

ZAMBIA

Far away from the 2015 goals



A gender perspective needs to be incorporated into the Millennium Development Goals in order to make real progress in social development and equity. The Beijing Platform for Action and the Copenhagen Declaration and Programme for Action were stronger commitments to these areas than the Millennium Development Goals, which will most likely not be met by Zambia before 2015.

Women for Change

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Government programmes after Beijing, Copenhagen and the Millennium Summit

The Strategic Plan for the Advancement of Women in Zambia was adopted as a blueprint for the effective implementation - in the period 1996-2001 - of the Platform for Action (PLA) resulting from the Fourth World Conference on Women in Beijing (1995) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

In 2000, the Government adopted the National Gender Policy to encourage the participation of women and men in the development process at all levels and to ensure sustainable development and the attainment of equity between the sexes. However its implementation plan was only adopted in 2004.

Zambia has ratified the CEDAW and the African Union Protocol on the Rights of Women in Africa. It also signed the Southern African Development Community (SADC) Heads of State Declaration on Gender and Development (1997), which reaffirms the commitments of the PLA and includes a target of at least 30% women's representation in the political and decision-making structures of member countries by 2005.

Zambia participated in the World Summit for Social Development in Copenhagen (1995), which promised to work to eliminate poverty, unemployment and social exclusion. The Government's commitments are expressed in its Poverty Reduction Strategy Paper (PRSP) 2002-2004, which is a requirement of the Highly Indebted Poor Countries (HIPC) initiative.

The PRSPs stated purpose is to promote sustainable economic growth through agriculture, tourism, industry and mining and to improve social services (health and education) and infrastructure for energy, transportation, communication, water and sanitation. HIV/AIDS, gender and environment were identified as cross-cutting issues affecting all other sectors.

Through the eight Millennium Development Goals (MDGs), Zambia committed itself to overcoming its human development challenges. According to the Minister of Finance and National Planning, Ng'andu Magande, the domestic targets of the PRSP include the MDG targets.

The little progress made since 1995

Poverty and hunger

During the last decade, poverty has been on the rise and the trends are not very encouraging. In 1998 the poor constituted 73% of the population, 58% of whom were extremely poor,¹ with poverty being worse among women. Zambia's Human Development Index (HDI) ranking fell sharply between 1984 and 1994, to pre-1975 levels and it has continued to worsen since then. Zambia is the only country to have experienced such a regression among the 79 countries for which data is available since 1975. In 2004, the country ranked 164th out of the 177 countries on the HDI with a value of 0.36.²

Extreme poverty is much higher in rural areas (71%) than in urban areas (36%), but it has been rising faster in urban areas following the structural adjustment programmes (SAPs) of the 1990s. Youth unemployment is high, especially in the cities where it increased from 34% in 1991 to 51% in 2000.³

The problem of hunger is more acute in rural areas, where it particularly affects children. Roughly 28% of children under five years of age were underweight in 2001-2002, a rise from 25% in 1992.⁴ Meanwhile, 47% of children in the same age group are below the average height for their age.⁵

The country's debt is one of the major causes of poverty. Zambia is among the most highly indebted countries per capita with a debt of approximately USD 7 billion in 2004,⁶ which translates into approximately USD 6,500 per person.

The proportion of the GDP spent on debt services rose from 6.2% in 1990 to 8.3% in 2002. To contrast this public expenditure with social spending, in

the period of 1999-2001 Zambia spent 1.9% of the GDP on education and in 2001 only 3% of GDP was spent on health.⁷

On 8 April 2005, the country reached the HIPC completion point. This will result in debt relief of approximately USD 3.9 billion.⁸ It remains doubtful, however, whether this will lead to Zambia having a sustainable debt burden judging by the experience of other countries that have gone through the same process. Total debt cancellation is really the only way forward for Zambia.

The national MDG Progress Report 2003 states that both the goals relating to reducing extreme poverty and to those who suffer from hunger are unlikely to be met.

Although the PRSP is in some way an important departure from the past because of its participatory nature, it assumes that the macroeconomic framework is consistent with poverty reduction. However a study on 10 countries, including Zambia, by the Africa Forum and Network on Debt and Development⁹ highlights the incompatibility of the macroeconomic policies of the SAPs with the objectives outlined in the PRSP.

The emphasis on market-driven policies avoids any analysis of power relations, which are ultimately what determines poverty, deprivation and inequality. Unequal access to resources such as land and capital is largely responsible for these conditions.

The Poverty Reduction Strategy has come to an end, yet evidence suggests that there have been no radical improvements in the poverty situation. Monitoring by the Civil Society for Poverty Reduction (CSPR) of the Poverty Reduction Programmes (PRPs) found that the funds set aside for this purpose are inadequate for making significant progress in this area.¹⁰ Serious doubts about the Government's commitments to poverty reduction are raised not only because actual disbursements are less than allocations but also because institutions only remotely

1 United Nations Development Programme (UNDP). *Zambia Human Development Report. The Reduction of Poverty and Hunger in Zambia: An Agenda for Enhancing the Achievement of the Millennium Development Goals*, 2003.

2 UNDP. "Human Development Report 2004. Cultural Liberty in Today's Diverse World." 2004, <http://hdr.undp.org/reports/global/2004/>

3 Government of the Republic of Zambia and the United Nations System in Zambia. "Millennium Development Goals. Progress Report 2003. Zambia", 2003, p. 11. www.undp.org/mdg/MDGRZambia.pdf

4 UNDP (2003), *op cit*.

5 Government of Zambia. *National Demographic and Health Surveys (DHS)*, 2001/2.

6 European Network on Debt and Development (Eurodad) "Eurodad Country Update: Zambia's Poverty Reduction Strategies in 2005", 2005.

7 UNDP (2004), *op cit*.

8 International Monetary Fund. "IMF and World Bank support USD 3.9 billion in debt service relief for Zambia." 8 April 2005. www.imf.org/external/np/sec/pr/2005/pr0580.htm

9 The African Forum and Network on Debt and Development (AFRODAD): *Africa's Experience with the PRSP: Content and process*. Harare, 2003, p. 6.

10 Civil Society for Poverty Reduction. "The Path away from Poverty: An easy look at Zambia's Poverty Reduction Strategy Paper 2002-2004". www.sarpn.org.za/documents/d0000280/index.php

connected to poverty reduction continue to receive more than their scheduled allocations. In 2002 the cabinet office received 512% of the funds allocated to it, and the State House received 264.2% while PRPs received only a quarter of what was allocated to them.¹¹

Gender disparity

The MDGs include the modest goal of eliminating gender inequality in primary and secondary education by 2005 and in all levels of education by 2015. Gender disparities in the education system become higher at the secondary level and widen considerably at the tertiary level, manifesting their highest disparity in the labour market. The share of women in paid employment dropped from 39% in 1990 to 35% in 2000.¹² Although the MDG Progress Report for Zambia states that the goal of eliminating gender disparity in primary and secondary schools will probably be met, all available evidence suggests this will not be case.

There has been some improvement in terms of women's representation in political office and decision-making positions. Between 1991 and 2001 the percentage of women in Parliament rose from 6% to 12%. With women holding 12.7% of seats in 2005, these figures still fall far short of the SADC requirement of 30% women's representation.¹³ Negative societal attitudes are among the greatest challenges faced in trying to ensure more women are involved in decision-making positions. In March 2004, member of Parliament Patricia Nawa introduced a motion to compel that the 30% be reached in accordance with the SADC Gender Declaration. Hostility from men in the Government forced her to withdraw the motion.

Since he won the election in 2001, President Levy Mwanawasa has shown some political will in terms of appointing women to very senior positions in the public service including the position of Auditor General. However the Constitution of Zambia gives the President too much power and all appointments are dependent on his will. There are no constitutional or other provisions to guarantee women's rights to decision-making positions.

Women also face increasing levels of violence both inside and outside the home, but the police, courts and hospitals are totally unprepared to deal with the situation.

Education

Educational attainment in the country is declining. Although there have been small gains, the educational situation is poor. The primary net enrolment ratio dropped from 79% in 1990/91 to 66% in 2001/2002.¹⁴ In 2001 an estimated 620,000 children were not in school at grades 1 to 7. The problem is particularly acute in rural areas, where over 55% of children over

7 years of age are not enrolled in school. Across the country more girls than boys are out of school.

Literacy among 15-24 year-olds dropped from 74.8% in 1990 to 70.1% in 2000. Female literacy rates are lower than those of males and the gender gap has not narrowed between 1990 and 2000.¹⁵

The education system is constrained by the lack of teachers and low morale among them, as well as by the poor condition of schools. The HIV/AIDS pandemic has also had a devastating impact on the educational system leading to less contact hours between pupils and teachers. The pupil-teacher ratio which stood at 46:1 during 2000-2002 rose to 52:1 in 2003. In rural areas some schools only have one teacher only who is responsible for teaching all grades.

Both the education and health budgets increased in 2005. Unfortunately, according to the CSPR the nominal increases of 3.5% and 0.46% for education and health will be offset by inflation.

According to the MDG Progress Report 2003, it may be possible to achieve the goal of universal primary education. However severe problems remain at the secondary school level. Less than 30% of grade nine pupils who sat exams last year moved on to high school.

Children

MDG 4 aims at reducing the under-five mortality rate by two-thirds by 2015. The MDG Progress Report 2003 states that Zambia has the potential to meet this goal. This is because infant mortality rates decreased between 1992 and 2002 from 107 deaths per 1,000 live births to 95. The under-five mortality rate also dropped by 5%, from 191 deaths per 1,000 live births in 1992 to 168 in 2002.¹⁶

The number of orphans in Zambia was estimated in 2003 at 1.1 million or 19% of all children. The figure may rise to 30% by 2015. Sixty percent (630,000) of them have been orphaned by HIV/AIDS.¹⁷ An estimated 625,000 children, orphans and non-orphans, live on the streets and the number is growing. Children are also facing increasing violence. One of the reasons attributed to the increase in child sexual abuse and HIV/AIDS is the myth that sex with a virgin will cure the disease.

Health

In the early 1990s the Government launched health reforms. Despite its efforts, it is evident that vulnerable groups and those residing in remote areas still have difficulties accessing services. A lack of skilled staff, medicine and basic medical equipment and supplies are the major problems faced by public health services.

The target of MDG 5 is to reduce the maternal mortality rate by three-quarters. An increase from 649 in 1996 to 729 per 100,000 live births in 2002 means that this goal will most likely not be met.¹⁸

As for MDG 6 (halting and reversing the spread of HIV/AIDS, malaria and other diseases), the MDG Progress Report 2003 indicates that this goal will potentially be met. However malaria is still a major public health problem which accounts for 37% of hospital patient attendance and is the leading cause of morbidity and mortality among pregnant women and children under the age of five.¹⁹

The overall HIV infection rate among the adult population (15-49 years) in 2000 was estimated at around 20%. The rates have dropped to 16% with infection rates being higher among women (18%) than among men (13%). The public health system has embarked on a programme to roll out anti-retroviral drugs (ARVs) with the aim of reaching 150,000 people by the end of 2005. At the end of March 2005 an estimated 22,000 people were served by the programme. The drugs and the necessary tests cost approximately ZMK 135,000 (USD 29) per month, which is clearly unaffordable for most Zambians. Free provision of ARVs must be considered.

Water and sanitation

There is a critical need to improve access to water and sanitation. In 1990, only 17% of the households had access to improved sanitation and this had declined to 15% by 2000. Improving sanitation is crucial for sustainable human development when one considers its effects on health. Access to drinking water (MDG 7) increased slightly from 48% in 1992 to 51% in 2002, but it is lower (37%) in rural areas.²⁰

Employment

Zambia's employment record is unimpressive. Implementation of SAPs has had adverse effects on employment levels. Massive job losses in urban areas resulted from the privatization and liquidation of previously state-owned enterprises. As a result, formal sector employment declined from 27% in 1975 to 10% in 2000.²¹

Conclusion

The Beijing PLA and Copenhagen Declaration and Programme of Action are much stronger commitments to social development than the MDGs. They are also more attentive to unequal economic structures and policies and the human rights dimensions of poverty and gender inequality. The MDGs are not explicit enough on these dimensions or on the unequal power relations between rich and poor countries. There is a need to mainstream gender in all of the MDGs if real progress is to be made since they include a rather weak gender equality goal. Unfortunately in the last ten years there has been less commitment to the Beijing PLA and Copenhagen Consensus both by governments and donors, which is not very encouraging if we wish to make measurable progress by 2015. ■

11 Southern Africa Regional Poverty Network. "Civil Society for Poverty Reduction (CSPR) submission to the Constitutional Review Commission." 7 September 2004. www.sarpn.org.za/documents/d0000923/index.php

12 Government of the Republic of Zambia and the UN System in Zambia, *op cit*, p. 16.

13 Inter-Parliamentary Union. www.ipu.org/wmn-e/classif.htm

14 UNDP. Human Development Reports Statistics Zambia. http://hdr.undp.org/statistics/data/cty/cty_f_ZMB.html

15 Government of the Republic of Zambia and the UN System in Zambia, *op cit*.

16 UNDP (2003), *op cit*, p. 18.

17 UNICEF/UNAIDS/USAID. "Children on the Brink 2004. A Joint Report of New Orphan Estimates and a Framework for Action", July 2004.

18 UNDP (2003), *op cit*.

19 Government of the Republic of Zambia and the UN System in Zambia, *op cit*, pp. i, 24.

20 *Ibid*.

21 International Labour Organization. www.ilo.org/public/english/region/afpro/mdtharare/country/zambia.htm.