United Nations

DP/FPA/CPD/ZMB/9

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
25 August 2022

Original: English

Second regular session 2022
29 August to 1 September 2022, New York
Item 5 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Zambia

Proposed indicative UNFPA assistance:	$32.5 million: $10.5 million from regular resources and $22.0 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

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

22-13173X (E) 260822

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I. Programme rationale

1. Zambia's population was estimated at 18.4 million in 2021, with approximately 57 per cent living in rural areas. The population is growing rapidly, at 2.8 per cent per year, partly due to high fertility. While the total fertility rate has declined (from 5.3 children per woman in 2014 to 4.7 in 2018), it is still high, particularly in rural areas (average of 5.8 children per woman). With a high annual growth rate, the population is projected to reach 23.6 million in 2030 (Central Statistical Office, 2013). The country is also experiencing a large demographic shift, with 65 per cent of the population under the age of 25 and 23.7 per cent aged 10-19 years (CCA, 2021). The population within the age range of 15-64 years is estimated at 53 per cent, with a high age dependency ratio of 92 persons per 100 people of working age.[1] With this demographic profile, Zambia is well positioned to harness the demographic dividend and accelerate progress towards the Sustainable Development Goals (SDGs) if targeted investments are made in proven social and economic policies supporting human capital development, with an emphasis on the health, education and empowerment of young people.

2. Zambia is a democratic country that aims to become a prosperous middle-income country, in line with the national long-term vision 2030 geared towards sustainably improving the living standards of people through economic recovery, stabilisation, steady growth and investments in the social sectors. This is further reinforced in the eighth National Development Plan (NDP), 2022-2026. During the last decade, the economy has grown at an average rate of 4.7 per cent, remaining highly dependent on copper mining, which accounted for about 21 per cent of gross domestic product, estimated at $19.32 billion in 2020. High public debt, of approximately $26.96 billion (GRS, 2021),[2] and a constrained fiscal space have negatively affected economic growth as well as progress towards the SDGs and attainment of key national development priorities. More than half (54.4 per cent) of the population live below the poverty line, with rural poverty much higher (76.6 per cent). Poverty is higher in female-headed households (at 56.7 per cent) compared to male-headed households (at 53.8 per cent) (LCMS, 2015) with a gender inequality index of 0.54 and a Gini coefficient of 0.69 (Gender Status Report, 2017-2019). The COVID-19 pandemic has deepened poverty and inequality in the country, exacerbating vulnerabilities of women, adolescent girls, young people, persons living with HIV, persons with disabilities (who comprise 15 per cent of the population),[3] refugees (0.4 per cent of the total population), internally displaced persons and mobile populations, particularly those in rural areas.

3. The Common Country Analysis (CCA) indicates that Zambia is experiencing humanitarian challenges, climate change, droughts, flooding and rising temperatures. Climate-related emergencies have caused major disruptions in access to life-saving commodities, including contraceptives, with women and girls disproportionately affected.[4] The Government has prioritized climate change adaptation, disaster risk preparedness and mitigation, recognizing the importance of health and protection systems to resilience building.

4. Zambia's contraceptive prevalence rate has increased (from 45 per cent in 2013/2014 to 48 per cent in 2018), while the unmet need for family planning among married women has declined (from 21 per cent in 2013/2014 to 20 per cent in 2018). The unmet need for family planning was highest among poor, less educated women and young people in rural areas. The adolescent fertility rate is among the highest in sub-Saharan Africa (135 births per 1,000 women), with only 30.1 per cent of sexually active adolescent girls aged 15-19 years using modern contraception. Teenage pregnancy[5] has increased (from 28.5 per cent in 2013/2014 to 29.2 per cent in 2018) partly due to gaps in comprehensive sexuality education (CSE)and harmful socio-cultural norms, compounded by weak referral systems and inadequate adolescent sexual reproductive health services. Despite progress made in demand-driven planning for reproductive health commodities, gaps still exist in readiness, agility, functionality and accountability

[1] Central Statistical Office (2013): Population Projections Report, 2011-2035.

[2] Government of the Republic of Zambia (2021), Public Debt Summary – as of end-June 2021.

[3] WHO and World Bank: World Report on Disability 2011; World Bank 2012 (Zambian Population) as cited by ILO, 2013 (https://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_115100.pdf).

[4] COVID-19 Response Needs Assessment, 2021; Socioeconomic Response to COVID-19, 2020.

[5] Percentage of women aged 15-19 years who have begun childbearing.

mechanisms in the health care system. key bottlenecks are weaknesses in supply chain management, impacting 'last-mile' distribution, and gaps in domestic financing, including affordability of health services. The COVID-19 pandemic disrupted service delivery, contributing to a decline in health service utilization, particularly antenatal care, health facility deliveries and uptake of family planning, with commodities remaining largely donor dependent as government expenditure accounts for approximately 11 per cent of the total financing requirements. The financing gap will be reduced through domestic financing modalities and other innovative financing mechanisms to facilitate the sustainability of family planning commodities and services. The country is making progress in the implementation of universal health coverage through the introduction of the national health insurance scheme, though additional efforts are required to increase scope, coverage and quality of health services.

5. Zambia recorded a reduction in maternal mortality (down from 398 per 100,000 live births in 2013/2014 to 252 per 100,000 live births in 2018). Skilled birth attendance increased from 64.2 per cent in 2013/2014 to 80.4 per cent in 2018, and institutional deliveries from 67.4 per cent in 2013/2014 to 83.8 per cent in 2018.[6] The country is far from meeting its SDG target of 70 per 100,000 live births by 2030. The 2020 maternal and perinatal death surveillance and response indicated that 84 per cent of maternal deaths occurred in health facilities; and many women continue to experience maternal morbidities, such as obstetric fistula, with at least 33,400 women and girls having suffered from obstetric fistula by 2018. Key bottlenecks are gaps in quality of care, including a weak referral system, shortage of midwives and limited skills among healthcare workers in emergency obstetric and newborn care, stock-outs of life-saving maternal health drugs and commodities, and inadequate supplies and equipment. These gaps are exacerbated during emergencies, reinforcing the need to ensure sustained availability of the Minimum Initial Services Package (MISP) for reproductive health in crisis situations to reduce the vulnerabilities of women, adolescents and young people. Moreover, in 2018, Zambia had the third highest incidence rate of cervical cancer in the world, with 66.4 new cases per 100,000 women. Harmful social norms and cultural practices adversely influence health-seeking behaviours among adolescent girls and women, contributing to delays in accessing care.

6. While Zambia's constitution recognizes the importance of gender equality, in line with the African Union Agenda 2063 and the Southern African Development Community protocol on gender and development, the prevalence of gender-based violence (GBV) remains high. In 2018, 46.8 per cent of women experienced violence (emotional, physical or sexual), a marginal decline from 47 per cent in 2013/2014. The prevalence of child marriage reduced marginally (from 31.7 per cent in 2013/2014 to 29 per cent in 2018) but is higher in rural than urban areas because the customary law is not bound by the legal age of consent to marriage. Harmful gender and social norms, limited involvement of men and boys in positive models of masculinity and weak multisectoral coordination have continued to undermine the status and role of women and girls in development. Furthermore, inadequate gender-disaggregated data and GBV data systems, within and across sectors, hinder the ability to track and monitor the effectiveness of policies and programmes.

7. Zambia has a generalized HIV epidemic, with a national prevalence of 11.1 per cent (2.6 per cent among girls aged 15-19 years, compared to 1.2 per cent among boys of the same age group). The country did not meet the global HIV fast-track target of reducing new infections by 75 per cent by 2020. Drivers of HIV infection include harmful practices such as child marriage, which predispose young girls to early and unprotected sex, unequal gender power relations affecting the ability of adolescent and young girls to negotiate safe sex, and gaps in access to SRH information and services.

8. Since the 2010 Population and Housing Census, additional administrative districts were created, increasing the need for local area population estimates and social services. The postponement of the 2020 Population and Housing Census to 2022 exacerbated data challenges experienced by planners and policymakers at lower-level administrative jurisdictions, affecting the delivery of essential social services. With a new national sampling frame from the 2022 census, it is envisaged that UNFPA support to the census, surveys and other subnational analyses

[6] Central Statistical Office: Zambia Demographic and Health Survey, 2013-2014, 2018

will mitigate the current data gaps, particularly at a time when the country is operationalizing the decentralization policy, which presents an opportunity for positioning the transformative results in key plans and strategies. Furthermore, the country has weak data management systems such as administrative records, including civil registration and vital statistics.

9. The evaluation of the previous country programme identified key achievements, including averting: 2,097,000 unintended pregnancies; 407,000 unsafe abortions; and 4,540 maternal deaths. Other achievements included reaching 2,058,000 new users of modern contraceptives and facilitating access to integrated SRH services to 25,328 GBV survivors.

10. Some of the lessons learned from the previous country programme included: (a) joint programmes achieved greater financial and technical synergies; (b) integration of sexual and reproductive health and reproductive rights (SRHR)/HIV/GBV increased access to services, (c) subnational analysis and production of subnational profiles were instrumental in increasing the dissemination and utilization of evidence-based data and identification of vulnerable populations and the most needy geographical areas; and (d) increased investments and synergistic integration in SRHR towards adolescents and youth, with a gender focus, are critical for improved outcomes.

11. UNFPA will leverage its comparative advantage in SRHR to advance the work of the United Nations system in Zambia, including through technical expertise on access to safe and voluntary family planning, maternal health, gender equality, and women and girl's empowerment. With UNFPA leadership on population dynamics, including the use of geospatial data to identify and support improved targeting of those furthest left behind, UNFPA is well positioned to add value to the work of the United Nations system in support of national development priorities.

II. Programme priorities and partnerships

12. The UNFPA Strategic Plan, 2022-2025, provides the strategic direction for the new country programme, which aims to accelerate progress towards the three transformative results (ending unmet need for family planning; ending preventable maternal deaths; and ending gender-based violence and harmful practices). In line with the 2030 Agenda for Sustainable Development, the country programme will contribute to Sustainable Development Goals (SDGs) 3, 4, 5, 10, 13, 16 and 17, and implementation of the voluntary commitments of ICPD+25. The programme, which incorporates lessons and outcomes of the evaluation of the previous country programme, is derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2027, and will contribute to achieving the four outcomes under the Prosperity, People, Planet and Peace pillars. The programme is developed on the principles of the 2030 Agenda, which emphasize the need to 'leave no one behind' and employ a human rights-based approach, gender equality, resilience, sustainability and accountability, underscoring the prevention of sexual exploitation and abuse. It was developed through consultations with key partners from the Government, cooperating partners, civil society organizations, United Nations agencies and programme beneficiaries, including women, adolescents and young people.

13. Building on the call for urgent action of the UNFPA Strategic Plan, 2022-2025, to achieve the commitments in the ICPD Programme of Action and focus on achieving universal access to SRHR for all by 2030, the country programme's vision is to accelerate the attainment of the three transformative results, as well as the regional priority on ending the sexual transmission of HIV, by reducing unmet need for family planning, from 20 per cent to 15 per cent by 2027 as a key entry point. The programme will contribute to increasing modern contraceptive use from 48 per cent to 65 per cent by focusing on sexually active adolescents aged 15-19 years, contributing to a reduction in adolescent pregnancies, new HIV infections and preventable maternal deaths. The programme will also contribute to reducing the maternal mortality ratio from 252 deaths per 100,000 live births to 160 per 100,000 live births; and reducing the proportion of women aged 15-49 years who experience emotional, physical or sexual violence from 46.8 per cent to 42 per cent, including a reduction in child marriage from 29 per cent to 25 per cent. Investments in the reduction of unmet need for family planning are key to accelerating the reduction of preventable maternal deaths and GBV and other harmful practices.

14. Priority will be placed on the following five accelerators to scale up progress towards the three transformative results: (a) human rights-based and gender-transformative approaches to strengthen agency of women, adolescents and young people, including the most vulnerable; (b) leveraging innovation and digitalization to ensure continuity of SRHR services, including enhanced surge capacity in humanitarian emergencies; (c) identifying multi-stakeholder and public-private partnerships and South-South and triangular cooperation that promote innovative financing for sustainable family planning; (d) disaggregated data and evidence to monitor and analyse the impact of megatrends on family planning, maternal mortality and GBV; and (e) focusing on 'leaving no one behind' and 'reaching the furthest left behind first' to enable targeting of the most vulnerable populations.

15. To accelerate reduction in unmet need for family planning, the programme will prioritize the following pathways: (a) mobilization of domestic resources for family planning, leveraging innovative financing mechanisms, (b) advocacy for the harmonization and implementation of policies to ensure an integrated approach to voluntary family planning; (c) strengthening resilient supply chains to improve commodity security; (d) scaling up innovative demand generation for integrated and client-centred SRHR services, including voluntary family planning for young people; (e) capacity development of duty bearers for high-quality family planning service provision; and (f) generation of data and evidence to identify and address gaps in unmet need for family planning.

16. To accelerate the reduction of preventable maternal deaths, the strategies, which are partly informed by the investment case on reproductive, maternal, newborn, child and adolescent health using a human rights-based approach, will focus on: (a) improving readiness and functionality of the primary health care delivery system, especially integration of quality SRHR interventions into the national universal health coverage frameworks; (b) scaling up of high-quality basic and comprehensive emergency obstetric and newborn care; (c) strengthening institutionalization and implementation of maternal perinatal death surveillance and response recommendations; (d) scaling up midwifery practices; (e) empowering women and girls to strengthen health-seeking behaviours and utilization of SRH services; and (f) scaling up the provision of the Minimum Initial Services Package (MISP) for reproductive health during emergencies and climatic events to reduce vulnerabilities among women, adolescents and young people.

17. To accelerate the reduction of GBV and harmful practices, UNFPA will employ human rights-based and gender-transformative approaches: (a) advocating for legal reforms, and resource allocation towards effective GBV prevention, response and policy implementation; (b) building the agency of girls at risk, including those affected by child marriages; (c) increase accessibility to essential multisectoral services, including prevention, protection and care-related services on GBV and harmful practices, menstrual hygiene and other SRHR needs; (d) addressing harmful and discriminatory gender and social norms, including engagement of men and boys for positive masculinity models; (e) leveraging multi-stakeholder partnerships and the private sector to promote the agency and economic empowerment women; (f) strengthening GBV data systems and survivor-centred services; and (g) strengthening social movements for prevention of GBV and child marriage.

18. To contribute to ending sexual transmission of HIV, the programme will focus on: (a) advocating for policies and high-impact initiatives to fast-track HIV prevention; (b) exploring innovative initiatives aimed at enhancing comprehensive condom programming; (c) scaling up technical support for efficient and evidence-informed multi-layered combination HIV prevention, with special focus on women, adolescent girls and key populations, including those with disabilities; and (d) scaling up proven and appropriate models for the integration of HIV prevention with family planning, sexually transmitted infections and other SRHR/GBV services. The interconnected nature of the three transformative results is critical for the achievement of universal access to SRHR, which is essential to producing gender, human capital and demographic dividends.

19. The new country programme will address data gaps to inform policy formulation and programming around the three transformative results. The programme will further strengthen data collection systems, prioritizing the collection of age- and sex-disaggregated and georeferenced

data among vulnerable groups, such as persons with disabilities, people living with HIV, internally displaced persons, refugees, adolescent boys and girls, women and mobile populations. This will be achieved through in-depth analyses of routine and non-routine surveys as well as thematic analyses of the 2022 Population and Housing Census.

20. Informed by the CCA, United Nations joint programming and other joint programmes, the programme will be implemented through four interconnected outputs: (a) policy and accountability; (b) quality of care and services; (c) data and evidence, including on population dynamics; and (d) adolescents and youth.

21. The programme will prioritize: (a) improving the policy, enabling environment and sustainable financing for SRHR; (b) scaling up the availability and utilization of high-quality integrated SRHR services, including family planning, maternal health, HIV, and gender-based violence prevention services, particularly by women, adolescents and young people; (c) preventing gender-based violence and harmful practices, including child marriages; and (d) improving data systems and analysis of population dynamics and its impact on SRHR

22. The programme will prioritize adolescent girls and young women in rural and hard-to-reach areas, persons with disabilities, mobile populations, refugees and key populations, including by using innovative programming. The programme will consider the impact of megatrends, such as climate change, urbanization, demographic shifts, inequalities and innovations, and continue to build forward better in the context of the COVID-19 pandemic.

23. The programme will apply the following modes of engagement: (a) policy advocacy; (b) knowledge management; (c) capacity building; (d) partnership and coordination of South-South and triangular cooperation; and (e) service delivery (to a lesser extent). The programme will be implemented at national and subnational levels, in selected provinces, especially in rural, underserved and hard-to-reach areas. Prioritization of target provinces will be informed by the status of population and SRH indicators, in collaboration with other United Nations agencies – UNDP, UNICEF, United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organisation (WHO), UNAIDS, UN-Women, United Nations Volunteers (UNV), International Labour Organization (ILO), International Organization for Migration (IOM), World Food Programme (WFP), Office of the United Nations High Commissioner for Human Rights (OHCHR) and United Nations High Commissioner for Refugees (UNHCR), among others – to enhance coherence and maximize efficiencies.

24. The programme will continue to apply a joint programming approach with other United Nations agencies to leverage the financial and technical expertise within the United Nations system. Strategic and non-traditional partnerships will be established at national and regional levels, with implementation at national and subnational levels. UNFPA will scale up partnerships with the Government, bilateral donors, cooperating partners, international financial institutions, civil society, the private sector, organizations of persons with disabilities, faith-based organizations, academia, professional associations, communities and community-based volunteers in the implementation of the programme.

B. Output 1: By 2027, enhanced integration of sexual and reproductive health and rights, including the prevention of and response to gender-based violence and harmful practices into policies and plans, relevant laws and accountability frameworks, which are effectively implemented, monitored and evaluated

25. The output will contribute to the UNSDCF outcome on the People, Peace, Planet Pillars, mainly through promotion of a human rights-based approach to SRHR services. Using a multisectoral approach, the programme will: (a) advocate for improved accountability for national commitments anchored in a country compact focused on sustainable domestic and innovative financing for contraceptives; (b) strengthen the integration of maternal, newborn and adolescent health services and prevention of GBV and HIV into national policies, universal health coverage plans and strategies; (c) advocate for the integration of the Minimum Initial Service Package (MISP), including disaster risk reduction and climate response, into health and protection policies and strategies; (d) advocate for implementation of SRHR/HIV/GBV policies, including full

resourcing and implementation of anti-GBV laws; (e) provide technical assistance to strengthen accountability mechanisms for equitable access to high-quality integrated SRHR/HIV/GBV services, including financial protection for women, adolescents and youth; (f) expand evidence-based investment cases on family planning, reducing maternal deaths, gender-based violence and harmful practices.

C. Output 2: By 2027, strengthened capacities of systems, institutions and communities to provide high-quality integrated sexual reproductive health and rights information and services to address HIV and gender-based violence, in development and humanitarian contexts

26. This output will contribute to the UNSDCF outcomes under the People and Peace Pillars, which seek to ensure that marginalized and vulnerable groups have equitable access to and utilization of high-quality, inclusive, gender and shock-responsive universal social services. Incorporating the use of innovation and digital platforms, the output will prioritize improved readiness, functionality and resilience of the health system, at all levels, and enhanced access to high-quality integrated SRHR/HIV/GBV services that leave-no-one behind by: (a) strengthening national capacities to facilitate resilient supply chains for availability and access to high-quality reproductive health commodities; (b) strengthening the delivery of client-centred, high-quality integrated SRHR services, including family planning, maternal and newborn care, access to comprehensive abortion care to the full extent of Zambia's laws and World Health Organization guidelines, HIV prevention and the essential services package on GBV; (c) scaling-up the skilled midwifery workforce capacity to provide high-quality ethical care and advocacy for equitable deployment strategies; (d) strengthening the functionality of basic and comprehensive emergency obstetric and newborn care services, including communications, referral services and the provision of MISP in emergencies; (e) strengthening the national maternal perinatal death surveillance and response system, focusing on implementation of recommendations; (f) empowering those furthest left behind, especially women, adolescents and youth, and persons with disabilities, to improve detection of early childbearing in the communities, SRHR/GBV health-seeking behaviours and demand for high-quality services (such as antenatal care and early referrals); and (g) strengthening the capacity of health care providers to manage reproductive health cancers, especially cervical cancer, and management of obstetric fistula.

D. Output 3: By 2027, strengthened data systems and evidence built on relevant and current population dynamics, socio-economic and environmental changes to inform development, humanitarian and recovery policies, plans and programmes on gender and SRHR

27. This output will contribute to all the UNSDCF People, Prosperity, Peace and Planet pillars through disaggregated data and evidence-based policy formulation, programming and decision-making, including tracking of the progress made towards achievement of the SDGs. It will contribute to strengthening data systems and evidence-based analysis to inform policies, programming and planning by: (a) strengthening national and subnational capacities for generation, analysis, dissemination and utilization of data on population dynamics and mega-trends, such as mobility, urbanization and climate change, particularly for vulnerable populations; (b) advocacy for financial investments towards high-quality analysis of the 2022 Population and Housing Census and other national surveys; (c) strengthening administrative data systems including the GBV management information system; civil registration and vital statistics, in collaboration with United Nations agencies and other stakeholders; and (d) advocacy for inclusion of age-sex disaggregation of SRHR data in the health management information system.

E. Output 4: By 2027, adolescents and young people have strengthened skills and opportunities to exercise their rights to sexual and reproductive health services and information, especially bodily autonomy, leadership and participation

28. This output will enhance the skills of adolescents and youth and empower them to make informed decisions about their sexual and reproductive health and rights. It will mitigate their

risk of embracing harmful behaviours, while promoting positive social norms and protective factors that support youth development.

29. Driven by innovation and digitalization, the output contributes to the UNSDCF outcomes on the People, Peace and Prosperity pillars, including national priorities to improve the well-being of adolescents and young people, with an emphasis on reduction of child marriages, adolescent pregnancies and maternal deaths, by: (a) strengthening and scaling up the availability and access to youth-responsive integrated SRHR/HIV/GBV services, especially for young people with disabilities and those in underserved areas; (b) strengthening strategic partnerships for investing in education of adolescent girls; (c); advocacy and scaling up in-school and out-of-school comprehensive sexuality education (CSE) and social behavioural change communication, with the rolling out of functional referral systems between CSE, SRHR and GBV services for young people; (d) empowering young people with life skills (health, social and economic assets) to exercise their agency, prevent and advocate against adolescent pregnancy, child marriage, GBV and other harmful practices; (e) enhancing the leadership and meaningful participation of young people in national development issues, including SRHR/HIV/GBV; (f) capacity building of civil society and community influencers to eliminate harmful socio-cultural and discriminatory gender norms affecting adolescents and young people, including child marriage; and (g) promoting positive masculinity models to challenge discriminatory norms, including those that increase the vulnerabilities of adolescents and young people.

III. Programme and risk management

30. Under the overall coordination of the Ministry of Finance and National Planning, in collaboration with other national partners and the United Nations system in Zambia, the programme will be implemented, monitored and evaluated in line with UNFPA guidelines and procedures. Government leadership in programme implementation will be strengthened to ensure national ownership and sustainability.

31. UNFPA, in collaboration with the Government, will ensure that programme design, implementation and management are informed by systematic, structured and timely risk identification and analysis. Risk-responsive reviews will be implemented to preserve and sustain the value of programme investments. The harmonized approach to cash transfers will be used, leveraging inter-agency cooperation for risk mitigation and cost efficiencies.

32. Potential risks to the programme include: (a) economic instability, which may result in reduced investments in health and other social services; (b) environment and climate change-induced shocks, which include drought, floods and epidemics, such as the COVID-19 pandemic; and (c) perpetuation of gender inequality.

33. Risk mitigation strategies include: (a) diversifying partnerships for resource mobilization, including with the private sector and other United Nations agencies; (b) partnering with other United Nations agencies to strengthen preparedness, and response to crises, including the COVID-19 pandemic; and (c) intensifying implementation of gender-transformative approaches. UNFPA will also seek to minimize programme disruptions by becoming more agile and flexible in the face of crises and by implementing business continuity plans, and, if necessary, will seek Government authority to re-programme funds to provide life-saving interventions within its mandate;

34. Informed by the country office partnership and resource mobilization strategy, the programme will intensify resource mobilization and innovative financing efforts, targeting domestic resources, traditional and non-traditional donors, and the private sector. Additionally, UNFPA will shift from funding to financing by leveraging partnerships with governments and South-South and triangular cooperation, as well as international financial institutions, for the realization of the transformative results.

35. Based on the recommendations of the evaluation of the previous country programme, the country office will strengthen the capacity and setup of the human resource required to deliver the results of the new programme. Implementation of the human resources plan will ensure that national and subnational offices all have the required skill mix. The programme will benefit from

additional technical assistance from the regional office and UNFPA headquarters, while leveraging the capacity of other entities through South-South and triangular cooperation.

36. This country programme outlines UNFPA contributions to achieving national objectives and serves as the primary unit of accountability to the Executive Board for results alignment and resource management at the country level. Accountabilities at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

37. UNFPA will contribute to the United Nations ‘delivering-as-one’ modality through active participation in joint programming and joint programmes, monitoring, reporting and evaluation of the UNSDCF, 2023-2027. The UN Info platform will be used to report on and consolidate information by aligning the country programme results framework with the UNSDCF results framework. Joint workplans will include agency-specific activities and outputs, aligned to government priorities, with roles and responsibilities clearly articulated.

38. The monitoring and evaluation plan will include joint monitoring approaches with implementing partners; joint field monitoring visits (including with funding partners); periodic reviews; evaluations of joint projects; risk assessments; and adjustment to workplans, if necessary; and the use of UNFPA platforms for monitoring budget implementation, progress reports and achievement of results. Quarterly and annual results reporting, monitoring data and evidence from evaluations will be used through adaptive learning to strategically shape policy and inform programme adaptation. As part of the evaluation plan, the programme will support innovative and participatory approaches for the measurement of progress towards the attainment of the ICPD+25 voluntary commitments and the SDGs, including other regional, continental and global commitments.

39. UNFPA, in conjunction with Government and other partners, will conduct an end-of-programme evaluation and undertake thematic evaluations, as needed. The Government and UNFPA will work with other United Nations agencies, multilateral and bilateral partners to strengthen national and country monitoring and evaluation mechanisms to systematically obtain evidence to track results, especially on the SDGs and the National development Plan, and enhance evidence-based decisions.

40. The programme will integrate the monitoring and reporting of the country programme results framework within the UNSDCF. In line with United Nations reform, UNFPA will contribute to the ‘delivering-as-one’ modality through the UNSDCF programming mechanisms. UNFPA will lead the United Nations data and monitoring and evaluation and gender thematic groups on rotation basis and participate or lead in the results groups relating to the UNFPA mandate, as required. The programme will support joint interventions, including joint periodic programme reviews, quality assurance and reporting, in collaboration with the United Nations country team.

RESULTS AND RESOURCES FRAMEWORK FOR ZAMBIA (2023-2027)

NATIONAL PRIORITY: *Prosperity* – Economic transformation and job creation. *People* – Human and social development. *Planet* – Environmental sustainability. *Peace* – Good governance and human rights

UNSDCF OUTCOME(S): *Prosperity:* By 2027, all people in Zambia, particularly the marginalized and vulnerable, benefit from an inclusive, resilient, and sustainable economy that provides equitable, diverse and sustainable opportunities for decent jobs, livelihoods and businesses. *People:* By 2027, all people in Zambia, including the marginalised and vulnerable groups, have equitable access to and utilisation of quality, inclusive, and gender and shock-responsive universal social services. *Planet:* By 2027, ecosystems are healthier, and all people, particularly the marginalised and vulnerable, are more resilient, contribute to and benefit from the sustainable management and use of natural resources and environmental services, and more effective responses to climate change, shocks and stresses. *Peace:* By 2027, all people, particularly the marginalised and vulnerable, participate in and benefit from sustained peace, democracy, human rights, the rule of law, justice, non-discrimination, equality and inclusive and transformative governance.

RELATED UNFPA STRATEGIC PLAN OUTCOME: 1: By 2025, the reduction unmet need in family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF Outcome indicators: • Gender inequality index *Baseline: 0.54 (2019); Target: 0.48 (2027)* • Adolescent fertility rate *Baseline: 135 (2018); Target: 120 (2027)* • Percentage of ever-married women aged 15 years and older who have ever experienced physical, sexual or emotional violence committed by their current or most recent partner *Baseline: 46.8% (2018); Target: 42% (2027)* Related UNFPA Strategic Plan outcome indicator(s): • Unmet need for family planning *Baseline: 20 (2018); Target: 15 (2027)* • Percentage of government contribution towards the	Output 1. By 2027, enhanced integration of sexual and reproductive health and rights, including the prevention of and response to gender-based violence and harmful practices, into policies and plans, relevant laws and accountability frameworks, which are effectively implemented, monitored and evaluated	• Number of national policies that integrate SRH/HIV/GBV *Baseline: 3 (2021); Target: 7 (2027)* • Number of national policies and strategies that integrate MISP *Baseline: 1 (2021); Target:3 (2027)* • Number of South-South and triangular cooperation exchanges facilitated *Baseline: 0 (2021); Target: 5 (2027)*	Ministry of Finance and National Planning; Ministry of Health; Ministry of Home Affairs and Internal Security; Ministry of Youth Sports and Arts; Ministry of Education; Gender Division; Disaster Management and Mitigation Unit; National AIDS Council; Zambia Statistics Agency; civil society organizations; UNDP; WHO; UNICEF; ILO; IOM; UNHCR; UNESCO; OHCHR; UN-Women; WFP; FAO; UNAIDS; World Bank.	$4.8 million ($1.3 million from regular resources and $3.5 million from other resources)
	Output 2. By 2027, strengthened capacities of systems, institutions and communities to provide high-quality integrated sexual reproductive health and rights information and services to address HIV and gender-based violence, in development and humanitarian contexts.	• Percentage of public health facilities reporting stockouts of contraceptives in the last year *Baseline (2021): 35%; Target: 10%* • Couple years of protection against unintended pregnancy *Baseline (2021): 2,840,349; Target: 4,000,000* • Number of public health facilities with full emergency obstetric and neonatal clinical functionality with UNFPA support *Baseline (2014): Comprehensive: 74; Target: 100* *Basic: 296; Target: 500* • Number of GBV survivors who access the essential package of services in supported districts *Baseline (2021): 2,214; Target: 12,000*	Ministry of Finance and National Planning; Ministry of Health; Ministry of Home Affairs and Internal Security (Zambia Police, Victim Support Unit); Disaster Management and Mitigation Unit; Midwives Association of Zambia; Zambia Agency for Persons with Disabilities; National AIDS Council; civil society organizations; the private sector; Zambia Medicines and Medical Supplies Agency; WHO; ILO; UNHCR; IOM; UNICEF; UNDP; UNAIDS;	$12.3 million ($3.6 million from regular resources and $8.7 million from other resources)

cost of reproductive health commodities *Baseline: 11 (2021); Target: 20* • Proportion of women whose need for family planning is satisfied with modern methods *Baseline (2018): 66.2%, Target: 75%* • Percentage of women aged 15-19 years who have begun childbearing *Baseline (2018): 29; Target: 25* • Maternal mortality ratio *Baseline (2018): 252; Target: 160* • Proportion of births attended by skilled health personnel *Baseline (2018): 80.4%; Target: 90%* • Annual HIV incidence (15-49 years) *Baseline (2016): Total: 0.64%; Target:0.16%* *Female: 1.0%; Target:0.25%* *Male: 0.28%, Target:0.07%*		• Number of organizations for persons with disabilities capacitated to access SRHR/HIV/GBV services *Baseline (2021): 1; Target: 5 (2027)*	UN-Women; UNESCO; faith-based organizations	
	<u>Output 3</u>. By 2027, strengthened data systems and evidence built on relevant and current population dynamics, socio-economic and environmental changes to inform development, humanitarian and recovery policies, plans and programmes on sexual and reproductive health and rights, including gender	• Number of provinces with technical capacity to collect, analyse and use disaggregated SRH/HIV/GBV data and population dynamics to inform plans, policies and programmes *Baseline (2021): 2, Target: 5* • Number of monographs, infographics and in-depth reports on SRH/HIV/GBV generated with disaggregated data, including in humanitarian preparedness and response *Baseline (2021): 28, Target: 48* • National emergency obstetric and newborn care assessment conducted *Baseline (2021): No, Target: Yes* • Functional real-time GBV central management information system established *Baseline: No (2021); Target: Yes (2027)*	Ministry of Finance and National Planning; Ministry of Health; Ministry of Home Affairs and Internal Security; Education; Disaster Management and Mitigation Unit; Midwives Association of Zambia; National AIDS Council; Zambia Statistics Agency; academia; Zambia Medicines and Medical Supplies Agency; UNDP; United Nations Economic Commission for Africa; ILO; UNICEF; WHO; UNHCR; World Bank	$6.2 million ($1.8 million from regular resources and $4.4 million from other resources)
	<u>Output 4</u>. By 2027, adolescents and young people have strengthened skills and opportunities to exercise their rights to sexual and reproductive health services and information, especially bodily autonomy, leadership and participation.	• Number of health service delivery points offering standard package of adolescent and youth-friendly services in UNFPA-supported provinces *Baseline (2021): 150, Target: 450* • Number of youth network members trained in advocacy for integrated SRH/HIV/GBV and youth development *Baseline (2021): 450, Target: 1,000* • Number of teachers trained to provide high-quality comprehensive sexuality education curricula in schools *Baseline (2021): 694, Target: 3,500* • Number of vulnerable girls that are reached by life-skills programmes that build their health, social and economic assets *Baseline (2021): 11,851, Target: 150,000* • Number of traditional and community leaders who are using various platforms to address, gender-based violence, child marriage and adolescent pregnancy *Baseline (2021): 140, Target: 700*	Ministry of Finance and National Planning; Ministry of Health; Ministry of Youth Sports and Arts; Ministry of Education; Gender Division, Disaster Management and Mitigation Unit; Zambia Agency for Persons with Disabilities; National AIDS Council; Zambia Statistics Agency; civil society organizations; academia; the private sector, UNESCO; UNDP; UNICEF; WHO; ILO; UNHCR; UNAIDS; World Bank; faith-based organizations.	$7.7 million ($2.2 million from regular resources and $5.5 million from other resources) __________ Programme coordination and assistance: $1.5 million from regular resources