

Millennium Development Goals

ERADICATE EXTREME POVERTY AND HUNGER ACHIEVE UNIVERSAL PRIMARY EDUCATION PROMOTE GENDER EQUALITY REDUCE CHILD MORTALITY IMPROVE MATERNAL HEALTH COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES ENSURE ENVIRONMENTAL SUSTAINABILITY DEVELOP GLOBAL PARTNERSHIPS FOR DEVELOPMENT

Foreword



The Millennium Development Goals (MDGs) Progress Report 2008 is the third, after the 2003 and 2005 publications, to be produced by the Government of the Republic of Zambia and the United Nations Country Team. The MDG Progress Reports are written in collaboration with all the stakeholders, including civil society organizations, private sector and cooperating partners involved in the development sphere in Zambia. The purpose of these reports is to assess progress towards the attainment of the MDGs in Zambia.

The MDGs are a set of eight mutually reinforcing development goals contained in the 2000 Millennium Declaration. The Declaration was signed by 147 Heads of State, including the Zambian Republican President, to initiate action to combat the human development deprivations to which majority of the world population is still exposed.

The Fifth National Development Plan is the vehicle that Zambia is using to progress towards the MDGs. The Government's continued commitment to prudent macroeconomic management and poverty reduction resulted in its accession to the Highly Indebted Poor Country Initiative completion point and qualification under the Multilateral Debt Relief Initiative. This positive trend has created the fiscal space, increased prospects and renewed optimism towards the attainment of the MDGs. These developments have already started impacting on poverty levels and most of the social indicators. The statistics from the Living Conditions Monitoring Survey of 2006 indicate that poverty levels dropped to 64 percent in 2006 from 68 percent in 2004. The just released provisional highlights of the 2007 Zambia Demographic and Health Survey Results show an improvement in all the major health indicators.

The current MDG Progress Report, shows that Zambia is most likely to achieve all the goals but one. The MDG status at a glance shows that the MDG targets on hunger, universal primary education, gender equality, maternal health, and HIV and AIDS are likely to be achieved by 2015. It further shows that Zambia has the potential to achieve the MDG targets on extreme poverty, child mortality, malaria and other major diseases, and water and sanitation. Only one MDG target on ensuring environmental sustainability is unlikely to be achieved. I am particularly pleased to note the significant improvement on maternal mortality, which in the two previous reports was rated by national stakeholders as unlikely to be met to now show a complete turn around.

On behalf of the Zambian people and indeed on my own behalf, I wish to sincerely thank all our stakeholders for partnering with the Government of the Republic Zambia in the realization of the MDGs. I also wish to express my gratitude to our cooperating partners for their continued support to our development agenda.

I hope for your continued partnership and support during the second half of our journey towards reaching the MDGs.



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

Preface



Zambia's third MDG progress report is once again a result of a collaborative effort between Government, Civil Society, Private Sector Organizations, Academia, Political Leaders, Zambia's Cooperating Partners, MDG Task Force- under the leadership of the Ministry of Finance and National Planning and the UN Country Team (UNCT). The report is targeted at a wide audience and provides an overview on the status of all the MDGs in Zambia. The Report examines each goal under the aspects of status, supportive environment and the gaps that still need to be filled. It also sets out the main challenges and policies to adopt, as well as priorities for Zambia to meet the goals by 2015.

The report registers positive improvements in the social indicators over the past five years. These include the decline in the Maternal Mortality Rate from 729 per 100,000 live births in 2001/2002 to 449 per 100,000 live births in 2007 which, for the first time has moved from an assessment of "not achievable" (Red) to potentially achievable (Yellow). This is reflective of improvements in maternal primary health care and a conscious effort by government towards realizing the target of reduced maternal mortality. In addition to this, indicators show that the target of universal primary education is likely to be met because of the strong supportive environment that exists in the country.

The UN System in Zambia will continue to provide support to Government in its drive to meet the MDGs. This, among other interventions, will include capacity development on MDG-based planning particularly with a view to more accurately assessing the needs for meeting the goals. UNDP has developed models for this and will form part of the capacity building exercise. These models can also be useful in estimating the cost or needs for future national development plans.

On behalf of the UN Country Team, I wish to acknowledge the concerted efforts of all stakeholders involved in the development agenda for Zambia. More specifically, Government's leadership of the MDG Task Force through the Ministry of Finance and National Planning who have been at the centre of coordinating the participation of the various Line Ministries and institutions within the government. In this regard, I would like to thank the Permanent Secretary for Planning and Economic Management Division, Dr. James Mulungushi, and Ms. Agnes Musunga, Director for Planning and Economic Management Department and their Team for this leadership. I would like to commend Dr. Abdoulie Sireh-Jallow for leading the UN effort and Mr. Chris Pain for leading GTZs support to the exercise. I also wish to thank Civil Society Organizations, Global Compact Zambia, Academia and Cooperating Partners for their participation in the process.

I commend this report to everyone committed to Zambia's development and indeed, all those interested in the theme of contemporary development.

A handwritten signature in black ink, appearing to read 'Aeneas C. Chuma'.

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

Acronyms

AfDB	Africa Development Bank	MLGH	Ministry of Local Government and Housing
ANC	Antenatal Care	MTEF	Medium Term Expenditure Framework
ACT	Artemisinin-based Combination Therapy	MSIA	Measles Supplemental Immunisation Activities
ART	Anti-Retroviral Therapy	NFNC	National Food and Nutrition Commission
BC	Behavioural Change	NGOs	Non Governmental Organisations
BCC	Behavioural Change Communication	NHCs	Neighbourhood Health Committees
CBoH	Central Board of Health	NHP	National Health Policy
CEP	Copperbelt Environment Project	NHSP	National Health Strategic Plan
CFCs	Chlorofluorocarbons	NID	National Immunisation Days
CFR	Case Fatality Rate	NIF	National Implementation Framework
CHWs	Community Health Workers	NRCF	Natural Resources Consultative Forum
CSO	Central Statistical Office	NRWSSP	National Rural Water Supply and Sanitation Programme
CSS	Care and Support Services	NMCC	National Malaria Control Centre
DDCCs	District Development Co-ordinating Committees	NTEs	Non-Traditional Exports
DOTS	Direct Observation Treatment Short-course Therapy	ODA	Official Development Assistance
EIA	Environmental Impact Assessment	OIs	Opportunistic Infections
EmOC	Emergency Obstetric Care	ORS	Oral Rehydration Salts
EPA	Environmental Protection Act	ORT	Oral Rehydration Therapy
EPI	Expanded Programme on Immunisation	OVC	Orphans and Vulnerable Children
ESSS	Epidemiological Sentinel Surveillance System	PAGE	Programme for the Advancement of Girls' Education
FNDP	Fifth National Development Plan	PMTCT	Prevention of Mother-To-child Transmission
FRA	Food Reserve Agency	PDCCS	Provincial Development Co-ordinating Committees
GDP	Gross Domestic Product	PETS	Public Expenditure Tracking Survey
GIDD	Gender in Development Division	PNC	Postnatal Care
GNP	Gross National Product	PRSP	Poverty Reduction Strategy Programme
GTZ	German Technical Cooperation	PS1	Poverty Survey 1
HAART	Highly Active Anti-Retroviral Therapy	RBM	Roll Back Malaria
HIPC	Highly Indebted Poor Countries	RED	Reach Every District strategy
HMIS	Health Management Information System	RDTs	Rapid Diagnostic Tests
IEC	Information, Education and Communication	SMAGs	Safe Motherhood Action Groups
IMCI	Integrated Management of Childhood Infections	SMEs	Small Micro Enterprises
IMF	International Monetary Fund	SP	Sulfadoxine-pyrimethamine
ITNs	Insecticide-Treated mosquito Nets	SWAp	Sector Wide Approach
IPT	Intermittent Preventive Therapy	TB	Tuberculosis
IRS	Insecticide Residual Spraying	TBAs	Traditional Birth Attendants
IVM	Integrated Vector Management	TEVETA	Technical Education Vocational and Entrepreneurship Training Authority
JASZ	Joint Assistance Strategy for Zambia	TTIs	Transfusion Transmissible Infections
LCMS	Living Conditions Monitoring Survey	TOE	Tonnes of Oil Equivalent
MCH	Maternal and Child Health	VCT	Voluntary Counselling and Testing
MIP	Malaria in Pregnancy	VII	Vaccine Independence Initiative
MIS	Malaria Indicator Survey	WHO	World Health Organization
MDG	Millennium Development Goal	YFS	Youth-Friendly Services
MDRI	Multilateral Debt Relief Initiative	ZAWA	Zambia Wildlife Authority
MoFNP	Ministry of Finance and National Planning	ZDA	Zambia Development Agency
MOE	Ministry of Education	ZDHS	Zambia Demographic and Health Survey
MOH	Ministry of Health		







Glossary
































































Case Fatality Rate (CFR)	The probability of a population dying from a given risk or exposure
Child Mortality Rate (CMR)	The probability of a live-birth dying between first and fifth birthday
Contraceptive Prevalence Rate (CPR)	The proportion of women that is using any contraception devices in promoting or avoiding pregnancy
Infant Mortality Rate (IMR)	The probability of a live birth dying before the first birthday
Maternal Mortality Rate (MMR)	The probability of women dying due to pregnancy and birth-related complications within 42 days of termination of pregnancy regardless of the duration of the pregnancy
Neonatal Mortality Rate (NMR)	The probability of a live-birth dying within the first 28 days of life
Postneonatal Mortality Rate (PNMR)	The probability of a live birth dying from 28 days after birth to first birthday
Under-five Mortality Rate (UMR)	The probability of a live birth dying before the fifth birthday

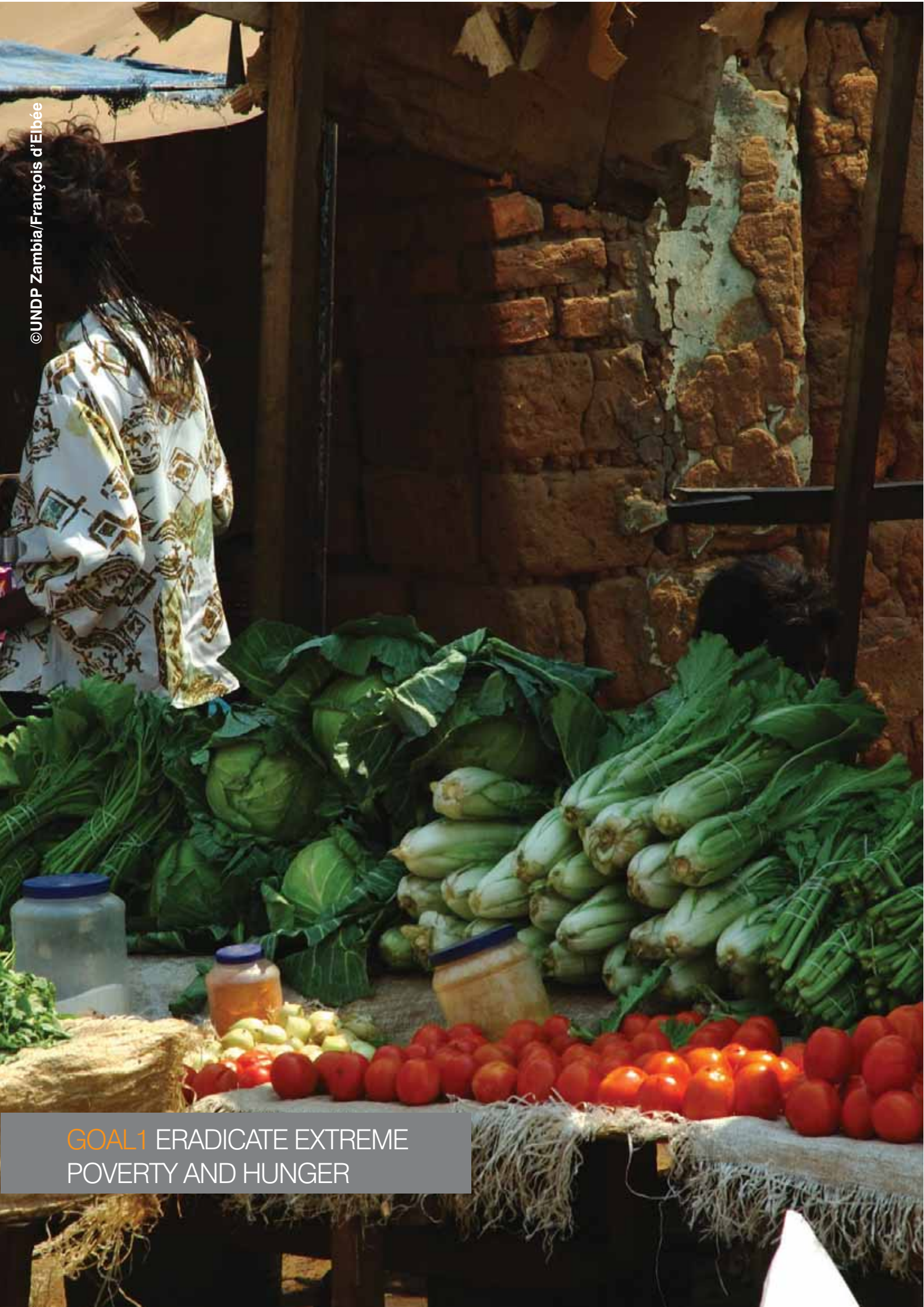
Diagram Key



KEY

Will target be met?	Likely 	Potentially 	Unlikely 
Supportive environment	Strong 	Good/fair 	Weak/weak but improving 

GOALS AND TARGETS   	Will target be met?			Supportive environment		
	2007	2005	2003	2007	2005	2003
MDG 1: Extreme poverty Target 1: Halve, between 1990 and 2015, the proportion of people living in extreme poverty.						
MDG 1: Hunger Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.						
MDG 2: Universal Primary Education Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able complete a full course of primary schooling.						
MDG 3: Gender equality Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.						
MDG 4: Child mortality Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.						
MDG 5: Maternal mortality Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.						
MDG 6: HIV/AIDS Target 7: Have halted, by 2015, and begun to reverse the spread of HIV/AIDS.						
MDG 6: Malaria & other major diseases Target 8: Have halted, by 2015, and begun to reverse, the incidence of malaria and other major diseases.						
MDG 7: Environmental sustainability Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.						
MDG 7: Water & sanitation Target 10: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.						



GOAL 1 ERADICATE EXTREME
POVERTY AND HUNGER

Goal 1

ERADICATE EXTREME POVERTY AND HUNGER

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

Indicators

- Proportion of population living in extreme poverty
- Poverty gap ratio (incidence x depth of poverty)

Status at a glance

Will target be met?	● Potentially
State of supportive environment	● Strong

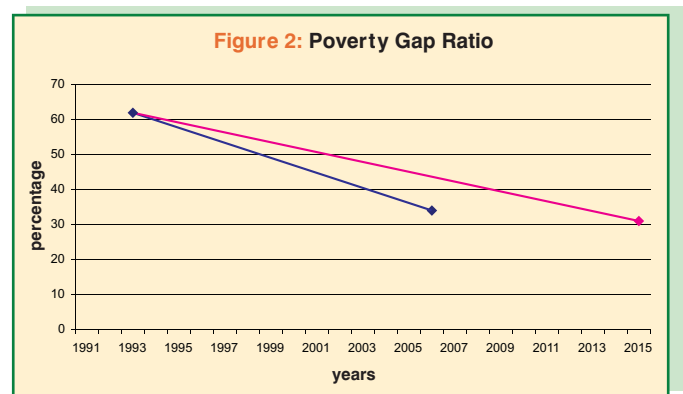
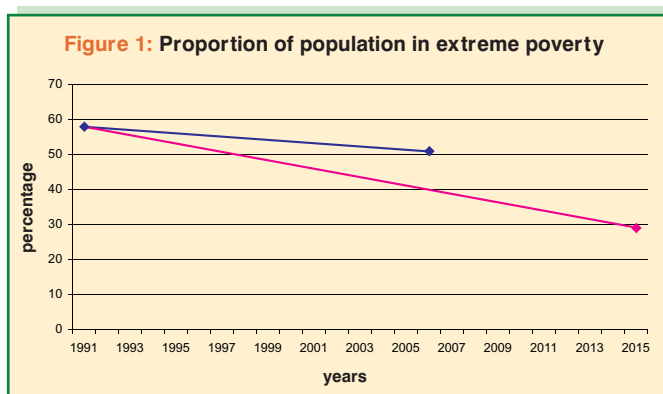
Table 1: Status in figures

Indicator	1991	2004	2006	2015*
Proportion of population living in extreme poverty (%)	58	53	51	29
Rural	81	68	67	-
Urban	32	34	20	-
Poverty Gap Ratio (Incidence x depth of poverty)	-	53	34	31
Rural	-	56	45	-
Urban	-	42	13	-

Source: LCMS 2004 & 2006

*MDG Target

Status and Trend



In Zambia, extreme poverty is defined as inability to meet basic minimum food requirements based on a monthly cost of the food basket. Moderate poverty relates to those who can afford basic minimum food requirements, but cannot afford other (non-food) basic needs. The incidence of extreme poverty has sluggishly moved from 58 percent in 1991 to 51 percent in 2006 with marked fluctuations in the intervening years.

The incidence of extreme poverty has consistently been higher in the rural than in the urban areas. This may reflect the historical biases of public expenditure in favour of urban areas. Extreme poverty is more prevalent among female-headed households than among male-headed households.

Figure 1 shows that significant improvements in the environment are needed to meet the 2015 goal of reducing the population living below the extreme poverty line to 29 percent. If the current scenario continues, extreme poverty is not likely to come down to this.

The intensity of poverty is estimated by the poverty gap ratio which is the gap between poverty line and average income of the poor. As Table 1 shows, the intensity of poverty has consistently been greater in rural than in urban areas. However, there have been significant fluctuations in the poverty gap ratio between 1998 and 2006 with the figure for 2006 being low once again, but if this trend is sustained, there could be reduction in the poverty gap ratio to 20 percent by 2015.

Challenges

- Inefficient management of available resources in the agriculture sector has hindered rural economic infrastructure development and other programmes intended to integrate the smallholder farms into mainstream agricultural and general economic development.
- Severe income inequalities arising from inequitable labour and ineffective wage policies.
- Poor access to business finance and seed capital for small and medium enterprises including small scale mining.
- Historical public expenditure biases in favour of urban areas.
- Inadequacies in essential vocational skills which

constrain productive deployment of youths in both wage and self employment.

- Lack of strategy to address the special circumstances of female-headed households that are particularly vulnerable to extreme poverty.

Supportive Environment

- The adherence by the Ministry of Finance and National Planning to the full disbursement of budgeted resources for the social sectors. Government's commitment to releasing in full, the social sector budget was reflected in releases of 98.6 percent for all social sectors in 2007 as compared to total releases of 84.2 percent in 2006. In the 2008 Budget, the shares of education and health have risen from 15 percent and 10.7 percent in 2007 to 15.4 percent and 11.5 percent respectively.
- Reaching Highly Indebted Poor Countries (HIPC) completion point and the resultant debt cancellation along with that of the Multilateral Debt Relief Initiative (MDRI) is expected to create the fiscal space required for increased expenditures for poverty reduction programmes.
- The enhanced resources from the mining sector that can be anticipated as a result of the mineral tax reform proposed in the 2008 Budget are also expected to significantly enhance the fiscal space for the Government to address the challenges posed by poverty.
- Significant agricultural policies and programmes such as the irrigation credit fund.
- Current large investments in the mining and the tourism sector are expected to stimulate formal sector employment.

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

Indicators

- Prevalence of underweight children (under five years of age)
- Proportion of population below minimum level of dietary energy consumption

Status at a glance

Will target be met?	 Likely
State of supportive environment	 Strong

Table 2: Status in figures

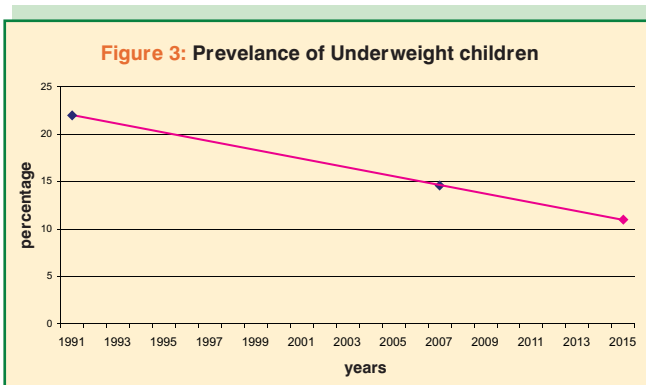
Indicator	1991	2006	2007	2015*
Prevalence of underweight children (under five years of age) (%)	22	19.7	14.6	11
Proportion of population below minimum level of dietary energy consumption (%)	58	51	-	29

Source: PSI 1991, LCMS IV 2006, ZDHS 2007

* MDG target

Status and Trends

Good periods of rainfall resulting in successive years of good crop harvests have contributed to Zambia’s food security. Moreover, targeted interventions in health and nutrition have also resulted in the improvement of underweight children. The prevalence of underweight children declined from 22 percent in 1991 to 14.6 percent in 2007 against the MDG target of 11 percent by 2015. However, food poverty still exists and food security still remains a challenge in pockets around the country.



Challenges

- Lack of comprehensive nutrition policy framework that addresses budgetary investments, demand and supply-side interventions to reduce under nutrition.

- Lack of institutional and capacity developments that are crucial to advancements in nutrition in Zambia. Government needs to address the constraints faced by the National Food and Nutrition Commission.
- The lack of safety nets to protect people from recurrent shocks and climate change.

Supportive Environment

- The National Health Policy provides policy guidelines on infant and child programmes. Such policy documents have been integrated into the framework of the Fifth National Development Plan (FNDP) and Vision 2030.
- There has been a strengthened partnership with the cooperating partners and improved coordination of the Sector Wide Approach, whereby a new Memorandum of Understanding was developed and the framework for expansion of the health sector basket was agreed.
- Targeted interventions and effective delivery in health and nutrition. The percentage of children under six months who are exclusively breastfed increased between 2001 and 2007, coupled with a decrease in the percentage of children under five who are stunted.



GOAL 2 ACHIEVE UNIVERSAL
PRIMARY EDUCATION

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

Indicators

- Net enrolment ratio in primary education
- Proportion of pupils starting grade 1 who reach grade 7
- Literacy rate of 15 to 24 year-olds

Status at a glance



Will target be met?	 Likely
State of supportive environment	 Strong

Table 3: Status in figures

Indicator	1990	2003	2004	2005	2006	2015*
Net enrolments in primary education (%)	80	76	85	96	97	100
Girls	69	75	85	96	98	100
Boys	71	71	86	95	96	100
Pupils reaching Grade 7 (%)	64	73	82	81	83	100
Girls	57	66	75	73	79	100
Boys	71	80	95	88	91	100
Literacy rates: 15-24 year olds (%)						
National	79	75	70	-	-	100
Female	75	70	66	-	-	100
Male	79	75	75	-	-	100

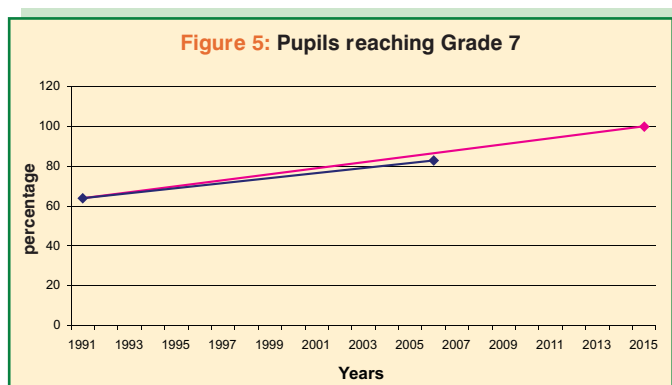
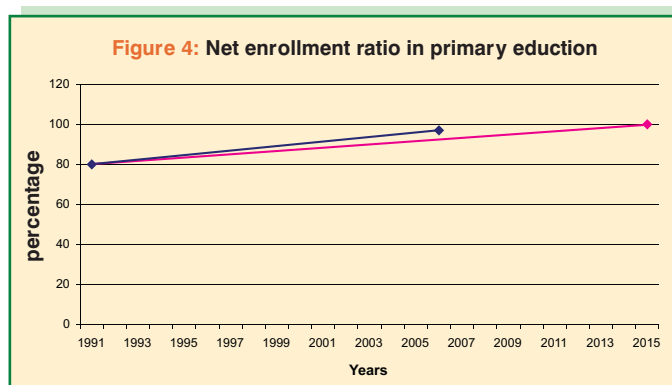
Source: Millennium Development Goals Status Report 2005, Ministry of Education – MOE (EIMS) Planning Data, 2006

*MDG target

Status and Trends

Zambia has committed herself to the provision of education to all since independence in 1964. A full course of primary school education lasts seven years. Some children complete nine years education when

they proceed to basic schools. The statutory age for enrolment into school is seven years. This means that pupils enrolled in primary schools complete primary school education at the age of fourteen or sixteen years when they go on to basic education. Net enrolment has increased steadily from 80 percent



in 1990 to 97 percent in 2006 because of a strong supportive environment. However, while access to schools is improving, a lot has yet to be done in terms of improving the quality of educational achievement.

The status of girls' education is good and the trend shows a growth in their enrolment in the school system, which is at 98 percent, while that of males is 96 percent. Enrollment of males has seen an increase from 71 percent in 1990 to 96 percent in 2006, while an increase of female enrolment from 57 percent in 1990 to 98 percent in 2006 has been recorded. In 2007, more female children accessed education in grade one than male children.

Zambia achieved an increase of 19 percentage points in primary school completion rates from 64 percent in 1990 to 83 percent in 2006. A further increase of 17 percentage points would be required over the next 8 years if the country has to realize the MDG target by 2015. With sustained and concerted efforts and the manifest commitment of the Government, this is an achievable goal.

Completion levels among the females are lower than those of males despite there being more girls enrolled because of affirmative action. A marked difference of 12 percentage points between males and females can be noted. Also, although more males complete school than females, some males are disadvantaged and unable to enroll in schools because of affirmative action in favour of females. In some rural areas both males

and females do not have access to schools because of long distances.

Challenges

- Loss of human capital, teachers in particular, due to HIV and AIDS pandemic. This has resulted in inadequate teaching and support staff in schools.
- Loss of teachers also on account of resignations resulting from poor conditions of service especially in rural areas.
- Inadequate bursaries to enable vulnerable children to attend school.
- Limited construction of schools in places where long distances adversely affect school attendance.
- Low quality of education marked by poor achievement levels, poor learning environment, lack of learning and teaching materials, and high pupil-teacher ratio (the average national ratio for grades 1-9 is 57:1).
- High poverty levels leading to some children failing to enroll in schools.

Supportive Environment

- The national educational policy of 1996, Educating Our Future has provided for a supportive environment in which sub-sector policies have been articulated. The MoE continues to implement the free education policy enunciated in 2002 and the global Education for All Goals adopted in 2000 to ensure that all boys and girls are able to attend school.
- Since gender has been mainstreamed in the educational curriculum as result of the Programme for the Advancement of Girls' Education (PAGE), a gender responsive approach to education has been adopted.
- Improved capacity in planning, reporting evaluation and monitoring in the MOE enables it to access finances through the Medium Term Expenditure Framework (MTEF 2006-2008). The 2006 Work Plan and Budget adopted the multi-sectoral approach. The education sector Strategic Plan (2003-2007) and its National Implementation Framework (NIF 2003-2007) have been key in providing a strategic approach to education.
- The FNDP 2006-2010 commits Government to

increase funding to education as a key sector in development.

- Conducive policy direction on participation by the private, Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs) and Community-Based Organizations (CBOs) in the provision of education contributes to growth in the provision of universal primary school education. The decision by Government to integrate the community schools (funded from community meagre resources) into mainstream educational system means that the schools are assured of stable and increased funding. These schools have played a major role in providing education to Orphans and Vulnerable Children (OVC) in rural and urban areas.
- Allowing children who are disadvantaged and held

back in progression by various drawbacks to repeat some grades has increased numbers of children attending and completing primary and basic education.

- Decentralisation involving devolution of responsibilities from the centre to the District Education Boards and the involvement of parents and communities is increasingly leading to prompt action on issues that have otherwise taken long to resolve.
- Government commitment to expansion of education infrastructure. 560 classrooms were built between 2004 and 2005. In 2007, Government also enrolled 452,974 pupils in grade one, a 2-percent increase from the previous year.



GOAL 3 PROMOTE GENDER
EQUALITY

Goal 3

PROMOTE GENDER EQUALITY

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

Indicators

- Ratio of girls to boys in primary, secondary and tertiary education
- Ratio of literate females to males among 15 to 24 year-olds
- Share of women in wage employment in the non-agricultural sector
- Proportion of seats held by women in national development

Status at a glance



Will target be met?	 Likely
State of supportive environment	 Fair

Table 4: Status in figures

Indicator	1990	1991	1996	2001	2003	2004	2005	2006	2015*
Ratio of girls to boys in:									
Primary	0.9	-	-	-	0.98	0.95	0.95	0.97	1
Secondary	0.92	-	-	-	0.9	0.84	0.83	0.73	
Tertiary	-	-	-	-	0.71	0.63	0.74	0.9***	
Ratio of literate females to males among 15-24 year olds	-	-	-	-	0.8	0.8	0.8	-	1
Share of women in wage (%)	39	-	-	-	35	35	34	-	
Proportion of seats held by women in national parliament (%)	-	6	12	12	12	12	12	14	30**

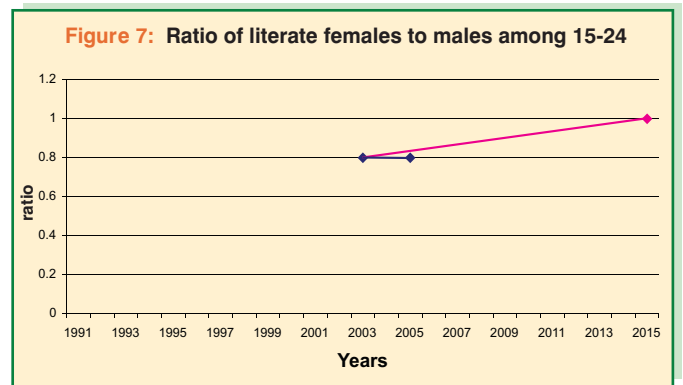
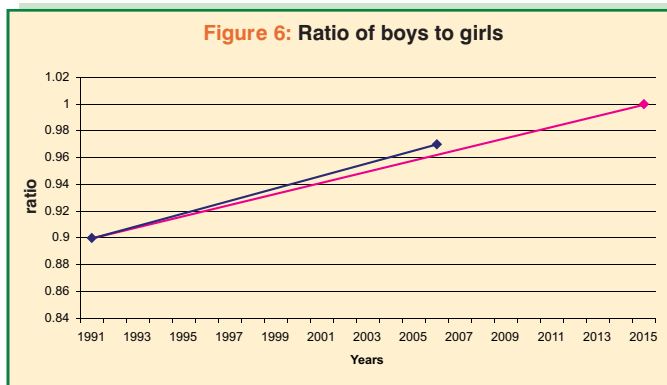
Source: Millennium Development Goals, Status Report, 2005; MOE Annual School Census, 2005; Cabinet Office/GIDD 2007; UNZA/TEVETA, 2007.

*MDG target

** 30 percent is the Southern Africa Development Community target.

*** This includes colleges and universities

Status and Trends



Source: MOE, EIMS; Millennium Development Goals Status Report, 2005

Between 2003 and 2006, the ratio of girls to boys in primary school has been fairly stable at a level close to 1.0. But the ratio in secondary school seems to have undergone a notable decline from 0.90 to 0.73 during the same period.

With regard to tertiary education, the years 2003-2007 had a higher rate of enrollment of male students in the University of Zambia than that of females despite affirmative action of allowing 30 percent extra places for females in the university. An increase in enrollment by more than 90 percent has taken place in the Copperbelt University and this has been from 159 females in 2003 to 322 females in 2007. At the University of Zambia, an increase of more than 60 percentage points has taken place in the enrollment of females from 2,495 females in 2003 to 4,095 females in 2007.

Teacher training colleges in the period from 2003 to 2006 enrolled more female students than male students. This is a result of affirmative action which requires that 51 percent of the students enrolled in teachers' colleges are female and 49 percent are male. Technical Colleges enroll less females than males because girls do not attain the requisite grades in science based subjects and mathematics.

Women's participation in political life continues to be limited. Although the proportion of women in Parliament has risen from 6 percent in 1991 to 14 percent in 2006, it still falls significantly short of the 30 percent SADC target. The country has a long way to go before attaining this target.

Despite the parity in population of males and females as per census of 2000, the latter still lag behind males in national development. Inadequate or lack of education contributes to the low status of women in national development. Females have higher dropout rates at all levels of the school system. The dropout rate for

males is 2.1 percent while that of females is 3 percent at grades 1-9. At grades 10-12 levels, 1.25 percent males drop out while females drop out at the rate of 1.98 percent. Males survive the school career with a gap of 6 percent points.

Challenges

- Reversing the dropout rate of girls caused by early pregnancies, inability to pay for some school requisites, girl-unfriendly school environment (e.g. lack of sanitation facilities).
- Reducing the incidence of HIV and AIDS which has adversely affected girls' education and has increased their vulnerability.
- Attitudes and beliefs obtaining in patriarchal systems of society that rate men as superior to women and which affect how men regard women especially when it comes to equal participation in decision-making, economic empowerment and access to education.
- Slow action in translating policy pronouncements into implementable activities to ensure gender equality and empower women.
- Inability to engender the national budget and ensure that through the provincial, district, Gender Focal Point offices and District Gender Sub-Committees, women's needs which are different from those of men are taken into account.
- Lack of comprehensive sensitisation on gender for all in the country with a view to changing attitudes.
- Cost-sharing adversely affects the female completion rates of education at all levels of the school system. Where there are limited resources

at household level in providing financial support to education, preference is given to boys over girls.

- Girls are married off by their parents when they are still very young and at school-going age.
- Although Government has enunciated the pregnancy re-entry policy, not all females are able to return to school.

Supportive Environment

- The affirmative action of establishing bursary schemes for excelling girls who cannot afford to pay for requisites at tertiary level serves to promote education for girls. Twenty-five percent of the bursary scheme at the University of Zambia has been set aside for the education of girls so that they can compete favourably with males for opportunities in political and technical jobs.
- Legislation promulgated in 2006, the Citizen's Economic Empowerment Act, is key in empowering both genders because it provides for the promotion of employment "by recommending to appropriate authorities the removal of structural and discriminatory constraints and practices that hinder any particular gender from employment opportunities".
- Gender-based organizations have supplemented government efforts by increasing educational opportunities for girls. In addition, cooperating and development partners continue to play a big role in supporting girls' education.
- Increased global and national advocacy and awareness creation on gender issues have contributed to the articulation of the gender policy (2000), and the preparation of the strategic plan of action for the period 2004 to 2008. The appointment

of a minister at cabinet level responsible for gender has reinforced government's commitment to gender in development. Gender mainstreaming in some sectors of the public service has improved the education and training of women.

- Establishment of Gender Focal Persons to represent GIDD in other sectors of government and ensure that the gender agenda is followed up.
- The inclusion of a chapter on gender in the FNDP serves to commit the nation to achieving gender parity. The plan sets out priorities which include: gender mainstreaming in the national development process, safe motherhood, capacity building for gender mainstreaming, gender management information system, review of legal framework, economic empowerment of women and monitoring and evaluation.
- Government commitment to the fight against gender-based violence and harassment. Gender-based violence hinders growth in gender parity and to this end NGOs have called for remedial legislation.
- Increased educational campaigns to encourage women to participate in parliamentary and local government elections have served to encourage some females to stand for elections.
- The inclusion of a gender perspective as a key performance indicator in job descriptions of public service is serving to reinforce the country's commitment to ensuring that gender is mainstreamed.
- Sensitisation of traditional leadership so that they can influence change in cultural and traditional practices that adversely affect the women has helped remove negative attitudes towards women.



GOAL 4 REDUCE CHILD MORTALITY

Goal 4

REDUCE CHILD MORTALITY

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

Indicators

- Under-five mortality rate
- Infant Mortality Rate (IMR)
- Proportion of one-year old children immunized against measles

Status at a glance

Will target be met?	● Potentially
State of supportive environment	● Strong

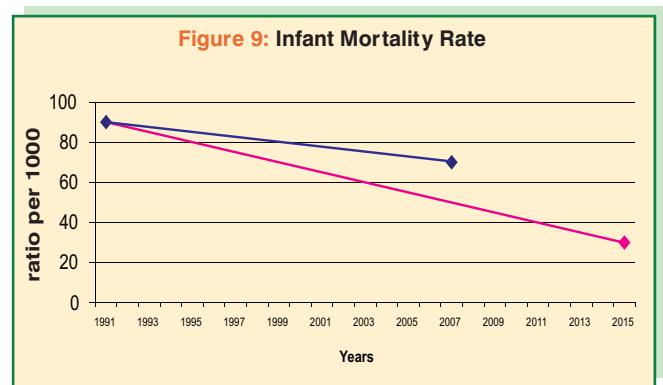
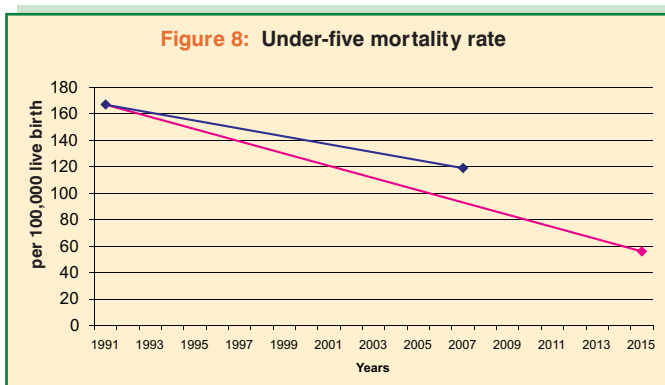
Table 5: Status in figures

Indicator	1992	1996	2002	2007	2015*
Under-five mortality rate♦	191	197	168	119	56
Infant mortality rate♦	107	109	95	70	30
Proportion of one-year olds immunized against measles (%)	77	86	84	84.9	-

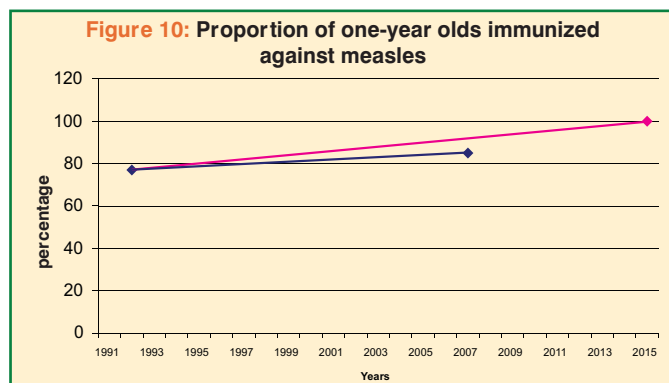
Source: Central Statistical Office (CSO), 1992, 1996, 2003 and 2007 ZDHS.

*MDG Target

♦Deaths per 1000 live births



Status and Trends



Reducing child mortality is one of the targets that Zambia has the potential of achieving. Although still relatively high, both infant mortality and under-five mortality rates have shown a declining trend since 1992. IMR declined from 107 deaths per 1000 live births in 1992 to 70 deaths per 1000 live births in 2007. Similarly, under-five mortality dropped from 191 in 1992 to 119 deaths per 1000 live births in 2007.

The reduction in child mortality is mainly attributed to the strong state of supportive environment that Zambia has put in place. These include improved childhood immunization rates (routine immunization coverage for measles increased from 77 percent in 1992 to 84.9 percent in 2007) and provision of micronutrients such as vitamin A through supplementation and fortification of foods.

Despite these positive trends, the current child mortality rates are still very high. Zambia is yet to address a number of challenges in reducing child mortality.

Challenges

- Inadequate human resources to provide health, training and re-training services in Maternal and Child Health (MCH) facilities.
- Long distance to maternal and child health facilities.
- Unfavourable attitudes of some health personnel providing MCH services.
- Provision of materials and staff to continuously cover immunisation programmes, especially in remote and rural areas.
- Growing reluctance of qualified medical personnel to serve in the rural and remote areas due to inadequate incentives and infrastructural development.

- High prevalence of malaria in children and pregnant women.
- Incidence of tuberculosis in children.
- Lack of training to Community Health Workers to provide coartem under MCH programmes.
- Inadequate procurement, supply and logistical management procedures for drugs and medical supplies to cure and manage diseases that affect children such as malaria, respiratory infections, anaemia, pneumonia and diarrhoea.
- High poverty levels that increase the incidence of common preventable diseases in children, such as malaria, pneumonia, anaemia, diarrhoea and malnutrition.
- Provision of quality infrastructure, equipment and drugs in the MCH facilities.

Supportive Environment

- The Government provides conducive and supportive policy guidelines and environment for addressing child health as exemplified in the national health policy and strategic plan, FNDP and Vision 2030.
- Continued integration of many activities in the maternal and child health programmes such as implementation of the routine and National Immunisation Days ; Expanded Programme on Immunisation, Roll Back Malaria partnership; Reach Every District strategy; Integrated Management of Childhood Infections; Polio Elimination Initiative; establishment, consolidation and scaling-up of the Prevention of Mother-to-Child Transmission of HIV and AIDS; Provision of free health services; and nutrition, safe water and breast-feeding support programmes
- Implementation of User Fees Removal Policy in 2006.
- Strengthened partnerships with the cooperating partners and improved coordination of the Sector Wide Approach, whereby a new Memorandum of Understanding was developed and signed in 2006. In addition, the framework for expansion of the health sector basket was developed.
- Troika System of aid coordination, harmonisation, alignment and management was implemented in 2006. All Sector Action Plans and Budgets have

been aligned to the Vision 2030.

- Significant increase in targeted financial support from the Government and cooperating partners towards the fight against major diseases that affect especially the children such as malaria, respiratory infections, anaemia, pneumonia, diarrhoea, tuberculosis and HIV and AIDS.
- Conducting Public Expenditure Tracking Survey (PETS) in 2006 to map sources and uses of funds in the health sector.
- Continued use of Community Health Workers and Neighbourhood Health Committees in MCH services such as child-feeding practices, use of Oral Rehydration Therapy (ORT) or Oral Rehydration Salts (ORS) and promoting use of long-lasting insecticide-treated mosquito nets (ITNs).



GOAL 5 IMPROVE MATERNAL
HEALTH



Goal 5

IMPROVE MATERNAL HEALTH

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

Indicators

- Maternal Mortality Ratio (MMR)
- Proportion of births attended by skilled personnel

Status at a glance


Will target be met?	 Potentially
State of supportive environment	 Strong

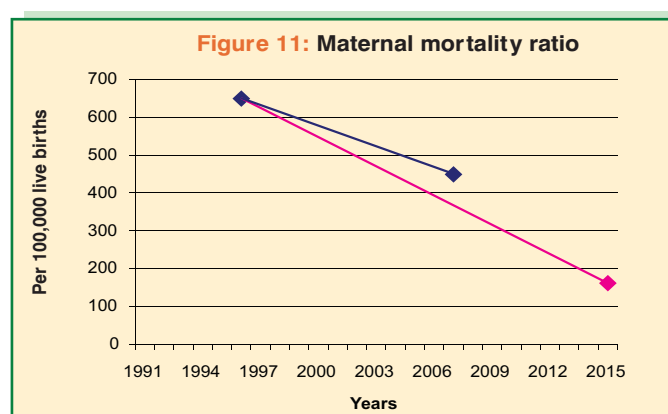
Table 6: Status in figures

Indicator	1996	2002	2007	2015 *
MMR (deaths per 100,000 live births)	649	729	449	162
Births attended by skilled personnel (%)	51	43.4	46	-

Source: CSO, CBoH, Measure DHS+, (2003) ZDHS, 2001-2002 and 2007, Calverton Maryland, USA: CSO, CBoH, and ORC Macro. P 138.

*MDG Target

Figure 12: Trend in maternal mortality



Generally, the critical indicators in maternal health include access to antenatal care, basic essential obstetric care, availability of comprehensive essential obstetric services and safe delivery and postnatal care.

Despite many years of increasing maternal mortality,

recent interventions in the health sector have began bearing fruit as the ratio has now started declining. The ratio increased from 649 per 100,000 live births in 1996 to 729 per 100,000 live births in 2002 but then declined to 449 per 100,000 live births in 2007.

The percentage of women who received antenatal care from a health professional has remained high at 93.4 percent. Furthermore, the number of mothers who received at least one tetanus toxoid injection during pregnancy increased from 26.7 percent in 2001 to 80.1 percent in 2007. The number of births attended to by a health professional increased from 43.4 percent in 2001 to 46.5 percent in 2007.

The strong supportive environment under maternal health largely explains this marked improvement. Despite this achievement, there is still considerable room for improvement for Zambia to reach the MDG target of 162 per 100, 000 live births in 2015.

Challenges

- Inadequate health personnel (mid-wives) to provide skilled delivery care.
- Inadequate streamlining of policy guidelines to enhance attendance of antenatal care in the first trimester.
- High levels of health staff turnover, especially due to brain-drain to other regional and international markets, and deaths. For example in 2005, only about 50 percent of the recommended establishment was in place.
- Ineffective referral system for emergency obstetric care, due to bad road networks, transport system, inadequate facilities and few health personnel.
- High malaria and anaemia cases.
- Negative cultural and traditional practices that compound maternal deaths, such as early marriage, early, late and many pregnancies.
- Low usage of contraceptives resulting in high undesired fertility, especially among more vulnerable groups like young and old mothers.
- Imbalances in the distribution of health personnel against rural and remote areas.

Supportive Environment

- National Health policy documents, guidelines and programmes, such as the Reproductive Health Policy which has been integrated in the FNDP and Vision 2030.
- Government commitment to deal with human crisis in health as exemplified by the President's influence to develop Human Resources for Health Strategic Plan, 2006-2010.
- Strengthened partnerships with community and religious leaders; Neighbourhood Health Committees, Community Health Workers (CHWs) and Provincial and District Development Co-ordinating Committees are all involved in aspects of health care provision including awareness and advocacy of maternal care.
- Integration and scaling-up of the Prevention of Mother-to-Child Transmission of HIV and AIDS strategy into maternal and child health services.
- Exemption of pregnant women from paying user fees.
- The piloted Safe Motherhood Action Groups strategy used in advocacy in maternal health in North-Western Province has been extended to other provinces, including Luapula.
- Free provision of at least three long-lasting Insecticide-Treated Mosquito Nets (ITNs) per household to prevent Malaria In Pregnancy under the roll-back malaria partnership.
- Provision of free and more effective anti-malarial drugs to pregnant women.
- Scaling-up of free provision of Anti-Retroviral Therapy (ART) to infected and vulnerable people, especially in the PMTCT facilities.

**GO FOR
VCT
FREE YOUR MIND**

GOAL 6 COMBAT HIV/AIDS,
MALARIA AND OTHER DISEASES

**Goal
6**

COMBAT HIV/AIDS, MALARIA AND OTHER MAJOR DISEASES

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

Indicators

- HIV prevalence among 15-24 year-old pregnant women
- Contraceptive prevalence rate (CPR)
- Number of children orphaned by HIV and AIDS

Status at a glance



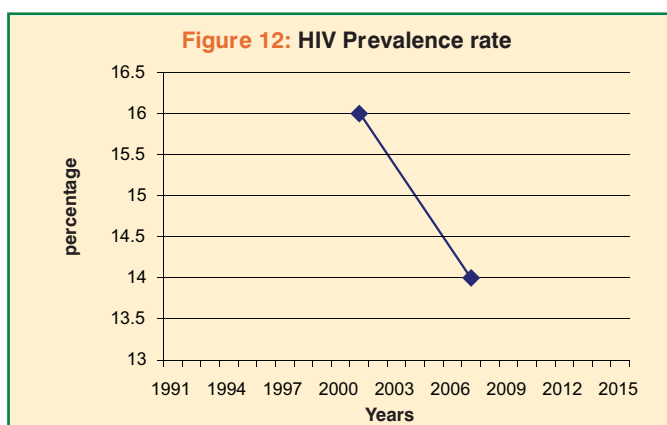
Will target be met?	 Likely
State of supportive environment	 Good

Table 7: Status in figures

Indicator	1992	1996	2002	2007	2015*
ZDHS HIV prevalence rate (%)	-	-	16	14.3	16 or less
Contraceptive Prevalence Rate (any method) (%)	11.6	19.2	24.6	-	-

Source: CSO, CBoH, Measure DHS+, (2003) ZDHS, 2001-2002 and 2007, Calverton Maryland, USA: CSO, CBoH, and ORC Macro;
*MDG Target

Status and Trends in HIV and AIDS



According to the provisional figures of the 2007 Zambia Demographic and Health Survey, the national HIV prevalence rate among adults aged 15 to 49 years has declined from 15.6 percent in 2001/2002 to 14.3 percent in 2007. Although declining, the infection rates have continued to be much higher among women at 16.1 percent than men at 12.3 percent. Similarly, the rates are twice as high in urban (20 percent) than in rural areas (10 percent). HIV prevalence in urban areas decreased from 23.1 percent in 2001 to 19.7 percent in 2007, while in rural areas it dropped from 10.8 percent in 2001 to 10.3 percent in 2007. Prevalence rates have continued to increase with age, rising from 5 percent among those aged 15-19 to a pick of 24 percent in the 35-39 age group, before falling among those in the 40s and above.

The decline in the HIV prevalence is an indication that the country has halted and began to reverse the spread of HIV and AIDS. For Zambia to achieve the MDG target by 2015, she needs to achieve a prevalence rate of less than 16 percent. The drop in the HIV prevalence rates is largely attributed to the strong supportive environment, which Zambia has put in place. This decline makes the attainment of the goal as set achievable although the desired state would be extremely low prevalence rates as seen in other parts of the world. Lower prevalence rates can only be achieved if Zambia addresses the major challenges in combating HIV and AIDS.

Challenges

- Negative cultural practices and poor economic status of women that prevent them from demanding for safer sex.
- Lack of comparative data for reporting and policy formulation.
- Addressing factors affecting VCT uptake: fear, stigma and discrimination and inadequate privacy, space and confidentiality.
- Inadequate trained health personnel to handle increased disease burden related to HIV and AIDS; the health personnel have been spread thinly and HIV resources are crowding out those available to address other diseases.
- Human resources crisis due to mortality mostly attributed to AIDS-related complications and departure of staff for “greener pastures” in the region and international markets.
- Low usage of condom that could prevent the spread of HIV and AIDS.

Supportive Environment

- Development and implementation of supportive health policies such as the National HIV/AIDS/STI/TB Policy.
- Promotion of multisectoral coordination and collaboration in tackling HIV and AIDS.
- Introduction of HIV and AIDS policy in the work

place.

- Increased partnership among major stakeholders in combating the pandemic.
- Establishment of more ART centres. The centres increased from two in 2004 to 84 by the end of 2005. Further the number of people accessing free ART increased from 16,000 in 2004 to 44,000 by the end of 2005 and about 110,000 in 2007.
- Training of more medical staff to administer ART. In 2005, 700 medical personnel were trained.
- Creation of AIDS-task forces through the PDCCs and DDCCs. These work in collaboration with Neighbourhood Health Committees, traditional leaders and faith-based organisations.
- Provision and expansion of free ART in public hospitals.
- Recruitment and retention of more medical personnel.
- Development of universal access initiatives, and re-launching of the prevention drive through use of condoms in 2006.
- Continued expansion and scaling-up of voluntary counselling and testing and prevention of mother-to-child transmission programmes to district and local community levels.
- Measures aimed at providing safe blood transfusion services to contain the possible transfusion transmissible infections have been put in place.
- The paediatric initiative started about three years ago to provide ART to the children.
- Emphasis on expansion of VCT programmes, which include strengthening of Youth-Friendly Services (YFS), community HIV and AIDS outreach, and improvement in adolescent and youth-friendly services.

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

The latest comparable data available on malaria is still that provided in the 2001/2 ZDHS. The provisional figures for 2007 do not provide comparable data and so the status as reported in the 2005 MDGR still holds. It can be reported that uptake of anti-malarial drug by children aged 0-59 months with a fever in the two weeks preceding the ZDHS survey was only about 38 percent, although the percentage of women who were pregnant five years ago and took anti-malarial

drug during pregnancy increased from 35.8 percent in 2001 to 86.5 percent in 2007. Improvements have also been noted in the percentage of pregnant women and children under five who sleep under impregnated bed nets although considerable improvements are still needed. For children under-five, this rose from 9.8 percent in 2001 to 28.6 percent in 2007, and for pregnant women, this rose from 7.9 percent in 2001 to 32.7 percent in 2007.



GOAL 7 ENSURE ENVIRONMENTAL SUSTAINABILITY

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

Indicators

- Proportion of land area covered by forest
- Ratio of area protected to maintain biological diversity to surface area
- GDP per unit of energy use
- Carbon dioxide emissions (per capita)
- Consumption of ozone depleting chlorofluorocarbons (CFCs) in ODP tons
- Proportion of population using solid fuels

Status at a glance

Will target be met?	 Unlikely
State of supportive environment	 Fair

Table 8: Status in figures

Indicator	1990	1996	2001	2003	2004	2005	2006	2015*
Land covered by forest* (%)	59.8 (1992)	59.1	59.6	45	-	56.4**	-	
Land protected to maintain biological diversity* (%)	38.8	39.2	39.6	39.6	39.6	41.5**	-	
Energy use (metric ton oil equivalent) per \$1 GDP (PPP) #	-	-	-	-	-	-	-	
Carbon dioxide emissions per capita†	0.3	0.2 (1999)	-	0.2*	-	-	-	
Consumption of ozone depleting (CFCs) in ODP tons‡	-	95.57	45.1	44.5	43	-	-	
Population using solid fuels# (%)	86	82	80	80	80	80	-	

Source: ♦Forestry Department, Ministry of Tourism, Environment and Natural Resources

Department of Energy, Ministry of Energy and Water Development World Development Indicators, World Bank, April 2002

** United Nations Statistics

‡ Environmental Council of Zambia

*MDG Target

Status and Trend

Zambia needs to take bold measures if it is to meet MDG 7. Although modest efforts to create a supportive environment are being made, there is still need for further impetus to enable Zambia to fully integrate principles of sustainable development in order to achieve environmental sustainability. There is also need for all stakeholders involved in the environmental sector to rally together and take policy decisions with respect to the national environmental policy, enactment of the Forestry Act, as well as to ensure that the revision of the Environmental Protection Act (EPA) provide more autonomy on the operations and decisions of the ECZ especially as they relate to Environmental Impact Assessments (EIAs). Zambia also needs to take a decision to fully mainstream and integrate principles of sustainable development in all the country's policies and programmes.

Since MDG status report 2005, a reassessment of the condition of the vegetation cover has not been carried out in Zambia. The removal of forest and woodland cover in many areas in the country is leading to the shortened flow of seasonal streams and the drying up of formerly permanent rivers. In the gazetted forest areas, only half of the forest areas remain intact. This has serious implications on livelihood and climate change security as much of Zambia is expected to suffer from more arid and drier conditions in future.

Furthermore, deforestation due to illegal commercial logging, wood fuel harvesting, uncontrolled fires, and expansion of agriculture and mining activities in most forests has had negative impact on forests functions. Extensive use of solid fuels continues to negatively affect forest resources which in turn affect the forests' ability to provide environmental services. The current and estimated shortages in electricity production forecast for the next 10 years could cause a further increase in forest degradation.

The wildlife biodiversity is contained in 19 national parks of which, in 2002, 11 were either declining or degraded in terms of animal populations. The largest parks in Zambia, the South Luangwa and the Kafue National Parks, with support from cooperating partners have seen the stabilisation of animal populations as is the case for North Luangwa and Mosi-o-tunya. In areas not supported by interventions, animal numbers continue to be in serious decline though habitats remain intact.

Zambia's energy use has continued to rise. In 2004 energy use in all sectors of the economy was estimated

at 13.338m tonnes of oil equivalent (TOE) up from 10.8 million TOE in 2003, 4.7 million TOE in 2000 and 4.4 million TOE in 1990. The per capita energy use in 2004 was estimated at 117 kilogram oil equivalent. Growth in economic activity especially in the mining and industrial sectors is driving up demand for energy.

The status of total carbon dioxide emissions still stands at the 1994 estimate of 2.2 million tonnes, whilst the per-capita emissions are estimated at 0.2 tonnes. Nonetheless, even without new data it is most likely that there has been an increase in emissions due to the general growth in the Zambian economy particularly mining operations.

Zambia does not produce ozone depleting chlorofluorocarbons (CFCs). It is expected, under international obligation through the Montreal Protocol, to reduce the consumption of the chemicals within its borders. Zambian CFC consumption thus reduced from approximately 30.0 tons in 1996 to approximately 10 tons in 2003 surpassing the reduction target of 28.1 tons. Levels of ozone-depleting substances remained at the same levels in 2004. This significant reduction has been possible with assistance from the international community through the transfer of ozone-friendly technologies to local industry particularly in mining operations through the Copperbelt Environment Project (CEP). Ideally consumption should reduce to zero as CFC alternatives are increasingly used in industry in the country (ECZ 2003).

According to Zambia's phase out schedule, all developing countries including Zambia, which are under Article 5 of the Montreal Protocol, are to phase out CFC's by the year 2010.

Challenges

- Need for National Policy on Environment to be approved to support mainstreaming of principles of sustainable development throughout all sectors of the economy.
- High poverty levels and the lack of alternative sources of livelihoods in rural areas exert pressure on land and associated resources, which threaten rural and urban livelihoods from a changing environment.
- Health issues associated with a large percentage of the population using solid fuels remain a challenge for the achievement of the health MDGs as use of solid fuels negatively impacts on the health of the population, especially females.

- Weak coordinating mechanisms in the environmental sector especially the Sector Advisory Group (SAG) and Natural Resources Consultative Forum (NRCF).
- Deficiencies in organizational and institutional capacities particularly at local levels continue to weaken implementation of environmental policies and enforcement of legislative frameworks.
- Inadequate data and weak to absent monitoring systems, related to forest inventories, animal populations, pollution and emissions data, presents a major challenge for effective environmental planning and management.
- The lack of information to make informed decisions in identifying alternative and environmentally friendly technologies in sub-sectors of the environment including energy and agriculture.
- ECZ continued to sensitize stakeholders on the requirements of the environmental impact assessment (EIA) process. Awareness of the usefulness of EIA as a planning tool has thus been on the increase. EIAs have mainly been conducted for project level interventions, although there will be need to scale up the integration of EIA or strategic environmental assessment into large sectoral programmes in agriculture, fisheries, forestry and tourism and core national programmes which are currently limited. Nonetheless, public participation in the EIA process has increasingly assumed importance with the holding of public hearings to give opportunity to the general public to interact with the proponents of projects, but more so to air their views on proposed developments. In another positive development, ECZ has embarked on a process of reviewing EIA Regulations of 1997 to strengthen its regulatory and governance robustness.

Supportive environment

- Since the last report some progress has been recorded in the status of the supportive environment.
- Although the Forest Act of 1998 has still not been commenced, the 1973 Forest Act has proved robust enough to provide a stopgap legislative framework for the sector.
- In the wildlife sector, the Zambia Wildlife Authority (ZAWA) focused on the development of a series of sub-sector framework policies in order to bolster the policy framework. ZAWA has also drafted various wildlife management guidelines and subsidiary legislation in response to the shortages in the policy. A new strategic plan has been devised for ZAWA to achieve effective management of wildlife resources.
- ECZ has recently under UNEP commissioned a study on greenhouse gas inventory. The results are expected before the end of 2008.
- Ministry of Water and Energy Development, MWED, is putting in place an integrated information management system that will enable the timely collection and compilation of energy related information, as well as address the deficiencies of data management in the sector.
- Under national initiatives, which include national assessment for capacity building for implementing international conventions on environmental protection and natural resources management, mainstreaming of gender, improvements to the national protected areas system and putting together a country road map for the implementation of climate change adaptation activities, government is stepping up its commitment to ensuring environmental sustainability and the promotion of sustainable development.

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

Indicators

- Proportion of population without sustainable access to an improved water source
- Proportion of population without access to improved sanitation

Status at a glance

Will target be met?	 Potentially
State of supportive environment	 Good

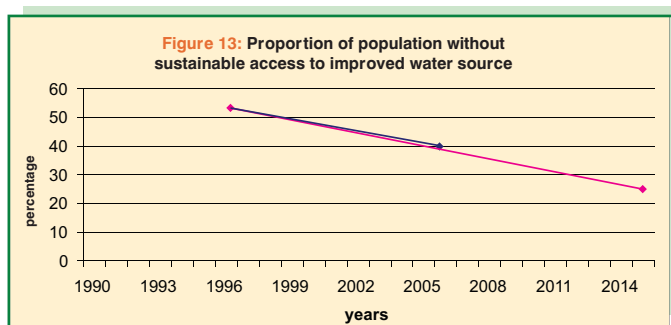
Table 9: Status in figures

Indicator	1991	1993	1996	1998	2004	2006	2015*
Proportion of population without sustainable access to an improved water source (%)	-	-	53	43	43.1	40	24.5
Proportion of population without access to improved sanitation (%)	26	22	38	34	29.9	36.1	13

Source: CSO – PSI 1991; PSII, 1993; LCMS I, 1996; LCMSII, 1998; LCMS III 2002/03; LCMSIV, 2004; LCMS V, 2006

*MDG Target

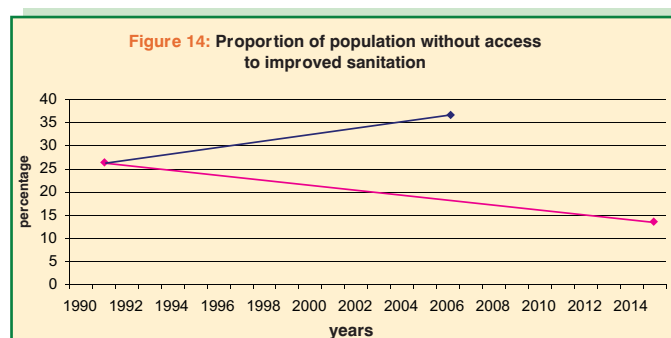
Status and Trends



considerable achievements in extending water supply coverage from 58 percent in 2004/05 to 73 percent in 2005/2006 (NWASCO).

With respect to sanitation, the situation is not getting better. The proportion of the population without access to good sanitation rose by over 10 percent from 26 percent in 1991 to 36.1 percent in 2006.

The data in Table 9 and Figures 13 and 14 suggest that while the target in respect of access to an improved water source will mostly be met by 2015, the access to improved sanitation poses a formidable challenge.



Challenges

- Lack of mechanisms for replicating the performance success of Southern Province towns in water and sanitation delivery to other areas in Zambia, in the absence of specific externally targeted funding support.
- Increasing investment levels towards extension of services in water supply and sanitation, particularly in rural and peri-urban areas where cost recovery may not be possible.

Commercialization of water supply has contributed to accessing water sources and been crucial to sustaining improvements in service delivery in urban areas. Over recent years, the Commercial Utilities have made

- Need for coordination at sector level between MWED and Ministry of Local Government and Housing (MLGH).
 - Lack of implementation progress on decentralization to the local authorities.
 - Lack of adequate human and financial capacity at MLGH and the local authorities.
 - Need to improve the performance of commercial water utilities including water quality and hours of supply.
 - Improved regulatory regime including promotion and support of economic tariffs, fair licensing fees and procedures and clear separation of executive from regulatory roles.
 - Encouraging effective community participation and stakeholder involvement in the design, operation and management of water supply and sanitation facilities.
 - Providing low-cost, appropriate, standardized and sustainable water supply and sanitation technologies in order to provide alternatives to high cost technologies.
 - Addressing the issue of unplanned and illegal urban settlements that make the provision of water and sanitation facilities difficult.
 - Resistance to behavioural change and traditional values around sharing pit latrines.
 - Investing in data harmonization between MLGH, CSO and NWASCO; strengthening of the systematic collection and management of information for both urban and rural water sanitation sectors so that accurate data can be disseminated.
- is expected to improve over the coming years once the programme is formally launched and the Memorandum of Understanding governing its implementation is signed by GRZ and the cooperating partners.
- Government through the MTEF has committed K65 billion over three years in support of water and sanitation activities outlined in the NRWSSP
 - The Water Resources Management Bill, a legal framework for water resources management has been reviewed and is awaiting enactment by Parliament. It comes with innovations and is expected to contribute to the better management of water resources in the country.
 - The Ministry of Water and Energy Development (MWED) finalised the Water Resources Action Plan (WRAP). Sector reforms separating water resource management from water supply and sanitation have been instituted. Water allocation, surface and ground water assessment are now clearly the responsibility of MWED while, urban water supply and environmental sanitation (domestic and industrial, rural water supply and sanitation and waste management) are the responsibility of the Ministry of Local Government and Housing (MLGH). The District strategic planning and implementation of the Decentralisation Policy will be the main instruments to guide implementation of rural water supply and sanitation.

Supportive Environment

- The National Water Policy has been reviewed and is awaiting approval by Cabinet. Further, elaboration of a National Water Supply and Sanitation Policy will provide the basis on how to deal with community contributions, subsidies and full cost recovery as well as put in place definitive supply indicators.
- Government has put in place a comprehensive National Rural Water Supply and Sanitation Programme (NRWSSP) 2006 – 2015. It contains an investment plan and coordinating framework for national water supply and sanitation. Coverage



GOAL 8 DEVELOP GLOBAL
PARTNERSHIPS FOR DEVELOPMENT

Goal 8

DEVELOP GLOBAL PARTNERSHIPS FOR DEVELOPMENT

This goal is premised on comprehensive partnerships at national, regional and international levels. These partnerships involve Governments, private sector and NGOs at the national level and the international community. The primary objective is a global environment that is conducive to the attainment of the MDGs. The targets as defined, refers to developed countries' commitment and support to landlocked and island states among others. In this regard, the targets are not addressed in the same format as the previous seven MDGs, but information relating to the goal (ODA, trade, debt, youth employment and communications) are discussed appropriately.

Official Development Assistance

Official Development Assistance (ODA) as a percentage of Gross Domestic Product (GDP) has been declining from 2002 when it was 22 percent to 5.2 percent in 2006. In addition to lesser receipts, GDP has also been increasing over the period thereby bringing the ratio down. As a share of the budget, ODA has also been declining over the same period from a high of about

42.7 percent in 2003 to about 25 percent in 2008. The Zambian economy has been growing positively for the past five years and the government has been credited for its sound macroeconomic management of the economy. Table 17 shows the trend over this period.

Despite the positive growth of the economy as well as the improvement in the social indicators, challenges still remain. Currently there exists a Joint Assistance Strategy, an Aid Policy, a Donor Assistance Database (ZDAD), but a proper system for policy dialogue is not yet in place. The FNDP Monitoring and Evaluation Framework is still weak, and the National Economic Management Cycle is not yet implemented. ODA may have to compete for G8 countries' resources with emerging international challenges such as the international fight against terror. Donor preference of project support to general budget support undermines effective integration of aid into national budgeting and resource management. Appropriate representation should be put in place so that the real issues or specific needs of the country are properly articulated.

Table 10: Status in figures

Indicator	2002	2003	2004	2005	2006
ODA (\$m)	754.1	406.4	519.8	652.0	415.1
Budget Support	311.1	58.8	64.8	153.7	159.6
Grants	81.9	38.9	44.1	129.7	146.7
Loans	229.1	19.9	20.7	24.0	12.9
Project Support	443.1	347.6	455.0	498.3	255.5
ODA as percent of GDP	22.0	9.1	9.3	6.8	5.2

Source: Ministry of Finance and National Planning and CSO

Trade and Exports

Table 11: Selected Non-Traditional Exports (NTEs) US \$' Millions

Product	2000	2001	2002	2003	2004	2005	2006	2007 ^o
Total NTEs	263.6	311.8	368.3	415.2	485.0	534.3	701.4	873.1
Floriculture	33.9	34.1	30.3	22.4	26.8	32	34.7	38.3
Gemstones	15.4	20.3	37.1	23.7	16.3	19.5	18.1	28.6
Horticatures	27.3	36.4	44.9	46	35.8	20.5	-	-
Processed and refined foods	35.5	43	43.7	43.9	49.8	67	-	-
Textiles	36	34.1	25.6	26	24.7	27	-	-
Copper Wire	-	-	-	-	-	106.5	175.0	195.4
White Spoon Sugar	-	-	-	-	-	67.8	54.3	74.4
Burley Tobacco	-	-	-	-	-	60.3	70.5	63.2
Cotton Lint	-	-	-	-	-	55.9	62.3	37.1
Cotton Yarn	-	-	-	-	-	24.1	18.9	12.4
Electrical Cables	-	-	-	-	-	48.5	103.7	150.5
Electricity	-	-	-	-	-	3.8	7.0	9.2
Gas Oil	-	-	-	-	-	9.8	10.3	20.9
Fresh Fruit/ Vegetables	-	-	-	-	-	21.3	25.3	24.6

Source: Export Board of Zambia; Economic Report, 2007

^o Preliminary

As a landlocked country, Zambia's main barriers to trade include high freight costs and poor economic infrastructure but these are surmountable. Appropriate domestic policies can transform this static uncompetitiveness to dynamic competitiveness in the long run. This would require targeted interventions aimed at lowering the unit cost of production in Zambia or increasing value-added to production over time. These interventions include improving the business environment and reducing transport, energy and communications costs.

Zambia's current trade policy is to diversify its exports and production pattern so as to reduce the economy's dependence on copper, hence the emphasis on Non-Traditional Exports (NTEs). Earnings from NTEs have since 2000 increased by over 200 percent from US\$ 263.6 million in 2000 to US\$ 873.1 million in 2007. The increase in NTEs over the period 2006 and 2007 was largely driven by favourable commodity prices on the

international market. An increase in earnings from the export of copper wire, electric cables and white spoon sugar largely accounted for this outturn. However, products such as burley tobacco, cotton lint, cotton yarn and fresh vegetables recorded reduced earnings due to a decline in production. The NTEs have special prospects for poverty reduction in terms of job creation. In terms of agricultural potential and gemstones, Zambia can generate annual NTEs of \$1 billion by 2015.

While Zambia's exports enter the United States and European Union borders duty and quota free, the processed goods which add value and help promote local employment face complex qualifications by developed countries which include sanitary and phytosanitary conditions and sometimes colours and shapes of fruits and vegetables. The challenge for Zambian exporters is to develop capacity to cope with these conditions.

International Debt

Table 12: Status in figures

Indicator	'99	'00	'01	'02	'03	'04	'05	'06
Debt stock (US\$ m)	6,005	5,924	6,450	6,290	5,391	6,668	4,651	934
Debt stock as percent total exports	669	896	696.61	732.6	531.6	412.1	193.6	14.6
Debt service as percent of exports					11.0	18.2	6.8	1.0

Source: Bank of Zambia, CSO, MFNP

Zambia reached the Highly Indebted Poor Countries (HIPC) completion point in 2005. In the same year, Zambia also became eligible for debt relief under Multilateral Debt Relief Initiative (MDRI) which proposed to cancel 100 percent of all debts owed to the IMF, AfDB and the World Bank. The HIPC initiative has reduced debt burden from US\$7.1 billion at the end of 2004 to US\$0.6 billion in 2005. The MDRI commitments have further reduced Zambia's debt to US\$934 million in 2006.

The HIPC completion point also led to the decline in debt service as a percentage of total exports from 11 percent in 2003 to 1 percent in 2006. It is expected that the debt stock will rise and can be sustainable if the debt service as a percentage of total exports is contained within 5 percent up to 2015.

The primary challenges are those related to effective utilisation of debt relief and avoidance of returning into an unsustainable debt situation. This would call for a transparent mechanism for taking up new loans and involving the parliament in the process, implementing the debt management strategy as well as strengthening government capacity to only choose loans with rates of return that pay back.

The introduction of cellular phones has dramatically improved the national communications system. Even remote rural areas can now be reached by mobile telephones. A major barrier to optimal utilisation of this communication situation is the high cost of services especially for the rural people. With only two private sector providers and one public sector provider, the cellular business is not competitive enough to lead to lower prices and efficient services.

In terms of urban and rural (commercial and social) needs a cellular access of 300 persons per 1000 people by 2015, as projected by the Communications Authority, would be consistent with high levels of social economic development.

The major challenge to optimal utilisation of this new technology is lack of transparency in the licensing procedures that hinder competition in the cellular and land phone business.

The major ingredient in the growth of the cellular phone service industry is the relevance of this technology to the communications needs of rural and urban as well as poor and rich people.

Communications

Table 13: Status in figures

Indicator	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06
PSTN [⌘] per 1000 people	8.49	8.33	8.61	8.43	8.49	8.42	10	8.18	8.27	8.07
Cell per 1000 people	0.74	1.27	3.97	5.05	9.7	13.38	18.95	37.25	82.99	143.69

Source: Communications Authority of Zambia

[⌘]Public Switched Telephone Network (PSTN), land phones

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