Country Gender Profile: Zambia Final Report

March 2016

Japan International Cooperation Agency (JICA) Japan Development Service Co., Ltd. (JDS)

EI
JR
16-098



SUMMARY

I. General Situation of Women and Government's Efforts towards Gender Equality General Situation of Women in the Republic of Zambia

- ➤ In the Republic of Zambia (hereinafter referred to as "Zambia", there exists a deep-rooted concept of an unequal gender relationship in which men are considered to be superior to women. This biased view regarding gender equality originates from not only traditional cultural and social norms but also from the dual structure of statutory law and customary law. Rights, which are supposed to be protected under statutory law, are not necessarily observed and women endure unfair treatment in terms of child marriage, unequal distribution of property, etc. Meanwhile, there have been some positive developments at the policy level, including the establishment of an independent Ministry of Gender, introduction of specific gender policies and revision of certain provisions of the Constitution, which epitomise gender inequality (currently being deliberated).
- ➤ According to a report¹ published in 2015, Zambia ranks as low as 11th of 15 countries surveyed among Southern African Development Community (SADC) members in the areas of women's participation in politics. In terms of political empowerment as a global gender gap indicator, Zambia ranks 102nd of 145 countries.
- ➤ While the net enrollment rate for girls in primary education is similar to that for boys, the dropout ratio for girls increases as they advance to higher grades (especially 7th grade and thereafter), mainly due to pregnancy.
- As 78% of women are engaged in agriculture², women constitute an important labor force for agriculture. However, their role is often to assist men in family farming or production for home consumption due to (i) their little access to production equipment and land compared to men and (ii) their prominent role in household work and child rearing. Outside the agricultural sector, many women are employed in the informal sector.
- Marriage at a young age, teenage pregnancy and violence against women are quite common and the prevalence of HIV/AIDS is higher for women than for men. Because of women's limited decision-making power, women are negatively affected regarding their sexuality and health.
- ➤ The Zambia Demographic and Health Survey (ZDHS) for 2013-14 reported that 43% of women in the age bracket of 15 to 49 have experienced violence at the age of 15 or older.³

II. Zambian Government Policies and Laws on Gender

- At the policy level, there have been some improvements towards gender equality. In 2012, the Ministry of Gender became an independent ministry and the National Gender Policy was formulated in 2014. This policy lists the strategy and actions to be implemented by government ministries and agencies in 15 different fields to achieve gender equality, although there are no formal commitments in terms of indicators and annual budgets. At the time of this study, the Ministry of Gender is in the process of drafting a monitoring report for this policy and there is no clear picture concerning the progress of this policy.
- ➤ In 2005, the Penal Code was revised making the punishments for (sexual) violence against women and children stricter, and the Anti-Gender Based Violence Act was enacted in 2011. However, the actual enforcement of these laws and policies has been slow and acceleration of their enforcement is sought.
- At present, deliberations on the Gender Equity and Equality Rights Bill are in progress along with those to revise the Constitution. The intended revision of the Constitution includes (i) revision of the text in line with the CEDAW and other human rights-related documents, and (ii) rectification of the dual structure of statutory law and customary law to realize gender equality. The bill in question aims at (i) incorporating the spirit of the human rights-related documents in national laws and policies, and (ii) establishing the Gender Equity and Equality Commission as an organization to supervise the implementation of gender equality.

Gender Links

² Ministry of Agriculture and Livestock

While husbands and former husbands accounted for 92% of the assailants, other family members (including females), policemen and other community members were also listed.

III. National Machinery and Other Gender Mechanisms

- ➤ The key body responsible for gender issues (national machinery) in Zambia is the Ministry of Gender established in 2012 (renamed from the Ministry of Gender and Child Development to the current name in October, 2015). Because of the absence of staff members of the Ministry of Gender at the provincial and district levels, Gender Focal Points (GFPs) have been appointed. However, they are not functioning well in reality. Following the organizational reform and launch of the Ministry of Gender, staff members of the Ministry of Gender have been assigned at the provincial level.
- ➤ Although ministries and agencies have appointed their own GFPs, many of these GFPs lack decision-making power and/or knowledge of gender issues, resulting in poor functioning of the gender focal point system. It is hoped that the establishment of the Gender Equity and Equality Commission will improve the system to facilitate gender mainstreaming and to strengthen the monitoring gender mainstreaming in progress at the Ministry of Gender and other ministries.
- ➤ The Cooperating Partner Group on Gender represented by 10 member organizations has been providing an advocacy support as well as coordination with the government. Many NGOs have been implementing an advocacy on women's rights and their protection and gender equality, and have made recommendations for the revision of the Constitution.

IV. Current Situation of Gender by Sector

(1) Agriculture and Rural Development Sector

- ➤ The National Agricultural Investment Plan 2014 2018 is the central piece of Zambia's current agricultural policy and its vision covers such gender equality measures as research incorporating the gender viewpoint, gathering of gender disaggregated data, and a 30% quota for female participants in training in rural areas.
- Although 78% of women are engaged in agriculture, their labor does not necessarily lead to cash income because (i) they tend to fulfill a supporting role in family farming, (ii) they have less access to production equipment and land compared to men, and (iii) their activities are often limited to subsistence farming or other simple work due to the fixed role expected of women and time constraints. The agricultural extension service often prioritizes men, especially those with land; thereby it is difficult for people without land to secure a loan.
- ➤ By constitution, men and women have equal rights to own land. Under customary law, however, land owned under customary law⁴ tends to be inherited by men. In Zambia where 94% of the land is owned under customary law, it is quite difficult for women to own land. Even in the case of land owned under statutory law, it is not easy for women to own land because of such obstacles as resistance by men and a lack of funding.
- As described above, female farmers in Zambia lack the environment in which to conduct farming with a high level of productivity compared to their male counterparts.

(2) Peace Building

- ➤ Peaceful coexistence is a basic principle of Zambia's Vision 2030. Although it actively promotes peace diplomacy with neighboring countries, including the acceptance of refugees and the dispatch of PKO personnel (female ratio of 16%), it has not yet reached its target quota of women constituting 30% of the dispatched personnel.
- ➤ Zambia voted for United Nations Security Council Resolution 1325 (UNSRC 1325)⁵ that calls for women's participation in peace negotiations, post-conflict reconstruction, and protection of women and girls from sexual and gender-based violence in armed conflict. As of November 2015, however, Zambia has not yet prepared a national action plan for the implementation of UNSRC 1325.

Land in Zambia is classified into "land under statutory law" which is managed by the government and "customary owned land" belonging to family members of chiefs (village leaders based on custom). In the case of the former, it is possible to rent land for up to 99 years after registration of land ownership. In the case of the latter, individual people or communities can obtain the right to use land with the permission of the chief. There is no ownership registration with the latter. Under the patriarchal customary law, men inherit customary owned land as a matter of custom, and such patriarchal system is prevalent in Zambia (based on reference materials published by USAID and the Ministry of Gender).

⁵ UNSRC 1325 is a progressive international legal framework which calls for not only the excessive impact of conflict on women but also women's important roles in conflict management, conflict resolutions, and sustainable peace. This resolution was unanimously agreed at the UN Security Council in 2000.

- As of March 2015, there are some 50,000 refugees (including former refugees) residing in Zambia. The Government of Zambia has been working with UNHCR and partner countries to implement a local integration program for "people of concern" ("former refugees" from Angola and Rwanda), whose refugee status has ceased, and to facilitate their integration into Zambian communities.
- ➤ While amongst of the leaders in the settlement areas are women, and voluntary women's groups are actively supporting vulnerable women in their areas, women face various challenges, including gender-based violence (GBV), lack of employment opportunities and inability to carry out activities leading to livelihood improvement.
- ➤ The Solutions Alliance (SA) is a platform for development and humanitarian actors to work together for the benefit of displaced persons and host communities to find solutions to protracted displacement. The Government of Japan and JICA have been actively supporting SA in Zambia, as members of the National Advisory Group promoting local integration of the former refugees

(3) Health Sector

- ➤ The situation of reproductive health in Zambia has been steadily improving as evidenced by an improved maternal mortality rate (398 per 100,000 in 2014) and increased number of births attended by skilled health personnel (64% in 2014). However, the decision-making power of women in this field is still weak and there are many cases where women's bodies endure a hard burden caused by marriage at a young age, teenage pregnancy and non-continuation of antenatal visits.
- > The prevalence rate of HIV among women of 15.1% is much higher than the 11.4% for men and may be attributable to the low rate of the condom use and continuation of customs which are disadvantageous for women. There appears to be a causal relationship between the high HIV prevalence rate and weak decision-making power of women concerning reproductive health at the root of this problem. Meanwhile, it is reported that active efforts to prevent the HIV/AIDS infection of pregnant women by the government has reduced the mother-child infection rate to 9% in 2015, indicating some positive outcomes of the government's actions.
- ➤ Even though the infant mortality rate and under five year old mortality rate in 2015 show much improvement over a five year period, acceleration of the further decline of these mortality rates will require advancement of the Integrated Management of Childhood Illness (IMCI) ⁶ and further improvement of breast milk, food nutrition and sanitation.

V. Challenges and Considerations for Gender Mainstreaming in Development Assistance in Zambia

(1) Rectification of the dual structure of statutory and customary laws and utilization of gender mainstreaming opportunities

The continued existence of gender inequality in Zambia attributes to the gap between statutory law and customary law and the continuation of customs which put women in a disadvantaged position. When the new constitution is approved following the ongoing work to revise the current constitution, the dual structure of statutory law and customary law will be rectified, providing the greatest opportunity for gender mainstreaming in Zambia.

What is important to strengthen the process of gender mainstreaming is the improvement of systems and the strengthening of policy implementation; that is to say, the establishment of a system to implement and monitor gender mainstreaming in all government ministries and agencies, introduction of functional Gender Equity and Equality Commission, formulation of an advocacy strategy and consideration for budget allocation. In these activities, there is room for JICA to provide technical assistance.

In view of the fact that customary law is rooted much more strongly in rural areas than urban areas, an approach based on localized analysis is essential to facilitate advocacy, and awareness raising. The maximum use of the grassroots networks of local NGOs should prove effective for gender mainstreaming activities at the local level.

⁶ IMCI is a systematic approach focusing on the integrated health of children and emphasizes the prevention as well as treatment of illnesses. IMCI aims at reducing death, illness and disability among children under five years of age while also promoting improved growth and development. This approach was developed by UNICEF and WHO in 1992.

(2) The National Action Plan for the UNSCR 1325 on Women, Peace and Security and its relevance to the Zambian Context

The Government of Japan is committed to the participation of- and the protection of women in the area of peace and security, thereby prepared the National Action Plan for the UNSCR 1325 in 2015.

In monitoring this plan in Zambia, it is necessary to consider making a tangible contribution to solving a number of challenges already identified in the framework for the local integration of the refugees. They include lack of women's participation in decision-making, prevention of gender-based violence (GBV), lack of employment and improvement of low productivity in subsistence farming.

JICA is already considering supporting the areas of agriculture and rural development (building new communities) and education (fostering human resources for the next generation). It is therefore imperative to link these focus areas and aforementioned challenges, consciously analyze and develop the direction, policies, and outputs to clarify gender perspectives, and strengthen coordination with multiple stakeholders.

(3) Gender mainstreaming in JICA's development assistance for Zambia

What has become clear in this study regarding the targeted projects is that clearly specifying gender perspectives as outputs, activities and indicators at the project formulation stage will lead to maintain gender perspectives during the project implementation. As a result, effectiveness of the project is also enhanced. Ex-post evaluation can ascertain such effects/outputs by means of referring to the gender perspectives integrated in a project.

For this reason, it is expected that good practice and lessons learned in this study would be utilized, gender analysis implemented, gender perspectives specified in the project design matrix (PDM), and gender-disaggregated data collected and analyzed in the future project formulation.

LIST OF ABBREVIATIONS AND ACRONYMS

Abbreviation	English
ART	Anti Retroviral Treatment
ARV	Anti Retroviral Virus
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
DHS	Demographic Health Survey
DPT	Diphtheria, Pertussis, Tetanus
FISP	Farmer Input Support Program
GBV	Gender-Based Violence
GFP	Gender Focal Point
GDI	Gender-Related Development Index
GDP	Gross Domestic Product
GIMS	Gender information management system
GNI	Gross National Income
HDI	Human Development Index
HDR	Human Development Report
HIV/AIDS	Human-Immunodeficiency Virus/ Acquired Immuno-Deficiency Syndrome
HMIS	Health Management Information System
NGOCC	NGO Coordinating Council
OECD	Organization of Economic Cooperation and Development
PaViDIA	Project for Participatory Village Development in Isolated Areas
PKO	Peace-keeping Operation
PMTCT	Prevention of Mother-to-Child Transmission
RBMS	Result based management system
RESCAP	Rural Extension Services Capacity Advancement Project -Through PaViDIA Approach
SA	Solution Alliance
SADC	Southern African Development Community
SIDA	Swedish International Development Cooperation Agency
T-COBSI	Technical Cooperation Project on Community-based Small Holder Irrigation
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
UNSCR 1325	United Nations Security Council Resolution 1325
USAID	United States Agency for International Development
VSU	Victim Support Unit
WDI	World Development Index

DEFINITION OF TERMS AND INDICATORS

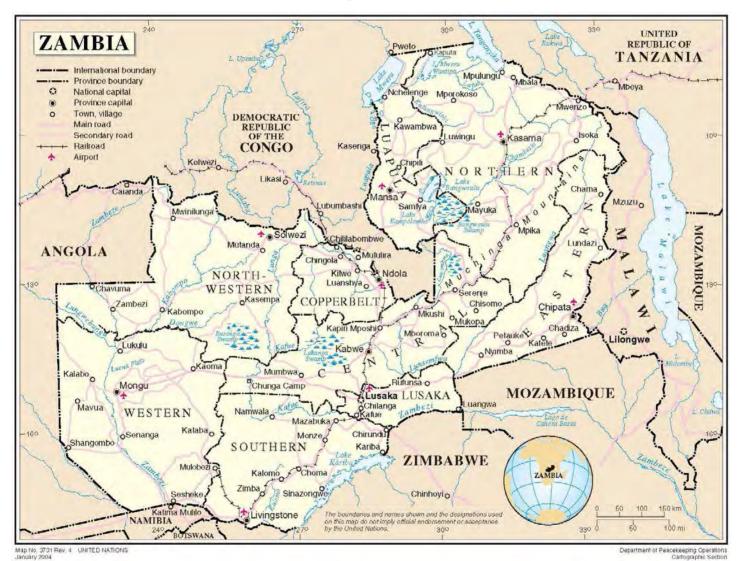
Explanation of Terms

Term	Explanation
Anti-Retroviral	This treatment aims at containing the growth of HIV through the administration of
Treatment	anti-retroviral drugs (ARV).
Empowerment	Empowerment is about people taking control over their lives, pursuing their own
	goals, living according to their own values, developing self-reliance, and being able
	to make choices and influence - both individually and collectively - the decisions
	that affect their lives.
Quota System	This means a quota system within the framework of the political system.
Gender	Rather than biological gender (sex), this refers to gender in the social and cultural sense.
Gender Mainstreaming	Means to achieve gender equality in all fields
Dowry	In Zambia, dowry means a property or money which is paid by a man to a woman
	or a women's family in exchange for the acceptance of marriage.
National Machinery	The national machinery for the advancement of women is the central policy-
	coordinating unit inside government. Its main task is to support government-wide
	mainstreaming of a gender-equality perspective in all policy areas.
Reproductive Health	Reproductive health is a state of complete physical, mental and social well-being and
	not merely the absence of illness or disability, in all aspects relating to the reproductive
	system and to its functions and processes. Reproductive health therefore implies that
	people are able to have a satisfying and safe sex life and that they have the capability to
	reproduce and the freedom to decide if, when and how often to do so. Implicit in this
	last condition are the rights of men and women to be informed and to have access to
	safe, effective, affordable and acceptable methods of contraception.

Explanation of Indicators

Indicator	Explanation
Oral Rehydration	An approach to treating dehydration caused by diarrhea through orally
Therapy	administering fluids. This method can be easily implemented by anyone without medical know-how.
Total Fertility Rate	The total age-separate fertility rate of women aged between 15~49. This is the average number of children that a woman gives birth to in her lifetime.
Under-5 Mortality Rate	Probability of a child dying before reaching the age of five shown as the number of mortalities per 1,000 births.
Gender Empowerment	Focusing on opportunities for women rather than their potential ability, this is
Measurement	calculated from three variables, i.e. proportion of seats held by women in national parliaments, percentage of women in managerial positions, specialist occupations and technical occupations and earned income of males vs. females.
Gender Development	This indicator is calculated by applying penalties to gender disparities in the same
Index	three areas targeted by the HDI (health, education and standard of living).
Gender Inequality	This indicator expresses gender disparities in the three areas of reproductive health,
Index	empowerment and employment opportunities.
Gini Index	An indicator of income disparity, this is zero when the income of everybody in society is zero and 1 when income is concentrated in one person. The income
	disparity is smaller as the Gini index becomes lower.
Gross Enrollment Ratio	The total number of children or students who are enrolled in school at a certain stage of education irrespective of age and expressed as the ratio in relation to the official school age population which corresponds to the same stage of education.
Human Development	Calculated based on the average life expectancy, adult literacy, school attendance
Index (HDI)	rate at all levels of education, and per capita real GDP (purchasing power parity),
	the HDI is utilized as an indicator of the national mean of basic human capacity, i.e.
	how far people live long and healthy lives, receive education and have knowledge
	and attain an adequate standard of living.
Infant Mortality Rate	The infant mortality rate is the probability of a child born in a specific year or period dying before reaching the age of one. It is shown as the rate per 1000 live births.
Maternal Mortality	This is the annual number of female deaths from any cause related to pregnancy or
Ratio	childbirth or within 42 days of the completion of pregnancy for a specified year. It is shown as the number of deaths per 100,000 live births. This is one of the
	indicators for to measure the attainment of MDG5.

MAP OF ZAMBIA



Source: http://www.un.org/Depts/Cartographic/english/htmain.htm

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1. Basic Profiles

1.1 Socio-Economic Profile

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International Development Indicators

Year	Human Development Indicator (HDI)		Gender D Indicat	Reference	
	Value	Rank	Value	Rank	
2014	0.586	139	0.917	Group 4*	<1>
2005	0.4343	165	0.425	144	<2>
Year		nder verment		quality Index GII)	Reference
	Measurem	ent (GEM)	Value	Rank	
	N/A				
2014	N.	/ A	0.587	132	<1>

Demographic Indicators

V		Popula	ation		Urban Population	Deference
Year	Total	Total % of Female Population		Ra	atio of Urban Population	Reference
2014	15,721,343	50%			40.5%	<5>
2007	12,738,676		50.1%		37.5%	<5>
Year	Annual Pop	oulation	Households	by he	ads of households	Reference
1 ear	Growth	Rate	% of Male Househo	lds	% of Female Households	Reference
2014	3%		73.4%		26.6%	<5>
2007	2.8%		75.7%		24.3%	<5>

Economic Indicators

Year	GNI per capita	GDP Growth Rate	Inflation rate	Gini Index	ODA received (against GDP)	Grant received (against GSP)	Reference
2014	\$1,680	6%	21.1% <13> (2015)	55.6 (2010)	4.5% (2014)	23.4% (2012)	<5><13>
2007	\$880	8.4%	8.7% <13>	N/A	8.1%	22% (2007)	<5><13>

Public Expenditure by Sector

Year	Health	Education	Employment and Welfare	Agriculture	Defence	Reference
2014	5% (2013)	N/A	N/A	N/A	1.7%	<5>
2007	4.3%	1.2%	N/A	N/A	1.6%	<5>

Sectorial Share of GDP

Year	Agriculture	Mining and Manufacturing	Service	Reference
2013	9.6%	33.8%	56.5%	<5>
2007	13.2 %	34.9%	51.9%	<5>

Labour Indicators

	Year	Labour Force Participation Rate (Age 15-64)		Unemploy	ment (%)	Minimum	Reference
ı		Male	Female	Make	Female	wage	
	2013	85.9%	73.3%	7.8%	7.9%	N/A	<5>
	2007	86.3%	73.6%	8.1%	7.7%	N/A	<5>

Employment by Economic Activity

Year	Agriculture	Industry	Service	Reference
2012	52.2%	9.5%	38.3%	<5>
2008	71%	7.5%	N/A	<5>

Global Gender Gap Indicator

Overall Ranking in 2015 (Rank/Out of the total number of countries)	116/145		
Economic Participation and Opportunity	Rank in 2015	Reference	
Overall	83	<7>	
Ratio: female labour force participation over male value	55	<7>	
Wage equality between women and men for similar work	3	<7>	
Ratio: estimated female earned income over male value (PPP USD)	60	<7>	
Gender ratio among legislators, senior officials and managers	98	<7>	
Gender ratio among professional and technical workers	116	<7>	

^{*} The subject countries are classified into five groups based on the absolute deviation from the gender equality level of the HDI value. Group 1 has a high gender equality value while Group 5 has a low gender equality value.

1.2 Education Profile

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Education System

In Zambia, education is based on the 4-3-2-3 system till 2011. Since 2011, it consists of 7 years of Primary Education and 5 years of Secondary Education. Information below is based on the UNESCO data.

Adult Literacy Rate

Year	Overall	Male	Female	Reference
2015	63.4%	70.9%	56%	<6>
2007	61.4%	72%	51.8%	<6>

Primary Education

Year	Gross Enrolment Ratio			Net	Reference		
r ear	Overall	Male	Female	Overall	Male	Female	Reference
2013	103.7%	103.3%	104%	87.4%	86.5%	88.3%	<6>
2007	113.7%	115.4%	112%	89.9%	89.6%	90.1%	<6>
V.	C	ompletion Ra	te	Reference			
Year	Overall	Male	Female				
2012	86%	89.5%	82.8%	<6>			
2007	N/A	N/A	N/A				

Secondary Education

Year	Gross Enrolment Ratio			Net	Deference			
ч еаг	Overall	Male	Female	Overall	Male	Female	Reference	
2013	62.8%	65.8%	59.9%	30.6%	30.7%	30.5%	<6>	
2007	56%	58.7%	53.4%	24.7%	24%	25.3%	<6>	
V /22-	Completion Rate (Lower Secondary)		Reference					
Year	Overall	Male	Female					

<6>

53.3%

N/A

Technical and Vocational Education 2008

2007

58%

N/A

	Male		Female	Reference	
Year	Number of Students	%	Number of Students	%	
2005	17,131	61	11,172	39	<13>
2001	9,698	59	6,852	41	<13>

62.7%

N/A

Global Gender Gap Indicators

Education	Rank in 2015	Reference
Overall	128	<7>
Ratio: female literacy rate over male value	124	<7>
Ratio: female net primary level enrolment over male value	1	<7>
Ratio: female net secondary level enrolment over male value	N/A	<7>
Ratio: female gross tertiary level enrolment over male value	132	<7>

1.3 Health Profile

Number in < > shows reference in 'Sources for Basic Profiles' at the end of this section.

Life Expectancy at Birth (Age)

Year	Male	Female	Reference
2013	57.6	61	<5>
2007	51.8	53.2	<5>

Health Workforce

Year	Doctor to Population Ratio (per 10,000)	Nurse to Population Ratio (per 10,000)	Reference
2013	1.7 (2007-2013)	7.8 (2007-2013)	<3>
2004	1.2	15.6	<4>

Reproductive Health

Year	Maternal Mortality Rate	Total Fertility Rate		Contraceptive Prevalence Rate (Age 15-46)		Rate of Antenatal Visit (At least once)	Reference
2013	398/100,000 (2014)<5>	5.4 (2013)<5>		41% (2007-14)		96% (2007-14) <3>	<3><5>
2007	590/100,000 <5>	5.	.9 <5> 34.2% (2001-02))	94% (2001-02) <4>	<4><5>
Year	CKILLED DESITE		ge at Adolescent (Age 15-19) fertility rate (per 1000)		Reference		
2013	64% <3> (2007-14)		Male: 23.9 Female: 18 (2013-14) <8>		93 <5>		<3><5> <8>
2007	43% <4> (2001-02)		Fei	Male: 23 Female: 18 (001-02) <9>		122 <5>	<4><5> <9>

Infant and Under Fiveyear-old Mortality Rate (per 1000)

Voor	Infant I			
Year	Total	Male	Female	
2015	43.3	47.2	39.2	
2010	52.9	57.4	48.2	
Voor	Under five-yea	Defenence		
Year	Total	Male	Female	Reference
2015	64	68.9	58.9	<5>
2010	82.1	87.8	76.2	<5>

Immunization Rate (1-year-olds)

Year	Measles	DPT3	BCG	Polio
2013	80%	79%	N/A	N/A
2005	84%	80%	N/A	N/A
Year	Нер В	HiB	Reference	
2013	79%	79%	<3>	
2005	80%	N/A	<4>	

Nutrition

Year	Underweight for Age five	Stunted for Age five	Iodine Deficiency	Oral re-hydration therapy use rate	Reference
2007-14	14.9%	45.8%	N/A	N/A	<3>
2001-02	23.3%	52.5%	N/A	N/A	<4>

Access to Safe Water and Improved Sanitation Facilities (% against total population)

Year	Access to Safe Water	Access to Improved Sanitation Facilities	Reference
2015	65.4%	43.9%	<5>
2007	59%	42.2%	<5>

HIV/AIDS

Year	HIV Prevalence among pregnant women	Prevalence of HIV among adults aged 15 to 49 (%)			Reference
	attending ANC clinics	Overall	Male	Female	
2013-14	N/A	13.3%	11.3%	15.1%	<8>
2001-02	N/A	15.6%	12.9%	17.8%	<9>

Global Gender Gap Indicators

Health and Survival	Rank in 2015	Reference
Overall	77	<7>
Sex Ratio at Birth	1	<7>
Ratio: female healthy life expectancy over male value	92	<7>

1.4 Millennium Development Goals*<10>

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Goal 1: Eradicate extreme po		2004	2010
Target 1.A:	1.1 Proportion of population below \$1.25 (PPP) per day	53%	42.3%
Halve, between 1990 and	1.2 Poverty gap ratio		
2015, the proportion of people	1.2 Foverty gap ratio	53	28
whose income is less than one	1.3 Share of poorest quintile in national consumption		
dollar a day			
Target 1.B:	1.4 Growth rate of GDP per person employed	N/A	N/A
Achieve full and productive	1.5 Employment-to-population ratio	N/A	N/A
employment and decent work	1.6 Proportion of employed people living below \$1.25 (PPP) per day	N/A	N/A
for all, including women and	1.7 Proportion of own-account and contributing family workers	N/A	N/A
young people	in total employment	14/21	14/11
Target 1.C:	1.8 Prevalence of underweight children under-five years of age	20%	13.3%
Halve, between 1990 and		2070	13.370
2015, the proportion of people	1.9 Proportion of population below minimum level of dietary	N/A	N/A
who suffer from hunger	energy consumption		
Goal 2: Achieve universal pri		2004	2010
Target 2.A:	2.1 Net enrolment ratio in primary education	85.1%	93.7%
Ensure that, by 2015, children		03.170	75.170
everywhere, boys and girls	2.2 Proportion of pupils starting grade 1 who reach last grade of	82%	90.9%
alike, will be able to complete a	primary	0270	30.570
full course of primary schooling	2.3 Literacy rate of 15-24 year-olds, women and men	70%	88.7%
Goal 3: Promote gender equa	ity and empower women	2005	2010
Target 3.A:	3.1 Ratios of girls to boys in primary, secondary and tertiary	0.96	0.99
Eliminate gender disparity in	education (in the order of primary, secondary and tertiary	0.86	0.86
primary and secondary	from top to bottom)	0.74	0.75
education, preferably by	3.2 Share of women in wage employment in the non-agricultural	34%	N/A
2005, and in all levels of	sector		
education no later than 2015	3.3 Proportion of seats held by women in national parliament	12%	11.4%
Goal 4: Reduce child mortalit		2002	2010
Target 4.A:	4.1 Under-five mortality rate (per 1,000 live birth)	168	137.6
Dodugo by two thirds			
Reduce by two-thirds,	4.2 Infant mortality rate (0-1 year, per 1000 live birth)	95	76.2
between 1990 and 2015, the	4.2 Infant mortality rate (0-1 year, per 1000 live birth) 4.3 Proportion of 1 year-old children immunised against measles	95	76.2
between 1990 and 2015, the under-five mortality rate	4.3 Proportion of 1 year-old children immunised against measles	84%	94%
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her	4.3 Proportion of 1 year-old children immunised against measles		
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A:	4.3 Proportion of 1 year-old children immunised against measles	84%	94%
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters,	 4.3 Proportion of 1 year-old children immunised against measles alth 5.1 Maternal mortality ratio (per 100,000 live births) 	84% 2002	94% 2010
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the	 4.3 Proportion of 1 year-old children immunised against measles alth 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15- 	84% 2002 729	94% 2010
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	 4.3 Proportion of 1 year-old children immunised against measles alth 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 	84% 2002	94% 2010 483 44%
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B:	 4.3 Proportion of 1 year-old children immunised against measles alth 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15- 	84% 2002 729 43.4%	94% 2010 483 44% 24.6%
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal	 4.3 Proportion of 1 year-old children immunised against measles 11 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 	84% 2002 729 43.4% 18.6%	94% 2010 483 44% 24.6% (2007)
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B:	 4.3 Proportion of 1 year-old children immunised against measles 1th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 	84% 2002 729 43.4% 18.6%	94% 2010 483 44% 24.6% (2007) 93
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal	 4.3 Proportion of 1 year-old children immunised against measles 11 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 	84% 2002 729 43.4% 18.6% 122 94%	94% 2010 483 44% 24.6% (2007) 93 96%
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal	 4.3 Proportion of 1 year-old children immunised against measles 1th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 	84% 2002 729 43.4% 18.6%	94% 2010 483 44% 24.6% (2007) 93 96% (2013)
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal	 4.3 Proportion of 1 year-old children immunised against measles 1th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 	84% 2002 729 43.4% 18.6% 122 94%	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27%
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health	4.3 Proportion of 1 year-old children immunised against measles 1th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3>	84% 2002 729 43.4% 18.6% 122 94% (2007)	94% 2010 483 44% 24.6% (2007) 93 96% (2013)
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS,	4.3 Proportion of 1 year-old children immunised against measles 1th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> malaria and other diseases (Only most relevant targets and	84% 2002 729 43.4% 18.6% 122 94% (2007)	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27%
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of	4.3 Proportion of 1 year-old children immunised against measles alth 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> malaria and other diseases (Only most relevant targets and extracted)	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of Target 6.A:	4.3 Proportion of 1 year-old children immunised against measles 1th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> malaria and other diseases (Only most relevant targets and	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003 15-19: 4.6%	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal head Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of Target 6.A: Have halted by 2015 and	4.3 Proportion of 1 year-old children immunised against measles alth 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> malaria and other diseases (Only most relevant targets and extracted)	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003 15-19: 4.6% 20-24: 11.9%	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008 15-19: 4.6% 20-24: 11.9%
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of the transport of the productive health begun to reverse the spread of	4.3 Proportion of 1 year-old children immunised against measles 11th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> 15.6 Unmet need for family planning <3> 15.7 Maternal mortality ratio (per 100,000 live births) 15.8 Maternal mortality ratio (per 100,000 live births) 15.9 Maternal mortality ratio (per 100,000 live births) 15.1 Maternal mortality ratio (per 100,000 live births) 15.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 15.3 Contraceptive prevalence rate 15.4 Adolescent birth rate (per 1,000) <5> 15.5 Antenatal care coverage (at least one visit) <3><4> 15.6 Unmet need for family planning <3> 15.6 Unmet need for family planning <3> 15.7 Maternal mortality ratio (per 100,000 live births)	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003 15-19: 4.6% 20-24: 11.9% (2001/02)	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008 15-19: 4.6% 20-24: 11.9% (2013/14)
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal head Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of Target 6.A: Have halted by 2015 and	4.3 Proportion of 1 year-old children immunised against measles 11th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> 15.6 Unmet need for family planning <3> 15.7 Malaria and other diseases (Only most relevant targets and extracted) 15.6 Unmet need for family planning <3> 15.7 Malaria and other diseases (Only most relevant targets and extracted) 15.7 Maternal mortality ratio (per 100,000 live births)	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003 15-19: 4.6% 20-24: 11.9% (2001/02) N/A	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008 15-19: 4.6% 20-24: 11.9% (2013/14) N/A
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between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal head Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of HIV/AIDS Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS Goal 7: Ensure environmental been extracted)	4.3 Proportion of 1 year-old children immunised against measles 11 Maternal mortality ratio (per 100,000 live births) 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> 1 Maternal mortality ratio (per 1,000) <5> 2 Maternal mortality ratio (per 1,000) <5> 3 Maternal mortality ratio (per 1,000) <5> 3 Maternal mortality ratio (per 1,000) <5> 4 Maternal mortality ratio (p	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003 15-19: 4.6% 20-24: 11.9% (2001/02) N/A 31% 79.1%	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008 15-19: 4.6% 20-24: 11.9% (2013/14) N/A 40.2% (2009) 92% (2009)
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal head Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of HIV/AIDS Goal 7: Ensure environmenta been extracted) Target 7.C:	4.3 Proportion of 1 year-old children immunised against measles 11 Maternal mortality ratio (per 100,000 live births) 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> 1 Maternal mortality ratio (per 1,000) <5> 2 Maternal mortality ratio (per 1,000) <5> 3 Maternal mortality ratio (per 1,000) <5> 3 Maternal mortality planning <3> 4 Maternal mortality ratio (per 100,000 live births) 6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years 1 Sustainability (Only most relevant targets and indicators have) 7.8 Proportion of population using an improved drinking water	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003 15-19: 4.6% 20-24: 11.9% (2001/02) N/A 31% 79.1%	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008 15-19: 4.6% 20-24: 11.9% (2013/14) N/A 40.2% (2009) 92% (2009)
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal head Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of HIV/AIDS Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS Goal 7: Ensure environmenta been extracted) Target 7.C: Halve, by 2015, the proportion	4.3 Proportion of 1 year-old children immunised against measles 1th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> 1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years 1 sustainability (Only most relevant targets and indicators have 7.8 Proportion of population using an improved drinking water source <5>	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003 15-19: 4.6% 20-24: 11.9% (2001/02) N/A 31% 79.1% 2003	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008 15-19: 4.6% 20-24: 11.9% (2013/14) N/A 40.2% (2009) 92% (2009)
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal head Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of the transport of the spread of HIV/AIDS Goal 7: Ensure environmentation been extracted Target 7.C: Halve, by 2015, the proportion of people without sustainable	4.3 Proportion of 1 year-old children immunised against measles 11th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> 12 Malaria and other diseases (Only most relevant targets and extracted) 6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years 1 sustainability (Only most relevant targets and indicators have) 7.8 Proportion of population using an improved drinking water source <5> 7.9 Proportion of population using an improved sanitation	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003 15-19: 4.6% (2001/02) N/A 31% 79.1% 2003 59%	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008 15-19: 4.6% (2013/14) N/A 40.2% (2009) 92% (2009) 2009 65.4%
between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal her Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Goal 6: Combat HIV/AIDS, indicators have been of the transport of	4.3 Proportion of 1 year-old children immunised against measles 1th 5.1 Maternal mortality ratio (per 100,000 live births) 5.2 Proportion of births attended by skilled health personnel (15-49 yrs.) 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate (per 1,000) <5> 5.5 Antenatal care coverage (at least one visit) <3><4> 5.6 Unmet need for family planning <3> 1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years 1 sustainability (Only most relevant targets and indicators have 7.8 Proportion of population using an improved drinking water source <5>	84% 2002 729 43.4% 18.6% 122 94% (2007) N/A 2003 15-19: 4.6% 20-24: 11.9% (2001/02) N/A 31% 79.1% 2003	94% 2010 483 44% 24.6% (2007) 93 96% (2013) 27% (2007-13) 2008 15-19: 4.6% 20-24: 11.9% (2013/14) N/A 40.2% (2009) 92% (2009)

^{*} The latest MDG report for Zambia was published in 2013 and the data shown here is mainly based on this report. In the case of discrepancies between the reported contents and MDGs and in the case of insufficient data, other sources, i.e. <3>, <4>, <5>, <8> and <9> (see Sources for Basic Profiles) were used to obtain supplementary data.

1.5 National Commitment to Gender Issues (Political Participation, Conventions, and Laws)

Number in < > shows reference in 'Sources for Basic Profiles' at the end of this section.

1.5.1 Women in Decision Making Positions

Year	Parliament	Government		Private Sector			Reference
	Member of Parliament	Minister	Vice Minister	Manager	Professional	Technical	
2011	11.5%	10.5%	N/A	27.4% (2012) <11>	43.2% (2012) <11>	N/A	<10><11>
2006	31.2%	23.8%	N/A	N/A	N/A	N/A	<10>

1.5.2 Signature and Ratification to Gender-related Treaty/ Convention/Declaration

	· ·				
Signature	Ratification	Treaty/Convention/Declaration			
-	1985	Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)			
	1997	SADC Gender Declaration			
1995	-	Beijing Declaration and Platform for Action			
2004	-	The Declaration of Gender in Africa			
2008	-	SADC protocol about Gender and Development			

1.5.3 Legislation for Gender Equality and Protection of Women

Year	Laws			
1995	Land Act: Guarantees that both men and women have the right to own land for up to 99 years.			
2005	Penal Code (Revised): Prohibits sexual violence, rape, incest, assault, child neglect, duress and discrimination among others.			
2011	Anti-Gender Based Violence Act: Strengthens the protection and means of survival for victims and survivors of GBV.			

1.5.4 National Policy on Gender

Year	Policy
2014	National Gender Policy
2010	National Gender Policy Implementation Plan 2014 - 2016

1.5.5 National Machinery

	11010 110101	The Thursday					
	Year	Name of the Organization					
	2012	Ministry of Gender and Child Development (Changed to the Ministry of Gender following the					
2012		organizational reform in October, 2015)					

1.5.6 Global Gender Gap

Political Empowerment	Rank in 2014	Reference
Overall	102	<7>
Ratio: females with seats in parliament over male value	110	<7>
Ratio: females at ministerial level over male value	62	<7>
Ratio: number of years of a female head of state or government (last 50 years) over male value	64	<7>

Sources for Basic Profiles:

- <1> Human Development Report 2015
- <2> Human Development Index 2007
- <3> World Health Statistics 2015
- <4> World Health Statistics 2007
- <5> World Development Indicators (http://data.worldbank.org/indicator/)
- <6> UNESCO Institute for Statistics (http://data.uis.unesco.org)
- <7> The Global Gender Gap Report 2015
- <8> Zambia Demographic Health Survey 2013-14
- <9> Zambia Demographic Health Survey 2001-02
- <10> UNDP MDG Report 2013
- <11> Zambia Labour Force Survey Report 2012
- <12> Central Statistics Office, Republic of Zambia (http://www.zamstats.gov.zm/gen/monthly.php)
- <13> Central Statistics Office, Republic of Zambia, Gender Statistics 2010

2. General Situation of Women and Government Policies on Gender

2.1 General Situation of Women in Zambia

<2.1.1: Socioeconomic Situation in Zambia>

Zambia is located in the southern part of the African Continent and has a national land area of 752,618 km² and a population of 15.06 million. Even though it is a multi-ethnic country with 72 different ethnic groups, there has not been any significant political upheaval since its independence from the United Kingdom in 1964. Using this stability of the domestic political scene, Zambia has actively pursued peace-oriented diplomacy with neighbouring countries experiencing an unstable situation and the establishment of regional peace. Typical examples of such peace-building efforts include the arrangement of a ceasefire agreement for conflicts involving Angola and the Democratic Republic of the Congo, active acceptance of refugees from these countries and dispatch of PKO personnel to Mozambique, Rwanda and North and South Sudan. The neutral and peace-oriented diplomacy of Zambia is highly valued by the international community. When looking at the domestic scene of the existence of the cultures and customs of many ethnic groups side by side, however, the rights and rules under statutory law are not necessarily observed and the gap between statutory law and customary law has adversely affected women and vulnerable people in terms of human rights as well as the social, economic and cultural aspects.

Zambia has achieved remarkable economic growth in the last 10 years against the background of the considerable expansion of the construction industry linked to copper products and also of the transport and sales (wholesale and retail) industries. The GNI per capita doubled from US\$ 880 in 2007 to US\$ 1,680 in 2014. While Zambia is now classified as a lower middle-income country, the reality is that the distribution of wealth is biased to the extent that 60% of the population live below the poverty line. The Human Development Report placed Zambia 139th of 188 countries in 2014 in terms of the HDI which was unchanged from the previous year. Under such circumstances, the Government of Zambia has introduced the Vision 2030 as a long-term policy and the revised Sixth National Development Policy as a medium-term policy for poverty reduction.

<2.1.2: Summary of the Situation of Women in Zambia>

There is a prevailing idea of gender inequality in Zambia based on deep-rooted social and cultural norms. ¹⁰ One crucial reason for the fixated idea of gender inequality is the fact that the Zambian Constitution (enacted in 1991 and revised in 1996) endorses customary law (see Section 2.1.3 for further details) in addition to men's prejudice against women and lack of knowledge on women's

⁷ Central Intelligence Agency, World Factbook (https://www.cia.gov/library/publications/resources/the-world-factbook/geos/za.html)

⁸ The Democratic Republic of the Congo, Angola, Malawi, Zimbabwe, Mozambique, Tanzania, Namibia and Botswana.

⁹ African Development Bank (a).

¹⁰ United Nations (a).

rights among the general public. At the policy level, however, steady improvements towards gender equality have been made. In 2012, the Gender Office as part of the Cabinet Office became the independent Ministry of Gender (initially started as the Ministry of Gender and Child Development and later changed to the present name following organizational reform in October, 2015). The Anti-Gender Based Violence Act and National Gender Policy (hereafter referred to as "the Gender Policy") were introduced in 2011 and 2014 respectively. In terms of the participation of women in politics, a female vice-president has been playing an important role in the government's decision-making but the overall participation of women in politics is rather small compared to neighbouring African countries as the proportion of female members of parliament and the proportion of female members of local assemblies are as low as 11.5% and 6.3% respectively.¹¹

Primary education in Zambia has recently seen an increase of the enrolment rate for girls to the extent that the number of girls in primary education slightly exceeds that of boys at present. (The net enrolment rate in 2010 for the first through ninth grades was 83.7% for boys and 84% for girls.)¹² However, the number of girl dropouts increases with higher grades and the net enrolment ratio for boys in the 10th through 12th grades is much higher than that for girls (33.5% for boys and 25.6% for girls). The dropout ratio for girls begins to increase around the sixth grade and is double the ratio for boys in the 7th grade. This trend continues to the 12th grade. Although financial difficulty is the principal reason given for dropping-out overall, pregnancy is the overwhelming reason for girls. 58% of girls who drop out in the 10th through 12th grades cite pregnancy as the reason.¹³ Women account for 73% ¹⁴ of the overall labour force in Zambia and this figure is relatively high compared to other African countries. Most of these women are engaged in agriculture for self-consumption and their labor in such an informal sector cannot be said to generate sufficient income for livelihood improvement.

The rate of marriage at an adolescent age¹⁵ in Zambia for women of 17% is far higher than 1% for men, and the teenage pregnancy rate is extremely high (29% of 15 – 19 year olds have already experienced childbirth or are pregnant). These facts presumably reflect the situation of customary law being virtually accepted (see Section 2.1.3 for further details) and the teaching of the expected role of women as soon as girls reach adolescence.

As a result of childbirth at a young age, there is a tendency to dropout among female students, resulting in receiving insufficient education. Further, the heavy burden of pregnancy on these young

11 UNDP (c)

Republic of Zambia (a). This Gender Status Report is based on 2010 data published by the Ministry of Education and it must be noted that there is a gap between this data and the UNESCO data used in 1.2 – Education Profile.

¹³ UN Zambia Country Team (a)

World Development Indicator (http://data.worldbank.org/indicator)

Age 15 through 19

¹⁶ Republic of Zambia (j)

women can lead to their death because of the stress associated with pregnancy on their immature bodies.

The HIV/AIDS prevalence ratio among adult women aged 15 to 49 of 15.1% is high compared to 12.3% for men¹⁷. As reported in the Zambia Demographic and Health Survey (ZDHS) for 2013 to 2014, the ratio of women aged 15 to 49 who have experienced violence since 15 years of age is as high as 43% while 17% have experienced sexual violence indicating the high prevalence of Gender-based Violence.

<2.1.3: Dual Structure of Statutory Law and Customary Law>

There is a dual structure of statutory law and customary law in Zambia. Even though Article 11 of the Zambian Constitution (enacted in 1991 and revised in 1996) recognizes equal rights regardless of gender, Article 23 accepts personal as well as customary law. Customary law entails rules and disciplines which are not written but which are accepted by individual ethnic groups as customs and it varies from one group to another of the 72 ethnic groups in Zambia. As a result, customs which contradict statutory law have created serious problems in terms of socioeconomic activities, including marriage. For example, marriage under the age of 21 is prohibited under statutory law. In reality, however, the practices of child marriage in exchange for payment of a dowry to the family of the would-be bride, unfair distribution of property for women and female genital mutilation which is harmful to the body still exist in Zambia today and are tantamount to the non-observation of women's rights. ¹⁹ Child marriage is a particularly serious problem in Zambia. It is reported²⁰ that 47% of all marriages are child marriages resulting from the traditional custom of male superiority and poverty.

Although the Land Act accepts the land use rights of women, women in general face an extremely unfair situation in which they are not permitted to manage or own land because of the prevailing emphasis on land use rights based on customary law²¹ (see Section 3.1.3 for further details). Some ethnic groups have maintained the custom of the sexual cleansing²² of a widow whose husband has deceased. This custom not only violates women's human rights as pointed out in the concluding observations of the CEDAW Committee but also exposes the widows to the risk of HIV/AIDS infection as they may have a sexual relationship with a man whose HIV/AIDS status is unknown. Moreover, divorced men are immune from the responsibility of supporting their former wives and

¹⁷ Ibid

Child marriage means a marriage involving a child of 18 years old or younger. According to customary law in Zambia, children reaching adolescence are considered to have reached marriageable age.

¹⁹ United Nations (b)

Child Frontiers Ltd., "Qualitative Study of Child Marriage in Six Districts of Zambia/UNICEF, Updated Situation Analysis of Women and Children, 2013"

²¹ Republic of Zambia (g)

In some parts of Zambia, a widow is regarded as "unclean" and there is an accepted practice of making a widow engage in a sexual act with another man for cleansing.

children.²³ As such, customary law has many negative elements which make women vulnerable.

Reform of the dual structure is essential to eliminate such prejudice and discrimination and the current efforts of the government to revise the Constitution is an important step (see Section 2.2.2 for further details).

<2.1.4: Participation of Women in Decision-Making>

Zambia ranked 116th among 145 countries which were surveyed for the Global Gender Gap Index 2015 by the World Economic Forum. In terms of political empowerment which evaluates the situation of women's participation in politics. Zambia ranks 102nd. Meanwhile, the Gender Equality Index in a human development report by UNDP puts Zambia at 135th among 187 countries, indicating Zambia's relatively low status in terms of the empowerment of women. One of the main reasons for these results attribute to women's low participation in decision-making. In the 2011 general election, women accounted for 11.5% of the members of the parliament (MPs) and 6.3% of the members of local councils elected, ²⁴ which is still far from the target of 50% adopted by SADC. The proportion of female MPs is reported to be 13% in 2015 which makes Zambia 11th among SADC countries targeted for the survey. The Patriotic Front, the current ruling party, does not endorse a quota system. While the United National Independence Party promised to allocate 30% of their seats to women, they have not realized this promise. According to the female parliamentarian candidates, political parties are reluctant to select women due to lack of their financial power, in addition to their lack of leadership and education, as well as prejudice against women.²⁵ In regard to the proportion of women in decisionmaking positions, two out of 19 cabinet ministers (10.5%) are women²⁶ while only 26 out of 288 traditional leaders (9%) are women. In contrast, the proportion of women is relatively high among permanent under-secretaries (19%), directors (23%), positions equivalent to deputy director (43.6%)²⁷, and high court and supreme court judges (45%).²⁸ In the private sector, the proportion of women in management positions has increased to 27.4%, ²⁹ however, yet to reach the 30% level.

<2.1.5: Gender-Based Violence (GBV)>

Violence against women is prevalent in Zambia. According to the ZDHS 2013 – 2014, 43% of women aged 15 through 49 have experienced violence since the age of 15 years old 30 and 17% have

²⁵ Cooperating Partner Group on Gender

World Bank (b)

²⁴ UNDP (c)

²⁶ Republic of Zambia (a)

²⁷ Cooperating Partner Group on Gender

²⁸ Republic of Zambia (g)

²⁹ Republic of Zambia (m)

The ZDHS 2013 – 2014 targeted "violence at home" and the assailants included present or former husbands and others in the case of married/divorced women and lovers and others in the case of unmarried women. The assailants also included women and community personnel (policemen, teachers, etc.) in addition to family members.

experienced sexual violence. A GBV survey conducted in four districts of Zambia in 2013³¹ produced a truly alarming report that 90% of women have experienced some type of GBV in their lifetime.³² The Victim Support Unit of the Zambian Police reported 11,914 cases of GBV in 2011³³ which is almost double the figure of 6,716 cases reported in 2008. While the ZDHS 2007 reported that 47% of women experiencing physical and/or sexual violence did not ask anyone for help, the ZDHS 2013-2014 reported a decline of this figure to 42%, suggesting that the number of women reporting or notifying their victimization has increased. Due to lack of official analysis based on the number of reported cases, it is unclear whether the number of reported cases of violence has simply increased, the number of actual cases of violence has increased, whether the police' data management skills on reported cases has improved, or communications among stakeholders such as shelters, NGOs, and the police have improved. Meanwhile, reporting to the police does not necessarily lead to indictment and some victims (survivors) may drop a case because of family pressure, offer of the settlement fee (products) by the perpetrator, lengthy process of lawsuits, or mistrust of the judiciary system. There are also many cases which are settled under customary law (so-called a kangaroo court).

To respond to the prevalent GBV, the government developed the National Plan of Action on GBV in 2008 and the Anti-Gender Based Violence Act in 2011 to prevent GBV and to protect the victims (survivors) of GBV. Based on this Act, the government is to establish the Anti-GBV Commission with members representing multiple stakeholders, including ministries and agencies relevant to social welfare, gender, children and youth, health, education, the judiciary and the police, as well as civil society organizations. This Commission will be tasked with the coordination and monitoring of various activities and the provision of support through the Anti-GBV Fund to be established at the same time. 34 In the re-named Ministry of Gender (previously the Ministry of Gender and Child Development), the Directorate of Gender and Rights was newly established following the organizational reform in October 2015. This directorate is responsible to take a leadership role in anti-GBV activities. According to the information prior to the organizational reform, implementation of the Anti-GBV Act experienced delays due to confusion concerning the division of work responsibilities, lack of a necessary database, as well as inconsistent responses to GBV and lack of coordination.³⁵ Further, absence of assigned staff members from the Ministry of Gender at the provincial and district level and assigning the GFPs without specific roles and knowledge, did not result in effective implementation of the Act.

Amidst the slow response of the government to GBV, donors have been very active in this field. The ASAZA Project ³⁶ for which USAID and EU have provided assistance to the government has

³¹ Kitwe, Kasama, Mansa and Mazakuba Districts

http://genderlinks.org.za/programme-web-menu/gender-in-local-government-zambia-2013-09-13/

Republic of Zambia (g)

Republic of Zambia (1)

³⁵ Cooperating Partner Group on Gender

The project was implemented by a local NGO called "Care Zambia".

established the One Stop Centre Model³⁷ which integrates stakeholders in the fields of medical care, the judiciary, counselling, and the police at eight sites in Zambia. The effectiveness and sustainability of this model have been verified through the ex-post evaluation of the project. Implementation of "One Stop Centre Model" was shared with the Cooperating Partners on Gender, which is a working group assisting the work of the Zambian Government on gender. At present, UN agencies work on the establishment of similar 'one stop centres' in other areas of Zambia while making efforts to involve village chiefs and villagers to raise awareness to prevent GBV and to protect victims (survivors).

<2.1.6: Women and Economy>

The National Agricultural Investment Plan reports that 70% of Zambia's population rely on agriculture for their livelihood and that 78% of women are engaged in agriculture. However, most of these women are involved in crop production for home consumption and their farming activities do not produce any tangible income. As described in Section 3.1, women are unable to gain the same productive conditions as men due to the following issues: difficulties in accessing land, finance and production equipment and materials based on customary law and the idea of male superiority, as well as their responsibilities for household work and child-rearing. The situation is no different for female entrepreneurs, especially those running micro-businesses. An employment survey in 2012 reports that 84% of female employment is in the informal sector³⁸ and that many female entrepreneurs do not register their businesses. Thus they find it difficult obtaining essential information, and receiving technical training and financing. Moreover, the time constraints they face because of other responsibilities such as household work make it more difficult for female entrepreneurs to scale up the business to increase their productivity or profit. Among the female population in the informal sector,

70% have never received education or have only studied at primary education level (compared to 59% for male workers)³⁹. It is therefore more challenging for female entrepreneurs to register a business, obtain information, understand the contents of technical training and/or conduct marketing activities compared to men.

-

A One Stop Coordinated Response Centre is a place where victims (survivors) of GBV can access medical care, legal, emotional support and shelter services simultaneously and is currently run at eight sites where there is a strong need (Kitwe, Ndola, Chipata, Kabwe, Lusaka (two sites), Mazabuka and Livingstone).

Republic of Zambia (m)

³⁹ Ibid

2.2 Government Policies and Laws on Gender

<2.2.1: National Policies on Gender>

In Zambia, the National Gender Policy (hereinafter referred to as "NGP") and the National Gender Implementation Plan 2014 - 2016 were formulated in 2014.

Revision of the original NGP introduced in 2000 attributes to the need to address challenges identified through the implementation of the pervious NGP, the emergence of various new challenges such as GBV, HIV/AIDS and the feminization of poverty, and the necessity to harmonize the NGP with human rights documents at international and regional levels, the government vision and priority issues. NGP upholds the vision of "a nation of gender equity and equality for sustainable development" and lists objectives in 15 areas. They cover wide variety of subjects such as research and information systems including the establishment and institutionalization of a result-based monitoring system (RBMS) and Gender Information Management System (GIMS), gender mainstreaming, decisionmaking and individual sectors. In each subject, in addition to the methodologies and activities to be carried out, detailed implementation actions by each ministry are presented. Meanwhile, the National Gender Policy Implementation Plan 2014-2016 not only presents the main strategy, activities and implementing ministries, but also specifies ministry in lead and all the participating ministries in each subject. However, there is no firm commitment to set the indicators and annual budget allocation. Specifying the budget is believed to increase transparency and thus the government can ensure the implementation by the relevant ministries. The implementation progress of the NGP is unclear as the monitoring report was in the process of drafting when this study on County Gender Profile was carried out.

<2.2.2: Other Gender-Related Laws and Policies>

[Constitution of Zambia]

The current Constitution of Zambia (enacted in 1991 and revised in 1996) upholds statutory law as the national law but also accepts customary law. As already described in Section 2.1.3, while Article 11 guarantees the equal rights of men and women, Article 23 accepts the application of personal law and customary law. The gap created by these two articles has been the source of various gender inequalities. For the ongoing process of the Constitutional reform, proposals have been made with the powerful advocacy by women's civil society organizations and the Ministry of Gender to remove prejudiced provisions and to adopt more gender-sensitive provisions. The constitution bill under deliberation at the Parliament incorporates texts in line with CEDAW and other human rights documents so that the economic, social and cultural rights of women are duly observed.

The main important provisions to be included in the constitution bill are the elimination of the dual structure through the revision of Article 23, gender equality in decision-making and the

establishment of the Gender Equity and Equality Commission. This commission will have a mandate to monitor gender equality, research, education, advisory and reporting. With the advocacy of NGOs and civil society organizations, it was decided to hold a referendum on the constitution bill for the ultimate approval. Meanwhile, women's civil society organizations advocate that there is still room to improve the draft constitution bill and propose alternatives for certain provisions.⁴⁰

[Anti-GBV Act]

The Anti-GBV Act was introduced in 2011 to strengthen the protection of female victims (survivors) of GBV. This Act clearly stipulates the establishment of the Anti-GBV Commission and the Anti-GBV Fund, processes to respond to GBV, and the establishment and protection of shelters for victims (survivors) of GBV. Assistance for the protection of the GBV victims (survivors) is to be provided through monitoring of the implementation of- and the advisory system for the act, and accelerating the implementation of activities by the said fund. The government has been implementing the act while primarily relying on the funding of donors. According to the concluding observations of the CEDAW Committee regarding the fifth and sixth regular reports for Zambia, neither the Anti-GBV Act nor the Penal Code of Zambia explicitly recognize marital rape as a criminal offence. The Committee, therefore, recommends the revision of these laws in line with the relevant standard of CEDAW.

[Penal Code]

Revised in 2005, the Penal Code explicitly prohibits acts such as sexual violence, incest, violence, child neglect, discrimination, and demands the imposition of strict punishments for perpetrators. Certain revisions were made to the Penal Code to streamline the provisions to make them compliance with CEDAW and the Convention of the Rights of the Child (CRC). The revision of the Penal Code in 2010 laid down harsher penalties of minimum imprisonment for 15 years or lifetime for those committing a sexual crime. However, there are some pending issues, including the fact that marital rape is not yet recognized as a criminal offence.

[Gender Equity and Equality Rights Bill]

The Gender Equity and Equality Rights Bill is an act which has been formulated under the leadership of the Ministry of Gender and is currently being deliberated by the Parliament. This bill has been proposed with the intention to domesticate international human rights documents such as CEDAW, SADC Protocol on Gender and Development, and Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa towards gender

⁴⁰ NGO Coordinating Council (NGOCC)

⁴¹ Republic of Zambia (e)

⁴² Republic of Zambia (n)

⁴³ United Nations (b)

equality. Further, it was envisaged to implement women's empowerment that meets the international standard in the areas of political, social, economic and cultural issues. The bill also stipulates the establishment of the Gender Equity and Equality Commission which is expected to monitor the implementation of gender equality-related activities and to provide advice for various ministries and agencies. ⁴⁴ Once the Gender Equity and Equality Commission starts to function as a supervisory body, it can take legal action against discrimination and non-compliance with gender-related laws. As such, the proper functioning of this commission is expected to accelerate gender equality in Zambia.

Advocacy and cooperation by women's organizations and NGOs form the background for the introduction of the Gender Equity and Equality Rights Bill. While these organizations are hoping that the bill will facilitate gender equality, they strongly oppose the plan to place the commission under the supervision of the Ministry of Gender in the belief that as a new ministry with insufficient manpower and budget, the Ministry of Gender lacks sufficient management and implementation capacity. They also fear that because Ministry of Gender does not have much authority to instruct or guide gender mainstreaming to other ministries and agencies, the commission may not effectively function if it is attached to the Ministry of Gender. In this regard, those civil society organizations are requesting the government to keep the commission independent. 45,46

Based on the results of interviews at the NGOCC and UNDP.

⁴⁵ NGOCC

⁴⁶ Based on the results of interviews with a project manager of the NGOCC and a gender official of UNDP.

2.3 National Machinery and Other Gender Mechanism

<2.3.1: Background of Establishment of the Ministry of Gender>

The principal national machinery in Zambia for the promotion of gender equality is the Ministry of Gender (originally established in 2012 as the Ministry of Gender and Child Development and renamed as the Ministry of Gender following the organizational restructuring in October, 2015). The Office of Gender of the Cabinet Office was previously responsible for gender issues. According to a government source, the Ministry of Gender and Child Development became an independent ministry to meet the manifest of the Patriotic Front (PF), the ruling party at the time of the organizational restructuring in 2011, "to prioritize issues concerning women and children". It is believed that advocacy by women's organizations and the Concluding Observations of the CEDAW Committee on the Elimination of Discrimination against Women had influence on the establishment of this ministry.

As of November 2015, the Ministry of Gender consists of four directorates, i.e. Gender in Development, Gender Rights, Planning, and Human Resources and Administration (see Table 1). Prior to the organizational reform, no ministry staff members were present at the provincial and district levels. Provincial permanent secretaries and district commissioners were supposed to be responsible for coordination and administrative support for gender mainstreaming through GFPs with the establishment of a gender sub-committee at each level.

However, because of the lack of specific training for GFPs and lack of appointment of staff members of the ministry with decision-making power at the provincial and district levels, the GFP system appears not to have functioned effectively. ⁴⁷ According to the Ministry of Gender, the process of recruiting staff members to work at the provincial level is currently taking place as part of the organizational reform of the Ministry of Gender. ⁴⁸

Table 1: Mechanism of the Ministry of Gender since the Organizational Reform in October 2015

	Previous System	System from October, 2015	
National Level	Ministry of Gender and Child Development	Ministry of Gender	
	Rights and Protection	Gender in Development	
	Gender in Development	➤ Gender Rights	
	Planning and Information	➤ Planning	
	Human Resources and Administration	Human Resources and Administration	
Provincial Level	GFP at the Planning Office of the provincial	Deployment of the Ministry of Gender	
	government	staff members in each province	
District Level	GFP	At the time of preparing this report, it is	
		unknown how the GFP system has been	
		improved since the organizational reform.	

Source: Based on the results of interviews at the Ministry of Gender and information available on the Ministry of Gender website.

⁴⁷ Republic of Zambia (e)

⁴⁸ Based on the results of interviews at the MoG

<2.3.2: Main Activities of the Ministry of Gender>

The Ministry of Gender is expected to take a leadership in the formulation, implementation, target setting and review of policies to facilitate gender equity, equality and mainstreaming and in the management of the relevant processes. Its main activities include advice on gender and gender mainstreaming, monitoring and review of implementation of gender policies at other government ministries and agencies, awareness raising and sensitization on gender policies, periodical reporting on the implementation of gender policies at the local, national, and international levels and implementation of specific programs concerning the socio-economic empowerment of women.⁴⁹

<2.3.3: Other Organizations>

[Cabinet Office]

In the past, the Office of Gender was located in the Cabinet Office. Since the establishment of the Ministry of Gender and Child Development, the gender-related coordination and gender policy formulation functions have been transferred to the new ministry. The Cabinet Office still plays a role of ensuring gender mainstreaming in sectoral policies as well as personnel affairs because of its duty to oversee administrative matters of the government.

[GFPs in Other Ministries and Agencies]

In other ministries and agencies, the Director of Planning is supposed to function as a GFP. In most cases, however, this function is transferred to junior officers or officers of other ranks who do not have much influence on the decision-making of policies. As such, it has been reported that gender mainstreaming, gathering of gender-specific data and gender analysis are not actually conducted at individual ministries and agencies. ⁵⁰ Moreover, the terms of reference of staff members who are appointed as GFPs neither specifies their roles as a GFP nor grants GFPs the right to receive training. ⁵¹

[Provincial and District GFPs]

Provincial and district offices are supposed to provide coordination and administrative support for gender mainstreaming as mentioned earlier. It is, however, unclear to what extent gender is mainstreamed in their various activities and response is given to gender-related issues as there is no staff member from Ministry of Gender assigned but only GFPs. At the Meheba refugee camp, staff members of the Ministry of Community Development are dealing with GBV on site. While GBV-related matters are principally under the jurisdiction of the Ministry of Gender, it appears

Republic of Zambia (g) (This document deals with gender policies as of 2104 and, therefore, describes the roles of the Ministry of Gender and Child Development. However, much of the description of the main activities of the ministry is likely to apply to the Ministry of Gender.

⁵⁰ Republic of Zambia (e)

At the time of interview, the Director of Gender Rights of the Ministry of Gender replied that the GFP system had not properly functioned.

that no special collaboration with the Ministry of Gender exists at this camp.⁵² It is urgent to clarify how gender-related efforts should be implemented and how coordination should be implemented at the district level after the recruitment of dedicated staff members of the Ministry of Gender at the provincial level under the new ministerial structure.

[Parliamentary Committee on Legal Affairs, Governance, Human Rights and Gender Matters]

This committee was established in 1999 to provide oversight on gender mainstreaming in the administration and to ensure transparency of the process. It has been reported that the committee has been ineffective because of its insufficient capability to conduct gender analyses and its lack of precise information and data.⁵³

[Cooperating Partner Group on Gender]

This group currently has 10 active members (Gender Cooperating Partners) which are aid organizations and donors. UKAid /DfID, UNDP and USAID take a leadership role in turn. Other members are the Government of the Netherlands, Government of Norway, Government of Sweden, Irish Aid, GIZ/German Cooperation, EU and COMESA.⁵⁴ The group convenes monthly meetings to exchange gender information and to coordinate the gender-related activities of its members. The group is also involved in advocacy work. It recently conducted a study and analysis of four gender-related priority areas⁵⁵ and published a policy analysis report.

[NGOs]

Civil society organizations and women's organizations in Zambia have been actively involved in advocacy and the exchange of opinions with the Government on women's rights and their protection and gender equality. The NGO Coordinating Council (NGOCC) and Zambia National Women's Lobby (ZNWL) in particular have contributed to revising discriminatory statutory provisions against women, incorporating provisions assuring women's rights, and extensively advocating for holding a national referendum to have the constitution amended. They also support wide-ranging activities including awareness raising to domesticate CEDAW standard into the laws and policies, and support the capacity building of female MPs, as well as establishing gender equal society.

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According to a UN organization, because of the absence of Ministry of Gender representation at the local level, staff members of other ministries are appointed as counterparts for the implementation of GBV projects.

⁵³ Republic of Zambia (e)

⁵⁴ COMESA stands for the Common Market for Eastern and Southern Africa. Information on the membership of the Cooperating Partner Group on Gender was provided by UNDP.

These are (1) gender-based violence, (2) women's leadership and decision-making, (3) women's economic empowerment and (4) gender responsive planning and budgeting.

3. Current Situation of Gender by Sector

3.1 Agriculture and Rural Development

<3.1.1: Legal and Policy Frameworks for Gender Issues>

The National Agricultural Policy (NAP) 2004 – 2015 has aimed at achieving food security and a sustainable as well as competitive agricultural sector. The promotion of gender equality is considered as one of the strategies to achieve this goal. It further calls for the allocations of funds for female and young farmers and improved access for them to agricultural services. The concrete activities conceived to achieve these objectives are (a) improved gender knowledge among policy makers and farmers, (b) capacity building of the Ministry of Agriculture and Cooperatives (MACO) in relation to gender analysis and its methodology, and (c) gender mainstreaming in the curriculum of agricultural training centres. ⁵⁶ As a report concerning the performance of the National Agricultural Policy could not be obtained for this Study, the extent of its actual implementation cannot be determined.

While capacity building and enhanced gender knowledge among policy-makers, Ministry of Agriculture and Livestock: MAL staff (MACO has been re-named after the launch of NAP. Hereafter referred as 'MAL') and farmers require the establishment of a relevant system within the ministry and the allocation of the required budget, it has been reported⁵⁷ that there is no dedicated budget for gender mainstreaming and that GFPs have dual responsibilities with other assignments. As mentioned earlier (with reference to Section 2.3), MAL is not the only ministry where a GFP system has not been well established. It appears that MAL has a weak horizontal linkage with the Ministry of Gender and monitoring of implementing gender mainstreaming at MAL is not functioning. While the succeeding National Agricultural Policy 2012 – 2030 was prepared, it was never approved before a new National Agriculture Investment Plan (here after 'NAIP') 2014 – 2018 was formulated. As of 2015, various planning and discussions by both the government and donors are based on the NAIP. NAIP cites implementation of gender sensitive research, collection of gender-disaggregated data, 30% quota for women in the training for finance and a value chain in rural areas among others, but their achievement is unclear.

The National Gender Policy Implementation Plan 2014 – 2016 lists awareness raising for the land ownership rights of women, consideration of gender in agricultural training programs and training sessions, capacity building to facilitate women's participation in production cooperatives, and identification of potential market linkages as part of the women's economic empowerment program. MAL and Ministry of Land, Resources, and Environmental Protection are designated as response ministries. As no monitoring report is available as of November 2015 (according to the Ministry of Gender, a draft report is currently being prepared), no actual confirmation of the performance of this plan is possible. It is hoped that the implementation of the concrete activities envisaged by these plans will enable women to engage in farming with higher productivity to improve their livelihood.

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⁵⁶ Ministry of Agriculture and Cooperatives

Farnworth and Munachonga

Based on the results of interviews with staff members of JICA Zambia Office.

<3.1.2: Roles of Men and Women in Agriculture>

While the proportion of men in Zambia engaged in agriculture is as high as 69%, the corresponding figure for women is even higher at 78%⁵⁹, indicating the important role played by women in agriculture. In reality, however, "fixed roles of women" in agricultural work is observed. To be more precise, women tend to take on simple work such as weeding, poultry processing, and packing along with farming for domestic consumption. In comparison, men tend to engage in better-paid work using machineries and tools, and the sales of crops in the market. ⁶⁰ The underlying causes for such a division of work are the difficulties for women to own land (see Section 3.1.3 below), decision-making power held by men regarding production equipment, payment and sales, in addition to the role of women in household work, child-rearing and other reproductive functions. One in five households in Zambia is a female-headed household. Due to lack of access to productive materials and equipment, extension training, and financing, however, their agricultural production volume is only two-thirds of male-headed households' and female-headed households possess only about half of the livestock that men own.

<3.1.3: Land Ownership and Land Use⁶¹>

As clearly stated in the Gender Policy, land is the fundamental basis for human life. The customary practice of land ownership in Zambia, however, has prevented women from effectively participating in national development.

The Constitution officially prohibits gender discrimination in land ownership but exempts personal law (regarding marriage, children, divorce, inheritance, etc.) as well as customary law from the application of the said prohibition. While the Land Act of 1995 guarantees the ownership of land for up to 99 years by both men and women, men inherit most of the land owned under customary law. Because of this dual legal structure, it is very difficult for women to own land in Zambia where 94% of the land is placed under customary law with the remaining 6% under statutory law. Further, it is a common practice for women to get access to land through the permission of their spouses or other family members, and men generally control the land. In the case of marriage based on the patriarchal system in rural areas, a bride joins the groom's family in exchange for a dowry paid by the groom and therefore she does not inherit the land even if she is widowed. In matriarchy families, even if women have land ownership rights, men tend to control the land in reality. The Intestate Succession Act of 1989 stipulates that a spouse inherits 20% of the land and shares the house with the children, however, this act does not apply to land held under customary law.

The ownership of land under statutory law tends to be limited to those with some financial capacity

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⁵⁹ Ministry of Agriculture and Cooperatives

⁶⁰ Nkonkomalimba, Mpala

⁶¹ See Footnote 4.

⁶² USAID (a)

⁶³ Ministry of Agriculture and Livestock

⁶⁴ USAID (b)

because of the complicated and costly registration procedure, and necessity of financing for the development of the land obligated within 18 months after the registration. In urban areas, some women own land under their own name or jointly with their spouse. In contrast, there are high barriers for women to own land in rural areas where the fixed idea of land belonging to men still prevails.⁶⁵

The Government of Zambia adopted the policy to allocate 30% of distributable land to women in its Gender Policy in 2000. The revised Gender Policy in 2014 increased the target figure to 50% and its Implementation Plan emphasizes awareness-raising concerning land ownership by women. Towards the achievement of this target, improved knowledge of land ownership and inheritance rights, awareness-raising among men and communities, and reform of the dual structure of statutory and customary laws are priority issues to eliminate gender discrimination in relation to fundamental land ownership. In this context, revision of the Constitution is an extremely important step, as statutory law will be given priority over customary law under the new constitution for issues concerning land ownership and inheritance. It is hoped that a new environment and systems will be developed to make it easier for women, older people and vulnerable people to own land.

<3.1.4: Women's Access to Finance and Production Equipment>

Compared to men, women in Zambia have less access to land, finance and production materials and equipment. Because mortgage is required to obtain a bank loan, women find it difficult to access loans without owning a land. Further, possession of customary land is not valid to access loans as the customary land is not accompanied by land registration documents, thereby land ownership cannot be proven (this situation applies to both men and women). For such Zambian farmers, the Lima Credit Scheme operated jointly by the Zambia National Farmers' Union (ZNFU) and financial institutions is a fairly accessible scheme for the purchase of production equipment. According to a report ⁶⁶, 16,780 farmers participated in the scheme in the 2013/14 period, of whom 31% were women, increasing their proportion from the previous year. However, it is not easy for small farmers, especially women, who cannot join agricultural cooperatives because of their small scale of farming, to have access to this scheme. A report published in 2010⁶⁷ further stated that nearly 70% of users of the scheme were contract farmers growing products such as cotton. Micro-financing banks and NGOs provide microcredit but the number of people who are able to use this facility is limited because of the fairly strict conditions of finance concerning eligibility and purpose of use. According to the Ministry of Gender, it plans to open a women's in 2017 but has not yet finalized the details.

The lack of equipment and materials for production is one of the reasons for Zambian women for not conducting highly productive farming. In Zambia, a scheme called 'the Farmer Input Support Program (FISP)' exists, which the government provides assistance for productive materials enabling the famers to

⁶⁵ SIDA (a)

⁶⁶ http://www.agribusinessafrica.net/index.php/1890

⁶⁷ Ministry of Agriculture and Livestock

purchase fertilizers and seeds with lower costs. Because of the limited resources available under the program, however, farmers who do not belong to farmers unions or an agricultural cooperative find it difficult to benefit from the program. It is reported that the number of male beneficiaries of the program is almost double the number of women, clearly suggesting that the rate of access to production equipment by women is much lower. Table 2 shows the gender-based number of FISP beneficiaries for the period between 2005 and 2009. Although the number of female beneficiaries steadily increased, the gap between men and women remained the same with a parallel increase of the number of male beneficiaries.

Table 2: Beneficiaries of FISP (By gender)

Gender	2005/2006	2006/2007	2007/2008	2008/2009	Total
Male	89,900	134,000	75,700	139,000	437,600
Female	47,300	73,400	46,800	74,200	241,700

Source: Cooperating Development Partners 'Women's Economic Empowerment in Zambia: An Analysis' (Ministry of Gender, 'Program Document 2012-2016')

<3.1.5: Agricultural Services>

The agricultural extension services in Zambia have heavily targeted landowning farmers. In other words, there have been more opportunities for men who own land in most cases to enjoy this service than women. As male family members accessing the service tend not to share their newly acquired knowledge and skills through the service with the female members⁶⁸, women are forced to engage in farming with insufficient knowledge and skills, resulting in a relatively poor productivity performance. Men and women often cultivate different crops and therefore their needs for extension services naturally differ. Women tend to cultivate crops for home consumption. It is likely that they could improve their livelihood if they engage in the cultivation of highly productive crops using extension services and market their surplus products.

The treatment of and information sharing with female farmers by extension workers can determine whether or not female farmers could make maximum use of extension services. Female farmers generally inform that female extension workers are easier to work with, but the number of female extension workers is still much smaller than that of their male counterparts. Although the Ministry of Agriculture and Livestock has adopted a target figure of 30% for female extension workers, analysis of the 1,315 extension workers whose gender is recorded as of November 2015 shows that the female proportion is around 25%. The available reports and results of interviews with the relevant people suggest several challenges to be dealt with to increase the number of female extension workers. These include the small number of females enrolling in agricultural schools and the concentration of female extension workers in areas near the cities as they are reluctant to work in rural areas due to family circumstances. Improvement of the environment and conditions surrounding female extension workers is essential to solve these problems and an increase of the budget is one necessary step. Another important issue is the improvement of gender awareness among male and female extension workers in order to incorporate the gender perspectives in extension services.

⁶⁸ African Development Bank (b)

3.2 Peace Building Sector

<3.2.1: Legal and Policy Frameworks for Gender>

The 'Vision 2030' (National Long-Term Vision 2030) summarizes the long-term development visions for Zambia up to 2030 and spells out six key basic principles. One of the principles is "peaceful coexistence", which reflects Zambia's commitment to peaceful diplomacy as well as domestic politics and positive stance towards peace building. The laws and policies pertinent to peace and security in Zambia include the Defense Act (Volume 8 Chapter 106 of the Constitutions of the Republic of Zambia), Zambia Police Act (Volume 8 Chapter 107 of the Constitutions/ Police Act revised in 1999) and Prisons Act (Volume 7 Chapter 97 of the Constitutions). None of these laws have either any specific references to gender or suggest approaches to gender mainstreaming. ⁶⁹ Under such setting, revision of the Zambia Police Act in 1999 was a tangible step forward in that the Victims Support Unit (VSU) was established to protect victims (survivors) of crime or violence. Even though the revised text does not have any specific references to violence against women (GBV) or children, the police has intensified efforts to deal with violence against children, women and elderly people since its establishment. In 2011, the Anti-GBV Act was enacted to protect GBV victims (survivors) and is now in the process of enforcement (see Section 2.2.2).

At the regional level, Zambia has signed the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, upholding its commitment to the rights of people to access to the courts, equal protection and peace. At the international level, Zambia has agreed with the United Nations Security Council Resolution 1325 (UNSCR 1325)⁷⁰ which requests member countries of the UN to promote women's equal involvement in peace and security, to protect women in conflicts and to prevent sexual violence as well as GBV, but does not have its own national action plan to implement UNSCR 1325 as of November, 2015.

<3.2.2: Zambia's Contribution to Peace and the Situation of Women's Participation>

Since its independence in 1964, Zambia has made a positive contribution to peace building in the region through its peaceful diplomacy with neighbouring countries based on its own stable domestic political situation. Zambia's ranking in the Global Peace Index 2015 for 55th among 162 countries, as well as 7th among sub-Saharan countries clearly indicates Zambia's regional stability. As already described in Section 2.1.1, Zambia has dispatched PKO personnel to politically unstable neighbouring countries in the past. It has made positive efforts to achieve gender equality, including the introduction of a 30% quota system for women to encourage their participation in peace-keeping and the national

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⁶⁹ Gender Links

⁷⁰ See foot note 5

The Global Peace Index (GPI) is an index indicating the relative peacefulness of countries and regions based on 22 indicators relating to the three subject matters of external and internal conflicts, safety and public peace of society and militarization and is currently measured for 162 countries. (Institute for Economics and Peace, "Global Peace Index", 2015.

defense force, and the establishment of the Gender Desk (implementation process and achievement are unknown) to promote gender mainstreaming at the Ministry of Defense.⁷²

In 2014, women accounted for 16% of the dispatched PKO personnel. Although this figure is an improvement from 10% in 2010⁷⁴, it still falls short of the target of 30%. The proportion of women in Zambia's defense and police force is 10% (2014) and 17% (2015) respectively. The proportion of women in the police force is relatively high while that in the defense force is still only one-third of the quota. Among SADC members, Zambia is ranked in the middle in these two areas and is behind South Africa, Namibia and Seychelles (where the percentage of women is in the twenties or thirties).

The following sub-section briefly describes the situation of refugees as a pretext for analysis of the local integration of Angolan refugees in Section 4.4.

<3.2.3: Situation of Refugees Residing in Zambia>

Since the 1960's, Zambia has accepted refugees from such neighbouring countries as Angola, Burundi, the Democratic Republic of Congo, Mozambique and Rwanda. As a result, many refugee camps have been established, among which are the Mayukwayukwa Settlement (Kaoma District in Western Province) established in 1966 and Meheba Settlement (Solwezi District in North-Western Province) established in 1971. These settlements still house refugees and former refugees (people of concern). At the peak in 2001, there were more than 280,000 refugees⁷⁵. With the end of conflict, many refugees return to their own countries and the number of refugees residing in Zambia as of August 2015 is rather small at approximately 50,000 (including former refugees). The original countries of refugees and locations of refugee settlements in Zambia are shown in Table 3.

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⁷² United Nations Police

⁷³ Gender Links

⁷⁴ Gender Links

⁷⁵ UHHCR Global Reports 2000 – 2010; Global Appeal 2011 - 2012

Table 3: Population of Refugees and Other Persons of Concern as of August 2015

Location	Nationality	Total refugees	Total Asylum Seekers	Former Angolan Refugees	Former Rwandan Refugees	Grand Total
Meheba Settlement	Angolan	0	0	6,225	0	17,855
	DR Congolese	6,634	1	0	0	
	Rwandan	1,020	0	0	2,754	
	Burundi	898	0	0	0	
	Somali	273	7	0	0	
	Others	43	0	0	0	
	Sub Total	8,868	8	6,225	2,754	
Mayukwayukwa Settlement	Angolan	0	0	6,570	0	11,750
	DR Congolese	4,876	0	0	0	
	Rwandan	130	0	0	15	
	Burundi	159	0	0	0	
	Others	0	0	0	0	
	Sub Total	5,165	0	6,570	15	
Self-settled (28 Districts in 5 Provinces)	Angolan	0	0	5,890	0	12,404
	DR Congolese	4,429	0	0	0	
	Burundi	400	0	0	0	
	Rwandan	0	0	0	914	
	Somali	700	0	0	0	
	Others	71	0	0	0	
	Sub Total	5,600	0	5,890	914	
Urban	Angolan	0	0	56	0	9,268
	DR Congolese	3,135	1,084	0	0	
	Rwandan	439	29	0	886	
	Somali	1,382	333	0	0	
	Burundi	1,216	441	0	0	
	Others	232	35	0	0	
	Sub Total	6,404	1,922	56	886	
TOTAL		26,037	1,930	18,741	4,569	51,277
Total Angolan and Rwanda former refugees					23,310	

Source: UNHCR

In June, 2012, the Government of Zambia decided to cease the refugee status of Angolan refugees and to implement the Local Integration Program targeting former refugees as 'people of concern' jointly with UNHCR (see Section 4.4 for further details). In June 2013, the Government also decided to cease the refugee status of Rwandan refugees, and hence the Local Integration Program now primarily features former Angolan and Rwandan refugees. As shown in Table 3, there are 18,741 former Angolan refugees (people of concern) and 4,569 former Rwandan refugees in Zambia, totaling 23,310 as of August 2015. More than half of the 51,000 of refugees/former refugees ('people of concern') are still classified as refugees. Most of them are from the Democratic Republic of Congo.

<3.2.4: Solutions Alliance and Support for Local Integration of Refugees>

The Solutions Alliance (hereinafter referred to as "SA") is an alliance established in 2014 in Copenhagen and its members include refugees hosting countries, donors, international organizations, NGOs and other private sector organizations. It aims at addressing protracted displacement situations

and strengthening the partnership among its member countries and agencies. ⁷⁶ SA also aims at achieving permanent solutions which benefit both refugees and host communities through the cooperation with the government of the hosting countries. The refugee policy of the Government of Zambia, which expresses its intention to integrate some 14,000 former refugees, embraces both former refugees and Zambians under a single development policy and is, therefore, fully compatible with the principles of SA. The Government of Japan has been a member of SA from the beginning and the Embassy of Japan and JICA have been providing direct and indirect assistance for the local integration program in Zambia as members of the SA's National Advisory Group for Zambia. In addition to Japan, the governments of USA, Canada and Scandinavian countries have been actively providing assistance for refugees and former refugees through the National Advisory Group along with UNHCR and other UN organizations, World Bank and such international NGOs as World Vision and Caritas, and are examining ways to facilitate local integration.

http://www.solutionsalliance.org/system/files/resources/Solutions-Alliance-Brochure.pdf

3.3 Health Sector

<3.3.1: Legal and Policy Frameworks for Gender>

The National Health Strategic Plan 2011 - 2015 adopts improvement of the health status of people in Zambia as its overall goal in order to contribute to socio-economic development of the country. Gender considerations are upheld as a key principle. Commitment to gender mainstreaming in every health sub-sector is indicated even though there is no reference to concrete measures or activities.

The National HIV and AIDS Strategic Framework 2006 – 2010 cites gender equity as one of its key principles. It analyzes the correlations between gender inequality and GBV and the high level of HIV/AIDS prevalence among women (15.1% compared to 11.3% among men), and upholds the eradication of these challenges as priority tasks. Further, it raises five issues as priority strategies as follows: advocacy to change harmful sexual norms (including girls' early marriage and 'widow inheritance'); and collaboration with other areas (GBV, early marriage, continuation of girls' education, and child protection) in response to HIV/AIDS.

<3.3.2: Reproductive Health and Family Planning>

The maternity mortality rate (number of deaths per 100,000) in Zambia has greatly improved in the last 11 years. According to ZDHS, the rate of 729 per 100,000 in the 2001/02 survey dropped to 691 in the 2007/08 survey and further to 398 in the 2013/14 survey. There are several likely factors for this improvement, including (i) containment of high fertility with the increased use of contraceptives (from 23% in 2001/02 to 45% in 2013/14), (ii) increase of attended childbirths (from 43% in 2001/02 to 64% in 2013/14), (iii) increase of the HIV/AIDS testing/ counselling rate among women (from 19% in 2007/08 to 78% in 2013/14)⁷⁷ and (iv) improvement of community-level awareness of reproductive health and life saving of mothers and children at medical facilities. Despite many improvements, there are still many challenges. For example, the proportion of pregnant women who attend antenatal check-ups up to three times is as high as 90% but this rate drops to 60% for four or more times. As a result, abnormalities experienced by women during pregnancy are not necessarily reported or found. ZDHS found that women aged 15 to 49 experience such problems as a long distance to medical facilities (36.7%) and poor transport service (33.5%), which hinder women's access to medical facilities. The inability of women to receive adequate examinations or assistance at medical facilities is still a determining factor in the life or death of pregnant women.

It is important to note that the death of pregnant women is linked to gender inequality and GBV. As mentioned in Section 2.1.2, the high proportion of marriage at a young age and teenage pregnancy

UNFPA Zambia website: http://zambia.unfpa.org/news/zambia-records-98-increase-family-planning-and-54-drop-maternal-mortality-during-mdg-period

⁷⁸ UNDP (c) ⁷⁹ WHO (b)

mean that there are many cases where the termination of pregnancy without proper care of an immature body and proper safety preparations lead to death. Such cases are reported to account for 30% of maternal deaths. Although the use of contraception has increased, the total fertility rate of 5.7 (2013)⁸¹ is still high. Popular methods of contraception in use are injection (19%), contraceptive drugs (12%) and implants (6%). While these are effective methods for family planning, the low level of use of condoms (3.5% for men and 0.1% for women in a survey primarily featuring women as part of ZDHS 2013/14)⁸² means increased use of contraception does not lead to prevention of HIV/AIDS infection.

<3.3.3: HIV/AIDS>

The prevalence rate of HIV/AIDS in Zambia in 2013/14 was 13.9% as shown in Table 4. While this figure was a decline from the previous survey results, it is still very high. The prevalence rate of 21% in urban areas is more than double the 9.9% in rural areas. By province, Copperbelt Province has the highest rate (20%) followed by Lusaka Province (19.4%). 83 The reasons for such high rates are believed to be the presence of many mine workers, who are referred to as a HIV/AIDS high risk group, in Copperbelt Province and the frequent movement of many migrant workers in and out of Lusaka province which is the capital of Zambia. Infection rate for women stands at 15.1% which is much higher than that for men at 11.3%.

Table 4: HIV/AIDS Prevalence of Adults Aged 15 to 49 in Zambia

 2001/02
 2007
 2013/14

 15.6
 14.3
 13.3

 17.8
 16.1
 15.1

 12.9
 12.3
 11.3

Source: Zambia DHS 2013 - 14

Gender/Year

Total

Male

Female

There are many factors pushing up the HIV/AIDS prevalence rate for women. The fundamental factor is the lack of decision-making power among women in relation to their own reproductive health although actual reasons vary depending on age and marriage history. From a national perspective, the low level of condom use for family planning is likely a significant factor. In some rural areas, polygamy and the 'widow inheritance' by the deceased husband's brother, both of which are prohibited under statutory law, still persist and these practices can be closely linked to the HIV/AIDS infection of women. There are also incidents of sexual violence against young women based on the belief that "sexual intercourse with a virgin can cure men of HIV/AIDS". This means that the lack of decision-making power concerning sexual intercourse on the part of women due to an unequal gender relationship may well lead to the HIV/AIDS infection of women. 84 A lack of proper knowledge about

World Bank, World Development Index (http://data.worldbank.org/indicator)

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⁸⁰ UNDP (c)

⁸² Republic of Zambia (i)

⁸³ Republic of Zambia (j)

⁸⁴ United Nations (b)

HIV/AIDS is another reason for the persistence of HIV/AIDS among the local population. However, the fact indicated by a MDG report that the prevalence rate is high among highly educated people exposes gender inequality and cultural elements as the fundamental causes.

HIV/AIDS test is a compulsory requirement for pregnant women in Zambia to prevent the infection of newborn babies with HIV/AIDS. The HIV/AIDS country report submitted by Zambia to the UN⁸⁵ states that 91% of HIV/AIDS infected pregnant women who gave birth in 2014 received anti-retroviral treatment (ART). The report further states that mother-child transmission that stood at 24% in 2009 has declined to 9% in 2014, illustrating the positive effect of Zambia's approach to the HIV/AIDS treatment of infected pregnant women. Moreover, the number of people taking the HIV/AIDS test and counselling has been increasing every year. The ratio of women undergoing this test increased from 19% in 2007 to 78% in 2013/14.

<3.3.4: Infant and Under-Five Mortality Rates>

The average infant mortality rate is 43.3 per 1,000 births (39.2 for girls) while the average under-five mortality rate is 64 per 1,000 births (58.9 for girls) as of 2015. Compared to 2010, both rates declined by around 20%, indicating much improvement. Reference of infant death range from respiratory infection and diarrhea to infectious diseases such as malaria. Diarrhea caused by contaminated drinking water is one of the major causes of infant death. As part of the efforts to reduce the infant mortality rate, Zambia has been implementing the Integrated Management of Childhood Illness (IMCI) which is a comprehensive approach to child health. The MDG report states that further improvement for IMCI, maternal feeding, food nutrition and general hygiene is necessary to accelerate the decline of the infant mortality rate. Tompared to infant boys, both the morality rate and under five-mortality rate among infant girls are lower, meaning a higher survival rate for infant girls.

⁸⁵ Republic of Zambia (b)

⁸⁶ WHO (a) (b)

⁸⁷ UNDP (c)

4. Gender Mainstreaming in JICA's Development Assistance and Lessons Learned

The Japan's Development Assistance Rolling Plan for the Republic of Zambia as of April 2013 sets 'promoting the sustainable growth of a diverse economy free from over-dependence on mining' as a top goal. Under this goal, the following three priority areas have been identified: (i) vitalization of productive sectors, (ii) improvement and enhancement of basic infrastructure for economic activities, and (iii) improvement of social infrastructure for sustainable economic growth. This study will target three projects in the areas (i) and (iii) as well as the portfolio of Integration of Angolan Refugees for the reviews of the situation of gender mainstreaming and lessons learned towards gender mainstreaming as outlined in Table 5.

Table 5: Correlation Between Priority Areas of Japan's ODA for Zambia and Relevant Projects

Priority Area	Main Sector	Program	Project	
Vitalization of	Agriculture and	Stabilization of	Rural Extension Service Capacity	
Productive Sectors	Rural Development	Agricultural	Advancement Project through PaViDIA Approach	
		Production and		
		Improvement of	Technical Cooperation Project for	
		Productivity	Community-Based Smallholder	
			Management	
Improvement of Social	Health and Health	Anti-HIV/AIDS and	Project for Scaling-Up of Quality	
Infrastructure for	care	Anti-TB Support	HIV/AIDS Care Service	
Sustainable Economic		Program	Management	
Growth				
	Peace Building	Efforts* concerning	* There is neither a relevant	
	_	local integration of	program nor project at this point.	
		Angolan refugees	Potential project implementation	
			within the framework of the local	
			integration of Angolan refugees is	
			currently under consideration.	

Limitation of this Study: As the Rural Extension Service Capacity Advancement Project and the Project for Scaling-Up of Quality HIV/AIDS Care Service Management had been completed before this study was conducted, the scope of information gathering in Zambia had some limitation. Therefore, this study focused on desk review and interviews based on e-mail correspondence regarding these two projects.

4.1 Rural Extension Service Capacity Advancement Project (RESCAP)

< Project Period: December 2009 to December 2014 >

<4.1.1: Project Background and Situation of Gender Mainstreaming>

The Rural Extension Service Capacity Advancement Project through the PaViDIA approach (RESCAP) was implemented in isolated areas of Northern Province and Western Province, as well as in Lusaka Province following the completion of the Project for Participatory Village Development in Isolated Areas (PaViDIA: Phase I from 2002 to 2007 and Phase II from 2007 to 2009). PaViDIA aimed at achieving poverty reduction for smallholding farmers in isolated villages by means of introducing a participatory rural development approach and sustainable agricultural techniques. The approach adopted by PaViDIA to use extension workers of the Ministry of Agriculture and Livestock (MAL) as facilitators proved effective for the implementation of participatory rural development activities (micro-projects: MPs) but also revealed the vulnerability of the extension system from the Ministry to its extension workers level. For this reason, RESCAP came into implementation to vitalize and reinforce poor farmers and the community through strengthening the vulnerable extension system of MAL including extension workers⁸⁸.

At the time of the ex-ante evaluation of RESCAP, it was planned to actively incorporate the participation of female extension workers in the training and activities for female household heads and members of women's groups in MPs. The planned full participation of villagers in RESCAP was expected to provide opportunities for poor farmers and women's groups to participate in the decisionmaking process, generating initiatives among villages to produce such positive social impacts as a reduction of the heavy labor of women and children and an increase of the employment opportunities for women and young people. 89 The final evaluation report for RESCAP concluded that an improved extension system and improved skills and knowledge of extension workers achieved the project purpose of improving the extension service for farmers. The evaluation results in terms of the five evaluation criteria according to the OECD evaluation criteria were either "high" or "likely high". Interviews with district level officers and extension workers involved in RESCAP found that a needs survey and the planning of MPs were conducted with separate groups of women, men and young people to allow the easier participation of women and that gender equality was generally achieved in women's participation in MPs. Meanwhile, the actual state of women's participation and the impacts of RESCAP on women were unclear in these evaluation reports. The actual level of the participation of female extension workers in the training or of female farmers in MPs cannot be determined due to the lack of gender disaggregated data. Although it is difficult to determine the extent of the actual impact at the time of evaluation, it should have been possible to refer how female household heads and women's groups were guided to be involved in MPs and what impacts and effects could be expected as a result of their participation.

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⁸⁸ JICA (b)

⁸⁹ Ibid.

MPs implemented included poultry raising, flour milling and goat raising. While some activities implemented by women's groups which have not been affected by external factors such as inflation or the non-participation of group members (for example, goat raising), have maintained their success in the post-RESCAP period. Not many activities, however, continued to be successful after the project period. Reflecting on their activities under RESCAP, some interviewees informed that the full participation of villagers provided a good opportunity for the participation of women, but also became a heavy burden because of the involvement of unwilling villagers (regardless of gender) in group activities.

At the beginning of RESCAP, the establishment of a village bank using the profits from MPs was planned to provide funding to achieve common goals of the village and to assist vulnerable persons (for example, assistance for the cost of education for children of female-headed households). This activity, however, experienced a natural disappearance in the course of project implementation. ⁹⁰ As the project documents concerning RESCAP do not refer to a village bank, this concept appears to have emerged after the implementation of the project.

<4.1.2: Lessons Learned for Strengthening of Gender Mainstreaming and Pending Issues>

This study has been unable to fully clarify the extent of implementation of gender considerations mentioned in the ex-ante evaluation report at the project implementation stage. This situation attributes not only to the fact that the project has already completed, and there was limitations in the field survey and interviews, but also that gender perspectives were not referred in the project evaluation reports. For the effective implementation of a project with gender perspectives and verification of the project outputs and impacts, it is important to clearly describe gender perspectives in the form of outputs, activities and indicators in the project formulation stage. Further, it is imperative to maintain gender perspectives throughout project implementation and monitoring. Having gender experts and gender perspectives for project evaluation is expected to bring viewpoints invisible during the project implementation, and therefore it will be also beneficial to adopt those gender inputs for the subsequent formulation of new projects.

In terms of awareness-raising for gender equality, introducing gender training for extension workers and farmers as adopted in the Technical Cooperation Project for Community-Based Smallholder Irrigation (See Section 4.2) will make it easier to involve women in the project without changing the project goals and sensitize them with the idea of gender equality. Another idea is the incorporation of gender training in the training for counterparts in Japan leading to enhancement of the gender awareness and knowledge of those leaders participating in the training. Furthermore, it is important to collect gender disaggregated data for participants (not just the number of participants but their roles,

Based on the results of interviews with extension workers and staff members of the Directorate of Agriculture who participated in RESCAP.

observed changes, etc.) and information on good practices and lessons learned concerning extension workers, and systematize the recorded analysis at JICA and Ministry of Agriculture and Livestock. In the Chilanga District, one of the subject areas of RESCAP, 11 out of 14 current extension workers are said to be women. ⁹¹ It is unclear if there is a direct causal relationship between the number of female extension workers and the implementation of RESCAP. It could have been possible to obtain useful information, however, if gender perspectives had been adopted in the reports on RESCAP.

In the case of a village bank, it might have been possible to improve the sustainability of MPs if the savings of individual villagers and/or individual MP groups had been used to fund the necessary maintenance costs and emergency costs (such as inflation) of MPs. It is hoped that the possible effectiveness of a village bank when introduced in conjunction with an agricultural development project will be reconsidered for future projects similar to RESCAP.

Based on the results of an interview with a staff member of the Chilanga Bureau of Agriculture (former extension worker).

4.2 Technical Cooperation Project for Community-Based Smallholder Irrigation (T-COBSI)

< Project Period: March 2013 – June 2017 >

<4.2.1: Project Background and Situation of Gender Mainstreaming>

The rainfall pattern in Zambia is so irregular that it constitutes an obstructing factor for agricultural development. Against this background, JICA conducted the Study on Capacity Building and Development for Community-Based Smallholder Irrigation System Scheme in Northern and Luapula Provinces (hereafter 'Development Study') for two years from 2009. After confirming the effectiveness of simple weirs as well as permanent weirs using local materials and the feasibility of extension and further development through a pilot project, JICA decided to implement the Technical Cooperation Project for Community-Based Smallholder Irrigation (T-COBSI). This project aims at promoting irrigated farming using small-scale irrigation facilities through capacity development of relevant people and application of a participatory approach, and improving the agricultural production of smallholders. ⁹²

In T-COBSI, gender considerations are understood to mean that "the final destinations of technical guidance are not confined to male farmers but include female farmers in order to contribute to the achievement of the project purpose (expansion of irrigated farmland)". Towards the achievement of this goal, a project team assigns a gender expert, designs and implements a project within a framework where "the agricultural society, farmers' organizations, and gender considerations" are considered as one. Moreover, village chiefs are briefed on the project as part of the efforts to establish a working relationship with them so that the enhanced understanding of the project on the part of village chiefs makes it easier to introduce gender considerations in the project implementation process.⁹³

Activities incorporating gender considerations under T-COBSI can be classified into three stages: (i) kick-off meeting stage: targeting staff members of agriculture department, (ii) mid-term training stage, and (iii) activity monitoring stage. At the first stage, i.e. kick-off meeting, training was provided on such themes as (a) the necessity of gender perspectives in an irrigation project, (b) state of the division of labor based on gender, (c) recommendations regarding women's participation in an irrigation scheme and the equal distribution of irrigated farmland between men and women and (d) trend of the gender policy along with technical training. At the second stage, i.e. mid-term training, guidance was provided to introduce a market-oriented agriculture approach to the irrigation scheme and to provide training on farmers' organizations and gender as part of the practical training for farmers at a demonstration farm. To be more precise, guidance was provided on technical training featuring gender-specific roles, a daily calendar, etc. so the farming couples could engage in market-oriented

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92 Sanyu Consultants, Inc. (a)

Based on the results of interviews with village chiefs, farmers' organizations and gender experts involved in T-COBSI through e-mail exchanges.

agriculture as business partners. ⁹⁴ ⁹⁵ The proportion of women at the kick-off meeting and mid-term training of 23 – 25% was rather small, failing to reach the 30% target level of the Ministry of Agriculture and Livestock regarding the proportion of female extension workers. Nevertheless, the project team has evaluated that the level of gender awareness is high among agricultural extension workers regardless of their gender. The high level of gender awareness may well be attributable not only to the training and mentoring provided by the members of the project team but also to the gender training that these extension workers received from other donors. In regard to the participation of members of farmers' organizations, female participants accounted for 45% against 55% for male counterparts, possibly due to the history of gender considerations advocated by various donors. On the other hand, challenges also exist as follows: (i) lack of time to participate in training because of the triple duties of women including housework, child rearing and farming, and (ii) failing to include wives names from the count of participants as only the husband is registered for the participation of a couple in training. ⁹⁶

T-COBSI maintains the opportunities to review the effects by applying the gender sensitive approach to the project, and the lessons learned through monitoring, follow-up studies and an annual evaluation workshop. The monitoring study has examined how women have been involved in the construction of weirs and how they have been using the irrigated farmland. The findings of the monitoring have led to the recommendation to adopt the practice of land distribution which allows women's easier access to irrigated farmland.

In the annual evaluation workshop that the project team convenes jointly with staff members of agricultural department and extension workers, the state of gender considerations is reviewed towards the improvement the implementation.⁹⁷

<4.2.2: Lessons Learned for Strengthening of Gender Mainstreaming and Pending Issues>

As this study was conducted halfway through the T-COBSI's five year project implementation period, it is not yet clear what outcomes have been produced by the gender considerations and related activities described above.

However, some positive outcomes have been reported by the project team, including a high level of participation by female farmers (slightly more than 40% of all participants) and tendency to appoint women to be responsible for bookkeeping in farmers' organizations. Further, female farmers from the irrigated farmland are able to ship their products to supermarket today, and there are fewer incidences

⁹⁴ Ibid

⁹⁵ Sanyu Consultants, Inc. (c)

⁹⁶ Ibid

Based on the results of interviews with village chiefs, farmers' organizations and gender experts involved in T-COBSI through e-mail exchanges.

of domestic violence because of the much improved gender awareness since the commencement of the project. The emergence of these positive outcomes is most likely attributable to the fact that gender considerations form one part of the framework for the project as described in Section 4.2.1.

The project managed to combine gender training with technical training which is the main concern of the agricultural department staff and extension workers as part of their jobs and interests, and let gender mainstreaming infiltrate as effective approach in the enhancement of productivity. The project also conducts periodic monitoring from gender perspectives to observe and assess the above-mentioned outcomes. Moreover, successful cases and the positive effects of improved gender-oriented roles are conveyed to staff members and extension workers at the annual workshop and other opportunities in order to maintain their interest in and to further enhance their commitment to gender perspectives.

Regarding the performance of extension workers and effect on farmers in relation to gender mainstreaming, the level of women's participation, observation of collaboration between men and women, and analysis of productivity are good way to assess. In addition, interviews (mid-term and final) with farmers (men and women separately in come cases) would enable the project team to capture effectiveness of gender considerations, challenges, and opportunities at the farming demonstration. The series of interviews conducted as part of this study have revealed the effectiveness of linking with other projects and activities for gender equality (for example, awareness-raising of gender equality) carried out by other actors.

It is important for the Ministry of Agriculture and Livestock to systematize the information and records within the ministry so that good practices and lessons learned are well utilized in the future. Such practices may include 'how women's active participation, men's understanding on gender equality, and changes of men's and women's roles and cooperation have led to production and efficiency." It is expected that information sharing between organizations implementing irrigation and agriculture-related work at the same-targeted sites is likely to produce a synergy effect with the efforts to support gender mainstreaming by other actors.

4.3 Project for Scaling-Up of Quality HIV/AIDS Care Service Management

< Project Period: November 2009 – November 2014 >

<4.3.1: Project Background and Situation of Gender Mainstreaming>

The HIV prevalence rate in Zambia stood at 13.3% in 2013/14, which was a slight decline from 14.3% in 2007/08 but was still high. As part of JICA's support to combat against HIV/AIDS in Zambia, JICA implemented the 'Integrated HIV and AIDS Care Implementation Project at the District Level' for three years from 2006 in the Mumbwa District (Central Province) and Chongwe District (Lusaka Province). This project aimed at establishing the regular application of a sustainable HIV/AIDS care service implementation method (mobile ART service) in local areas with limited manpower and material resources by means of extending anti-retroviral treatment (ART) using an anti-retroviral virus (ARV). The succeeding 'Project for Scaling-Up of Quality HIV/AIDS Care Service Management' carried out the capacity building of the Ministry of Health (MoH), District Health Office (DHO) and Provincial Health Office (PHO) which supervise DHO to maintain a high quality ART service through a mobile ART service.

At the time of the ex-ante evaluation of this project, no references were made to gender. The project team understood such problems as women's social and economic vulnerable positions, the lack of information sharing on HIV infection between husbands and wives, and the difficulty for women to express an opinion on the use of condoms. The project aims to strengthen the management of the health institutions to disseminate the ART services in the rural areas, therefore sensitization activities are not included in the project scope. For this reason, activities from gender perspectives were not carried out⁹⁸. Specific gender perspectives are not stated in neither the mid-term nor the terminal evaluation report. Nevertheless, the JICA expert contributed through the provision of technical advice for MoH-led working group on the prevention of infection and for the preparation of the Guidelines for the Prevention of Mother-Child Infection.

In regard to data on patients receiving ART, there is a system to report HIV/AIDS infection by gender and by age to the Health Management Information System (HMIS) which is a national system for the management of health-related information. In the project evaluation, however, the continuation rate of ART in each district is reported as overall rate of men and women. The report from the field informs that 'Continuation rate is reported at each health center based on the quarterly field monitoring result. Given that quite a few centers get only a small number of patients, it is meaningless to show the gender-disaggregated result'. It should be also noted that ARV continuation rate is generally lower for men in reality and how to encourage men to continue with the treatment is a big challenge ahead.

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Based on the results of e-mail based interviews with JICA experts involved in the project.

<4.3.2: Lessons Learned for Strengthening of Gender Mainstreaming and Pending Issues>

When assistance is provided in terms of technical guidance or strengthening of the management capability, there is a tendency for the emphasis to be placed on a system, process and/or capacity. However, when the subject is looked in from different perspectives, i.e. gender perspectives such as 'who should be assigned for counselling (male or female)' and 'what kind of approach to use for counselling', the effectiveness of the support shall change. Moreover, collection of gender disaggregated data and their analysis may well reveal hitherto concealed characteristics associated with each gender. It is, therefore, important to apply gender perspectives at the project formulation stage and to make the outputs, activities and indicators concretely reflect gender perspectives.

Gender disaggregated data for ART continuation rate was not produced in the project as explained in Section 4.3.1. It maybe possible, however, to capture the differences and similarities in the ART treatment continuation between men and women by calculating gender disaggregated number or information by year or throughout the project, if by quarterly reporting is not feasible.

It is also suggested that analyzing the access to- and continuation rate of- mobile ART services and fixed services with the use of the gender and age disaggregated data should reveal the age range and gender that mobile service is most effective. Furthermore, it is important to pay attention to the fact that women have a higher rate of taking the HIV/AIDS test, receiving counselling, and continuing the ART than men, although the HIV prevalent rate is higher for women than men. ZDHS for 2013/14 reported that the ratio of men and women aged 15 – 49 who have undergone the HIV/AIDS examination was 80% for women compared to 64% for men of the same age group.

There is also a study report that the ratio of Zambian men not accepting ART is high at 32.7% compared to 25.6% for women. 99 The underlying reasons for this gender gap are that women have more opportunities to visit a health centre or hospital for pre-natal check-ups and infant health check-ups and that men find it difficult to concentrate on treatment away from work because of the generally long travelling distance to a nearby health centre and the long waiting time for clinical examination. 100 Another reason is that men's concept of masculinity makes them fearful of witnessed having an HIV/AIDS test or treatment. 101 One idea to improve the effect of HIV/AIDS treatment is to analyse various gender-based discrimination and prejudice relating to HIV/AIDS at the DHO level and to strengthen the treatment focused on men. In this context, increased number of male circumcisions is an outcome of an approach focused on men. As the treatment of men affects not only themselves but also women who may be wives or partners and also have the responsibility for taking care of sick persons, it is essential for vital information to be shared between family members to support each

⁹⁹ Gari, S., Martin-Hilber, A., Malungo. JR., Musheke, M. and Morten S.

¹⁰⁰ Based on the results of e-mail based interviews with JICA experts involved in the project.

¹⁰¹ Groce-Galis, M., Gay, J. and Hardee, K.

other. Furthermore, men need to seriously understand the fact that unless they take a test and continue the treatment, and both men and women use condoms, infection to women is unavoidable.

DHO is expected to revise the ART extension plan and to implement and monitor the ART service in response to changing needs. In this regard, it is vital to strengthen the capacity of the DHO personnel, health staff and volunteers in the areas of knowledge enhancement on social factors attributable to gender inequality and gender, and methodologies and collection of information to respond according to gender. When providing support for the management level in the future, it is expected that JICA carries out gender analysis of HIV/AIDS situation in the target communities and the capacity assessment of health staff on gender, thereby the effect towards combating HIV/AIDS is enhanced through gender-based approach.

4.4 Local Integration of Angolan Refugees

Currently, there is no specific program or project for local integration of Angolan refugees, hence this section will be comprised of the following four topics unlike other sections: (i) Background and activities in progress, (ii) Gender situation and challenges at settlements and resettlements, ¹⁰² (iii) JICA's approach to local integration of refugees and areas of interest as of November, 2015, and (iv) Important points for gender considerations in future assistance.

<4.4.1: Background and Activities in Progress>

As already mentioned in Section 3.2 on Peace Building, the Government of Zambia and UNHCR are jointly implementing the 'Local Integration of Former Refugees in Zambia'. This program aims at issuing the legal residential permit in Zambia to Angolans and Rwandans whose refugee status has ceased (hereafter referred as "former refugees"; refugees from other countries may be included in the future), providing them the land plot in the designated resettlement area, and creating an enabling environment for them to live in Zambian society with approved Zambian nationals ¹⁰³. The designated resettlements are next to the current Mehaba and Mayukwayukwa Settlements. At present, the implementation of the program is led by the Office of Commissioners for Refugees, the Ministry of Home Affairs and UNHCR but the authority to implement the program is scheduled to be transferred to the Department of Resettlement of the Office of the Vice-President in 2016 when the integration program comes closer to development phases. In 2014, the Ministry of Home Affairs and UNHCR formulated the strategic framework for the local integration of former refugees in Zambia and clarified a concrete plan for and the system to manage the implementation of this local integration program.

The program consists of three pillars: (i) alternative legal status, (ii) integrated resettlement program and (iii) advocacy for refugee-affected areas. Under the pillar of alternative legal status, assistance is provided for former refugees to prepare the necessary documents for resettlement in conformity with the legal requirements. Under the pillar of the integrated resettlement program, the boundaries of each resettlement site are drawn, 5 - 10 ha of land is registered and offered to each household and such infrastructure facilities as water supply facilities, roads, schools and clinics are constructed so that former refugees with a legal residential permit can move in and start their new life along with approved Zambian nationals. Under the third pillar, assistance is provided for host communities as well as those communities affected by the residence of refugees in the nearby areas.

At present, the Government of Japan, USA and Canada are assisting the program through UNHCR while Irish Aid and SIDA are providing assistance relating to GBV through the UN Joint Program on

At present, refugee camps at Meheba and Mayukwayukwa are called settlements while the target sites for local integration are called resettlements.

¹⁰³ In the local integration program, resettlements have approximately an equal proportion of former refugees and Zambian nationals to facilitate integration with host communities.

Gender-Based Violence. Other international organizations and NGOs also provide their own GBV-related assistance. Meanwhile, the World Bank conducted a needs survey jointly with UN on land distribution and needs survey at the resettlements and published a report in October 2015. The World Bank is currently discussing a possible loan for infrastructure development at these sites with the Government of Zambia. Further, various UN organizations are examining the feasibility of a joint UN program to assist the resettlements. As for the government stakeholders, the Ministry of Community Development (renamed from the Ministry of Community Development, Mother and Child Health around October, 2015), Ministry of Water, Ministry of Health, Ministry of Education, and Ministry of Agriculture and Livestock are conducting their own activities in the respective sector in consultation with the Ministry of Home Affairs, Office of the Vice-President and UNHCR.

<4.4.2: Gender situation and challenges at settlements and resettlements>

This sub-section will not focus on overall challenges of the local integration but on challenges from gender perspectives. The challenges described below are based on information primarily obtained through a series of interviews.

(1) Women's Participation in Decision-Making

At the settlements for refugees, leaders (leader, deputy leader and secretary) are elected every two years for each block and each road, i.e. sub-unit of a block. At first, no women were elected to fill these positions. As a result of active efforts to implement a 30% quota for women by UNHCR and other actors to make the operation of settlements reflect the needs and issues of women, 33% of positions were filled by women in the election in March 2013. Detailed analysis of these elected women, however, reveals that women tend to be road leaders. The small proportion of female leaders at the block level means that it is difficult for the opinions of women to reach a level at which the entire settlement is affected. ¹⁰⁵

The Women's Dialogue Group, a voluntary group, is operating in settlements to take up the voices of women, to assist the early detection of GBV and to play a bridging role between female refugees, the government, leaders and UNHCR. Members of this group originate from various countries, including Angola, Rwanda and the Democratic Republic of Congo support women as one unit beyond their nationalities. They sensitize female refugees on such issues as the reporting of childbirth and protection from and reporting of GBV, and have received counselling training provided by donors. Since the commencement of activities by the group, female refugees started to open up to the group members. Because of the voluntary nature of the group, the number of female participants is said to have declined, as many women are busy with housework, childcare and farming. The number of leading members has also declined because of relocation. For the

This program is jointly implemented by UNDP, UNFPA, UNICEF, ILO, IOM and WHO and targets several provinces in Zambia. Meheba is the target site in North-Western Province.

UNHCR (b) and based on the results of interviews with staff members of UNHCR.

sustainability of the group activities, the group members are appealing the needs for incentives such as training for the new members and monetary reward. 106 Furthermore, the nature of the group as a voluntary body and not an official organization makes fund raising for up-scaling the activities difficult. It seems that UNHCR is considering providing future assistance to make the group an official organization but there is no concrete progress in this regard.

(2) Gender-Based Violence (GBV)

One of the serious issues at the settlement is various forms of GBV against women and children. This challenge was often pointed out during interviews of this study held at the field. What is important here is that the actual background of GBV differs from one ethnic group (country of origin) to another. For example, Angolan refugees tend to engage in early sexual relationships, leading to early pregnancy, as girls are taught about their sexuality and gender roles on reaching the age of puberty. It is also said that some women at the Meheba Settlement maintain their livelihood through prostitution with the workers of a mine located some 5 km from the settlement. When a girl becomes pregnant, her parents urge her to marry as soon as possible, resulting in marriage before a suitable age and/or dropping out from school. In some cases, early age pregnancy leads to conciliation with the presentation of money or gifts. In other cases, drinking is responsible for violence and/or marital rape. Among the Congolese and Rwandan refugees, domestic violence as a result of drinking or drug use tends to occur. 107

To prevent violence and protect and provide assistance for victims (survivors) at settlements, the Multi-Functional Team consisting of community members, leaders, the police and government officials has been established on site at the Meheba Settlement to create and operate a referral system capable of quickly responding to incidents of GBV. The community members of the team include members of the Women's Dialogue Group which consists of female refugees. A health information centre has also been established at this settlement to function as a temporary shelter for victims (survivors) and to provide information of HIV/AIDS. 108 Despite such a system, there are still many challenges, including the reluctance of many female victims (survivors) to report violence due to their economic dependence on men and the fact that, as refugees, they have nowhere to run away to. There are also many cases of a slow response by the government or health officials because of the long distance, poor road conditions and other circumstances even when violence is reported.

(3) Insufficient Employment Opportunities and Agriculture with Low Productivity for Self-Sufficiency One major problem at settlements is the shortage of means to support livelihood. Although many refugees are engaged in agriculture, their access to production equipment and fertilizer is

¹⁰⁶ Based on the results of interviews with members of the Women's Dialogue Group.

¹⁰⁷ Based on the results of interviews with staff members of UNHCR.

¹⁰⁸ UNHCR (b) and based on the results of interviews with staff members of UNHCR.

inadequate. As a result, they cannot improve their agricultural productivity and their farming is primarily for home consumption. Cooperatives are said to exist but the number of female members is small (the reasons are unclear). Because of this, they seldom benefit from the Farmer Input Support Program (FISP) run by the government. In addition, female refugees and others said that both the quality and quantity of the produced crops were poor in 2015 due to a water shortage. Donors and aid organizations have been implementing various income-generating activities ¹⁰⁹, including those targeting GBV victims (survivors). As different organizations target refugees in different areas, detailed mapping is required to determine who is actually receiving income generating training and related inputs. The Ministry of Community Development has recently conducted a need survey on income generation, and the direction of activities in line with community needs should become clear based on the findings of this survey.

The Department of Community Development provides an assistance scheme combining training and a loan and also provides assistance for village banks so that GBV victims (survivors) and other vulnerable women can launch a micro-business. ¹¹⁰ Under the village bank scheme, the required initial capital is provided by the scheme and subsequent loans are made with an annual interest rate of 20% for gradual repayment. After five months of operation, both the savings and loan repayments are said to be steady. Another NGO has provided micro-finance for 120 women over a period of three years and 75% of borrowers are said to have repaid in full within a repayment period of eight months. ¹¹¹ Meanwhile, the lack of a link with the market to sell agricultural products poses a problem. In the case of the Meheba Settlement, refugees in the furthest Zone D particularly find it difficult to sell their products even if they have a large volume of crops to sell because of the one hour travelling distance by car to the nearest main road and lack of a means of transportation. The problem is even worse for women. The resettlement site is further than Zone D from the main road and there is less of a link to the market without the construction of a new access road. This appears to be one reason for the reluctance of some refugees to relocate.

(4) Gender Considerations and Coordination at Resettlements

At present, the Ministry of Community Development acts as a front desk to deal with GBV and it also manages health information centres. At the policy level, the Ministry of Gender is officially the competent ministry regarding GBV. However, its lack of staff members at the provincial and district levels has necessitated the Ministry of Community Development to deal with GBV at these levels. New resettlements will be placed under the jurisdiction of the existing provincial and district authorities but will not have resident members of the Multi-Functional team, community-level staff members of the Ministry of Community Development, or a health

¹⁰⁹ UNHCR, Caritas, International Development Enterprise, Refugee Alliance, ILO and others

Based on the results of interviews with those responsible for the income creation program at the Ministry of Community Development.

Based on the results of an interview with the person responsible for the micro-finance program at the NGO Refugee Alliance.

information centre as in the case of a settlement. It is essential for district officials responsible for the management of a resettlement to deal with GBV while paying the utmost attention to the worries of former refugees and members of the host community in a new environment. This means that there is a possibility that relocated former refugees will experience hardship due to their new environment and will be vulnerable unless temporary measures, including the capacity building of officials responsible for former refugees and proper handover from those managing a settlement are implemented. While it appears that new staff members of the Ministry of Gender have been recently recruited at the provincial level, further hardship is likely to occur unless the Ministry of Community Development and Ministry of Gender coordinate with each other in terms of their front-line officers, GBV referral system, budget and division of work.

<4.4.3: JICA's Approach to the Local Integration of Refugees and Areas of Interest>

JICA has so far dispatched a study team twice to seek the desirable direction for its short, medium and long-term cooperation.

Currently, assistance for the capacity building of local administrative officers and service providers is being considered by utilizing the assets from past projects as well as ongoing projects, and available training schemes. Through such support, it is envisaged that provincial and district authorities and service providers can play a leading role in the provision of the relevant services to promote local integration and regional development within Japan's official assistance framework for Zambia. The target sectors being considered are agriculture and rural development (creation of new local communities) and education (fostering the next generation of human resources). Several training schemes, including the training of administrative officers in Japan in connection with conflict resolution and the creation of co-existing communities, and training for the promotion of agriculture and local industries, have already started in the short-term period.

<4.4.4: Important Points for Gender Considerations in Future Efforts and Relevant Opportunities>

This sub-section describes important points for gender considerations in future efforts and relevant opportunities in relation to the subject sector for assistance being considered and the findings of a joint study by the World Bank and UN (October, 2015). Because many organizations are currently expressing interest in providing assistance for resettlements, detailed talks with various stakeholders and a clear understanding is necessary.

(1) Agriculture and Rural Development

While many women are engaged in agriculture, their productivity is low due to their inadequate access to production equipment and materials and low level of skills. In order for women to

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¹¹² JICA (e)

improve their production capacity and to share roles with men for livelihood improvement, the introduction of an approach which addresses gender issues and social symbiosis is necessary.

Some examples of such an approach are (i) the creation of farmers' organizations with a balanced mix of men and women and also of Zambian nationals and former refugees and the capacity building of these organizations, (ii) gender training designed to make both men and women start thinking about their roles in maintaining livelihood and gender-based roles, (iii) access to cultivation techniques for marketable crops and access to production equipment and (iv) training on gender and enhancement of technical skills for extension workers, in addition to simple marketing techniques. Other assistance worthy of consideration is gender-oriented assistance for farming based on the findings of a recent survey on the value chain which was conducted by a FAO at resettlements (the report was unavailable at the time of the field visit for the present study). Given the fact that the joint assessment by the World Bank and UN states that the construction of irrigation facilities at the Mayukwayukwa Settlement is important to improve the productivity, it is fair to say that there is a need for assistance to develop irrigated agriculture with gender considerations based on the lessons learned from T-COBSI (see 4.2). Moreover, the relatively favourable progress so far in terms of the repayment performance for village banking suggests room for the combination of agricultural assistance and the establishment of a revolving fund (village fund).

(2) Education

Currently, efforts appear to be made to repair primary schools at existing settlements. When such problems as too many pupils and a long distance to a school are anticipated, one idea for future assistance is the construction of more primary and basic schools with proper toilet facilities to make it easier for girls to continue their education. According to an officer of the Department of Resettlement, more efforts are required to increase the secondary school enrolment rate, particularly for girls, as the nearest secondary school is quite far from each settlement. Another possible area for assistance is the preparation of a curriculum and teaching materials with gender considerations as part of assistance for teacher training.

(3) Health

The ZDHS 2013/14 reported that the HIV/AIDS prevalence rate in North-Western Province, where the Solwesi and Meheba Settlement are located, stands at 7.2% on average which is lower than the national average of 11.9%. However, in terms of the proportion of paid sex "in the past" and "in the last 12 months", North-Western Province is ranked second on the national table for both categories. ¹¹³ Copperbelt Province which used to enjoy active mining has the highest prevalence rate of 18.2%. In recent years, the Solwesi has seen increasing activities at three

The category of 'in the past' was 17.3%, 'within the last 12 months' category was 7.7% with an overall average of 12.9% for the former and 4.4% for the latter in the entire ZDHS survey period.

mines, one of which is located 5 km from the Meheba Settlement. Following the closure of mines in Copperbelt Province, there has been an inflow of single male workers to the Solwesi. In general, miners are categorized as a high risk group for HIV/AIDS. In fact, it was reported in 2007 that the inflow of miners from Copperbelt Province had led to a rise of prostitution and a higher risk of HIV/AIDS in Solwesi. ¹¹⁴ Given the fact that more than negligible number of women choose to have prostitution for economic reasons as described earlier [See Section 4.4.2-(2) GBV], it is urgent to prevent HIV/AIDS and respond accordingly in the near future.

The joint assessment by the World Bank and UN reports on the priority socio-economic needs at the Meheba and Mayukwayukwa Settlements. When JICA decides to provide support to the local integration related program in consultations with the Government of Zambia and aid organizations, it will be imperative to incorporate gender perspectives by having gender expert(s) at the project formulation stage. It will be also essential to clearly state in the project design matrix how to mainstream gender in the outputs, activities and indicators so that the impacts of gender mainstreaming can be specifically analysed as part of the terminal evaluation.

http://www.irinnews.org/report/72714/zambia-mining-growth-brings-increased-hiv-risk

5. List of Gender-Related Areas of Assistance by Technical Agencies and Other Organizations

Area of Assistance	Implementation Organization(s)	Outline		
Gender in General				
GBV Program	UNDP; UNFPA; UNICEF; ILO; IOM; WHO	Provides assistance for capacity building of the Ministry of Gender and community stakeholders to facilitate (i) the access of victims (survivors) of GBV to support services (health, judiciary system and protection) and (ii) the Ministry of Gender's effective multi-sectoral response to GBV based on the premises.		
Assistance for Development, Protection and Participation of Children and Young People	UNICEF	Provides assistance for the capacity building of duty bearers and rights holders (i) to enable them to duly implement a social welfare system and enforce the necessary protection, rights, juridical procedure and care and (ii) to improve their knowledge of these matters so that they can properly deal with violence, exploitation and maltreatment concerning children (and young people) and women.		
GBV Program: A Safer Zambia (ASAZA) Program/STOP GBV Program	USAID/Care	Provides assistance for the establishment of one stop centers providing an integrated service dealing with GBV; assistance for victims (survivors) of GBV through protection, advocacy and assistance for access to the legal process.		
Protection of Rights of Women and Children	UNDP	Aims at enhancing the protection of the rights of women and children by means of (i) strengthening the capacity of stakeholders to ensure gender mainstreaming in the juridical, political, economic and social fields and (ii) assisting the domestic enforcement of the CEDAW and CRC, implementation of the anti-GBV act, increased participation of women in politics and development of gender-based multi-sectoral measures based on the premises.		
Gender Coordination	Cooperation Partner Group on Gender	Conducts the exchange of information on gender bilaterally as well as between member multi-national organizations and also conducts various regular activities for the purpose of providing advocacy on gender and establishing linkage between the Ministry of Gender and other stakeholders.		
Health				
Capacity Building of the Nation on Family Planning	UNFPA	Provides assistance for the creation of environment for the supply of family planning services through policy initiatives and advocacy activities.		
Capacity Building of the Nation on Prevention of AIDS Among Young People	UNFPA	Provides assistance for advocacy through appropriate policies, capacity building, empowerment of women and an HIV/AIDS service accessible by young users.		
Assistance for the Survival of Mothers and Children	UNICEF	Aims at strengthening the capacity of duty bearers so that they can adequately cope with such matters as appropriate nutritional intake by mothers and infants, childhood diseases, emergency childbirth and newborn babies.		
Strengthening of the Health System	World Bank	Provides assistance for the capacity building of (i) the Ministry of Health concerning a medical waste treatment plan and (ii) communities regarding the prevention and treatment of malaria in response to the relevant demand of communities.		

Area of Assistance	Implementation Organization(s)	Outline
Peace Building		
Assistance for Local Integration of Former Refugees in Zambia	UNHCR	Provides assistance for (i) the legal procedure for former refugees to obtain a legal residency permit and (ii) the local integration of former refugees based on three pillars: (a) development of an environment for permanent living at resettlements (offer of land and infrastructure development, construction of medical and educational facilities and assistance for a better livelihood), (b) facilitation of the relocation of former refugees and (c) advocacy for host communities; gender considerations are included in the assistance for the prevention, etc. of GBV and for a better livelihood.
Great Lakes Regional Initiative	World Bank	The World Bank and UN jointly conducted a study (of which the report was published in October, 2015) in Zambia which is one of the host countries of the Great Lakes Regional Initiative designed to assist permanent solutions to conflicts in the Great Lake Region and provided advice for Zambia. While it is understood that the World Bank is planning to provide assistance based on the findings of this study, the subject areas for assistance have not yet been determined as negotiations are in progress with the Government of Zambia.
Agricultural and Rural D	evelopment	
Study on Gender and Value Chain and Gender Considerations in an Agricultural Program	USAID	Incorporates gender considerations in the planning process of a conservation type agricultural program, a program for an improved value chain and a new livelihood program based on the findings of a study on gender and value chain conducted in 2011. USAID also plans to conduct a gender review of Zambian agriculture.

6. Challenges and Considerations for Gender Mainstreaming in Development Assistance for Zambia

6.1 Rectification of Dual Structure of Statutory Law and Customary Law and Utilization of Gender Mainstreaming Opportunities

As already mentioned in Section 2.1.3, the existence of a dual structure of statutory law and customary law has been a major factor in the continued gender inequality in Zambia. Because of the parallel existence of two different types of laws, some customs unfair for women have continued, even though such customs are prohibited by statutory law. Because of the de facto approval of these customs under customary law, it cannot be denied that the efforts of the government to raise awareness and to improve legal knowledge on the part of the public have not been very persuasive. In this context, the clear statement that any customary law violating the Constitution is invalid as part of the gender considerations applied to the draft new constitution, which is currently being deliberated by the Parliament, is a major step forward. However, the enactment of this new constitution will only be the first step in efforts to further improve gender equality. Many major challenges await ahead, including the actual implementation of gender equality and a proper understanding of the new constitution by the public to prompt changes of their actions and attitudes.

In this regard, several important efforts are required, including (i) enhancement of the knowledge of the new constitution at the government level to abide by the new constitution, (ii) implementation of gender mainstreaming and the creation of a monitoring system at the Ministry of Gender and other ministries where a mechanism to enable gender mainstreaming has not yet been established and (iii) functionalization of the Gender Equity and Equality Commission. The biggest challenges are, however, improvement of the knowledge of the new constitution among the public, especially people in rural areas, and sensitization to the public that harmful customs, which have continued up to the present and which ignore women's rights, must end. While it is admittedly difficult to end deep-rooted customs which have lasted for many years and to change the idea of male superiority, the enactment of the new constitution offers a great opportunity to move towards gender equality. To strengthen gender mainstreaming in the near future, improvement of system and strengthening of policy implementation are necessary including: (i) implementation of gender mainstreaming and establishment of a monitoring system at the Ministry of Gender and other ministries, (ii) functionalization of the Gender Equity and Equality Commission and (iii) strategization of advocacy in response to ethnicities, community cultures, and conditions, In those actions, there is room for JICA's technical cooperation. In consideration of the fact that customary law is more deeply rooted in rural areas than urban areas, it is important to analyze each locality and to establish close cooperation with local staff members of the Ministry of Gender and other ministries when planning advocacy and awareness raising. The maximum use of the grassroots network of citizens' organizations should help the implementation of activities adapted to the culture and the present situation of each ethnic group or community.

The current assistance provided by JICA for Zambia does not consider the development of legal systems and gender equality as priority areas. However, as the Constitution has a bearing on various areas and social elements, it is essential for JICA to formulate and implement projects with due consideration of (i) links between the Constitution and statutory law as well as customary law and (ii) existing manner of observing the rights upheld by statutory law.

6.2 Relationship with the National Action Plan in Response to UNSCR 1325 on Women, Peace and Security

Since the unanimous vote in favour of United Nations Security Council Resolution 1325 on Women, Peace and Security (UNSCR 1325) in 2000, the Government of Japan has implemented UNSCR 1325 in various manners. At the 68th Session of the UN General Assembly in 2013, Japan put forward "women's participation and protection in an area of peace and security" as one of three principles to create "a society in which women shine". In 2015, Japan prepared the National Action Plan for the Implementation of UNSCR 1325. This plan is placed within the larger framework of peace and security and is organized around five pillars, i.e. (i) participation, (ii) conflict prevention, (iii) protection, (iv) humanitarian and reconstruction assistance and (v) monitoring and evaluation in the context of a broad time frame from the prevention of conflicts and disasters to assistance during conflicts and disasters, and further to post-conflict and disaster assistance.

When analyzing the relationship between Japan's Action Plan and Zambian context, it is essential to consider the characteristics of peace building in Zambia. These characteristics include the facts that Zambia is not a country with conflict but is a host county for refugees, that many refugees in Zambia have been residing in Zambia for a long time and are now classified as former refugees (people of concern) due to the withdrawal of their refugee status, and that the Government of Zambia and supporting countries under the Solution Alliance are attempting to achieve the local integration of former refugees through integration with host communities to avoid any deterioration of the situation due to the further extension of the stay of refugees and former refugees. In short, the following activities are feasible for Zambia within the framework of peace-oriented diplomacy and conflict prevention.

Pillar of the Action Plan	Feasible Activities		
Participation	Participation of women in the process of integration; capacity building of wo		
	as actors; creation of an environment to allow the easier participation of women		
	(dialogue with men and community leaders, etc.)		
Prevention	Gathering of information on peace building with gender considerations; assistant		
	for women's participation and networks in the early warning and response		
	mechanism (regarding conflicts and disasters); capacity building of women and		
	other community members regarding conflict prevention (reconciliation)		
Protection	Assistance for the prevention of GBV (against women and girls in particular) a		
	protection (service) for victims (survivors) of GBV; assistance for the		
	socioeconomic reintegration of victims (survivors) of GBV.		
Humanitarian and	Reflection of the needs of women, especially female heads of households and		
Reconstruction	widows, on local integration activities; improvement of the knowledge of sexual		
Assistance	and reproductive health rights (SRHR); improvement of the knowledge of gender		
	equality; assistance for livelihood improvement reflecting the needs of women		

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¹¹⁵ Concrete examples are assistance focusing on individual persons, including women, based on the principle of human security and upholding of the promotion of women's participation as one of the principles for international cooperation in the ODA Charter approved by the Cabinet in 2015 (Government of Japan, "Action Plan for Women, Peace and Security").

Government of Japan, Japan's National Action Plan for the Implementation of UNSCR 1325 entitled "National Action Plan for Women, Peace and Security"

As described in detail in Section 4.4 on Local Integration of Angolan Refugees, women's participation in decision-making, GBV, insufficient employment opportunities and agriculture with low productivity for self-sufficiency are major problems for existing settlements and future resettlements for former refugees. Meanwhile, assistance for agriculture and rural development and also for education is currently under consideration. Training on conflict resolution and the creation of coexistence communities is already in progress along with training for the promotion of agriculture and local industries. For the formulation of effective projects in the coming years, the establishment of a viable link to UNSCR 1325 is likely to be the key in addition to careful consideration of the likely relationship between areas and themes of projects and feasible activities listed in the table above.

6.3 Gender Mainstreaming in JICA's Development Assistance for Zambia

The Government of Zambia emphasizes gender mainstreaming in its national plans and in respective sector. In the National Gender Policy, the government clearly states the necessary tasks and roles for gender mainstreaming in each sector and for each implementation agency. The implementation of the JICA's Development Assistance Program for Zambia with constant consideration of how to cooperate with Zambian policies and how to incorporate gender perspectives in JICA program should lead to successful gender mainstreaming of JICA's projects in Zambia.

What has become clear regarding the target projects of this study (efforts concerning the local integration of Angolan refugees are excluded here because of the absence of an existing program or project) is that the clarification of gender perspectives at the project formulation stage in relation to outputs, activities and indicators means the continuation of such perspectives at the project implementation stage, resulting in better projects effects/outputs. In regard to RESCAP, although the ex-ante evaluation was supposed to consider gender issues to facilitate the participation of women, the actual situation of gender considerations cannot be evaluated in this study because of the lack of any gender-specific data/information on the manner, etc. of women's participation and the gender mainstreaming methods in use in the subsequent planning, reporting and evaluation documents.

The series of stakeholder interviews in this study did reveal the actual participation of villagers, including women, in project-related activities but the number of participants and the effects on women could not be determined. In contrast, T-COBSI enjoyed the presence of experts on gender and farmers' organizations from the project design stage with "the agricultural community, farmers' organizations and gender considerations" being considered to be components of a single framework for programming purposes even though gender was not specifically referred to in the project purpose or outputs. Furthermore, there was visible evidence of gender mainstreaming through T-COBSI. Such evidence can be found in gender training, activities making the best use of the newly acquired knowledge in gender training and monitoring of the implementation situation and project effects. Moreover, analysis was conducted using gender-specific data. For the purpose of implementing a project with consistent gender perspectives and understanding of the effects of such perspectives on women, men and the project itself at the evaluation stage, it is hoped that project formulation with gender perspectives, gathering and analysis of gender-specific data and incorporation of gender perspectives will become routine practices in the coming years.

For further assistance for agriculture and rural development, the provision of assistance for studies with gender considerations, gathering and analysis of gender-specific data, agricultural services catering for both men and women and women's contribution to food and nutrition is feasible while taking the gender perspectives and gender policies of the National Agricultural Investment Plan into consideration. Furthermore, the application of the good practices established in T-COBSI should prove to be effective in appropriate situations.

7. List of Relevant Agencies and Organizations

Organization	Activities	Contact Address
Government Organia		
Ministry of Gender	Advice for the government on gender issues; monitoring and review of gender mainstreaming and its implementation status; advocacy for gender policies; regular reporting on the implementation of gender policies; implementation of specific program concerning the socioeconomic empowerment of women	Government Complex, 2 nd Floor Independence Ave., Kamwala PO Box 30719, Lusaka, Zambia
Committee on Legal Affairs, Governance, Human Rights and Gender Matters	Monitoring of and reporting on roles, operations and implementation situation of gender issues by the Ministry of Gender and other relevant ministries; coordination with the relevant ministries on policies and draft laws on gender and other matters	N/A
International Organi		
UNDP	Assistance on policy recommendations, capacity building and technical matters in relation to poverty reduction and economic development, the environment and climate change, human rights, governance, gender and the empowerment of women and HIV/AIDS; one of the leading organizations of the Gender Cooperation Partnership	UN House, Alick Nkata Rd., Longacres, Lusaka, PO Box 31966, Zambia
UNFPA	Assistance for HIV/AIDS prevention and risk reduction for the youth; assistance for strengthening of the health service with gender considerations; reproductive health	UN House, Alick Nkata Rd., Longacres, Lusaka, PO Box 31966, Zambia
UNICEF	Assistance and advocacy for basic education, child protection, water and sanitation education, health and nutrition of children, HIV/AIDS and social policies	UN House, Alick Nkata Rd., Longacres, Lusaka, PO Box 31966, Zambia
World Bank	Assistance for the enhancement of competitiveness and infrastructure for poverty reduction, growth and employment; strengthening of governance and economic management	Pyramid Plaza, Church Road, PO Box 35410, Lusaka, Zambia 10101
Donors (Bilateral)		
USAID	Assistance for governance, poverty reduction in rural areas, education, health and HIV/AIDS (gender mainstreaming in each area); one of the leading organizations of the Gender Cooperation Partnership	Subdivision 694/Stand 100, Ibex Hill Road, PO Box 32481, Lusaka, Zambia
SIDA	Assistance for health, employment, governance and human rights; donor for the UN GBV Project; member of the Gender Cooperation Partnership	Valhallavägen 199, 105 25 Stockholm, Sweden
NGOs		
NGO Coordinating Council	Policy recommendations with gender considerations; advocacy for women's participation in decision-making; reproductive health with gender considerations and gender equality; capacity building of and funding for grassroots organizations; coordination of NGOs of which many are women's organizations	Nchoncho Rd., Villa Elizabetha, PO Box 87879, Lusaka, Zambia
Zambia National Women's Lobby (ZNWL)	Assistance for women's participation in politics and leadership roles; advocacy, capacity building and networking concerning gender equality	7 Njika Rd., Olympia Park, PO Box 30342, Lusaka, Zambia

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