I. Trends

1. Zambia, with a population of approximately 11.3 million and annual growth rate of 1.6%, has one of the highest incidences of poverty in the world with 64 percent of people living in poverty in 2006\(^1\). Zambia remains in the group of nations with the lowest human development rankings, currently ranked at 165 out of the 177 countries reported. This high level of poverty undermines enjoyment of human rights, as the poor are marginalised and their access to basic social services is limited.

2. Since 2003, the economy has grown at over 5 percent every year, averaging 5.6 percent in the last three years, suggesting that Zambia is potentially moving towards achieving the goal of halving the proportion of people who suffer from hunger by 2015\(^2\).

3. However, despite some noteworthy progress in the country’s GDP growth, the evidence suggests that, in the absence of tangible changes in the rates of improvement in most measures of living standards, the MDGs will not be reached. Wider social imbalances and geographical disparities continue to hinder the realization of the rights of women and children to health, education and socio-economic protection. The country's rate of economic growth cannot support rapid population growth or the strain which HIV/AIDS has placed on government resources with rising medical and education costs, and the decline in worker productivity. The High prices of essential commodities remain a challenge to the local communities. Approximately 7.4 million of Zambians live below the national poverty line\(^3\).

4. Zambia is also one of Sub-Saharan Africa's most highly urbanized countries. Almost one-half of the country's population is concentrated in a few urban zones strung along the major transportation laneway, while rural areas remain underdeveloped with living standards generally lower. Though the national poverty average rate has been reduced from 68% to 64% in two years, poverty in rural areas increased from 78% to 80%, while in urban areas it has been significantly reduced from 53% to 34%. Inequity among the population is another challenge that be addressed by targeting the most vulnerable people if the MDGs are to be achieved.

5. HIV/AIDS is a major challenge that continues to be Zambia’s major development threat undermining gains in child survival and other development achievements, with 16.5% prevalence among the adult population. HIV/AIDS will continue to ravage Zambian economic, political, cultural, and social development for the foreseeable future; 19% of 467,000 expectant pregnant women in 2007 will be HIV positive\(^4\). Further, about 130,000 children under the age of 15 are infected with HIV. But by September 2007, only 11,000 children were accessing ARV.

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\(^1\) Living condition monitoring survey – Preliminary results (unpublished)
\(^2\) The Zambia 2007 MDG Report (final draft)
\(^3\) The 2006 Living Condition Monitoring Survey (preliminary report)
\(^4\) Ministry of Health (Working Paper-2007)
6. Zambia has one of the highest proportions of children orphaned by AIDS in the world. The epidemic has created an unprecedented orphan-hood crisis. The 2006 Living Conditions Monitoring Survey shows that 17% of people aged up to 20 have lost one or both parents, with very much higher proportions amongst older children and in urban areas. The total number of children up to 20 years who have lost at least one parent is estimated at 1 million. The number of vulnerable households headed by children, women and elderly grandparents is on the increase, now bearing the brunt of the pandemic when the primary breadwinner succumbs to illness. Orphan-hood usually affects the child’s growth and development by increasing the risk of missing out on education opportunities, of living in a home which is food insecure, of suffering from anxiety and depression as well as exposure to HIV infection among other factors.

7. Malaria is the primary cause of child morbidity and mortality in Zambia. According to the Living Conditions Monitoring Survey 2006, malaria / fever is the most common illness reported. For under-5s, malaria incidence stands at 1135 cases per 1000 children per year.

8. Since 2000, Zambia has maintained high immunization coverage rates of over 80 per cent, for children below the age of one year. The coverage rates were BCG: 99.5 percent, OPV3: 97 percent, DPT3: 96.8 percent, Measles: 89.8 percent, and TT: 79 percent in 2006. The full immunization coverage rate among one-year olds increased from 82 percent in 2005 to 87 percent in 2006. Zambia has successfully eliminated the neo-natal tetanus from the country.

9. In the area of education, Zambia maintains a high net enrollment of children (97.02%) in primary (up to grade 7) schools and completion rate in primary schools has increased from 81.6 percent in 2005 to 84.96 percent in 2006. Yet, the gender gap in primary completion rate was at a high level of 11.6 percentage points.

10. While enrolment shows improvement, the quality of education continues to be a serious problem throughout the country. The 2006 Zambia’s national assessment survey results revealed that, the national mean percentage mark in Reading in English was 34.49%, in numeracy was 38.45% and Zambian Languages 37.97%, which is below the set minimum criterion in all subjects. Generally the trends in mean performance indicate a constant and sustained performance between the 2003 and 2006 performance in Reading in English and numeracy. Despite massive investments put in the Primary Reading Programme, performance in reading in English is relatively the same. One of the factors contributing to the low level of quality education is the pupil teacher ratio (57.2% in 2005) and lack of infrastructure. As a result most of the schools are functioning with three shifts. However, Zambia 2007 MDG report state that the MDGs for primary education and gender equity at all levels of education will be achieved.

11. The Availability of safe water and sanitation facilities remains a critical problem. In rural areas alone approximately 4.8 million people lack access to safe water. 6.6 million lack access to adequate sanitation, contributing to high incidences of diarrhea and chronic

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5 - Living condition monitoring survey, 2006 (preliminary report, un published), CSO

6 - WHO/UNICEF Joint Reporting Form on Immunization Jan – Dec 2006

7 - HMIS

8 - EMIS 2006 preliminary report
malnutrition among children under 5. Due the inadequate sanitation systems cholera outbreaks are common in the rainy season.

12. Legislation is in place to prevent abuses of rights by state and non-state actors, although it is inadequate and segmented. In addition, Zambia is a signatory to a number of international conventions and regional treaties on human rights including the Convention on the Civil and Political Rights (ICCPR), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child and Convention on the Elimination of All Forms of Racial Discrimination among others.

13. One of the major challenges for the human rights regime in Zambia is the failure of the government authorities to enforce the existing law as it relates to the protection of women and children. The law has been amended in certain areas to maximize human rights protection, yet the protection mechanisms are at best ad hoc and at worst non-existent in some instances.

II. Recent development in relations to children’s rights (2004-2007)

14. In May 2004, Zambia’s initial State Party Report under the CRC was reviewed by the Committee on the Rights of the Child. The Committee concluded that poverty and AIDS have impeded the full implementation of the Convention”.

15. In September 2006, Zambia successfully held popular elections to determine the legislative and executive branches of government, giving the incumbent republican president a second term in office. This has provided a favorable and stable political environment critically needed for continued realization of the rights of children and women.

16. In January 2007, the Fifth National Development Plan (FNDP) 2006-2010 and the Vision 2030 were launched which put much emphasis on addressing means by which the well-being of women and children might be achieved. The plan outlines programs in the areas of reproductive health, curative and rehabilitative care and maternal health services, safe motherhood, and the legal and social protection of children and women. This culminated in the signing of the Government of Zambia/UNICEF Country Programme of Cooperation 2007-2010, the UNDAF 2007-2010 and the Joint Assistance Strategy in Zambia (JASZ) 2007-2010.

17. The period 2004-2007 has seen a drastic transformation in legal system to improve protection of human rights. Laws have been strengthened with regard to sexual and other abuse, exploitation, and the sale or trafficking of children. Review, amendments or enactment of laws pertaining to the Penal Code, Criminal Procedure Code and the Employment Act. Further, Government has also strengthened laws on education prohibiting corporal punishment in schools and allowing pregnant girls return to school after delivery. In 2007, a Gender Based Violence (GBV) Bill was taken to Parliament for consideration.

18. Zambia’s five principal institutions for the protection and promotion of human rights were restructured and include the Human Rights Commission, Anti-Corruption Commission, Police Public Complaints Authority, the Zambia Police Victim Support Unit, Judicial Complaints Authority and the Ombudperson’s office under the department of the Investigator General.
19. Zambia is striving to put in place a legislative regime that is in accordance with its human rights obligations. In 2006, a new Zambian Constitution which is still in draft specifically addresses the rights of women and children. There is also legislation to review all child related laws which will give effect to much of the CRC.

20. Less than 10% of all Zambian children have a proper Birth Certificate due to an inefficient birth registration system. The process of obtaining a Birth Certificate is cumbersome, expensive and often impossible for most poor and rural inhabitants because of poverty and distance. Hence a majority of Zambians and most children face difficulties in proving their identity and in fact proving their citizenship.

21. During an assessment on gender-based violence (GBV) conducted in 2006, key informants related that the number of child defilement cases were rising. It was unclear whether this rise reflected increased levels of reporting related to the media campaigns highlighting the issue, or an actual increase in number of incidents. Some believed that the spread of the “virgin cure” myth—that having sex with a virgin girl will cure STIs, including HIV, or build immunity against STIs—is increasing the number of child rapes, but this has been highly contested among experts in South Africa and remains an area for further study in Zambia.

22. Zambia participated in the Secretary General’s Study on Violence against Children which provided a strategic opportunity to raise awareness and to place the issue higher on the political agenda. This has mobilized a partnership on GBV that is spearheading legislation reform on violence, establishment of One Stop Centres and Places of Safety in the country, and development of a national strategy on GBV and transformation of the juvenile justice administration system (justice for children).

**Summary of UNICEF capacity building and technical assistance programmes**

23. UNICEF has succeeded in placing the realization of the rights of children and women firmly on the public agenda. There is widespread awareness of human rights in Zambia. UNICEF has supported the process of mainstreaming women’s rights through advocacy targeting the Ministries it deals with most frequently as well as initiatives that directly involve children in establishing child rights clubs in schools.

24. UNICEF has been instrumental in developing better coordination and communication around social protection, planning and oversight of OVC issues, GBV, birth registration, child law reform and child trafficking. Although time-consuming, the development of dialogue and networks has been particularly important in these areas which are relatively new to Government, and hence at an early stage of policy and programme development.

25. UNICEF focused on the integration of key interventions to support the development and maintenance of social services in the areas of health and nutrition and water, sanitation and environment. This approach also entails advocating and providing technical support to duty-bearers to ensure that they adhere to their commitment to children and women as rights-holders.

26. A priority for UNICEF and particularly its NGO partner PLAN is ensuring progress in birth registration of Zambian children. The process of obtaining a Birth Certificate is presently being reviewed and a proposal for the simplification and effectiveness of
providing Birth Certificates will be presented to the Ministry of Home Affairs in early 2008.

27. UNICEF has continued in providing technical assistance for legal reform. For instance, UNICEF supported the drafting of legislation on gender-based violence and the ongoing review process to strengthen all legislation protecting children. A bill on domestic violence against women has been drafted by the Ministry of Justice, although not yet passed by the Parliament, will ensure protection of women’s rights.

28. UNICEF has supported the development of a national strategy on gender-based violence and supporting the scale up on One Stop Centre and Places of Safety to address violence against children and women. As part of a mutlisectoral and interdisciplinary partnership led by the government which includes civil society, faith-based organizations, bilateral cooperating partners and UN agencies, there is a continuing dialogue on the best ways to protect the rights of children and women and to address the way that existing legislation should be improved and be best applied so that the country obligations can be realized.

29. UNICEF devoted resources for CRC and CEDAW training with Government, NGOs and other agencies. Advocacy at the national level for strengthening national policies (National Child Policy/ National Plan of Action on Children, policy on Early Childhood Development Education and social welfare) to ensure access to basic social services.

30. UNICEF has also been active in the dialogue and advocacy for a scale up of social protection and social transfer interventions to support vulnerable households in particular those caring for children. UNICEF has taken a prominent role in the donor and government coordination committee on social protection under the Ministry of Community Development and Social Services.

31. To set the appropriate policy environment for children, UNICEF has supported training for policy officers across the social sector ministries on policy and budget analysis in order to contribute to the capacity improvement of Government officials for mainstreaming child rights and women’s rights as well as to accelerate and enhance MDG performance.

32. UNICEF also supported key actions including:
   - an analysis of National budget prioritisation and allocations for child and women centred areas and costing of MDGs;
   - an assessment of the coordination mechanism and monitoring and evaluation framework for social policy;
   - an assessment of guidelines in promoting child and women-sensitive policy initiatives- this is an important step which will make a difference in the perception of government by assisting to incorporate the language of rights in the documentation providing guidance to all levels of government.

All of these legislative and planning commitments mean that Zambia is in an ideal position to make extra efforts to take effective action to respect the human rights of women and children, and for UN agencies including UNICEF to assist the Government in this endeavour.