2015 Endpoint Review of the MDGs in Zambia
2015 Endpoint Review of the MDGs in Zambia
Foreword

In September 2000, Zambia joined 188 other countries to adopt the United Nations Millennium Declaration that ushered in the Millennium Development Goals (MDGs). These MDGs formed the first global compact of development agenda set to a common universal scale and implementation template. They constituted a paradigm shift and marked a watershed in the development narrative of the world.

In practical terms, the UN Millennium Declaration gave a new boost to the efforts of most developing countries in that, while the MDGs were to be implemented in all countries, the principal targets were the developing countries which had fallen far behind in the development equation. The idea, therefore, was to bridge the economic and social gulf that had divided the world into the Rich North and Poor South for so long. Based on this understanding, most developing countries, including Zambia, gave priority attention to the implementation of the MDGs for two key reasons. The first was to genuinely transform the living standards of the people which had remained low despite many economic experiments. The second was to ensure that no country was left behind in the reinvigorated drive towards global development. Zambia gave impetus to the implementation of the MDGs and mobilized the people and other stakeholders towards achieving the targets.

The MDGs were eight time-bound development goals with 18 targets and 48 indicators to be achieved by all countries by 2015. Zambia domesticated the MDGs by incorporating them into the national development planning frameworks and aligning them to national development priorities. As such, in the one and a half decade of implementing the MDGs, Zambia produced five progress reports specifically in 2003, 2005, 2008, 2011 and 2013. These reports amply documented the national achievements as well as the challenges Zambia faced in reaching the various milestones set.

Following the expiration of the MDG timeline in 2015, Zambia decided to undertake a comprehensive performance review to assess and document its achievements as well as its challenges. The results of this comprehensive review are contained in this report. They show that Zambia met 29 per cent of the MDG targets and made strong progress towards the attainment of 59 per cent more. This implementation profile shows that the country still has much work to do in the post-MDG agenda.

Consequently, in preparing the Seventh National Development Plan (7NDP) for 2017-2021, Zambia has fully incorporated the post-2015 agenda of Sustainable Development Goals (SDGs), building upon the achievements of the MDGs and seeking to address all the unfinished business therein.

We wish, therefore, to thank all those who participated in this comprehensive review of the MDGs in Zambia, and in the preparation of this important report. We look forward to this report being actively used in the national development dialogue and the policy-making process for the benefit of the Zambian people who are the target of all these development programmes.

Hon. Lucky Mulusa, MP
Hon. Minister
Ministry of National Development Planning
When the Millennium Development Goals (MDGs) ended in 2015, they were replaced by the Sustainable Development Goals (SDGs), accepted by all countries in the world as representing the World We Want in which No-one is Left Behind, poverty is ended, and each one of us can enjoy our social, economic, cultural, civil and political rights. Globally, the SDGs incorporated and expanded on the MDGs, since the MDGs were not fully achieved everywhere. Here in Zambia, UNDP supported a comprehensive review of MDG results to help understand the progress made, the obstacles encountered in working towards the MDGs and the distance remaining to completion through Sustainable Development Agenda 2030 and the SDGs. The result is this Comprehensive End Report.

Importantly, this Review shows that the MDGs did succeed in reshaping the way we think about social and economic development. It shows the importance of good information, separated in different ways, such as by geography, sex or age, so that we can make good policies and take good decisions. It shows that simple numerical targets can distort implementation plans and activities and risk leaving behind those who are most vulnerable, because of where they live, their sex, their age or some other perceived difference used as an excuse for exclusion.

Specifically, this Review shows that the MDGs did help Zambia to reach the goal of universal primary education and parity between girls and boys at primary level. Maternal and under-5 mortality rates were significantly reduced and hit the national targets. And good progress was made in the fight against HIV/AIDS, malaria, TB and other communicable diseases.

But the MDGs did not stimulate significant reductions in poverty or development inequality in Zambia despite consistently high economic growth between 2000-2015: high growth failed to generate enough decent jobs to reduce poverty. The broad MDG approach on environment and climate change likewise had only limited impact and Zambia faced significant environmental challenges throughout this time, including widespread deforestation. It remains vulnerable to climate-related disasters, such as localised flooding and drought.

The SDGs put a much greater emphasis on the quality of progress made and how well we deliberately include the most vulnerable and left out. Zambia’s Seventh National Development Plan (7NDP) is the key vehicle for domesticating and implementing the SDGs in Zambia. The findings of this Review have already fed into the formulation of the 7NDP. In social development such as education and health, the focus shifts to quality and inclusion, with sustainable social protection for those who need it. On gender, the need is for equal opportunity, with a special focus on tackling the structural imbalances that discriminate against and damage women and girls as well as the underlying cultural beliefs that perpetuate the discrimination and violence against them. For inclusive economic development, the target is sustainable growth in sectors such as agriculture that employ the majority of the population, as well as sustainable, managed use of the country’s natural resources. SDG16 (“the rights SDG”) is a new and necessary enabler for sustainable and inclusive development. The 7NDP embeds SDG16 into the national agenda, focusing on good governance, provision of rights and access to justice.

Together we can create the world we want and build a sustainable and prosperous future for the generations that follow us.

Janet Rogan
UN Resident Coordinator and UNDP Resident Representative
Acknowledgements

This Report of the 2015 Millennium Development Goals provides a critical assessment of Zambia’s progress as well as the challenges it faced in meeting the targets of the MDGs at the expiration of the implementation period. The Report is a product of the advice, contributions and support of various institutions and individuals. The work was executed through an inclusive and participatory process that involved representatives of the government, the private sector, civil society, academia, UN agencies and other cooperating partners. I would like to use this opportunity to express my gratitude to all who contributed directly or indirectly in producing the Report.

First and foremost, I would like to commend the team of consultants from the Institute for Economic and Social Research (INESOR), University of Zambia. Led by Dr Jolly Kamwanga, the team provided an in-depth technical review and analysis of the Report. Other members of the team were Mr Grayson Koyi, Ms Patricia Funjika, Ms Getrude Ngenda, Mr Richard Bwalya and Dr Mushiba Nyamazana.

Mr Caesar Cheelo from the Zambia Institute of Policy Analysis and Research undertook a peer review of the Report. The inputs from the painstaking reviews and validation further enhanced the quality of the Report. I would also like to acknowledge the work of the editor, Mr Patrick Edebor, who made the Report more reader-friendly.

Finally, I would like to express my sincere gratitude to the Government of the Republic of Zambia (GRZ), particularly to Mrs Josephine Mwenda-Webb from the Ministry of National Development Planning. The same debt of gratitude also goes to Ms Colleen Zamba, Ms Elda Chirwa, and Mr Alphart Lungu from the United Nations Development Programme (UNDP) for coordinating this important comprehensive review and assessment. Special thanks to all the staff members, especially Mrs Sheila Mudenda from the Central Statistical Office and Mr Ian Milimo from UNDP, who contributed in one way or another towards making the production of the Report possible.

It is my sincere hope that the findings of the 2015 MDG Report will inform the domestication and implementation of the SDGs and that the unfinished business of the MDG era will be addressed by 2030.

Auxilia B. Ponga, PhD
Permanent Secretary – Development Cooperation, Monitoring and Evaluation
Ministry of National Development Planning
# Acronyms & Abbreviations

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Status at a Glance

Summary: To What Extent Have Targets Been Met in Zambia?

<table>
<thead>
<tr>
<th>Targets Met (100%)</th>
<th>Strong Progress (70 – 99% met)</th>
<th>Fair Progress (45 – 69% met)</th>
<th>Target not Met (0 – 44% met)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number achieved</td>
<td>7</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Percentage of Total</td>
<td>29</td>
<td>59</td>
<td>8</td>
</tr>
</tbody>
</table>

FIGURE A1

Indicators

FIGURE A2

Summary of MDG Progress (1990 -2015)

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than $1.25 a day

<table>
<thead>
<tr>
<th>MDG1: Eradicate Extreme Poverty and Hunger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 1.A</td>
</tr>
<tr>
<td>Proportion of population living in extreme poverty</td>
</tr>
<tr>
<td>Poverty gap ratio (incidence x depth of poverty)</td>
</tr>
</tbody>
</table>

(%)
<table>
<thead>
<tr>
<th>Target 1.B. Achieve full and productive employment and decent work for all, including women and young people</th>
<th>Employment to population ratio</th>
<th>77% (2005)</th>
<th>71.9% (2014)</th>
<th>100%</th>
<th>71.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</td>
<td>Prevalence of underweight children under five (%)</td>
<td>25.1% (1992)</td>
<td>13.3% (2015)</td>
<td>12.5%</td>
<td>94</td>
</tr>
<tr>
<td>MDG 2: Achieve Universal Primary Education</td>
<td>Net enrolment rates for primary education</td>
<td>80% (1990)</td>
<td>111.5% (2015)</td>
<td>100%</td>
<td>111.5</td>
</tr>
<tr>
<td></td>
<td>Proportion of pupils starting grade 1 who reach last grade of primary (completion rate for Grade 7)</td>
<td>64% (1990)</td>
<td>88.1% (2015)</td>
<td>100%</td>
<td>88.1</td>
</tr>
<tr>
<td></td>
<td>Literacy rates of 15-24-year-olds, women and men</td>
<td>74.9% (1990)</td>
<td>88.7% (2010)</td>
<td>100%</td>
<td>89</td>
</tr>
<tr>
<td>MDG 3 Promote Gender Equality and Empower Women</td>
<td>Ratio of girls to boys in primary education</td>
<td>0.90 (1990)</td>
<td>1 (2015)</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Ratio of girls to boys in secondary education</td>
<td>0.90 (1990)</td>
<td>0.88 (2015)</td>
<td>1</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>Ratio of girls to boys in tertiary education</td>
<td>0.74 (2005)</td>
<td>0.75 (2014)</td>
<td>1</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Ratio of literate women to men (15-24-year-olds)</td>
<td>0.71 (1990)</td>
<td>0.91 (2015)</td>
<td>1</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Share of women in wage employment in non-agricultural sector</td>
<td>39% (1990)</td>
<td>28.7% (2014)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Proportion of seats held by women in parliament</td>
<td>6.7% (1994)</td>
<td>11.4% (2015)</td>
<td>30</td>
<td>38</td>
</tr>
<tr>
<td>MDG 4: Reduce Child Mortality</td>
<td>Under-5 mortality rates (deaths per 1,000 live births)</td>
<td>191 (1992)</td>
<td>75 (2014)</td>
<td>63.6</td>
<td>89.5</td>
</tr>
<tr>
<td></td>
<td>Infant mortality rates (deaths per 1,000 live births)</td>
<td>107.2 (1992)</td>
<td>45 (2014)</td>
<td>38</td>
<td>84.4</td>
</tr>
<tr>
<td></td>
<td>Proportions of children under one year immunized against measles.</td>
<td>77% (1992)</td>
<td>84.9% (2014)</td>
<td>100%</td>
<td>84.9</td>
</tr>
<tr>
<td>MDG 5: Improve Maternal Health</td>
<td>Maternal mortality ratio (maternal deaths per 100,000 live births)</td>
<td>649 (1996)</td>
<td>1398 (2014)</td>
<td>162.3</td>
<td>40.8</td>
</tr>
<tr>
<td></td>
<td>Proportion of births attended by skilled health personnel</td>
<td>50.5% (1992)</td>
<td>64.2% (2014)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MDG 6: Combat HIV &amp; AIDS, Malaria, and Other Diseases</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------------------------------</td>
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</tr>
<tr>
<td>Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV &amp; AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV prevalence rate (%)</td>
<td>16% (2001/02)</td>
<td>13% (2014)</td>
<td>15.6% or less</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>Proportion of 15-24-year-olds with comprehensive, correct knowledge of HIV &amp; AIDS (%)</td>
<td>31% (2001/02)</td>
<td>44.1% (2014)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Ratio of school attendance of orphans to non-orphans (10-14-year-olds)</td>
<td>71.8% (2000)</td>
<td>86% (2014)</td>
<td>100%</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Target 6.B: Achieve, by 2010, universal access to treatment for people living with HIV &amp; AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of population with advanced HIV infection with access to antiretroviral drugs (%)</td>
<td>23.5% (2005)</td>
<td>5% (2014)</td>
<td>0%</td>
<td>81.2</td>
<td></td>
</tr>
<tr>
<td>Target 6.C: Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>New malaria cases per 1000 population</td>
<td>316 (2000)</td>
<td>27 (2014)</td>
<td>255 or less</td>
<td>112.3</td>
<td></td>
</tr>
<tr>
<td>Malaria fatality rate per 1000 population</td>
<td>48 (2002)</td>
<td>4 (2014)</td>
<td>31</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Proportion of households using ITNs (pre-or post-treated) (%)</td>
<td>9.3 (2000)</td>
<td>7.7 (2014)</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Target 6.D: Have halted, by 2015, and begun to reverse the incidence of tuberculosis</td>
<td></td>
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<tr>
<td>New tuberculosis cases per 1,000 population</td>
<td>545 (2004)</td>
<td>280 (2014)</td>
<td>-</td>
<td>-</td>
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<thead>
<tr>
<th>MDG 7: Ensure Environmental Sustainability</th>
</tr>
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<tbody>
<tr>
<td>Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</td>
</tr>
<tr>
<td>Land covered by forests (%)</td>
</tr>
<tr>
<td>Land protected to maintain biological diversity (%)</td>
</tr>
<tr>
<td>Carbon dioxide emissions per capita (MT per capita)</td>
</tr>
<tr>
<td>Proportion of population using solid fuels (%)</td>
</tr>
<tr>
<td>Target 7.C: Halve by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation</td>
</tr>
<tr>
<td>Proportion of population without access to an improved water source (%)</td>
</tr>
<tr>
<td>Proportion of population without access to improved sanitation facilities (%)</td>
</tr>
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<thead>
<tr>
<th>MDG 8: Develop a Global Partnership for Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</td>
</tr>
<tr>
<td>Official Development Assistance (ODA) (US$ millions)</td>
</tr>
<tr>
<td>Target 8.B: Address the special needs of the Least Developed Countries (LDCs)</td>
</tr>
<tr>
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<tr>
<td>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication technologies</td>
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Overview

Background

At the UN Millennium Summit in 2000, the world leaders unanimously adopted a common template of development which came to be known as the Millennium Development Goals (MDGs). By that landmark decision, the world leaders committed themselves to making the world a better place for humanity and directly addressing poverty, which had been the scourge of a substantial proportion of people in the developing world. As a new paradigm of global development, the MDGs provided an international framework and reference point for accelerating efforts towards improving the quality of life of people across the globe. It also stimulated a focused policy approach to human development and the mobilization of resources towards achieving the goals.

The implementation of the MDGs in Zambia featured important strategies and turning points. These included the Poverty Reduction Strategy Paper (PRSP); the Highly-Indebted Poor Country (HIPC) Initiative; Joint Assistance for Zambia (JASZ); Poverty Reduction Budget Support (PRBS); the National Development Plans (NDPs) and the Medium-Term Expenditure Frameworks (MTEFs). To track Zambia’s performance over the 15-year period of implementing the MDGs, this comprehensive endpoint review takes 1990 as its base year and thus covers the period 1990-2015. The Report reflects on the national milestones, trends and patterns of indicators, implementation challenges and achievements, as well as lessons learnt and the unfinished business.

This comprehensive MDG review was guided by a set of interrelated objectives and activities. These included discussion on domesticating the MDGs, identifying the institutional processes and arrangements for achieving the MDGs, tracking the national and sub-national trends, patterns and achievements, identifying the implementation enablers and constraints, and highlighting the lessons learnt and recommendations for Zambia’s Seventh National Development Plan (7NDP) 2017-2021 and the Sustainable Development Goals (SDGs).

The assessment used secondary data and in-depth interviews. The main sources of the secondary data were the various MDG Reports, Human Development Reports, National Development Plan Progress Reports, and Sector Progress Reports. Information from secondary sources of data was supplemented by in-depth interviews with selected key informants. The assessment covered the reference period of 1990-2015, though not exclusively, as some historical perspectives from before this period were also included.

National Development Context

Zambia’s development path can be divided into three distinct periods. The First Republic (1964-1972) was characterized by plural politics and a vibrant economy that allowed for accelerated investment in social and economic infrastructure as a means of redressing the inequalities from the colonial era.

The Second Republic (1973-1990) was characterized by limited political space and early signs of economic distress. During that period, political freedoms were restricted through the imposition of one-party state, and the economy was modelled on socialist principles. The cumulative impacts of these conditions gradually affected the living conditions of the people, leading to the Third Republic in 1991.

The Third Republic (1991-to date) heralded a return to multi-party democracy and the implementation of market-based economic reforms. The consistent implementation of austerity measures and economic reforms initially had undesirable effects on the people, but with time, it began to bear fruits of economic resurgence. Owing to the steady economic growth and improvements in real per capita income, the World Bank reclassified Zambia as a lower-middle-income country in 2011, based on a new purchasing-power-parity (PPP) definition of national income.

The overall sustained positive economic growth, however, did not translate into a corresponding reduction in poverty levels. Although income poverty reduced by 15 per cent
between 1991 and 2006, it increased again in the late nineties. For instance, it increased marginally from 49 to 53 per cent in urban areas. As at 2015, national poverty levels remained high at 54.4 per cent, with rural and urban poverty standing at 76.6 per cent and 23.4 per cent, respectively. The income distribution in Zambia was also highly skewed. The 2015 Gini coefficient of 0.69 was among the highest in the world.

Overall, the Zambian economy remained strong with an average growth rate of 5 per cent from 2005-2014. In 2015, however, the annual growth rate declined to 3.2 per cent due to reduced copper production and energy shortages. Nonetheless, economic performance was expected to remain positive in the medium term, driven by large investments in infrastructure.

**MDG Institutional Arrangements**

The MDG framework was universally accepted as a reference point for gauging international development programmes. Poverty reduction was at the core of the framework and, to this end, it was a recurring theme in all the NDPs in Zambia during the reference period, starting with the PRSP (2002-2004); Transitional National Development (2005); Fifth National Development Plan (2006-2010); Sixth National Development Plan; and the Revised Sixth National Development Plan (2013-2016).

Concerning implementation, it was assumed that the MDGs would be mainstreamed into existing government structures. However, without an effective national coordinating agency, the institutionalization process varied from one sector to another. Also, consistent reporting on the MDGs was a challenge because data limitations posed a perennial constraint. The data limitations were further compounded by weak Management Information Systems (MIS) in the public sector. The result was that sectors with relatively well developed MIS tended to have a better reporting record and performed relatively better than others. Education, health and related HIV & AIDS and malaria subsectors, ranked high among those agencies with good reporting and performing standards.

At the implementation level, the fragmented nature of institutional arrangements, from the community to the national levels, has been documented. At the sectoral level, the ambiguities, overlaps and lack of clarity of mandates in some sectors posed coordination challenges for effective implementation of the MDGs. The missing link between planning and the medium-term expenditure framework was also noted to have adversely affected efforts to match plans with budgets. Attempts to address these limitations culminated in the formulation of the Planning and Budget Policy. Considering the experience from institutionalizing MDGs and challenges therein, it is strongly recommended that government should:

- Institutionalize the SDGs by formulating the 7NDP results framework according to the SDGs.
- Build on the experiences of MDG and NDP reporting style by merging the SDGs and the 7NDP through:
  - Harmonization of the NDP and SDG Key

**Summary of MDG Target Progress in Zambia, 1990 - 2015**

![Graph showing MDG Target Progress](Source: Computed from previous MDG Reports)
Performance Indicators,
- Improvement of the MIS in sectors, where these
  are underdeveloped, and
- Enhancement of subnational monitoring
  structures and systems
- Expedite implementation of the decentralization policy
  as well as the inter-governmental fiscal architecture.

Progress on the MDG Targets, 1990-2015

Zambia has made substantial progress towards attaining
the MDGs in the last 25 years. Forty-one MDG indicators
were tracked between 1990 and 2015 and, of these, 24
indicators (59 per cent) had specific targets; hence progress
made in these indicators could be measured. Seven of the
targets (29 per cent) were fully met while 14 targets (59 per
cent) recorded strong progress. Remarkable progress was
also made in the following target indicators: attainment
of universal primary education (MDG 2), reduction in
child mortality (MDG 4) and the fight against HIV &
AIDS, malaria and other diseases (MDG 6). Despite the
appreciable progress made in these indicators, more efforts
are required to improve the general standards of living,
including the quality of education and maternal health.

Overview of Specific MDGs

Economic Growth is Necessary,
but Insufficient to Reduce Poverty

The economy grew by an average of 5 per cent during
the review period (2000-2015). However, the growth was
uneven and concentrated in capital-intensive sectors of
construction and transport. Growth in the agriculture
sector, which had the most potential for poverty reduction
was less than satisfactory. Efforts to create employment
did not yield the desired results. The informal sector,
which employed 85 per cent of the labour force, accounted
for only 34 per cent of GDP, while the formal sector that
accounted for 66 per cent of GDP employed only 16.4
per cent of the labour force. The consistent economic
growth failed to generate enough decent jobs in the
formal sector and also failed to reduce the level of poverty
significantly. The poverty levels, especially in rural areas,
remained persistently high. Thus, with a Gini coefficient
of 0.69 (2015), Zambia remained a highly unequal society
in terms of income distribution. Key recommendations
for eradicating extreme poverty and hunger include the
following:

- Implementing broad-based and inclusive growth strategies
  and enhancing linkages between multinational corporations
  with small- and medium-scale businesses.
- Addressing the structural factors that inhibit the growth
  of the agricultural sector, especially that of small-scale
  farmers who employ most of the rural population.
- Introducing tested strategies for diversifying the
  economy. This should include concentrated efforts to
develop the tourism sector which has a high potential
for generating employment, especially for the youth.
- Implementing strategies to reduce the inequalities
  between rural and urban areas.

After the Attainment of Universal Primary Education,
Attention should Shift to Addressing Quality Concerns

The education sector succeeded in significantly enhancing
access to basic education through massive investments.
The national primary net rate enrolment consistently
rose over the years, and the sector achieved gender parity
in primary education. Although there was a divergence
in the primary school completion rates between males
and females in 1990, this consistently narrowed over the
subsequent years through to 2014. Factors that enabled
this excellent performance included progressive policies
such as free basic education; sound investment decisions,
which facilitated the expansion of infrastructure; and sound
strategies, such as the programme for the advancement
of girls’ education. Unfortunately, the large increase in
enrolments led to higher pupil-teacher ratios, which had a
negative impact on the learning environment. To sustain
the achievements made and achieve further progress in the
sector, the government needs to implement the following
recommendations:

- Improve enrolment and progression rates by engaging
  more teachers and upgrading school facilities to
  improve the overall quality of education.
- Create a more conducive environment for increased
  participation of the private sector and NGOs in the
  education sector to relieve pressure on the public
  sector.
- Build on existing strategies for improving completion
  rates for Grade 12 by scaling up secondary and post-
  secondary educational school infrastructure.
- Strengthen its partnership with civil society
  organizations (CSOs) and thus tap into their
  competencies in designing, lobbying for and monitoring
  programmes that target vulnerable populations.
Improve the robustness of the largely input-based Education Management Information System (EMIS) by incorporating output and outcome data.

**Structural Bottlenecks Holding Back Women’s Progress should be Addressed to Sustain Gains in Gender Equality**

Access to basic education is one area in which the country made great strides to narrow the gap between females and males. In this wise, at least, gender equality in access to primary education has been achieved. However, disparities remained at higher levels of the education system. Women’s progress was hindered by structural bottlenecks such as cultural beliefs obtaining in patriarchal systems that rate men as superior to women. Recommendations for sustaining the improvements in gender equality and making further advances include the following:

- Improving the monitoring and evaluation of gender programmes by making stakeholders to build consensus on indicators and targets.
- Eliminating socio-cultural barriers that impede the progress of women’s representation in key decision-making positions and the labour market.
- Synchronizing national gender policies and strategies with regional and international declarations.
- Raising the capacity of public and private institutions to mainstream gender responsive initiatives at programme design stage, and not make them an addendum towards the end.

**With More Children Surviving, the Challenge is to Sustain this Positive Trend and Ensure a Safe Living Environment for Children**

Zambia made significant progress in reducing infant and child mortality over the MDG period. Under-5 mortality had a more rapid decline than infant mortality, and immunization coverage rose to over 80 per cent by 2013/2014. Interventions focused on child health included the expanded programme on immunization, integrated management of childhood illnesses, and antimalarial interventions, such as Rapid Diagnostic Test (RDT) and distribution of insecticide-treated mosquito nets. Other supportive factors included paediatric treatment of HIV & AIDS and the HIV Prevention of Mother to Child Transmission (PMTCT) initiative. Improvements in maternal health also had a synergistic effect on child health. The achievement recorded in the reduction in child mortality shows that political will, sound strategies and equitable distribution of resources are critical for success. The challenge remains with sustaining improvements in child health, and this can be done by:

- Expanding effective interventions such as child health week programmes, and paediatric HIV & AIDS treatment.
- Strengthening partnerships with non-governmental service providers to scale up service provision.
- Investing more resources into the health sector to ensure equitable access to healthcare across residence and geographic locations.
- Strengthening the outreach programmes of the health sector, especially through services provided by health clinics and extension workers to improve health service utilization.

**Reduction in Maternal Mortality offers a Ray of Hope that should be Sustained after Decades of Stubbornly High Birth-Related Deaths**

The maternal mortality ratio reduced from 649 deaths per 100,000 live births in 1996 to 398 deaths per 100,000 live births by 2015, an important achievement during the MDG period. The interventions targeted at improving maternal health included scaled up family planning, comprehensive emergency obstetric care, enhanced training of midwives, improved uptake of early antenatal care and increased maternity waiting homes. The consistent reduction in maternal mortality is a testimony of what can be achieved with a strong partnership between government and other stakeholders in the health delivery sector. The success was also built on well-thought-out strategies, such as the Safe Motherhood Action Groups (SMAGs). Furthermore, improvements in data availability have made better programming achievable. The challenge, however, remains in addressing the deep-rooted gender inequalities that manifest in early marriages, adolescent pregnancies and inadequate access to sexual and reproductive health services. To further improve maternal health, the following recommendations should be considered:

- Strategic investments should be made in maternal health interventions, especially those targeting underprivileged rural populations.
- There is a need to invest more in systems for routine monitoring of maternal health, such as maternal death
reviews. This enables continuous monitoring and quicker interventions.

- Target setting should be localized to ensure that maternal mortality indicators are captured at subnational levels. More investment should be made to develop human resources for healthcare delivery as a strategy for sustaining maternal health improvements.

- The capacity of frontline managers to use data for informed decision making should be enhanced.

While Noting the Positive Strides against HIV & AIDS, Malaria, and Tuberculosis, Financing Challenges Remain Pervasive

The government, in collaboration with cooperating partners, implemented interventions that enabled the halting and scaling back of HIV & AIDS and malaria infections. This resulted in improvements in Voluntary Counselling and Testing (VCT) uptake, rapid HIV testing, Voluntary Medical Male Circumcision (VMMC), PMTCT interventions and increased access to Antiretroviral Therapy (ART). Similarly, scaled up anti-malaria interventions, such as insecticide-treated mosquito nets, indoor residual spraying, intermittent preventative treatment and Rapid Diagnostic Tests (RDTs) were pivotal in rolling back malaria. While the presence of multiple health sector partners demonstrated the power of cooperation, it also revealed the fragility of the interventions. There are questions about whether Zambia was building enough local capacities, both technical and financial, to sustain the positive trajectory. To sustain the positive achievement in the fight against HIV & AIDS, malaria and tuberculosis, the following recommendations are made:

- The joint programming opportunities presented by the co-morbidities of HIV & AIDS and tuberculosis should be sustained and strengthened.

- As the HIV prevalence continues to fall, more attention should be paid to the incidence of HIV; there should be more collaboration among agencies involved in tracking and stemming HIV incidences.

- Strategies for improving the delivery of paediatric ART should be stepped up; there should be close monitoring of mothers enrolled in the PMTCT programmes to improve paediatric ART.

- Sustaining the financing of HIV & AIDS, malaria and tuberculosis programmes is an imperative that should be addressed immediately; speedy implementation of Social Health Insurance (SHI) is urged.

- To eradicate malaria, it is necessary to strengthen programmes and interventions dealing with the underlying factors of environment and housing standards which facilitate the propagation of malaria.

Environmental Challenges Have Become Intractable

The country faced immense environmental challenges, particularly in widespread deforestation. Although the country made some achievement in access to safe drinking water, disparities were still prevalent. The deforestation problem arose mainly from the dominance of firewood as the main source of energy for the majority of the population. This was compounded by a crippling reduction of hydropower, leading to massive load-shedding. Zambia remained vulnerable to climate-related disasters, such as flooding and drought, owing to its low capacity to respond and adapt to the emergencies. Addressing these difficulties was contingent on scaling up resource mobilization, improving coordination and implementation capacities of stakeholders. The environmental sector suffered from lack of reliable data, which rendered monitoring and evaluation less effective. Recommendations emanating from the review of environmental sustainability include the following:

- Establishment of an institutional mechanism to promote water supply and sanitation initiatives.

- Adoption of well-defined indicators with clearly outlined data sources to improve the monitoring and evaluation of water and sanitation programmes.

- Development of a long-term investment plan to which all stakeholders subscribe as a way of addressing the coordination challenges in the sector.

- Effective implementation of the 7NDP and the Sustainable Development Goals (SDG) by complementing action plans with implementation and monitoring frameworks against which programme performance can be assessed.

The Debt Cancellation Changed the Nature of International Support

Following a debt relief from the HIPC initiative in 2006, the country’s debt stock reduced drastically. Nevertheless, a new debt surge experienced in the last five years (2011-2015) has threatened the country’s debt sustainability. After consistent economic growth for much of 2014/2015,
there was a decline in Foreign Direct Investment (FDI), precipitated by slow world economic growth. The mining sector, the major source of foreign exchange earnings, was adversely affected with some of the mines closing. Therefore, it became necessary to consolidate domestic financing and increase trade as a resource mobilization strategy. On the other hand, the communications sector continued to enjoy a favourable growth, although more investments were needed for the country to compete favourably with its neighbours which had better connectivity. To ensure that the country continues to engage with and benefit from the global economy, the following recommendations are made:

- In light of the observed reduction in Official Development Assistance (ODA), public finance management capacities must be scaled up.
- Efforts for achieving better coordination between the Cooperating Partners and the public sector must be enhanced.
- Efforts must be made to ensure that public debt remains sustainable and is rationally contracted.
- To raise the growth rate of the services sectors, such as telecommunications, structural impediments constraining their further expansion should be removed.
- Resource mobilization needs to be enhanced and public private partnerships strengthened.
Introduction

At the UN Millennium Summit in 2000, leaders of 189 UN member states, including Zambia, pledged to make the world a better place for all humanity. The pledge transcended into a set of global development commitments and provided the foundation for action-oriented targets around eight specific Millennium Development Goals (MDGs). As a new paradigm of global development, the MDGs provided an international framework and reference point for accelerating efforts towards improving the quality of life of people across the globe. It also stimulated a focused policy approach to human development and the mobilization of resources towards achieving the Goals. By integrating the MDGs into its national planning frameworks, Zambia implemented strategies aimed at eradicating poverty; improving maternal and child health; promoting gender equality; investing in universal primary education; combating HIV & AIDS, malaria and other diseases; and ensuring environmental protection and developing partnerships for development.

Key National Milestones and Impacts of the MDGs

Implementation of the MDGs in Zambia featured important strategies and turning points. These included the Poverty Reduction Strategy Paper (PRSP); Highly-Indebted Poor Country (HIPC) Initiative; Joint Assistance Strategy for Zambia (JASZ); Poverty Reduction Budget Support (PRBS), National Development Plans (NDPs), and Medium-Term Expenditure Frameworks. To track Zambia’s performance towards the attainment of the MDGs, this comprehensive endpoint review covering 1990-2015 reflects on the national milestones, trends and patterns of indicators, implementation challenges and achievements, as well as lessons learnt and the unfinished business.

Highly Indebted Poor Country Initiative

For much of the 1980s and 1990s, Zambia experienced a debt crisis that negatively impacted on service delivery. At the height of the crisis, and with the national debt estimated at US$ 6.8 billion, the country was spending more on debt servicing than poverty reduction programmes in the education, health and agriculture sectors. Fortunately, however, because of the Highly-Indebted Poor Country Initiative and the Multilateral Debt Relief Initiative (MDRI), the debt stock was reduced to US$ 0.5 billion by the end of 2006.

Arising from this debt relief, there was an expansion of the fiscal space, which facilitated improved budget allocations to poverty reduction programmes. Buoyed by improved fiscal space and external support, allocations to sectors such as education and health generally improved over time, though not reaching the requisite international thresholds. With the MDRI and HIPC, government’s participation in implementing the MDGs. The findings have informed the formulation and implementation of the 7NDP, which is a key vehicle through which Zambia is domesticating the SDGs. The review presents an important baseline for the NDP and SDGs in the Zambian context.
the money markets declined, leading to a drop in interest rates and improved economic activity. This trend was later reversed around 2014 as government’s participation in financial markets increased again. The post-HIPC period was largely characterized by steady economic growth, mostly led by the private sector.

**Poverty Reduction Budget Support**

Development cooperation for much of the 1980s and 1990s was characterized by project support, under which the Cooperating Partners or donors supported government efforts through the direct funding of development projects. The unintended results were many: a proliferation of stand-alone projects, inefficiency in project administration, and inevitable pressure on service delivery. To avoid the adverse impact of project support, a change in aid modalities towards general budget support was implemented. To this end, the GRZ and some CPs opted for Poverty Reduction Budget Support under which pooled funding was directed towards mutually agreed programmes, accompanied by policies, conditionalities, and technical assistance. The re-orientation of assistance towards general budget support facilitated implementation of the MDGs by:

- Pooling resources and avoiding the wastage associated with project support. This enhanced resource mobilization towards poverty reduction programmes, which were at the core of the MDGs.
- Establishing poverty reduction as the key focus for CPs and GRZ development cooperation. This facilitated the mobilization of support for the central MDG objective.

The PRBS was accompanied by a Monitoring and Evaluation (M&E) framework which was used to track the performance of both GRZ and CPs. The M&E framework, which was tailored on MDG indicators, was used as an accountability check on both parties. An assessment of the effects of budget support revealed that the share of the national budget, as a proportion of the Organization for Economic Cooperation and Development (OECD) external support, increased. These resources represented a highly important share of government’s fiscal space (Antonie de Kemp, 2011). However, the improvement in the resource base was not commensurate with reductions in poverty levels, with rural areas being disproportionately affected, given their low-income levels and limited access to services.

**Poverty Reduction Programmes**

The Poverty Reduction Budget Support was identified as a strategy to improve development cooperation’s partnership contribution towards national development. The PRBS was operationalized through Poverty Reduction Programmes (PRPs) that included pro-poor public spending in health, education, agriculture, HIV & AIDS, rural infrastructural development, rural financing and small- and medium-scale employment promotion. Reviews have shown that budget allocations to PRPs improved over time. The total allocation to PRPs during the FNDP period, for instance, averaged 45.8 per cent of the total budget for all the sectors and provinces. The bulk of the PRP allocations were meant for capital projects, especially road and other infrastructural development, which, although promising important medium- to long-term positive effects, had limited potential to address the more immediate challenges associated with widespread poverty.

While noting the increase in allocations to sectors, it was observed that these did not match the expected international thresholds set by the Abuja Convention and the Southern African Development Community (SADC). For instance, allocation for health remained below the required 15 per cent, while those of education and agriculture fell below 20 per cent and 15 per cent, respectively. In relative terms, therefore, the budget allocations to education were better than those for the health sector. Allocations to the social sector are important for poverty reduction and ought to be protected and assured in line with international conventions.

Agriculture represents the largest sector, and in the years leading to 2015, the sector has received a substantial increase in resource allocation. Nevertheless, the increase in budgetary resources was skewed towards two programmes: The Food Reserve Agency (FRA) and Farmer Input Support Programme (FISP). Various reviews have shown that these two programmes not only accounted for over two-thirds of the total budget for agriculture but have had a marginal positive impact on the living conditions of most the rural farmers (OPM, 2011). It follows that a stronger political will is required to resolve constraints to reviving the growth of the agricultural sector. The implementation of PRP facilitated MDG implementation by:

- Ensuring improved budget allocations to education, health and agriculture sectors.
Improving rural infrastructure to enable the rural population gain access to markets and enhanced economic opportunities that would improve their living conditions in the long run.

**National Development Planning and the Medium-Term Expenditure Framework**

Following the return to multi-party democracy in 1991, the government abandoned national planning and implemented market-based economic reforms. National planning was regarded as a Socialist tool and, thus, incompatible with a free market system. However, after a decade of implementing unbridled free-market reforms without a corresponding reduction in poverty levels, the government reintroduced the National Development Plans. The Poverty Reduction Strategy Paper, ostensibly the first NDP, was followed by the Fifth National Development Plan (2006-2010) and the Sixth National Development Plan (2011-2015), which was revised in 2013 to incorporate the priorities of the new Patriotic Front Government. The reintroduction of national planning coincided with the emergence of a relatively sustained positive economic growth. The economy grew positively between 2000 and 2011, averaging about 5 per cent per annum, in contrast to the fluctuating growth pattern of the 1990s.

National planning was reintroduced following the introduction of the Medium-Term Expenditure Framework in 2004, under which budgets were planned over a three-year period. This covered macroeconomic projections over the medium terms and the expected revenue streams and expenditure outlay. The MTEF improved the predictability of resource allocations through the rolling budgets and avoided the uncertainties of annual budgets. The reintroduction of national planning and implementation of the MTEF contributed to the implementation of MDG objectives through:

- Formulation of a National Plan of Action for the eradication of poverty, towards which Development Cooperating Partners could contribute.
- Increased recognition of the limitations of economic growth. For instance, there was greater recognition that while economic growth was necessary, it was not sufficient to impact on poverty reduction. Market failures necessitated the implementation of conscious state-led interventions.
- Facilitation of the involvement of various stakeholders in national planning from the community through to national level. The extent to which this was done also determined programme effectiveness and improved the predictability of resource allocations through the three-year rolling budgets.

<table>
<thead>
<tr>
<th>National Milestone</th>
<th>Impact on the MDGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Indebted Poor Country Initiative</td>
<td>Reduced government participation in the economy, enhanced private sector participation and improved revenue collections for the treasury.</td>
</tr>
<tr>
<td></td>
<td>Expanded fiscal space, and facilitated improved allocations to education, health and agriculture.</td>
</tr>
<tr>
<td></td>
<td>Helped to formulate a National Plan of Action for the Eradication of Poverty.</td>
</tr>
<tr>
<td>Poverty Reduction Budget Support</td>
<td>Ensured poverty reduction interventions across sectors.</td>
</tr>
<tr>
<td></td>
<td>Rallied CPs for poverty reduction under the General Budget Support, and supported by MDG-based M&amp;E framework.</td>
</tr>
<tr>
<td>Poverty Reduction Programme</td>
<td>Ensured improved budget allocations to the education, health and agriculture sectors.</td>
</tr>
<tr>
<td></td>
<td>Facilitated improvement in rural infrastructure to grant rural population access to markets and enhanced economic opportunities.</td>
</tr>
<tr>
<td>Medium-Term Expenditure Plan</td>
<td>Improved the predictability of resource allocations through the rolling budgets and limited the uncertainties of annual budgets.</td>
</tr>
<tr>
<td>Joint Assistance Strategy for Zambia</td>
<td>Set guidelines for CP participation in development programmes.</td>
</tr>
<tr>
<td></td>
<td>Encouraged efficiency by specifying CP participation in development programmes.</td>
</tr>
</tbody>
</table>
Joint Assistance Strategy for Zambia

Since the return to national planning, the country has used the NDP as a reference point for all development cooperation. It developed an Aid Policy whose focus was poverty reduction under the JASZ. The purpose of the JASZ was to focus and organize development assistance and reduce transaction costs for the GRZ around the four pillars of the Paris Declaration of 2005 – i.e., harmonization, alignment, management for results, and mutual accountability. One of the instruments used to harmonize donor participation in the development process was to channel funding through a common pool. These common funding arrangements were widely used especially in the health and education sectors, where the Cooperating Partners pooled their funds to support the implementation of strategic plans.

Methodology for the Comprehensive Review

This comprehensive MDG review was conducted under the guidance of a Joint Technical Committee comprising government ministries, civil society organizations and the UN in Zambia. The review was guided by a set of interrelated objectives and activities. These included domesticating the MDGs, identifying the institutional processes and arrangements for achieving the MDGs, tracking national trends and achievements, tracking trends and patterns of achievements at the sub-national level, identifying the implementation enablers and constraints, and highlighting the lessons learnt and recommendations for Zambia’s 7th National Development Plan (2017-2021) as well as the Sustainable Development Goals 2016-2030.

The assessment team relied on secondary data and selected interviews for this review. The main sources of secondary data were the previous editions of the MDG Reports, Human Development Reports, the National Development Plans and Sectoral Progress Reports. Information gleaned from the secondary sources of data was supplemented with the interviews of selected key informants. The specific sources of data for each theme are outlined below.

- **Domesticating the MDGs – Processes and Institutional Arrangements**
  Secondary data was reviewed to appreciate the domestication process. This was complemented with in-depth interviews with key informants. Furthermore, comparisons of the MDG and sector goals were made to determine linkages or relevant indicators used to report progress in the period.

- **Trends and Patterns of MDGs, Enablers and Challenges**
  The review analysed trends in aggregate MDG indicators over the reference period. This required working through all MDG reports produced over the years and turning the ensuing data into trends and patterns. This was complemented by an in-depth discussion with key informants to ascertain the factors that enabled/constrained attainment of the MDGs. Enablers were conceived to be factors that enhanced the attainment of the selected goals, while constraints were those factors that posed challenges to the attainment of the goals. These provided lessons for the post-MDG agenda and determined the sustainability of any achievements.

- **Sub-National and Gender Patterns**
  The approach taken was the analysis of trends (1990-2015), with attention paid to the differences across region, province, sex and age, to the extent possible where data could be disaggregated. The trend analysis was also supplemented with in-depth interviews of key informants.

- **Data Analysis**
  The analysis of data was conducted using descriptive statistical tools and the presentation of results in a combination of tabular and graphical illustrations. The analysis used 1990 as the baseline year but wherever data was not available, the closest year with data was used. To gauge the progress made towards the attainment of the MDG target from the baseline, the mean progress rate was computed. The mean progress rate (expressed as a percentage) measures the average contribution made by each MDG indicator towards the achievement of a given MDG target. It is a continuum-based measure of progress (MoFNP, 2015).

- **Data Limitations**
  The availability of up-to-date and accurate data posed the main challenge to the preparation of this Report. Other limitations included the comparability of baseline data to end-line data owing to the use of different survey methodologies, the periodicity of the data collection and use of different definitions of the indicators over time.
Structure of the Report

The remainder of the report is structured into four chapters. Chapter 2 presents an overview of Zambia’s national development context, focusing on important changes in policy direction and socio-economic outcomes over the last 15 years, and how they relate to some of the assumptions underlying the MDGs. Chapter 3 examines the domestication process of the MDGs at national and sectoral levels. The chapter provides an analysis of factors that facilitated or constrained the successful implementation of the MDGs in Zambia. The trends of Zambia’s MDGs and how progress has evolved from 1990 to date are presented in Chapter 4. Drivers of the observed trends, the major challenges faced and lessons learnt during the implementation period are discussed. Finally, Chapter 5 reflects on Zambia’s MDG experience. It provides a deeper analysis of the country’s successes and challenges, evaluates the overall effects of the MDG agenda on Zambia’s development, draws useful lessons for the implementation of the SDGs and proposes policy and implementation reforms for the 7NDP.
Country Development Context

Location and Demographic Profile

Zambia is a landlocked country with a surface area of 752,612 km². It is located in South-Central Africa and shares its boundary with eight countries. These are the Democratic Republic of Congo to the north, Tanzania to the north-east, Malawi to the east, Mozambique, Zimbabwe, Botswana and Namibia to the south, and Angola to the west. Administratively, Zambia is divided into ten provinces, and a provincial minister administers each one. Each province is further subdivided into several districts, with the total number of districts currently at 106 (CSO, 2016).

The 2010 census estimated the national population at 13 million. The country has a very young population with persons aged 18 years and younger comprising 52.5 per cent of the total population. Women represent 50.7 per cent of the total population. The average annual rate of population growth for Zambia during the 2000-2010 intercensal period was 2.8 per cent, with the urban population growing at 4.2 per cent and the rural at 2.1 per cent per annum (CSO, 2012). The 2015 projected figure of the national population was estimated at 15.9 million (CSO, 2016). The country is sparsely populated, with a population density of 17.4 persons per km². Although relatively more urbanized than most African countries, the majority (60 per cent) of the population reside in rural areas. However, the rate of urbanization has kept increasing, with Lusaka Province leading the increase in terms of absolute urban population growth (from 1.3 million in 2000 to 2.2 million in 2010). The urban areas in Zambia predominantly lie along the rail line that runs from Southern Province to Copperbelt Province in the north. Areas along the rail line are the focus of economic activity and development concentration in the country.

Economic Development Context

The country has undergone considerable social, political and economic change since attaining its independence in 1964. During the half-century since then, political dictates and economic imperatives have impacted each other in fundamental ways. For instance, during the First Republic (1964-1972), there was political plurality and the buoyant mineral-led economy allowed for accelerated investment in socio-economic infrastructure with the aim of addressing the disparities created by the colonial regime (Mwanza, 1993).

That initial period of political freedom and economic prosperity soon gave way to an era of limited political expression and early signs of economic distress during the Second Republic (1973-1991). At that time, political freedoms and the reign of market forces were restricted through the institution of a one-party state and an economic management philosophy modelled on the Socialist principle (Mwanza, 1998). A combination of adverse conditions, such as low copper prices, excessive state participation in the economy, and the high costs associated with Zambia’s participation in the liberation struggle for Southern Africa all acted together leading to adverse impacts on the economy. It was during that period that the country slumped from a middle income to a low-income country and accumulated an external debt of about US$6.8 billion. With the resultant debt servicing obligations, the country’s ability to finance both recurrent and developmental programmes became constrained.

The cumulative impacts of these adverse conditions negatively impacted the general living conditions of the people, leading to a change of government administration in 1991. The change ushered in the Third Republic which heralded a return to multi-party democracy, a guarantee of political freedom, and the implementation of market-based economic reforms throughout the 1990s. The consistent implementation of austerity measures, persistently conservative macroeconomic policies and economic reforms initially had negative effects on the livelihood of the people, but they eventually began to bear fruits of stability and economic resurgence.

GDP and Copper Prices

Zambia’s economy grew at an annual average of about 7.5 per cent from 2005 to 2015 (World Development Indictors,
This was above the sub-Saharan African average of 5 per cent, resulting in an economy with a GDP at market prices of US$26.2 billion in 2015. The growth outlook remains strong as the economy has been projected to grow at 7.5 per cent per year up to 2017 (World Bank, 2015). This growth path is almost at par with that of Tanzania, but much faster than that of Uganda, which grew at a faster pace in the 1990s.

However, the country has continued to depend mainly on its copper industry. Copper output increased steadily from 320,300 metric tonnes (mt) per annum in 2004 to 790,007 mt per annum in 2013 owing to higher copper prices and foreign investment before weakening to 708,259 mt in 2014 and 710,860 mt in 2015 due to global economic shocks affecting commodity prices. Zambia’s dependency on this product continues to make it vulnerable to commodity price fluctuations, though record high copper prices and a large maize crop in 2010 helped Zambia rebound quickly from the world economic slowdown that started in 2008 (Figure 2.1). The copper price dropped again in 2009 because of the global financial crisis but picked up again in 2010.

Generally, the economy assumed a rising trend in GDP growth rates from 1990 to 2015 (Figure 2.2). A combination of tight fiscal and monetary policies also ensured that the annual rate of inflation decreased steadily from a hyperinflationary regime (107 per cent per annum) in 1990 to a rate stable enough (10.1 per cent per annum) in 2015 to assure a conducive business environment (Figure 2.2). In 1993, the government introduced a cash-backed budgeting system in which government could only incur an expenditure if the fund was available. Combined with the liberalization of commercial banking loan rates, growth in the reserve ratio and the active issue of treasury bills was successful in reducing inflation to 34 per cent in 1995 (World Bank 2014). Real interest rates increased substantially, with the annualized yield on 91-day treasury bills rising to almost 200 per cent in July 1993. Inflation fell along with interest from 1995 onwards, but moderate positive real interest rates prevailed in most years. As Figure 2.2 illustrates, continued tight monetary policy over the latter half of the 1990s and 2000s reduced inflation from its heady heights of close to 107 per cent in 1990 to around 10.1 per cent by 2015. This radical macroeconomic stabilization in prices was not without its costs. The high returns available from government debt caused the formal sector finance to change to the purchase of treasury bills, severely constraining the availability of credit to the private sector. In turn, high real interest rates curtailed foreign and domestic investment (World Bank, 1994).

However, GDP per capita increased by over two-fold from 1990 to 2015, rising from US$ 403 in 1990 to US$1,307 in 2015 (Figure 2.3). The steep gains set in between 2000 and 2010. This is because economic growth was particularly rapid during this period, with an average of 7.3 per cent, driven in part by the rapid rise in the world price of copper.

### Table 2.1

<table>
<thead>
<tr>
<th>Year</th>
<th>Both Sexes</th>
<th>Formal Employment (%)</th>
<th>Informal Employment (%)</th>
<th>Employed Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Both Sexes</td>
<td>12</td>
<td>88</td>
<td>4,131,531</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>17</td>
<td>83</td>
<td>1,941,820</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>6.0</td>
<td>94</td>
<td>2,189,711</td>
</tr>
<tr>
<td>2008</td>
<td>Both Sexes</td>
<td>11</td>
<td>89</td>
<td>4,606,846</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>15</td>
<td>85</td>
<td>2,391,785</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>6.0</td>
<td>94</td>
<td>2,215,061</td>
</tr>
<tr>
<td>2012</td>
<td>Both Sexes</td>
<td>15.4</td>
<td>84.6</td>
<td>5,499,673</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>22.3</td>
<td>77.7</td>
<td>2,702,410</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>8.7</td>
<td>91.3</td>
<td>2,797,263</td>
</tr>
<tr>
<td>2014</td>
<td>Both Sexes</td>
<td>16.10</td>
<td>83.9</td>
<td>5,859,225</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>24.2</td>
<td>75.8</td>
<td>2,789,012</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>8.8</td>
<td>91.2</td>
<td>3,070,213</td>
</tr>
</tbody>
</table>

Sectoral Contribution to GDP

Despite the post-2000 policy initiatives to diversify the economy by building stronger manufacturing and agricultural sectors, these two sectors still contribute the least to GDP. In 2000, agricultural value-added as a proportion of GDP was 18 per cent, while manufacturing was 10 per cent. By 2013, both had declined to 9.5 per cent and 8 per cent, respectively (World Development Indictors, 2015). Figure 2.4 adds further context to this by indicating the shares of GDP by sector for 2000 and 2014. Consistently, the tertiary sector contributed at least half of GDP in both years, with a slight increase in 2014. The figure suggests a distinct shift in the shares of GDP attributable to agriculture and mining. While agriculture yielded positive growth rates over the 2001 to 2014 period, the sector’s contribution to GDP declined from 24 per cent in 2000 to 9 per cent in 2014. On the other hand, the share
of mining doubled from 4 per cent in 2000 to 9 per cent in 2014. Mining and agriculture thus contributed almost the same proportion to Zambia’s GDP in 2014, at about 10 per cent, respectively.

In the secondary sectors, the construction sector’s contribution to GDP increased from 8 to 13 per cent while that of transport, storage and communication increased from 3 to 10 per cent of GDP. Over this period of growth and, indeed, while the economy graduated to a middle-income country level, the manufacturing sector failed to increase its contribution to GDP. Instead of increasing, it declined from 10 per cent in 2000, to 8 per cent in 2014. The absence of a dynamic, fast-growing manufacturing sector that is job creating remained one of the key developmental challenges facing the economy. This might also be a contributing factor to the poor progress made in reducing both income and multidimensional poverty from 2000 to 2015.

**Foreign Direct Investment**

The flow of foreign direct investment into Zambia remained modest for a long time in the 1990s. Things, however, began to change after 2000 when countries in the global South began to increase their economic involvement in Zambia. Hence, from 1995 to 2005, the country received an annual average of US$208 million in FDI. From 2005 to 2015, the figure averaged US$ 1.2 billion annually (Figure 2.5) which increased further to US$ 1.6 billion in 2015 (World Bank, 2016).

Over the last two decades, the country has increasingly integrated its economy into the global market by removing foreign exchange controls, reducing import duties, abolishing export bans, introducing export incentives, and removing price controls (UNDP, 2016). While private sector foreign direct investment is crucial to growing and sustaining industrialization in many developing countries, some macroeconomic factors can adversely influence its inflow and dynamism. Among factors that have affected FDI inflows into the Zambian economy are monetary policy, commodity prices, and over-concentration within sectors. Through monetary policy, the government has limited the use of foreign currency locally, mandating the use of the kwacha in all domestic business transactions. The government also introduced other policies between 2011 and 2014 to monitor foreign exchange transactions. These actions limited capital flows and, therefore, overall FDI levels before they were eventually revoked.

It is worth noting that falling prices of copper in the global market have a direct impact on FDI in such a way that when copper prices fall, FDI also falls. This was
FIGURE 2.4
Structure of Real GDP by Sectoral Contribution, 2000 and 2014

precisely what happened in Zambia between 2007 and 2009 when copper prices fell by 28 per cent, leading to a corresponding FDI fall by 47 per cent (UNDP, 2016). Regarding overconcentration within sectors, the FDI in resource-rich countries is concentrated in natural resources, and investments in such industries tend not to generate positive spillovers (e.g., technological transfers, employment creation, and skills development) often associated with FDI flows. Following the same trend, FDI flows into Zambia remain highly concentrated in the copper mining sector. Since 2000, five mining firms have accounted for nearly 100 per cent of the FDI inflows into the country. The manufacturing and agricultural sectors, which create and sustain productive employment, received negligible investments.
This path-dependency in mining-dominated FDI means that private investors have been reluctant to invest in those strategic sectors that are most likely to transform the local economy structurally and sustain national development. For example, investment in rail and road infrastructure remains crucial for the national development of a country, as they provide a mechanism for optimally transporting products to trade partners. However, they possess very low returns and have been unable to attract foreign direct investment in Zambia. State-led investment in these types of sectors is crucial for long-run economic development and needs to become integral to a government’s broader economic development agenda. The overconcentration on mining has also inhibited industrialization, as the quarrying and mining sectors typically created a Dutch Disease effect, taking away attention and resources from other sectors of the economy. Growth in the mining sector tended to isolate the rural poor due to the sector’s limited linkages to rural areas and its low spillover effects. This might have contributed to higher income inequality within a country facing the challenge of trying to generate a more inclusive growth path.

### Social Development Context

#### Poverty Levels

Despite seeing decent economic growth, rising world copper prices, stable inflation and a surge in foreign direct investment from 1990-2015, poverty remained the greatest challenge to national development and the attainment of the MDGs in Zambia. Poverty trends suggest that overall income poverty was reduced between 1991 and 2015 by 24.6 percentage points, although registering an increase in the late nineties. The reduction in poverty was more significant in the urban areas where it declined by 25.6 percentage points from 49 per cent in 1991 to 23.4 per cent in 2015. In comparison, income poverty in the rural areas decreased from 88 to 76.6 per cent during the same period (CSO, 2015). Figure 2.6 shows the poverty trends between 1991 and 2015.

In 2015, the percentage distribution of the population by level of poverty showed that 40.8 per cent was extremely poor while 13.6 per cent was moderately poor. The proportion of the non-poor was 45.6 per cent (CSO, 2015). With 2015 projected national population estimated at 15.9 million, this means that 8.5 million people lived in moderate poverty, compared to 3.5 million who lived in extreme poverty. Although poverty has declined marginally
between 1991 and 2015 (Figure 2.6), it is important to note two crucial factors, namely, (i) that the absolute number of the poor actually increased from about 6 million in 1991 to 8.5 million in 2015 (CSO, 2015); and (ii) that the economic growth noted above did not translate into significant poverty reduction. In reflecting on the growth-poverty nexus, it is helpful to relate this decline in the poverty incidence in the country to the economy’s growth rate. Accordingly, Figure 2.7 estimates the country’s growth-poverty elasticity, compared to the global and sub-Saharan African (SSA) average. The evidence shows that Zambia’s growth-poverty elasticity for 1996 to 2010 was -0.21 (UNDP, 2016). This means that for every 1 per cent increase in real GDP over the 1996-2010 period, poverty
in Zambia fell by only 0.21 per cent. Notably, this elasticity was one-third of the average for SSA, and close to ten times below the global mean. Zambia’s low elasticity is clearly indicative of the significant challenges the economy faced in ensuring that patterns of economic growth translated into raising the living standards of all Zambians in the reference period.

Poverty also exhibits provincial patterns in Zambia. Taking into consideration poverty estimates for the ten provinces, only Copperbelt and Lusaka have a higher proportion of people living above poverty line than those living below it (Figure 2.8).

The income distribution in Zambia is also highly skewed with an increasing Gini coefficient over the years. With a Gini coefficient of 0.53 in 2003, the richest 20 per cent of Zambians earned 56.6 per cent of all income, while the poorest 20 per cent shared a meagre 3.3 per cent. This situation has not changed much since 2003. The 2015 LCMS reports that the Gini coefficient at the national level was 0.69 in 2015 compared to 0.65 in 2010. The margin between the urban and rural areas was even closer at 0.61 in the urban areas and 0.60 in the rural. Because the 2015 LMCS report does not disaggregate the Gini coefficients by provinces, the 2010 LCMS report was drawn on for their insights. The 2010 LCMS report provides Gini coefficients at the national, regional and provincial levels (Figure 2.9). Thus, the 2010 and 2015 Gini coefficients were among the highest in the world, and they show that inequality deepened further between 2010 and 2015. Even provinces that were less poor had high Gini coefficients. A lower Gini coefficient does not mean that one province is better off materially than another; instead it could indicate that poverty is so widespread in the area that there is not much difference – since most of the population is poor.

The World Bank (2012) has identified two phenomena that have a direct causative effect on poverty. One is the highly unequal pattern of economic growth in Zambia which means that some sectors – and populations – have benefitted much more than others. The second is that the country’s economic growth has not increased the incomes of the poor rapidly enough to lift them out of poverty. The World Bank has further identified three causes that explain much of these two phenomena, namely, the economic, geographical and institutional factors that influence poverty.

First, economic growth has historically been concentrated in capital-intensive industries such as construction and mining. However, the vast majority of the rural poor derive
their livelihoods from subsistence smallholder agriculture, a sector in which growth rates have been dismal until recently. Furthermore, a significant share of output fails to translate into household income gains. This is particularly true in the mining and commercial agriculture which have high foreign ownership levels and are common in resource-based economies.

The second cause is related to the geographical component of growth. Growth has taken place in urban areas, whereas the poorest tend to live in remote areas that are barely connected to markets and the cash economy. For example, in Copperbelt and Lusaka provinces, poverty incidence is fairly low, whereas, in the rest of the country, which is dominated by agriculture, poverty rates reach as high as 76.6 per cent.

The third cause is related to structural forms. Economic growth in the country has not been labour-intensive, particularly in those sectors where the poor tend to work (e.g., informal subsistence agriculture sector). Also, markets are only weakly integrated, and the poor tend to have few skills and low education levels. Agricultural growth has been moderate in the past few years, and the strong overall national economic growth – save for the growth in 2015 – may take some time to trickle down into the sectors (and areas) that generate income for the poor.

People in Employment

The inability of the recent economic growth to impact significantly on poverty reduction can be partly due to its low employment growth response. Any given growth in the economy will be able to reduce poverty fast only if the employment potential it creates will enable poor people to raise their income, either through reduced unemployment or underemployment or through higher returns to labour, or both. Figure 2.9 shows trends in formal and informal employment growth for the period 2005-2015 in Zambia. Formal sector employment growth was sluggish, thereby hindering the ability of the national economy to create adequate formal employment opportunities.

About 300,000 young people enter the Zambian labour market each year, despite the few employment oppor-
opportunities (AfDB, 2012). It is reasonable to assume that most of these young people enter the labour market without proper skills for highly paid jobs. The main employment problem in Zambia, however, is that the economy has not been able to generate enough formal employment opportunities. Much of the existing employment is in informal agriculture that does not guarantee adequate income or social security cover.

The 2014 Labour Force Survey shows that about 84 per cent of the working population was employed in the informal sector (91.2 per cent for females, 75.8 per cent for males). Table 2.1 and Figure 2.10 show the proportion of the labour force in formal and informal employment in Zambia for the period 2005-2014. Evidently, informal employment has remained at a height of between 84 and 89 per cent of the total number of people employed.

Figure 2.9 also reveals a gender dimension to informal employment in Zambia. In 2014, for instance, 91.2 per cent of the employed females were in informal employment, compared to 75.8 per cent of the males. In comparison, formal employment in 2014 was dominated by males who accounted for 24.2 per cent of the total employment to 8.8 per cent of the females. Besides, Figure 2.9 reveals that between 2005 and 2014, there was a proportionately higher increase in males in formal employment (from 17.0 per cent in 2005 to 24.2 per cent in 2014) than in the females (from 6.0 per cent in 2005 to 8.8 per cent in 2014). From a gender perspective, therefore, women were more affected by the limited formal sector employment opportunities.

Human Development

Zambia’s HDI value for 2014 was 0.586, which placed the country in the medium human development category, and ranked 139th out of 188 countries and territories (Zambia Human Development Report, 2016). Overall, Zambia’s HDI increased by 40.2 per cent between 1980 and 2014. This growth was attributed to improvements in citizens’ life expectancy at birth, years of schooling and GNI per capita. Although the HIV & AIDS epidemic brought life expectancy at birth down to 42 years in 1995, it has since rebounded to 60 years (in 2014). The number of years of schooling has also increased substantially since 2000, while the mean years of schooling almost doubled in 2014 from its 1980 figure. Similarly, the per capita GNI increased by 69.3 per cent between 1980 and 2014.

On provincial HDI trends, Lusaka, Copperbelt, North-Western, and the Southern Provinces can be considered medium human development regions, while the rest of the provinces would be classified as low human development areas. With an HDI index of 0.603, Lusaka ranks the highest on human development, followed by the North Western Province (0.601), and the Copperbelt (0.598). The prominence of North Western Province is due to the relatively higher GNI index, owing to the recent developments in the mining sector. Specifically, the North Western Province is home to three of the largest copper mines in Zambia that are increasingly becoming important in terms of revenue generation and employment. The lowest ranked provinces are Northern, Western, and Muchinga, which are rural farming areas of the country with large numbers of poor households who have limited access to education and health services.

When assessed against other similar economies in the sub-Saharan African region Zambia’s HDI is above the mean. Botswana’s high GNI per capita and Namibia’s higher life expectancy place these countries just above Zambia on the human development scale. Uganda and Malawi’s low GNI per capita contribute to their relatively lower HDI value. Overall, however, Zambia’s HDI is lower than other medium human development countries, mostly due to a relatively low GNI per capita and life expectancy. From sub-Saharan Africa, countries which were close to Zambia in the 2013 HDI ranking (and to some extent in population size) were Angola and Malawi, which ranked 149 and 173, respectively. While the sub-indices yielded the expected trends, there were a few unusual results. For example, despite having a higher level of expected and mean years of schooling than the sample of Medium HDI countries, Zambia recorded a lower HDI value than the countries in this cohort.

Conclusion

Zambia’s highest inequalities in life expectancy, education and skills and incomes, differentiated by sex and geographical location, significantly contributed to the country’s relatively poor progress in achieving the MDGs. These inequalities are highest in the income dimensions, due to the significantly high level of informal employment, particularly in the rural provinces where there are limited opportunities to earn an income. The latter, in turn, is arguably a function of an unbalanced and uneven pattern of economic growth – defined by a capital-intensive mining
industry, an under-performing manufacturing sector, and a residual employment sector in the form of low productivity agricultural activities and urban self-employment. Growth-driven inequality levels also remain high at the provincial level as regional development in rural areas is significantly lower than in the urban or mining areas.

Gender inequality is still a major issue in Zambia, despite making progress over the last few years. Poor employment generation for women relative to men, together with limited education and health infrastructure delivery, has left few opportunities to empower women in the country. This development context suggests that despite the steady and positive economic growth over the last decade, the conversion rate regarding welfare gains to the poor has been inadequate. It can be observed that income inequality levels, depending on the period chosen, have either risen gradually or remained stubbornly high in Zambia. In turn, even though household income poverty has declined, the level is hardly commensurate with the positive growth rates recorded by the economy. The inequality dissipating effect of growth on poverty – shown in part by the low growth-poverty elasticities in Figure 2.7 – is reinforced in the human development status. Hence, in all categories of the HDI, unequal outcomes have retarded the economy’s human development progress and, hence, attainment of the MDGs.
Domestication of the MDGs

Domestication at National Level

The eradication of poverty has been a recurring policy objective in the developing world and even predated the MDG era. What the MDGs have done, therefore, is basically to provide further stimulus for the realization of this objective. The MDG era (2002 to 2015) in Zambia was preceded by the Poverty Reduction Strategy Paper (PRSP) formulation process, which was a conditionality under the Highly-Indebted Poor Country Initiative (HIPC). Under both the HIPC and IMF’s Poverty Reduction and Growth Facility (PRGF) arrangements, accessing debt relief was contingent upon the recipient country producing PRSPs that were satisfactory to both the World Bank and the IMF (Box 3.1).

The requirement for a PRSP was meant to ensure that PRGF-supported programmes were in line with a comprehensive framework agreeable to the IMF for macroeconomic, structural, and social policies. Failure to meet all or some of the conditions risked a country’s projected date of reaching the HIPC Completion Point. This happened in Zambia, where the December 2004 target was missed, and the country only reached the Decision Point in April 2005. Hence, at the time the MDGs were being adopted and domesticated across the world, the Zambian Government was preoccupied with meeting the PRGF conditions and attaining HIPC completion status.

Box 3.1

Poverty Reduction and Growth Facility

The PRGF should be drawn from the country’s I-PRSP/PRSP. As such, the overall macro framework for PRGF-supported programmes must also derive from and reflect the overall growth and poverty reduction strategy. PRGF-supported programmes should also indicate how the specific measures supported under the programme are embedded within the country’s overall poverty reduction strategy. Staff reports for PRGF-supported programmes should also highlight aspects of the strategy that promote growth through private sector development. Among the key issues to pay attention to are the following:

- Conditionality should be selective and focus on the Fund’s core areas of expertise. These will normally cover fiscal, monetary and external sectors and structural reforms in related areas such as exchange rate and tax policy and issues related to fiscal transparency, budget execution, and tax and customs administration. Conditionality in other areas may be included to the extent that it is critical to the achievement of the macroeconomic objectives of the programme.

- Budgets should be pro-poor and pro-growth. As such, government spending should be channelled toward poverty-reducing activities and outlays that foster the development of human and physical capital. To better monitor this shift in the composition of public spending, it will be necessary to improve public expenditure management (PEM) systems. Efforts should be made to improve the efficiency and targeting of spending, and tax reforms should aim at improving both efficiency and equity.

- Fiscal targets should be flexible and allow increases in public expenditures to accommodate government’s poverty reduction strategy within a stable macroeconomic framework. Programmes could also be presented in ways that could signal financing needs; thus, normative macro-projections in PRSPs could be presented as possible alternatives.

- PRGF-supported programmes also place strong emphasis on measures to improve public resource management and accountability by incorporating steps to improve PEM systems and implementation of fiscal governance measures.

- Finally, PRGF-supported programmes are expected to report on the social impact of measures in the programme that could have an adverse effect on the poor. Countervailing measures are also expected to be included in the programme based on such analysis. However, it is expected that the Bank would take the lead on the analysis.

The African Forum and Network on Debt and Development (AFRODAD) has observed that the immediate benefits of accessing debt relief under the HIPC effectively relegated the MDG agenda to a secondary level. To further compound this, the MDG framework had no immediate rewards.

It was not until 2003, when the government was required to produce the first report on the implementation of MDGs, that discussions on this matter began between the government and the civil society. The following year, in 2004, the National MDG Task Force comprising government and civil society organizations was formed. Furthermore, the Civil Society National Committee on MDGs was formed, comprising twelve CSOs. This number was further increased in 2005 under the “Make Poverty History” campaign.

At the national level, implementation of the MDGs was facilitated by the designation of the Ministry of Finance as the Oversight Agency and the appointment of the Planning Department as the coordinating unit for MDG reporting. The domestication of the MDGs was done mainly through the National Development Plans (NDPs), for which the PRSP is recognized as the first Development Framework after the re-introduction of Planning in Zambia. Poverty reduction has been a recurring theme in all NDPs. The NDP M&E framework reflected MDG targets, which have been consistently reported on by all the NDP Progress Reports. To this end, the Planning Department in the Ministry of Finance was designated as the MDG Monitoring Unit from 2008.

Since the return to national planning, the NDP is used as a reference point for all development cooperation. Zambia developed an Aid Policy whose main focus was poverty reduction, under the Joint Assistance Strategy for Zambia (JASZ). The purpose of the JASZ was to focus and organize development assistance and reduce transaction costs and ensure effectiveness. One of the instruments used in this regard was pooled funding, which has been the mode of support for the health and education sectors. The successes of these two sectors are partly attributed to this mode of funding.

The Poverty Reduction Budget Support (PRBS) targeted pro-poor budget allocations to sectors such as education, health, and agriculture, partly motivated by MDG indicators. Also, interventions directed at the vulnerable were introduced. The Public Welfare Assistance Scheme (PWAS) and the Social Cash Transfer (SCT), which dates back to 2004, were necessitated by the MDGs imperative for implementing interventions targeting the vulnerable and extremely poor. Assessments of the SCT show that the programme is capable of positively impacting on the poor; hence the plan to scale up these interventions.

Domestication at Sectoral Level

To fully understand the degree of domestication of the MDGs across key sectors, a brief review of the sectors is important. Hence, the following sub-sections present snapshots of the recent history of key social and other sectors that were earmarked for MDG domestication.

Health Sector

The Ministry of Health (MOH) had the primary responsibility for maternal and child health programmes, except for the 2011-2015 period when the Ministry of Community Development, Mother and Child Health (MCDMCH) managed the two portfolios. The Ministry of Health has a decentralized structure whereby plans are generated at the district level under the District Health Office, which is in turn superintended by the Provincial Health Office. In practice, the District Health Office was part of the District Development Coordinating Committee (DDCC), which oversaw the coordination of all planning processes at the district level. While legislation backs the District Health Office, the DDCC’s effectiveness has been limited by lack of a legal framework.

The DDCC faced difficulties in carrying out its coordination role at the district level. The DHBs, on the other hand, have performed relatively well owing to the decentralized set up of the health sector. However, lack of local structures in the other sectors limits inter-sector collaboration. The result is inefficient operations, yielding limited impacts on broader national goals. Individual sector interventions, without collaboration from other departments (such as roads, energy and water sectors to gain access to quality maternal and child health service delivery) limits the effectiveness of interventions for addressing maternal and child health problems.

Regarding the service delivery, the health sector has a five-tier system starting with health posts, through to third level referral hospitals. At the top are third-level/specialist hospitals. These cater for a catchment population of
The second-level/provincial hospitals are found at the provincial level and cater for catchment populations of between 200,000 and 800,000 people. These hospitals act as referral centres for first-level institutions. The first-level/district hospitals are designed to serve populations between 80,000 and 200,000. The health centres are basically of two types, namely, the Urban Health Centres (UHCs) serving a catchment population of between 30,000 and 50,000 people and Rural Health Centres (RHCs) serving an estimated 10,000 people. Health posts are the lowest level of health care and are built in communities far away from health centres. These cater for catchment populations of approximately 3,500 in rural areas.

There are vast inequalities in the distribution of health facilities between rural and urban areas. Owing to the limited and poor quality facilities in rural areas, faith-based and non-governmental organizations played a key role in supplementing government services in remote areas. By targeting the underserved rural population, they contributed to narrowing the inequality gap between rural and urban areas. The inequality also manifests in terms of quality of care, with rural-based facilities often being disproportionately affected. For instance, the scale-up of ART was delayed largely because of limited facilities in rural health centres.

The Education Sector

The Ministry of Education launched the Basic Education Sub-Sector Investment Plan (BESSIP, 1999-2002) as well as the Ministry of Education Strategic Plan (MoESP 2003-2007). These Strategic Plans accelerated progress towards achieving universal primary education and gender parity in education in response to MDGs 2 and 3. The BESSIP was a targeted education investment plan which sought to increase access to, and quality of, primary education. The BESSIP is applauded for greatly contributing towards the attainment of universal access to primary education.

At a coordination level, the investment programmes facilitated improved donor funding and coordination in the sector. In February 2003, the Ministry of Education and nine development agencies signed a Memorandum of Understanding (MoU) based on the MoESP.

The government also established a multi-sectoral approach in response to HIV & AIDS which facilitated the establishment of workplace programmes. Furthermore, there was concerted action from other key players, including faith-based and non-governmental organizations. While acknowledging the efforts of these bodies, the absence of clear and statutorily supported mandates for these bodies renders them less effective.

HIV & AIDS and Malaria

The adoption of the MDGs at the turn of the 21st century coincided with the time that HIV & AIDS became recognized as a global health concern. After declaring HIV & AIDS a national disaster, the Government of Zambia passed a bill to establish the National AIDS Council (NAC) in 2002, which was mandated to coordinate, monitor, and evaluate HIV & AIDS programmes. The NAC performs oversight functions over the HIV&AIDS programmes with local bodies such as the District AIDS Task Force implementing programmes at that level. To strengthen sub-national response, the government, with the support of UNDP, established coordination and response mechanisms at the provincial, district and community levels. The Council facilitated the mobilization of support, with the World Bank Multi-Country AIDS (MAP) Programme, the Global Fund to fight HIV, TB, and Malaria (GFATM); and the President’s Emergency Plan for AIDS Relief in Africa (PEPFAR) being the major sources of that support. GFATM and PEPFAR provided major financial resources to support the domestication agenda.

In the domestication of the education goal, several key institutions, including community, faith-based and private sector organizations, supplemented government efforts in the provision of education. In addition, the Zambia National Education Coalition (ZANEC) was created in 2001 to expand the educational opportunities available to children. ZANEC provides a framework for coordinating all non-governmental organizations’ participation in the sector.
Gender

Zambia is a signatory to regional and international conventions and treaties on gender and women empowerment, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the Beijing Platform for Action (BPA), and the SADC Declaration on Gender and Development. These commitments have been operationalized at legal, policy and operational levels. The National Gender Policy (NGP) gives the overarching policy directives on gender mainstreaming and women empowerment. The policy focuses on women’s roles in relation to those of men and recognizes that full participation of women and men in development is cardinal to achieving sustainable development.

The Fifth and the Sixth National Development Plans (2006-2010, 2011-2015) had a dedicated chapter for cross-cutting issues (which included gender). The revised SNDP (2013-2016), however, did not have a specific chapter dedicated to gender concerns, which, in view of the limited appreciation of gender mainstreaming across sectors, is a drawback in the efforts to enhance gender mainstreaming in the NDPs.

To address the limitations of institutional arrangements for mainstreaming gender, a Ministry of Gender was established in 2006. The ministry provides political leadership and policy guidance on gender mainstreaming in national development. The ministry also has the responsibility of helping the Cabinet to make decisions from a gender perspective. The presence of a Cabinet Minister with responsibility for gender issues ensures that decisions passed in Cabinet take into account gender as a cross-cutting issue. The key challenge of this ministry is that it does not have the full complement of staff to carry out its mandate especially at the local levels.

At an institutional level, the Gender in Development Division (GIDD), Cabinet Office, is responsible for mainstreaming gender into national policies. The GIDD work in the sectors was operationalized through Gender Focal Persons (GFP), who ensure the mainstreaming of gender into all policies, plans, programmes and projects, and also create linkages with other departments. The effectiveness of the GFP was again limited by the appointment of people who already had other primary responsibilities. At the national level, a Gender Consultative Forum (GCF) was constituted with members drawn from government and non-government agencies. The main functions and roles of the GCF are to advise on gender issues and ensure that the official policies are gender sensitive.

At the legislative level, the Anti-Gender Based Violence Bill (2011) was passed with the aim of protecting victims of gender-based violence. It provides for protection against physical, psychological, social, and economic abuse and provides for the provision of holistic services in one setting. The Anti-Gender Based Violence Bill also provides for protection orders, provision of shelters and a National Action Plan for addressing GBV. Furthermore, the government passed the Gender Equity and Equality Bill in 2015.

Environment

Prior to the 1990s, Zambia had no comprehensive policy framework and legislation for the coordination of the environment and natural resource issues. However, a number of important policy and institutional developments have taken place since then. Notable among these is the National Policy on Environment (NPE) of 2007 which was designed to create a comprehensive framework for effective natural resources utilization and environmental conservation. Other policies that address environmental issues include the National Agricultural Policy of 2004; the National Water Policy of 2010; the National Energy Policy of 2008; and the National Forestry Policies of 1998 and 2014. However, considering that the policies straddle several ministries, there have been challenges with coordination and implementation of programmes with the different ministries.

Being one of the UN-REDD pilot countries, Zambia’s REDD+ strategy focuses on tackling different drivers of deforestation in both forestry and other identified key sectors such as agriculture, energy and land use. The REDD-related activities implemented during the MDG period in Zambia included the Integrated Land-Use Assessment (ILUA) study project, the conservation agriculture and sustainable energy projects, and so on. The Government of the Republic of Zambia ratified the Kyoto Protocol of the United Nations Framework Convention on Climate Change in October 2006 and established the Ministry of Tourism Environment and Natural Resources (MTENR), which serves as lead government agency on environmental issues and coordinates the implementation
of the protocol and the Clean Development Mechanism in Zambia. These projects are intended to contribute to the global reduction in Greenhouse Gas (GHG) emissions and promote sustainable development.

In addition, whereas there have been sustained efforts aimed at addressing the targets on water and sanitation from the early 1990s, this has not been applied to those targets addressing natural resources conservation.
Trends and Patterns in MDG Indicators

National Trends

In 1991, the proportion of people living in extreme poverty was 58 per cent. The figure hovered above 50 per cent between 1991 and 1998 before dropping to 40.8 per cent in 2015 (Table 4.1). It was not until after 2000 that the proportion of people living in extreme poverty reduced to below 50 per cent, falling from 58 per cent in 1998 to 46 per cent in 2002 and further down to 40.8 per cent in 2015. The poverty gap thus showed a more rapid decline. Estimated at 62 per cent in 1991, it declined by half to end at 26.4 per cent in 2015. The employment-to-population ratio remained largely static during the reference period. Estimated at 77 per cent in 2005, it declined marginally to 68 per cent in 2008 but later rose to 72 per cent in 2014. The proportion of underweight children under age five also declined from 25.1 per cent in 1992 to 13.3 per cent in 2015 – narrowly missing the indicators’ national target of 12.5 by 0.8 percentage point. In addition to registering very strong economic growth, the country fared well in terms of creating gainful employment opportunities.

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<th>MDG 1</th>
<th>Eradicate Extreme Poverty and Hunger</th>
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TARGET 1.A
Halve, between 1990 and 2015, the proportion of people whose income is less than $1.25 a day

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

TARGET 1.B
Achieve full and productive employment and decent work for all, including women and young people

Indicators
- Employment to population ratio
- Proportion of employed people living below poverty line (per cent)

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

Indicators
- Prevalence of underweight children under five (per cent)

INDICATOR 1A.1
Proportion of population living in extreme poverty (per cent)

Table 4.1 shows that Zambia’s efforts towards reducing extreme poverty were not enough to cut the 1991 level
of extreme poverty by half by 2015. The CSO defines extreme poverty rate in its LCMS reports as the number of individuals and households that devote up to 70 per cent of their total expenditures to food items and the remaining 30 per cent to other basic needs. Compared to the national overall headcount poverty incidence, extreme poverty is slightly more elastic and declined by 17.7 percentage points (or 27 per cent change) between 1991 and 2010 while the national incidence of poverty only declined by 9.5 percentage points (or 13.6 per cent change over the same period). This implies that more people have been able to move from extreme to moderate poverty.

Zambia’s inability to halve extreme poverty by 2015 can be attributed largely to its dependence on the copper mining industry that continued to expose its economy to external shocks and turned its macroeconomic management into a persistent crisis management. External shocks since 2012/2013 have largely contributed to the deterioration in the local business environment; hence the failure to realize broad-based inclusive growth that is key to sustainable poverty reduction. The final push (2012 to 2015) towards the attainment of the target were hampered by unfavourable weather (rainfall) patterns and deterioration in the external sector, particularly the major declines in the prices of copper (arising from reduced demand by the largest copper importer – China); severe electricity shortages; extreme volatility of the exchange rate of the kwacha; and the trebling of the annual rate of inflation from about 7 per cent in September to 21.1 per cent in December 2015. An economy that does not create jobs to absorb a lot of the unskilled and semi-skilled labour (as has been the case in Zambia over the past 25 years) is unlikely to register significant poverty reduction.

Regarding the poverty gap ratio, the indicator that shows how far (deep) below the poverty line the poor are (and the implied resources required to eradicate poverty), the trend in Figure 4.2 suggests that the gap has steadily decreased at the national level and in urban areas. Thus, the severity of poverty has steadily reduced nationally and in urban areas unlike in the rural areas where the average gap was still quite wide at 39.2 per cent in 2015.
The persistence of high rates of poverty, especially in rural areas, can be attributed to the high income inequalities in Zambia, as demonstrated by the income Gini coefficient trend (see Figure 4.3.). There was an increase in the overall income inequality from 0.61 in 1996 to 0.69 in 2015. In urban areas, the Gini coefficient was at 0.61 in 2015 while in rural areas it was 0.60. With such income distribution challenges, Zambia’s high economic growth since 1999 has
not reached the majority of the poor, many of whom live in rural areas.

**INDICTOR 1B.1**  
Employment to population ratio

The Central Statistical Office and the Ministry of Labour and Social Security (2014) define the employed population as “the total number of persons who have a paid job in cash or in kind, are in self-employment or are in contributing family work”. The list includes “all persons who have paid job and are on leave, as well as those in self-employment but are absent from work due to various reasons such as inadequate raw materials, labour dispute, the absence of business opportunities, etc.”.14 The employment to population ratio fell from 77 in 2005 to about 71.9 in 2014. It follows, therefore, that the inability of the Zambian economy to create formal sector employment opportunities since 1990, even during the periods that the economy recorded strong GDP growth, has been the main reason for high rates of poverty and income inequality. For example, from 1999 to 2014, the country experienced an unprecedented long spell of high real economic growth averaging 5 per cent per annum. Yet, the Zambian economy has not been able to create sufficient productive and gainful employment opportunities to provide formal sector jobs to the rapidly growing labour force – largely because of the failure to diversify the economy away from copper mining and exporting industry that weakened the economy’s employment creating capacity. Given this scenario, it is not surprising that the ILO (2015) estimated that Zambia’s employment elasticity of 0.58 between 2008 and 2012 was very low for such a labour surplus economy.15

Both the government’s Industrialization and Job Creation Strategy (IJCS, 2013) target of creating one million formal sector jobs between 2012 and 2016 and the R-SNDP employment target of increasing formal sector employment share from 15.4 per cent of the labour force in 2012 to 27 per cent in 2016 have not been realized.16 From being the second largest employer after the public sector in the 1980s, the mining industry’s contribution to employment has declined mainly due to the post-2000 adoption of capital-intensive technology in order to be globally competitive. The trade liberalization policies of the structural adjustment programmes of the 1990s also contributed to the shrinking of the manufacturing industry. The combined effects of these developments and other exogenous and endogenous factors contributed to the high levels of underemployment, unemployment and growth of the informal sector, thereby increasing the incidence of poverty especially in the rural areas.
INDICATOR 1C
Prevalence of underweight under-5 children (per cent)

The proportion of underweight under-5 children (Table 4.2) declined from 25.1 per cent in 1992 to 13.3 per cent in 2015, narrowly missing the target of 12.5 per cent by 0.8 per cent. For the rural areas and the national average, the respective MDG 1.C target was reached by 2010, but later deteriorated from 2013-2014 when the country recorded a very poor harvest in that year’s farming season because of adverse climate change. In 2015, there was an improvement in the national and urban percentage of under-5 children who were underweight but the improvement failed to reach the MDG target. In the rural areas, the 2015 target was reached in 2010 and by 2015 the actual score had reduced to less than half the 2015 target – representing the only MDG indicator on which the rural areas surpassed the urban and national averages. This can be attributed partly to the highest ever bumper harvest the country recorded in the 2013/14 farming season because of the relatively pro-poor agricultural policies and intensified government efforts at promoting breastfeeding, nutritional supplements, and immunization programmes.

Figure 4.4 shows that all provinces recorded significant improvements in the prevalence of underweight under-5 children. This development can be attributed to the positive impact of the relatively pro-poor agricultural policies as well as the re-orientation of government expenditure towards poverty-reduction programmes in line with the HIPC and MDG frameworks.

To the extent that the poor spend most of their income on food and are vulnerable to rising food prices, there is a direct correlation between inflation of food prices and its affordability by the poor. For example, from May 2015 to December 2015, the CSO price indices show that the inflation on food prices has consistently been higher than total annual rates of inflation, as depicted by monthly statistics. Over the MDG implementation period, the fall in the prices of food from 180 per cent in 1992 to single digit level in 2006/2007 was correlated with the halving of the proportion of underweight children (Table 4.2). Furthermore, the diversification of the agriculture sector away from maize, the sole product, to legumes as well as the scaling up the Farmer Input Support Programmes has contributed to the reduction of malnourished children in the rural areas. The fact that the rural households prioritized subsistence farming, as opposed to urban households that rely on food purchases, explains why rural areas have scored better on this indicator than their urban counterparts. The deteriorated global economy since 2012/13 and its attendant impact on Zambia’s economy (via the reduced prices of metal exports and rising costs of imports) has had more adverse effect in urban areas than the rural, particularly because of the retrenchment of labour (especially in the mining industry).

Sub-National Trends

The extent of extreme poverty in Figure 4.5 and Table 4.3 shows distinctive regional patterns. In urban areas, the country managed to halve extreme poverty from 2006 onwards. In the case of rural areas, extreme poverty was largely inelastic in the 1990s. In 1991, it was 81 per cent and it reduced to 53 per cent in 2004 before deteriorating to 57.7 per cent in 2010. The negative trend continued to 60.8 per cent in 2015. The incidence of extreme poverty in rural areas is five times that obtaining in urban areas at 12.8 per cent. A World Bank study (2015) shows that out of the 150 constituencies then, the incidences of poverty of 90 per cent and above were all in the rural constituencies: (Kabompo (90 per cent); Mafinga (91 per cent); Samfya (91 per cent); and Shangombo (95 per cent).17

<table>
<thead>
<tr>
<th>Table 4.2</th>
<th>Prevalence of Underweight Under-5 Children (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>25.1</td>
</tr>
<tr>
<td>Rural</td>
<td>29.0</td>
</tr>
<tr>
<td>Urban</td>
<td>20.8</td>
</tr>
</tbody>
</table>

Source: Zambia Demographic and Health Survey Reports and LCMS Reports.
FIGURE 4.4

Prevalence of Underweight Children under 5 Years by Province 2001 –2014*

<table>
<thead>
<tr>
<th>Year</th>
<th>Central</th>
<th>C/belt</th>
<th>Eastern</th>
<th>Luapula</th>
<th>Lusaka</th>
<th>Muching</th>
<th>Northern</th>
<th>N/West</th>
<th>Southern</th>
<th>Western</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>26.6</td>
<td>29</td>
<td>32.1</td>
<td>33</td>
<td>21.7</td>
<td>0</td>
<td>33.8</td>
<td>27.1</td>
<td>23.6</td>
<td>23.6</td>
</tr>
<tr>
<td>2007</td>
<td>15.2</td>
<td>14.9</td>
<td>12.7</td>
<td>17.7</td>
<td>9.7</td>
<td>0</td>
<td>17.3</td>
<td>19.6</td>
<td>12.8</td>
<td>13</td>
</tr>
<tr>
<td>2013/14</td>
<td>15.3</td>
<td>14.1</td>
<td>12.8</td>
<td>21.2</td>
<td>11</td>
<td>15.6</td>
<td>19</td>
<td>13.8</td>
<td>13.1</td>
<td>16.2</td>
</tr>
</tbody>
</table>

Note: *Muchinga Province was created in 2011; hence it has no data for 2001 and 2007 as it did not exist then.

Source: Zambia Demographic and Health Survey Reports and LCMS Reports.

FIGURE 4.5

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>81</td>
<td>32</td>
<td>58</td>
</tr>
<tr>
<td>1996</td>
<td>68</td>
<td>27</td>
<td>53</td>
</tr>
<tr>
<td>2004</td>
<td>53</td>
<td>34</td>
<td>53</td>
</tr>
<tr>
<td>2006</td>
<td>67</td>
<td>20</td>
<td>51</td>
</tr>
<tr>
<td>2010</td>
<td>57.7</td>
<td>13.1</td>
<td>42.3</td>
</tr>
<tr>
<td>2015</td>
<td>60.8</td>
<td>12.8</td>
<td>40.8</td>
</tr>
</tbody>
</table>

Table 4.3 shows the gap by which extreme poverty in individual provinces had to fall to reach the 2015 MDG targets. The Table shows that only Copperbelt Province exceeded the target, followed by Lusaka which had a small gap of 1.5 percentage points. The challenge was highest in Western, Luapula and Northern Provinces where the gap was 30 percentage points and above. Copperbelt Province met the provincial extreme poverty MDG indicator by 2010, and maintained this level in 2015 despite the retrenchment of many mines and mine-contractor employees.

A decomposition of extreme poverty by gender, age and employment status shows that poverty affected women (42.9 per cent), and the unemployed (67.1 per cent) more severely than men (40.3 per cent) and those in formal sector employment. The gender dimensions of poverty at the national, rural and urban levels show that households headed by females had a relatively higher incidence of poverty than those headed by males (Figure 4.6). Figures 4.7 and 4.8 suggest that the face of overall poverty is largely that of women than men. All the four LCMS surveys (1991, 2006, 2010 and 2015) have consistently confirmed
the feminization of extreme poverty in Zambia. The relatively lower human capital development of women and the attendant gender-based discrimination in terms of accessing employment opportunities as well as the pay inequalities account for these differences in poverty between both genders.

While the absolute and relative incidence of poverty among females is high, female-headed households (in all the three categories of poverty) recorded a higher reduction between 2006 and 2015. This could be explained in part by the fact that female-headed households started at much higher rates of poverty than male-headed households. The intervention aimed at enhancing women’s development, such as affirmative actions in education and at the workplace, preferential access to financial and other resources could also have started to bear some fruit.

The returns to human capital from an extreme poverty perspective seemed to be conditional on spatial location – whether rural or urban, as shown in Figure 4.7. For the same level of education, the incidence of extreme poverty affected the rural population much more than those based in urban areas. While the differentials between rural and urban areas were almost the same for those with primary or no education (at about 2:1); the differential rises exponentially at higher education levels – 5:1 for secondary and 16:1 for tertiary education. Urban areas have better economic opportunities, including well-paying jobs, than rural areas, which may explain these spatial-based poverty differentials (see Figure 4.9). Figure 4.8 demonstrates that wage employment is key to poverty reduction.

Regarding income inequality Gini coefficients distribution, Figure 4.9, which was extracted from the 2015 LCMS Report, shows an increase in the overall income inequality from 0.65 in 2010 to 0.69 in 2015. In the rural areas, income inequality remained relatively the same at 0.60 while in urban areas it increased minimally from 0.60 in 2010 to 0.61 in 2015. Overall, Figure 4.9 suggests an increase in income inequality over the four-year period.

### Enablers and Constraints

#### Enabling Factors

The following were the main factors that facilitated the slight reduction in extreme poverty.

- Consistent implementation of market-based reforms that created a favourable macroeconomic environment.
### FIGURE 4.8

Extreme Poverty by Employment Status of Head of Household and Rural/Urban 2015

![Bar Chart](chart.png)

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wage earners</td>
<td>9.5</td>
<td>26.3</td>
<td>4.8</td>
</tr>
<tr>
<td>Self employed</td>
<td>21</td>
<td>49.8</td>
<td>11.9</td>
</tr>
<tr>
<td>Farmers</td>
<td>63.9</td>
<td>65.9</td>
<td>36.8</td>
</tr>
<tr>
<td>Unpaid workers</td>
<td>39.6</td>
<td>55</td>
<td>30.7</td>
</tr>
<tr>
<td>Unemployed</td>
<td>35</td>
<td>67.1</td>
<td>24.9</td>
</tr>
<tr>
<td>Inactive</td>
<td>31.1</td>
<td>54.8</td>
<td>16.1</td>
</tr>
</tbody>
</table>

Source: CSO Living Conditions Monitoring Survey 2015

### FIGURE 4.9

Gini Coefficient by Rural/Urban, 2010 - 2015

![Line Chart](chart2.png)

- **Zambia**: 0.65 (2010), 0.69 (2015)
- **Rural**: 0.6 (2010), 0.6 (2015)
- **Urban**: 0.6 (2010), 0.61 (2015)

Source: CSO Living Conditions Monitoring Survey 2015
• Successful economic reforms and macroeconomic stability. This includes the country’s attainment of the HIPC, which expanded the fiscal space, and the release of more resources for poverty reduction programmes.
• Political will to dedicate resources saved from debt service (HIPC) to social and infrastructural spending.
• Policy consistency for much of the MDG period. This created investor confidence shown in a consistent rise in FDI’s.
• Relative peace underpinned by a multi-party democratic dispensation that ensured peaceful changes of governments through the ballot box without civil strife.
• Development of the NDP’s provided a framework for the domestication of the MDGs.

Constraints

The following are the main constraints that hindered a faster reduction in extreme poverty and hunger:

• Zambia’s economic growth has not been accompanied by the structural changes necessary to strengthen the economy’s capacity to create more employment opportunities for the poor.
• The main formal sectors of the economy (mining and manufacturing) that drive economic growth are mostly capital and skill intensive and create limited employment opportunities.
• The sectors with great potential for employment creation, such as construction, wholesale and retail trade, agriculture, and real estate activities are dominated by the informal economy and characterized by lower productivity and lower earnings.
• The low employment opportunities, cumulative low-quality investments in social services (with the bulk of social spending going to personnel emoluments) means that the quality of the human capital is poor and, hence, not able to effectively contribute to the development process.
• Climate change affected productivity in agriculture, and this hindered efforts at eradicating poverty.
• Institutional and policy implementation weaknesses. These manifest in a number of ways, such as:
  ▪ The lack of a decentralized system or structure of public administration, particularly the fiscal policy framework. This limited the participation of provincial-, district- and constituency-based economic agents in the formal economy. As such, agents/firms are excluded from participating in government and other contracts.
  ▪ The bias of Zambia’s development process towards urban centres. This explains why most productive job opportunities, infrastructure, services, and facilities are all located in urban areas.
  ▪ The inefficient execution of the budget because of the late release of funds by sector ministries to provincial, district and rural programmes.
CHAPTER 4
TRENDS AND PATTERNS IN MDG INDICATORS

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

Indicators
- Net enrolment in primary schools (per cent)
- Proportion of pupils reaching Grade 7 (per cent)
- Literacy rates for 15-24-year-olds (per cent)

National Trends

Zambia made steady progress in universal primary education and met the MDG target for net enrolment in primary schools for both girls and boys. The MDG target was to achieve a 100 per cent net enrolment in primary schools by 2015. This was met with the enrolment increasing from 80 per cent in 1990 to 111.5 per cent in 2015. This notable achievement can be linked to several factors, but government’s declaration of free primary education in 2002 accompanied by a sustained development of educational infrastructure between 2000 and 2015 were at the heart of this success. There were also advancements in primary school completion rates associated with the declaration of free primary education and the development of educational infrastructure.

The proportion of pupils reaching Grade 7 increased from 64 per cent in 1990 to 88.1 per cent in 2015. The target of achieving a 100 per cent Grade 7 completion rate by 2015 was, however, not met. In general, access and gender parity in primary enrolment improved substantially during the reference period, but the quality of education lagged behind. For instance, enrolment rates outstripped those of educational infrastructural development and teacher recruitments, leading to overcrowding in schools and high teacher-pupil ratios.

Similarly, national youth literacy improved from 74.9 per cent in 1990 to 88.7 per cent in 2010. The marginal gender gap noticed in the enrolment figures also featured in the literacy rate as boys recorded 91.2 per cent literacy compared to the girls’ 86.5 per cent. Comparable literacy data for the post-2010 period was not available. Nevertheless, available data collection of national youth literacy rates coincides with the national census data whose next collection is not due until 2020. As at 2010, however, progress towards the MDG target of achieving 100 per cent national youth literacy appeared slow with women still lagging (see Table 4.4).

INDICATOR 2.1
Net enrolment in primary education

As earlier indicated, Zambia’s steady progress towards achieving universal primary education was a major breakthrough as it exceeded the target 100 per cent primary enrolment for both girls and boys (Figure 4.10). The Net Enrolment Rate (NER) increased from 80 per cent in 1990 to 111.5 per cent in 2015. The Ministry of Education Statistical Bulletin (2015) further reported that enrolment into Grades 1-7 steadily increased after 2000, with a constant number of children enrolling after 2008. The absolute number of students enrolled in primary education (Grade 1-7) doubled between 2000 and 2015, rising from 1,633,242 in 2000 to 3,215,723 in 2015 (Ministry of Education, Educational Statistical Bulletin, 2015).

From Figure 4.10, it can also be seen that much of the 1990s witnessed a general deterioration in primary net enrolment rates, which fell from 80 per cent in 1990 to 71.1 per cent in 2000. This was a period of acute economic
challenges when the country was compelled to implement the Structural Adjustment Programmes (SAPs) imposed by IMF and the World Bank. In 1999, the Ministry of Education (MoE) initiated BESSIP in collaboration with its development partners. BESSIP focused on the expansion of basic education infrastructure and teacher recruitment. It also provided for a variety of funding and technical support mechanisms. Consequently, access and equity in basic education from Grades 1-7 improved, rising from 71.1 per cent in 2000 to 77.7 per cent in 2002. Once BESSIP expired in 2002, the government introduced the Ministry of Education Strategic Plan (MoESP, 2003-2007) to carry on the expansion of school infrastructure and teaching facilities even though the emphasis was now on post-primary schools. This further contributed to increased access from 77.7 per cent in 2002 to 99 per cent in 2007.

With BESSIP running from 1999-2002 and MoESP from 2003-2007, funding of the education sector also increased, rising from 2.3 per cent of GDP in 1998 to 4.05 per cent of GDP in 2007. The slight dip in net enrolment between 2005 and 2010 can partly be explained by the adjustment associated with the need to balance increased access at primary school and the availability of places in secondary school. However, the emphasis on expanded access continued through the Sixth National Development Plan (2011-2014) to the Revised Sixth National Development Plan (2013-2015), thus sustaining the upward trend in the primary net enrolment rates and eventual attainment of the 100 per cent MDG target in 2015.

The improvements in primary school net enrolment were a direct result of the various interventions aimed at improving the standards of education in the country. These included the development of school infrastructure, introduction of free primary education, relaxation of the uniform policy, formalization of community schools, re-entry policy for pregnant school girls, upgrading of primary schools, recruitment of teachers and growth of private schools. Most significantly, education from Grades 1 to 7 was made free in 2002, with a vast number of schools available for these grades. The Educational Statistical Bulletin of the Ministry of Education (2015) shows that out of the 8,804 primary schools in the country, about 80 per cent offered classes in Grades 1-7. Most of the primary schools in the country (Grades 1-7) were also responsible for Grades 8 and 9.

Primary schooling remained a prime responsibility of the government, but an enabling policy environment mandated private actors and local communities to complement government effort. As at 2015, 65 per cent of primary school pupils were in public schools funded by the government, about 27 per cent were in community schools, while the remaining 8 per cent were in grant-aided or private/church institutions (Ministry of Education Educational Statistical Bulletin, 2015). This is illustrated in Figure 4.11 showing trends in the growth of a number of schools by the agency.

The rise in the number of primary schools (Figure 4.11) led to increases in primary net enrolment rates and access
### Table 4.4

**Progress in Indicators, 1990-2015**

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<td><strong>Primary school net enrolment (%)</strong></td>
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<tr>
<td>Total</td>
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<td>71.1</td>
<td>76.6</td>
<td>77.7</td>
<td>81.3</td>
<td>85.1</td>
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<td>96</td>
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<tr>
<td>Girls</td>
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<td>84.6</td>
<td>95.8</td>
<td>98</td>
<td>99.9</td>
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<td>104.6</td>
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<td>97</td>
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<tr>
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<tr>
<td><strong>Pupils reaching Grade 7 (%)</strong></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
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<td>73</td>
<td>82</td>
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<td>71</td>
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<tr>
<td><strong>Literacy rates for 15-24-year olds (%)</strong></td>
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<tr>
<td>Total</td>
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<td>70</td>
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<td>Girls</td>
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<tr>
<td>Boys</td>
<td>78.9</td>
<td>75</td>
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<td>NA</td>
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<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: NA denotes no official data available.


---

**FIGURE 4.10**

Primary School Net Enrolment Rate, 1990 - 2015

![Graph showing primary school net enrolment rate from 1990 to 2015 for total, girls, and boys](image)

to primary education. Gender disparities in primary school enrolments were almost eliminated. As many as 1,614,268 (or 50.1 per cent) of all enrolments in the primary school throughout the country in 2015 were boys compared to 1,601,455 (49.9 per cent) of girls enrolled during the same year (Ministry of Education, Educational Statistical Bulletin, 2015).

**INDICATOR 2.2**

**Primary education completion rate**

The second indicator for measuring progress towards achieving universal primary education is the proportion of pupils reaching Grade 7. The primary education completion rate is a measure of the quality of the educational system. It also helps to gauge the success of the system in curbing drop-outs and improving retention, thus keeping children in school to complete their primary education. During the reference period, the proportion of pupils reaching Grade 7 increased from 64 per cent in 1990 to 88.1 per cent in 2015, representing a 24.1 percentage point gain over the 25-year period (see Figure 4.12). This was largely due to the Free Primary Education Policy of 2002, the launching of an integrated and multifaceted basic education investment programme, implementation of the re-entry policy for girls and vulnerable children as well as the abolition of the Grade 7 examination fee (Beyani, 2013). However, the rapid gains between 2000 and 2007 can be linked directly to the influence of BESSIP (1999-2002) and the MoESP (2003-2007).

In trying to boost attendance among vulnerable groups, the government also implemented a Programme for the Advancement of Girl Education in 2002 and a school feeding programme in collaboration with the World Food Programme (WFP). More pupils that completed the primary level transitioned to secondary education over the same decade. Zambia specifically encouraged more girls to progress to Grade 8 because of available school places. This was in line with the 2008 United Nations Girls’ Education Initiative (UNGEI).

Examining transition rates by grade also shows that the greatest proportion of children was not being retained in the transition from grade 6 to grade 7 (Figure 4.14). An estimated 20 per cent of children who attended grade 6 were not in grade 7 in the following year because of dropout
or repetition. This means that a significant proportion of the pupils who reached primary Grade 6 in 2014, for instance, did not go beyond that grade in 2015. As earlier indicated, the reasons for this may include poor quality of education, the low capacity of schools to retain children, as well as poverty and other factors external to the education sector. Sabates et al. (2010) classify these factors into three groups, namely, individual factors, such as poor health or malnutrition of pupils; household situation (including child work and poverty); and school factors such as school location and poor educational provision. Addressing the dropout rate in primary schools in Zambia has remained a major challenge for the country.

The third indicator for measuring progress in universal primary education is literacy rates for 15-24-year-olds.
Available evidence suggests that youth literacy rates in Zambia generally rose above 85 per cent between 1990 and 2010 (Figure 4.15). At the national level, youth literacy was 88.7 per cent in 2010, rising from 70.1 per cent in 2000. Between 2000 and 2010, the male and female literacy rate increased by 15.8 percentage points for males and 21.0 percentage points for females. The youth literacy rate also increased from 59.5 per cent in 2000 to 82.5 per cent in 2010 for rural areas and from 86.5 per cent in 2000 to 96.5 per cent for urban areas (CSO, 2012:25).

Despite this rising trend, progress towards the MDG target was slow, and there was gender inequity in literacy rates, as girls still lagged behind (Figure 4.15). This reality dictates the need to design policies that would improve literacy rates among women.

Sub-National Trends

The sub-national trends for net primary enrolment rates for the period 2004 to 2015 are illustrated in Table 4.5. Of the nine provinces21 having data for the period, four
recorded percentage point gains in net primary enrolments rates of above 30. These were Central (34.5 per cent), Lusaka (34.2 per cent), North-Western (33.1 per cent) and Western Province (36.6 per cent). Nine out of the 10 provinces also met and exceeded the 100 per cent MDG target for net primary enrolment in 2015. Ideally, the NER is not supposed to be above 100, but the incidence of late entrants and repeaters explains why this ratio is above 100 in most provinces in the country.

As earlier reiterated, the introduction of free primary education as well as the expansion of school facilities greatly contributed to these impressive enrolment figures. Four of the provinces, namely, Eastern, Luapula, Northern, and Southern, registered increases in primary school enrolment rates of above 20 percentage points during the decade ending in 2015. The Eastern Province recorded almost 28 percentage point gains over the last decade despite failing to meet the 100 per cent MDG target for 2015. It is noteworthy, however, that same province had the lowest starting point at 65.3 per cent in 2004, indicating that it had a longer distance to cover before reaching the 100 per cent MDG target. In this sense, even if the Eastern Province did not meet the 100 per cent MDG target, it made more

Table 4.5

Net Enrolment Ratio (Grades 1-7) by Province, 2004-2015

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>85.1</td>
<td>93.7</td>
<td>109.9</td>
<td>107.0</td>
<td>94.3</td>
<td>111.5</td>
<td>26.4 Target met</td>
</tr>
<tr>
<td>Central</td>
<td>89.4</td>
<td>92.0</td>
<td>132.1</td>
<td>122.6</td>
<td>118.6</td>
<td>123.9</td>
<td>34.5 Target met</td>
</tr>
<tr>
<td>Copperbelt</td>
<td>98</td>
<td>95.7</td>
<td>114.5</td>
<td>98.3</td>
<td>88.1</td>
<td>113.6</td>
<td>15.6 Target met</td>
</tr>
<tr>
<td>Eastern</td>
<td>65.3</td>
<td>NA</td>
<td>89.8</td>
<td>90.5</td>
<td>87.4</td>
<td>92.9</td>
<td>27.6 Target Not met</td>
</tr>
<tr>
<td>Luapula</td>
<td>76.4</td>
<td>95.5</td>
<td>109.6</td>
<td>108.0</td>
<td>104.5</td>
<td>104.1</td>
<td>27.7 Target met</td>
</tr>
<tr>
<td>Lusaka</td>
<td>75.6</td>
<td>94.6</td>
<td>102.3</td>
<td>96.9</td>
<td>71</td>
<td>109.8</td>
<td>34.2 Target met</td>
</tr>
<tr>
<td>Muchinga</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>117.5</td>
<td>106.7</td>
<td>116.3</td>
<td>-</td>
</tr>
<tr>
<td>North-Western</td>
<td>85.5</td>
<td>94.6</td>
<td>109.3</td>
<td>113.4</td>
<td>111.9</td>
<td>118.6</td>
<td>33.1 Target met</td>
</tr>
<tr>
<td>Northern</td>
<td>96.2</td>
<td>93.2</td>
<td>112.1</td>
<td>112.1</td>
<td>96.0</td>
<td>111.7</td>
<td>21.5 Target met</td>
</tr>
<tr>
<td>Southern</td>
<td>92.0</td>
<td>93.5</td>
<td>111.0</td>
<td>111.1</td>
<td>95.4</td>
<td>112.1</td>
<td>20.1 Target met</td>
</tr>
<tr>
<td>Western</td>
<td>85.9</td>
<td>94.8</td>
<td>115.2</td>
<td>118.5</td>
<td>100.3</td>
<td>122.5</td>
<td>36.6 Target Met</td>
</tr>
</tbody>
</table>


Table 4.6

Gains in Primary Net Enrolment Rates by Province, 2004-2015

<table>
<thead>
<tr>
<th>Province</th>
<th>Gains of 30 percentage points or more</th>
<th>Gains of between 20-29 percentage points</th>
<th>Gains of between 1 - 19 percentage points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>36.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>34.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lusaka</td>
<td>34.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North-Western</td>
<td>33.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luapula</td>
<td>27.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern</td>
<td>27.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern</td>
<td>21.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>20.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copperbelt</td>
<td>15.6</td>
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</tbody>
</table>

progress in the last decade than, for instance, Copperbelt,
Northern and Southern Provinces that met the NER target
but had a shorter distance to cover (Table 4.6).

The sub-national trends in the completion rate of primary
education for 2004 to 2015 are illustrated in Table 4.7
and Figure 4.17. During this period, the aggregate primary
completion rate for Zambia rose by 16.1 percentage
points, rising from 72 per cent in 2004 to 88.1 per cent in
2015. Of the 10 provinces in the country, seven met the
MDG target of 100 per cent. These are Central (118.1
per cent), Copperbelt (114.5 per cent), Lusaka (128 per
cent), Muchinga (100.4 per cent), North-western (105.3
per cent), Southern (107.4 per cent) and Western (100.9
per cent). The three that failed to meet the target despite
their strong efforts were Eastern (78.1 per cent), Luapula
(87.9 per cent) and Northern (87.3 per cent).
From Table 4.8, it is obvious that the five provinces that made considerable strides to improve their primary completion rates by more than 30 percentage points between 2004 and 2015, namely, Lusaka, Western, North-Western, Central, and Luapula Provinces, were the same, except Luapula Province, that made commendable efforts in improving net primary school enrolments. A plausible explanation for this might be that the expansion of school infrastructure, which greatly increased access in some regions, was not equitably spread. It might also have to do with some inherent cultural factors that led to higher dropout rates, especially among the girls. It is instructive to note that all the three Provinces (Eastern, Luapula, and Northern) that failed to meet the MDG target of 100 per cent primary school completion rates by 2015 had the lowest female completion rates. Three other provinces (Eastern, Southern and Copperbelt) made gains of between 20-29 percentage points, leaving only the Northern Province with a gain of less than 20 percentage points in the decade leading to 2015.

On aggregate, three provinces (Eastern, Luapula and Northern) failed to meet the MDG target of 100 per cent completion rate. The Eastern Province showed the largest

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**TABLE 4.7**

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>78.3</td>
<td>65.8</td>
<td>72.0</td>
<td>90.0</td>
<td>88.1</td>
<td>88.1</td>
<td>16.1</td>
<td>Not met</td>
</tr>
<tr>
<td>Central</td>
<td>85.2</td>
<td>76</td>
<td>80.6</td>
<td>119.1</td>
<td>117.2</td>
<td>118.1</td>
<td>37.5</td>
<td>Met</td>
</tr>
<tr>
<td>Copperbelt</td>
<td>92.1</td>
<td>85.3</td>
<td>88.6</td>
<td>112.1</td>
<td>116.8</td>
<td>114.5</td>
<td>25.9</td>
<td>Met</td>
</tr>
<tr>
<td>Eastern</td>
<td>56.2</td>
<td>42.4</td>
<td>49.3</td>
<td>82.4</td>
<td>73.8</td>
<td>78.1</td>
<td>28.8</td>
<td>Not met</td>
</tr>
<tr>
<td>Luapula</td>
<td>62.8</td>
<td>43.3</td>
<td>53.1</td>
<td>95.6</td>
<td>80.3</td>
<td>87.9</td>
<td>34.8</td>
<td>Not met</td>
</tr>
<tr>
<td>Lusaka</td>
<td>84.1</td>
<td>82.1</td>
<td>83.1</td>
<td>127.7</td>
<td>128.4</td>
<td>128</td>
<td>44.9</td>
<td>Met</td>
</tr>
<tr>
<td>Muchinga</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>111.8</td>
<td>88.9</td>
<td>100.4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>North-Western</td>
<td>74.9</td>
<td>55.9</td>
<td>65.4</td>
<td>110.9</td>
<td>99.6</td>
<td>105.3</td>
<td>39.9</td>
<td>Met</td>
</tr>
<tr>
<td>Northern</td>
<td>83.9</td>
<td>56.4</td>
<td>70.2</td>
<td>97.3</td>
<td>77.4</td>
<td>87.3</td>
<td>17.1</td>
<td>Not Met</td>
</tr>
<tr>
<td>Southern</td>
<td>86.9</td>
<td>75.1</td>
<td>80.9</td>
<td>107.3</td>
<td>107.5</td>
<td>107.4</td>
<td>26.5</td>
<td>Met</td>
</tr>
<tr>
<td>Western</td>
<td>66.7</td>
<td>54.7</td>
<td>60.7</td>
<td>100.2</td>
<td>101.7</td>
<td>100.9</td>
<td>40.2</td>
<td>Met</td>
</tr>
</tbody>
</table>


**TABLE 4.8**

<table>
<thead>
<tr>
<th>Province</th>
<th>Gains of 30 percentage points or more</th>
<th>Gains of between 20-29 percentage points</th>
<th>Gains of between 1 - 19 percentage points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>44.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western</td>
<td>40.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North-Western</td>
<td>39.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>37.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luapula</td>
<td>34.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern</td>
<td></td>
<td></td>
<td>28.8</td>
</tr>
<tr>
<td>Southern</td>
<td></td>
<td></td>
<td>26.5</td>
</tr>
<tr>
<td>Copperbelt</td>
<td></td>
<td></td>
<td>25.9</td>
</tr>
<tr>
<td>Northern</td>
<td></td>
<td></td>
<td>17.1</td>
</tr>
</tbody>
</table>

deviations from the target, with a primary completion rate of 21.9 percentage points off target in 2015. Luapula and Northern Provinces had deviations from the target of 12.1 and 12.7 percentage points, respectively. For the three provinces, a major explanation for their failure to meet the target related to higher dropout rates. As at 2015, for instance, the dropout rates for Northern and Eastern Provinces were double those of Copperbelt and Lusaka.

The sub-national trends in youth literacy rates for the 20-year period from 1990 to 2010 are illustrated in Table 4.9. In this period, the aggregate youth literacy rate for Zambia rose by 11.3 percentage points, rising from 74.9 per cent in 1990 to 88.7 per cent in 2010. Three provinces had youth literacy rates of 90 per cent and above in 2010. These were Copperbelt (96.6 per cent), Lusaka (96.1 per cent) and Southern Provinces (91.3 per cent). These were all predominantly urban provinces. The youth literacy gap was, therefore, largest among the young people who lived in urban areas and those in rural areas (the rates being respectively 96.6 per cent and 82. per cent).

In 2010, the Copperbelt Province had the highest youth literacy rate (96.6 per cent) while the Eastern Province had the lowest (75.2 per cent). Over the period 1990 and 2010, only the Eastern Province improved its youth literacy rates by more than 20 percentage points (Table 4.9). The general pattern that emerged was that provinces that demonstrated strong improvement in both net enrolment and primary completion rates also reflected strong performance in youth literacy. Provinces that recorded healthy gains of between 10-20 percentage points include Central, Eastern, Luapula, North-Western, Northern and Western. The Copperbelt Province saw only marginal gains of 8.4 percentage points over the reference period, but the province was already with a comparatively higher starting point of 88.2 per cent in 1990.

Regarding the gap left to achieve the 2015 MDG target of 100 per cent youth literacy rates, the pattern that emerged was that urban provinces were close to meeting the target and remained on course. As at 2010, Copperbelt and Lusaka Provinces were within four percentage points of hitting the target. Provinces predominantly rural (Eastern, Luapula, Northern and Western) were off track in 2010 by between 16-25 percentages points. Among these, the Eastern Province showed the largest deviations from the target, with youth literacy rates of about 25 percentage points below the 100 per cent MDG target.

### Enablers and Constraints

#### Enabling Factors

Zambia made steady progress towards achieving the goal of universal primary education. The improvement can be
linked to several enabling factors of which the following were key:

- **Educating Our Future Policy (1996).** This policy liberalized educational provision and thus unlocked further the potential of the private sector and community schools to participate in educational service delivery.

- **Basic Education Sub-Sector Investment Programme (BESSIP, 1999-2002).** The policy focused on the expansion of basic education infrastructure and teacher recruitment. In 2000, there were approximately 5,300 basic schools in Zambia; by 2006, this number had increased to more than 8,000 (with the largest growth coming from community schools). Over the same period, classrooms increased from 25,000 to 35,000. Under BESSIP, the MoE distributed 1.4 million books. Large numbers of new teachers were recruited and trained. The number of teachers increased by 35 per cent, from 37,000 in 2000 to 57,000 in 2007 (including 44,000 teachers in GRZ and grant-aided schools, 4,000 in private/church schools and 8,500 in community schools).

- **Free Basic Education Policy for Grades 1-7.** This was introduced by the Ministry of Education in 2002 and it increased access, particularly among the less privileged and rural populations.

- **Ministry of Education Strategic Plan (2003-2007).** The plan carried forward the expansion of school infrastructure and teaching facilities. The Sector Strategic Plan expanded the focus from basic education to the whole sector, including basic school, high school, and tertiary education. Whereas the emphasis of BESSIP had been on enrolment at Grades 1-7, the MoESP stressed the need also to expand enrolment in Grades 8 and 9 (the higher basic education level). In addition, remote and disadvantaged areas were given special attention. These were targeted for additional resource allocation, teacher deployment and construction or rehabilitation of infrastructure.

- **Every Child to School Policy.** Introduced in 2007, this policy concentrated on infrastructural development and led to the building of 4,627 new classrooms.

- **Education for All – Fast Track Initiative (EFA-FTI).** This initiative endorsed Zambia’s national education strategy. The FTI was an important factor in the prioritization of education in national policies, supporting the Zambian Government with a US$60 million allocation to the sector budget for the period 2008-2010. Partnerships with the private sector, non-governmental organizations and local communities were also key.

- **Other enablers included the Programme for Advancement of Girls’ Education and the re-entry**
policy for pregnant girls that spurred up the progress of girl education. Also, included here was the emphasis on early child education, the introduction of ICT studies in schools and a revision of the school curriculum.

Constraints

In trying to improve its primary school environment and completion, Zambia encountered some constraints. The key constraints included:

- Sustainability of the free primary education policy. This remains questionable. Schools are still faced with many costs associated with the purchase of learning materials and maintenance of infrastructure and equipment. In the urban areas, schools face additional charges on water and electricity supply.

- Institutional mechanism for supporting community schools. Despite playing a critical role in enhancing access, community schools often use temporary and dilapidated infrastructure and face considerable difficulties acquiring trained teachers and teaching materials. The fact that many of these schools have received support from both the government and donors has not changed this reality.

- Post-basic education. The strong emphasis on basic education since 1996 means that post-basic education did not receive the attention it required in terms of expansion, rehabilitation, educational material support or curriculum review. The Zambia Human Development Report (2011) indicates that the share of public expenditure allocated to post-basic education fell significantly during the late 1990s, forcing high schools to become increasingly financially autonomous. Therefore, much higher fees were imposed, restricting access to high schools for the large majority of households. This had serious implications for the country’s service delivery capacity and, consequently, sustainable human development.

- Quality of education services. Although substantial efforts were made to deliver the required inputs for a well-functioning school system, the interventions were insufficient to enable the quality of services to keep up with the growth in enrolment. Some of the measures implemented included increasing the supply of qualified and motivated teachers, changing the curriculum to provide necessary skills and knowledge, creating effective administration, optimizing instructional time, and increasing the supply of teaching and learning materials. The school system failed to motivate both the service providers and clients, however, and provide them with the means to hold the school system accountable. Hence, the quality of learning was being compromised.

- Regressive education system. Large differences in pupil-teacher ratio and pupil-classroom ratio exist between and within schools. Pupil-teacher ratios are considerably higher in the rural areas and poorer districts than in urban areas and wealthier districts. Community schools, which contributed significantly to the overall increase in enrolment, are particularly understaffed. In those schools, book-pupil ratios are also much lower than in GRZ schools, particularly the private schools. Enrolment rates are higher in the highest wealth quintiles and the wealthiest regions. Dropout rates are also expectedly highest among poor children. However, differences are now smaller than they were at the beginning of the millennium: more children from poor households have increasingly gained access to education and regional disparities in teacher-pupil ratios are diminishing, even though enrolment rates are growing rapidly. A point of concern is the growing disparities in pupil-classroom ratios between the poorer and wealthier regions.

- Learning achievements. Successive surveys reveal low achievements in pupil performance in reading in English and Mathematics (Zambia Human Development Report, 2011). The findings also indicate that few pupils have attained full mastery of skills at the Grade 5 level. This has led the government to change the language policy, so that the language of instruction in Grades 1 and 3 is the familiar Zambian language of a given area, while the pupils learn English as a second language. The language of instruction from Grades Four onwards is English, which continues to be taught alongside Zambian languages. Among the factors that explain weak learning achievement is underinvestment over a number of years in the instructional dimension of education (World Bank 2006).

- Alignment of skills to development. There has been a mismatch between the expansion of basic education, development of skills and the demand for labour in the economy. Low quality educational achievements at a basic level produce a labour force that is difficult to employ, educate or train further. Other issues of concern are the brain drain, the inability of available skills to influence growth and poverty reduction in Zambia, and the slow pace of increase in essential skills.
National Trends

Zambia has made great strides in attaining gender parity in primary education. The increase in parity from 0.90 in 1990 to 1.00 in 2015 translates to the achievement of 1:1 gender parity at the elementary school level. As shown in Table 4.10, there were persistent disparities at the secondary school level, where the ratio of females to males fell from 0.90 in 1990, and largely remained less than 0.85 between 1995 and 2014, though reaching 0.88 in 2015. Therefore, the MDG target of ratio 1:1 for boys and girls in the secondary schools was not met. Similarly, gender parity at the tertiary education level remained virtually static over the review period. It increased marginally from 0.74 in 2005 to 0.77 in 2014, but was projected to decline to 0.75 in 2015. Therefore, the MDG target of ratio 1:1 was not met (Table 4.10).

After rising from 0.75 in 1990 to 0.80 in 2005, the ratio of literate men to women remained static at 0.80 over the 2005-2009 period before increasing to 0.87 in 2010. The ratio rose to 0.90 in 2013 and remained there in 2014 before rising to 0.91 in 2015. The MDG Target of 1 was, therefore, not met. While the country performed well on gender equality in education, there was no fundamental change in the economic position of women across the country. The ratio of women in wage employment remained low, fluctuating between 28.7 and 39 per cent from 1990 to 2014. The ratio, which was estimated at 39 per cent in 1990, declined to 34 per cent in 2005 and 2006, rose marginally to 36 per cent in 2010 and further declined to 28.5 per cent in 2014. It is evident that the positive strides made in the education sector did not translate into economic empowerment for women. Similarly, the representation of women in decision-making positions,
especially in the Parliament, remained below 15 per cent during the review period, as against the MDG target of 30 per cent. The MDG target was, therefore, not met. More deliberate policies are needed to significantly increase the proportion of women in decision-making positions in Zambia.

**INDICATOR 1A**

Ratio of girls to boys in primary education

As earlier indicated, gender parity in primary education increased from 0.90 in 1990 to 1.00 in 2015. This steady progress reflects the impact of various interventions introduced by the government, such as the expansion of school facilities which allowed for increased enrolments, and the Programme for the Advancement of Girls’ Education that improved the enrolment of girls relative to boys.

At the sector level, the introduction of an ambitious Education Sub-Sector Investment Plan (BESSIP, 1999-2002) and the Ministry of Education Strategic Plan (MoESP 2003-2007) provided further impetus for the success of the policy. Besides, programmes facilitating access to education for vulnerable populations, such as the Public Welfare Assistance Scheme by the Ministry of Community Development and Social Welfare, contributed to the observed positive change and demonstrated the
The PWAS puts the number of bursaries given to girls at an average of 60 per cent compared to 40 per cent for boys during the period under review, thus demonstrating strong determination to improve gender parity.

**INDICATOR 1B**

**Ratio of girls to boys in secondary**

While the education sector recorded remarkable progress on gender parity at primary school level, progress at secondary school level remained limited. The advancement to secondary school remained in favour of male pupils (Figure 4.18). In this regard, gender parity fell from 0.90 in 1990 to 0.72 in 1995 before rising to 0.85 in 2015. The lower parity ratio at secondary school level is attributed to the high school drop-out rate for girls in secondary schools, largely explained by pregnancies and early marriages. Interventions such as the re-entry policy for pregnant girls, however, helped increase the number of girls going back to school even though the problem of stigma limited the expected success of this intervention.
In aggregate terms, gender parity at tertiary education level generally improved during the review period, rising from 0.69 in 1990 to 0.77 in 2014 (Figure 4.20). The policy of positive, affirmative action in favour of girls at tertiary education level was largely responsible for the steady progress recorded. A review of trends in the ratio of women to men in public universities supports this trend. In comparative terms, there was a higher attainment of gender parity at the two main public universities (University of Zambia and Copperbelt University), which could be explained by the latter offering mostly scientific and mathematical courses. The introduction of trade courses at public TEVETA Trade Schools enabled girls to attain tertiary education with only Grade 9 Certificates. This explains the rise in the curve of Figure 4.20.

The ratio of women to men who are literate is used to indicate the extent of universal education. The ratio of literate women to men increased from 0.75 in 1990 to 0.80 in 2005 and remained static up to 2009. It, however, rose to 0.87 in 2010 and remained at 0.90 from 2013 through 2014 before rising to 0.91 in 2015. Thus, the MDG target to reach 1.00 was not met. The low proportion of literate women reflects structural challenges in the education system, which have not adequately taken into account the different conditions and needs of females and males. Literacy interventions for the population aged 15-24 years are currently underway with nationwide strategies aimed at improving the literacy of this population, especially women.
A high proportion of the population is engaged in the informal sector, often in unsafe environments and earning very low wages. Most the people in the informal sector are women. Employment in non-agricultural wage employment for women fell from 39 per cent in 1990 to 34 per cent in 2005. It marginally rose to 36 per cent in 2010 before declining again to 28.7 per cent in 2014. Improving the living conditions of the informal sector workers, especially women, requires that more of them be employed in the formal sector. According to the Labour Force Survey (2014), 61.1 per cent of females were engaged in the agricultural sector, mostly as casual workers. Nevertheless, a gradual increase has been observed in women’s participation in the non-traditional sectors such as the service and trade industries.

Zambia has underperformed in promoting women to decision-making positions. The 2015 SADC Barometer ranked Zambia 105 globally and 12 in the SADC region, down from 66 globally in 2009 and nine in SADC during the same year. The proportion of women in parliament doubled in two decades, rising from 6.7 per cent in 1990 to 12 per cent in 2000. From 2006 to 2009, it remained static at 14 per cent and then dropped to 11.4 per cent from 2011 to 2015. Thus, Zambia fell short of the 30 per cent MDG target and regional AU and SADC’s targets of 50 per cent. The limited representation of women in parliament mirrors the record at the local authority level, where female representation remains low. It is evident that deliberate strategies to ensure gender equality in decision-making would benefit the country. Recent trends (2011-2015) suggest that the country is doing well in other areas where women have been in charge of key public institutions. Thus, while noting the poor representation of women in decision-making positions, it must be noted that more women have been appointed to key national positions in the recent past. These range from the appointment of the first female vice-president and increased female ministers, permanent secretaries, judges, district commissioners and mayors. Nevertheless, the structural factors that create socio-economic barriers against the full political participation of women need to be addressed to achieve more progress on Indicator 4. This may include mounting increased awareness on the roles and responsibilities of elective offices as well as deliberate policies by parties for the adoption of women and the quota systems.

Sub-National Trends

There are significant inequalities between regions and among provinces, and, as might be expected, the rural areas have worse indicators than the urban regions. The rural areas have fewer primary and secondary school places than the urban areas and tend to have relatively fewer children attending primary school. The disparities are more pronounced at the secondary school level where enrolments in rural areas are far lower than those for urban areas. The inequalities are further accentuated at the tertiary level where all the major universities, both public and private, are based in the urban areas. The few school facilities in rural areas are characterized by high teacher-pupil ratios, lack of materials and pedagogical support. The absence of female teachers in rural secondary schools has adversely affected attendance by female students, who feel insecure in predominantly male-dominated environments. The female teachers, in most cases, are seen as role models for the female students and are thus able to mentor the girls.

A review of the 2012-2014 primary school enrolments by province (see Figure 4.22) shows that Lusaka and Copperbelt have achieved gender parity. This is expected as they are urban provinces served by relatively better education infrastructure which provides greater chances of both girls and boys being enrolled. The worst performing provinces were Northern, Luapula, and Muchinga. Although rural, the Eastern Province had the best gender parity, while the Northern had the lowest ratio.

Compared to the primary school level, enrolments at the secondary school level have been relatively low for all the provinces. The urban provinces of Lusaka, Central and Copperbelt have higher ratios of gender parity at the secondary school level, being estimated at more than 80 per cent, while the rural provinces – Eastern, Luapula, and Northern – have lower gender parity ratios. It is noteworthy that while the gender parity at primary school
is high for Eastern Province, it is considerably worse at secondary school level. This means that the gains at primary school level are not being sustained further up the education ladder.

**Enablers and Constraints**

**Enabling Factors**

- The appointment of Gender Focal Persons facilitated the mainstreaming of gender into the policy processes. This was further reinforced with the inclusion of gender perspectives as a key performance indicator in job descriptions of public service workers.
- The passing of the Anti-Gender-Based Violence legislation hastened the fight against Gender Based Violence. This, with the structures like the Victims Support Unit, The Women’s Legal Clinic, the Fast Track Courts and the numerous initiatives by NGOs and the government, altogether assisted in the implementation of the new law and reduction in GBV.
- Increased global and national advocacy and awareness creation on gender issues contributed to the articulation of the gender policy and the accompanying Strategic Plan of Action.
- The appointment of women to the key positions of Vice-President, Cabinet Ministers, Chief Justice, Inspector-General of Police and so on, enhanced the gender agenda.
- Gender-based organizations supplemented government efforts by increasing educational opportunities for girls. In addition, cooperating and development partners continued to play a big role in supporting girl education.
- The positive and progressive affirmative action of establishing bursary schemes for excelling girls who cannot afford to pay at the tertiary level gave a further
boost to the education of girls. This contributed to the observed increase in enrolment of females at the tertiary level.

- The establishment of the Citizens Empowerment Fund and the Gender Empowerment Fund was key in empowering both genders because it provided gender-responsive interventions for employment creation.
- A number of legislations was passed after the National Gender Policy was developed and approved. These included the GBV Act, the Gender Equality Act, Early Marriages Act and all the other pieces of legislation and measures that helped put the girls in school.
- The Early Marriages Act has been further strengthened by the Fast Track Courts and the Victims Support Unit of the Police.
- Other initiatives like the Girls in Science and Technology in Zambia Project, the introduction of Girls Technical Schools in every province and the Education Infrastructural Project which builds more toilets for girls in co-educational schools, had a beneficial effect on bridging the gender gap in schools. The latter initiative has addressed the girl’s health issue in co-educational schools.
- The political will and development partners’ support towards girls’ education had a positive impact on gender parity in schools. Among the initiatives that have made this possible are the PAGE and the UNESCO projects on Universal Education for All.
- As earlier mentioned, targeting of Public Welfare Assistance Scheme to benefit 60 per cent of girls at the primary and secondary school turned out to be a strategic motivational tool.
- Improvement in the structures to support and implement regional and global commitments, such as CEDAW, Gender Protocol, Universal Access to Education, Universal Human Rights and other AU Commitments, equally turned out to be most beneficial.

Constraints

- There were persistent constraints restricting girls’ advance in education, such as early pregnancies, inability to pay for school requisites, and hostile school environment (e.g. lack of sanitation facilities).
- The HIV & AIDS epidemic that continued to affect more females than males.
- Entrenched attitudes and beliefs obtaining in patriarchal systems that rate men as superior to women, especially in matters of decision-making, economic empowerment and access to education. This is reflected in the low proportion of women in decision-making bodies such as the parliament.
- Slow action in translating policy pronouncements into implementable activities to ensure gender equality and women’s empowerment.
- Adverse traditional practices were hindering the advancement of girls in the education systems. When faced with limited financial resources, families prefer to send boys to school as opposed to girls who are often forced into early marriages.
- Although the country ratified most international instruments on gender equality, domestication remained a challenge, leading to partial and non-implementation at the national level.
National Trends

Child mortality declined remarkably in Zambia between 1992 and 2014, but it still did not meet the 2015 target. Under-5 mortality dropped from 191 deaths per 1,000 live births in 1992 to 75 deaths per 1,000 live births in 2014, against the 2015 target of 63.6 deaths per 1000 live births. Likewise, infant mortality reduced from 107.2 deaths per 1,000 live births in 1992 to 45 deaths per 1,000 live births in 2014, against the MDG target of 38 deaths per 1000 live births. Also, infant mortality rates declined by 58 per cent between 1990 and 2015 while under-5 mortality rates decreased by 61 per cent over the same period (CSO et al., 2015). Despite these reductions in the mortality rate, the 2015 targets were not attained. Immunization levels against measles increased from 77 per cent in 1992 to 84.9 per cent in 2014, an increase of 7.9 percentage points (see Table 4.11). This increase was insufficient to reach the 2015 target of 100 per cent.

As shown in Table 4.11, there was an accelerated improvement in child mortality rates from 2002 to 2014. During this period, under-5 mortality rate dropped by 93 deaths per 1000 live births while infant mortality rate reduced by 50 deaths per 1000 live births. This drop in the child mortality levels can be attributed to the favourable policy environment and new policy interventions such as the countrywide paediatric HIV & AIDS care as well as PMTCT in 2004/2005 and Elimination of Mother to Child Transmission awareness campaign in 2013. The “promise renewed” intervention of the government and other stakeholders in 2011 also contributed to the reduction.

There was a low progression in immunization coverage for measles between 2002 and 2014. Despite the immunization coverage for measles in 2014 being above the NHSP immunization coverage target of 80 per cent, it still fell below the MDG target of 100 per cent.

Reduction in child mortality is mainly attributed to the strong supportive environment that the Government of Zambia has put in place. Since the 1970s, several child survival interventions have been launched, such as Integrated Management of Childhood Illnesses, Expanded Programme on Immunization, the Paediatric HIV programme, the Integrated Management of Severe Acute Malnutrition, and more recently, H4+, the first 1000 Most Critical days, the introduction of critical immunization programmes and provision of micronutrients such as vitamin A through supplementation and fortification of

<table>
<thead>
<tr>
<th>TABLE 4.11</th>
<th>Gap in MDG 4 Indicators – Reduce Child Mortality</th>
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<tr>
<td>Under-5 mortality Rate</td>
<td>191</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>107.2</td>
</tr>
<tr>
<td>Immunization levels (Measles)</td>
<td>77</td>
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foods, among other measures. All these have improved childhood survival levels (CSO et al., 2015; UNDP, 2008). Furthermore, in 2011, the Government of Zambia unveiled a four-year roadmap for reaching MDG targets on maternal, newborn and child health under the “Committing to Child Survival: A Promise Renewed” programme. Under this programme, the Zambian Government, through its cooperating partners, successfully mobilized funds to accelerate progress towards MDG targets 1c, 4 and 5. These resources facilitated increased utilization of quality health and nutrition services by vulnerable women, adolescents and children in 10 districts, accounting for 30 per cent of the total population (UNICEF, 2014).

**INDICATOR 1**

**Under-5 mortality rate (Deaths per 1,000 Live Births)**

Significant progress was made between 1992 and 2015 towards attaining the target for the under-5 mortality rate. The 2014 mortality rate of 75 deaths per 1000 live births means that one in every 13 children born does not live to the age of five years. This is a substantial improvement on the scenario in 1992 in which one in every five children did not live past the age of five. Acceleration strategies, such as the EPI, nutrition interventions and IMCI reduced the under-5 mortality rates, but the reduction was still insufficient to reach the 2015 target of 63.6 deaths per 1,000 live births.

**FIGURE 4.22**

Under-5 Mortality Rate (1992-2015)

**FIGURE 4.23**

Infant Mortality Rate 1990-2014
live births. The proportion of under-5 children sleeping under insecticide-treated nets also increased from 50 per cent in 2011 to 57 per cent in 2014 although it remains below the national target of 80 per cent (CSO et. al, 2015).

The under-5 mortality rate in Zambia has been blamed largely on preventable diseases such as diarrhoea, notably caused by poor management of water, sanitation, malaria and garbage (UNICEF, 2014). Although the under-5 mortality rate has reduced significantly, it is still considered relatively high.

The causes of death among children differ between the infants and under-5s. Infant deaths are linked to maternal factors or complications arising during pregnancy or birth. Conversely, under-5 deaths are often linked to a combination of poor environmental and socio-economic factors which result in respiratory infections, diarrhoeal diseases, malaria, measles, and malnutrition (UNDP, 2013).

The first National Immunization Programme (known at the time as the Universal Child Immunization Programme) was initiated in the late 1970s and included all six recommended antigens (BCG; diphtheria, pertussis, and tetanus [DTP]; oral polio vaccine [OPV]; and measles). The tetravalent DTP-Hib vaccine was introduced in 1992 to 45 deaths per 1000 live births in 2014, the target of 38 deaths per 1000 live births in 2015 was not attained (Figure 4.23).

The infant mortality rate significantly reduced between 1992 and 2014. By 2013/2014, it stood at 45 deaths per 1000, meaning that one in every 22 children born did not live up to the age of one. This was in comparison to the experience in 1992 when one in every nine did not live up to the age of one. Despite this reduction in the IMR from 107.2 deaths per 1000 live births in 1992 to 45 deaths per 1000 live births in 2014, the target of 38 deaths per 1000 live births in 2015 was not attained (Figure 4.23).
2004, and this vaccine was later switched to a pentavalent (DTP-HepB-Hib) single injection. All children are supposed to receive the scheduled number of doses of BCG, DTP-HepB-Hib, OPV, and measles vaccines during their first year of life. Each of the vaccines in the routine immunization schedule is provided free in all public health facilities in Zambia (Ministry of Health, 2009).

Immunization against measles is one of the successful intervention programmes carried out in Zambia. Its coverage averaged 85 per cent between 1992 and 2014. Even though the NHSP target of 80 per cent has been achieved, progress on this indicator stalled, and the MDG target of 100 per cent by 2015 was, therefore, not attained. Government and the international community need to step up their efforts for increased measles intervention.

The Reaching Every District (RED) strategy remains the main approach for EPI. All the districts are implementing the IMCI strategies but reaching optimal saturation levels (80 per cent of health workers trained in IMCI) has been a challenge owing to resource constraints. Other major factors include the supportive supervision of monitoring tools used at the provincial and district levels which do not adequately address IMCI; staff shortages; and weak health systems. Furthermore, the quality of healthcare given to the severely sick children has been compromised due to limited capacity (equipment and skills of health workers) at the first referral levels (Ministry of Health, 2011).

Sub-National Trends

National-level indicators usually mask vast sub-national level differences. A key principle governing the provision
of health services in Zambia is equity. The country has fared relatively well in promoting equity in areas such as antenatal care, immunization, and management of childhood illnesses, even though some concerns remain (Ministry of Health, 2011).

From the resource allocation perspective of equity, the government has implemented a number of measures aimed at distributing health resources more equitably. Some of these measures include the resource allocation criteria for district health grants and the retention scheme for health workers. Overall, however, the district grant formula only affects about 20 per cent of the health budget and specifically the recurrent expenditure for districts. It must be noted that even though the staff retention scheme has led to an improved distribution of health workers, it has not led to the worst-off category of districts getting the largest share of health workers. This section presents equity concerns that can be observed through studying sub-national trends by residence, gender, and province.
Sub-National Trends by Residence

Infant and child mortality levels have consistently been higher in rural areas than in urban areas. In 2014, infant mortality rate in the rural areas was 49 deaths per 1,000 live births, compared with 46 deaths per 1,000 live births in urban areas. The under-5 mortality rate was estimated at 72 deaths per 1,000 live births in urban areas compared to 85 deaths per 1,000 live births in rural areas.

It must be noted that between 2007 and 2014, considerable strides were made to reduce the rural-urban differences in the mortality rates (see Figure 4.25). The biggest improvement in under-5 child mortality thus occurred in rural areas where it reduced by 116.2 deaths per 1,000 live births from 1992 to 2014, whereas in urban areas the decline was 78.8 deaths per 1000 live births. The rural areas also made significant improvements in infant mortality rate, which fell by 66.8 deaths per 1000 live births from 1992 to 2014 and reduced by 32 deaths per 1000 live births in urban areas.
Immunization levels have been slightly higher in the urban areas than the rural (see Figure 4.26). The levels have averaged 81.5 per cent in rural areas compared to 86 per cent in urban areas. The difference between the immunization levels in the two areas in 2014 was 6.5 percentage points. This is a slight reduction of the difference between the residences in 1992 which was 7.9 percentage points. The challenge remains for the government to ensure equity in immunization coverage in both rural and urban areas. Access to health services should also be addressed as 46 per cent of households in rural areas live outside a radius of 5 km from a health facility (compared to 1 per cent in urban areas), making it difficult for many rural people to access the needed services (Ministry of Health, 2011).

Sub-National Trends by Gender

The male mortality rate has consistently been well above the female mortality rate. Girls have a survival advantage over boys during the first year of life, and this is largely based on biological differences. This is especially so during the first month of life when perinatal conditions are most likely to be the cause or a contributing cause of death (United Nations, 2003). The under-5 mortality rate for males was 20 deaths per 1000 live births higher than that of females in 1992. By 2014, it had reduced to a difference of 13 deaths per 1000 live births, a reduction of 35 per cent. For infant mortality, the male mortality rate was 16.2 deaths per 1000 live births higher than that of females in 1992 and reduced to 10 deaths per 1000 live births in 2013/14 (a reduction of 38 per cent). Figure 4.27 depicts the gender dimensions of child mortality rates for the period 1992 to 2014.

Immunization coverage has generally been higher in females. However, in 1992, more males than females were immunized by 1.7 percentage points. The gender disparity was most pronounced in 2002 when 4.7 per cent more females were immunized than males, but in 2014, only 1.5 per cent more females were covered. As Figure 4.29 shows, there was no observed difference by gender in the immunization levels in 2007.

Sub-National Trends by Under-5 Mortality

The under-5 mortality levels show large disparities across the different provinces in Zambia. Mortality rates are among the most frequently used indicators to compare levels of socio-economic development across and within countries. Overall, there has been a progressive decrease in under-5 mortality as shown in Figure 4.29. Under-5 mortality rates were highest in Luapula Province between 1996 and 2014. The statistics for the region in 1992 was 254.2 deaths per live 1,000 births, meaning that one in every four children did not live up to the age of five (Figure 4.29). By 2013-2014, the situation had improved such that only one in every ten children did not live up to the age of five. But this was still below the national level
for 2013-2014; hence more government interventions are needed in the province. Infant mortality in Luapula was also much higher than the national average (see Figure 4.30).

Besides Luapula, infant mortality rates have also been high in the Western, Northern and Eastern Provinces. Infant mortality levels were, in fact, highest in the Eastern Province in 2013/2014. These four provinces have lagged in socio-economic development and confirm the United Nations’ position (UN, 2003) that infant mortality rate can be used as an indication social distress in a population. Therefore, the government needs to review its interventions in the four provinces to achieve much higher results. Conversely, the infant mortality rates remained relatively lower in Copperbelt and Southern Provinces between 1992 and 2013/2014. There is a need to document the factors causing the relatively lower mortality rates in these provinces.

The immunization coverage for measles varied widely across provinces between 1992 and 2007 (Figure 4.31), with a disparity of up to 24 per cent between the Southern (highest measles coverage at 83.9 per cent) and Northern Provinces (lowest measles coverage at 59.9 per cent) in 1992. On average, the highest immunization coverage has been in the Southern Province (87.1 per cent) while the lowest provincial immunization coverage was in Northern Province (75.5 per cent). For 2014, Copperbelt, Lusaka, and Northern Provinces had the highest immunization coverage while Western Province had the lowest. The measles immunization patterns indicate that coverage tended to be higher in those provinces with lower poverty levels compared to those with higher poverty levels; thus, reflecting the health inequality amongst provinces in Zambia.

**Enablers and Constraints**

**Enabling Factors**

The main child health interventions that have facilitated progress towards the attainment of MDG 4 and are currently being implemented in Zambia are set out below:

- The Expanded Programme on Immunization (EPI). This programme was introduced in 1975. It promotes immunization vaccines against measles, DPT3-HepB+hib, PCV, Rotavirus, polio, BCG and is implemented using the Reach Every District Strategy. The EPI programme has made tremendous achievements which include maintenance of a polio-free status, Maternal Neonatal Tetanus Elimination (MTNE) since 2005, and a significant reduction in morbidity and...
mortality from measles compared to the late 1990s (Ministry of Health, 2011).


- Paediatric HIV & AIDS Treatment/Prevention of Mother-to-Child Transmission (PMTCT) of HIV. The paediatric HIV & AIDS treatment was introduced in 2004/5. It coincided with the rolling out of the PMTCT in 2005 and, under this programme, all infants born to HIV-positive mothers are put on paediatric ART treatment. The PMTCT programme has also reduced child mortality by ensuring that women who are HIV positive are put at minimal risk of transmitting HIV to their babies. In 2013, EMTCT (Option B+) was introduced in Zambia, and it places all HIV-positive mothers on ART for life, safeguarding their health, as well as their present and future pregnancies and the breastfeeding of their babies.

- Integrated Management of Severe Acute Malnutrition. This programme was introduced in Zambia in recognition that malnutrition remains a leading cause of child mortality in developing countries, Zambia inclusive. It provides for the training of health providers on malnutrition and its treatment, community outreach with early identification of undernourished children in the community and a Supplementary Feeding Programme.

- Nutrition Interventions. High impact nutrition interventions were introduced in 1975 and included vitamin A supplementation, iron-folate supplements, deworming of children and early initiation of exclusive breastfeeding, infant and child feeding, and management of malnutrition (Ministry of Health, 2011).

- Improvements in maternal health care. Improvements in maternal health care have impacted on child mortality levels in Zambia. Interventions implemented in this regard include encouragement of a skilled attendant at delivery, postnatal care of the infant within two days after birth and immunization of expectant mothers against tetanus.

- H4+ project. The H4+ is a partnership of UN agencies concerned with maternal and child health – including WHO, UNFPA, UNICEF, UNAIDS, UN Women, and the World Bank. The H4+ advocates for a stronger focus on maternal, newborn and child health and works with countries to strengthen health systems and provide better services for mothers and children (UNICEF, 2012).

- First 1000 Most Critical Days Programme. This
programme was introduced in 2012 through the National Food and Nutrition Commission. The First 1000 MCDP aims to strengthen and scale up selected priority interventions from different sectors based on global and national evidence of cost-effectiveness, thereby reducing stunting in children.

- Child Health Week. Child health week was introduced in Zambia in 2000 initially for the post-National Immunization Days and vitamin A supplementation in the districts which did not conduct polio/vitamin A campaigns. Later, more interventions were added such as growth monitoring and promotion to identify growth-faltering children for subsequent follow-up. The child health week uses the existing health system and staff and benefits from the experience and capacity of EPI for the provision of other interventions with a weaker delivery system, e.g. nutrition. The Child Health Week is an important tool for improving immunization coverage. Government is also supporting the introduction and expansion of new vaccines into Zambia, including pneumococcal, rotavirus and measles second dose vaccines, as well as other new vaccines that may be developed in the future (UNDP, 2013).

These efforts have contributed to marked improvements in child health and reductions in deaths of children throughout the country.

**Constraints**

Despite the improvements made in reducing childhood mortalities, the MDG targets were not attained, and the following constraints remain:

- Inequalities in provincial socio-economic conditions and health coverage. As earlier noted, there are observed inequalities in health coverage and socio-economic conditions across geographic areas which have led to varying mortality levels. To sustain the advancements made in reducing child mortality, government should provide a more equitable access to healthcare, especially in the rural areas. This entails increasing the number of health posts and health workers in these areas. Factors leading to the poor socio-economic conditions in some geographic areas also need to be addressed.

- Weak outreach health services. Health facilities currently face financial constraints which limit the outreach services they provide. To reduce mortality levels, the government should strengthen the outreach services provided by the health facilities. This will open greater access to children who live outside the expected 5-kilometre radius of the health posts and improve coverage for immunizations and general health care. This can be done by increasing resources for the outreach services (fuel, vehicle, bicycle, motor-bike, boats). In addition, stronger partnerships with faith-based organizations can be formed, and aggressive social mobilization can be used to correct for the worsening turn-out for immunization in urban provinces and improve the outreach services and community sensitization in rural areas.

- Environmental challenges. Some areas are cut off during the rainy season, and this affects the delivery of health care to affected communities during the period.

- Inadequate access to safe water supply and sanitation. Most households in the rural areas do not have access to safe water supply and adequate sanitation. This has a direct impact on the health of the children in these areas and leads to higher mortality levels among them. It is also a major cause of diarrhoea which remains a dominant threat to the lives of children in Zambia. Access to clean water and improved sanitation facilities both at home and in the schools effectively addresses this threat.
MDG 5

Improve Maternal Health

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

Indicators
- Maternal mortality ratio (Maternal deaths per 100,000 live births)
- Proportion of births attended by skilled health personnel (percentage)

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

Indicator
- Contraceptive prevalence rate (percentage)

National Trends

The three indicators for monitoring maternal health showed a positive change over the 1990 to 2015 period (Table 4.12). The maternal mortality ratio, which was estimated at 649 per 100,000 live births in 1996, consistently declined over the period to 398 deaths per 100,000 live births in 2014. Despite this consistent decrease, the MMR target of 162.3 deaths per 100,000 live births by 2015 was not met. Similarly, the proportion of births attended by skilled health personnel increased from 50.5 per cent in 1992 and maintained a steady rise over the reference period, reaching 64.2 per cent in 2013/14. The contraceptive prevalence was very low (7 per cent) in 1992. It rose to 24.6 per cent by 2001/02 and doubled to 49 per cent by 2014. As such, the target of 100 per cent was not met. The increase in the proportion of births attended by skilled health personnel was in line with the observed reduction in maternal mortality. The rise in contraceptive prevalence also mirrored the observed decline in maternal mortality.

INDICATOR 1
Maternal mortality ratio (deaths per 100,000 live births)

The causes of maternal mortality can be divided into direct and indirect factors. The direct factors include haemorrhage, abortions, hypertension, sepsis and obstructed labour. It has been observed that the proportion of maternal deaths due to sepsis is higher in countries with a high HIV prevalence. The interventions carried out over the years have resulted in reduced maternal mortality. The challenge, however, is to sustain this positive change in the long term, and this will require addressing the underlying factors that predispose women to greater risks of death. These include adolescent pregnancy, harmful traditional practices, low status of women, high fertility rate, poverty, and low male involvement in reproductive health.

The interventions carried out by the government in collaboration with the Cooperating Partners have positively impacted maternal health outcomes. To improve access to health services, the government has undertaken massive health infrastructure developments which are especially targeted at the rural areas. These infrastructure investments have been accompanied by concerted efforts to improve human resources for health by expanding enrolments and re-engaging retired staff. Furthermore, family planning, comprehensive Emergency Obstetric Care, and referral systems have been scaled up. At the community level, SMAGs, which provide social support for women to take up reproductive health services, have also positively impacted maternal health outcomes. Sustaining these positive trends will be dependent on accelerating the implementation of proven interventions.
INDICATOR 2
Proportion of births attended by skilled health personnel (percentage)

The involvement of skilled health personnel at delivery points is an important strategy for improving maternal health; it hastens the timely delivery of emergency obstetric care. There were deliberate efforts to improve the skills of available health personnel, and this was complemented by an increase in rural health centres which facilitated a hygienic environment for deliveries. Owing to the interventions implemented, there was a consistent increase in the proportion of births attended by skilled health personnel. The 2013-2014 ZDHS data shows a substantial increase in the proportion of deliveries assisted by skilled health personnel after a decade of reducing percentages. The number of assisted deliveries fell from 50.5 per cent in 1992 to 46.5 per cent in 2007 and to 44.0 per cent in 2010 before eventually rising to 64.2 per cent in 2014.
Regarding MDG 5, Indicator 3, there was a consistent increase in the proportion of women (15-49 years) using modern contraceptives. This indicator combined contraceptive use for both men and women who were either married or living together. Data from the five DHS surveys
FIGURE 4.35
Provincial Patterns of Births Attended by Skilled Health Personnel


FIGURE 4.36
Regional Patterns in Contraceptive Prevalence

conducted in Zambia over the past two decades show an impressive three-fold increase in the use of contraceptive methods from 15 per cent in 1992 to 49 per cent in 2014. By 2014, almost half (49 per cent) of the women aged 15-49 were using modern contraceptives.

Disaggregating contraceptive use by gender shows that usage among women was higher than among men. The ZDHS shows that use of contraceptives among married women (15-49 years) increased steadily in the last 20 years from 15 per cent in the 1992 ZDHS survey to about 50 per cent in the 2013/2014 survey.

The injectable forms and the pills were the most common family planning methods that married women aged 15-49 years reported using. Female condoms were the least used, probably because they were not readily available or because women faced challenges accessing or using them. There was a drastic increase in the percentage of married women who reported that they used injectable forms of family planning, with the percentage in the 2013/14 survey being more than double the figure in the 2007 survey.

**Sub-National Trends**

**Maternal Mortality Ratio**

Despite improvements in obstetric services, at the sub-national level, there are unbalanced obstetric services which contribute to high maternal mortality ratio. The HMIS data for 2015, shows an increase in MMR in seven of the ten provinces (Central, Copperbelt, Eastern, Muchinga, Northern, Southern and Western). For example, in Muchinga Province, it increased by 50 per cent from 174 deaths per 100,000 live births in 2014 to 278 deaths per 100,000 live births in 2015. In Northern Province, it increased from 194 deaths per 100,000 live births in 2014 to 242 deaths per 100,000 live births. In comparison with provinces that are predominantly rural, urban provinces (Central and Copperbelt) also witnessed a sharp increase in MMR. This means that maternal-related deaths are not a rural phenomenon, and the increase may be attributed to non-obstetric causes of deaths such as malaria, AIDS in association with tuberculosis and some chronic respiratory illnesses that have a direct connection with maternal health. This calls for a need to strengthen...
facility-based early detection and accurate diagnosis response programmes targeting pregnant women to ensure early prevention and treatment of these diseases.

**Proportion of Births Attended by Skilled Health Personnel**

A comparison of the proportion of births attended by skilled health personnel shows that urban areas continued having more deliveries by skilled health personnel than rural areas (Figure 4.34). The urban areas were about 2-3 times more likely than rural areas to have births attended by skilled health personnel. For example, there was a consistent rise in births attended by skilled health personnel in urban areas, up from 79 per cent in 1992 to 88.5 per cent in 2014. In the rural areas too, the proportion of births attended by skilled health personnel doubled from 25.8 per cent in 1992 to 51.6 per cent in 2014. Even though there was an improvement in the proportion of assisted births both in the urban and rural areas, the urban centres still had an edge possibly because of the higher number of public and private health facilities providing services in urban areas.

At the provincial level, there was a general rise in the proportion of births attended by skilled health personnel between 1992 and 2013 (Figure 4.35). The improvements were evident in all the provinces except Central, Copperbelt and Lusaka. The most notable improvement was in North Western province where births attended by skilled health personnel increased by about 30 percentage points, from 40.5 to 70.3 per cent. This could be attributed to development in the mining sector that has increasingly become important in terms of revenue generation and employment.

**Contraceptive Prevalence Rate**

The percentage of women in the reproductive age group who used contraceptive was higher in urban areas than in the rural (Figure 4.36). During 2009-2013, Lusaka Province had the highest percentage of married women aged 15-49 years who used modern methods of family planning, followed by Copperbelt and Eastern Provinces, while Western Province had the lowest percentage followed by Northern and Luapula Provinces. Compared to the baseline values for the 2007 ZDHS, the percentage increased in all the provinces during 2010-2013 except in Western Province where it remained stagnant. It increased by 19 per cent in Luapula Province, 12 per cent in Lusaka Province, 11 per cent in Northern Province, 1 per cent in Eastern Province, and 5-10 per cent in the other provinces.
Enablers and Constraints

Enabling Factors

Several initiatives and interventions helped in reducing the MMR in Zambia, among which are:

- The observed steady improvement in access to family planning, which empowers women to make informed decisions, improved maternal health outcomes.
- The proportion of skilled attendants at birth increased over the MDG period, with the rate being higher in the rural areas than the urban.
- Improved access to comprehensive emergency obstetric care, coupled with an expansion in health services and the re-engagement of health staff.
- Community-based SMAGS being instrumental in galvanizing community support for improved maternal health.
- The strategies for human resources for health, such as fast-tracking training of staff improved staffing situation in the sector.

Constraints

Constraints to MMR reduction during the prevailing period included the following:

- Adverse socio-economic conditions and gender inequalities militated against further improvements in maternal health.
- The high percentage of unmet family planning needs posed a constraint to further improvement in maternal health.
- Low staffing levels, which were particularly severe in rural areas also constituted a constraint to further improvements to maternal health.
- Although the relative staffing level had improved in the rural areas, there were still absolute deficiencies that needed to be addressed.
CHAPTER 4     TRENDS AND PATTERNS IN MDG INDICATORS

MDG 6

Combat HIV & AIDS, Malaria, and other Major Diseases

National Trends

All the indicators on HIV & AIDS have shown a positive trend over time. ZDHS 2014 shows that the level of HIV prevalence was estimated at 13 per cent, marking a marginal decline from 14.3 per cent in 2007. There has also been a steady rise in the proportion of youths aged 15-24 years with comprehensive and correct knowledge of HIV & AIDS. Similarly, there was a rise in the ratio of orphans to non-orphans attending school: from 71.8 per cent in 2000 to 86 per cent in 2014. Regarding access to treatment, more people with advanced HIV infection could access ART. In 2005, slightly less than a quarter of those in need were able to access ART, but by 2011, slightly over three-quarters of those in need could access treatment (Table 4.13).

Table 4.13

Progress in MDG 6 Indicators

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence rate (%)</td>
<td>-</td>
<td>-</td>
<td>16</td>
<td>14.3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>13</td>
<td>15.6 or less</td>
</tr>
<tr>
<td>Proportion of 15-24-year-olds with comprehensive, correct knowledge of HIV&amp;AIDS (%)</td>
<td>-</td>
<td>-</td>
<td>31</td>
<td>43.7</td>
<td>48</td>
<td>40.2</td>
<td>-</td>
<td>44.1</td>
<td>-</td>
</tr>
<tr>
<td>Ratio of school attendance of orphans to non-orphans (10-14 years)</td>
<td>71.8</td>
<td>79.1</td>
<td>-</td>
<td>93</td>
<td>-</td>
<td>92</td>
<td>-</td>
<td>86</td>
<td>100</td>
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<tr>
<td>Proportion of population with advanced HIV infection on ART (%)</td>
<td>-</td>
<td>-</td>
<td>23.5</td>
<td>-</td>
<td>74</td>
<td>-</td>
<td>77.6</td>
<td>65.00</td>
<td>80</td>
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</tbody>
</table>

Note:**The decline in the proportion of the population with access to ART was because a revision in the eligibility threshold by WHO.


TARGET 6.A

Have halted by 2015, and begun to reverse the spread of HIV & AIDS

Indicators
- HIV prevalence rate (per cent)
- Proportion of 15-24-year-old with comprehensive, correct knowledge of HIV & AIDS (per cent)
- Ratio of school attendance of orphans to non-orphans (10-14 years)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV & AIDS for all those who need it

Indicator
- Proportion of population with advanced HIV infection on ART (per cent)
FIGURE 4.38
Trend in HIV & AIDS Indicators, 2002-2014

FIGURE 4.39
Main Drivers of HIV Infections in Zambia


Source: NAC, 2014, TB and HIV concept note: investing for impact against TB and HIV & AIDS
CHAPTER 4     TRENDS AND PATTERNS IN MDG INDICATORS

INDICATOR 1
HIV prevalence rate

The HIV & AIDS epidemic is a development challenge that has attracted wide-ranging interventions aimed at containing further spread of the infections and providing care for those affected. From 2002, when the first national estimate of HIV prevalence was estimated at 15.6 per cent, a downward trend had been observed in this indicator. The prevalence declined to 14.3 per cent in 2007 and further reduced to 13 per cent in 2014. While acknowledging that the target of 15.6 per cent or less prevalence was met, it was observed that absolute levels were still high and further efforts were required to reduced infections further. It is necessary to scale up the interventions implemented over the years to keep the reduction in momentum going.

The main drivers of the HIV & AIDS epidemic in Zambia are multiple and concurrent sexual partners; low and inconsistent condom use; low rates of male circumcision; poor coverage of vulnerable and marginalized groups, such as sex workers, prisoners, and migrants; and mother-to-child transmission (Figure 4.39). These drivers are reinforced by gender inequalities, gender-based violence (GBV), alcohol and substance use, poverty and income inequalities, stigma and discrimination, inappropriate cultural practices which increase vulnerability, and human rights violations.

The impact of HIV & AIDS has been especially severe on women because of their physiological make-up, which predisposes them to a higher risk of infection. This has further been reinforced by women’s low socio-economic status, which further increases their vulnerability. Specific interventions targeting women have been implemented. The WHO Report (2014) shows that nearly all pregnant women (94 per cent) received HIV Counselling and Testing (HCT) in 2012. There was also great progress with increasing coverage of antiretroviral medication to reduce the risk of mother-to-child transmission of HIV. As many as 75,165 out of 77,772 HIV-positive pregnant women (97 per cent) received antiretroviral medication thus reducing the risk of mother-to-child transmission of HIV from 88 per cent in 2012 to 53 per cent in 2008 before the rise to 58 per cent in 2009.

While the focus on women’s vulnerability to HIV infection is justified, it was observed that the limited attention to men’s involvement at the initial stage of the programme was wrong. Subsequently, there were attempts to promote male-focused interventions such as the “Be a Brother for Life” social campaign and Voluntary Medical Male Circumcision (VMMC), which was officially launched in 2007. The VMMC strategy offers facility-based and community-based VMMC services as part of a comprehensive HIV prevention package, including HCT, condoms, screening and treatment of STIs, and referrals for HIV-positive clients.

The national VMMC operational plan was launched in 2012, with the goal of achieving 80 per cent coverage of adult men aged 15-49 by the end of 2015. In 2012, a total of 173,992 out of a planned 200,000 VMMCs were performed. In 2013, a further 294,466 procedures were carried out. The uptake is highest among adolescents and men up to 30 years old. There is still a high level of unmet need, and the programme needs to be scaled up through upgrading skills, especially in rural areas. This will be met by improving the supply of circumcision kits, expanding the range of facilities offering services and overcoming traditions and barriers in some communities.

INDICATOR 2
Proportion of 15-24-year-olds with comprehensive, correct knowledge of HIV & AIDS (per cent)

The ZDHS 2013-2014 shows that almost all Zambians (99 per cent) had heard about HIV; the same percentage found in the 2007 survey. Most males (85.4 per cent) and females (82.4 per cent) were aware that HIV could be prevented by using condoms. This represented an improvement from the 2007 survey, where only three-quarters of the males (74.1 per cent) and females (73.2 per cent) had this awareness. It can be deduced then that the awareness programmes mounted over the years have largely been successful and manifested in the observed universal knowledge on HIV & AIDS.

While noting the positive strides made to improve awareness in the general population, the level of awareness among young people remained relatively low. The proportion of young people with comprehensive
knowledge of HIV & AIDS was estimated at 31 per cent in 2002, 48 per cent in 2007 and 41.5 per cent in 2013 (Table 4.40). Although this trend shows improving awareness among young people, the pace is too low to engender the desired decline in HIV prevalence. It remains curious that the elderly population seemed to have complete knowledge of the epidemic despite their low level of education while the younger population with their relative advantage of access to education and the media were lagging behind. This suggests that some fundamental socio-economic factors could have negated the widespread knowledge of HIV & AIDS among this otherwise highly sexually active population. The unexpected development is an issue worthy of further investigation.

Besides the question of their level of awareness, it is quite possible that the pervasive poverty levels push the youths to engage in life-threatening activities, such as offering sexual favours in return for material benefits. This predisposes young people to the risk of new inflections, especially young females who engage in transaction sex with elderly rich men. Some adverse traditional practices further perpetuate these vices by emphasizing the reproductive roles of girls and denying them the opportunity of developing into knowledgeable and independent young women, capable of asserting and protecting themselves from harmful practices.

**INDICATOR 3**

Ratio of school attendance of orphans to non-orphans (10-14 years)

The ratio of orphans to non-orphans attending school improved over the MDG period, having been estimated at 72 per cent in 2000, 93 per cent in 2007 and 86 per cent in 2013. The improvements in the ratio of orphans attending school are noteworthy as they afford the affected children education opportunities. This level of achievement was made possible mainly because of the concerted efforts of government and the NGOs in providing education packages such as school feeding, sanitary kits and bursaries. The gains from the improved educational attainments of these orphans need to be enhanced by ensuring that many reach higher education levels.

**INDICATOR 4**

Proportion of population with advanced HIV infection on ART

The ART programme was initially confined to the central hospitals at its inception before it was gradually extended to provincial and district hospitals, as the capacity of these lower level facilities to administer and monitor ARTs was
improved. Also, at the early stages of implementation, the only available case management intervention for HIV & AIDS was the treatment of opportunistic infections with antibiotics and, later, the administration of cotrimoxazole as a prophylactic drug. In 2003, the government budgeted for a limited number of ARVs, for an estimated 100,000 patients (representing about 10 per cent of the people in need of ARVs). With the launch of the WHO 3X5 initiative in 2005, however, the government increased its target population from 100,000 to 300,000.

The government faced financial difficulties in its quest to attain the target of 300,000 of the eligible population on ARVs. The financial constraints were eased with the launch in 2003, of the USA President’s Emergency Plan for AIDS Relief in Africa (PEPFAR). This facilitated a rapid scale-up of the ART programme, with 415,682 people accessing ART in 2007, and reaching 541,397 by the end of 2014. From a height of 80 per cent during the initial phases, the combined contribution of PEPFAR and Global Fund for ART is now estimated at 60 per cent. The government’s financial contribution too has risen steadily. Access to ART for the adult population is currently estimated at 65 per
cent, down from the 80 per cent\textsuperscript{33} threshold before WHO changed the criteria for accessing ART in 2013.

While the uptake of ART among adults increased rapidly, the coverage among children aged 0-14 years remained relatively low with only 49,416 children accessing ART treatment, representing about 55 per cent of the actual need in children (HMIS, 2013) (Figure 4.40). The relatively low uptake of paediatric ART contrasted with the other services, such as PMTC, whose coverage was estimated at 80 per cent in 2015. The slow pace of expansion of access to early infant diagnosis, especially in the rural settings, remained a significant programmatic gap with a concomitant low ART coverage in children. In addition, the limited number of health-care providers authorized to prescribe paediatric ART at the primary health-care level, the low coverage of provider-initiated testing and counselling (PITC), and parental stigma also contributed to the low ART coverage in children.

Sub-National Trends

A sub-national analysis of HIV & AIDS indicators shows differences between rural and urban areas, as well as among provinces and ages. The rural areas tended to have lower HIV prevalence than urban areas. Although prevalence was generally low in rural settings, there were pockets of high prevalence in both rural and urban areas. Areas with a high prevalence of HIV infections tended to have similar characteristics, such as transit points, both within and to neighbouring countries; areas of commerce; and areas with infrastructural development projects. The regional patterns of HIV prevalence are shown in Figure 4.41. The highly-urbanized provinces of Lusaka and Copperbelt had the highest HIV prevalence, followed by the Central Province. Northern and North-Western Provinces had the lowest prevalence levels. The lower levels of infection in North-Western Province were attributed to the widespread practice of male circumcision, which had proved to be effective in limiting the transmission of HIV infection.

Zambia has experienced a rapid uptake of ART coverage among adults, although with some regional differences. For instance, ART coverage in Lusaka, Copperbelt, Southern, Eastern and North-Western Provinces was estimated to be slightly above 70 per cent. There were relatively greater yield and coverage for the ART programme in the high-prevalence provinces. Conversely, coverage for Luapula, Central, Northern and Western Provinces remained below 50 per cent (Figure 4.42).
The HIV infection displayed a distinct gender and age pattern. More women than men were living with HIV & AIDS. The data shows that infection levels among women aged 15-39 were less than among men of similar age for both the 2001-2002 and 2007 periods. After age 35-39, a reverse in the pattern of infection occurred, with more males than females aged 35 and above being infected for both the 2001-2002 and 2007 periods. This supports the widely-known observation of transaction sex between young women and older men. The pervasive poverty contributed to the perpetuation of transaction sex, which exposes the vulnerability of women and further fuels HIV infection. Curbing this vice would require fundamental structural changes that enhance the status of women and make them more assertive in the negotiation of their sexual behavioural decisions.

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

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

**National Trends in Malaria**
Malaria is a major public health problem in Zambia, accounting for 40 per cent of all health facility consultations,
and is the leading cause of morbidity and mortality. The three indicators for monitoring malaria show a positive trend. The first indicator on new cases of malaria was met with an outlook of 227 per 1000 population cases in 2014 against the MDG target of 255 or less. Malaria case fatality rate was estimated at 34 per 1000 population in 2014 and narrowly missed, the MDG 6 target of 31 per 1000 population. The third indicator on the proportion of households using ITNs has shown a consistent upward trend, starting with a low 9.3 per cent of households using ITNs. This increased to 13.6 per cent in 2002, 53.3 per cent in 2007, 62.3 per cent in 2008 and 67.7 per cent in 2014.

The performance of malaria programmes over the MDG period depicted positive trends in all the indicators. This period was marked by the enhancement of malaria control interventions. These included indoor residual spraying, (distribution of) insecticide-treated nets, intermittent presumptive treatment of malaria in pregnant women, and prompt and effective malaria case management. Improvements in diagnostic effectiveness have also been positively impacted by early diagnosis and easier malaria case management. The implementation of these programmes has been facilitated largely by effective partnerships in malaria control. The partnerships have included the business community (business coalition on malaria), international partners and civil society working under the banner of the Roll Back Malaria campaign.

INDICATOR 1

New malaria cases per 1,000 population

The number of new malaria cases has consistently declined over the decade from 2005-2015. Starting with 316 new cases of malaria in 2000, these declined to 227 cases in 2013 (except for the two upswings of 388 and 412 in 2002 and 2005 before the final rise to 330 in 2011 after a general trend of decline). The consistent implementation of malaria control strategies has contributed to the observed steady decline in the number of new malaria cases. While observing the overall reduction in the number of new malaria cases, the 2011 spike reflects the risk of reversal of fortunes in the fight against malaria. The MDG period witnessed a high level of cooperation from international partners, both in the form of technical and financial support. In the long run, however, sustaining the noted improvements in indicators will depend on sustained and substantial funding from domestic sources. In this regard, the implementation of the Social Health Insurance is overdue.

INDICATOR 2

Malaria case fatality rate per 1,000 population

In line with the consistent reductions in new malaria cases over the reference period, there has also been a steady
CHAPTER 4  TRENDS AND PATTERNS IN MDG INDICATORS

79
decline in malaria case fatality per 1,000 population. In 2000, the number of deaths attributed to malaria was estimated at 11 per 1000 population, rising to 48 in 2002 before declining to 40 in 2007, and since then a consistent decline has been recorded. In 2013/2014, the case fatality rate was estimated at 34 per 1000 population. The current combination-based malaria treatment regimen has contributed to the reduction in malaria fatalities. However, there are signs of resistance building against the first line treatment. This is being compounded by the perennial service delivery limitations of both materials and human resources.

INDICATOR 3
Proportion of households with ITNs (pre or post-treated)

The consistent use of mosquito nets is a key strategy for containing malaria. The proportion of households with ITNs increased from 13.6 per cent in 2001-02 to 53.3 per cent in 2007 and to a further 67.7 per cent in 2013-14 (ZDHS, 2001, 2007 & 2014). The consistent massive distribution of ITNs has contributed towards the improved availability of nets in the country.

Sub-National Trends

A review of provincial differences in the incidence of malaria shows wide disparities. During the 2010-2013 period, for instance, Luapula, North-Western and Eastern Provinces had the highest incidence of malaria, while Lusaka, Southern and Central Provinces showed the lowest incidence. In 2012, the incidence of malaria declined in three provinces, namely, Eastern (244), Lusaka (63), and Southern (35). It increased by 211 in Western, 118 in North-Western, 67 in Copperbelt and between 11 and 23 in the other provinces.

TARGET 6.D
Have halted, by 2015, and begun to reverse the incidence of tuberculosis

Indicators
- New tuberculosis cases per 1,000 population
- Tuberculosis fatality rate per 1,000 population

National Trends - Tuberculosis

Tuberculosis has been one of the public health concerns in the country. Clinical evidence demonstrates increased co-infections between HIV and tuberculosis. The number of new tuberculosis cases peaked in 2004 with an estimated 545 reported new cases per 100,000 population and declined from 334 in 2010 to 280 per 100,000 population in 2013. The success rate of TB treatment remained high but dropped from 89 per cent in 2010 to 85 per cent in 2012. The TB incidence rate per 100,000 population in the country also declined from 445 in 2011 to 410 in

FIGURE 4.45 Notification Rates TB (All Forms) per 100,000 Population by Provinces

Source: NAC (2014)
2013, indicating that Zambia achieved the MDG target of halting and reducing the number of new TB infections. WHO estimates show that TB prevalence rate per 100,000 population in the country declined steadily from 2001-2013, suggesting that Zambia was right on course to achieving the Stop TB Partnership target of 333 per 100,000 population by 2015. The prevalence rate reduced from 343 in 2011 to 338 in 2013.

**Sub-National Trends in Tuberculosis**

The regional patterns show a concentration of TB in the urban regions of Lusaka, Copperbelt, Western, and North-Western provinces, which together account for two-thirds of the country’s TB notifications. It has been noted that these high notification rates occur in high-density provinces with higher than national average HIV prevalence rates. However, in recent years some of the rural provinces have experienced an increase in notifications, notably in Western and North-Western Provinces.

Evidence shows that HIV and TB share common epidemiological patterns, which present opportunities for joint programming. The provinces with the highest HIV prevalence rates are also the provinces with the highest TB case notifications, namely Copperbelt, Lusaka, and Southern. Similarly, those with the lowest HIV burden also have the lowest TB burden (NAC, 2014).

**Enablers and Constraints**

**Enabling Factors**

Zambia has achieved MDG targets on HIV & AIDS and made significant progress in combating malaria and tuberculosis. This has been facilitated by a host of factors, key among which are the following:

- The mobilization of local and international partners in the fight against HIV & AIDS, TB and malaria was vital in the resource mobilization that guaranteed the implementation of high impact interventions.
- The declaration of HIV & AIDS and tuberculosis as national disasters hastened the visibility of the problem and provided the impetus for enhancing public awareness, which translated into universal knowledge on HIV & AIDS and tuberculosis.
- The creation of a National AIDS Council provided an institutional framework and Strategic Plan for HIV & AIDS programming.
- The improved monitoring and evaluation capacity made it possible to effectively examine the progress made on most of the indicators. The ZDHS, National Malaria Cluster Survey, National TB Survey and improved Management Information Systems have all been pivotal in this regard.
- The decentralized structure of the Ministry of Health helped to focus attention at the lower levels. The creation of HIV & AIDS specific structures, such as the District HIV & AIDS Task Force (DATF) facilitated the mobilization of community efforts and coordination of partners at the lower levels.
- Interventions for HIV & AIDS, TB and malaria were accompanied by capacity development efforts at all service delivery levels.
- Active involvement of non-state actors also expanded the space for the programme implementation; this has especially been pivotal in narrowing the gap between urban and rural areas.

**Constraints**

Achieving further gains in the fight against HIV & AIDS, malaria and tuberculosis will entail addressing the following challenges:

- In view of the high proportion of external funding for programmes such as ART, it is imperative that local financing be improved through intervention programmes such as the Social Health Insurance.
- There are difficulties in addressing the drivers of new HIV infections. These drivers include concurrent and multiple sexual partners; low and inconsistent use of condoms; low rates of male circumcision; and poor coverage of vulnerable and marginalized groups (sex workers, prisoners, and migrants).
- Reduction in the number of CPs currently operating in Zambia is a source of concern. Some CPs who were very active in the fight against HIV & AIDS, TB and malaria have recently ceased operations in the country because the reclassification of Zambia as a middle-income country.
- There is a risk of HIV & AIDS, TB and malaria programmes losing out on support, as new concerns such as environmental issues become more pronounced. One possible strategy against this is to demonstrate the interrelationships between disease and such emerging issues.
• Poverty and HIV & AIDS are inextricably linked, with each facilitating the generation and propagation of the other. The pervasive poverty levels have inhibited the fight against the disease, which has, in turn, worsened the poverty situation.
• Significant involvement of Cooperating Partners highlights the sustainability question that needs to be addressed in the long run.
• The low literacy levels are a hindrance to the successful implementation of the interventions.
• The persistence of negative cultural practices, such as sexual cleansing and early child marriages, militates against the effectiveness of HIV & AIDS programmes.
Environmental sustainability has a significant bearing on the extent to which a country could attain the other MDGs. The indicators for MDG 7 are not only important as a measure of environmental sustainability but also as contributors to the health, gender and poverty goals. An overall assessment of MDG 7 Target A shows very marginal improvement in all indicators. The proportion of land covered by forests was estimated at 71 per cent in 1990 and declined by an average of 1 per cent per year to reach 66.5 per cent in 2010. The size of land protected to maintain biological diversity remained stable at 36 per cent from 1990 through 2010, before posting a marginal improvement to 37.3 per cent in 2014. There was a marginal decline in carbon dioxide emissions, from 0.3 MT per capita in 1990 to 0.2 MT in 2014. Similarly, the number of the population using solid fuels registered a decrease from 89 per cent in 1990 to 87.6 per cent in 2014 (Table 4.15).

Statistics for MDG 7 targets, however, show a gradual depletion of land previously covered by forests, from 71 per cent in 1990 to 61.4 per cent in 2015 (Figure 4.46). According to the Forestry Department (2016), between 2000 and 2014, a total of 1,110,832 hectares of forest cover was lost, representing an annualized loss of 79,345 hectares or 0.17 per cent of deforestation per annum.

The key drivers of deforestation were charcoal and fuelwood production, logging for timber, mining, uncontrolled bush fires, agricultural expansion and infrastructural development. The underlying causes were demographic, economic, technological, policy, institutional as well as cultural (GRZ & UN-REDD, 2010; GRZ, 2014 and GRZ, 2015). In response to these challenges, the government developed the Zambia Forestry Action Plan for 1998-2018 which led to the revision of the 1965 Forestry Policy. This
policy was further revised in 2014, underpinned by the principles of devolution, empowerment, equity, justice and community as well as private sector participation. The ensuing Forestry Act of 2015 also provided for the establishment and declaration of specific lands as National Forests, Local Forests, and joint management areas.

Settlement areas increased by 52 per cent (71,101ha) between 2000 and 2010 and by 266 per cent (364,413ha) between 2010 and 2014. Similarly, even though crop-land area increased by 4 per cent (278,525ha) between 2000 and 2010 and by 11 per cent (716,341ha) between 2010 and 2014, this accounted for a significant amount of forest land considering the absolute magnitude of the land areas being converted.

Interventions to address forestry development were implemented such as the National Tree Planting Programme (NTPP) financed by government (2013/14) and the UN-REDD project which facilitated significant investments in the forestry sector. The initiative was aimed at encouraging tree planting at provincial, district and community levels every year, to ensure a sustained supply of wood products and reduced deforestation.

### Proportion of Land Protected to Maintain Biological Biodiversity

Zambia’s statutorily protected areas for maintaining biological diversity remained relatively stable at about 36 per cent of the country’s total surface area during the MDG period (Figure 4.47). The protected areas comprise mainly national forests, national parks, game management areas, bird and wildlife sanctuaries, heritage sites and some private and community game ranches. According to the United Nation’s Convention on Biological Diversity Fifth National Report for Zambia (Ministry of Lands, Natural Resources and Environmental Protection, 2015), this is considerably larger than the global mean and is in line with MDG 7.

An assessment of the overall status of biodiversity (MTENR, 2015) indicates that 12,505 species were recorded in Zambia in 2014, representing an increase from the 7,884 recorded in 2008. This was attributed mostly to improvements in data collection procedures (Table 4.16). Other achievements recorded include the reclassification of protected areas to include new areas, the completion of the National Forest Inventory (ILUA) in 2014 and the completion of the national aerial wildlife survey in 2013. This provided the needed information on the status of biodiversity and was likely to contribute to the conservation efforts. Additional achievements were the creation of Lusaka National Park which brought the
number of parks to 20 and increased the number of game management areas from 33 to 36 in 2014. The initiative also led to the formalization of the National Tree Planting Programme.

Carbon Dioxide Emissions (MT per capita)

There was a marginal decline in the emission of carbon dioxide from 0.3 mt in 1990 to 0.192 mt in 2010. Land-use change and forest loss were the main contributors to the country’s greenhouse gas emissions. The UNFCCC estimated that carbon dioxide emissions from forestry and land-use change contributed almost 70 per cent of Zambia’s total GHG emissions (MTNER, 2002). Charcoal production was considered one of the primary causes of forest degradation (mainly from the Miombo woodlands) in Zambia and the main cause of carbon stock loss from forests in the country, while land clearing for agriculture was the primary cause of forest cover loss. The low investment in modern technologies manifested through environmentally unsustainable agricultural practices such as the chitemene system (slash and burn) as well as the excessive dependence on solid fuels such as wood and firewood which resulted in high emissions. As a consequence of the deforestation pressures, there was an increasing national awareness of the need to reduce GHG emissions. According to the country’s Intended Nationally Determined Contribution (INDC) submitted to the United Nations Framework Convention on Climate Change (UNFCCC), Zambia intended to reduce greenhouse emissions by 47 per cent from the 2010 baseline of 0.192 metric tons per capita (Figure 4.48) during the next 15 years.

Proportion of Population Using Solid Fuels

The population using solid fuels declined from 89 per cent in 1990 to 83.4 per cent in 2000 but increased to 87.6 per

<table>
<thead>
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<th>Year</th>
<th>Number of Species</th>
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<th>Plants (%)</th>
<th>Fauna (%)</th>
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<td>2014</td>
<td>12,505</td>
<td>4.5</td>
<td>31.7</td>
<td>62.8</td>
</tr>
</tbody>
</table>

Source: Zambia Forestry Department (2014)
cent in 2014. The increase was even more significant in the urban areas (where it rose from 60.4 per cent to 73 per cent) than in the rural. During the MDG implementation period, the government gave priority attention to increased access to modern energy and increased utilization of renewable energy through the implementation of the National Energy Policy (MEWD, 2008). The policy sought to ensure environmentally sustainable exploitation of biomass resources by expanding the generation and transmission of hydroelectric power and enhancing access to electricity by poor households.

A breakdown of sources of energy shows that 37.1 per cent of the population depends on charcoal, 50.2 per cent on firewood, and 12.3 per cent on electricity. Furthermore, whereas the proportion of households using electricity and wood declined between 2004 and 2013, this was not the case for those using charcoal. The concern is that charcoal, unlike fuel wood, is mostly produced from slow-growing tree species that yield a dense, slow-burning charcoal making these species vulnerable to overexploitation. This is compounded by the reliance on inefficient technologies such as the earth mound kilns commonly used for charcoal production in Zambia as well as the low usage of energy-efficient charcoal stoves by most households.

The implementation of programmes has been limited partly due to coordination challenges. Even though the country is endowed with fossil fuels such as coal, there has not been much effort to promote its use as an alternative household fuel. The low investment in modern tech-
FIGURE 4.50
Type of Fuels Used for Cooking in Zambia Disaggregated By Rural and Urban Areas

<table>
<thead>
<tr>
<th>Year</th>
<th>Urban</th>
<th>Rural</th>
<th>Zambia Urban</th>
<th>Rural</th>
<th>Zambia Urban</th>
<th>Rural</th>
<th>Zambia Urban</th>
<th>Rural</th>
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<th>Rural</th>
<th>Zambia Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>39</td>
<td>2</td>
<td>16</td>
<td>53</td>
<td>10</td>
<td>27</td>
<td>8</td>
<td>90</td>
<td>56</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>38.5</td>
<td>1.8</td>
<td>14.5</td>
<td>53.1</td>
<td>10.2</td>
<td>25</td>
<td>7.5</td>
<td>87</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>26.9</td>
<td>1.8</td>
<td>12.3</td>
<td>67.2</td>
<td>15.6</td>
<td>37.1</td>
<td>5.8</td>
<td>82</td>
<td>50.2</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Source: ZDHS (2017 and 2014); LCMS 2014

FIGURE 4.51
Percentage of Deforestation Per Annum by Province between 2000 and 2014


FIGURE 4.52
Protected Forest Reserves in Zambia by Province, 2000 and 2011

Technologies mean that the majority of the population still depend on old technologies.

**Sub-National Trends**

Deforestation rates per annum varied by province between 2000 and 2014 (Figure 4.50) with the largest rate being recorded in Central (0.49 per cent) followed by Copperbelt (0.43 per cent) and North Western (0.22 per cent). Based on land cover maps, the key drivers of deforestation for the period under review include the conversion of forestry land into human settlements as well as the conversion of forests into croplands.

Regional comparisons on protected forest reserves (Figure 4.51) indicates that the North Western Province, which had the most intact, protected forests, lost about 11 per cent of protected forests between 2000 and 2011 with an estimated 350,000 hectares of national forest being converted as a result of mining activities. Similarly, the Northern Province, which has the highest tree species diversity as well as the highest species density of Miombo woodlands lost much of its primary forest cover (71 per cent) largely due to shifting cultivation. The greatest threat to wildlife biodiversity resulting from human action was in the form of encroachment on Game Management Areas (GMA). The unplanned settlements resulted in long-term threats to wildlife survival as they led to the destruction and reduction in the size of available habitat for mammals. For instance, land which holds significant biodiversity was increasingly being converted to commercial use such as settlements, mines, and farms. These resulted in the fragmentation of ecosystems and habitats. Wildlife migratory routes, river systems for fishing and land for grazing were adversely affected.

**Enablers and Constraints**

**Enabling Factors**

- Formulation and implementation of policy, legal and regulatory reforms that are supportive of biodiversity. These include the Environmental Management Act (EMA) in 2011; the revised Wildlife Act; and the revised Forest Policy.
- Ratification of international conventions that guide and control the use of natural resources and establishment of oversight bodies such as the Environmental Council of Zambia.
- Development of strategies for reducing the overreliance on natural resources, such as wood for charcoal through the establishment of the Rural Electrification Authority.
- Development of strategies to shift away from wood towards increased use of alternative and sustainable sources of energy such as hydroelectricity and solar power through the construction of mini-hydro plants.
- Promotion of energy-efficient technologies, such as improved wood stoves, which are being supported by government ministries and departments with the assistance of Cooperating Partners.
Domestication of International Protocols, including UN-REDD and Kyoto Protocol of United Nations Framework Convention on Climate Change.

Constraints

- Following the regular droughts and resultant reduced power, there has been an increase in the proportion of households using charcoal, and hence contributing to deforestation.
- The large investments in the mining sector which use open cast mining, especially in the North-Western Province, resulted in the clearing of large tracts of land and thus further contributed to deforestation.
- The de-gazetting of some forest reserves and the ever-increasing encroachment on some protected national and local forests contributed to the deterioration in the integrity and quality of the national forests.
- The high levels of poverty in the country resulted in an over-reliance on natural resources and contributed to deforestation.
- Lack of coordination and systematic implementation of programmes, inefficient project-based activities also result in overlaps as well as lack of continuity and follow-up.
- Low investment in modern technologies.
- Key initiatives in the sector are mainly financed by cooperating partners, thereby posing a challenge of sustainability.

Table 4.17

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of population without access to an improved water source</td>
<td>51</td>
<td>46</td>
<td>42</td>
<td>37.0***</td>
<td>32.3***</td>
<td>25.5</td>
</tr>
<tr>
<td>Proportion of population without access to an improved sanitation facility</td>
<td>77</td>
<td>87</td>
<td>//</td>
<td>67.3***</td>
<td>60.3***</td>
<td>13</td>
</tr>
</tbody>
</table>

Notes: **CSO, 2012; ***CSO, LCMS 2015.

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

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

National Trends in Water and Sanitation

The national statistics show some improvement in the proportion of the population accessing improved water sources and improved sanitation facilities during the period under review. In 1990, 51 per cent of the population did not have access to improved water sources. This proportion declined over the period, reaching 42 per cent in 2005 and 32 per cent in 2015. The population without access to improved sanitation facilities was 77 per cent in 1990. This declined over the years to 60 per cent in 2015. Therefore, there were more people that had no access to improved sanitation facilities than those that had access to improved water facilities.
Improvements in water supply and sanitation sector impact highly on the other MDGs. Lack of improved water and basic sanitation is predominant among the poor, especially the rural poor, while improvements in water supply and sanitation are clearly linked to reductions in child mortality and diarrhoeal diseases. Other than impacting on child health, poor water supply and sanitation also negatively impacts on the economy, poverty, and other sectors. For instance, the World Bank (WSP, 2012) estimates that as at 2010, Zambia was losing 1.3 per cent of its GDP or US$194 million annually due to poor sanitation. Lack of adequate sanitation also affects performance of the education sector, resulting in increased drop-out rates, especially among female students. A cost-benefit assessment of water supply and sanitation interventions shows that the cost-benefit ratio is high, between US$5 and US$11 when all benefits are included.

**INDICATOR 1**
Proportion of the population without access to improved water sources

Zambia has made some progress in reducing the proportion of households without access to improved water sources. Between 1990 and 2015, the proportion reduced from 51 per cent in 1990 to 32.3 per cent in 2015 (Figure 4.53). Nevertheless, the country failed to meet the MDG target of 25.5 per cent by 2015.

**INDICATOR 2**
Proportion of the population without access to improved sanitation facilities

Figure 4.53 shows the trends in people without access to an improved water source and sanitation. The trend analysis shows that Zambia has made some progress in both indicators. The population without access to improved sanitation facilities declined from 77 per cent in 1990 to 60.3 per cent in 2015, thus failing to meet the MDG target of 13 per cent.

Government investment in the sector has always been low with allocations in the budget being less than 3 per cent of the total budget, leading to the CUs relying on external support through grants and loans. Furthermore, investments in the sector were skewed towards water supply while sanitation has always been neglected. This has been compounded by the absence of a clear policy and mandate on issues of sanitation.

The proportion of funding coming from the State in 2013 and 2014 was 3.7 and 4.7 per cent of the total expenditure, respectively. The budget performance analysis also shows that even in cases where government had allocated money to the sector, it had always been difficult to secure the total amount budgeted. This has created serious problems which manifest mostly in low investment and deterioration of infrastructure (Chitonge, 2010). Lack of investment has
also resulted in most CUs, especially those that are barely covering their operation and maintenance costs from user fees, failing to increase their production capacity to match increasing demand.

Sub-National Trends

Rural and Urban Access to Improved Water Sources and Sanitation Facilities

Data on access shows disparities between rural and urban areas, which, nonetheless, narrowed over time (Figure 4.54). As at 2015, the shortfall between the prevailing situation (32.3 per cent without access) and the target of 25.5 per cent was 6.8 per cent. This was mainly because of the large proportion of rural population that did not have access to improved water sources (48.4 per cent) while the figure for urban areas was only 10.8 per cent (Figure 4.54).

Figure 4.55 shows the trends of households without access to improved sanitation facilities in Zambia disaggregated by rural and urban areas. The proportion of rural households in this category reduced from 95 per cent in 1990 to 85.3 per cent in 2015, while those in the urban areas reduced from 46 per cent in 1990 to 27.2 per cent in 2015.

Rural Water Supply and Sanitation

To address the challenges of water access in rural areas, the National Rural Water Supply and Sanitation Programme (NRWSSP) was introduced in 2003, while the government signed an agreement with some Cooperating Partners to execute a water sector programme support in 2005. The programme consisted of a coherent set of investments and institutional and sector support activities aimed at providing and sustaining water supply and sanitation services to the rural population. The programme increased in the proportion of rural population having access to safe water from 41 per cent in 2006, when the sinking of boreholes started, to 49 per cent in 2010. Further improvements were contingent on addressing the implementation constraints, such as reducing wasteful expenditure, poor borehole citing and faulty equipment, and lack of training of communities in the maintenance of the facilities (MLGH, 2014).

Other interventions in the rural areas included the Hygiene and Sanitation Scaling-up Programme in 67 rural districts across the 10 provinces of the country with a track record of 2.7 million new users of improved sanitation between 2012 and 2015. Furthermore, the rural water supply and sanitation programme in the Northern Province resulted in the construction of more than 150,000 new Sanplat latrines by 2004, which was aimed at providing sanitation services to about 1 million people (on the basis of one latrine per household and six persons per household). These interventions accounted for an additional 12 per cent of the rural population with access to proper sanitation. However, considering the very low baseline value, the proportion of the rural population without access to proper sanitation remained high, underscoring the need for
consistent support to the sub-sector. The general trend from 2010 to 2015 shows an increase in the proportion of households accessing improved drinking water (Figure 4.56).

Urban Water Supply and Sanitation

The Water Supply and Sanitation Act of 1997 assigned responsibility for urban (including peri-urban) water supply and sanitation to local authorities. The authorities were encouraged to merge and form “commercial utilities” (CUs) that would better provide services to the urban and peri-urban areas, either directly or through agents. The commercialization process was completed in 2009 with a total of 11 CUs being formed in the nine provinces. The CUs are subject to licensing and regulation by the National Water Supply and Sanitation Council. An assessment of the urban water supply shows that, because of the water sector reforms, specifically the formation of CUs, there was an increase in the proportion of households accessing water from 47 per cent in 2001/02 to 99 per cent in 2013/14 (Figure 4.57).

However, despite this achievement, CU operations were constrained by persistent unaccounted-for water. Although progress was recorded, this was quite slow, and the CUs failed to meet the standard set by NWASCO, as shown in Figure 4.57. The unaccounted-for water represented about 50 per cent of water produced for most CUs and was usually because of the inability to provide meters for consumers as well as distribution losses resulting from leaking pipes. By international practices, UFW above 25 per cent of production is unacceptable as it erodes the revenue base of the CUs.

The urban water sector was also faced with challenges of extending water supply to newly developed residential areas. Most urban areas opened new residential areas due to the increased demand for accommodation resulting from the population increase. Despite a clear institutional setup, there were inadequate consultations and coordination among stakeholders which resulted in consumers not getting satisfactory services. For instance, the delegation of authority to CUs for WSS while local governments retained allocation responsibilities resulted in the allocation of plots without prior provision of necessary WSS services. This contributed to the proliferation of private boreholes and poorly constructed septic tanks which, in turn, resulted in the contamination of underground water. One major intervention implemented to address these challenges was the Millennium Challenge Account (MCA) Project.

Peri-Urban Area Water Supply and Sanitation

Peri-urban areas faced some of the worst WSS services. To address these challenges, the government established the Devolution Trust Fund (DTF) to improve service provision in peri-urban areas, as per Water Supply and Sanitation Act of 1997. Among the expected results from the DTF was the elimination of the unsustainable community-operated water systems which were responsible for servicing the peri-urban areas. Of the 45 per cent Zambians residing in urban areas, an estimated 60 per cent lived in peri-urban areas and most of them under deplorable conditions (CSO,}

---

**FIGURE 4.58**

Performance of the DTF

<table>
<thead>
<tr>
<th></th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved</td>
<td>910,236.00</td>
</tr>
<tr>
<td>2009</td>
<td>993,508.00</td>
</tr>
<tr>
<td>2011</td>
<td>1,099,789.00</td>
</tr>
<tr>
<td>2013</td>
<td>1,016,456.00</td>
</tr>
<tr>
<td>Target</td>
<td>793,508.00</td>
</tr>
<tr>
<td>2009</td>
<td>1,009,789.00</td>
</tr>
<tr>
<td>2011</td>
<td>1,099,789.00</td>
</tr>
<tr>
<td>2013</td>
<td>1,016,456.00</td>
</tr>
</tbody>
</table>

Therefore, to meet the MDG for water supply in urban areas, there was a need for the stakeholders to harmonize their strategies and streamline the support for peri-urban water supply being received from different development agencies. Most of the peri-urban areas were being serviced by community-managed water supply systems supported by NGOs and projects.

Since its establishment, the DTF has contributed significantly to increasing access to water supply services to the urban poor through water kiosks (Figure 4.58). However, the programme cumulatively failed to meet its 2015 annual targets due to declining funding levels which resulted in a revision of the 2015 target from 2,800,000 people to 1,400,000 by 2015. Furthermore, water supply under DTF is mostly through kiosks as opposed to the desired individual standpipes.

The DTF also faced challenges of high staff turnover resulting in unplanned expenditure for recruitment and training of new staff. Furthermore, assessments indicated that CUs were not willing to provide services to low-income areas due to cost recovery challenges. The CUs have also faced challenges with managing completed projects in peri-urban areas with some CUs shunning these areas because they do not expect any income from there. This resulted in poor debt management of kiosks which led to large sums of revenue not being remitted to CUs.

Enablers and Constraints

Enabling Factors

- Government’s recognition of the human right to water and sanitation, through the signing of the following international declarations and treaties:
  - The 1996 Habitat Agenda of the Second UN Conference on Human Settlements (Habitat II) which declares that everyone has the right to an adequate standard of living, including water and sanitation; and
  - The 2013 General Assembly resolution 68/157, under which all UN Member States affirmed that the human right to safe drinking water and sanitation is legally binding in international law.
- Locally, Zambia has implemented policies aimed at improving access to water and sanitation such as the National Water Policy of 1994, which facilitated reforms in the sector; and the Water Supply and Sanitation Act of 1997, which enabled the establishment of Commercial Utilities.
- The implementation of the sector reforms led to a new institutional framework, whereby Water Resources Management (WRM) was separated from Water Supply and Sanitation (WSS).
- The separation of policy-making and service provision functions both at the national and provincial levels also enabled improvements.
- The participation of other players in the water and sanitation sector.

Constraints

- The predominance of external support for WSS programmes raises issues of sustainability in the long run.
- The WSS sector’s lack of a strong and well-coordinated constituency to advocate water supply and sanitation issues in the country’s development agenda constitutes a role in need of a strong advocacy.
- The fragmentation of financing channels undermined planning in respect of resource allocation.
- The continued population growth in unplanned, peri-urban areas and the attendant challenge of general services provision is a drawback on the achievements recorded in MDG 7.
- Uncoordinated allocation of residential and business lots by the local authorities and WSS provision by Commercial Utilities worsens the problem of poor planning and effective distribution of services.
- Inadequate funding from the national budget to the water sector also constitutes a hindrance to the smooth delivery of the required services nationwide.
TARGET 8.A
Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.

Indicators
- Official Development Assistance (ODA) (US$ Millions)
- Foreign Direct Investments (FDI) (US$ Millions)

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

Indicators
- Access to markets in developed countries
- Debt Sustainability (% of GDP)

TARGET 8.F
In cooperation with the private sector, make available the benefits of new technologies, especially Information and Communications Technology.

Indicators
- Fixed telephone lines per 100 people
- Cellular subscribers per 100 people
- Internet subscribers per 100 people

National Trends
One of the major pillars on which the successful implementation of the MDGs was hinged was international cooperation. This entailed both technical and financial assistance. Like other developing countries, Zambia has been a major destination of both Official Development Assistance (ODA) and FDI. Following the debt cancellation and improved macroeconomic conditions in the country, there has been a surge in FDI and a corresponding reduction in ODA. Therefore, the outlook of the country’s trade balance between 1990 and 2015 has been mixed, thus leading to a fresh experience of a trade deficit. Despite the challenges of mobilizing support to achieve key indicators of MDG 8, other indicators have responded to the country’s efforts due to a developmental pull. For instance, the communications sector has been characterized by a rapid rise in mobile usage, which has facilitated business transactions and service delivery, but efficiency challenges remain pervasive.

Official Development Assistance
ODA to Zambia peaked at 5.9 per cent of GDP in 2008 before falling to 3.0 per cent in 2010. It ranged from 3.0 to 4.5 per cent of GDP between 2010 and 2015. There has been a downward trend in ODA to Zambia, especially from 2009 to 2015 (Figure 4.59). After rising consistently for the early part of the 2006-2015 period, ODA peaked in 2008 and thereafter declined (Figure 4.59). This is due to the reduced aid flows after the cancellation of the debt and the declaration of Zambia as a lower middle-income country. Besides, there are notable changes in the context of ODA, in part prompted by the global financial crisis which led many OECD countries to reduce on their aid portfolios and insist on value for money and results, while at the same
time leveraging ODA resources toward the development of Public Private Partnerships (JASZ, 2011). This shift has, in turn, created a change in the donor approach to ODA disbursement modalities. The Development Cooperation Support is now aimed at supporting government’s capacity to mobilize funds and coordinate own resources as well as focus on performance measurement, management, and accountability, and the development of PPPs.

Zambia’s recent graduation to a lower middle-income country also meant that access to concessionary loans and ODA declined. In 2006, the country attracted slightly over half a billion dollars (US$ 554.3 million) in ODA, which steadily increased over the subsequent three years, reaching a historic height of US$ 799.5 million in 2008, before a downward trend set in from 2010 (Figure 4.59). The recent past saw a consistent decline in ODA, estimated at US$ 544 million in 2012. This steadily declined to US$ 479 million in 2015 (Figure 4.59). Given the changed economic conditions in the country, especially the attainment of the lower middle-income country status, and the increasing donor fatigue which has been compounded by global financial challenges, it is unlikely that the downward trend in ODA will be reversed significantly. This reality led the government to turn to global financial markets to finance key developments.

Zambia has used wide-ranging instruments to manage international cooperation. The major objective of these instruments is to ensure effectiveness and efficiency of development cooperation by promoting cooperation and alignment. In 2002, the government and seven bilateral donors (Norway, Denmark, Sweden, Finland, Ireland, the Netherlands, and the United Kingdom) signed a Memorandum of Understanding (MoU) called the Harmonization in Practice (HIP), which focused on the harmonization and alignment of aid modalities. This cooperation framework was expanded to a membership of 17 and was renamed the Wider Harmonization in Practice (WHIP).

At the international level, efforts towards the harmonization of development cooperation gave rise to the Paris Declaration on Aid Effectiveness in 2005. Shortly after that, the Zambian Government and the donor community in the country signed the Poverty Reduction Budget Support Framework, which was anchored on the five pillars of the Paris Declaration, namely, ownership, harmonization, alignment, managing for results, and mutual accountability. This arrangement resulted in a reduction of direct project support and more resources being directed towards the national budget. However, some donors remained outside the budget support arrangement and chose to provide direct project support. As such, what obtains now is a heterogeneous aid landscape with cooperating agencies being active in different sectors and with different aid modalities.
The national trends in FDI indicate a steady rise over the 1991-2013 period. This can be attributed largely to the implementation of the free market-based economic policies, which have facilitated a stable macroeconomic environment. The overall trend has been consistently up with some isolated slumps, notably the 2008/2009 global economic crisis.
financial crisis and the 2011 dip that followed the change of government. Otherwise, the Bank of Zambia and the Ministry of Finance both report a ten-fold increase for the 2000-2010 period. The sector distribution of FDI shows the mining sector dominating, followed by manufacturing, wholesale and retail sectors.

The increase in FDI inflows facilitated a rise in employment creation with the largest number of jobs created between 2007 and 2010 in the manufacturing (9,313), agriculture (3,261), service, retail and wholesale (2,825) and mining (1,978). Interestingly, the mining sector, which had the highest FDI inflows, registered a modest employment growth due to its capital-intensive business nature.

Zambia has been implementing reforms aimed at removing barriers to trade since the early 1990s. These include membership of trading blocs (COMESA and SADC). The key reforms have included elimination of foreign exchange controls, import duties, and restrictive licensing requirements. Furthermore, the country, like many other developing nations, has been eliminating tariffs under the Most Favoured Nation (MFN) treatment and is now a much more open market, supported by a rules-based trading economy. The reforms resulted in improved ease of doing business and Zambia was ranked 84th out of 183 nations worldwide and 7th out of 46 nations in sub-Saharan Africa (2015 Global MDG Report). The country is pursuing mutually beneficial international and regional trading relations. This has enabled the country to be part of the Economic Partnership Agreement (EPA) negotiations under the East and Southern Africa (ESA) configuration under the European Union (EU). This has also led to the formation of the Tripartite Free Trade Area. Therefore, at the regional level, Zambia is part of the Tripartite Free Trade Area (TFTA) membership comprising COMESA, EAC and SADC. Zambia also fully participates in the Doha Development Round and activities of the 50 Least Developed Countries (LDCs).

**FIGURE 4.63**


The economic reforms which the country implemented in the early 1990s have borne dividends over time, leading to economic growth. While there has been a measure of economic diversification, the mining sector remains dominant. Copper exports currently account for about 65-75 per cent of total exports earnings. Although non-traditional exports are still low, they have shown relative growth, averaging 20 per cent per annum between 2002 and 2008.

Further strategies for improving competitiveness are required to harness the potential of non-traditional exports. For instance, Zambia’s scores for cross-border trading are among the lowest in the world, an extraordinary liability for a landlocked country. The high costs associated with international trade present serious obstacles to broad-based growth in both the urban and rural sectors. For example, the effective premium on imported fuel products diminishes the competitiveness of manufacturing and the profitability of Zambia’s large domestic transport industry, while agricultural exports – already hampered by weak transportation infrastructure – face additional administrative expenses and time delays that reduce farm incomes and discourage investment in new productive technologies (Zambia’s MDG Report 2013).

An overview of the trend in imports and exports shows that the country had a negative trade balance for the earlier part of the 2001-2014 period, a relatively long period of trade surplus between 2006-2011 before reversion to a deficit which was caused mainly by a slump in the mineral prices. The major destinations of Zambian exports are the non-EU OECD countries, followed by Asia and the SADC/COMESA region, especially DRC and SA. The major source of imports is Asia (mostly China).

**Debt Sustainability**

Zambia enjoyed a relatively strong economy with relatively low debt figures for much of the sixties and early seventies. This allowed for the massive development of the country’s socio-economic infrastructure. This period of relative prosperity was, however, succeeded by a long period of economic contraction from the late 1970s to the 1990s. The economic difficulties experienced during this period were attributed to the national responses and adaptation by the government to the adverse international factors, such as high oil prices and a slump in copper prices. These imbalances accentuated the balance of payment problems, compelling the country to borrow from domestic and international financial markets. The national debt rose steadily over time and by the 1990s had reached unsustainable levels. The debt cancellation and the ascension to the lower middle-income country have also led to the country borrowing from the private lenders at much higher interest rates, thereby raising the debt ratios.

At the height of the debt crisis in the 1990s, the total
FIGURE 4.64
Trends in Mobile Phone, Fixed Phone and Internet Users, 2000 -2014

Source: ZICTA (2015)
national debt was estimated at US $7 billion. Zambia was classified as Highly Indebted Poor Country and with the help of the international community, implemented austerity measures as a prelude to the cancellation of the debt. The debt write-off reduced the country’s indebtedness to US$ 0.5 billion at the end of 2006. The ratio of debt to GDP was estimated at an average of 21 per cent between 2001 and 2010. Thereafter, a steady rise in debt levels was observed. In 2011, the ratio was estimated at 20.6 per cent, rising to 25.5 per cent in 2012, 28.6 per cent in 2013 and 35.2 per cent in 2014. Given the observed decline in ODA inflows into the country, the government accessed funding from international capital markets. The country launched its first sovereign bond for US $750 million in 2012. Since then, two more bonds amounting to US$1million and US$1.25 million (in 2013 and 2015, respectively) have been launched. However, these have contributed to the observed rise in the national debt (see Figures 4.62 and 4.63).

The government conducted three post-HIPC Debt Sustainability Assessments (DSAs) in 2007, 2012 and 2014. These assessments revealed that Zambia’s public debt was sustainable and the debt stress was low in the medium to long term. However, it is important for the country to implement measures that will mitigate the liquidity risk at the time of maturity of the bonds. To this end, a Medium-Term Debt Management Strategy (MTDMS) has been put in place. In addition, a sinking fund meant for the redemption of the US$ 750 million and the US$ 1.0 million bonds at maturity in 2022 and 2024, respectively, was established.

Communication

The number of fixed telephone subscribers, which was estimated at 0.8 per 100 subscribers in 2000 declined to 0.84 subscribers per 100 people by 2015. The failure to significantly raise the subscriber base for fixed telephone users has mainly been attributed to operational inefficiencies of the monopoly state-owned Zambia Telecommunications Company (ZAMTEL), which was privatized in 2010 and re-nationalized two years later.

While subscriptions for fixed telephones have declined, there has been a phenomenal increase in mobile cellular connectivity. This has been facilitated by the wide availability, ease of access to, and falling prices of, cellular phones. Reports by the Zambia Information and Communications Technology Authority (ZICTA) show that in 2000, there were 0.50 (50 per 1,000) subscribers per 100, increasing to 0.67 per cent in 2014 (67 per 1,000 subscribers). The increase in cellular phone usage presents opportunities from both business and social service delivery points of view. Mobile phones are increasingly being used to facilitate business, especially in the financial sector where mobile banking services have become commonplace. The Zambia National Farmers Union has been relaying information on commodity prices and other market information using cell phones. UNICEF has also piloted a project whereby mobile phones are used to transmit information on newborn babies, as well as diagnostic and laboratory results. It is evident that cellular phone usage has vast socio-economic advantages that benefit social service delivery and ease business transactions. Exploiting the full potential of mobile phone technology will depend on overcoming the lingering impediments, such as internet speed and connectivity in rural settings.

Enablers and Constraints

Factors Enabling Global Partnerships

- The stable macroeconomic environment and investment incentives have facilitated improved FDI inflows into the country.
- The membership of international institutions increases the negotiation powers and access to bigger markets.
- By belonging to various regional organizations (EAC, COMESA, and SADC), Zambia has access to more markets with preferential tariffs.
- Easy access and improved usage of ICT has eased economic transaction through the reduction of costs and facilitated the delivery of social services.
- Cooperation among Cooperating Partners through the JAZ framework has improved the effectiveness and efficiency of Development Cooperation.
- The CPs have supported the implementation of MDGs through the direct budget support, among other strategies.
- The reduction in red tape and the improvements in ICT infrastructure have enhanced and facilitated trade.
- The roll-out of the ZCTA fibre optic network has enhanced access to internet.
Constraints against Global Partnerships

- The lack of national performance targets for MDG 8 made it difficult to track performance.
- The reduction in ODA limited the fiscal space for the country which led to contracting new debt from capital markets.
- At the global level, the slackened global economy adversely affected the country through a slump in commodity prices and worsened the balance of payments position.
- The non-fulfilment of the commitments made under the Monterrey Consensus on Financing for Development undermined effective financing and implementation of poverty reduction programmes.
MDG Lessons and Recommendations

This chapter presents the main lessons learned from the experience of implementing the MDGs and the recommendations made to the Government of Zambia and its development partners in respect of the institutional arrangements reviewed and the various targets examined under the eight Goals. It is envisaged that the recommendations will provide a firm foundation for integrating the lessons learnt from the implementation of the MDGs into Zambia’s efforts in formulating and implementing the NPDs and SDGs.

Institutional arrangements

Lessons Learnt

- The lack of an effective national MDG implementation framework resulted in sectors using varied domestication approaches, which yielded mixed results.
- The availability of an effective M&E system is cardinal for effective programming. Sectors whose M&E systems were well developed recorded better reporting record, and performed relatively better than others.
- At the sector level, non-clarity of mandates, ambiguities, and overlaps posed coordination challenges for effective implementation of the MDGs.
- Achieving programme effectiveness is largely dependent on ensuring an effective link between plans and budgets.
- Harmonization of national planning, monitoring and evaluation processes with regional and international requirements is cost-effective.

Recommendations

- The design of the 7NDP should be modelled on the SDG framework and focus strongly on poverty reduction. The Key Result Areas for monitoring progress that started with the R-SNDP should be expanded in the 7NDP.
- The SDG and 7NDP reporting systems should be merged through the following measures:
  - Harmonization of the 7NDP and SDG KPIs and merger of the reporting systems;
  - Continued improvement of the MIS in sectors where these are underdeveloped and non-existent; and
  - Introduction and popularization of community-based M&E.
- Increase investment and coordination of data collection systems.
- The government should implement the Decentralization Policy and the Inter-Governmental Fiscal Architecture to avoid the limitations of the previous plans.
- The missing link between the national, district and provincial planning committee and communities should be resolved by using the recently constituted quarterly meetings of Permanent Secretaries.

MDG1: Eradicate extreme poverty and hunger

Lessons Learnt

- Consistent macroeconomic stability and economic growth, while necessary, are not sufficient for reducing poverty and inequality.
- Without poverty-focused strategies, an economy could grow side by side with growing inequalities.
- Deliberate efforts are needed to promote inclusive growth through proper targeting of the vulnerable through programmes in agriculture, health, education and water and sanitation.
- FDI tends to be biased toward sectors that use capital-intensive technologies, which are not likely to create significant employment opportunities for small-medium enterprises.
- Growth in the agriculture sector, especially the small- and medium-scale farmers, has the greatest potential for reducing poverty.
- Without deliberate pro-rural policies and programmes, economic growth may not improve the livelihoods of rural populations.
• Diversification within and outside the mining sector has the potential to cushion the country from adverse economic shocks

Recommendations

The government should:

• Implement broad-based and inclusive growth strategies that target labour-intensive sectors and focus on rural areas.
• Enhance linkages between multinational corporations with small- and medium-scale businesses.
• Address the structural factors that inhibit the growth of the agriculture sector, especially small-scale farmers who employ most of the rural population.
• Introduce tested strategies for diversifying the economy from mining.
• Concentrate on the development of the under-exploited tourism sector, which has great potential for generating employment, especially for the youth.
• Implement strategies that address the widening inequalities between the rural and urban areas.

MDG 2: Achieve Universal Primary Education

Lessons Learnt

• The expanded education infrastructure, which is aimed at improving enrolments, must be matched with corresponding increases in teachers to avoid creating demotivating learning environments.
• The massive investment in school infrastructure increased uptake of education services and reduced the level of unmet need.
• Effective collaboration between government and Cooperating Partners generates lasting impacts on educational attainment in the face of limited domestic resources.
• Implementing tested strategies, such as the Universal Primary Education policy and programme for the advancement of girls’ education, can achieve results within a short time span.
• Improved governance through the devolution of education service delivery to local governments is the most effective way of increasing local participation.
• Strategies for improving access to education that do not cover all levels of the system risk producing inequalities where losses at another level negate success at one.
• Creation of a more conducive environment for increased participation of the private sector and NGOs will relieve pressure on public education services.

Recommendations

• Improved enrolment and progression rates should be accompanied by the engagement of more teachers and upgrading of school facilities to improve the quality of education.
• There is a need to match the improvement in primary education with more investment in basic education.
• The government must build on the improved completion rates for Grade 7 by scaling up secondary and post-secondary education infrastructure.
• The government must also strengthen its partnership with the civil society, given the latter’s competence in designing, lobbying for and monitoring programmes targeted at vulnerable populations.
• Monitoring of primary education performance could be improved by combining the GRE with the NER; the GRE over-estimates enrolments by including repeaters and ineligible population groups (like late entrants).
• The robustness of the largely input-based EMIS should be improved through the incorporation of output and outcome data by:
  ▪ Linking the information provided by the annual school census to information from ECZ;
  ▪ Promoting the decentralization of EMIS; and
  ▪ Strengthening the monitoring and evaluation capacity of the directorate for planning in the education sector.

MDG 3: Promote Gender Equality and Empower Women

Lessons Learnt

• Sustaining the gains made in gender equality is dependent on addressing the structural bottlenecks that hold back women’s progress.
• Increased women’s participation in higher education generates more impacts on women’s empowerment.
• Developing programmes for easing women’s access to finances and other productive resources is necessary but not adequate; skills development programmes should supplement this.
• The adoption and ratification of international and regional declarations can only produce expected results if it is followed by appropriate incentives for actualizing these declarations.
Recommendations

- To ensure improved monitoring and evaluation of gender programmes, stakeholders should build consensus on indicators and targets; also, stakeholder reporting systems should be standardized.
- While entrenching the achievements at primary school level, more should be done to achieve gender equality at higher levels of the education system.
- The structural and cultural barriers to women’s participation in the labour market should be addressed; and women’s skills development should be promoted to improve access to higher skills and productive jobs, including those in non-traditional work areas.
- The socio-cultural barriers that impede the progress of women’s representation in key decision-making positions should be eradicated.
- Minimum thresholds of male and female representation throughout the political cycle – from party lists to seats in parliament – could be introduced to incentivize the change and ensure greater gender parity in political representation at all levels.
- Government should strengthen the national capacity to synchronize national gender policies and strategies with regional and international declarations that Zambia is a signatory to.
- There is a need for capacity to mainstream gender-responsive initiatives at programme design stage; the tendency to bring in a gender perspective at the tail end of the programme must be discouraged.

MDG 4: Reduce Child Mortality

Lessons Learnt

- With reduced mortality and more children surviving, sustaining this positive trend will entail deepening the proven strategies and ensuring a safe living environment.
- Achieving a reduction in child mortality requires political will, sound strategies and equitably distributed resources, affordable treatment, and improved service delivery.
- With the help of international partners, positive strides can be made to improve child health and reduce mortality.
- The implementation of staff-focused retention schemes for remote rural health facilities, coupled with the expansion of health facilities can lead to improved health outcomes.

Recommendations

- More investments are required to deliver equitable access to healthcare across residence and geographic locations.
- The government and other stakeholders should
strengthen the outreach services provided by the health clinics to ensure improved health service utilization.

- Although important, the high dependence on Cooperating Partners poses questions of sustainability, which necessitate the implementation of alternative financing mechanisms, such as the National Social Health Insurance.

### MDG 5: Improve Maternal Health

**Lesson Learnt**

- Consistent implementation of proven interventions can have immediate impacts on reducing mortality.
- The observed consistent reduction in maternal mortality is a testimony of what can be achieved when government and the Cooperating Partners forge effective alliances for a common cause.
- The Safe Motherhood Action Groups are a model of how to use social cohesion to mobilize support for the implementation of strategies aimed at improving maternal health, even under constrained resource settings.
- The availability of appropriate data is important for monitoring and evaluating maternal health programmes.
- Improved availability of data should go hand-in-hand with improved analytical capacity for front-line managers.
- While national statistics are important for providing pointers, they mask inequalities which can be unveiled by disaggregating the data.

**Recommendations**

- Strategic investments should be made in maternal health interventions, especially those targeting underprivileged populations in the rural areas.
- There is a need for more investment in systems for routine monitoring of maternal health, such as maternal death reviews; this facilitates continuous monitoring and quicker interventions.
- Like other indicators, national maternal mortality indices mask vast regional disparities. To this end, it is important to localize target setting as this will not only allow the setting of realistic targets, but also galvanize community participation.
- Investment in human resources for health is essential for sustaining maternal mortality reduction, given the importance of skilled birth attendants.
- The capacity of frontline managers to use data for informed decision making should be enhanced.
- Sustaining the downward slide in maternal mortality is premised on a supportive empowerment base that enhances women empowerment.

### MDG 6: Combat HIV & AIDS, Malaria and Other Major Diseases

**Lessons Learnt**

- International support is important for HIV & AIDS and malaria programmes in the short to medium term; long-term programme success will depend on the extent of domestic financing.
- External support should be used to build enough local capacities, both technical and financial, in order to manage respective programmes.
- The MDG captured only prevalence as an indicator but missed out the whole dimension of the incidence.
- The strong political will and support from development partners were instrumental in the attainment of this goal.
- Interventions with a heavy external support can register positive results in the short term, but these can also easily be reversed within an equally short space of time.
- Community mobilization should supplement novel investment methods such as RDTs for both malaria and HIV and AIDS in order to maximize utilization.
- International cooperation in the fight against malaria can register immediate gains, but addressing underlying structural bottlenecks (appropriate housing, environment, and attitudes) is important in sustaining such gains in the long run.
- The inclusion of anti-malarial interventions as part of a broader maternal health programme produces faster and more lasting positive results.

**Recommendations**

- The joint programming opportunities presented by the co-morbidities of HIV & AIDS and tuberculosis should be exploited.
- As the HIV prevalence continues falling, more attention should be paid to incidence; and collaboration among agencies involved in tracking incidence should be enhanced.
- In the light of the low uptake of paediatric ART, strategies for improving delivery are needed; monitoring of mothers enrolled on PMTC programmes would also be helpful.
Sustaining the financing of HIV & AIDS, malaria and tuberculosis programmes is an imperative that should be addressed; the speedy implementation of SHI is urged.

Eradicating malaria will depend on how the underlying factors of environment and housing standards which facilitate the propagation of malaria are addressed.

MDG 7: Ensure Environmental Sustainability

Lessons Learnt

- A decline in the supply of energy such as hydro has an immediate impact on the environment, as demonstrated through increased deforestation.
- The lack of a reliable database makes it difficult to predict climate variability and provide early warning signs of related disasters such as flooding, drought, and disease.
- Facilitating universal access to safe drinking water and improved sanitation for the poorest communities requires the implementation of low-cost technologies.
- A long-term investment plan to which all stakeholders subscribe is essential to achieve effective coordination of actors in water and sanitation sectors.

Recommendations

- Devolving more powers to district and provincial structures would hasten service delivery. It is imperative, therefore, to establish a stand-alone Water Supply and Sanitation Directorate within the Ministry of Local Government and Housing.
- Monitoring could be enhanced through the wide adoption of real-time monitoring tools, such as mobile-to-web technologies.
- Effective implementation of the 7NDP and SDG programmes would be ensured by complementing action plans with implementation and monitoring frameworks against which programme performance can be assessed.
- The sector is characterized by numerous coordination challenges that need to be addressed to guarantee programme success. To this end, a long-term investment plan to which all stakeholders subscribe is recommended.

MDG 8: Global Partnerships

Lessons Learnt

- Following the cancellation of Zambia’s national debt, the volume of ODA coming to the country has declined, necessitating improved management of public resources.
- Without a debt management strategy, there is a risk of the country falling back into another debt trap.
- The telecommunications sector has witnessed spectacular success, and offers novel opportunities for enhancing service delivery; keeping pace with the telecommunications technology will ensure that the country improves on the advances made.
- Infrastructural development, while important for ensuring competitiveness, ought to be done in a phased manner to avoid economic disruption.

Recommendations

- In the light of observed reduction in ODA, the government must enhance tested and mutually beneficial incentives for raising private engagement in the economy; public sector capacities for maximizing resource mobilization and prudent utilization must be scaled up.
- Despite the preference for general budget support, there are cases of direct project support, resulting in a heterogeneous aid landscape with cooperating agencies that are active in different sectors and with different aid modalities. Efforts aimed at achieving better coordination of Cooperating Partners must be sustained.
- Zambia’s competitiveness has largely been hampered by a weak infrastructure, which needs to be revamped. Infrastructural development must be done in a phased and strategic manner that does not compromise the country’s fiscal position.
- Infrastructural development must give priority to those areas that have a direct link to economic activities and service delivery. These include the railway infrastructure and feeder roads.
- The rapid rate at which the country is contracting new debt is disconcerting; a more determined effort should be made to manage debt through prudent use and development of strategies to avert another debt trap.
- It is essential to address the structural impediments against full exploitation of the communications revolution, such as internet speed and connectivity, especially in the rural settings.
Endnotes

1. Check specific MDG section for source of data

2. Percentage of target achieved is calculated as (End line data/ 2015 Target) *100

3. Central, Copperbelt, Eastern, Luapula, Lusaka, Muchinga, Northern, North-Western, Southern and Western. Muchinga was created in 2011; as most of the data used in this report come from surveys from 2010 and earlier, especially the Census 2010, the LCMS 2010 and the DHS 2007, some data disaggregated by province might consider only nine provinces.

4. Urbanization is the increase in the share of a country’s total population living in urban areas. It is typically measured as the level showing the percentage of a country’s total population that is urbanized. Deep changes accompany this increase, notably economic, social and environmental ones. Urban population growth is the absolute growth in a country’s urban population. A country does not urbanize when urban population growth is lower than rural population growth (Africa Economic Outlook, 2016:149)

5. LCMS data shows 15 per cent of those who migrated in 2010 went from rural areas to cities. The main economic reason was the search for work.

6. Note that the methodology used in the 2003 LCMS is different from the other LCMSs. Check page 110 of the 2004 LCMS report for details.

7. Note that this is expenditure inequality.


9. The rationale advanced for shifting the maternal and child health department was that the MOH be left to concentrate on curative care, while the MCDMCH be charged with all the prevention activities. While the rationale for delegating preventative activities to the MCDMCH could be justified, implementation challenges were experienced at the district level, which had no equivalent department from other sectors to work with in implementing cross-cutting strategies that are vital for maternal and child health interventions.

10. Following an allegation of financial irregularities in the utilization of disbursed HIV & AIDS funds, the GTATM managers withheld funding to Zambia.

11. The 2002-2003 LCMS was semi-panel as the same households were followed over the four different seasons of the year to have a better understanding of the seasonal variations of poverty. It differs from other LCMS that were largely cross-sectional.

12. According to CSO LCMS 2006 and 2010 Report (2012), a methodology different from the earlier ones was used to estimate the 2006 and 2010 poverty estimates. In the earlier estimates, CSO used a fixed Engels ratio of 70 per cent attributed to food. On account of the strong appreciation of the Zambian kwacha from 2005 that made most imported non-food goods and services cheaper, an Engels ratio of 61 percent was used in 2006. Subsequently, in 2010, a higher Engels ratio of 66 percent was used as the LCMS data collection was conducted in a lean period (January-March) when most households devoted a higher proportion of expenditure to food items.

13. Respective Years’ Labour Force Survey Reports

14. The data on under-5 child nutritional status was obtained from the LCMS and ZDHS Reports for the respective years.

15. The 2015 LCMS Preliminary Report does not provide updated figures on the poverty gap ratio for that year.


21. A higher NER means that more children are attending school at the correct age. However, an NER above 100 per cent means the data is somehow flawed. NER cannot exceed 100 per cent. There are many reasons for flawed data – under and overestimates on the census, increased birth rates, lower death rates, migration, etc. In sum, to make a reliable estimate of NER, accurate estimates of enrolment by age is needed. There is a consensus that currently available demographic data in Zambia generally underestimates the total number of school-age children.

22. Youth literacy data is only available for those years in which the national census was conducted, i.e., 1990, 2000 and 2010. The latest data for which comparable youth literacy rates data was available was 2010. The analysis of progress towards the MDG target on literacy rates for 15-24-year-olds is, therefore, based on the 2010 census data which was the latest available.

23. Comparable data for 2015 was not available since the source of data for this indicator is the National Census of Population and Housing that was only due in 2020.

24. At the time, Muchinga Province was part of Northern Province.

25. Primary completion rates for Grade 7 at the provincial level were not being reported consistently for the period under review. Data available for the whole period was for Grades 9 and 12 which were outside the scope of the current report.

26. Muchinga Province was part of Northern Province until 2012.

27. 2015 data projected from the ZDHS data.

28. Percentage of one-year-olds immunized against measles

29. Muchinga Province was created in 2011 and, hence, there is no data available for the previous period.

30. The Maternal Mortality indicators for 2010 are based on MOH HMIS data and may, therefore, not be comparable with the DHS based. The HMIS is based on and is derived from health facilities, while the DHS is population-based.

31. The Maternal Mortality indicators for 2010 are based on MOH MIS data and may, therefore, not be comparable with the DHS based data sets. The MIS is derived from health-based data, while the DHS is population-based and nationally representative. Caution should, therefore, be exercised when these sets of data are used.

32. The ZDHS, which are the main sources for MMR estimates, generate national-level figures. For the subnational level estimates, the MOH, the Health Management Information System (HMIS), whose base is the facility data, was used. Despite the known weaknesses of facility-based data, it is the only available one that is broken to a lower level. The provincial-level differences in MMR should, therefore, be taken with caution.

33. The decline in the proportion of the population with access to ART was because a revision in the eligibility threshold by the World Health Organization (WHO).

34. The Ministry of Energy and Water Development.


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