# Millennium Development Goals Progress Report 2003

# ZAMBIA

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# Foreword

In September 2000, Zambia together with 190 other countries signed the Millennium Declaration at the United Nations Millennium Summit, in which she dedicated herself to addressing and eventually overcoming the human development challenges in Zambia. The signing of the declaration marked the beginning of international cooperation at a scale never seen before to fight poverty, hunger and other deprivations facing the majority of the world. Eight Millennium Development Goals (MDGs), to be achieved by 2015, were subsequently formulated to guide this effort.

For Zambia the MDGs synthesises the country's own long-term aspirations whose achievements are being sought through the implementation of strategies contained in the Poverty Reduction Strategy Paper (PRSP) and the Transitional National Development Plan (TNDP). It is important to note that the PRSP and the TNDP were developed in a very participatory way involving all stakeholders from the civil society, academia, private sector and the international community in Zambia.

This report is the first to assess the progress towards achieving the MDGs in Zambia. The report highlights the fact that in many areas of human well-being, efforts are being made to make positive changes, but that this challenge has a long way to be fully achieved. To achieve the MDGs, Zambia needs to improve the mechanisms for effective implementation of the programmes and projects in the PRSP and the TNDP. The country should also encourage the full participation of all stakeholders including the cooperating partners in mobilising the required resources.

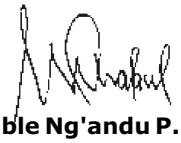
The report indicates that even though efforts are being made under the poverty reduction programmes, the levels of intervention are still too low to make a meaningful impact by 2015 on the identified indicators. This calls for concerted efforts from all Zambians and our partners in planning and implementation of programmes and projects aimed at improving the living standards of the Zambian people within the context of the MDGs.

The task at hand is enormous, but it is achievable. For example, halving extreme poverty and reducing the maternal mortality ratio by three-quarters are unlikely to be achieved by 2015 with the current efforts. However, Zambia has the potential to achieve universal primary education; reduce the under-5 mortality rate by two-thirds; reverse the trends of HIV/AIDS, malaria and other major diseases; increase sustainable access to safe drinking water; and reduce hunger as the indicators show positive trends. The target of eliminating gender inequality in primary and secondary schools by 2015 could also be achieved. Success in these areas however, depends on further strengthening of the supportive environment from all stakeholders.

Overall, the report shows that achieving the MDGs remains a major challenge. The Government of the Republic of Zambia is committed to reversing the negative trends. This will be achieved through the creation and further strengthening of the supportive environment and by mobilising the required resources and making the necessary social and economic investments.

I would like to appeal to all national stakeholders to play their part in ensuring the success of our efforts towards achieving the MDGs. This entails the establishment and strengthening of the needed structures, capacities, and alliances for our common goal of reducing poverty in the interest of social welfare. Every one of us from the Government to the individual citizen should be prepared to work hard and diligently to realise our dreams. On my part, I shall ensure that Government does everything possible towards the accomplishment of this noble mission. I therefore urge our people in every part of the country to rededicate their energies to winning the fight against poverty. The fight is complex and while progress will be slow and gradual, our remaining resolute will assure us of victory.

Lastly, I would like to thank all our cooperating partners who have continued to support us in this noble fight. My appeal to them is that they should continue to support us implement the PRSP/TNDP to enable us achieve the MDGs by 2015.



**Honourable Ng'andu P.Magande, MP**
**Minister of Finance and National Planning**
**Government of the Republic of Zambia**

# Preface

The MDGs Report is an important tool in setting a platform for dialogue in Zambia on the critical issues of human development. It provides a chance for another look at the current human development challenges and discuss the responses that can be taken by Government and complemented by her cooperating partners to overcome the challenges. The United Nations system hopes that this dialogue will move beyond debate to the formulation of concrete actions that will help Zambia take significant steps in achieving the Millennium Development Goals.

This report is written through a collaborative alliance between Government, Civil Society Organisations under the umbrella of the Civil Society for Poverty Reduction (CSPR), academia, political leaders and the UN Country Team (UNCT). A National MDG Task Force comprising the Ministry of Finance and National Planning, Cabinet Office, CSPR and UNCT was tasked to consult all stakeholders and produce the report that can be nationally owned because it speaks for everyone.

The exercise generated a momentum that drove the activities and stimulated the active participation of all the stakeholders. The UN Country Team will strive to ensure that this momentum is sustained to carry through the next important steps of the MDGs campaign, which involves further sensitisation, localising the MDGs and costing them.

On behalf of the UNCT, I wish to acknowledge Government's leadership of the Task Force through the Ministry of Finance and National Planning that galvanised the active participation of all the relevant Ministries and institutions. In this regard, I wish to thank Mr. Richard Chizyuka, Permanent Secretary and Mr. James Mulungushi Director of Planning and their team for this leadership. I also wish to thank all Civil Society Organisations that participated through the Civil Society for Poverty Reduction as well as the Economic Association of Zambia for facilitating the activities. Also acknowledged is the active participation of Senior Chieftainesses Chiyawa and Nkomeshe and Senior Chief Nalubamba.

**Aeneas C. Chuma**
**Resident Coordinator**
**United Nations System in Zambia**

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# List of acronymns

| | |
|---|---|
| AGOA | African Growth Opportunity Act |
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Ante Natal Clinic |
| ARVs | Anti-Retrovirals |
| BESSIP | Basic Education Sector Investment Programme |
| CBO | Community Based Organisation |
| CBoH | Central Board of Health |
| CSO | Central Statistical Office |
| DDCC | District Development Coordinating Committee |
| EBA | European Business Assistance |
| EBA | Everything But Arms |
| ECZ | Environmental Council of Zambia |
| ENRM | Environment and Natural Resource Management |
| EPPCA | Environmental Protection and Pollution Control Act |
| ESS | Epidemilogical Sentinel Surveillance |
| GDP | Gross Domestic Product |
| GIDD | Gender in Development Division |
| HIPIC | Highly Indebted Poor Countries |
| HIV | Human Immuno-deficiency Virus |
| IEC | Information Education and Communication |
| IFMIS | Integrated Financial Management Information System |
| IMR | Infant Mortality Rate |
| IMCI | Integrated Management of Childhood Infections |
| ITN | Insecticide Treated Net |
| MDGs | Millennium Development Goals |
| MMR | Maternal Mortality Rate |
| MOE | Ministry of Education |
| MoH | Ministry of Health |
| MTEF | Medium-Term Expenditure Framework |
| NAC | National AIDS Council |
| NAPPC | National AIDS Prevention and Control Programme |
| NEAP | National Environmental Action Programme |
| NER | Net Enrolment Ratio |
| NFNC | National Food and Nutrition Commission |
| FNC | National Food and Nutrition Commission |
| NID | National Immunisation Day |
| NGO | Non-Governmental Organisation |
| NWASCO | National Water and Sanitation Council |
| ODA | Official Development Assistance |
| OECD | Organisation for Economic Cooperation and Development |
| PAGE | Programme for the Advancement of Girls Education |
| PEMFAR | Public Management and Financial Accounting Reforms |
| PLWHA | People Living With HIV/AIDS |
| PMTCT | Prevention of Mother to Child Transmission of HIV |
| PRGF | Poverty Reduction Growth Facility |
| PRPs | Poverty Reduction Programmes |
| PRSP | Poverty Reduction Strategy Paper |
| SADC | Southern African Development Community |
| SMP | Staff Monitored Program |
| SPS | Sanitary and Phytosanitary |
| STI | Sexual Transmitted Infection |
| TB | Tuberculosis |
| TRIPS | Trade Related Intellectual Rights |
| TNDP | Transitional National Development Plan |
| TOE | Tonnes of Oil Equivalent |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| VCT | Voluntary Counselling and Testing |
| WASHE | Water, Sanitation and Health Education |
| WRAP | Water Resources Action Programme |
| WTO | World Trade Organisation |
| ZAWA | Zambia Wildlife Authority |
| ZDHS | Zambia Demographic and Health Survey |
| ZFAP | Zambia Forestry Action Programme |

# Status at a Glance

## Zambia's Progress Towards the Development Goals

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

# Introduction

This is the first Millennium Development Goals (MDGs) Progress Report for Zambia. It aims at generating dialogue on all aspects of development including the setting of national targets, designing pro-poor policies and enabling all parties to hold each other accountable for shared objectives towards the realization of the goals. In this process, civil society, the private sector, government and development partners all play complementary roles.

The Millennium Development Goals, which are to be achieved by 2015, were adopted at the United Nations (UN) Millennium Summit and are listed as follows:

1. Eradicate extreme poverty and hunger;
2. Achieve universal primary education;
3. Promote gender equality and women empowerment;
4. Reduce child mortality;
5. Improve maternal health;
6. Combat HIV/AIDS, malaria and other diseases;
7. Ensure environmental sustainability; and,
8. Develop a global partnership for development.

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

This report uses the same mechanism in monitoring progress and poverty reduction as utilized by other national frameworks and initiatives such as the Poverty Reduction Strategy Paper (PRSP), which is the poverty focus of the Transitional National Development Plan (TNDP). The MDG targets and indicators will be domesticated using the targets in the PRSP process.

The trends in this report are based on information at three points in time, where possible; 1990, 2000 and 2015. Whenever data is not available for 1990 or 2000, the estimates cited refer to years closest to the two points in time. The year of the data is indicated in the tables. For 2015, the targets are calculated using the 1990 baseline data according to how the relevant target has been formulated. Data used in this report is mainly from Central Statistical Office (CSO) and other national data sources.

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

# Zambia: Development Context

Zambia has a population of 9.9 million of which 65 percent lives in rural areas. About 73 percent of the population is poor, while 58 percent lives in extreme poverty. Compared to other countries worldwide, Zambia's development lags behind as indicated by the United Nations Development Programme (UNDP) 2003 Human Development Report. In the Report, Zambia's human development index ranks 163 out of the 175 countries surveyed.

## Socio-economic Situation

Since independence in 1964, Zambia has experienced a mix of positive and negative policy changes, external conditions, and economic performance. For example, the country's economic policy has varied between administrative controls and liberal economic management. Since the 1980s, a number of reforms have been introduced aimed at restructuring the economy and restoring economic growth, following the collapse of copper prices. After 1991, the breadth and pace of the reforms was increased but despite this, economic performance has been unsatisfactory. On average, growth in GDP has been fluctuating at low levels as shown below.

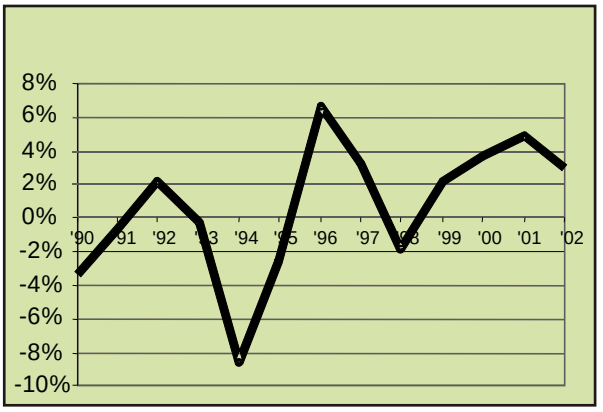
Annual inflation is still high although it has substantially reduced from three digits in 1993 to below 30 percent since 2001.
Unfortunately, the external environment continues to be unfavourable. Low copper prices coupled with low production has resulted in a decline in foreign exchange earnings. However, the significant increase in non-traditional exports since the early 1980s has helped to cushion the economy.

It is sad to note that Zambia continues to be one of the most highly indebted countries in the world. As at December 2002, her external debt was estimated at US $7.1 billion, giving a per capita debt of over US$700 as compared to a per capita income of $360. The domestic debt, at K4, 988.7 billion (about US$ 1.1 billion) in June 2003, poses serious challenges given its implications on the key macroeconomic variables.

On the social front, while infant mortality has declined, maternal mortality has risen. About 16 percent of the adult population aged between 15 and 49 years are living with HIV while Tuberculosis and Malaria cases have also been on the increase. The education sector has not been impressive either; enrolments for both primary and secondary school have been declining while literacy rates have not improved.

Over 80 percent of the population has no access to electricity for their energy use while half of the population has no access to safe drinking water. Clearly, Zambia starts the new millennium faced with serious challenges to development that she has to overcome to make the MDGs a reality.

**Figure 1: Real GDP Growth**



# Eradicate Extreme Poverty and Hunger

# Goal 1

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

### Status and Trends

Almost three quarters of the population live below the national poverty line. The Objective of reducing extreme poverty from 58 percent in 1998 to 29 percent in 2015 constitutes a major challenge for Zambia. Extreme poverty is much higher in rural areas (71 percent) compared to urban areas (36 percent). Relative to 1991, these represent an increase for urban areas from 32 percent but a decrease for rural areas from 81 percent.

Youth unemployment is also high, especially in urban areas where it has increased from 34 percent in 1990 to 51 percent in 2000.

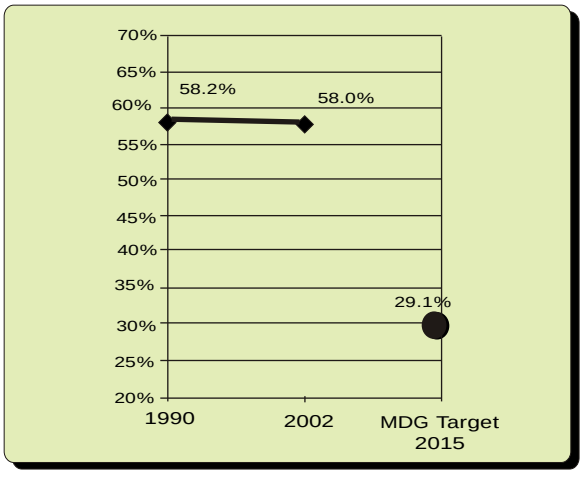
The high poverty levels in Zambia are due to many factors including unfavourable terms of trade, the debt burden, and an unstable macroeconomic environment.

### Challenges

To meet the MDG target, extreme poverty must reduce from 58.2% in 1991 to 29.1% in 2015. Major challenges to overcome include:

- Achieving broad-based pro-poor economic growth.
- Reaching Highly Indebted Poor Countries (HIPC) completion point to release resources going into debt service for economic expansion and poverty reduction.
- Maintaining a poverty focus in resource allocation.
- Overcoming obstacles to good governance including accelerating the implementation of the decentralisation policy.

### Figure 2: Proportion of People Living in Extreme Poverty




### Supportive Environment

Despite the big challenges that remain, the Government has shown commitment to addressing the current high levels of poverty through various initiatives. The Poverty Reduction Strategy Paper (PRSP) and the Transitional National development Plan (TNDP) provide strategies for poverty reduction. A Medium Term Expenditure Framework (MTEF) which programs expenditure prioritisation on a 3-year basis has been adopted through a consultative process that will ensure transparency and ownership by stakeholders of the budgeting process.

### Table1: Status in figures

| Indicator | 1991 | 1998 | Target for 2015 |
|---|---|---|---|
| Proportion of people living in extreme poverty (%) | 58.2 | 58.0 | 29.1 |

### Status at a glance

**Will target be met?**
**Probably Potentially Unlikely Insufficient data**
**State of supportive environment**
**Strong Fair Weak but improving Improving Weak**

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

### Status and Trends

The high levels of hunger manifested in a deteriorating food security and nutrition situation are a cause of serious concern. As a result, Zambia is experiencing a high prevalence of stunting among children aged under five years, currently at 47 percent nationally. Stunting reflects chronic malnutrition caused by low food intake. The problem is more serious in rural areas at 52 percent compared to urban areas where it is 34 percent. In all areas, however, the poor are the most negatively affected.

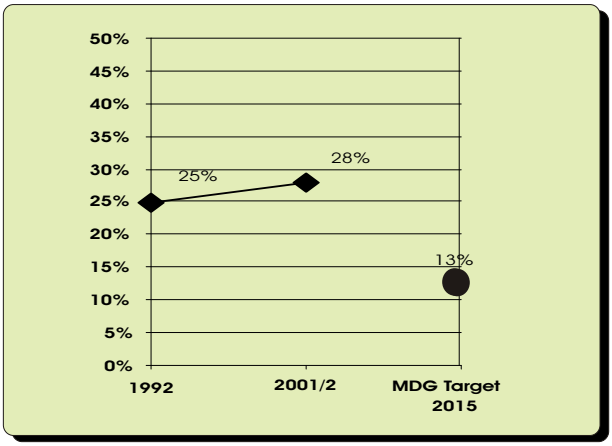
Another common problem, wasting or acute malnutrition, affects about 5 and 6 percent of all rural and urban households respectively. In addition to this, about 28 percent of the children aged under five years were underweight in 2001/2, a rise from 25 percent in 1992.

Nineteen percent of the households reported that they seldom or never had enough to eat and are thereby chronically food insecure; 11 percent in urban areas and 24 percent in rural areas.

Zambia's food security situation is poor despite the occasional surpluses the country produces during good crop years. Key causes include: high poverty levels undermining productivity; unfavourable agricultural practices; inadequate market access; droughts and floods; and labour shortages due to the HIV/AIDS epidemic.

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

**Figure 3: Underweight-Under Five Children**




### Challenges

To meet the MDG target on hunger, the following key challenges need to be addressed:

- Low agricultural productivity.
- High post-harvest losses.High animal losses.
- Slow response to food crises due to deficiencies in the early warning system and inadequate strategic food reserves.
- Strengthening legislation for land reforms.

## Supportive Environment

Government and other development agencies have recognized the importance of agriculture as the engine for reducing poverty in Zambia because it is the main source of livelihood for the majority of the rural people. The PRSP and TNDP and other policy documents emphasize agricultural development. Many other organisations are complementing Government efforts in promoting food security and nutrition. These include: NGOs, research institutions, cooperating partners, and the private sector.

### Table 2: Status in figures

| Indicator | Value 1990 | Value 2001/2 | Value 2015 |
|---|---|---|---|
| Percentage of underweight Children (under 5years of age) | 25 [1] | 28 | 12.5 |
| Percentage of stunted children (under 5years of age) | 40 [1] | 47 | 20.0 |
| Percentage of wasted children (under 5years of age) | 51 [1] | 5 | 2.5 |

[1] *Data for 1992*

### Status at a glance

**Will target be met?**

**Probably Potentially Unlikely Insufficient data**

**State of supportive environment**

**Strong Fair Weak but improving Improving Weak**

# Goal 2 Achieve Universal Primary Education

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

### Status and Trends

Improving educational status is critical in the fight against poverty and hunger and in improving well-being for the country as a whole. Education builds people's abilities in terms of skills and the ability to receive and process information for livelihood choices. Yet Zambia is facing reversals in educational attainment. The primary Net Enrolment Ratio (NER) dropped by 4 percentage points between 1990 and 2003. However, the proportion of grade 1 pupils reaching grade 7 increased from 64 percent in 2000 to 73 percent in 2003. The gender gap in enrolment remained unchanged at 2 percentage points between 2000 and 2003. Similarly, during the same period, the gender gap in completion rates remained high at 14 percentage points.

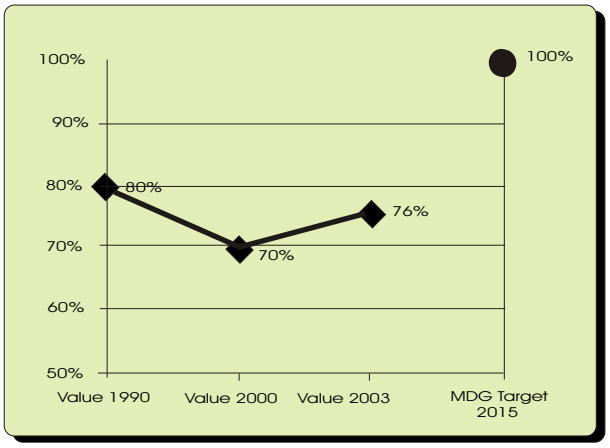
Female literacy rates continued to be lower than those of males and the gender gap has not narrowed between 1990 and 2000.

Some of the reasons behind the decline of both NER and the literacy levels for the 15-24 years age group include: deterioration in the quality of education; the HIV/AIDS pandemic; poor school infrastructure in rural areas; and a decline in the number of teachers, most of whom are dying from AIDS. AIDS reportedly killed 800 teachers in 1998 and hundreds more are expected to die in the coming years.

With respect to literacy rates, these are further affected by the poor conditions of service especially in rural areas. These conditions contribute to the high teacher attrition rates. This has resulted in overcrowded classrooms and an increase in

the pupil teacher ratio, which stood at 46 during 2000-2002 and rose to 52 in 2003. The situation is so critical that in rural areas some schools have a single teacher for all grades.

**Figure 4: Net enrolment Ratio in Primary Education**




## Challenges

Deterioration between 1990 and 2003 in indicators measuring progress for achieving universal primary education poses great challenges in meeting the target by 2015. Challenges include:

- Reversing the low levels of completion and equity in basic education.
- Increasing budget allocation to the sector.
- Arresting the deteriorating quality of education.
- Reversing trends in HIV/AIDS

## Supportive Environment

The Government has put in place favourable policies and programmes aimed at improving the education sector. These include: the education policy from 1996 "Educating our future"; removal of examination and stationery fees; and free primary education policy declared in 2002.

The Basic Education Sector Investment Programme (BESSIP), which ended in 2002 was put in place to ensure successful implementation and financing of policies and strategies. In 2003, BESSIP was succeeded by a Five-Year Sector Plan, which encompasses all sub-sectors of education from basic to tertiary level. Gender issues in primary education have been addressed through the Programme for the Advancement of Girls Education (PAGE), which starting from 2003 was mainstreamed into the school system. Other programmes include the Primary Reading Programme, Interactive Radio Instruction, and Community Schools. In order to strengthen implementation of reforms, Government allocation of resources to districts is now based on new criteria that includes increases in girl pupils.

In addition, Co-operating partners and the private sector have provided support to the education sector in many ways. Community support is strong and is manifested in their involvement in the construction and expansion of community schools with volunteer teachers drawn from the communities themselves.

**Table 3: Status in figures**

| Indicator | 1990 | 2003 | 2015 |
|---|---|---|---|
| Net enrolment ratio in primary education | 80% | 76% | 100% |
| *Girls* | 69% | 75% | |
| *Boys* | 71% | 71% | |
| Proportion of pupils staring grade 1 who reach grade 7 | 64% | 73% | 100% |
| *Girls* | 57% | 66% | |
| *Boys* | 71% | 80% | |
| Proportion of pupils starting grade 1 who reach grade 7 | 64% | 73% | 100% |
| *Girls* | 57% | 66% | |
| *Boys* | 71% | 80% | |
| Literacy rate of 15 - 24 years old | 75% | 70% | 100% |
| *Female* | 71% | 66% | |
| *Male* | 79% | 75% | |

**Status at a glance**

**Will target be met?**
**Probably** **Potentially** **Unlikely** **Insufficient data**
**State of supportive environment**
**Strong** **Fair** **Weak but improving** **Improving** **Weak**

# Goal 3

# Promote Gender Equality and Empower Women

## Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015

### Status and Trends

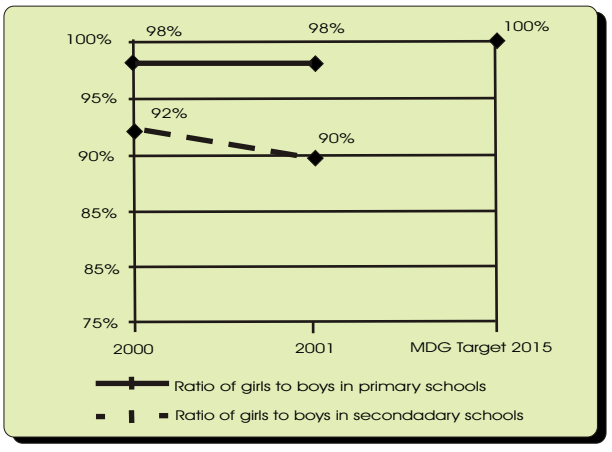
The exploitation of the full potential of Zambia's human resource is constrained by gender disparities. Females lag behind males in educational attainment, non-agricultural employment and participation in politics. Despite efforts by government and NGOs to reduce gender inequalities in these sectors, the gender gap persists.

The ratio of literate females to males (15-24 year olds) declined between 1990 and 2002 while the Zambian education system is characterized by gender disparities at all levels. However, there is relatively narrower gender parity in grades 1 to 7 (98 percent) between 1990 and 2003 but it decreases in the last years of middle and basic schooling and becomes slightly wider at secondary level (90 percent in 2003) and is widest at tertiary level (46 percent).

At middle to basic and secondary school levels girls drop out of school due to many reasons including pregnancies, early marriages and domestic chores. These result in fewer females entering colleges and universities. In addition, there is limited hostel accommodation space in most tertiary institutions for females. The most disadvantaged in this case are females in rural areas.

The gender disparities in the education system are later manifested in the labour markets. There are fewer women in skilled jobs as seen in the low share of women in formal wage employment in the non-agricultural sector, which declined from 39 percent in 1990 to 35 percent in 2000. The situation at Parliament equally shows wide gender gaps despite some improvements. In 1991 only 6 percent of the members of parliament were female. This figure rose to 10 percent in 1996 and to 12 percent in 2001 but still falls well below the SADC requirement of 30 percent.

**Figure 5: Gender Equality in Primary and Secondary Schools**



## Challenges

Gender disparities arise from multiple factors including strongly entrenched cultural norms that need to be tackled to attain gender equity and equality by 2015. The challenges Zambia faces are:

- Reversing the high female illiteracy.
- Strengthening affirmative action to promote gender equality.
- Changing of attitudes towards increasing female leadership in politics and government.
- Increasing knowledge in gender and development issues
- Reducing the drop-out of school rate due to pregnancies, early marriages and domestic chores.

## Supportive Environment

Recognizing the prevailing gender disparity throughout society, Government has put in place an institutional mechanism for gender mainstreaming. In 1996, the Gender in Development Division (GIDD) was established at Cabinet Office. In 2000, the National Gender Policy covering all sectors was adopted. The policy attempts to redress gender imbalances by promoting, inter alia, equality in access to all levels of education and training (formal and non-formal) and by promoting and increasing participation of women in decision making bodies.

Government has also established a Gender Management System, which is a holistic and system-wide approach for gender mainstreaming, for use by government in partnership with stakeholders, including civil society and the private sector. In addition to the National Gender Policy, government has also put in place a supportive environment for other partners working to promote girls' education and empowerment of women. These include NGOs working on gender.

At the international level, Government has committed itself to all the gender instruments and conventions including the Beijing Platform for Action and the SADC Declaration and its addendum on Violence Against Women of 1997.

### Table 4: Status in figures

| Indicator | 1990 | 2003 | 2015 |
|---|---|---|---|
| Ratio of girls to boys in primary schools | 0.98[2] | 0.98 | 1 |
| Ratio of girls to boys in secondary schools | 0.92[2] | 0.90 | |
| Ratio of females to males ta tertiary levels | 0.46[2] | 0.46[3] | |
| Ratio of literacy females to males of 15 - 24 years | 0.90 | 0.80[4] | 100% |
| Share of women in wage formal employment in non agric sector | 39% | 035%[3] | |
| Proportion os seats held by women in National parliament | 6%[1] | 12%[2] | |

[1]*Data for 1991* [2]*Data for 2000* [3]*Data for 2001* [4]*Data for 2002*

### Status at a glance

**Will target be met?**
**Probably Potentially Unlikely Insufficient data**
**State of supportive environment**
**Strong Fair Weak but improving Improving Weak**

# Reduce Child Mortality

# Goal 4

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

### Status and Trends

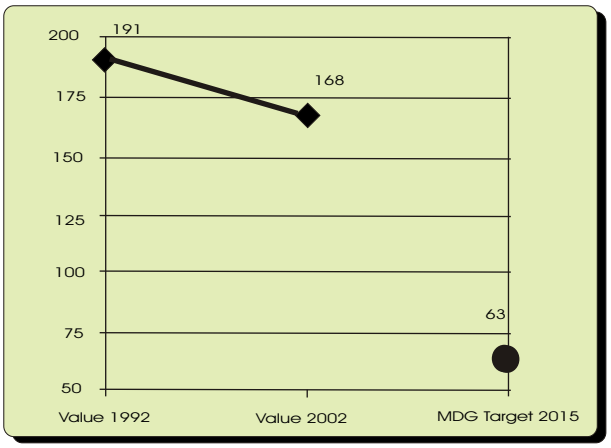
This is one of the targets that Zambia has the potential of achieving. Although still relatively high, infant mortality rates (IMR) have decreased between 1992 and 2002. In 1992, IMR was 107 deaths per 1,000 live births. It rose slightly to 109 in 1996 but decreased to 95 deaths per 1,000 live births in 2002. In addition, under-five mortality has dropped by 15 percent from 191 in 1992 to 168 deaths per 1,000 live births in 2002.

The childhood mortality indicators are better in the urban areas than in rural areas. In 2002 for example IMR was 77 deaths per 1,000 live births for the urban areas compared to 103 deaths per 1,000 live births for rural areas. For the same period, under-five mortality ratio was 140 deaths per 1,000 live births for urban areas compared to 182 deaths per 1,000 live births for rural areas.

Several factors have contributed to the decline in the above indicators. These include improved childhood immunization rates (increased routine immunization coverage for measles from 77 percent in 1992, to 87 percent in 1996 and 84 percent in 2002) and provision of micronutrients such as vitamin A through supplementation and fortification of foods. Early medical interventions may also have played a role in reducing childhood mortality. In one survey for example, up to 70

percent of children with acute respiratory infection were taken to a health facility.

**Figure 6: Under -Five Mortality Ratio**




## Challenges

The major challenges to overcome before under-five mortality could be reduced to 63 per 1,000 live births in 2015 are:

- Inadequate child health services.
- High prevalence of Malaria.
- Increased national prevalence of HIV among pregnant women.
- Limited coverage of PMTCT programmes.
- High levels of childhood malnutrition.
- High maternal mortality ratio.

## Supportive Environment

The policy environment, as articulated in the national health policy, is conducive and supportive of child health programmes. Several child health services and programmes have been put in place including: improved child immunisation coverage both for routine and during the National Immunization Days (NID); Integrated Management of Childhood Infections (IMCI) program; Prevention of Mother to Child Transmission of HIV (PMTCT); and, nutrition and breast-feeding support programmes.

Other child friendly health programmes initiated at various levels of health care include: the roll back malaria; safe water programmes; integrated reproductive health programmes; and the school nutrition and health programmes.

**Table 5: Status in figures**

| Indicator | 1990 | 2002 | Target for2015 |
|---|---|---|---|
| Under 5 Mortality Ratio (U5MR) | 191[1] | 163 | 63 |
| Infant Mortality Ration (IMR) | 107[1] | 95 | 36 |
| Proportion of 1 year old children immunized against measles | 77[1] | 84 | N/A |

[1] *Data for 1992*

**Status at a glance**

**Will target be met?**
**Probably** **Potentially** **Unlikely** **Insufficient data**
**State of supportive environment**
**Strong** **Fair** **Weak but improving** **Improving** **Weak**

# Goal 5 Improve Maternal Health

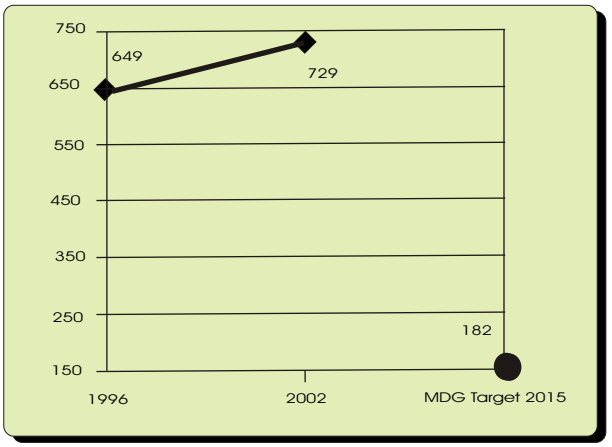
## Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

### Status and Trends

Maternal Mortality Ratio (MMR) has increased from 649 in 1996 to 729 per 100,000 live births in 2002. This is despite high antenatal care attendance (urban 80 percent, rural 68 percent) and attention given to reproductive health programs over the past 12 years.

The reasons for increasing MMR include high percentage of unskilled home deliveries, limited access to facilities (i.e. few facilities, distance to facilities), poor quality of care (untrained staff and lack of surgical and medical supplies). Prenatal complications, complicated deliveries, postpartum deaths from haemorrhage and infections and post abortion complications also contribute to increased MMR. Distance to health facilities and non-availability or cost of transport have been identified as the major reasons for low attendance to reproductive health services in a recent survey. These findings could also in part explain the steady decline in the proportion of births that are delivered in health facilities from 51 percent in 1992 to 45 percent in 2002.

**Figure 7: Maternal Mortality**




### Challenges

Several challenges beset this goal of reducing the maternal mortality ratio by three quarters by 2015 and these include:

- Limited access to reproductive health services.
- Low quality of reproductive health care.
- High HIV/AIDS prevalence among women.
- Low levels of contraceptive use.

- Low advocacy levels for reproductive health.
- Negative cultural practices.

### Supportive Environment

Although reproductive health services are clearly articulated in several important national documents, practical action on the delivery of reproductive health services remains low. This however has recently shown signs of improving with the introduction of several programmes and health related activities such as the recent integration of PMTCT services into routine reproductive health services, ongoing training of reproductive health providers (such as traditional birth attendants and midwives). Other measures include: family planning programmes both by Government and Non Governmental Organisations; safe motherhood programs; adolescent sexual reproductive health programs; and, targeting of pregnant women under the Roll Back Malaria Insecticide Treated Nets (ITN) voucher scheme.

**Table 6: Status of figures**

| Indicator | 1990 | 2002 | Target for2015 |
|---|---|---|---|
| Maternal mortality ratio (per 100, 00 live births | 649 [2] | 729 | 162 |
| Percent births attended by skilled personnel | 51 [1] | 45 | N/A |

[1] *Data for 1992* [2] *Data for 1996*

**Status at a glance**

**Will target be met?**
**Probably Potentially Unlikely Insufficient data**
**State of supportive environment**
**Strong Fair Weak but improving Improving Weak**

# Goal 6 Combat HIV/AIDS, Malaria and other Diseases

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

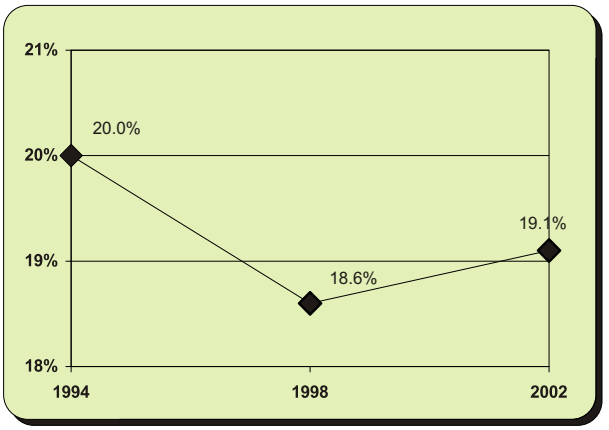
### Status and Trends

The national HIV prevalence rates among adults 15 to 49 years have been estimated at 16 percent with infection rates much higher among women (18 percent) than men (13 percent). The rates are also higher in urban (23 percent) than in rural (11 percent) areas. The epidemic is at different levels of evolution in Zambia with urban areas having a stable epidemic while the rural epidemic is yet to stabilize.

Prevalence rates increase with age, rising from 11 percent among 15-24 years olds to 25 percent among the 30-34 years olds, before falling to a level of 17 percent in those aged 45-49 years.

Prior to the Zambia Demographic Health Survey (ZDHS) 2001/2002, HIV trends were monitored using the Epidemiological Sentinel Surveillance system (ESS) using antenatal clinic (ANC) attendees aged 15 to 45 years. ESS done in 22 sites in 1994, 1998 and 2002 reported mean HIV prevalence rates of 20 percent, 18.6 percent and 19.1 percent respectively. HIV prevalence among ANC attendants aged 15 to 24 years dropped from 19 percent in 1998 to 17 percent in 2002. Furthermore, the infection rate was noted to be highest in urban areas (26 percent in 2002) compared to rural areas (11 percent in 2002).

**Figure 8: ESS Trends of HIV Infection among Ante Natal Clinic Attendees**




### Challenges

Major challenges in the fight and reversal of the impact of HIV/AIDS in Zambia include:

- Overcoming the Stigma associated with HIV/AIDS.
- Limited access to care and prevention programmes.
- Human resource constraints.
- The multi-faceted nature of the epidemic.
- Gender inequality.
- High cost of ARVs.

### Supportive Environment

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

In 1999, the National AIDS Council (NAC) was created. This semi autonomous, multi-sectoral body has developed a National HIV/AIDS/STI/TB Strategic intervention plan (2002-2005). The plan incorporates a mechanism for inter-sectoral coordination and collaboration. It contains strategies and interventions on prevention, treatment and care. These prevention and mitigation strategies and interventions have been developed to encompass all government ministries, the private sector, religious groups and civil society.

The political leadership has intensified its participation in the fight against HIV/AIDS. This is seen in increasing references by leaders to the social, economic and health impact of HIV/AIDS in Zambia. Other notable developments include: the passing of the NAC Act in 2002 by the Zambian Parliament, the mainstreaming of HIV/AIDS in PRSP, establishment of HIV/AIDS sub committees (task forces) under the provincial and District Development Coordinating Committees (DDCC), increasing involvement and support by traditional and religious leaders in the fight against HIV/AIDS. Even more recent is the Zambian Government's provision of anti-retroviral therapy in public hospitals. The government has also recently endorsed the 3 by 5 HIV initiative (3 million people living with HIV/AIDS on ARVs by the year 2005) being spearheaded by the multi and bi-lateral cooperating partners as a way of increasing access to ARV therapy in the world.

The health sector programmes include care and support (the introduction of ARV therapy in all provincial hospitals), the establishment of Voluntary Counselling and Testing (VCT) centres in every district of Zambia, the scaling up of (PMTCT) centres from 6 to 74, support to Home-based care programmes, the incorporation of nutritional programmes as part of care and support of PLWHA and the provisions of condoms and STI drugs.

**Table 7: Status in figures**

| Indicator | 1990 | 2002 | Target for2015 |
|---|---|---|---|
| ESS Trends of HIV infection among ANC | 20%[1] | 19% | 19% |
| ZDHS HIV prevelance rate (Male and Female rate) | | 16% | 16% |
| Children orphaned | | | 1 million |

[1] *Data for 1994*

**Status at a glance**

**Will target be met?**
**Probably** **Potentially** **Unlikely** **Insufficient data**
**State of supportive environment**
**Strong** **Fair** **Weak but improving** **Improving** **Weak**

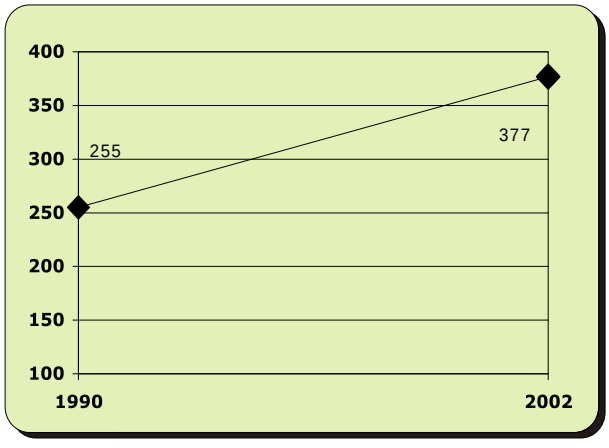
## Target 8: Have halted by 2015, and began reversing the incidences of malaria and other major diseases

### Status and Trends

Malaria is endemic throughout Zambia and continues to be a major public health problem. It is a leading cause of morbidity and mortality among pregnant women and children below the age of five. In 2002 a total of 4 million cases of malaria were diagnosed in Zambia accounting for 37 percent of all hospital patient attendance.

The incidence rate for malaria rose from 255 per 1000 in 1990 to 377 in 1999 with the fatality rates also rising. Children under 5 years are six times more likely to get malaria and ending up at a health centre than older age groups. Malaria incidence (900 per 1,000 population) and fatality rates (42 deaths per 1,000 admission) for children under 5 years are higher than in older children.

**Figure 9: New Cases of Malaria per, 1000**




### Challenges

Major challenges to halting and beginning to reverse the incidence of malaria by 2015 include:

- Low levels of ownership and use of mosquito nets.
- Low levels of preventive malaria drugs (anti-malarial chemo-prophylaxis).
- Inadequate in-door residual insecticide spraying programs.
- Infrastructure and human resource constraints.
- Inability to implement existing public health legislation on malaria.
- Poor treatment seeking behaviour.

### Supportive Environment

Since 1999, Zambia has been involved in the global social movement to Roll Back Malaria. The purpose of this initiative is to halve the incidence of malaria by 2010. The strategies under this initiative include the provision of insecticide treated mosquito nets, malaria preventive treatment (long term chemo-prophylaxis or protective intermittent treatment) and in-house insecticide spraying.

Political commitment and leadership remains high, as malaria control programs are clearly articulated in several important national

documents. Information Education and Communication (IEC) initiatives have also been supported at the highest levels of government.

Malaria has also been incorporated in the epidemic awareness/ preparedness committees at Ministry of Health. The Government adopted the anti-malarial drug policy in April 2003 in which first line and second line anti malarial drugs have been defined. Malaria programs at the district level have been included in the DDCC plans.

**Table 8: Status in figures**

| Indicator | 1990 | 2002 | Target for2015 |
|---|---|---|---|
| New cases of malaria per 1,000 | 255 | 377[1] | </=121 |
| Malaria fatality rates per 1a,ooo | 11 | 48 | N/A |

[1]*Data for 1999*

## Status at a glance

**Will target be met?**
**Probably** **Potentially** **Unlikely** **Insufficient data**
**State of supportive environment**
**Strong** **Fair** **Weak but improving** **Improving** **Weak**

# Goal 7: Ensure Environmental Sustainability

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

### Status and Trends

Zambia's ecosystems are varied and able to support a wide range of livelihoods. However, environmental sustainability is a serious problem in Zambia and urgent measures are required to conserve natural resources for both the present and future generations.

Forests rich in biodiversity cover about 60 percent of Zambia. The country has a flora diversity of over 3,000 species and a diversity of fauna species estimated at 3,631 with 40 percent of the land officially protected to maintain biological diversity.

In recent years, total annual energy consumption was in the order of 4.6 million Tonnes of Oil Equivalent (TOE) per annum. GDP per unit of energy used rose slightly from 1.29 in 1998 to 1.60 in 1999, suggesting a more efficient use of energy. Carbon dioxide emissions have also been consistently below 1 metric ton per capita due to low fossil fuels consumption and industrialization.

National energy consumption consists of 72 percent wood fuel, 14 percent electricity, 12 percent petroleum and 2 percent coal. Electricity supply is mainly confined to middle and high-income households in the urban areas. Only 20 percent of the Zambian population has access to electricity, 2 percent in rural areas and 35 percent in urban areas. Most households depend on solid fuels, i.e. wood fuel, charcoal and coal, for their cooking. For instance in 2000, 97 percent of rural and 62 percent of urban households used solid fuels for cooking. This high level of solid fuel utilization contributes directly to deforestation.

## Challenges

The following are some of the challenges to sustainable environmental protection and utilisation:

- Unsustainable use of natural resources.
- Weak institutional capacity to enforce environmental laws and to coordinate trans-boundary natural resources management efforts.
- Weak mechanisms for encouraging genuine participation of communities and the private sector in Environment Natural Resource Management (ENRM).

## Supportive Environment

To help monitor and enforce environment legislation and regulations, the Environmental Protection and Pollution Control Act (EPPCA) was enacted in 1990, which also established the Environmental Council of Zambia (ECZ) in 1992.

In 1994, the National Environmental Action Plan was approved which provided updated information and environmental policy actions. The Policy for National Parks and Wildlife was approved in 1997. This was followed by the enactment of the Zambia Wildlife Act of 1998 which also created the Zambia Wildlife Authority (ZAWA) with responsibility for promoting the sustainable use of Zambia's wildlife resources.

Again, in 1994, the government formulated the National Energy Policy with the main objective of promoting optimum supply and utilisation of energy. In 1998, the Zambia Forestry Action Plan (ZFAP) was developed to improve the sustainable management of forest resources over a 20-year period. This led to the adoption of a New Forest Policy in 1998 and enactment of the Forest Act in 1999 which has provided for the transformation of the Forest Department into a Forestry Commission as well as provided mechanisms to enhance participation of local communities, NGOs, CBOs, the private sector and other stakeholders in the management of forestry resources.

In September 2003, the Government revamped the environmental policy development process with a view to harmonize all the regulations and policies in the tourism, environment and natural resources sectors. Government is also working towards the domestication of the international environment conventions it has ratified.

**Table 9: Status in figures**

| Indicator | 1990 | 2002 |
|---|---|---|
| % of land covered by forest | 59.8 | 59.6[1] |
| % of land protected to maintain biological diversity | 38.8 | 39.2 |
| GDP (Million K) per unit of energy used - Tons of Oil Equivalent (TOE) | 1.29 | 1.60 |
| Carbon dioxide emission per capita | 0.3 | 0.2 |
| % of population using solid fuels | 88 | 85.2 |

[1]*Data for 1992 Data for 1998 Data for 1999 Data for 2000 Data for 2001*

**Status at a glance**

**Will target be met?**
**Probably Potentially Unlikely Insufficient data**
**State of supportive environment**
**Strong Fair Weak but improving Improving Weak**

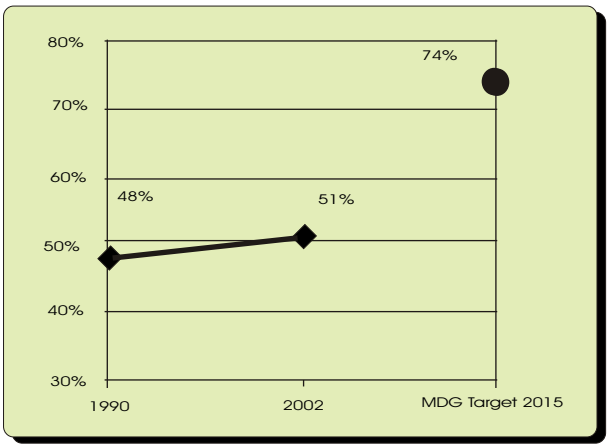
## Target 10: Halve by 2015 the proportion without sustainable access to safe drinking water and basic sanitation

### Status and Trends

There is a critical need to improve access to safe water and sanitary facilities in order to improve the living standards of both urban and rural communities. Access to safe drinking water in Zambia has increased slightly from 48 percent in 1992 to 51 percent in 2002. It was much lower in rural areas at (37 percent) than in urban areas (89 percent).

Alongside the need to increase access to safe water, there is also the need to increase access to proper sanitation. In 1990, only 17 percent of the households had access to improved sanitation which declined to 15 percent in 2000. Again the situation is worse in rural areas where only 2 percent had access to proper toilet facilities in 2002 compared to 39 percent of urban households. This limited access to proper toilet facilities exposes communities to water contamination and to diseases like diarrhoea, dysentery and cholera.

**Figure 10: Percentage of Households with access to safe drinking water**




### Challenges

Major challenges to attain improved access to safe water and sanitation are:

- Weak legal and institutional framework.
- Poor data and information systems on water resources and sanitation sector.
- Limited stakeholder participation.
- Inadequate information, education and communication (IEC) programmes with respect to water and sanitation.
- Mushrooming of unplanned and illegal urban settlements.

## Supportive Environment

The National Water Policy, formulated in 1994, aims at promoting sustainable water resources management development, with a view to facilitating adequate, equitable and good quality water for all users at acceptable costs and ensuring security of supply under varying conditions.

This led to the enactment of the Water Supply and Sanitation Act No 28 of 1997 which provided for the creation of commercial utilities to manage the urban water systems, ten of which are now in existence. The Government also created the National Water Supply and Sanitation Council (NWASCO) to regulate service providers.

The WASHE (Water, Sanitation and Health Education) was adopted in 1996 as a national strategy for improving service provision in rural areas. This is implemented through the DDCC with the aim of integrating water issues into district development planning. Of the 72 districts, 63 have active D-WASHEs in operation.

### Table 10: Status in figures

| Indicator | 1990 | 2002 | Target for2015 |
|---|---|---|---|
| Households with access to safe drinking water (%) | 48[1] | 51[2] | 74 |
| Households with access to improved sanitationr (%) | 17 | 15 | 42 |

[1]*Data for 1992* [2]*Data for 2001/2*

### Status at a glance

**Will target be met?**
**Probably** **Potentially** **Unlikely** **Insufficient data**
**State of supportive environment**
**Strong** **Fair** **Weak but improving** **Improving** **Weak**

# Goal 8: Develop a Global Partnership for Development

This goal addresses the effort that developed countries and multilateral institutions need to make to create a global environment conducive to meeting the needs of developing countries. In this section the targets that need to be addressed by developed countries to increase Zambia's potential at achieving the MDGs are reported on. These are related to market access and fair pricing of commodities, Official Development Assistance (ODA) and the persistent debt burden.

## Market Access

Although Zambian textile and agricultural products enter the US and EU duty and quota free, processed goods which add value to the agricultural goods and thus help create employment, do not enjoy the same privilege. Furthermore, Non-tariff barriers by developed countries such as complex qualification systems and sanitary and phytosanitary (SPS) conditions remain as barriers to Zambian exports. Therefore, further liberalisation of developed markets is crucial for Zambia's achievement of the MDGs.

## Official Development Assistance

Zambia continues to rely on external financing to bridge its financing gap. Net Official Development Assistance (ODA) in constant terms has been fluctuating mainly due to aid cuts by the donors during some years when the Government has been seen as unable to meet certain benchmarks. Bilateral aid to basic social services (health, education, water and sanitation) as a proportion of total bilateral disbursements has declined in the recent years, despite the international call for meeting the MDGs.

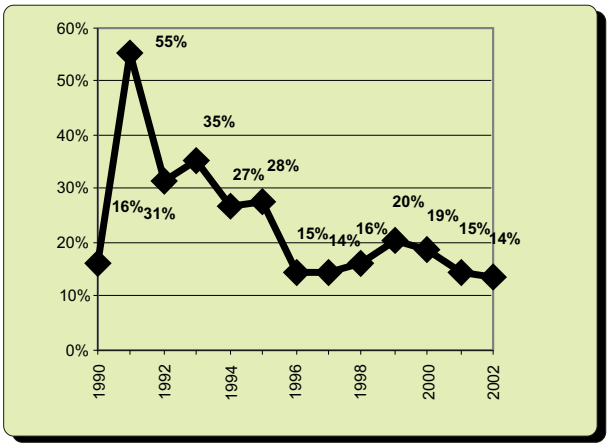
**Table 11: ODA Indicators for Zambia**

| Indicator | 1991 | 2000 |
|---|---|---|
| ODA percentage of GDP (%) | 6 | 7 |
| ODA per capita ($) | 34 | 25 |

## The Debt Problem

Although Zambia has benefited from a number of debt relief agreements from the Paris club since 1985, these traditional relief mechanisms have not yielded a sustainable debt position. The debt service to export ratio remained above 15 percent, a cut-off point for sustainability. As a result, in December 2000, Zambia qualified to the enhanced HIPC initiative through which the country was to receive interim assistance from multilateral institutions while bilateral institutions were to extend debt relief at Cologne terms.

**Figure 11: Debt Service as a Percentage of Exports**




The country was expected to reach completion point in 2003 and receive maximum debt relief. At HIPC completion point, the international creditors have pledged to reduce the external debt stock by US$3.8 billion over a period of 20 years. However, the budget overrun of 2003 resulted in the suspension of the Poverty Reduction Growth Facility (PRGF), which automatically stopped Zambia's progression to completion point. Instead, a temporary Staff Monitored Program (SMP) was put in place. This means that Zambia's ability to achieve the MDGs through the redirection of resources from debt service to poverty reduction activities is hindered.

## Challenges for global partnership

Great effort is being made to improve the international architecture so that it meets the needs of developing countries. However, a number of challenges still remain for global environment to work in Zambia's favour:

- **Undeveloped export oriented sectors.** Thus, even in the context of growing opportunities, Zambia is unable to export.
- **Stringent qualification systems and sanitary and phytosanitary (SPS) conditions.** Makes the initiatives by developed countries difficult to utilise.
- **Inadequate public expenditure management.** This, for example, makes it difficult for those donors willing to provide more generous aid such as through poverty oriented budget support to do so.
- **Lack of policy on aid/debt co-ordination and management.** Thus no clear oversight as to how aid and debt are contracted and applied. This is worsened by a lack of database to track ODA and debt.

## Appendix Table I: Key Socio-Economic Indicators

| Indicator | Value | Year |
|---|---|---|
| Population size (million) | 9.9 | 2000 |
| Annual population growth rate (%) | 2.4 | 2000 |
| Life expectancy at birth (years) | 50 | 2000 |
| Real GDP per capita (US$) | 354 | 2002 |
| Domestic debt as % of GDP | 26 | 2002 |
| External debt as % of GDP | 190 | 2002 |
| Debt service as % of exports of goods and services | 13.7 | 2002 |
| Human development Index (value) | 0.38 | 2003 |
| Human Development Index (rank) | 163 | 2003 |
| Population below national poverty line (%) | 73 | 1998 |
| Prevalence of HIV/AIDS among adults between 15-49years (%) | 16 | 2002 |
| Percentage of underweight children under 5 years (%) | 28 | 2002 |
| Infant mortality (per 1,000 live births) | 95 | 2002 |
| Under five mortality (1,000 live births) | 168 | 2002 |
| Maternal mortality (per 100,000 live births) | 729 | 2002 |

## Appendix Table II: Data Sources

| Indicators and Data Sources | Latest year & institution responsible | Data Disaggregation | Use of data in policy making | Quality of data |
|---|---|---|---|---|
| ***Poverty***<br>LCMS<br>Evolution of Poverty in Zambia, 1991-1996 | 1998, CSO<br>1997, CSO | Good | Weak | Fair |
| ***Hunger***<br>ZDHS | 2001/2, CSO | Fair | Weak | Strong |
| ***Education***<br>MOE Strategic Plan 2003<br>ZDHS EdData Survey 2002 | 2003, MOE<br>2002, CSO, MOE | Fair | Fair | Fair |
| ***Gender Equality*** | GIDD | Fair | Fair | Fair |
| ***Child mortality***<br>ZDHS<br>Annual Health Statistical Bulletin<br>ANC sentinel Surveillance of HIV/Syphilis trends in Zambia 1994- 2002 | 2001/2 CSO<br>CBoH MoH /CboH/ NAC | Weak | Fair | Strong |
| ***Maternal Health***<br>Questions on maternal mortality in:<br>ANC Sentinel Surveillance of HIV/Syphilis trends in Zambia 1994- 2002<br>ZDHS | 2002, MoH/CBoH/ NAC<br>2001/2, CSO | Fair | Fair | Strong |
| ***HIV/AIDS***<br>Annual Health Statistical Bulletin<br>ZDHS | 2002, CBoH<br>2001/2, CSO | Good | Fair | Strong |
| ***Malaria and other major diseases***<br>Roll Back Malaria Sentinel Surveillance Document<br>Annual Health Statistical Bulletin<br>ZDHS | 2000, MoH/CBoH<br>2002, CBoH<br>2001/2, CSO | Fair | Fair | Strong |
| ***Environmental resources***<br>Census of Population and Housing<br>Forestry Department, MoTENR<br>Department of Energy, MoEWD<br>World Development Indicators | 2000, CSO<br>2003 World Bank | Good | Fair | Fair |
| ***Drinking water and sanitation***<br>ZDHS<br>Census of Population and Housing | 2001/2, CSO<br>2000 CSO | Weak | Weak | Fair |
| ***ODA***<br>Economic Report | 2002 MoFNP | | | |
| ***Debt***<br>Economic Report | 2002 MoFNP | | | |
| ***Exports*** | Export board of Zambia<br>Zambia Revenue Authority | | | |

# ERRATA

**Page 9. The conclusion in the table on “status at a glance” should read “probably” on “will the target be met?” “fair” on “the state of supportive environment”.**

**Page 9. The target for the ratio of literacy females to males in 2015 should read “1” instead of “100%”.**

**Page 12. In figure 7, the target for the maternal mortality ratio in 2015 should be 162 as in table 6.**

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