Health and Family Planning Overview

ZAMBIA

Population:	10.0 million (BUCEN 2002)
Infant Mortality Rate:	112 (UNICEF 1999)
DPT3 Coverage:	85.7%, children 12–23 mos. (DHS 1996)
Nutrition:	42.4% stunting, children 0–59 mos. (DHS 1996)
Total Fertility Rate:	5.5 (UNPOP 1998)
Maternal Mortality Ratio:	650 (UNICEF 1999)
Contraceptive Prevalence Rate:	11.2%, all women, modern methods (DHS 1996)
Adult HIV Prevalence:	19.7% (MOH 1998), 21.5% (UNAIDS 2001)
Current Living AIDS Orphans:	570,000 (UNAIDS 2001)
Demographic and Health Surveys:	1992, 1996, 2001 (in progress)
Multi-Indicator Cluster Surveys:	1995, 1999

Country Profile

Zambia continues to liberalize its economy while undergoing the transition from a one-party state to participatory democracy. Although progress on both fronts has been inconsistent, economic and political life has been transformed. Health sector development has generally been positive. The government remains committed to health reforms, although long-term sustainability may be jeopardized by an adverse macroeconomic climate and HIV/AIDS. Events outside Zambia affect development and security. Neighboring countries have experienced civil wars, natural disasters, and extreme economic difficulties. In 2001, approximately 260,000 refugees from other countries were residing in Zambia.

HIV/AIDS in Zambia. Zambia's epidemic is fueled by migration, urbanization, poor control of sexually transmitted infections (STIs), the collapse of the copper economy, and poverty. HIV/AIDS affects all social sectors – in the first 10 months of 1998, 1,300 teachers, representing two-thirds of all teachers trained annually, died of AIDS. Women represent 54 percent of the infected adult population, and the rate of infection among women ages 15 to 24 is higher than that of men in this age group. An estimated 1.2 to 2 million Zambians were living with HIV/AIDS in 2002. Despite such figures, Zambia serves as a model for developing countries trying to reduce HIV prevalence, and HIV infections among young Zambians appear to be declining due to effective prevention and social change. In 2000, the government formed an HIV/AIDS/STD/TB Council and Secretariat to provide national leadership in mitigating the impact of the epidemic.

USAID Strategy

The Zambian health sector is seeking to achieve equitable access to low-cost, decentralized, integrated basic health care services. USAID supports this effort through expanded access to critical interventions in family planning/reproductive health, HIV/AIDS, child survival, and infectious diseases. Activities focus on 30 districts covering approximately 60 percent of the population and use Child Survival and Diseases account funds to consolidate immunization services and polio eradication, prevent and treat diarrheal diseases and malaria, expand access to HIV services, and establish mechanisms such as community schools and income-generating activities for providers of orphan care.

Strategic Objective: Increased use of integrated child and reproductive health and HIV/AIDS interventions

Intermediate Results:

- Increased demand for population, health, and nutrition (PHN) interventions among target groups
- Increased delivery of PHN interventions at the community level
- Increased delivery of PHN interventions by the private sector
- Improved health worker performance in the delivery of PHN interventions
- Improved policies, planning, and support systems for the delivery of PHN interventions

Major Program Areas

HIV/AIDS. The Mission's HIV/AIDS efforts are directed at expanding access to HIV prevention and treatment. Activities include awareness campaigns; condom social marketing; policy and strategy development at the national and district levels; state-of-the-art evaluation and epidemic monitoring; care and support programs for orphans and people living with HIV/AIDS; and assistance to nongovernmental and community-based organizations in developing effective responses to HIV. USAID-supported activities have targeted truckers and commercial sex workers along trucking routes and at border sites to increase access for these high-risk groups to prevention and treatment services. The armed forces are also a target population for prevention and awareness projects. Mass-media programs have targeted young adults, and recent data suggest that many young people have changed their sexual behavior. The Mission is also supporting the integration of voluntary counseling and testing into maternal/child health and family planning services. Prevention of mother-to-child HIV transmission, with special emphasis on community-based counseling and referral, is another component of the program. Prevention is also being integrated into orphan care activities.

Health and Family Planning. USAID is supporting integrated family planning/reproductive health activities to expand access to such services as employer-based distribution of commodities and emergency obstetric care. The Mission is also working toward creating an improved policy environment for reproductive health priorities; improving the quality of reproductive health services; and expanding access to high-quality nurse-midwife education and training. Among child survival-related activities, vitamin A supplementation has been especially successful. Children are given vitamin A drops during semiannual outreach activities and receive continuing coverage through commercial fortification of sugar. Field trials have established that vitamin A supplementation, at the coverage levels achieved in Zambia, can reduce child mortality in vulnerable populations by 23 to 34 percent. USAID/Zambia will continue to support vitamin A fortification of all sugar produced in the country for domestic consumption. Zambia is one of USAID's "malaria emphasis" countries. This has brought greatly increased resources for the Mission to contribute to the national scale-up of the Roll Back Malaria country strategy and to support early and effective treatment interventions, services to reduce the impact of malaria in pregnancy, and insecticide-treated net services. The Mission's innovative "sector-wide assistance program" (SWAP) provides resources based on government performance in expanding community-level health services and demonstrating people-level impact. SWAP policy and technical changes focus on financial management and allow the Mission to provide direct financial support to the district health system.

Results

- Between 1998 and 2000, the proportion of persons reporting a nonmarital sexual partner declined from 30 to 22 percent for men and from 12 to 11 percent for women.
- From 1998 through 2001, condom sales increased by an average of 24 percent per year.
- Condom use with nonmarital partners increased from 33 to 39 percent for men between 1998 and 2000. For women, it increased from 24 to 33 percent.
- Social marketing sales of oral contraceptives exceeded the target of 500,000 by nearly 4 percent.
- In 2001, 161 health workers were trained in family planning and reproductive health; 76 percent of health workers in 12 districts now have updated skills.
- USAID-supported activities sold 81,000 insecticide-treated bed nets, exceeding the target of 60,000.
- Immunization coverage exceeded the target of 78 percent, with 84.7 percent of children fully vaccinated in 2001.
- Nationally, vitamin A supplementation reached 81 percent of children under 5, combating what had been the world's highest known prevalence of vitamin A deficiency.
- The Zambian government met the requirements for receiving $500,000 in sector program assistance.

Major Implementing Partners

USAID/Zambia's partners in implementing population, health, and nutrition activities include the John Hopkins University, John Snow Research and Training Institute, Abt Associates, Population Services International, CARE, Africare, the International HIV/AIDS Alliance, Development Aid People-to-People, Adventist Development & Relief Agency, World Vision International, and Christian Children's Fund, Inc.

This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).

July 2002