



ICPD 2024

"Ensuring no one is left behind on our journey towards a peaceful, equitable, just and sustainable future for all"

ANNUAL REPORT I 2024



Message from the Country Representative



The theme of this year's Annual Report for UNFPA Zambia reflects a strong commitment reaffirmed on the global stage - the concluding statement delivered by the Honorable Minister Princess Kasune MP on behalf of 82 countries during the ICPD@30 commemoration at the United Nations in New York: "Ensuring no one is left behind on our journey towards a peaceful, equitable, just, and sustainable future for all." This statement is more than a declaration of intent; it is a call to action that reinforces the urgency of advancing sexual and reproductive health and rights (SRHR), gender equality and inclusive development, even amidst challenges.

The year 2024 tested the resilience of the Zambian people and systems. Zambia faced unprecedented humanitarian crises that deeply affected communities. The year began with a devastating cholera outbreak. Shortly thereafter, the country

was struck by the worst drought in 40 years, affecting more than 9 million people, including 2.1 million women of reproductive age—11.6% of whom were estimated to be pregnant. In the face of these challenges, we stood firm in our commitment to safeguarding access to essential SRHR and Gender Based Violence (GBV) services.

UNFPA's response was swift and strategic. To support the cholera response, we strengthened maternal health services at Levy Mwanawasa Hospital by establishing a dedicated maternity wing and deploying 15 volunteer midwives. As a result, no cholera-related maternal deaths were recorded. In response to the drought, we adopted a dual approach - providing both life-saving and life-sustaining support. Through mobile health clinics in hard-to-reach areas of particularly Southern, Western and Eastern Provinces, we delivered integrated SRHR, GBV, HIV and Prevention of Sexual Exploitation and Abuse (PSEAH) services. These efforts reached more than 150,000 people, including pregnant women, ensuring that many accessed critical first-trimester check-ups for the first time.

Beyond crisis response, 2024 was a year of progress and dialogue. Zambia played a leadership role at the United Nations General Assembly (UNGA), delivering a powerful statement on behalf of 81 countries in commemoration of ICPD@30. Domestically, the Gender Machinery convened its first-ever quarterly meeting with President Hakainde Hichilema, demonstrating a renewed national commitment to advancing gender equality and women's empowerment.

UNFPA supported the launch of Zambia's first-ever National Youth Policy, which prioritizes access to SRHR services for adolescents and young people. To ensure inclusivity, an easy-to-read and braille version of the policy was developed, making it accessible to youth with diverse literacy levels and intellectual abilities. But also 122,578 adolescent girls successfully graduated from the Safe Spaces mentorship programme which has empowered them with essential life skills and integrated SRHR/HIV/GBV information and knowledge. These milestones reflect an ambition that is not only committed to progress but is actively shaping a future where every individual has the opportunity to thrive.

None of these achievements would have been possible without the wonderful collaboration with the Government of Zambia, cooperating and development partners. Our collective efforts have made a tangible impact, proving that when we work together, we can overcome challenges and create lasting change.

As we look ahead, UNFPA remains steadfast in its mission to support Zambia's development aspirations in universal access to SRHR and gender equality. We will continue strengthening partnerships, driving innovation and ensuring that no woman, no man, no girl and no boy are left behind on our journey towards a peaceful, equitable, just, and sustainable future for all.

Seth Broekman

COUNTRY REPRESENATIVE

@ JNFPA

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Country Context



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Maternal Mortality Rate (MMR) per 100,000 live births. The MMR has reduced from 252 per 100,000 live births in 2018. An increase by 1.4% in maternal deaths was recorded at 752 from 742 in 2023.



94%

Of live births were delivered by a skilled health provider. There has been an increase from 84% in 2018.



52.5%

Contraceptive Prevalence Rate (CPR) with 16% unmet need. In 2018, the CPR was at 48% with unmet need at 20%.



51.8%

Of the total population is aged below 18 and 26% of the total population is between the ages 19 to 34.



36%

Of women have experienced physical violence while 14% have experienced sexual violence.



29%

Adolescent girls are married by age 18. This translates to 1.7 million girls, with 400,000 married before the age of 15. Another 28% of adolescent girls become pregnant before age 18.



9.8%

HIV prevalence in people aged 15 to 49 with 12.6% in women and 6.9% in men. Prevalence rate in the same age group was at 11.3% in 2018.

DATA SOURCES

- Zambia Demographic and Health Survey (2018)
- Census of Population and Housing (2022)
- Zambia Demographic and Health Survey (2024)
- Maternal and Perinatal Death Surveillance and Response Report (2024)
- United Nations Programme on HIV/AIDS (UNAIDS)

UNFPA in Zambia

UNFPA's mission is to deliver a world where every pregnancy is **Wanted**, every childbirth is **Safe** and every young person's **potential** is fulfilled.

In Zambia, UNFPA is currently implementing its 9th Country Programme of Cooperation with the Government of Zambia (2023-2027). The Programme is aligned with Zambia's 8th National Development Plan (2022-2026); Zambia's Vision 2030; and the United Nations Sustainable Development Cooperation Framework (2023 – 2027).

UNFPA's collaboration with the Government of Zambia also advances the International Conference on Population and Development (ICPD) Programme of Action, as well as supports the implementation of African, East and Southern Africa and SADC commitments related to Sexual and Reproductive Health and Rights (SRHR), gender equality, and population and development, amongst other strategic frameworks.

Our Goals by 2027



 Reduce unmet need for family planning from 20% to 15%.

- Reduce maternal mortality ratio
 from 252 deaths per 100,000 live
 births in 2018 to 160 per 100,000 live births.
- Reduce the proportion of women and girls who experience gender-based violence (GBV) from 46.8% to 42 %, including a reduction in child marriage from 29% to 25%.
- Contribute to ending sexual transmission of HIV as a regional priority.
- Enhance skill of young people and empower them to make informed decisions about their SRHR.







\$4.4 million Government commitment to co-financing of modern contraceptives and essential maternal and newborn health medicines. An increase of 63% from 2023.



90,000 additional users of modern contraceptives were reached, bringing the total number of users to 1,900,000.



750,000 Unintended pregnancies were averted, due to the use of modern contraception methods. An increase by 4% from 2023.



150,000 Unsafe abortions were averted due to the use of modern contraception methods. An increase by 4.2% from 2023.



800 Maternal deaths were averted due to the use of modern contraception methods. An increase by 5.3% from 2023.



432 Public health facilities have the full emergency obstetric and neonatal clinical functionality in UNFPA supported provinces. An increase by 15% from 2023.

UNFPA continued implementing interventions that focus on achieving universal access to SRHR by ensuring that all individuals, everywhere, have information and services to make informed decisions about their sexual and reproductive health. Universal access to SRHR promotes human rights, gender equality, and sustainable development, contributing to improved well-being for all.



Maternal Health

Strengthening SRHR Laws, Policies and Strategic Plans

UNFPA supported the following;

- Drafting of the SRHR Policy Implementation Plan. The plan is ready for submission to Cabinet for endorsement.
- Drafting of the 2025—2030 Strategic Plan for Midwives Association of Zambia (MAZ), a professional and voluntary organization for all midwives in Zambia.
- Development, revision and institutionalization of the National Maternal and Perinatal Death Surveillance and Response (MPDSR) Plan. Zambia is investigating a shift to include confidential inquiries into preventable maternal deaths. Notifications of maternal and perinatal deaths are now mandatory, including weekly national maternal deaths review meeting chaired by the Ministry of Health.
- A team of experts from South Africa to Zambia to orient assessors in the process of Confidential Enquiry into Maternal Deaths (CEMD). A total of 75 Health Care Providers (HCPs) were capacitated in conducting the MPDSR process and 40 HCPs including midwives were trained in the initiation of CEMD. A pilot study has been planned in 2025.

Towards ZERO Unmet Need for Family Planning

 The Government and UNFPA signed the Compact of Commitment in January 2023. Since then the government has disbursed more than USD7.1 million from the treasury for Third Party Procurement of reproductive health commodities. USD2.7 million was disbursed in 2023 and USD4.4 million was released in 2024. Launched in 2022, the UNFPA Supplies Match Fund is a financing mechanism to match additional government contributions for procurement of contraceptives. In 2024, UNFPA matched domestically raised resources on a 1:2 ratio capped at USD2 million.

- UNFPA worked with all levels of Government to strengthen the supply chain, particularly to the last mile. This included among others, facilitating third party logistics for distribution of life saving reproductive health commodities and implementation of Electronic Logistics Management Information System (eLMIS) across 15 health facilities in Luapula Province. The eLMIS is designed to provide real time data on commodity consumption, stock availability, and ordering patterns to ensure accurate, timely tracking of supplies from the central warehouse to health facilities.
- Training and monitoring the mentorship of clinical instructors and Midwifery Tutors in the provision of Long Acting Reversible Contraceptives (LARC). Thirty five (35) midwives attained improved skills in LARC through on-site mentorship.
- Training of HCPs in sign language to enhance integrated SRHR/HIV/GBV service delivery for persons with disabilities. This included development of a basic sign language module for nurses and midwives, which has been integrated into nursing and midwifery curricula, and training for clinical instructors.

Towards of ZERO Maternal Deaths

- UNFPA Zambia in collaboration with UNICEF and WHO and other partners supported the Government of Zambia to host the first ever National Maternal and Newborn Health Summit that was held under the theme, "Accelerating the Reduction of Maternal and Neonatal Deaths in Zambia through Multi-Sectoral Approach". focusing on evaluating progress and developing strategies. Key challenges discussed included the "three delays" in maternal care: delays in seeking care, reaching care, and receiving care. At the summit, President Hakainde Hichilema directed stakeholders to develop a multisectoral plan to mitigate preventable maternal deaths. UNFPA provided technical assistance towards the process and the plan is in draft form.
- UNFPA continued supporting Emergency Obstetric and Newborn Care (EmONC) services at health facilities to address pregnancy—and childbirth-related complications. To enhance service delivery, 120 health care providers including included Nurses, Midwives, Clinical Officers, Medical Licentiates, and Medical Doctors underwent abridged EmONC training. A total of 50 in-service nurses in two UNFPA supported provinces trained to become midwives to increase the number of skilled attendants at birth.

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130 Health service delivery points offering standard package of adolescent and youth friendly services in supported provinces



67 Youth network leaders members were trained in advocacy for integrated adolescent SRHR/HIV/GBV. The training was cascaded to more than 1,000 youth network members



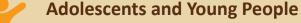
171,553 adolescent girls and young people aged 10-24 graduated from safe spaces

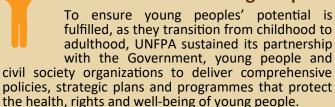


80,055 Men and boys reached through the positive masculinities intervention



Teachers were trained as TOTs and 440 oriented to offer high quality Life Skills and Health Education (LSHE) in 28 schools





Laws, Policies and Strategic Plans

UNFPA supported the following;

- Mass dissemination of the inaugural State of Youth Report.
- Development and launch of National Youth policy.
 The policy includes a component on Mental Health and well being and specifically address issues of access to SRHR by adolescents and young people.
- UNFPA developed an Easy to Read and Braille Versions of the National Youth Policy. The easy to read version uses simplified language, clear formatting, and visual aids to make the policy accessible to youth with varying levels of literacy and intellectual abilities.

Gender, Adolescent Pregnancy and Social Norms (GAPS)

The GAPS Programme continued addressing adolescent pregnancy, child marriage, and gender inequality across six districts in the Eastern and Southern Provinces.

UNFPA through the Safe Spaces mentorship program continued to empower adolescent girls by providing them with essential life skills and integrated SRHR/HIV/GBV information and knowledge. The Safe Spaces enrolled 159,610 adolescent girls aged between 10 - 19 and 122,578 successfully graduated with the highest graduation rates (53.8%) among girls aged 10-14.

Beyond empowering girls, the programme actively engaged adolescent boys and men as partners in promoting gender equality and challenging harmful social norms. This inclusive approach recognizes the importance of involving boys in creating a supportive environment to address adolescent pregnancy and sexual and reproductive health challenges.

A total of 9,543 adolescent boys were enrolled in mentorship sessions that were conducted, through the out of school Comprehensive Sexuality Education curriculum, delivered by trained peer educators. Beyond Safe Space 12,256 girls and boys also easily access adolescent and youth-friendly SRHR services through the active referrals by mentors.

Through the Men and Boys Networks, 8,055 men and boys were reached with vital information on gender equality, mental health, and preventing GBV. These platforms were instrumental in promoting healthy masculinity, challenging toxic stereotypes, and addressing issues like depression and anxiety among men and boys. Comprehensive Sexuality Education (CSE) clubs were formed, reaching 27,067 girls and boys, and 8,055 men and boys were engaged as change agents.

In an effort to boost the economic prospects of marginalized girls and reduce their susceptibility to adolescent pregnancy and child marriage, the programme actively promoted economic initiatives focused on piloting entrepreneurship models that align with local development opportunities and economic activities.

Safeguarding Young People (SYP)

In line with the objective of fostering a more inclusive approach to youth development, UNFPA supported the following:

 Hosting the Critical Thinking meeting as a side event to the Cultural Resetting Symposium on Ending Child Marriage. The Critical Thinking meeting identified key drivers of high pregnancy and HIV infection rates among adolescents and Young people. The meeting aimed at building a census on deliberately interventions to improve access to SRHR services among adolescents and young people.

During the meeting, a delegation from the Kingdom of Eswatini undertaking a learning visit to Zambia made a presentation on the age of consent to access SRHR information and services in their country. To curb sexual HIV transmission and adolescent pregnancies, Eswatini Government reduced the age of consent to access to SRHR services at health facilities to 12 from 18 years in 2012.

UNFPA



The delegation included representation from UNFPA Eswatini, Ministry of Sports Culture and Youth Affairs, Eswatini National Youth Council, Ministry of Education and Training and Ministry of Health.

- Development, piloting and validation of the Life skills and Health Education (LSHE) framework.
- Capacity building of Youth Resource Centers. Fifteen Out-of-School (OOS) CSE clubs were established, engaging 350 out-of-school youth with quality CSE information. This led to a significant increase in knowledge and understanding of ASRHR among these youth, promoting healthier behaviors and informed decision-making.
- Thirty five community dialogues on harmful norms and practices such as adolescent pregnancy and child marriage were conducted reaching 27,332 participants (57% female) including leaders. These dialogues resulted in greater community support for ASRH services and a stronger collective effort to protect adolescents' rights and well-being.
- Virtual awareness campaigns such as the Reducing Adolescent Pregnancy (RAP) campaign and the Young Smart Safe campaign, reaching a total of 492,924 young people (54% female) through the TuneMe platform. The campaigns effectively educated and engaged youth on ASRHR, HIV, and GBV issues.
- Capacity-building of 90 healthcare providers in delivering youth-friendly SRHR services, aiming to make health facilities more accessible, welcoming, and supportive to adolescents.
- Hosting of the inaugural Zambia Chapter YouthConnekt Summit in collaboration with the Ministry of Youth, Sport and Arts, and United National Development Programme. This summit brought together over 1,000 like-minded youth from across the country and fostered a sense of unity and ambition.
- Supported the National Youth Indaba that brought together young people from across the country, providing them with a platform to engage in meaningful conversations about development issues.
- Convened a multi stakeholder capacity-building workshop that was designed to equip participants with the knowledge, skills, and tools necessary to integrate disability-inclusive strategies in programming. As a result, implementing partners developed tailored action plans to enhance disability-inclusive practices within their organizations and established a network of professionals committed to advancing disability inclusion.



HIV Prevention





Condom Programming

UNFPA, in collaboration with the Ministry of Health, National AIDS Council and other partners, implemented an Expanded People Centered community based condom distribution programme in eight districts in four provinces.

The programme was a build up on the condom programming interventions initiated under the Global Fund Condom Programme Stewardship Strategic Initiative (CSI) in 2023. The Expanded People Centered programming focused on last-mile condom distribution beyond health facilities to ensure convenient access and promotion of sustainable condom supply in hots spots within communities.

In 2024, UNFPA working with other partners established 382 distribution points out of the targeted 600 hotspots. This was done through geospatial hotspot mapping and assessment that provided insight into the distribution rollout. In preparation for the roll out, commodity tracking mechanisms using paper-based system Stock Control Cards that feeds into National AIDS Council Management Information System to ensure capturing of condom distribution data.

To ensure suitability and effectiveness of the initiative, 400 community based volunteer distributors were trained to effectively order, manage storage, handling, distribution and sustainable social behavior change communications messaging on consistent and correct usage of condoms.

The hotspots were supplied with over two million pieces of condoms that were moved directly from the central warehouse and linked to centralized commodity tracking mechanisms at Zambia Medicines and Medical Supplies Agency (ZAMMSA).

Stories from the field



From isolation to empowerment through obstetric fistula repair

Abigail Muleba, a 29-year-old fistula survivor who suffered in silence for years is a proud community volunteer assisting women access life-changing fistula surgeries. But just a year ago, Abigail was one of the women seeking help.

At the age of 17, living in a rural area with limited access to SRHR information and services, Abigail became pregnant and gave birth at home. Complications during labor led to the development of obstetric fistula.

"I started noticing that I was unable to control my urine, and it kept getting worse. I thought it was just a normal part of pregnancy, but it didn't stop. Eventually, I started having a foul smell, and I felt ashamed. I withdrew from everything—my school, my church, and my community. I didn't understand what was happening to me, and neither did my family," Abigail recalls.

Abigail lived in isolation and the stigma until a community health worker came to her village and sensitized the community about obstetric fistula that Abigail finally understood her condition.

"The symptoms they described were exactly what I was experiencing. I decided to sign up for a fistula repair camp at the hospital," she shares.

Abigail's decision to seek treatment was life-changing. She is one of the many women who received a successful fistula repair through a UNFPA supported specialized fistula camp, conducted in collaboration with the Ministry of health. The fistula repair camps provide women and girls with not only life-saving surgery, but emotional and psychological support, rebuilding their dignity and confidence.

"I never imagined that I could sit in a classroom again. When I finish school, my plan is to study to be a midwife. I saw how midwives helped me, and I'm now passionate about helping others who are in the same situation as me."

- Abigail

"The surgery and the care I received at the camp restored my life. I now walk with my head held high, no longer ashamed. I feel empowered, and I know I am not alone. This experience has motivated me to help other women who are suffering from the same condition," Abigail says. In addition to her role as a community volunteer, she actively helps raise awareness about fistula prevention and encourages women to seek medical care during pregnancy and childbirth.

Abigail has since returned to school to complete her secondary education and pursue her aspiration of becoming a midwife.

UNFPA supports institutionalization of fistula management and training of provincial fistula teams through fistula repair camps. In 2024, 62 fistula survivors had their dignity and pride restored after successful fistula surgeries. Since 2005, UNFPA collaborating with the Ministry of Health has conducted over 4200 successful repairs in Luapula and North Western Provinces.





22,243 Survivors of GBV accessed an integrated package of essential services in 20 districts.



29 Traditional Leaders are actively using various platforms to address GBV, child marriages and adolescent pregnancy.



171, 553 girls reached with life-skills mentorship programmes that build their health, social and economic assets in target districts.



President Hakainde Hichilema with the Gender Machinery at State House ©STATE HOUSE

Gender Based Violence (GBV) continued to be recognized as a key gender issue that needs to be addressed. Women and girls face physical, emotional and sexual abuse that undermines their health and ability to earn a living. This disrupt their social systems and relationships and rob girls of their childhood education.

UNFPA continued to sustain its support towards increased multi-sectoral approach to preventing and responding to GBV and provide post support to survivors in all settings, with a focus on promoting zero tolerance to GBV.

Through the Government of Zambia/United Nations (GRZ-UN) Joint Programme on GBV supported by Sweden and Ireland, UNFPA continued to contribute towards the operationalization of the Anti-GBV Act No. 1 of 2011, which provides for the prevention and management of GBV.

UNFPA significantly contributed to the following key milestones towards ending GBV and harmful practices.

 Strategic coordination of the inaugural quarterly meeting between His Excellency the President Hakainde Hichilema and the Gender Machinery.

- Establishment of the steering committee of African Women Leaders Network Zambia (AWLN) Chapter and hosting the inaugural summit. The AWLN Chapter promotes participation of women in politics and decision-making positions.
- Drafting of the National Action Plan on Women Peace and Security which aims at ensuring all international efforts for peace have a gender equality perspective.
- Supported the development of a policy brief on Ending Child marriage in Zambia that discusses the implications and considerations for accelerating progress in the context of Zambia's Marriage (Amendment) Act No. 13 of 2023.
- Facilitated commencement of establishment of the National GBV Management Information System.
- Project mapping services for GBV, began in Southern Province and 15 districts have been mapped. The exercise explored the types of services offered, organizational capacity, referral pathways, and data management practices.

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Stories from the field

From initiators to protectors

At Mkaika Clinic in Katete district, a group of local traditional marriage initiators, known as "alangizi," gathered for their bi-weekly meeting. For centuries, these older women have played a vital role in marriage rites, mentoring young women for marriage including conducting lessons on sexual and reproductive practices, health and traditional household roles. However, this particular meeting had a unique agenda, it was the beginning of a lifetime resolution to protect young girls from child marriages.

Sixteen-year-old Mary Daka, had adamantly resolved to get married after failing her grade seven (7) examinations and dropping out of school. Accompanied by her mother, she came to the alangizi seeking mentorship and possible initiation into marriage. However, the alangizi had no intention of initiating Mary into marriage, reaffirming the position of Mary's mother that she was too young to get married, instead, they aimed to persuade her to return to school and realise her full potential.

This group of alangizi had evolved into a team of protectors, fighting against child marriages and adolescent pregnancies in their chiefdom. They resolved to ensure that all young girls at least completed secondary school and were above the age of 18 before being prepared for marriage.

"We feel our community has lagged behind due to lack of education, largely caused by early marriages and teenage pregnancies," explained Martha Banda, the group's chairperson. "When our children are educated, they bring ideas that will drive development in our communities and the entire village. Early marriages and pregnancies hinder their education."

"We've changed our teaching approach, whenever parents bring their children to us for lessons, the first thing we ask for is the under-five clinic card, which indicates the child's birthdate. Here in the rural areas, most children finish school late, so even though the legal age of marriage is 18, we try to enroll only girls aged 20 and above. By that age, we know they would have completed school," Martha said.

They held conversations with Mary, listening to her concerns and encouraging her, Mary agreed to reconsider her decision and return to school. The two alangizi invited Mary and her mother to join the meeting, where they would receive further mentorship and support from the wider group of alangizi.

"The area we monitor is vast, so we've divided it into smaller zones, each assigned to a specific member of our team. We regularly visit our designated areas, meet to share reports, and provide updates to ensure we're effectively covering the entire region." Mary's mother expressed gratitude for the alangizi's intervention. "I tried convincing her to return to school, but she was discouraged after failing her exams. The alangizi have been a great help."

"When our children are educated, they bring ideas that will drive development in our communities and the entire village."

- Martha

To avoid disrupting school, the alangizi schedule initiation camps during school holidays. "These events attract significant attention. Holding them during term time might encourage pupils to skip school," Martha noted.

The Gender, Adolescent Pregnancy and Social Norms (GAPS) Programme that ran from 2022-2024 aimed to reduce adolescent pregnancies in six (6) focus districts in Eastern and Southern provinces through addressing gender and harmful social norms. UNFPA is documenting programme successes and lessons learnt to inform and adapt adolescent programs to ensure they contribute towards a future where adolescent girls and young people live empowered and healthy lives.





Over **240,000**

People reached with Health services through mobile health clinics



Over 40,000 People reached with GBV/PSEA and preventive, mitigation and response activities



49 Rural Health facilities supported



Over 163,000 women and girls were accessed information on SRHR in Safe Spaces

Humanitarian Response

Context

During the 2023/2024 rainfall season, Zambia experienced the worst drought in the last 40 years. This affected 84 districts out of 116 districts across the country. The drought and its subsequent effects affected 9 million people including 2.1 million women of reproductive age with 11.6% estimated to be pregnant. The Government of the Republic of Zambia in collaboration with various partners have been responding to the drought emergency using a two-pronged approach, that is, providing lifesaving and life sustaining humanitarian needs. The drought has had a negative impact on women and girls regarding access to SRHR.

Action

UNFPA supported the Ministry of Health to provide integrated SRHR/GBV/HIV/PSEA services through mobile clinics, targeting underserved communities and hard-to-reach areas that have been affected by drought in Southern, Western and Eastern Provinces. As food insecurity increased, cooking lessons using locally available produce (seeds, nuts etc.) were integrated into outreach activities.

The mobile clinics reached more than 240,000 people. Services provided included maternal health care, family planning, treatment for people living with HIV and GBV counselling, nutrition and general health checks. Numerous women received antenatal and postnatal care, with some making their first visit within the critical first trimester.

Mainstreaming PSEA

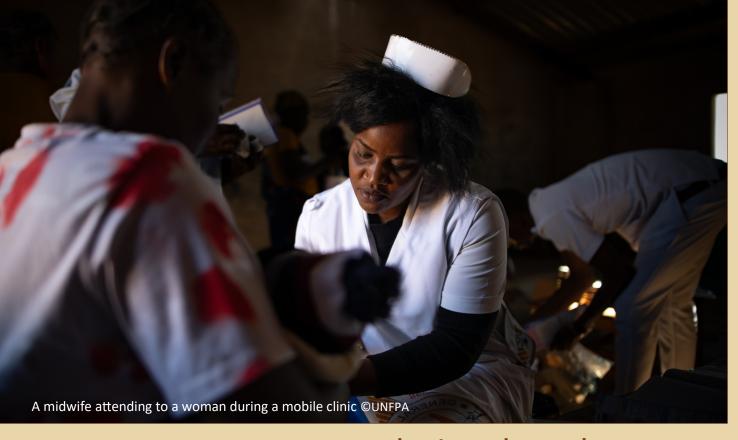
The need for robust measures to protect vulnerable populations from sexual exploitation and abuse (SEA) is increasingly evident, particularly in the context of humanitarian aid, development programs, and service delivery. Zambia's socio-economic landscape highlights unique vulnerabilities, particularly among women, children, and marginalized groups who interact with service providers. UNFPA collaborating with WFP, Norwegian Church Aid and Lifeline ChildLine Zambia set up grievance desks during mobile clinic interventions at food and cash distribution points in Southern and Western Provinces.

To ensure uninterrupted service delivery, UNFPA handed over a solar system renewable energy solution, to Lifeline ChildLine Zambia facilitating only continuous power supply for operations during power outages necessitated by load shedding which was as a result of the climate change, in particular, the drought.

Recognizing the critical role of safeguarding and accountability, UNFPA hosted the inaugural meeting revamping the PSEA Network. The aimed of the Network is to serve as a collaborative platform for stakeholders committed to preventing, mitigating, and addressing SEA in all forms.

UNFPA held SEA training programmes for organisations that were implementing food and cash distributions in Western and in Southern Provinces and a Training of Trainers was held in Southern Province with 57 participants. UNFPA also facilitated training for 33 participants in nine multi-disciplinary teams in Western Province on the Minimum Initial Service Package for sexual and reproductive healthcare in humanitarian settings.

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Ensuring access to SRHR during drought

Suvannah Sinakaaba a nurse who had been working with the mobile health team supported by UNFPA in various districts during the drought crisis expressed concern at the worrying reports particularly among teenage girls, such as rising rates of HIV and unintended pregnancy.

Cases of gender-based violence, including sexual exploitation and child marriage, were at risk of rising as many lost their means of making a living for themselves and their families. Having to walk long distances to collect water puts women and girls at added risk of sexual abuse and coercion.

Nurse Loveness Miyoba was also part of the mobile team providing health services in Monze. "Today we are providing antiretroviral therapy for people with HIV. We also provide antenatal services, children's clinics, family planning and some outpatient services." she said. "Antenatal bookings have gone down, which is a cause for worry," said Linda Muleya Libingi, another nurse and Provincial Nursing Officer - Maternal and Child Health in Southern Province.

Veinrander Kaum'bi is a mentor in Monze town, lamented, "The challenge is hunger. Because of this drought, some are forced to be married. I see them as my [children], and I can't let anything bad happen to them - I can't allow that."

*Gladys is in her final year at the Manungu School in Monze. "It's hard to survive with this drought," she

told UNFPA. "As girls, we could [turn to] harmful practices to earn money to buy meals. But the mentors at Safe Space activities taught us to secure our futures, and how to avoid early pregnancy and early marriage [...] they also taught us financial independence, how to set up small businesses and depend on ourselves."

For thousands areas that were hit by the drought the nearest health facility could be hours away,

"They don't have any food, and the teenagers are at risk of becoming vulnerable. HIV rates are quite high among adolescents; some engage in sexual activities with fishermen, because they want [financial] help."

Nurse Suvana.

often by foot. In Namalyo village, of Monze, in the Southern Province of Zambia, Hakunkula health centre which is the nearest health facility is 30 kilometres away, said Leonard Zulu, UNFPA Programme Analyst. "In times of a crisis, and in times of drought like this, the health of women and girls, especially their sexual and reproductive health - is not prioritized," he explained.

UNFPA supported the training of more than 80 local volunteers, who mentored families in the Monze District; they also raised awareness about the two national helplines offering assistance and referrals for maternal health and GBV protection. Run by Lifeline Childline Zambia, the toll-free lines received over 616,772 calls so far this year - more than 81,675 (13.3%) of which were related to gender-based violence.

Disability Inclusion

The UNFPA Zambia country office made strides towards its commitment to implement the United Nations Disability Inclusion Strategy (UNDIS). In an effort to actualize and accelerate the implementation of UNDIS and mainstream disability inclusion in programming, the office combined its mid year performance review with a three day disability inclusion training.

The combined meeting themed "Mid Year Review with a Disability Inclusion Lens" for all staff and implementing partners. In alignment with global commitments such as the Sustainable Development Goals and the Convention on the Rights of Persons with Disabilities the meeting aimed at reviewing the progress of the 2024 annual work plans, strengthen the capacity of staff and implementing partners on disability inclusion and plan with a disability inclusive approach including in humanitarian response interventions.

The training emphasized the need to fully adopt and implement the Human Rights Model. This is inline with the adoption of the United Nations General Assembly Convention on the Rights of Persons with Disabilities (CRPD). Zambia was party to the groundbreaking treaty on December 13, 2006 that recognized the inherent dignity and worth of individuals with disabilities, acknowledging their rights to equality, autonomy, and participation in society that marked a pivotal moment in human rights history.

Zambia, the 2015 Zambia National Disability Survey estimated that approximately 7.7 percent of people in Zambia have a disability. Zambia has included the Washington group of questions on disability in the 2022 National Census.

UNFPA Zambia has been making efforts towards disability mainstreaming in its SRH information and service provision. UNFPA supported the Ministry of Health developing a Module for Basic Sign language in integrated SRHR/HIV/GBV service provision. The module is part of the nursing and midwifery curricula, and supported the orientation of 20 Clinical instructors and midwifery nurses/tutors in basic sign language from 26 training institutions.

Additionally, UNFPA in collaboration with the Human Rights Commission (HRC) and Zambia Agency of Persons (ZAPD) with Disabilities held a panel discussion themed "Catalysing Action for Gender Transformative and Disability Inclusive Drought Response". Hundred and thirty one individuals including persons with disabilities participated in the meeting and 15 Organisations of Persons with disabilities were in attendance.

UNFPA Zambia Country Representative Seth Broekman reaffirmed UNFPA Zambia's commitment to monitoring progress on disability inclusion commitments in its 2025 programme planning and implementation.



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Harnessing Data for Development

Key UNFPA supported Results in 2024

In 2024, UNFPA Zambia sustained its support towards strengthening national capacity to generate and utilize statistical data and evidence critical for development planning, implementation and monitoring.



Initiated development of the GBV Management Information System (GBVMIS)



Validation of the Maternal and Perinatal Death Surveillance and Response



Conducted a GBV service provider's mapping to create a directory of service providers. This is aimed at facilitating enhance dservice provision and referral systems within the province especially during humanitarian response.

Zambia's Commitment to ICPD:

Review of Zambia's participation at CPD 57



Honorable Kasune at the CPD57

Zambia was proudly represented at the 57th Session of the Commission on Population and Development (CPD57) by a high-level delegation led by Honourable Princess Kasune, Minister of Justice and Member of Parliament, who also serves as the Chairperson of the Zambia Parliamentary Caucus on Women.

The CPD57 was themed "Assessing the status of implementation of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 agenda for sustainable development during the decade of action and delivery for sustainable development."

A key highlight was Zambia's delivery of an address on behalf of 81 other countries at the UN General Assembly meeting marking 30 years of the ICPD. The momentous occasion demonstrated Zambia's leadership and commitment to global partnerships in advancing the ICPD's principles and Programme of Action

In the speech, Hon. Kasune emphasized that despite progress, significant disparities remain, posing complex challenges to women's and girls' wellbeing. She highlighted the exacerbating effects of multiple crises on issues like inequality, sexual and gender-based violence, and maternal mortality.

Hon. Kasune stressed the importance of reaffirming commitment to the ICPD Programme of Action and its principles, uniting to accelerate implementation and ensure no one is left behind.



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UNFPA Zambia extends sincere appreciation to the international development partners that are contributing to the overall resource envelope for UNFPA's 9th Country Programme with the Government of the Republic of Zambia (2023-2027)

SWEDEN

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AREAS OF COLLABORATION

- Adolescent Sexual Reproductive Health and Rights
- Gender Based Violence and Social Norms
- Sexual and Reproductive Health and HIV Linkages (SRH-HIV linkages)

IRELAND



AREAS OF COLLABORATION

- Gender Based Violence
- Gender Equality

SWITZERLAND



AREAS OF COLLABORATION

- Adolescent Sexual Reproductive Health and Rights
- Youth Empowerment

NETHERLANDS



- Adolescent Sexual Reproductive Health and Rights
- Youth Empowerment



MATERNAL HEALTH TRUST FUND

Supported by Governments of Germany, Luxembourg, Poland and Sweden and University of Geneva, Johnson and Johnson, Takeda, Laerdal Global Health and Friends of UNFPA



UNFPA -UNICEF Global Programme

Supported by Governments of Belgium, Canada, Ireland, Netherlands, United Kingdom, as well as the European Union, Norad and ZONTA international.



UNFPA SUPPLIES

Supported by Governments of United States of America, United Kingdom, Norway, European Union, Canada, Denmark, Sweden, Netherlands, Australia, Japan, France, Republic of Korea, Germany, Switzerland, Spain, Luxembourg and Belgium.



UNIFIED BUDGET RESULTS AND ACCOUNTABILITY FRAMEWORK ON HIV AND AIDS (UBRAF)

Co-sponsored by UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UM Women, ILO, UNESCO, WHO, World



TOP 20 CONTRIBUTIONS TO UNFPA CORE RESOURCES 2023 GLOBAL

Norway, Germany, Sweden, Netherlands, Denmark, Finland, United States of America, Switzerland, Japan, Canada, United Kingdom, Belgium, Australia, Luxembourg, Ireland, New Zealand, Italy, Iceland, China and France.





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Learn more about us and how we work towards delivering a world where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled





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