. It was highest in households with heads without education (77%) and lowest in

Table 2: Extreme Poverty and Distance to 2015 Target by Province²⁰

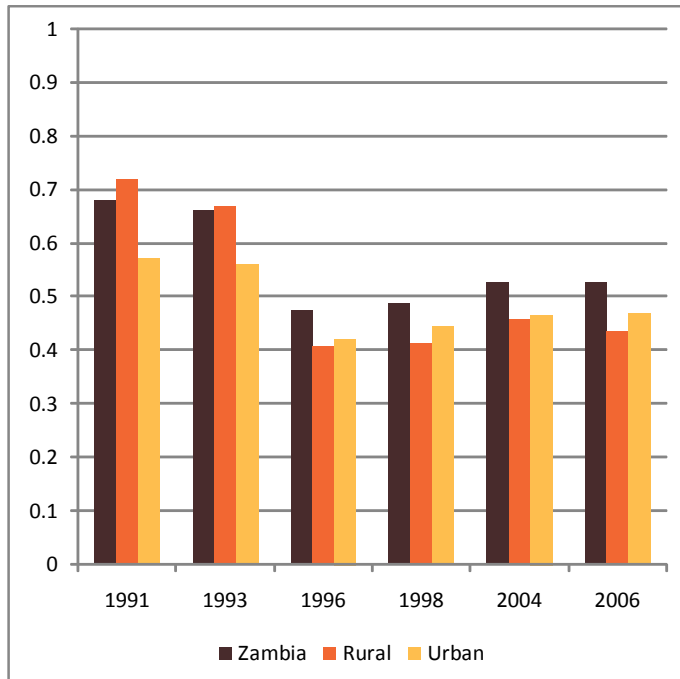
	1991	1996	1998	2004	2006	2015 Target	Gap ⁱ
Central	56	59	63	63	59	28.0	31.0
Copperbelt	44	33	47	38	27	22.0	5.0
Eastern	76	70	66	57	65	38.0	27.0
Luapula	73	64	69	64	61	36.5	24.5
Lusaka	19	22	35	29	16	9.5	6.5
Northern	76	69	66	60	64	38.0	26.0
Northwestern	65	65	64	61	57	32.5	24.5
Southern	69	59	59	54	58	34.5	23.5
Western	76	74	78	73	73	38.0	35.0

ⁱ Percentage points by which extreme poverty should decline between 2006 and 2015 to meet the MDG target

households with heads with tertiary education (9%).

Inequality in Zambia is very high. The Gini index, which measures income inequality, shows that there was progress between 1991 and 1996 but little changed from then on up to 2006 (see Figure 4). The index in fact shows that inequality deteriorated in urban areas, whereas it improved slightly in rural areas from 2004 to 2006.

Figure 4: Gini Index (1991-2006)²¹



In a perfectly equitable society, where everyone earns exactly the same, the Gini index would be zero.

TARGET 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicators: • Prevalence of underweight children under five years of age (%)

STATUS AT A GLANCE

Will target be achieved under the present trend?	ACCELERATION REQUIRED
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STATUS AND TRENDS

Figure 5: Prevalence of Underweight Children under five years of age

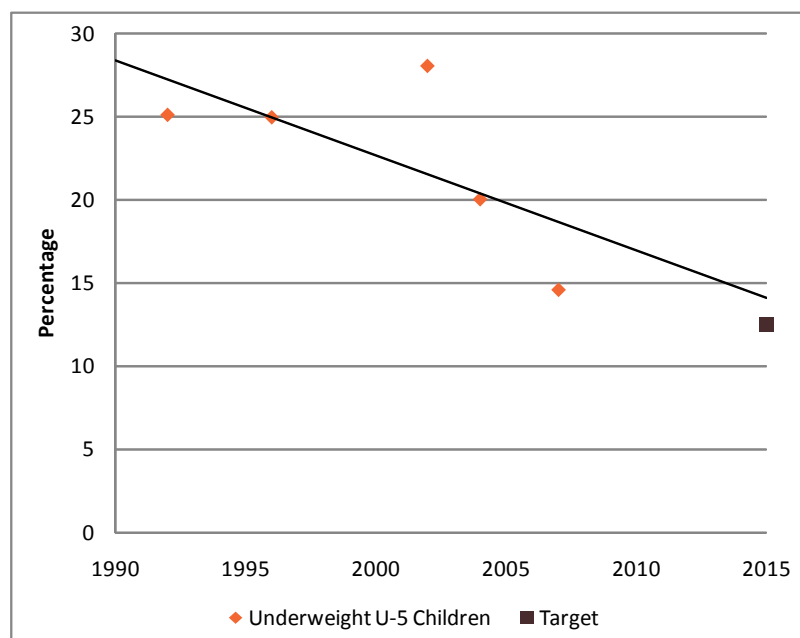
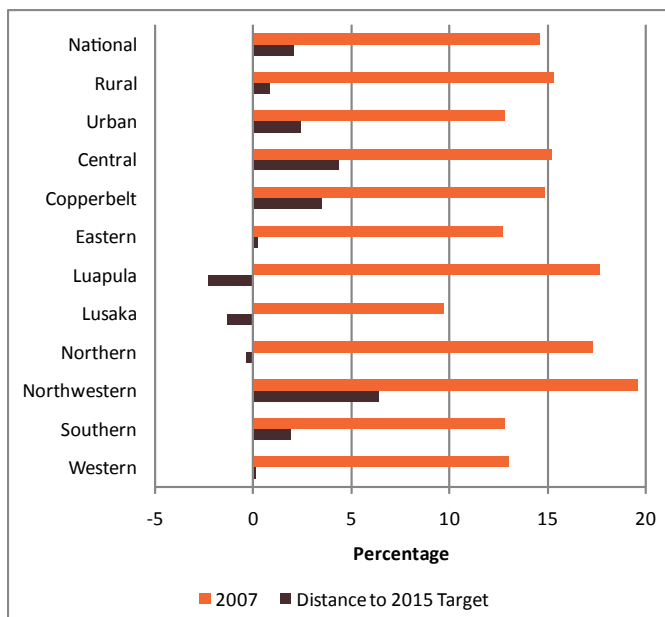


Table 3: Progress in Indicator²²

	1992	1996	2002	2004	2007	2015 Target
Prevalence of underweight children under five years of age (%)						
National	25.1	25	28.1	20	14.6	12.5
Rural	29.0	27	30.1	22	15.3	14.5
Urban	20.8	19	23.4	16	12.8	10.4

Extreme hunger is more concentrated in rural areas, where 15.3% of under-five children are underweight, compared to 12.8% in urban area. Provincial variations show that Lusaka, Luapula and Northern provinces have already exceeded their MDG targets. However, North-western, Central and Copperbelt Provinces are still far from reaching their target (Figure 6). Reasons for these provincial variations are difficult to know but they point to where focus should be directed.

Figure 6: Prevalence of Underweight Children U-5 and Percentage Points to Meet the 2015 Target by Province²³

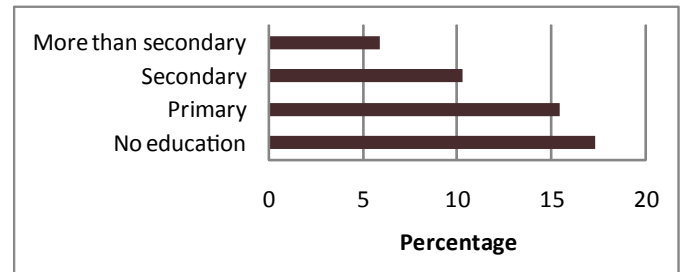


INEQUALITY ANALYSIS

Besides the spatial distribution of the proportion of underweight children, inequality can be seen from other variables. There is a clear relationship between moth-

ers' education and children's nutrition (see Figure 7), with children's nutrition improving from secondary education onwards.

Figure 7: Proportion of Underweight Children by Mother's Education (2007)²⁴



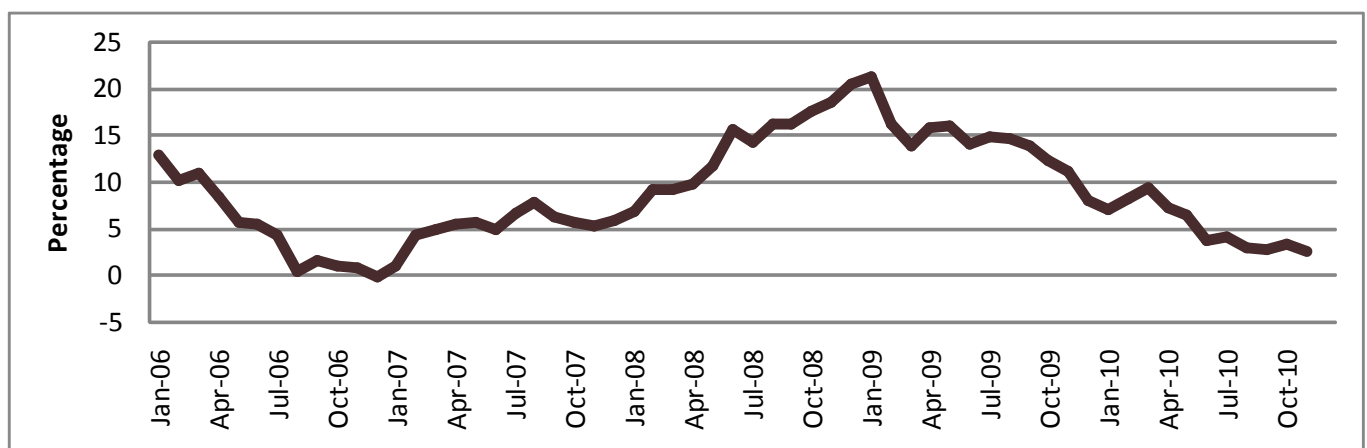
THE THREAT OF GLOBAL CRISES

The general discussion of the new global crises in Chapter 2 provided examples of their adverse implications related to MDG 1. Although the Zambian economy proved resilient, the global economic crisis adversely affected mining, tourism and export agriculture. Job losses arising from these have been reported, and although no firm figures are available, a considerable amount of mining jobs are said to have been lost on the Copperbelt.²⁵ In Livingstone, Zambia's hub for tourism, it was reported that occupancy rates at hotels and lodges fell by about 50%.

The rapid increase in food prices globally did not affect Zambia as badly as in other countries. However, it is clear from Figure 8 that food inflation rose in 2007 and 2008 until January 2009 when it started to decline. The poor bore a big brunt of this development especially in urban areas, where people spend most of their income on food.

Since the 1990s, crop production in the country has faced negative impacts of extreme climatic events which are be-

Figure 8: Annual Food Inflation Rate (2006-2010)²⁶



lieved to be the manifestation of long-term climate change. Some parts of Southern Province have in recent years been alternating between floods and droughts and these events have negatively affected people's livelihoods.

VOICES FROM THE GROUND

According to the Afrobarometer 2009 Survey of people's perceptions on various issues (see Table 4), 28% of respondents said they had always had enough to eat in the past one year; higher in urban areas (39%) than in rural areas (22%).

BLOCKAGES TO THE ERADICATION OF EXTREME POVERTY AND HUNGER

Poverty in Zambia has been driven by four negative factors: long term trends, shocks, seasonal factors and area-based vulnerabilities. Many developments have eroded the asset base of the poor in Zambia, including the long period of economic stagnation and decline from 1975 to the end of the 1990s. Others have been the devastating effects of HIV/AIDS, policy shocks, natural disasters such as floods and droughts, and the complex interplay of seasonal labour demand with a high prevalence of diseases and hunger. Consistent exposure to all these factors over a long period means that poverty will not be addressed by one type of intervention alone.

The analysis of progress in the eradication of poverty and hunger above indicates that rural poverty is the biggest challenge, and should therefore be the main area of focus. Rural poverty is not declining as desired due to the lack of a minimum source of income sustained in time. Small-scale farmers particularly face four blockage points that should be overcome to invigorate their productivity: (i) small farmers' labour constraints at critical times of the farming sea-

son; (ii) low yields and poor animal production due to low human capital, especially among women; (iii) crop failures due to climate change-associated effects such as droughts and diseases; and (iv) lack of a commercial approach to farming by small-scale farmers.

ACCELERATORS FOR THE ERADICATION OF POVERTY AND HUNGER

A holistic approach for addressing poverty is needed and should be carefully worked into the National Development Plans. The MFNP developed a macroeconomic model in 2008 called ZAMMOD to help project different scenarios of economic performance between 2009 and 2015.²⁷ The model has a poverty module based on LCMS data, which translates output from a macroeconomic model to changes in the number of households below the poverty line and allows for simulating different scenarios. According to ZAMMOD, the least impact on poverty is observed with a scenario of improved prospects in mining, as a 5% increase in copper exports per year between 2009 and 2015 would cut the number of extremely poor households by only 1,300. The largest poverty impacts are associated with an introduction of basic income grants or social cash transfer schemes, followed by increases in smallholder productivity. Those policy measures are thus suggested as accelerators for poverty reduction:

Rolling Out Social Cash Transfers:

Good results have been obtained from pilot schemes implemented in Kalomo and extended to four other districts. These include a boost to local economies, increased food consumption and a rise in asset ownership and self-esteem and confidence among beneficiaries. According to the ZAMMOD, introducing a social cash transfer in 2011 of K500,000 per year at a total cost of K9.5 trillion would reduce the total number of extremely poor by 14% by 2015. The net total cost to the GRZ is actually much smaller, K2.5

Table 4: People's Perception of Hunger (2009)²⁸

Over the past year, how often, if ever, have you or anyone in your family gone without enough food to eat?										
	Urban		Rural		Male		Female		Total	
	2005	2009	2005	2009	2005	2009	2005	2009	2005	2009
Never	43	39	29	22	36	29	32	27	34	28
Just once or twice	20	34	19	36	20	35	19	36	19	35
Several times	29	20	33	25	31	23	31	24	31	23
Many times	7	6	19	16	12	12	17	12	15	12
Always	1	1	1	1	1	1	1	1	1	1
Don't Know	0	0	0	0	0	0	0	0	0	0

trillion, because the grant would generate an extra K7 trillion in revenues in personal income tax. Zambia's cooperating partners are willing to support an extension of these schemes to even more districts. There have been some concerns about the capacity of the responsible ministry to administer the schemes which should be looked into. The pilots have in the main been unconditional social cash transfer schemes. It may be worth considering introducing conditional social cash transfer schemes, which, while directly dealing with MDG 1, could also target other MDGs, especially improvements in educational attainment and reduction in child mortality through improved health. Such schemes have proved effective in other countries.

Raise Small-Scale Farmer Productivity:

According to the ZAMMOD, if area productivity of small-scale farmers was to rise by 5% per annum from 2009 to 2015, the number of extremely poor households in agriculture will decline by 268,000, reducing extreme poverty in 2015 by 9% and overall poverty by 8% compared to the baseline. Expecting an annual rise of 5% is actually very conservative as it would imply increasing productivity from 1.5 MT per hectare in 2009/10 to 2 MT in 2015. By applying simple changes to farming practices such as the adoption of conservation farming and promotion of access to modern farm inputs, small-scale farmers could raise their productivity substantially.

The question is what interventions could promote an increase in small-scale farmer productivity? Conservation farming has been mentioned above. As regards access to modern farm inputs, studies attribute a positive incremental impact on maize production to the Farmer Input Support Programme (FISP) but question its cost-effectiveness. This is especially so given the way the scheme starves other yield-increasing interventions of funds by claiming 37% of total agricultural expenditure. Reforming the FISP by eliminating leakages, adopting a voucher system in areas where this is feasible and introducing geographical targeting with the aim to end the scheme in areas where it has potential to crowd out the private sector and focus on areas where it is able to promote commercial sales.

Yield-increasing initiatives tend to produce good results if promoted in tandem with approaches aimed at commercialization of smallholders. Some interventions such as the IFAD-funded Smallholder Enterprise and Marketing Programme and the SIDA-funded Agriculture Support Program, which aimed at teaching farmers to adapt to the new liberal environment of agricultural markets, have produced very good results and should be applied more broadly.

Diversification away from maize to other crops more tolerant to drought and higher temperatures such as millet and sorghum will help to secure household food security. Raising the productivity of such crops, and promoting the extent to which they enter the markets, will also boost the eco-

omic status of women. Unfortunately much of Zambia's agricultural development is biased towards maize as can be seen from the fact that two maize-related programmes (Food Reserve Agency and FISP) account for nearly 70% of the agricultural budget.

Climate Change Mitigation Strategies:

Promotion of agroforest systems contributes greatly to climate change mitigation as these systems have the capacity to reduce the carbon emissions by functioning as carbon sinks. The estimates of carbon storage capacity of some agroforest systems in Southern Africa (Zambia inclusive) show that about 3-60 ton per hectare and 10-50 ton per hectare tend to accumulate as either live biomass or soil organic matter, respectively. Additionally, such systems also provide for social benefits such as rebuilding biophysical foundations for a sustainable natural environment. Conservation farming will also contribute towards the protection of the forests as it calls for only minimum tillage and therefore no destruction of the woodlands.

Promoting Small Livestock Production:

This should be done with multiple aims of: (i) ensuring that poor households can meet their cash needs regularly and not just once a year as is the case with crops, thus (ii) facilitating the purchase of modern farm inputs and hire labour for crop production and, hence, (iii) help them to also increase yields; and (iv) provide an alternative to households with serious labour challenges as a result of chronic sickness due to HIV/AIDS.



2

ACHIEVE UNIVERSAL PRIMARY EDUCATION

TARGET 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

- Indicators:**
- Primary school net enrolment (%)
 - Pupils reaching Grade 7 (%)
 - Literacy rates: 15-24 year-olds (%)

STATUS AT A GLANCE

Will target be achieved under the present trend?	ACCELERATION REQUIRED
--	-----------------------

STATUS AND TRENDS

Figure 9: Primary School Net Enrolment Rate

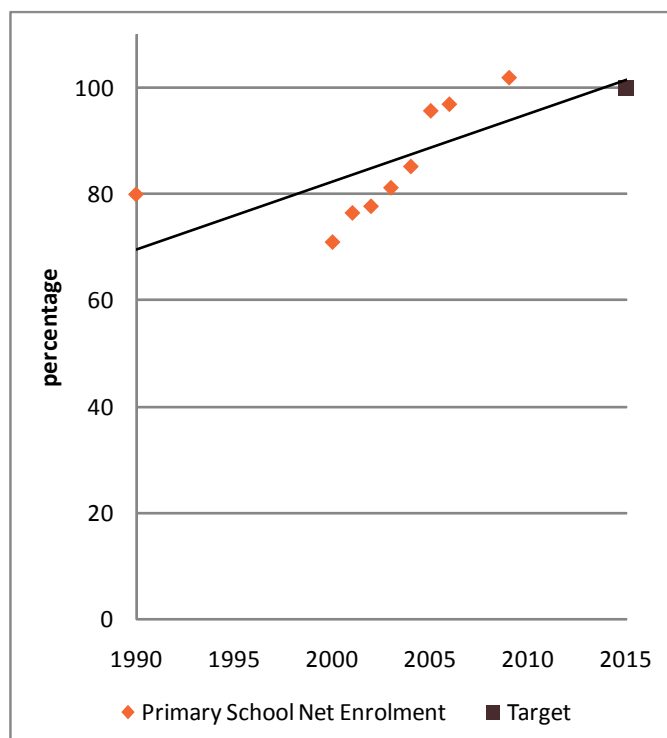


Figure 10: Pupils Reaching Grade 7

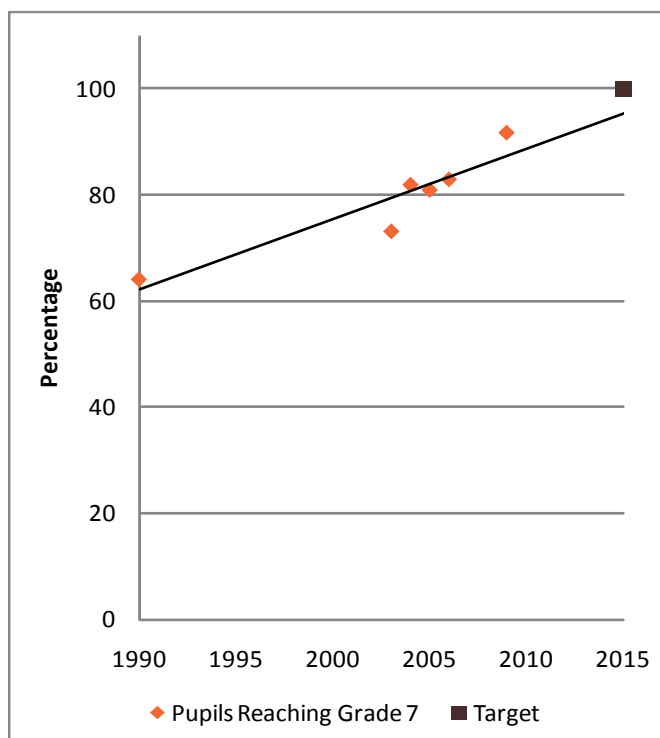


Table 5: Progress in Indicators²⁹

	1990	2000	2001	2002	2003	2004	2005	2006	2009	2015 Target
Primary school net enrolment (%)										
Total	80	71.1	76.6	77.7	81.3	85.1	95.6	97	102 ⁱ	100
Girls	69	69.6	75.3	76.4	82.4	84.6	95.8	98	104.6 ⁱ	100
Boys	71	72.7	77.8	78.8	81.3	85.6	95.3	96	103.6 ⁱ	100
Pupils reaching Grade 7 (%)										
Total	64				73	82	81	83	91.7	100
Girls	57				66	75	73	79	87.7	100
Boys	71				80	95	88	91	98.7	100
Literacy rates: 15-24 year-olds (%)										
Total	74.9	70			75	70				100
Girls	71.2	66			70	66				100
Boys	78.9	75			75	75				100

ⁱ NER cannot exceed 100%; however, it is based on demographic data, which does not include factors such as migration within Zambia.

Preliminary data for 2009 from the Ministry of Education indicates that Zambia is on track to achieving the target for net enrolment rate (NER) in primary education, as it rose from 97% in 2006 to over 100% in 2009 (Figure 9). However, as the note under Table 5 suggests, caution should be exercised in interpreting these figures. The number of pupils in primary school (Grades 1-7) has increased at a rate of 4.6% per year from 2.2 million pupils in 2004 to 2.9 million in 2009. Primary school completion rate has also risen steadily from 64% in 1990 to 73% in 2003 and then to 91.7% in 2009 (Figure 10). Secondary school (Grades 8-12) net enrolment increased from 416,261 to 673,185 in the same period, equivalent to a rate of 8.3% per year.

Improvements in NER are in line with the country's aspirations to have an educated population, which precede the adoption of the MDGs. Among the initiatives that have led to the success in meeting MDG 2, is a special focus on girls' education through the Programme for the Advancement of Girl's Education (PAGE). Therefore, the net enrolment rate of girls began to exceed that of boys in 2003. The other is the Free Basic Education Policy adopted in 2002. These two initiatives appeared to deal with some of the major impediments to accelerated enrolment.

Further evidence of progress made is that completion rates for Grade 9 have steadily increased from 35.3% to 52.7% between 2002 and 2009 (Table 6). Although the rate is very low, this is a significant increase of 17.4 percentage points. The completion rate for girls lagged slightly behind that of boys. Although the completion rate for Grade 12

Table 6: Completion Rate for Grades 9 and 12³⁰

	2002	2003	2004	2005	2006	2007	2008	2009
Grade 9								
Total	35.3	38.1	38.5	42.7	43.2	47.0	51.2	52.7
Boys	38.8	41.4	42.8	46.4	47.2	50.7	55.7	56.9
Girls	31.9	34.8	34.4	39.1	39.3	43.3	46.8	48.4
Grade 12								
Total	14.4	15.4	15.7	17.6	17.7	19.7	22.0	19.8
Boys	17.4	18.0	18.4	20.1	20.6	22.2	25.0	22.3
Girls	11.6	13.0	13.0	15.0	14.8	17.2	18.9	17.4

has also been improving, it has been doing so at a much lower rate, rising from 14.5% in 2002 to 19.8% in 2009.

It is worth noting that although primary education is important, it is secondary education that appears to build enough human capabilities to make a real difference.

Improvement in enrolment and completion rates is due to strong coordination of resources and efforts between the GRZ, non-state actors and coordinating partners under the Education SWAP. This has provided finances for a rapid increase in classrooms throughout the country especially in rural areas and for the recruitment of teachers. Private schools and community schools have contributed significantly to the expansion in school space for children.

Large numbers of books and other educational requisites have also been distributed.

The dropout rate which fell from 3.6% in 2002 to 2.4% in 2009 is yet another indicator that Zambia is on track to achieving the MDG 2. It dropped steeply in 2003 when the Free Basic Education Policy was introduced. As reported by schools, the major reasons for dropping out are poverty, being orphaned and early marriage. This was confirmed by the DHS 2002 survey, which reported 59% of parents stating that their children dropped out of school because they did not have money.

INEQUALITY ANALYSIS

Figure 13 shows that for all provinces except Eastern and Luapula, NER improved more for girls than for boys between 2005 and 2009. The greatest improvement for girls was seen in Western Province at 15.67 percentage points followed by Central and Eastern Provinces in that order. The least improvement was seen in Northern Province at 3.2 percentage points (Figure 12). For boys, NER improved the most in Central Province followed by Eastern and Southern Provinces (Figure 11).

VOICES FROM THE GROUND

Despite progress in enrolments, there is still concern about access to education. The Afrobarometer surveys have revealed a rise in the percentage of people who say that the delivery of education services is inadequate. Uppermost on people’s minds was the difficulty for their children to progress to high school. Parents are also concerned about the quality of education, including having an adequate number of teachers. Children, when asked to state what they would want to have in order to be happy in life, included on the list teachers who are motivated with decent housing.

THE THREAT OF GLOBAL CRISES

By adversely affecting the fiscal position of the Government, the global economic crisis threatened the achievement of MDG 2 for universal primary education. Funding to education as percentage of GDP rose from 3.8% in 2008 to 4.4% in 2009. However, it appears that disbursements became more erratic. Fikonkota Basic School in Luwingu in Northwestern Province, for example, saw its grants drop from K4.9 million in the fourth quarter of 2008 to nothing in the first quarter of 2009, K1.1 million in the second quarter, K1.4 million in the third quarter and nothing in the fourth quarter. In addition, the 2009 third quar-

Figure 11: Primary Net Enrolment Ratio for BOYS by Province (2005 and 2009)³¹

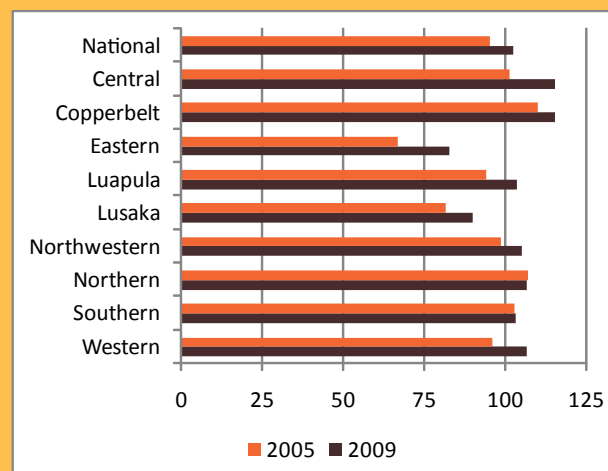


Figure 12: Primary Net Enrolment Ratio for GIRLS by Province (2005 and 2009)³²

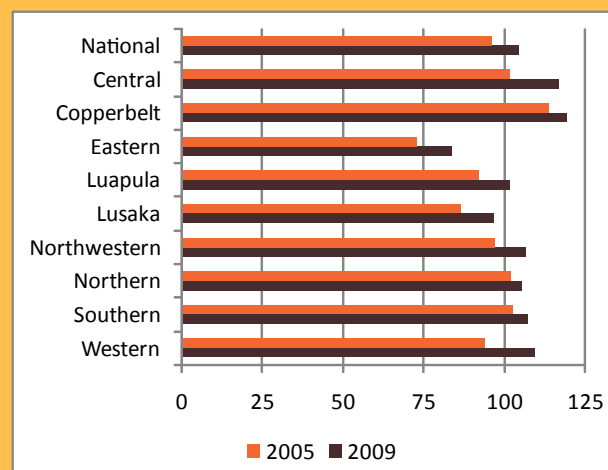
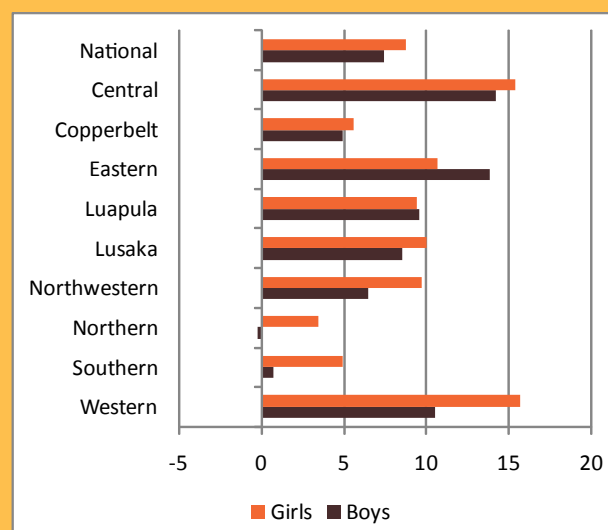


Figure 13: Progress in Net Enrolment 2005 to 2009 by Province (percentage points)³³



ter disbursement was only received in January 2010. The construction of an additional two classroom blocks stalled as a result. The school also suspended further admission of orphans and vulnerable children supported from the grants it receives. Interviews with district officials in Luwingu revealed that the Ministries of Education, Agriculture and Community Development & Social Services all received less funds from the central treasury in 2009 than in 2008. The reason for the erratic funding was that, as revenue collection declined due to the effects of the global economic crisis, the Government had to rely on domestic borrowing to maintain its spending targets. However, the decision to borrow was made only after the GRZ was certain that funds would not be available from projected tax revenues.

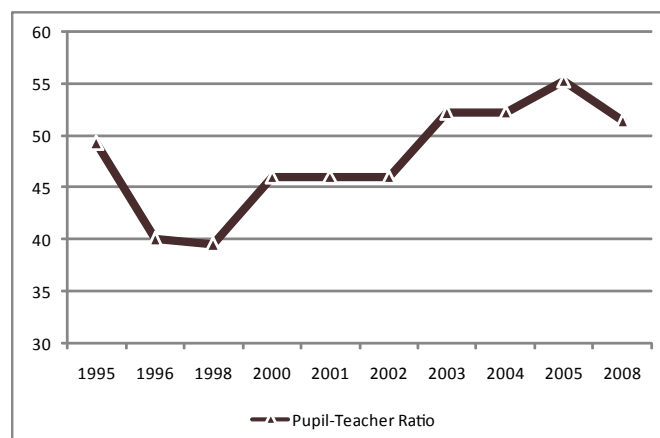
Climate change effects may also compromise education achievements. For instance, their impact on health will negatively affect children's attendance rates. Climate change and income variability reduce the ability of households to send children to school by undermining their livelihoods. Furthermore, lack of water resulting from the negative effects of climate change may mean children have to fetch water from faraway places, reducing their time for school. In cattle keeping regions like Southern, Western, Eastern and some parts of Central Provinces, herd boys will have to spend more time looking for pasture.

PROTECTING ACHIEVEMENTS IN EDUCATION

These new threats demonstrate that the education achievements which Zambia has scored will need to be protected to avoid the country sliding back. Maintaining the results is in itself a very big challenge particularly in the case of rural areas where, despite the increase in the number of schools, many pupils still walk long distances to get to school.

A great concern is that the quality of education is not keeping pace with improvements in access to education, as can be seen in high pupil-teacher ratios (Figure 14). The GRZ's stated objective is to have no more than 40 pupils per teacher. Although the ratio for urban areas was 38 pupils per teacher in 2009, it was much higher in rural areas at 58.

Figure 14: Pupil-Teacher Ratio (2001-2009)³⁴



The pupil-teacher ratio worsened between 2001 and 2005 as the expansion of classrooms and the adoption of the Free Basic Education policy accelerated enrolments, coupled with the loss of teachers due to HIV/AIDS. It only started to come down when the GRZ embarked on a massive recruitment campaign of teachers. Furthermore, improvement in access to education is not resulting in better results. The quality of education as measured by examination results is still low, both in English and mathematics.

Raising the quality of education should be the main focus in the future. To increase quality - and to offer more school places without having to build many more schools, efficiency should be promoted. For instance, class sizes could be reduced while increasing the time to impart lessons. Accordingly, more teachers need to be recruited to improve the pupil-teacher ratio. This is particularly the case for some remote schools with serious shortages of teachers due to inadequate housing. The working conditions of teachers should also be taken into account.



PROMOTE GENDER EQUALITY

TARGET 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

- Indicators:**
- Ratio of girls to boys in primary, secondary and tertiary education
 - Ratio of literate women to men (15–24 year-olds)
 - Share of women in wage employment in non-agricultural sector (%)
 - Proportion of seats held by women in parliament (%)

STATUS AT A GLANCE

Will target be achieved under the present trend?	ACCELERATION REQUIRED
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STATUS AND TRENDS

Figure 15: Ratio of Girls to Boys in Primary and Secondary School

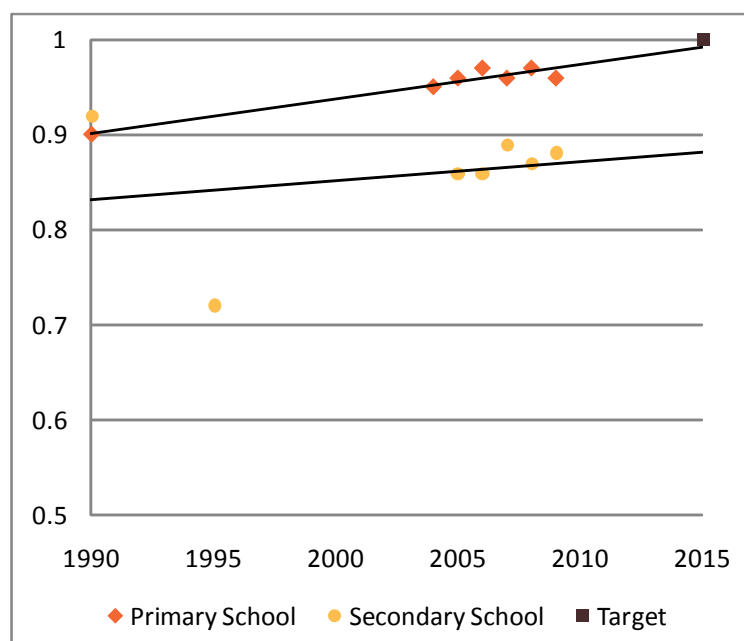


Table 7: Progress in Indicators³⁵

	1990	1995	2000	2004	2005	2006	2007	2008	2009	2015 Target
Ratio of girls to boys in education										
Primary	0.9			0.95	0.96	0.97	0.96	0.97	0.96	1
Secondary	0.92	0.72			0.86	0.86	0.89	0.87	0.88	1
Tertiary					0.74	0.72	0.77	0.74		1
Ratio of literate females to men (15-24 years)										
	0.75		0.70		0.8	0.8	0.8	0.8	0.8	1
Share of women in wage employment in non-agricultural sector (%)										
	0.39				0.34					
Proportion of seats held by women in national parliament (%)										
	6.7 ⁱ	10 ⁱⁱ	12		12	14	14	14	14	30ⁱⁱⁱ

ⁱ 1991. ⁱⁱ 1997. ⁱⁱⁱ Defined by SADC.

The ratio of girls to boys in primary education rose from 0.90 in 1990 to 0.96 in 2009 (Table 7); very close to the 2015 target. However, gender parity in secondary education dropped sharply during the 1990s, before it started to improve during the 2000s. Equality in tertiary education is far from being achieved with the ratio of females to males showing some minor fluctuations between 2006 and 2008 but remaining at 0.74 (Table 8). The ratio is highest in colleges of education, where more women than men enrolled in 2008. The ratio in institutions under TEVETA have continued to hover around 68% since 2006. Therefore, it would take strong affirmative action for equality in tertiary education to occur by 2015.

According to the 2005 Labour Force Survey, women constitute 34% of wage employment with the majority concentrated in the informal sector. The average informal sector earnings were half those of the formal sector. Within the informal sector, women earned two-fifths of men. Furthermore, average earnings in the agricultural informal sector, where women are most prominent, were only slightly above half of those of the informal sector as a whole.

Whereas global experience shows that women, if allowed, are important change agents at family, community and national level, Zambia performs poorly with respect to political participation of women. The proportion of seats held by women in parliament is 14%, far below the 30% target.

INEQUALITY ANALYSIS

Date on gender parity in primary education is not disaggregated by rural and urban. Nevertheless, Figure 16 suggests that provinces with large urban populations outperform provinces with predominantly rural populations, as Lusaka and Copperbelt Provinces had the highest ratio of girls to boys in 2009, while Northern, Luapula and Eastern had the lowest. This is partly due to the fact that from 2005 to 2009, Lusaka Province made the biggest improvement in gender parity. On the other hand, it declined in Luapula, Central and Northern Provinces.

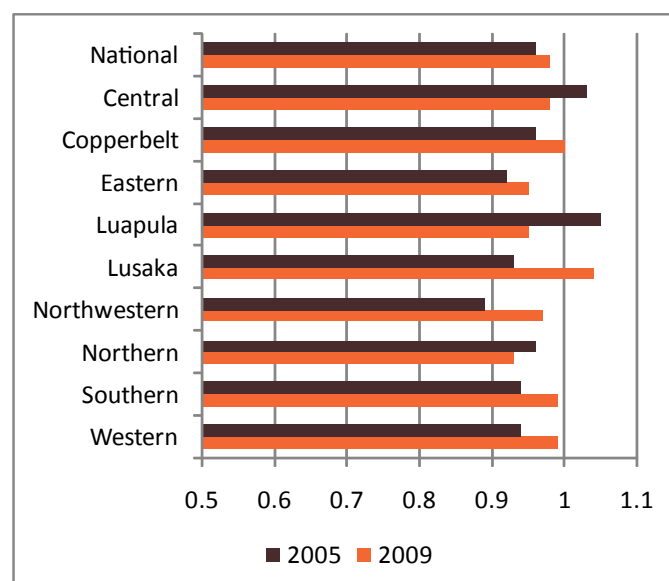
VOICES FROM THE GROUND

To close the gender gap in primary and secondary education, it is necessary to increase the chances that girls remain in school once enrolled. GRZ, through initiatives such as PAGE, has made good progress in fulfilling this. However, there is much more that could be done at both community and household levels besides the efforts of GRZ alone.

Enrolment figures by grade for one lower basic school in Luwingu indicated that the number of pupils declined the higher the grade, with the exception of Grade 7 because of the many repeating pupils, who failed to qualify for Grade 8. Attrition numbers were much higher for girls than boys

Table 8: Ratio of Females to Males in Tertiary Institutions³⁶

	1994	1995	2003	2004	2005	2006	2007	2008
Total					0.74	0.72	0.77	0.74
TEVETA Institutions		0.36	0.79	0.61	0.59	0.68	0.69	0.68
Education Colleges			1.04	1.05	1.27	0.89	0.96	1.02
University of Zambia		0.29	0.51	0.54	0.60	0.68	0.69	0.68
Copperbelt University	0.08	0.18	0.24	0.25	0.25	0.26	0.46	0.25

Figure 16: Gender Parity in Primary School by Province³⁷

partly because the girls are married off. Focus group discussions indicated that whether a girl or boy should not proceed with their education is a choice that households find very difficult to make, and only under dire economic conditions. If their financial conditions permitted, parents would gladly have all their children in education.

THE THREAT OF GLOBAL CRISES

The global economic crisis has posed more of a threat to the enrolment of girls than boys. When a crisis strikes, girls' education is the first to be sacrificed as parents traditionally value the education of boys over girls. With increased job losses in the mining sector and its support industries in 2008-09, some girls had to discontinue school because their parents could not afford a variety of indirect school fees such as Parents Teachers Association charges. Furthermore, girls were withdrawn to help with household chores while their mothers joined the labour market to supplement household income. Thus, as cultural beliefs continue to place girls in subordinate positions within the family, community and society, the attainment of MDG 3 is at risk. This threat is further compounded by climate change, especially in rural areas where climatic variability may exacerbate girls' role.

BLOCKAGES TO GENDER EQUALITY

In addressing gender inequality, a number of blockage points should be recognized. At the family level, patriarchal attitudes and beliefs have significant implications for girls. If a choice has to be made, the boy rather than the girl is more likely to remain enrolled in school. Affirmative action may help to enrol a girl in school but may be ineffective to keep her there, unless her family environment supports her. This includes allowing both boys and girls time to study, which may mean boys have to do as much household chores as

girls. Unless families appreciate that men and women are equal, and that both girls and boys are socialized to accept this fact, gender discrimination is likely to continue no matter the level of affirmative action.

Women could be powerful agents of change in their communities, if they had the same opportunities as their male counterparts to participate in decision-making. Their access to and control over productive assets and natural resources is also restricted at community level. A typical example is women's access to land. Relevant figures in society such as traditional leaders, but also some influential women such as *banachibunsa* (traditional counsellors), should be targeted to make society more supportive of gender equality.

The school itself could be a hostile environment for girls' educational advancement. Sexual abuse by male teachers and by their fellow male pupils plants seeds of an inferiority complex which might persist for life. Lack of sanitary facilities is another aspect which is easily overlooked but may erode girls' sense of worthiness. For rural areas, where the number of female teachers is extremely low, lack of role models is an issue. This is reinforced by the lack of such role models in the larger society, which robs girls of their ambitions.

At the national level, a major blockage point remains the lack of institutional commitment and capacity to implement existing policies and strategies geared towards gender equality, particularly at sub-national level.

ACCELERATORS FOR GENDER EQUALITY

For Zambia to attain MDG 3, the initiatives that have proved successful, such as PAGE, should continue. At the same time, much should be done to confront cultural values and norms that hold back women. Communities and families should be sensitized to value the education of all their children, boys and girls alike. In this regard, traditional leaders can play a pivotal role where they are properly engaged.

Making the school environment more supportive to girls will help to keep them in school. Some countries have introduced a food pack for children to take home to share with their families. This improves the attendance rates of both boys and girls. For girls in particular, the food packs increase the amount of time they can spend on school work rather than on household chores.

There is need to promote greater acceleration in the enrolment of girls into secondary and tertiary institutions. This is important to safeguard gender equality in other areas, including equal access to economic opportunities and the political participation of women.

Ways and means should be found to translate into tangible actions the good gender policies that Zambia has adopted. It is important to come up with development ethos that are sensitive in all their dimensions to the plight of women. This would send a clear message that the country is pushing for gender equality and will signal to all players to fall in line.



4

REDUCE CHILD MORTALITY

TARGET 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

- Indicators:**
- Under-five mortality rate (deaths per 1,000 live births)
 - Infant mortality rate (deaths per 1,000 live births)
 - Proportion of one-year-olds immunized against measles (%)

STATUS AT A GLANCE

Will target be achieved under the present trend?	ACCELERATION REQUIRED
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STATUS AND TRENDS

Figure 17: Under-Five Mortality Rate

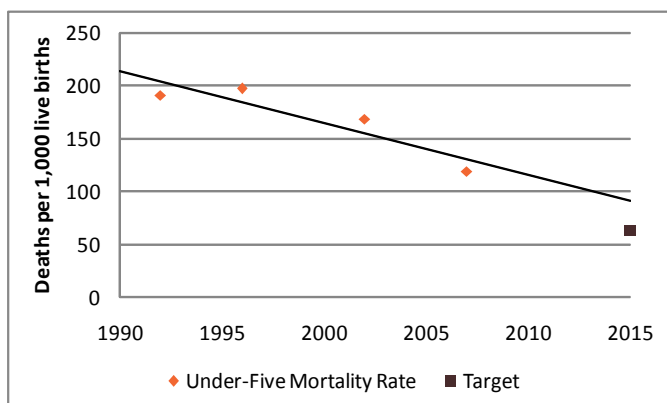


Figure 18: Infant Mortality Rate

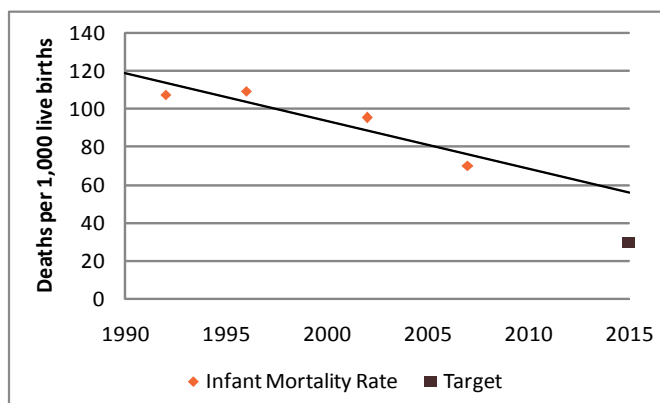


Figure 19: One-Year-Olds Immunized against Measles

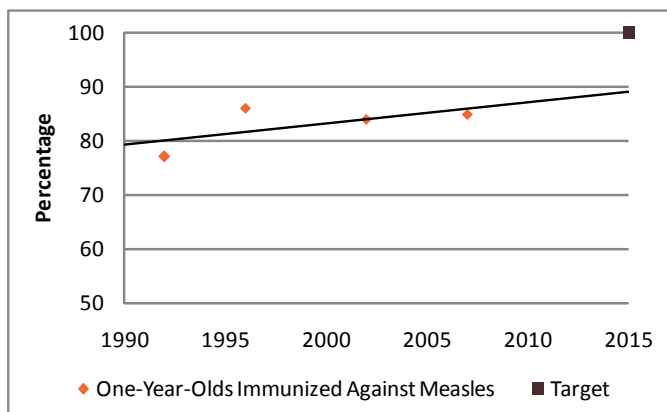
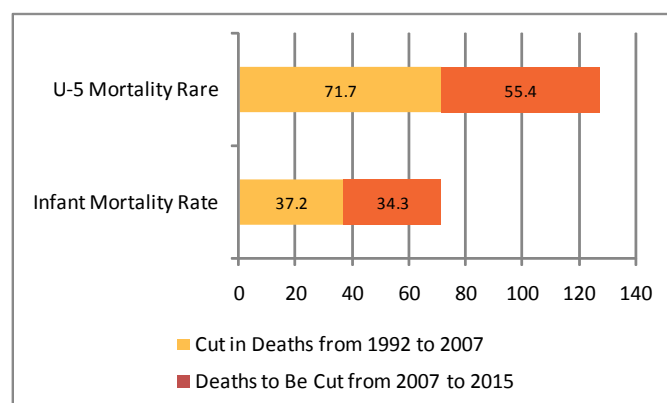


Table 9: Progress in Indicators³⁸

	1992	1996	2002	2007	2015 Target
U-5 mortality rate (deaths per 1,000 live births)	190.7	197	168	119	63.6
Infant mortality rate (deaths per 1,000 live births)	107.2	109	95	70	35.7
Proportion of one-year-olds immunized against measles (%)	77	86.5	84	84.9	100

Zambia must reduce its under-five child mortality rate by 55.4 deaths per 1,000 live births between 2007 and 2015 to meet the target of 63.6. Between 1992 and 2007, under-five mortality rate fell by 71.7 deaths per 1,000 live births. As improvements in immunization of children (Figure 19) have probably contributed to reduction in mortality, it remains a big challenge to cut the number of deaths by a further 55.4 deaths per 1,000 live births in the eight years between 2007 and 2015 (Figure 20). However, there is hope that this can be achieved given that the decline in under-five child mortality rate has accelerated over the years from an increase of 6 deaths per 1,000 live births (1992-1996) to a decrease of 29 deaths (1996-2002) to an even faster decrease of 49 deaths per 1,000 births (2002-2007). Infant mortality rates have shown a similar trend.

Figure 20: Progress Needed to Achieve MDG 4³⁹


INEQUALITY ANALYSIS

The biggest improvement in U-5 child mortality has occurred in rural areas where it fell by 62.2 deaths per 1,000 live births from 1992 to 2007, whereas in urban areas the decline was 18.8 deaths. Rural areas also made significant improvements in infant mortality rate, which fell by 33.8 deaths from 1992 to 2007, but increased in urban areas by 2 deaths. Central, Luapula, Northern and Northwestern Provinces made the greatest cuts in both U-5 and infant

mortality rates (Figures 21 and 22). Conversely, increases were witnessed in Lusaka and Copperbelt Provinces, where the infant mortality rate worsened.

Therefore, the gains in U-5 mortality reported in recent years are generated by the rural areas. Using these regional figures, which are measured differently from national level figures, rural areas now have a shorter distance to travel to attain their MDGs on child mortality.

Two factors may explain why gains in rural areas have been greater than in their urban counterparts. First, improvements in nutritional status occurred primarily in rural areas. Secondly, immunization against child diseases such as measles (Figure 23) have accelerated fast in some rural areas.

THE THREAT OF GLOBAL CRISES

As the global recession affected donor cash flow and therefore health delivery, it may also have compromised Zambia's ability to reduce child mortality. This meant that District Health Management Teams had to cut down on food, drugs and extension services to patients.

Because it is strongly linked to household food security, child mortality may also be aggravated by the effects of climate change and variability. This is especially so in the case of rural areas, where livelihoods depend on agriculture. The earlier discussed association between climate change and diseases such as malaria and cholera shows how progress in MDG 4 may be undermined by climate variability.

BLOCKAGES TO REDUCING CHILD MORTALITY

Child mortality in Zambia is determined by a multiplicity of factors. Malaria accounts for 40% of deaths in infants. Preventable diseases are a major contributor to child mortality in Zambia. Fortunately vaccination coverage in Zambia, when contrasted to a number of other African countries,

is high. However, the fact that vaccination coverage has remained stagnant for some time, and that universal child immunization is yet to be attained despite having been pursued since the 1980s, are sources of concern. Malnutrition, which has reduced only recently, as discussed under MDG 1, is another cause. Even where this does not lead to mortality, an undernourished child has less chances of developing into a healthy adult. Poor water and sanitation, a major cause of water and food-borne diseases such as diarrhoea and malaria, are also strongly linked to child mortality.

ACCELERATORS FOR REDUCING CHILD MORTALITY

Making progress towards achieving other MDGs is critical in reducing child mortality (MDG 4). For example, reduction in poverty and hunger and in malaria is necessary for achieving MDG 4. This means that Zambia should pursue broad-based development strategies to create a good base for the achievement of MDGs in general and the reduction in child mortality in particular. This should be accompanied by specific interventions, including:

- Adopting and implementing conditional social cash transfers: Cash transfers to mothers are effective in reducing child mortality. These schemes do not necessarily have to achieve universal coverage but can produce good results by being targeted at selected segments.
- Achieving significant progress in key child survival interventions:
 - Promoting early detection of illness in children;
 - improving outreach for under-five clinics, including the use of satellite centres;
 - achieving universal coverage in vaccination against measles, DTP and other preventable diseases;
 - promoting exclusive breast feeding in the first six months of a child's life;
 - promoting complementary breast feeding for older children at weaning, as the introduced semi-solid foods, given high levels of poverty, often lack sufficient nutrients (this is the period that usually coincides with the onset of malnutrition);
 - increasing the use of vitamins and minerals (e.g. vitamin A, iron and zinc) to help strengthen children's immune systems;
 - increasing the use of oral rehydration therapy to reduce the number of children dying from diarrhoea; and
 - increasing the number of deliveries in medical institutions.

Figure 21: Under-Five Mortality Rate by Province (1992 and 2007)⁴⁰

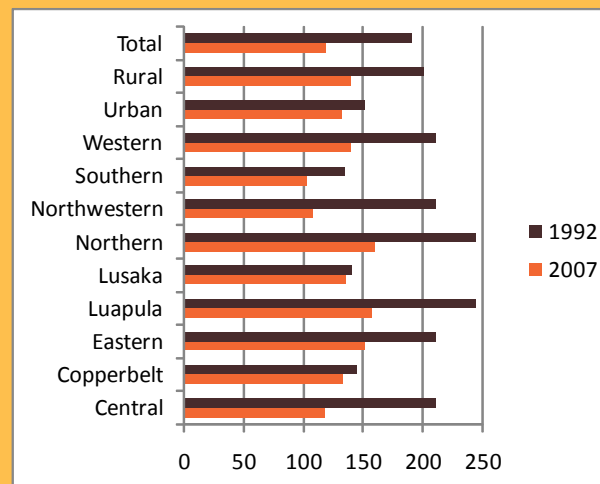


Figure 22: Infant Mortality Rate by Province (1992 and 2007)⁴¹

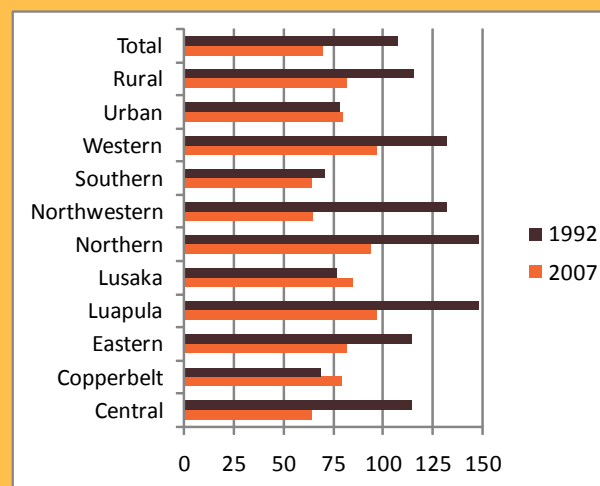
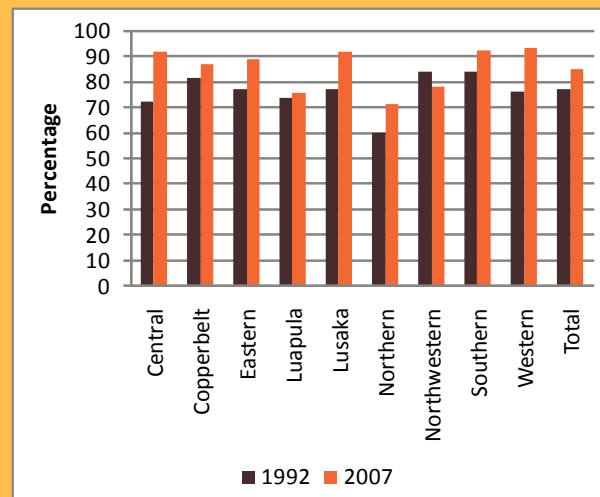


Figure 23: Proportion of One-Year-Olds Immunized against Measles by Province (1992 and 2007)⁴²





5

IMPROVE MATERNAL HEALTH

TARGET 5.A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

- Indicators:**
- Maternal mortality ratio (deaths per 1,000 live births)
 - Proportion of births attended by skilled health personnel (%)

TARGET 5.B: Achieve, by 2015, universal access to reproductive health

- Indicator:**
- Contraceptive prevalence rate (any modern method) (%)

STATUS AT A GLANCE

Will targets be achieved under the present trend?	Significant reforms and investments required
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STATUS AND TRENDS

Figure 24: Maternal Mortality Ratio

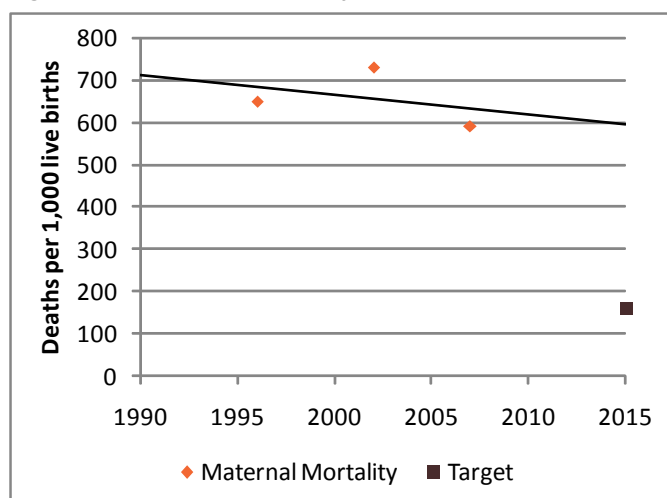


Figure 25: Births Attended by Skilled Personnel

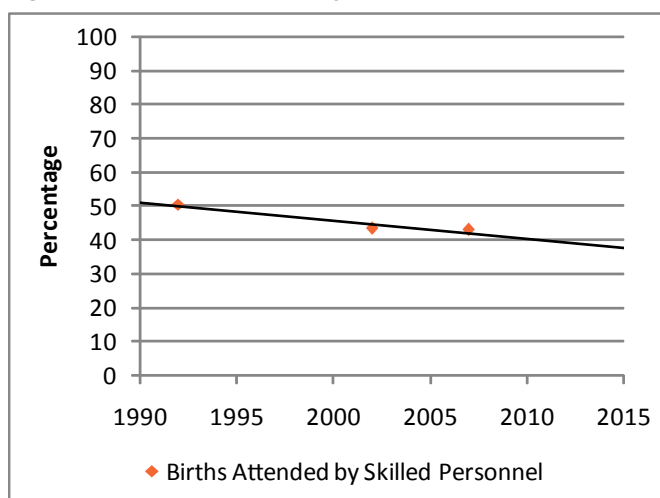


Table 10: Progress in Indicators⁴³

	1992	1996	2002	2007	2015 Target
Maternal mortality ratio (deaths per 100,000 live births)		649	729	591.2	162.3
Births attended by skilled personnel (%)	50.5		43.4	46.5	
Contraceptive prevalence rate (%)	7.0	11.2	18.6	24.6	

To improve maternal health to the 2015 target of 162.3 per 100,000 live births (Figure 24) is a huge task. Maternal deaths must reduce by 429 deaths per 100,000 deaths between 2007 and 2015. The good news is that maternal mortality has been declining in recent years, after rising by 12.3% between 1996 and 2002. Since 2002, maternal deaths have dropped by 18.9% in response to a supportive health policy put in place by the Government. However, it is unlikely that maternal deaths could come down by another 72.5% between 2007 and 2015 in order to attain MDG 5.

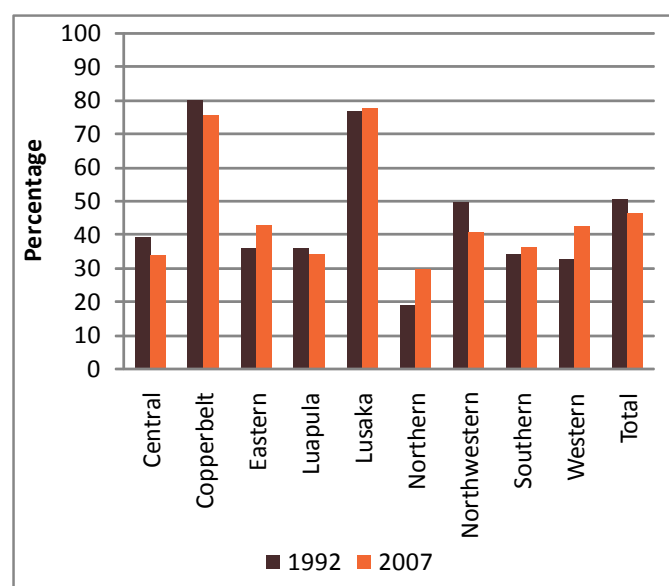
One probable reason why Zambia is lagging behind is that the proportion of births attended by skilled personnel worsened significantly from 50.5% in 1992 to 43.4% in 2002, although it increased slightly to 46.5% in 2007. In 2009 there were in Zambia 2,374 midwives, showing a

slight decrease relative to 2008 (2,400 midwives), which represents approximately one midwife per 1,240 women aged 15-49 years.

INEQUALITY ANALYSIS

The Zambia Demographic and Health Surveys do not disaggregate the maternal mortality rate data below national level. However, there is reason to believe that maternal mortality rate is worse in rural areas, where access to health services is much poorer.

This is confirmed by the figures on births attended by skilled personnel, as 83% of women giving birth in urban areas were assisted by skilled people, compared to 31.3% in rural areas. The biggest improvements were found in the two rural provinces of Northern and Western, even if they started from a very low base (Figure 26).

Figure 26: Births Attended by Skilled Personnel by Province⁴⁴


VOICES FROM THE GROUND

In some rural districts, women who want to deliver in health centres have to travel long distances on foot or by ox-cart or bicycle. For instance, in Chibombo some women failed to make it to the clinic in time and had to deliver on the way. The clinic did not have adequate bed space for delivery and lacked privacy. Further, when a referral is made due to complications, an ambulance has to be sent from Liteta hospital about 20 kilometres away. Most of the time, women have to make their own arrangements, facing the risk of an already complicated situation getting worse. These factors make some women prefer to deliver at home.

BLOCKAGES TO IMPROVING MATERNAL HEALTH

Inadequate number of skilled personnel to attend to births is an obvious factor constraining reduction of maternal deaths. This is much more of a problem for rural areas. 30.8% and 31.7% of women giving birth in rural areas were attended by a traditional birth attendant or a relative, respectively. However, the problem goes beyond personnel. The education of the mother may be important as well. The ZDHS 2007 reports that 69.8% and 97.8% of women with secondary and above-secondary education, respectively, had their delivery attended by a skilled attendant. Admittedly this correlates highly with these women living in urban areas, but a more educated woman is more likely to seek and have the resources to be attended by skilled personnel during delivery.

The role of HIV/AIDS in maternal deaths is only now being recognized, as the number of maternal deaths, particularly in sub-Saharan Africa, would have been much lower in the absence of HIV/AIDS. Other constraining factors to low maternal health include the high incidence of malaria, malnutrition and high poverty levels or early marriages. Studies have shown that non-obstetric causes, mostly infectious diseases, accounted for 58% of maternal deaths.⁴⁵

ACCELERATORS FOR IMPROVING MATERNAL HEALTH

The urgency of reducing maternal mortality ratio has been recognized by the GRZ and its cooperating partners, who in June 2010 launched the Campaign for Accelerated Reduction of Maternal Mortality (CARMMA) under the theme “no woman should die while giving life”. The campaign calls for the intensification of the ongoing efforts while adopting new ones at the same time. Given the significance of non-obstetric factors, a holistic approach is much more likely to bear good results than focusing on maternal health alone. While progress in other MDGs may facilitate progress, some important accelerators specific to maternal health are:

- Area-based efforts to improve access to care of obstetric emergencies;
- improved coverage and quality of skilled attendance at births;
- better reproductive health services for adolescents;
- improved family planning services; and
- a better understanding of the impact of malaria, nutrition, violence and HIV/AIDS on maternal health.

Glossary

MATERNAL MORTALITY RATIO:

The number of women dying (per 100,000 live births) due to pregnancy and birth-related complications within 42 days of termination of pregnancy regardless of the duration of the pregnancy.

SKILLED PERSONNEL:

Trained doctors, nurses or midwives. Skilled personnel does not include traditional birth attendants.

CONTRACEPTIVE PREVALENCE RATE:

The proportion of women who are using (or whose partner is using) any contraceptive method at a given point in time. It is usually measured for married women or women living with a partner aged 15-49.



6

COMBAT HIV/AIDS, MALARIA AND OTHER MAJOR DISEASES

TARGET 6.A: Have halted, by 2015, and begun to reverse the spread of HIV/AIDS

- Indicators:**
- HIV prevalence rate (%)
 - Proportion of 15-24 years with comprehensive, correct knowledge of HIV/AIDS (%)
 - Ratio of school attendance of orphans to non-orphans (10-14 years)

TARGET 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

- Indicator:**
- Proportion of population with advanced HIV infection with access to ARVs (%)

STATUS AT A GLANCE

Will targets be achieved under the present trend?	YES
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STATUS AND TRENDS

Figure 27: HIV Prevalence Rate

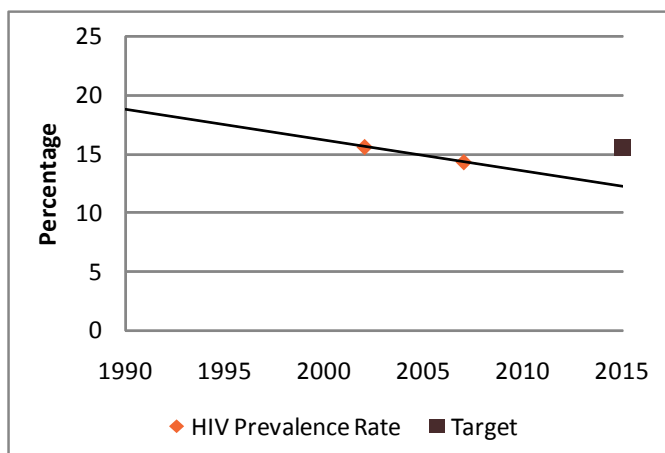


Figure 28: Advanced HIV Infections with Access to ARVs

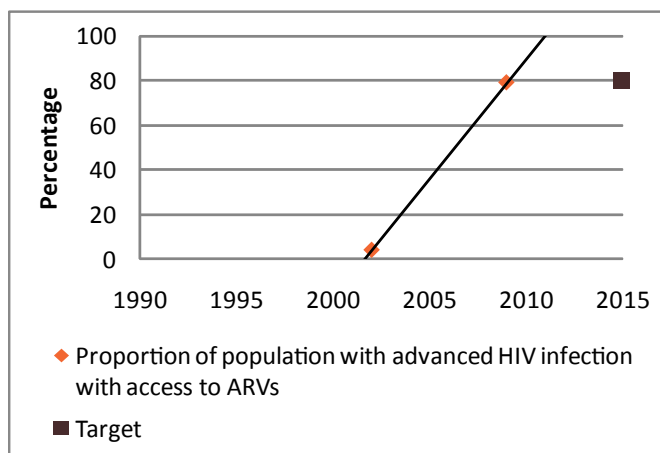


Table 11: Progress in Indicators⁴⁶

	1996	2002	2007	2015 Target
HIV prevalence rate (%)		15.6	14.3	15.6 or less
Proportion of population (15-24 years) with comprehensive, correct knowledge of HIV/AIDS (%) ⁴⁷		31	48 ⁱⁱ	
Ratio of school attendance of orphans to non-orphans (10-14 years) (%) ⁴⁷	71.8 ⁱ	79.1	97 ⁱⁱ	100
Proportion of population with advanced HIV infection with access to ARVs (%)		4	79 ⁱⁱ	80

ⁱ 2000. ⁱⁱ 2009.

Zambia has set 15.6% or less as the MDG target for HIV prevalence rate, and according to the 2007 Zambia Demographic Health Survey, this was achieved in 2007 with a prevalence rate of 14.3%. However, prevalence is no longer the most sensitive indicator to monitor the HIV epidemic as the successful scale-up of ART and PMTCT have resulted in more PLHIV living longer. Hence, the focus has shifted from prevalence to the reduction of new infections (incidence). HIV incidence in adults aged 15-49 years old has halved since 1990, and is estimated to be stable at 1.6% in 2009.

However, prevalence remains high, which has many adverse implications for other MDGs. HIV/AIDS disables people's capacity to lift themselves out of poverty and hunger due to the loss of productive labour caused by sickness and death, the financial cost of caring for the chronically sick, the selling of productive assets to cope financially, and the loss of economic growth due to the epidemic's various ramifications. The rising number of female and child-headed households and orphans is strongly linked to the HIV/AIDS epidemic. HIV/AIDS is also hampering the country's ability to sustain its recent educational attainments (MDG 2) and is undermining efforts to cut down on child mortality (MDG 4). Key strategies include integrating HIV services into other services for malaria, TB, maternal and child health.

Important positive changes have however been observed in several behavioural indicators. There seems to have been a shift away from multiple partners and/or non-cohabiting partners, towards a single partner. In addition condom use has increased, although it remains low at 45.6% in 2008.

From an institutional point of view, Zambia has also made significant progress on a number of areas. The Government's free adult and paediatric ART policy has prolonged lives of people infected and the wellbeing of those affected. The ART coverage has increased significantly to 383,323 adults and 30,644 children. The free PMTCT services have reduced new infections among newborns and reduced mortality of children and their mothers. The number of HIV-infected pregnant women who received ARVs increased from 30% in 2006 to 61% in 2009. Furthermore, the Government's

free condom distribution programme is providing all sexually active Zambians with a choice to protect themselves from HIV infection. HIV infection from blood products has also been reduced substantially due to the free, centralized national blood safety programme through the Zambia Blood Transfusion Services. Nonetheless, more remains to be done. Of the estimated 1.3 million orphans and vulnerable children (OVC) in Zambia, only 15% received external assistance from sources outside the household and kinship network. The widely acclaimed progress in ART coverage has drastically improved the outlook, although by no means has it eradicated the impact of HIV fully. HIV/AIDS funding has also contributed to health system strengthening, leading to improved institutional and human resource capacity, as well as laboratory supplies and medicines.

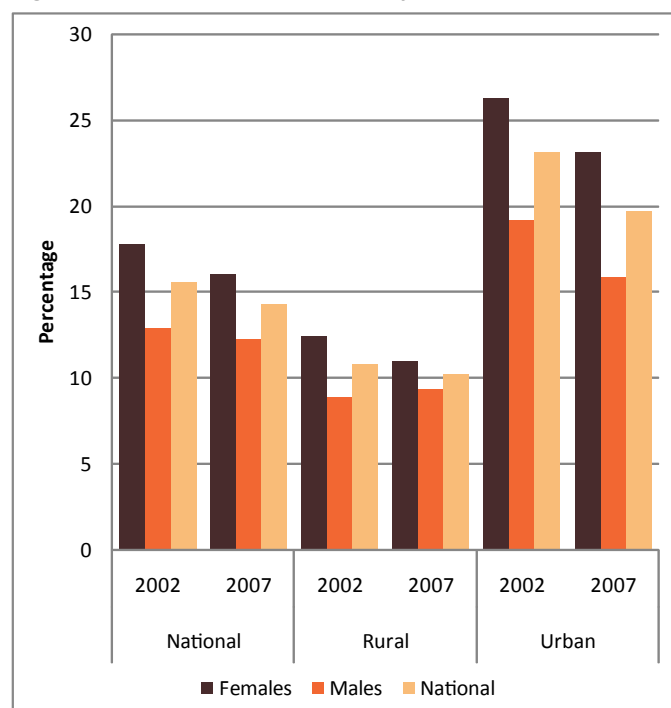
INEQUALITY ANALYSIS

HIV prevalence rates are much higher in urban areas compared to rural areas. The proportion of people infected with HIV was 19.7% among the urban population in 2007 in contrast to 10.3% in rural areas. The good news is that the HIV prevalence rate dropped by 3.4% in urban areas between 2002 and 2007. It is a concern, however, that the reduction in HIV prevalence rate is lower in rural areas than in urban areas (Figure 29).

The second inequality observed is that women are more likely to test HIV+ with 16.1% infected in 2007 compared to 12.3% for men. However, female HIV prevalence is declining faster than that of men. It dropped by 1.7% between 2002 and 2007 compared to the decline of 0.6% among the male population. HIV prevalence declined faster among rural women than among their urban counterparts, whereas for men, it actually went up in rural areas. This reinforces the concern noted above about the stagnation of prevalence rates in rural areas.

The gains in the fight against HIV/AIDS appear to be mainly coming from the age group 20-34 years and on a smaller scale the group aged 45-49 years (Figure 30). It more or less

Figure 29: HIV Prevalence Rates by Gender and Location⁴⁸

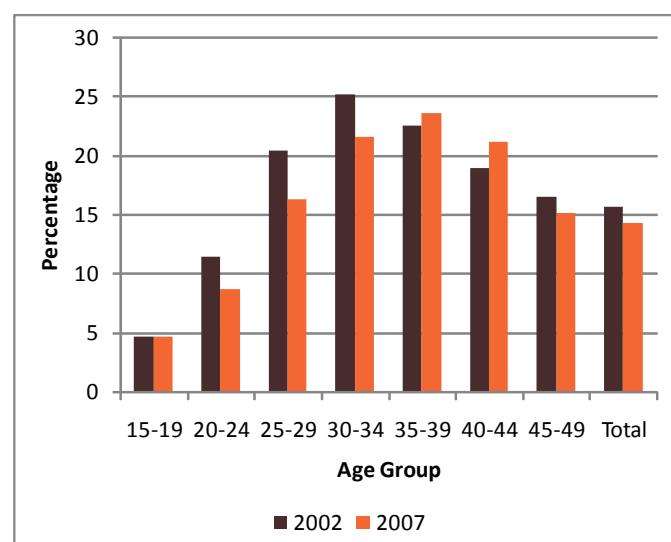


remained static for the youngest age group (15-19 years) and actually increased for the age group 35-44 years. A possible explanation is that with the rollout of anti-retroviral therapy, HIV+ people are living longer causing the prevalence rate to remain high even if the number of new infections has been going down.

BLOCKAGES TO COMBATING HIV/AIDS

A number of critical constraints should be addressed in order to further reduce the HIV prevalence rate, namely:

Figure 30: HIV Prevalence by Age Group⁴⁹



- High cost for treatment and care at household level;
- inadequate funding for HIV/AIDS awareness and prevention campaigns throughout Zambia (including the remotest part of the part of the country);
- poor livelihoods and widespread malnutrition (efficacy of antiretroviral treatment is dependent on nutritional status of patients);
- infrastructure and human resource constraints for treating HIV/AIDS: long distances to health centres administering ART for many AIDS patients in rural areas;
- cultural practices and poor economic status make it difficult for women to demand for safer sex;
- lack of comparative data for reporting and policy formulation; and
- factors affecting VCT uptake (e.g. fear, stigma, discrimination, inadequate privacy and confidentiality).

ACCELERATORS FOR COMBATING HIV/AIDS

Actions to accelerate the reduction of HIV/AIDS in the remaining years are well documented in the 2007 NHDR for Zambia:

Awareness and Prevention:

Awareness campaigns on HIV/AIDS have worked well in Zambia; nearly everyone has heard of HIV/AIDS and knows that infection can be prevented. These sensitization programmes should continue – and be intensified – to disseminate the necessity of getting testing, the rate of which is still very low. Some critical effects of sensitization should be based on the following areas: multiple and concurrent sexual partners; low and inconsistent condom use; low levels of male circumcision in most provinces; mobility and labour migration; high risk behaviour among sex workers and in male-to-male sexual relationships; and vertical transmission from mother to child.

Treatment and Care:

Accessing treatment is dependent on the functioning of the country's health system. There is need to strengthen the country's health system to cope with the epidemic.

Livelihoods Mitigation:

An HIV/AIDS-affected household should be assisted to adjust to their situation without irretrievably damaging its livelihood. Hosting an AIDS patient comes at a high cost, even at the best of times, especially for poor households. Targeted support to secure people's pentagon of assets: human, natural, financial, physical and social capital, will go a long way in helping AIDS-affected households adjust to looking after an AIDS patient. Revitalizing support structures at community level is important in this regard.

TARGET 6.C: Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases

- Indicators:**
- New malaria cases per 1,000 population
 - Malaria fatality rate per 1,000 population
 - Proportion of households with ITNs (pre- or post-treated) (%)

STATUS AT A GLANCE

Will target be achieved under the present trend?	ACCELERATION REQUIRED
--	------------------------------

STATUS AND TRENDS

Figure 31: New Malaria Cases Per 1,000 Population

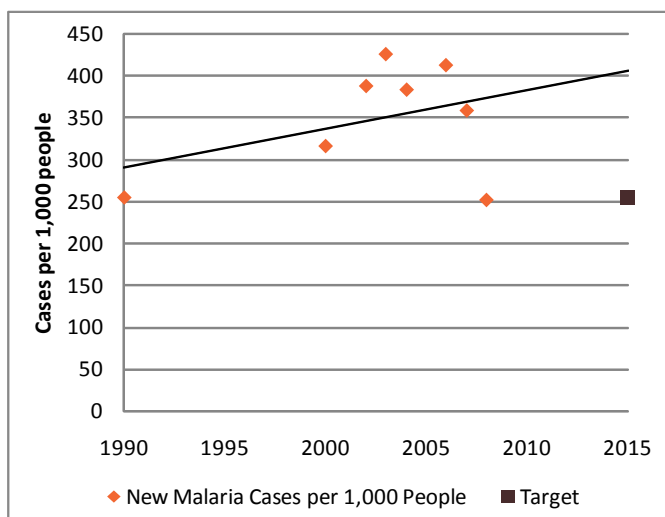


Figure 32: Households with ITNs

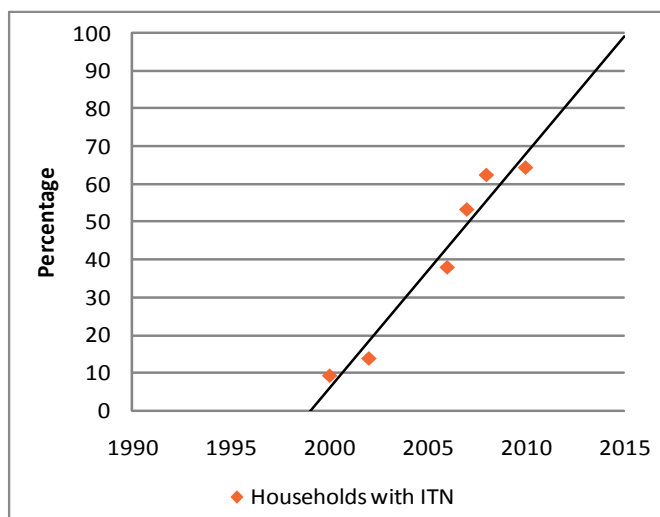


Table 12: Progress in Indicators⁵⁰

	1990	2000	2002	2003	2004	2006	2007	2008	2010	2015 Target
New malaria cases per 1,000 population	255	316	388	425	383	412	358	252		255 or less
Malaria fatality rate per 1,000 population	11		48		33	40	40	39		11
Proportion of Households with ITNs (pre- or post-treated) (%)		9.3 ⁵¹	13.6			37.8	53.3	62.3	64.3	

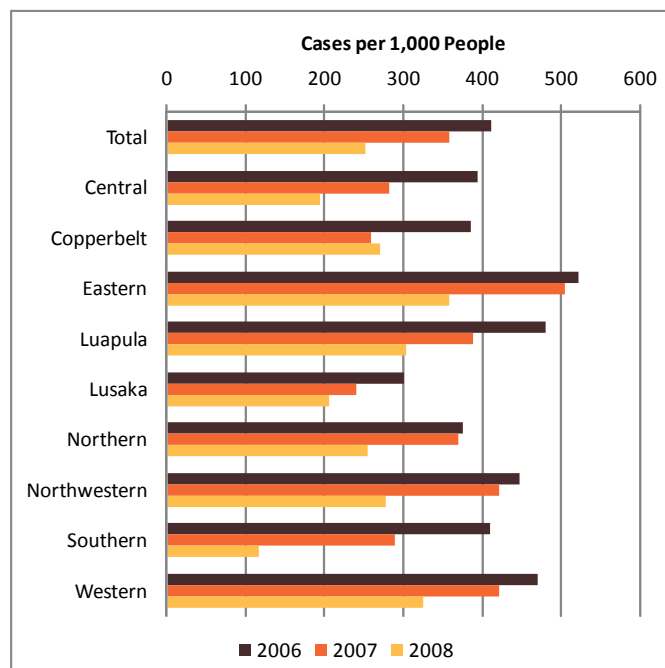
Malaria continues to be a major public health problem in Zambia. In 2007, 4.3 million cases of malaria were reported with 6,149 deaths. The annual malaria incidence seems to have risen from 1990 to 2003, reaching a peak of 425 and starting to decline to 252 cases per 1,000 population in 2008. In 2008, the rate per 1,000 was still high. However, the increase in proportion of households with insecticide-treated nets between 2002 and 2007 is a very good indication that Zambians are more aware of this problem.

While the comparison between the previous two graphs may seem counterintuitive, a factor that may help to explain it is that more and more children sleep under treated nets. Among 26 countries with comparable data, Zambia at 41% had the 6th highest proportion of children under the age of five sleeping under an ITN in 2008 (up from 6.5% in 2001-2002). Several aspects have increased the malaria awareness in the population, including:

- Information, education and communication on malaria has continued, hence people are now applying personal protection measures against mosquitoes;
- intermittent preventive treatment in pregnant women;
- indoor residual spraying in high-density areas (urban and peri-urban); and
- involvement of communities in control strategies.

Data for 2006 to 2008 indicated large provincial variation in malaria cases across Zambia, with Eastern Province having the highest number (358 cases per 1,000 people) while Southern Province had the lowest at 117 cases (Figure 33).

Figure 33: Malaria Incidence per 1,000 People by Province⁵²



THE THREAT OF GLOBAL CRISES

Zambia relies to a large extent on external funding of health care, especially in the fight against malaria and HIV/AIDS. The current instability in the global economy can bring uncertainty to the health sector and, therefore, to the attainment of MDG 6, due to reduced donor funding.

Increases in the frequency and intensity of extreme temperatures and rainfall have clear implications for mortality and morbidity related to malaria and other water-borne diseases. Extremes in temperature and precipitation produce a good environment for mosquitoes and other carriers of diseases. Flooding has been shown to be related to diarrheal diseases, including cholera, especially in places where sanitation facilities are poor. Even heavy rainfall without flooding may increase rates of diarrheal diseases as sewage systems overflow and contaminate water sources.

BLOCKAGES TO COMBATING MALARIA

A number of critical constraints should be addressed to protect the gains that have been made in reducing the incidence of malaria, and to accelerate its further decline:

- Infrastructure and human resource constraints for diagnosis and treatment;
- levels of ownership and use of mosquito nets remain low (despite impressive increases);
- inadequate availability of preventive malaria drugs; and
- Inadequate indoor residual spraying programmes.

ACCELERATORS FOR COMBATING MALARIA

Measures to reduce the incidence of malaria are working and should be intensified to enhance progress, including:

- Intensify health supervision;
- increase the frequency of health education programmes via local radio stations;
- intensify indoor residual spraying countrywide;
- develop early warning tools by Zambia Meteorological Department for different end-users; and
- improve integration of the health sector into strategic planning in sectors such as water, agriculture, forestry and disaster management.

Tuberculosis notification rates have been declining steadily since reaching a peak of 545 per 100,000 people in 2003-04 to 425 per 100,000 people in 2009. The target of TB treatment success rate of 85% in the new smear-positive TB patients was attained in 2007, and reached 86% in 2008.⁵³



7

ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGET 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

- Indicators:**
- Land covered by forest (%)
 - Land protected to maintain biological diversity (%)
 - Carbon dioxide emissions (MT per capita)
 - Proportion of population using solid fuels (%)

STATUS AT A GLANCE

Will target be achieved under the present trend?	Significant reforms and investments required
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STATUS AND TRENDS

Figure 34: Proportion of Land Covered by Forest

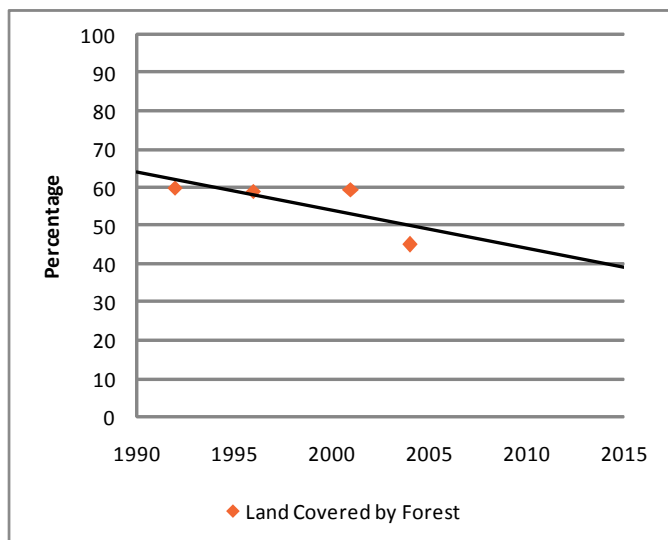


Figure 35: Land Protected to Maintain Biological Diversity

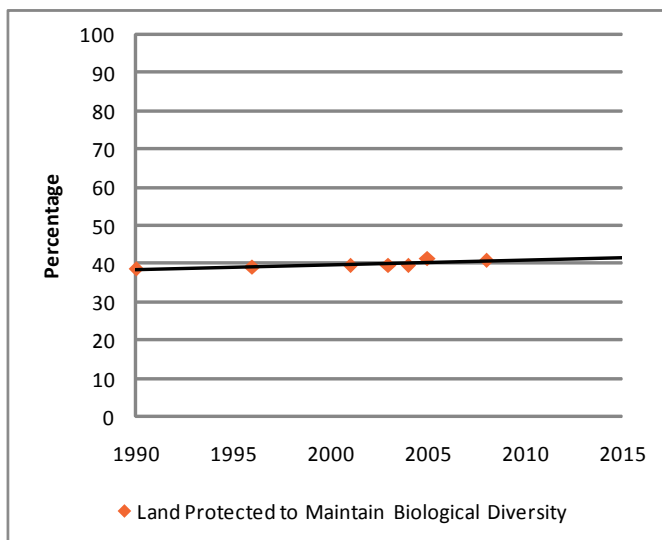


Table 13: Progress in Indicators

Indicator	1990	1993	1996	2001	2003	2004	2005	2007	2015 Target
Land covered by forests (%) ⁵⁴	59.8 ⁱ		59.1	59.6		45			
Land protected to maintain biological diversity (%) ⁵⁵	38.8		39.2	39.6	39.6	39.6	41.5 ⁵⁶	41 ⁵⁷	
GDP per unit of energy use (PPP \$ per kg of oil equivalent) ⁵⁸	1.29	1.39	1.38	1.52	1.64	1.76	1.87	2.13	
Carbon dioxide emissions (MT/capita) ⁵⁹	0.31	0.29	0.2	0.18	0.19	0.2	0.2	0.22	
Consumption of ozone-depleting CFCs (ODP MT) ⁶⁰			95.57	45.1	44.5	43			
Proportion of Population using solid fuels (%) ⁶¹	89	89	85 ⁱⁱ		85	83.8			

ⁱ 1992.

ⁱⁱ 1998.

The available data indicates that Zambia continues to experience substantial forest cover loss. Deforestation is caused by over-exploitation and conversion of forests to other land uses driven by population growth, economic development and people's necessity to meet basic needs. An example is the excessive cutting for wood fuel that has led to massive degradation of woodlands. Continuous over-exploitation tends to shorten the harvesting cycle of forest products, while late fires become more frequent. Both of these lead to changes in species composition and threaten the regeneration of forests.

The percentage of land covered by forests reduced from 66% in 1992 to 55.9% in 2007. Key drivers are land clearing for agriculture and wood extraction for energy. Deforestation, taking place in both forest reserves and open areas, has become a serious threat to flora and fauna diversity. Some of the floral species under threat include *Daniella alsteeniana*, *Entandrophragma devevovi*, *Baikiaea plurijuga* (teak), *Podocarpus milanjanus* (yellow-wood) and *Encephalartos goetzi*. With regards to wildlife, some species that are believed to be under threat due to habitat destruction are elephant, cheetah, eland, sable, roan, hartebeest, vervet monkey, leopard and wild dog.

The latest Environment Outlook Report from 2008 shows that deforestation is becoming an important threat in Zambia.⁶² In rural areas, 95% of the population use fuel as wood, while 90% of urban households depend on charcoal. In addition, the pressure to convert forests into agricultural land is high. By destroying the humus layer in the soil, cultivation and livestock grazing trigger the disappearance of so-called saprophytic organisms, fungi and flora, which live on dead organic matter. Similarly, deforestation destroys the habitats for epiphytic plants such as mosses and orchids, which grow on other plants or trees. The Environment Outlook Report observes that fires, usually started by humans, cause substantial damage to ecosystems in the country. Timing and frequency of fires determine their effects. Severe fires caused by late burning are very destructive to forest ecosystems. In their natural state, most forests and woodlands have a closed canopy. Over-exploitation changes the light conditions of the forest and accelerates grass growth, which provides fuel for late fires. Frequent late fires prevent regeneration of fire-intolerant species and thus changes species composition. The most affected plant groups include mosses and so-called hydrophilous orchids and ferns, whose moist habitats are easily destroyed.

The increase in air pollution resulting from the expanding use of fossil energy and the growth in the manufacture and use of chemicals has resulted in detrimental effects on the ambient air quality with negative impacts on human health and the environment. The principal air pollutants in Zambia are sulphur dioxide, ammonia, nitrogen oxides and particulate matter.⁶³

A comparative analysis of greenhouse gas emissions indicated that they increased by 6.2% from 51.52 million tonnes of carbon dioxide equivalent in 1994 to 54.72 million tonnes of carbon dioxide equivalent in 2000. The largest contribution came from land-use change and forestry. With this state of affairs, it is unlikely that Zambia will attain MDG 7 by 2015.

THE THREAT OF GLOBAL CRISES

By affecting the fiscal position of the Government and other productive sectors of the country such as mining and horticulture, the global economic crunch has threatened the achievement of environmental sustainability. Job losses in the mining and other sectors in 2008 and 2009 increased unemployment levels and poverty. In these situations people turn to natural resource-extracting activities to the detriment of the environment. Encroachment of the forests on the Copperbelt started rising after the mines' performance went down, intensifying in the years leading to privatization – and deforestation has continued since then. Recent job losses may have accelerated settlements in reserved forests, as farming and charcoal production are the main activities that ex-miners turn to.

BLOCKAGES TO ENVIRONMENTAL SUSTAINABILITY

Inadequate staffing in Government departments that deal with environmental issues has contributed to the downward trend in environmental sustainability. For example, out of the 544 positions at technical and professional levels at the Forestry Department, 390 positions are filled. Furthermore, the Environmental Council of Zambia, which is mandated to enforce environmental regulations, only has representation in Lusaka, Ndola, Chirundu and Livingstone. The limited representation implies lack of capacity to monitor implementation and enforcement of national environmental policies.

ACCELERATORS FOR ENVIRONMENTAL SUSTAINABILITY

Zambia needs to consider a number of areas in order to promote environmental sustainability:

Develop Supporting Legislation for Community-Based Natural Resources Management (CBNRM): Although GRZ has accepted and introduced CBNRM approaches, which provide rural communities with secure tenure of their environmental resources, the commitment to develop appropriate supporting legislation and technical capacity seems to be lacking. Current CBNRM approaches lack clear guidelines on cost and benefit-sharing mechanisms between GRZ and the participating communities. Furthermore, communities have not received the necessary assistance to independently manage their activities and the environmental resources. Further, it is important that a mechanism for sharing benefits from forest conservation and downstream sectors (e.g. energy, wildlife, tourism and agriculture) be developed to ensure a sustainable supply of forest conservation efforts, and strengthen sector synergies in the economy, both at local and national levels.

Harmonize Legislation and Policies related to Environmental Management: Policies, Acts and strategies related to environmental management (e.g. the Land Administration and Management Policy of 2006, National Energy Policy of 2007, National Agricultural Policy 2004-2015, National Forest Policy of 1998, Mines and Minerals Act of 2007, Forests Act of 1999, National Water Policy) need to be harmonized. Inadequate harmonization has led to duplication and conflicts, and retarded the attainment of MDG 7. For example, the Water Policy does not clearly spell out the institutions responsible for enforcing water quality. Some of the institutions intervening in the sector are the Ministry of Agriculture and Cooperatives, Ministry of Energy and Water Development and the Environmental Council of Zambia.

Similarly, the roles of collaborating institutions in some policies are not clearly outlined and consequently pose a potential source of conflict in implementation. One example is the demarcation of forest reserves by the Department of Land Resettlement in the Ministry of Agriculture and Cooperatives (forest reserves fall under the jurisdiction of the Forestry Department in the Ministry of Tourism, Environment and Natural Resources). Another example is that the Environmental Council of Zambia will deal with pollution of water bodies as a result of mining activities, at the expense of the water utility companies which have to pay for treating the contaminated water.

Strengthen and Streamline the Role of the Forest Sector in Poverty Reduction in the Country: Linkages between the Forestry Department and other departments such as the Department of Energy should be strengthened to ensure optimal intervention in the management of forest resources like wood fuel supply and utilization, as well as the transition from wood fuel to other renewable energy sources.

Undertake a Comprehensive Land Use Study: The aim would be to develop a comprehensive land use information system which should be continuously updated across all ministries to provide policy-relevant information for land use planning and allocation.

Strengthen Policing by the Environmental Council of Zambia: This is a vital aspect that could be facilitated by the introduction of environmental management quality standards such as ISO 14001 for corporate bodies.

Devise and Implement Appropriate Climate Change Adaptation Measures: Zambia's climate change strategy (currently under development) is expected to contribute greatly to environmental sustainability. Various mitigation options being pursued by the energy sector such as switches from diesel/heavy fuel oils to biodiesel and from diesel/coal to biomass in boilers in industry and commercial sectors will contribute towards the attainment of this MDG.

TARGET 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

- Indicators:**
- Proportion of population without access to an improved drinking water source (%)
 - Proportion of population without access to an improved sanitation facility (%)

STATUS AT A GLANCE

Will target be achieved under the present trend?	Significant reforms and investments required
--	--

STATUS AND TRENDS

Figure 36: Proportion of Population without Access to an Improved Drinking Water Source

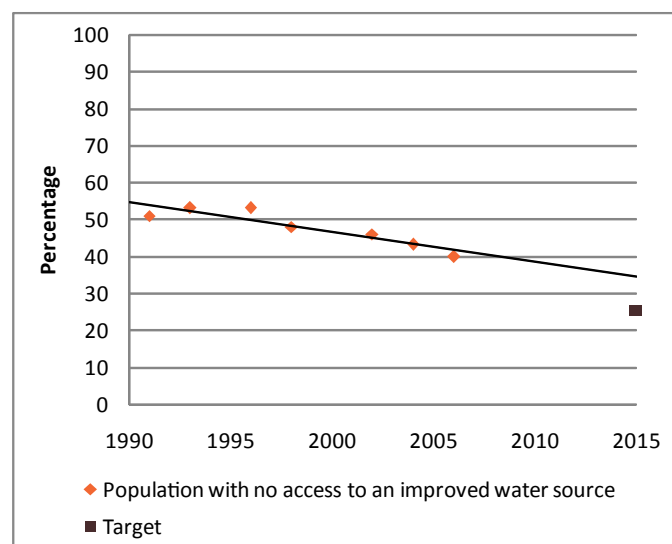


Figure 37: Proportion of Population without Access to an Improved Sanitation Facility

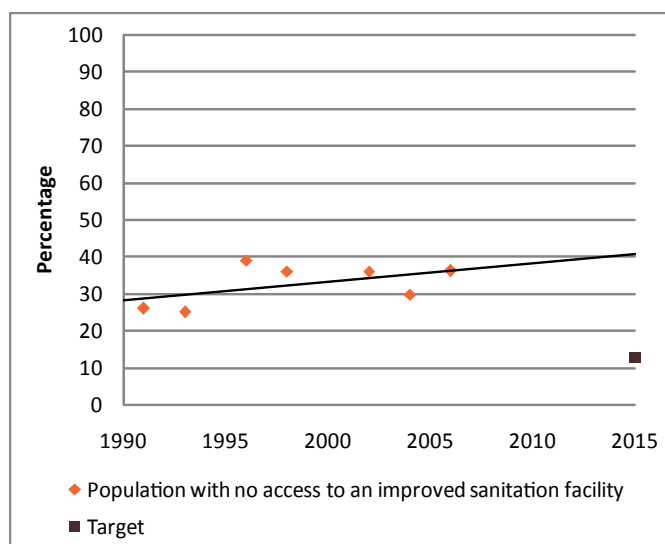


Table 14: Progress in Indicators⁶⁴

	1991	1993	1996	1998	2002	2004	2006	2015 Target
Proportion of population without access to an improved water source (%)	51	53	53	48	46	43.2	40	25.5
Proportion of population without access to an improved sanitation facility (%)	26	25	39	36	36	29.8	36.1	13

Zambia has made strides towards meeting the target on access to safe water. The most recent data indicates that the proportion of the population without sustainable access to an improved water source fell from 51% in 1996 to 40% in 2006. Rural areas lagged behind, with 59% of the population with no access to safe drinking water. Most of the rural population still depends on open rivers/streams and unprotected wells for its water supply. A report on urban and peri-urban water supply and sanitation in 2009/10 by NWASCO indicated that 26.4% of the population in these areas have no access to safe water.

Provincial variations are observed with Eastern Province having the highest number (42%) of the population without access to sustainable supply of clean water and Southern and Copperbelt Provinces having the lowest population without access to clean drinking water. Overall, it is possible to achieve the target on halving the proportion of the population without sustainable access to safe drinking water by 2015.

Whilst piped water supply systems are operational in most parts of the country, many sanitation systems are either in poor condition or non-functional. Flush toilets are mainly found in urban areas and are used by only a small percentage of households. The vast majority of the population in peri-urban and rural areas still depend on pit latrines, which are often poorly sited, constructed and maintained. In some cases this leads to groundwater contamination. Inadequate drainage both in urban and peri-urban areas causes widespread outbreaks of waterborne diseases. It has been estimated that approximately 80% of preventable diseases in Zambia are related to poor sanitation.⁶⁵

There are efforts by some stakeholders towards increasing the proportion of the population with access to improved sanitation, mostly in urban and peri-urban areas. As a result the proportion of the urban and peri-urban population without access to improved sanitation reduced from 71% in 2007/8 to 63.4% in 2009/10. Commercial utilities working with the Water and Sanitation Association of Zambia, the Devolution Trust Fund and Bremen Overseas Research and Development, have developed standard components for a decentralized wastewater treatment system, including biogas plant (sludge settler), an anaerobic baffled reactor (an improved septic tank) and, finally, a planted gravel filter (root zone system), which will help in improving sanitation in Zambia. Unfortunately, these efforts are too little in the light of the magnitude of the country's needs.

With the data available and under the trends observed in sanitation, it is unlikely that Zambia will meet the target on reducing by half the population without access to improved sanitation.

BLOCKAGES TO ACCESS TO WATER AND SANITATION

Inadequate funding for the sector has contributed to slow progress in ensuring that this goal is met. Additionally, poor cost-recovery strategies by water and sanitation providers coupled with political interference have greatly contributed to slow progress towards MDG 7. Other factors include water pollution, particularly from mining activities on the Copperbelt, and poor resolution of customer complaints, which may affect customers' commitment to paying water and sanitation bills.

ACCELERATORS FOR ACCESS TO WATER AND SANITATION

Good progress has been made in respect to reducing the proportion of the population without sustainable access to an improved water source. However, there is need to protect the gains made and also in breaking new ground to accelerate the progress towards meeting this target by 2015. At the same time, the sanitation sub-sector, rather neglected so far, should be given a high priority. Some of the accelerators for improved safe water and sanitation access include:

- Investment in low-cost technology which meet minimum standards: Water supply to low-income areas must meet important criteria linked to social, health, commercial, technical and operational objectives;
- focus on peri-urban and rural areas, where the need for water and sanitation are highest;
- improve information, education and communications programmes with respect to water and sanitation;
- give civic authorities absolute power for land allocation around cities: This would curb illegal and unplanned urban settlements that make the provision of water and sanitation facilities difficult;
- develop a human resource base to provide for adequate data generation for reference purposes;
- increase institutional capacity and financial management of water supply and sanitation providers to increase efficiency, expanded coverage and better financial viability;
- continue the implementation of national policies and expanded financing and cost-recovery strategies; and
- harmonize policies and regulations relating to water and sanitation to avoid conflicts.

Glossary

IMPROVED DRINKING WATER SOURCES are defined in terms of the types of technology and levels of services that are more likely to provide safe water than unimproved technologies. Improved water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs, and rainwater collections. Unimproved water sources are unprotected wells, unprotected springs, vendor-provided water, bottled water (unless water for other uses is available from an improved source) and tanker truck-provided water.

SUSTAINABLE ACCESS has two components with respect to water: one stands for environmental sustainability, the other for functional sustainability. The former insists on environmental protection through limiting extraction of water to a capacity below what is actually available. The latter reflects programme sustainability in terms of supply and management.

IMPROVED SANITATION FACILITIES are facilities that hygienically separate human excreta from human contact. Improved facilities include flush/pour flush toilets or latrines connected to a sewer, septic tank, or pit, ventilated improved pit latrines, pit latrines with a slab or platform of any material which covers the pit entirely, except for the drop hole and composting toilets/latrines. Unimproved facilities include public or shared facilities of an otherwise acceptable type, flush/pour-flush toilets or latrines which discharge directly into an open sewer or ditch, pit latrines without a slab, bucket latrines, hanging toilets or latrines which directly discharge in water bodies or in the open and the practice of open defecation in the bush, field or bodies or water.



8

DEVELOP GLOBAL PARTNERSHIPS FOR DEVELOPMENT

TARGET 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

TARGET 8.B: Address the special needs of the least developed countries

Indicators:

- Official development assistance
- Access to markets in developed countries
- Foreign direct investment

TARGET 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicators:

- Telephone lines and cellular subscribers per 1,000 people

OFFICIAL DEVELOPMENT ASSISTANCE

Zambia has been a frontrunner in putting in place structures for cooperation between Government and donors regarding aid effectiveness. In 2002, the GRZ and seven bilateral donors (Norway, Denmark, Sweden, Finland, Ireland, the Netherlands and the United Kingdom) signed an MoU called the Harmonization in Practice (HIP), which focused on the harmonization and alignment of aid modalities. The HIP quickly attracted the interest of other donors, and consequently, in April 2004, a new MoU called the Wider Harmonization in Practice (WHIP) was signed. The United Nations and the World Bank were also included, and the number of signatories to the WHIP eventually rose to 17.

Simultaneously, global consensus was emerging regarding issues of cooperation around aid effectiveness. In February 2003, the Rome Declaration on Harmonization was signed followed by the Paris Declaration on Aid Effectiveness in March 2005. There are five pillars of the Paris Declaration: (i) ownership; (ii) harmonization; (iii) alignment; (iv) managing for results; and (v) mutual accountability.

One month after the signing of the Paris Declaration, a Poverty Reduction Budget Support (PRBS) MoU was signed between donors and the GRZ in April 2005. The PRBS MoU was specific to one aid modality, Direct Budget Support

(DBS), with the aim to provide aid to Zambia through the budget process rather than being earmarked to a given sector, project or programme. The signatories were to deliver aid through the GRZ's own financial systems and budget procedures and to be spent according to GRZ's priorities. The initial signatories on the CP side were the Netherlands, Norway, the United Kingdom, the World Bank and the European Union. The IMF was granted an ex-officio status. This group was later joined by Germany, Finland and the African Development Bank.

The following were the expected benefits of DBS:

- Increased ownership as aid would be closely aligned to GRZ's priorities;
- increased predictability of fund flows;
- increased efficiency and transparency of budget spending due to increased scrutiny from both local and international partners; and
- reduced GRZ transaction costs in aid management through better alignment, harmonization and coordination of aid.

To support the achievement of these outcomes, an 'architecture' for dialogue was also embedded in the MoU, which was meant to facilitate "common procedures for

Table 15: Overseas Development Assistance to Zambia (2002-2009)⁶⁶

	2002	2003	2004	2005	2006	2007	2008	2009
ODA (\$ m)	754.1	406.4	519.8	652.0	596.2	647.4	846.7	918.6
Budget Support (\$ m)	311.1	58.8	64.8	153.7	140.0	152.2	250.7	196.2
Grants (\$ m)	81.9	38.9	44.1	129.7	140.0	152.2	218.9	163.7
Loans (\$ m)	229.1	19.9	20.7	24.0	0.0	0.0	31.8	32.6
Project Support (PS)	443.1	347.6	455.0	498.3	360.4	344.1	432.2	579.4
PS as % of ODA	58.8	85.5	87.5	76.4	60.45	53.2	51.0	63.1
ODA as % of GDP	22.0	9.1	9.3	6.8	5.5	5.6	5.8	7.0

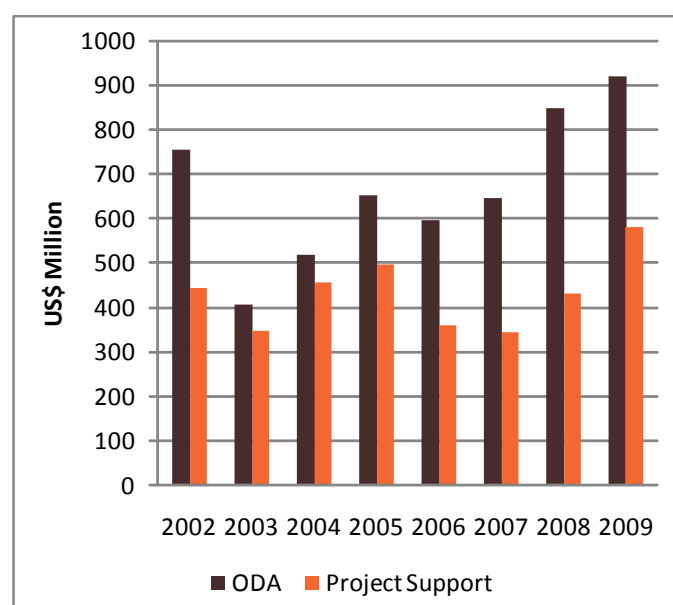
consultation and decision-making, disbursement mechanisms, monitoring and reporting, review and evaluation, audit, financial management, the exchange of information and cooperation".⁶⁷ The GRZ and its partners would meet twice a year to review performance based on the indicators contained in the Performance Assessment Framework to be agreed on annually. Other areas for dialogue included discussion on budget performance and status of the underlying principles of the PRBS MoU.⁶⁸ The MoU also provided for a Joint Steering Committee (JSC) led by three CPs, rotating every two years. The JSC is tasked with dealing with technical issues on a quarterly basis or more often if necessary. The JSC appoints a Joint Executive Committee to prepare for the various meetings provided for in the MoU.

Recognizing that a significant part of aid to Zambia was still earmarked to projects/programmes in April 2007, 16 donors signed the Joint Assistance Strategy for Zambia (JASZ). Unlike the PRBS MoU, the GRZ was not a signatory to the

JASZ. A special emphasis of the JASZ was the reduction of transaction costs for the donors and the GRZ through a division of labour among the donors. The JASZ went beyond the PRBS as it focused on aligning different aid modalities, both budget and off-budget support, to the priorities enshrined in the Fifth National Development Plan (FNDP) 2006-2010.

A number of evaluations have been carried out recently with respect to Zambia's aid relations.⁷⁰ An important indicator looked into has been the extent to which Direct Budget Support and aid delivered through SWAPs, which are the preferred aid modalities for the GRZ, are increasing in the total share of ODA. From Figure 38, it can be seen that project support as a share of ODA increased between 2002 and 2004, but started to decline thereafter, up to 2008, after which it rose again. The rise was a result of declining DBS in combination with increasing project support.

Therefore, progress has been made towards achieving one of the objectives of donor cooperation, although project support still remains too high, and the rise in 2009 is a concern. The JASZ evaluation further indicates that other issues remain outstanding as tabulated below:

Figure 38: Overseas Development Assistance and Project Support⁶⁹


- Donor cooperation has been more effective in the area of improved processes than at the level of aid effectiveness and improved development outcomes;
- dialogue architecture often does not respect GRZ processes, and existing consultative mechanisms are driven by arrangements developed by donors;
- bilateral decision-making and requirements still dictate many actions (although there has been some progress towards harmonization);
- mutual accountability is seen as weak by a majority of CPs, and there has been little progress under the JASZ in developing a mutual accountability framework; and
- it is unclear whether GRZ's transaction costs in the aid sector have decreased. Some donors continue to work on parallel systems, especially with departments in ministries whom they have had a long relationship with.

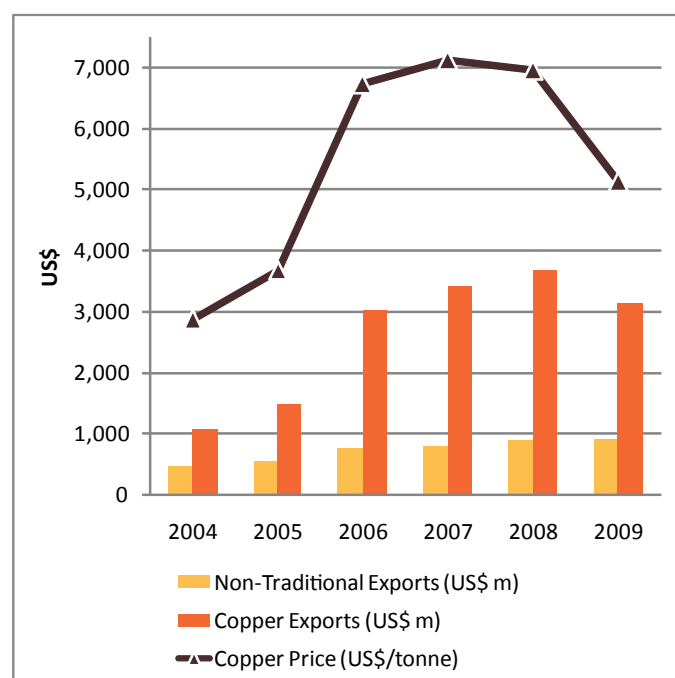
The Highly Indebted Poor Country Initiative (HIPC) and Multilateral Debt Relief Initiative (MDRI) reduced Zambia's debt servicing obligations. The stock of external public debt dropped from US\$6,005 million in 1999 to US\$934 million in 2006. However, since then, external public debt has increased to US\$1,521 million in 2009.

TRADE AND EXPORTS

Trade diversification is a key trade policy for Zambia. Up to the mid-1980s, copper accounted for 95% of total merchandise exports. The share of Non-Traditional Exports (NTEs) such as electrical cables, gemstones and agricultural produce increased gradually thereafter, until it reached 33% in 2000. The recovery in mineral exports after 2000 saw the share of NTEs reduce drastically to 17% in 2009, even though the volume of NTEs increased almost three-fold in absolute numbers between 2000 and 2009. The success in the mining sector means that the strides towards export diversification, which Zambia experienced in the 1990s, are being reversed (Figure 39).

While Zambia should continue to benefit from the boom in the mining sector by expanding mineral production and exports, the country should deal aggressively with blockages that prevent NTEs to rise much more rapidly, including putting in place adequate infrastructure such as laboratories for phytosanitary inspection to ensure compliance with standards in European and other important markets. Increasing the role of the private sector in testing and certification should be given priority. Efficiency in customs administration is another priority area including reducing the

Figure 39: Exports (Copper and Non-Traditional)⁷¹

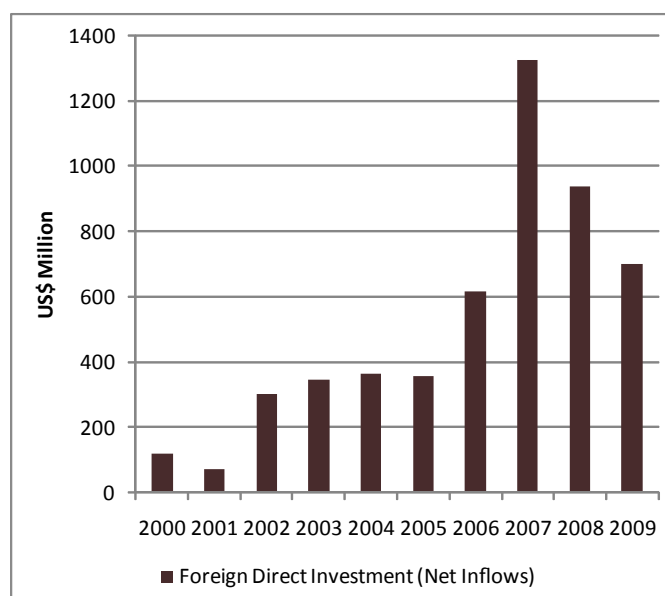


border clearance time. Given that trade barriers in developed countries will remain a problem, Zambia should take advantage of being linked to eight countries, of which the Democratic Republic of the Congo, for example, offers a large market for Zambian products.

FOREIGN DIRECT INVESTMENT

In 2010, Zambia was considered the 6th best country in Africa to do business. This context has attracted significant foreign direct investments (FDI), which has grown significantly since 2000. From US\$120 million in 2000, it reached US\$1,320 million in 2007, before declining to US\$940 million in 2008 in the wake of the global economic crisis. In 2009, it grew slightly to US\$960 million (Figure 40).

Figure 40: Foreign Direct Investment (2000-2009)⁷²



Zambia accounts for only 4.2% of FDI inflows into Southern Africa, and is nowhere near the levels of the biggest destinations for FDI, Angola and South Africa, which between them accounted for 83.6% of the total FDI from 2000 to 2009. Nevertheless, Zambia is the third largest destination for FDI in Southern Africa. FDI inflows are expected to increase in the next few years as recovery in the industrial world picks up pace and the strong demand of the emerging Asian economies continues.

The surge in investments in the mines is behind the phenomenal rise in Zambia's FDI inflows. According to the Zambia Development Agency, in 2009, Chinese investment in Zambia exceeded US\$1,000 million and is expected to grow further. Chinese investors are also targeting other sectors including manufacturing, construction, tourism, agriculture and the service sector. In total, Chinese investment pledges

accounted for 44.3% of total pledges between 2000 and 2009 (see Table 16). The GRZ sees this as a model of attracting investments from emerging economies and is now aggressively promoting the investment potential of the country in other emerging economies including India, Brazil and South Korea.

Table 16: Foreign Direct Investment by Sector⁷³

US\$	FDI Pledges (2000-2009)	
	Total	Chinese
Sector		
Agriculture	320,198,456	7,786,257
Construction	206,361,704	38,889,243
Education	11,562,500	1,150,000
Energy	1,305,343,661	0
Engineering	9,526,398	0
Financial Institutions	74,361,200	0
Health	58,253,800	3,439,600
ICT	257,225,283	0
Manufacturing	2,068,129,865	571,194,637
Mining	8,197,830,724	5,509,776,766
Real Estate	301,923,456	8,000,000
Service	284,809,451	22,707,000
Tourism	502,090,421	26,447,300
Transport	392,037,875	3,800,000
TOTAL	13,989,654,794	6,193,190,803

DOING BUSINESS

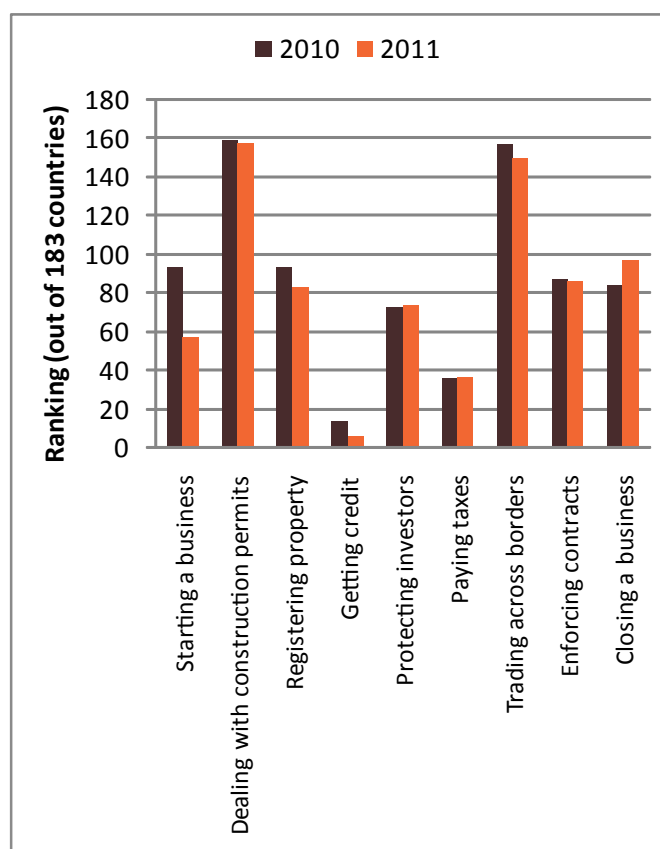
A vital area to foster development and contribute to the attainment of the MDGs is employment creation, to which private sector development is essential. According to the World Bank's Doing Business index, sub-Saharan Africa is the region with the least business-friendly environment. Zambia, however, has experienced a dramatic improvement in the last few years. Thus, in 2011 Zambia is one of the top 10 economies in the world to improve its ease of doing business, relative to 2010. At present, Zambia ranks 76th in the world and 6th in Africa in terms of ease of doing business.

Within the different dimensions that comprise the Doing Business index, important reforms were undertaken in Zambia in 2010 with regards to 'Starting a Business', 'Trading across Borders' and 'Enforcing Contracts'. Thus, Zam-

bia eased business start-up by eliminating the minimum capital requirement. Additionally, the country eased trade by implementing a one-stop border post with Zimbabwe, launching web-based submission of customs declarations and scanning machines at border posts. Finally, Zambia improved contract enforcement by introducing an electronic case management system in the courts that provides electronic referencing of cases, a database of laws, real-time court reporting and public access to court records.

As shown in Figure 41, the highest improvements in ranking were found in 'Starting a Business' and 'Registering Property' (up by 36 and 10 positions, respectively), while the highest regression of ranking relative to the world was on 'Closing a Business' (13 positions).

Figure 41: Zambia's Ranking on Doing Business⁷⁴



Generally, it is clear that relative to the rest of the world Zambia's greatest impediments in terms of doing business remain 'Dealing with Construction Permits' and 'Trading Across Borders', while 'Getting Credit' and 'Paying Taxes' are areas where companies do not have much difficulty.

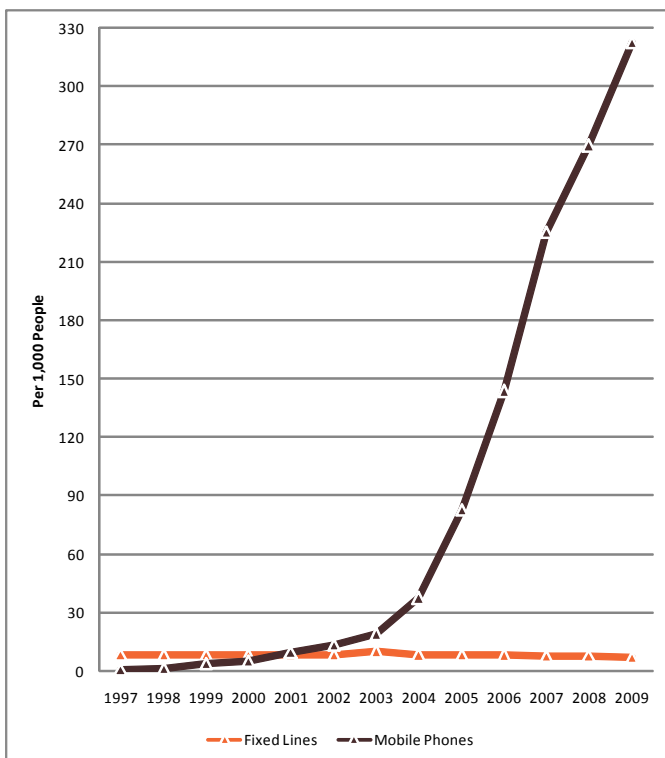
COMMUNICATIONS

Zambia has experienced a decline in fixed telephone lines since 2006 (see Figure 42), primarily due to the difficulties caused by the monopoly of the state-owned Zambia Telecommunications (ZAMTEL) Company Limited, which was privatized in 2010. Difficulties owed to lack of investments in critical technology, management inefficiencies and the failure to cope with the competition offered by cellular phone services. The new ZAMTEL ownership is expected to bring in new resources to revamp its operations.

In contrast, there has been a phenomenal growth in the mobile communication sub-sector with the number of subscribers jumping from about 50,000 in 2000 to over 4 million in 2009. The number grew at an average of 63% per year. ZICTA projected a cellular access of 300 per 1,000 inhabitants by 2015, but this projection was already exceeded in 2009.

What is particularly gratifying is that mobile phone communication has penetrated the rural population in a way not imagined just a few years back. The service is now being used for many other innovative services to reach the rural areas such as the dissemination of agriculture market information and money transfer. It can thus be said that the cellular phone technology is linking Zambia's rural areas to the rest of the country in an unprecedented way.

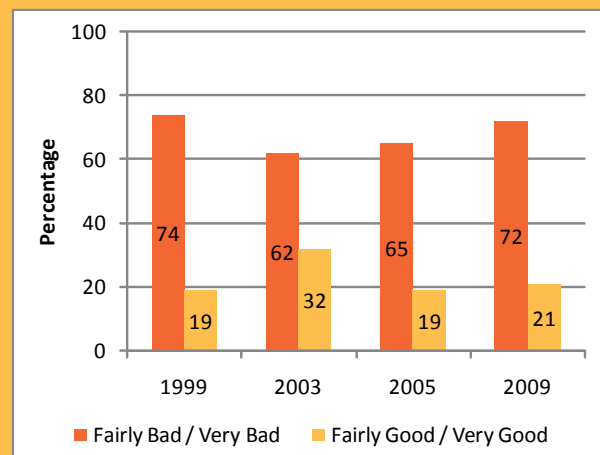
Figure 42: Fixed Lines and Mobile Phone Subscribers⁷⁵



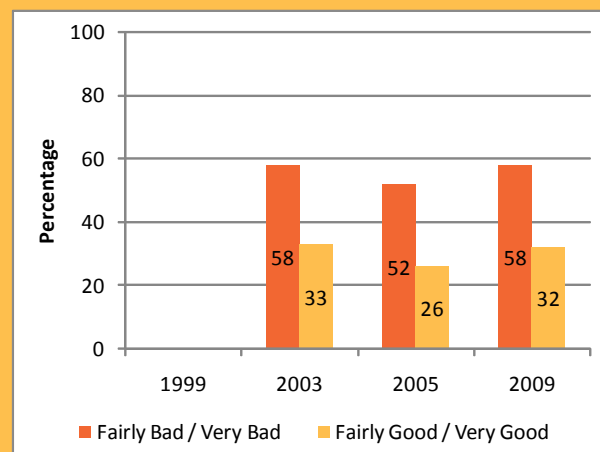
PEOPLE'S PERCEPTION OF ECONOMIC CONDITIONS

In the first Afrobarometer survey in Zambia (1999), 74% of Zambians described the country's economic conditions as either "fairly bad" or "very bad", while 72% said the same thing in 2009 (Box Figure 1). However, when asked about their own living conditions, the proportion of "very bad" or "fairly bad" is lower (Box Figure 2), so people seem to think that they are not as bad off as the rest of the economy. Interestingly, there is no clear pattern over time, so Zambians' perceptions have not changed despite the impressive economic growth that the country has achieved during the 2000s.

Box Figure 1: People's Perception of Zambia's Economic Conditions⁷⁶



Box Figure 2: People's Perception of their own Economic Conditions⁷⁷



NOTES

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- ¹⁹ Based on CSO data at zamstat.gov.zm and MFNP Economic Reports.
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- ⁵⁹ Carbon Dioxide Information Analysis Center, Environmental Sciences Division, Oak Ridge National Laboratory, Tennessee, United States.
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- ⁶⁵ MOH 2001.
- ⁶⁶ Development Cooperation Report 2009, MFNP and MDGR 2008.
- ⁶⁷ Article 4 of the PRBS MOU.
- ⁶⁸ Article 12 of the PRBS MOU lists these as GRZ's commitment to: (i) peace, democratic principles, the rule of law, good governance and integrity in public life, including the fight against corruption; (ii) public financial management reforms; and (iii) pursuing sound macroeconomic policies, as evidenced by a positive IMF assessment of overall macroeconomic performance.
- ⁶⁹ Table 15.
- ⁷⁰ E.g. Development Cooperation Report 2009 (MFNP).
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