

Final Report

# **Social and Gender Analysis Strategic Plan**

## **USAID/Zambia**

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## Acronyms

AFWID	African Regional Women in Development Officer
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
CIDA	Canadian International Development Agency
CSO	Central Statistical Office
EPI	Expanded Immunization Program
FINNIDA	Finnish Department for International Cooperation
FLMZ	Family Life Movement of Zambia
FNDF	Fourth National Development Plan
GDP	Gross Domestic Product
GRZ	Government of the Republic of Zambia
HIV	Human Immune Virus
IEC	Information, Education and Communication
ILO	International Labor Office
IMF	International Monetary Fund
IMR	Infant Mortality Rate
MCDSW	Ministry of Community Development and Social Welfare
MMD	Movement for Multi-Party Democracy
MMR	Maternal Mortality Rate
NAPCP	National AIDS Prevention and Control Program
NCDP	National Commission for Development Planning
NGO	Non-Governmental Organization
NGO/CC	Non-Government Organization Coordination Committee
NORAD	Norwegian Agency for International Development
PHC	Primary Health Care
PPM	Program to Prevent Malnutrition
PWAS	Public Welfare Assistance Scheme
SADC	Southern African Development Community
SIAPAC	Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd.
SIDA	Swedish International Development Authority
SIDO	Small Scale Industries Development Organization
SRF	Social Recovery Fund
SSE	Small Scale Enterprise
U5MR	Underfive Mortality Rate
UNICEF	United Nations Children's Fund
UNIP	United National Independence Party
USAID	United States Agency for International Development
VIS	Village Industry Services
WB	World Bank
WHO	World Health Organization
WID	Women in Development
ZAMS	Zambia Agribusiness and Management Support Project

## **Executive Summary**

The purpose of the social and gender analysis for the Zambia Country Program Strategic Plan is to help shape the program's design, strengthen technical analysis and confirm its socio-cultural feasibility. The USAID program will focus on two strategic areas:

- helping Zambia to achieve a smooth transition to a market economy; and
- promoting sustainable improvements in the general health status of Zambians.

Key social and gender questions for the program which are especially important for these two strategic areas are:

- how will, and how can, Zambian men and women be involved as participants in the decision-making process;
- how will vulnerable groups be affected;
- who will be the potential winners and losers;
- how can the negative impact of the program on potential losers be minimized;
- what mitigating/compensatory practices will be necessary.

The report responds to the above questions by presenting a situation analysis of central economic, social, political, social service, and household-level issues, and a set of program-specific recommendations for instituting compensatory measures.

The macroeconomic situation is characterized by a stagnant economy, dominated by inefficient parastatals, and massive external debt brought about by excessive borrowing and limited capacity to repay.

Present socio-political dynamics offer a number of opportunities and constraints to helping the country achieve a smooth economic transition, necessary for future growth and development. Traditionally-defined gender and social roles and responsibilities continue to influence attitudes and behavior, often resulting in tension between the requirements of the modern nation-state and the socio-cultural reality which binds the majority of the population to smaller socio-political units. Regional disparities in population size, political clout, and access to resources and social services exacerbates the situation.

The AIDS pandemic has emerged as another threatening factor to Zambia's economic recovery and social development. An estimated 25% of the sexually-active population is infected with the HIV virus and there are predictions that the number of people infected will increase exponentially by the year 2000. While AIDS poses a threat to men and women alike, women as caregivers will bear the brunt of helping the sick. Opportunities exist, nevertheless, to create a healthier economy and a more socially equitable society. The 1991 national elections generated an environment conducive to change. Although ethnic affiliation is an important factor in social interaction, political pluralism has created a situation in which a wider spectrum of Zambians are participating in the political process. There is an emerging atmosphere of racial tolerance and acceptance that needs to be nurtured and encouraged.

Three principal recommendations emerge:

- Empowerment of women to participate equally with men in various decision-making fora is central to the promotion of a democratic society. Program strategies, particularly in the case of the Democracy Project, can actively support achievement of this objective.
- Social and gender considerations should be integrated into program efforts, not as a peripheral concern prior to or following evaluation, but rather as an element of program development and implementation.
- Feasibility studies, monitoring and evaluation efforts should disaggregate data in terms of sex, age and other important social characteristics (varied depending on program goals). Data collection efforts should focus on men and women as decision-makers and as winners and losers.

The potential social and gender impacts, both positive and negative, of the transition to the market economy, a shift away from a centralized decision-making approach, and improving health service delivery, are therefore central to the ultimate success of any program strategy. A review of project and other documentation suggests that there are certain caveats that will affect program implementation. Due consideration of the social and gender implications of the program will ensure its socio-cultural feasibility and its relevance to the Zambian situation.

## **Social and Gender Analysis Strategic Plan**

### **Introduction**

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- how will, and how can, Zambian men and women be involved as participants in the decision-making process;
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- who will be the potential winners and losers;
- how can the negative impact of the program on potential losers be minimized;
- what mitigating/compensatory practices will be necessary.

*Definitions:* Social and gender considerations can be divided into two components: 1) improving the process of program start-up and implementation through due consideration of the roles and responsibilities of men and women in determining their own future; and 2) ensuring that program funding assists Zambia in overcoming problems of dysfunctional social and gender stratification. These two components are termed 'empowerment', engendering a sense of responsibility for and ownership over programs and projects, and 'integration', integrating men and women as equal beneficiaries from the development process.

'Gender' is defined as the roles and responsibilities of men and women in society under social, cultural, economic and political conditions. 'Gender analysis' in the context of developing a program strategy refers to an investigation of these roles and responsibilities with an eye to understanding: 1) how men and women are involved as participants and decision-makers in the development process; and 2) how program assistance will impact men and women differently in the social, cultural, economic and political realms. 'Women in Development' is defined as a focus on the special problems facing women.

*Structure of the Report:* The report first presents a brief overview of the main issues facing Zambia today, and next provides a more detailed situation analysis of central economic, social, political, social service, and household-level issues, providing the context for a discussion of social and gender considerations under the proposed program. A summary matrix follows, highlighting the main issues arising in the situation analysis, discussing how the situation affects proposed project interventions, identifying how the program development and implementation process can be sensitive to social and gender issues, and projects how social and gender factors could be affected by the program. The final section offers the principal conclusions and recommendations. Basic demographic and socio-economic data and a list of proposed macro-indicators are included as appendices.

### Overview

Zambia's population was 7.8 million in 1990, representing an annual growth rate of 3.2% between 1980 and 1990, with a doubling time of 22 years. Use of modern family planning techniques is extremely limited (poor 'birth control'). Coupled with high infant (108 per 1000) and under-five (192 per 1000) mortality rates (poor 'death control'), the population is expected to continue to grow at a high rate (GRZ, 1992a). An estimated 25% of the sexually-active population is HIV positive (1); the pandemic is expected to worsen in the near future.

Zambia has the most urbanized population among Southern African Development Community (SADC) countries, standing at 42% (1990 census findings). In common with other labor-exporting countries in Southern Africa, over one-third of all rural and one-quarter of all urban households are headed by females. While links exist between urban and rural households, these links are weaker than in other Southern African countries (e.g., Lesotho, Botswana, Swaziland). A number of urban households, therefore, are heavily dependent on cash income and the urban economy to meet household nutritional and other requirements.

The economy has been in steady decline since the mid-1970s, with consequent negative implications for infrastructure and social services. GDP growth averaged 1.0% from the mid-1970s, well below population growth. By 1991, over 60% of the population was estimated to be unable to meet basic nutritional needs (PIC, 1991).

During the 1980s Zambia was hit by three droughts, the worst being the 1991/92 drought when GDP dropped by an estimated 12%. Poor pricing mechanisms and decaying infrastructure further undermined agricultural production and the rural economy.

After twenty-seven years of rule by the United National Independence Party (UNIP), the last eighteen under one party rule, Zambia held multi-party elections in 1991 in which a broad coalition of interests won under the banner of the Movement for Multi-Party Democracy (MMD). Under the MMD government, Zambia set itself on a clear path of economic and political reform, in contrast to a checkered commitment to reform under the previous UNIP government.

Zambia finds itself, in sum, in a situation of enormous change. Efforts to reverse the economic decline have the potential, particularly in the short-term, to heighten social stratification and intensify poverty. The potential social and gender impacts, both positive and negative, of the transition to the market economy and a shift away from a centralized decision-making are therefore central to the ultimate success of any program strategy.

## **Situation Analysis**

### **Economy**

*Macro-Economic Situation:* At independence in 1964 Zambia had a per capita income of US\$540. This increased to US\$720 by the late 1970s, but by 1990 had dropped well below 1964 figures, standing at US\$420. The economic slide began in 1975, triggered by the collapse in copper prices. Anticipating improved copper prices, Government borrowed heavily on domestic and international markets, often at commercial rates, to fund the continued expansion of the Government and parastatal sectors (2). By 1981 the economy had declined to an extent where support was sought from the International Monetary Fund (IMF). Debt servicing stood at 20%, 4-5 times the level expected for a healthy economy. The IMF package consisted of limits on borrowing, the removal of price controls, Government and parastatal wage and hiring restrictions, and devaluation of the Kwacha. Lack of full commitment to economic restructuring during the 1980s, represented most starkly by the suspension of the IMF program in 1987, led to further economic decline and growing distortions in the economy.

*Formal Sector:* Trends in employment follow similar patterns, showing rapid expansion in the 1960s and early 1970s, and negative growth from the mid-1970s. Between 1965 and 1975 formal sector employment grew at an annual average growth rate of 4.5%, while from 1976 it declined at an average of 0.6% per annum. Formal employment as a percentage of the total labor force was just over 26% in 1969, climbing to 29.1% in 1974, but declining to a mere 10% in 1988, totalling 361,000 employees. Unemployment amongst those actively seeking work rose to 20.2% in 1986; for females, the rate was 31.9%. Of all unemployed persons in 1986, two-thirds were female and one-third were male.

Women represent less than 10% of all those employed in the formal sector. Of those women in the formal sector, wages are on average 22% lower than for their male counterparts. This is due in part to men occupying higher-paid positions (85% of all employers and/or supervisors are male), despite formal sector employed women having higher levels of education.

61.7% of all formal sector employment is in the public (32.7%) and parastatal (29.1%) sectors (CSO, 1992a). Productivity is considered to be a major problem, while the system of distributing jobs through party channels under the UNIP Government, coupled with the worsening incomes situation, led to a serious corruption problem.

Almost all employment opportunities are concentrated in urban locations in Lusaka, Copperbelt and Central Regions; fewer formal sector employment opportunities exist in the rural areas (approximately 35%, despite 58% of all Zambians living in rural areas), particularly in the more remote and underdeveloped North Western, Western and North Eastern provinces.

*Informal Sector:* The informal sector employs almost as many people as the formal sector, with 211,000 firms employing almost 300,000 people (Milimo and Fisseha, 1986). 84% of these firms were in the rural areas. With the contraction of the urban formal sector, the informal sector has become an increasingly important employment option for the urban unemployed. It is likely, therefore, that the total proportion of all informal sector enterprises located in the urban areas has increased from 16% in 1986. Further, a number of formal sector workers occupying low-paying jobs have resorted to the informal sector to earn sufficient funds to survive. Many households with a member in formal sector employment also have members in the informal sector.

Women owned 60% of all informal enterprises, and comprised 54% of all informal sector employment. Women were heavily concentrated in beer brewing, ceramics, cooked food and garments. Men predominated in carpentry, metalwork, and repairs (Milimo and Fisseha, 1986). Women predominate in both rural (53%) and urban (57%) informal sector activities (CSO, 1992b).

Support for informal sector development has had a checkered history in Zambia, in common with other Southern African countries. Despite local council resistance and periodic police raids, primarily aimed at unlicensed 'sidewalk' operators in the urban areas, Government policy under the UNIP Government was generally favorable to informal enterprise development; urban market places were constructed to provide improved fixed facilities for entrepreneurs.

Two major small-scale enterprise support organizations existed: The Small Scale Industries Development Organization (SIDO) and Village Industry Services (VIS). VIS is the oldest, established in 1978 to promote labor intensive rural enterprises focusing on agricultural, agro-processing, and rural industrial enterprises. VIS assists with access to credit through a revolving loan fund, supporting access to the formal banking sector, and provision of workshop space (Hyman, Strauss and Crayne, 1991). It has offices in all regions in Zambia, and is active in agricultural processing, honey making, building materials production, arts and crafts, and tailoring and knitting. VIS was partially responsible for implementation of the hammermill program, an initiative to involve people in agro-processing activities. Unfortunately, the rapid expansion of the program under the direction of the former UNIP government meant that the commercial potential of the hammermill program was not always assessed. While the hammermills function in a number of locations nationwide, in some areas they suffer from inadequate demand for services and difficult access to inputs (Hamweemba, 1992) (3). VIS has moved away from its former position of being staffed by government officers with mixed qualifications to hiring its own staff.

SIDO is a governmental institution, focusing on larger enterprises than VIS. It began operations in 1983, and also suffered over-extension due to the hammermill project. According to Hyman, Strauss, and Crayne (1991: 24), "SIDO's performance is generally regarded as mediocre ...".

*Formal-Informal Links:* There are few links between formal and informal sector enterprises. In part this is due to the fact that most informal sector enterprises deliver a service to the public, with low value added, while few are engaged in value-added productive activities that could be used by the formal sector. There are also concerns about the standardization of product quality if produced by small-scale enterprises.

*Rural Economy:* The rural economy is based on smallholder production, with a small yet important commercial farming sector. While there are regional land shortages, in general there is little land hunger in Zambia, in contrast to neighboring Zimbabwe and Namibia. Maize is grown throughout all but the driest portions of the country. Crops grown in addition to maize include cassava in Northwestern Province, cassava and millet in the Northern Province, groundnuts and vegetables in Central Province, groundnuts and legumes in Eastern Province, and cassava, rice and vegetables in the Western Province. Arable agriculture is complemented by animal husbandry in Central, Southern, Eastern and Western provinces. Subsistence agriculture is also practised in Luapula and Northern Provinces but fishing and petty trading are major income-generating activities.

Where agriculture and animal husbandry are dominant activities, access to land, credit and farm implements are determining factors in producing enough for survival versus production for an improved standard of living. There are regional variations in how these factors (access and control over resources) affect women. In pastoral societies, women own livestock, but there is evidence that they may not directly benefit from ownership. Since cattle represent a form of long-term investment, they provide security to the owner. But because women are vulnerable in traditional marriage, with property rights not always well-defined in terms of acquisitions made after marriage, it is often expedient to entrust property to relatives for safe-keeping. Unfortunately such transfers deprive women of the property's use. Hence, the milk from the cattle or its use for draught power is under the control of the male kin, rather than the female owner.

While there are differences between access to the means of production by men and women in male-headed households, the situation is particularly problematic for female-headed households. While by no means homogeneous in composition, female-headed households, comprising over one-third of all rural households and over one-quarter of all urban households, suffer greater limitations in meeting household needs than male-headed households.

Roelofs (1988) compiled findings from regional studies to establish varied patterns of investment in cash-crops versus own-consumption crops in smallholder agriculture, paying particular attention to gender variations. In the Eastern Province near the Malawian border, a study found that men and women both shared in producing cash crops and crops for own-consumption. The study suggested that farmers based labor and other input decisions more on efficiency and less on gender-defined roles. The same held true in a study in the Mongu area of Western Province. This pattern does not appear to hold for any other location in Zambia. In a study carried out in Southern Province, women were reported to spend most of the time cultivating their husbands' cash crop fields, and were not usually involved directly in marketing cash crops. In a study in Kabwe District in Central Province, both women and men were marketing maize. However, a study in the same area noted that the amount of land devoted to cash crop production varied considerably, with women farmers cultivating less than one hectare and male farmers cultivating approximately three hectares. In Kalomo Rural District, male farmers devoted on average five times as much land to cash crop production. In both cases, the variation was due to women being allocated less land, and due to their responsibilities for providing foodstuffs for the household. In sum, there appears to be considerable regional variation in the current position of men and women in the cash crop economy.

Unfortunately, the studies reviewed in Roelofs (1988) did not focus on variation across household types (male- versus female-headed). Evidence from elsewhere, however (e.g., Muntemba, 1990; Safaliaos-Rothchild, 1985; Chileya, 1990), suggests that rural female-headed households are particularly limited in their ability to enter into cash crop production.

*Public Works:* Public Works schemes for generating short-term employment are new in Zambia, having been proposed and implemented immediately prior to the new government. The schemes have been created as welfare measures, intended to provide assistance to all able-bodied destitutes. As a growing number of families are unable to cope with economic conditions, participation in the schemes has increased. Both food-for-work and cash-for-work programs exist, with the former dominated by women; men are generally unwilling to work for food, as this is viewed as the responsibility of women, while the gender distribution of employment under cash-for-work remains unclear. Evidence from elsewhere (NORAD, 1989) suggests that, when cash is offered, men will generally join the schemes and, in some cases, will try to keep women from competing for jobs.

The 1991/1992 drought led to the creation of the Program to Prevent Malnutrition (PPM), supported by the World Food Program. The main activities of the PPM relate to the distribution of donor maize, and the program is reputedly operating efficiently.

*Incomes and Income Distribution:* Income levels have shown a steady decline from the mid-1970s, while the distribution of income has levelled as the economy has declined. Preliminary projections suggest that 70% of all households were considered 'poor', of which six out of ten were considered to be 'very poor'. In both categories, households are unable to meet the nutritional let alone other basic needs of household members. An estimated four out of ten urban and up to seven out of ten rural households are unable to meet their basic nutritional requirements (CSO, 1992e). These conditions put Zambia in one of the worst poverty positions in Southern Africa.

The overall decline in incomes has narrowed the gap between rural and urban areas, with rural income climbing from just under one-third of urban income to over half. The distribution of income within rural and urban areas has become more equal, with the Gini coefficient declining in both cases.

The percentage of income spent on food has risen for all social classes in both urban and rural areas.

In a review of the anticipated social impact of privatization by Deloitte and Touche (1992), it was expected that 41% of all parastatal employees would be made redundant. This suggests that more low-paid workers will join those households below the poverty datum line, despite retrenchment packages. Conditions for middle income households working in the public sector are expected to also be hard hit by economic restructuring, as they will lose access to a variety of benefits (e.g., housing, transportation allowances, educational allowances, etc.).

## **Society and Politics**

### **Legal Structures**

Two parallel systems of law co-exist in Zambian society - customary law and statutory law. Customary law is based on the synthesis of separate and distinct bodies of ethnic-specific law, rooted in the customs and traditions of Zambia's indigenous people, divided into seven principal ethnic groups. Statutory law is based on British law as "received" during the colonial period and can be divided into public law and private law.

Private law covers areas such as constitutional status, citizenship/domicile, travel, employment and income tax obligations. Private law covers marriage, maintenance, custody and legitimation of children, avoidance of marriage, access to property and its dispensation under conditions of divorce or death.

Customary law pertains to areas covered under private law and is superseded by statutory law in matters covered under public law. An individual may seek redress under customary or statutory law on matters of private law but not both concurrently, nor in sequence regarding the same issue. For example, customary and statutory laws both have jurisdiction over land tenure. An individual who is aggrieved or who wishes to challenge the prevailing system of property rights must operate under the legal system in which his or her entitlements and obligations are defined. Access to communal land is determined by customary law and cannot be challenged through appeal to statutory law. Conversely, land acquired under the Land and Deeds Registry Act cannot be challenged utilising customary precepts.

The existing Constitution guarantees citizens freedom from discrimination on the basis of race and religion, but makes no reference to discrimination based on sex. Although the Constitution is under review to eliminate such biases and to guarantee a range of human rights to all citizens regardless of social status or sexual orientation, the continued existence of two bodies of law complicates matters. For instance, under customary law, a woman is perpetually treated as a dependent either of a male relative or her husband. Her status, access and control over goods and services is determined by her social origins (i.e., whether her ethnic group is matrilineal or patrilineal) and the privileges which the payment of bridesprice convey to her husband.

## **Societal and Institutional Structures**

*Socio-Cultural Structures:* Zambia is both homogeneous and heterogeneous in socio-cultural make-up. Distinctions in the country's population occur along two dimensions: differences between the African and non-African groups and differences within the overall African group. The vast majority of the population (over 99%) is of indigenous African origin. Although this group can be sub-divided into 80 distinct linguistic categories, sufficient cultural similarities exist amongst them to permit clustering into seven distinct categories (4). The non-African population, which consists of people of Asian or European descent, is less than 1% of the total. Included in this feature are "coloureds", which is an appellation denoting mixed racial heritage (Siamwiza and Kasuta, 1992).

Within the African group, linguistic characterizations subsume a number of discrete ethnic identities which have been grouped together partially because of geographical proximity as well as language similarity. For instance, the Bemba group is now considered to be the largest in the country because the language is widely spoken and many smaller ethnic groups in the Copperbelt, Luapula and Northern Provinces are affiliated with the Bemba through political conquest and other historical ties.

Few sharp cultural boundaries exist among the various indigenous ethnic groups apart from traditional political organisations, methods of kinship affiliation and traditional economic activities. These distinguishing variations continue to be important to social interaction and development activities in spite of the high degree of urbanisation and the emergence of a national identity. The majority of Zambians continue to identify themselves in terms of ethnic and regional affiliation, which is a practice that has potentially serious political implications (5).

*Socio-Political/Regional Structures:* Two major variants of political organisation characterized pre-independent Zambia and, to some extent, continue to exist, influencing contemporary socio-political dynamics, particularly in the rural areas. The Northern Luapula, Eastern and Western Provinces have highly developed indigenous political systems that are hierarchical and centralised. By contrast, the Southern Province traditionally lacked such a system and has been described as being "stateless" prior to the imposition of chiefs and indirect rule by the colonial authorities (Colson, 1966 and Gluckman, 1965).

Traditional political systems continue to co-exist with the modern form of government, sometimes dividing people's loyalty between the two (Milimo and Siamwiza, 1990). The current dispute between key actors in the royal establishment of the Lozi in the Western Province and the Government is an example (6).

Adherence to tradition is abetted by the government through division of rights and obligations to the people as citizens of the state and as subjects of traditional leaders. Traditional leaders (chiefs and headmen) mediate local disputes, allocate traditional (reserve) land for settlement and agriculture, and serve as power brokers in local affairs. The government provides national security, a few social services and protection of civil rights. For most people, the former issues such as access to land, association with an immediate protector or benefactor are more important than the one falling under governmental auspices.

Kinship affiliation is important, regardless of place of residence. The absence of a developed system of social security and emergency welfare services makes people dependent upon kinship ties for assistance in times of need. Most ethnic groups are matrilineal with a few patrilineal groups existing (however, patriarchy prevails in both types of descent groups). The reckoning of descent through matrilineal or patrilineal lines is important because it determines rights and entitlements to family property and support. It is also important because it affects the custody and maintenance of children should divorce or death dissolve a marriage. In particular, it has undermined women's access to productive land under secure title.

The combination of traditional political allegiances combined with strong kinship obligations have been associated with political patronage and nepotism. Reciprocity and obligation exists in all relationships (Powdermaker, 1962) serving as an added dimension to formalised roles and structures in government, parastatals and business. A person who is successful in the system is expected to help his/her relatives and friends who will subsequently help in periods of need. Objective criteria of fair-play, equity and non-favouritism is observed when dealing with "strangers" but a special set of criteria, emanating from tradition, is to apply to relatives, people from similar ethnic affiliation, and friends. The continuing centrality of the lineage, clan and tribe helps to promote these types of relationships, and raises concerns about the institution of performance and qualifications based on bureaucratic structures.

**Regional Politics:** The complex ethnocultural and regional interest in Zambia coincide closely with the ethnic boundaries that segment the country territorially (Bratton, 1980; Caplan, 1970; Ollawa, 1979) (7). In a largely successful effort to unite Zambia, Former President Kaunda used a strategy of coopting chiefs into UNIP party positions in areas of the country where chiefs were especially powerful. The cooptation of traditional rulers served to neutralise opposition by providing a position from which the traditional leader could distribute patronage and counteract secessionist sentiments among leaders in other areas of the country who were dissatisfied with their socio-economic and political situation. Hence, a system of tribal balancing and regional representation became a key feature in the First and Second Republics.

Ollawa (1979: 233) observed that "many UNIP cadres were dissatisfied with the distribution of political power." Kaunda was forced to balance linguistic and tribal groups to allay fears of domination by the militant Bemba speaking North. Chiluba, upon ascension to power, denounced the need for tribal balancing. He said appointments to political office and other positions of power would be made on the basis of merit. After he appointed his cabinet and made changes in the parastatal leadership, there were accusations by some members of the public that the Bembas were being favored. Although the President repudiated these accusations, the portfolios for key ministries, such as Finance, Commerce and Industry, Communication and Transportation, Health, Science and Technology and Defence are held by ministers from the Bemba-speaking regions.

**Institutions:** The Ministry of Community Development and Social Welfare (MCDSW) is the principal ministry responsible for services and programs, including those targeted to women. Lack of personnel and poor planning limited the impact of MCDSW, and gradually non-governmental organizations moved further into areas of services and programming, including those targeted to women. The social security system, established after independence, was particularly unsatisfactory, and never served to effectively meet the needs of at-risk groups. Under the new government, the role of the Ministry has been strengthened by assigning it the responsibility of implementing programs to assist vulnerable groups under the structural adjustment program. Key to its schemes targeted to vulnerable groups is the Public Welfare Assistance Scheme (PWAS). The program is reported to be reaching a number of vulnerable households. Early information suggests that access to central funds for the program is difficult, while district-level monitoring systems are not well established. With growing financial problems, the government is

expected to decrease funding to the PWAS, although no alternative means of reaching these vulnerable households has been identified.

The Women's Unit in the National Commission on Development Planning has been elevated to a department with overall responsibility for planning, coordinating and monitoring the implementation by sectoral ministries and NGOs of all projects affecting women in Zambia. It is hoped that the placement of Women's Department officers in sectoral ministries, first planned under the Second Republic, will take place. However, there is no core funding for the Department by the government, and its effectiveness at this time is poor. Since the reintroduction of multi-party politics in 1991, a pressure group called the Women's Lobby Group has been formed to encourage women to enter into politics. The Women's Lobby Group has also focused attention to putting women's rights issues onto the national agenda (Siamwiza, 1992).

A number of national and international non-governmental organizations (NGOs) are active in Zambia, encouraged by the previous and current governments. In part the NGOs have been created in response to social and economic problems which were not being tackled by government. NGOs such as the Planned Parenthood Association of Zambia and the Catholic Women's League were instrumental in policy formulation in the area of population planning, while NGOs such as VIS were active in income generation activities (Siamwiza, 1992). However, past political interference and heavy reliance on donor funding has undermined the ability of NGOs to establish their own goals and more clearly assess the needs of Zambians.

The Non-Governmental Organization Coordination Committee (NGO/CC) was formed in 1985 with the principal intention of coordinating and promoting NGOs focusing on women's issues. Poor planning and the lack of investment undermined the effectiveness of the NGO/CC, and its role in linking women's NGOs and promoting women's issues has been poor (Siamwiza, Mufune and Mwansa, 1991).

Christian organisations have been actively involved in promoting social development. Before independence, development efforts concentrated mainly among church followers, but since independence, the focus has been interdenominational (Chonya, 1987). Among the large Christian organisations involved in development efforts are the Christian Council of Zambia, Evangelical Fellowship of Zambia and Zambia Episcopal Conference through the Commission for Development, Relief and Emergencies. A number of

churches administer mission-run secondary schools, rural hospitals and clinics and women and youth development projects. During the Drought Relief Program, churches played a key role in identifying needy people in various communities and distributing relief maize.

It is quite likely that the churches, Christian organisations and other religious bodies, such as the Islamic groups, will continue to play an important role in development in the future. Toward the end of the Second Republic, government had initiated discussions with some of the missions on resuming a broader responsibility in education by taking over former mission-run primary schools, which the Government had secularised and put under the Ministry of Education (Ankruh, Else, Milimo and Siamweza 1990).

*Cooperatives:* Although cooperatives have a long history in the country they existed and functioned with considerable government support. The former government's philosophy supported communal actions and the cooperative spirit and encouraged the formation of cooperatives in a number of areas. These ranged from school cooperatives to mining. The most numerous type was the multi-purpose cooperative society.

Special efforts were made to encourage women's participation in cooperatives. During the late 1980s the Zambia Cooperative Federation mobilised resources to promote increased women's participation. To some extent, this effort was donor driven as support was received from SIDA and the People's Participation Programme to promote female cooperatives. Unfortunately, no figures exist regarding the number of men and women involved, but informal evidence suggests that female membership remains extremely low.

The present government has not expressed interest in the cooperative movement. This may be an oversight as opposed to a negative response as the priorities have been on privatisation of larger government enterprises. Nevertheless, many cooperatives have recently become moribund due to the loss of their monopoly to sell certain agriculture inputs and to market maize.

Credit unions have historically operated in rural areas throughout the country, working closely with cooperatives. Unfortunately figures are not available regarding the number of credit unions still functioning, nor the sizes of their portfolios or the gender distribution of beneficiaries. More recently, credit unions have expanded into peri-urban locations, focusing particular attention on entrepreneurs in the markets, especially women.

*Politics and Participation:* The nature of participatory structures established since independence in Zambia was based principally on the need to meld traditional forms of participation, through chiefs and village headmen, and the introduction of Western representational forms of government. The tensions arising between the two, coupled with the struggle for political power in the fluid situation after independence, led former President Kaunda to institute major policy changes. Although the creation of a one-party state in 1973 helped to ameliorate some of the problems caused by internal bickering and regional political alliances, the move toward increased centralization of decision-making continued to be the principal approach used by the Kaunda government to deal with power struggles. As a result, by the 1980s mass participation was only allowed in issues of peripheral or local interest. On substantive issues or issues of national interest, the power of people to participate was usurped. Political patronage and the one-party structure became the primary mechanisms through which centralized authority was maintained.

Although multi-party politics have re-emerged, the system of political patronage is so well entrenched that it continues in the so-called 'Third Republic'. In spite of the political rhetoric expounded by the MMD during the 1991 campaign, power and authority continue to be centrally held with little opportunity for democratic expression at lower levels. The patronage system under the Third Republic appears to be utilized to control internal political factions, characteristic of a united front such as the MMD, and is also used to neutralize the influence of rival parties. As a result, local level structures for political participation are not yet well established, as attention is concentrated on consolidating national power (8).

### **Social Services**

*Education:* The enormous gains made in the 1960s and 1970s in the education sector suffered a setback, albeit delayed, from the mid-1980s with the effects of the economic crisis on social service expenditures. Real expenditure on education for 1987-1991 was only half the level of expenditure of the 1981-85 period.

Tremendous gains were made by Zambia in expanding particularly primary school enrollment, increasing fourfold since independence. From 1985, however, serious declines in enrollment levels were registered. Grade 1, which had expanded by more than 35% from 1980-1985, expanded by only 4% from 1985-1990 (0.91% per annum), well behind the population growth rate of 3.2%. Total primary school enrolment is expected

to have declined to 85% in 1991, down from 96% in 1985. The number of illiterate adults is also beginning to rise, due to the contracting of the adult education program (by 75% from 1970 to 1989) and lower formal school enrolments. Illiteracy for women is estimated at 35%, compared to 20% for men (Siamwiza, 1992).

The quality of education has also declined, with a critical shortage of essential materials such as textbooks and learning aids, and a severe shortage of classrooms, desks, and other physical infrastructure (investment in education infrastructure was only 25% of needed levels during the 1980s; Kilinda and Floro, 1992). Many schools operate triple shifts, with overworked teachers hard-pressed to maintain the quality of instruction. Inequalities in expenditure by level of education has increased over time, with the cost of putting one Zambian through one year of University training a total of 186 times the cost of providing a young Zambian with one year of primary education.

Zambia made particular gains in female enrolment at the primary level from very low levels at independence, doubling enrollment to 47% by 1990 (UNICEF, 1991b). However, girls tended to drop out at a higher level prior to entering (and during) secondary school, with the percentage of girls entering secondary school down to 36%. At the post-secondary level, only 20% of those enrolled are girls. No data are available regarding the impact of economic decline on female enrollment. However, it is expected that the situation would have affected female students to a higher degree, as the higher opportunity cost related to their labor withdrawal at the household, coupled with the lower return on investment for female education in the marketplace, make their education less attractive in times of economic stress.

These trends in the education sector are expected to further undermine the status of women in the economy, already at a tremendous disadvantage. Further, declining female enrollments also means a lack of family life education in a situation of increasing teenage pregnancy, and threatens to reverse gains which correspond to improved female education (e.g., health practices, family planning, etc.).

*Health:* Zambia adopted the Primary Health Care approach in 1981. Briefly, the approach involves focussing human and financial resources on preventive health care interventions, avoiding excess expenditure on curative services. However, reduced real expenditures in health care, the lack of equipment and inputs, shortage of facilities and poor health service salaries have undermined the effectiveness of delivery. With the

adoption of the National Programme of Action for the Children in Zambia, the government has reaffirmed its commitment to a primary health care approach, and is adapting its approach to institute policies under the economic crisis.

The decline in the economy during the 1970s and 1980s had serious negative implications for both preventive and curative health care. While some gains continued to be made, most health indicators suggest that Zambians were healthwise worse off in 1990 than they were in 1980. Coupled with the decline in health status has been the advent of the AIDS pandemic, affecting an estimated one-quarter of all sexually active Zambians (Ministry of Health, 1991a).

Infant and underfive mortality rates are high even by Southern African standards, at 108 and 192, respectively, per 1000 live births. Mortality rates are highest in Eastern and Western provinces, and lowest in Lusaka, Central, Copperbelt and North-Western provinces (Ojermark, 1992), where qualified health care personnel are in extremely short supply (NCDP, 1988). Most infant deaths are in the first month of life, with the main reasons for death being birth asphyxia, tetanus and other infections and, increasingly, HIV. After the first month, the main killers are respiratory infections, diarrhea, and malaria. Immunization rates are declining, and are particularly low for households where the mother has little to no education. After the age of one, malnutrition becomes an important killer, as well as diarrhea, dysentery, cholera, and acute respiratory infections. Fortunately the rates are not higher, as positive breastfeeding and complementing practices protect infants and young children (breastfeeding is estimated as 97% and 98% in urban and rural areas, respectively).

Maternal mortality is estimated at 150/100,000, in common with other Southern African countries; the figure is expected to rise. Anaemia, sexually transmitted diseases--particularly HIV, hypertension, malaria and complications during pregnancy and delivery are leading causes of death.

Access to clean water and sanitary means of human waste disposal have improved since independence, but also show signs of decay due to the economic crisis and increased household-level impoverishment. The decline in the status of urban water and sanitation infrastructure is most starkly illustrated by the serious cholera outbreaks affecting urban Zambia, leading to thousands of deaths; in 1991 alone, there were over 12,000 cases of cholera and dysentery.

While 70% of urban households are said to be reached with clean water, the figure is likely to be lower due to the rapid expansion of the peri-urban areas (Siamwiza and Sikwibele, 1992). While the 1990 census suggests that 47% of all urban households have pit latrines or flush toilets, this is also likely to be an overstatement due to the expansion of the slums and the inability of households to invest in improving sanitary conditions (building or even replacing/upgrading pit latrines). In the rural areas, two-thirds of the population are reliant on sources of drinking water which are considered unsafe, while a surprisingly high 43% had access to pit latrines. In both rural and urban areas, however, the pit latrines were generally of poor quality. Figures on access to water and pit latrines across male- and female-headed households are not available.

Less than 10% of all married women currently practice modern forms of birth control, while approximately one-in-three have used modern forms of birth control in the past (9). The population growth rate remains high at 3.2%, with the average mother having over seven children. Teenage pregnancy rates are high (over one-in-three), and many mothers suffer from high-risk pregnancies. Siamwiza and Sikwibele (1992: 27) note the following constraints to family planning implementation: "... cultural values, social custom and the medical bias embodied in services provision." Only half of all health facilities offered family planning services. Further, poor 'death control' and increased demands for household labor under the growing economic crisis suggest that birth rates will rise before they fall.

*Household Food and Economic Security:* The overall economic crisis has had important implications for household food and economic security. Some 60% of Zambian households are unable to meet nutritional and other needs through own production and income, affecting urban but especially rural households. In 1985 the percentage of the rural poor's household income spent on food was 54%, but climbed to over 75% by 1991. For poor urban households, two-thirds of income was spent on food in 1991, an increase over previous years. The incidence of poverty is more severe among female-headed households, with 75% rated as poor, of which 70% are extremely poor, compared to 65% and 60%, respectively, for male-headed households (GRZ, 1992a).

Stunting rates in Zambia are 45% for both male and female underfives, higher than in other Southern African countries. Almost one in ten children are born underweight, reflecting the malnutrition of the mother in a household with inadequate food. Underweight children, born of malnourished mothers living in households that cannot

meet the food requirements of family members, are unlikely to survive the first year of life. The most common forms of malnutrition are: protein energy malnutrition, manifested in the form of marasmus, kwashiorkor, or marasmic-kwashiorkor, and micro-nutrient deficiencies, manifesting themselves in Vitamin A deficiency, xerophthalmia, and anaemia (GRZ, 1992a).

Seasonal variations reduce the range of foods eaten by households, leading to particular protein and other deficiencies. Malnutrition is higher in female-headed households, "due to insufficient labor combined with inaccessibility to key production inputs. In addition heavy workloads detract from child care time, especially if informal networks are missing for labour exchange or sharing of household responsibilities" (GRZ, 1992a: xviii). Finally, declining education and health status impact negatively on women's time available for productive activities and ability to improve the household status, further undermining household food and economic security.

## **Conclusions and Recommendations**

<b>Program Goal:</b>	<b>Socially Stable, Economically Productive, Politically Active Population</b>
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*Main Social and Gender Conclusions:* Key to social stability and economic productivity will be the involvement of Zambians in the decision-making process. The threat of political patronage undermines improved control over agenda setting, and inhibits the ability of Zambians to determine the direction of productive and social programming. A second threat emerges from historical distortions that favor certain ethnic groups.

*Recommendations:* The Democracy and Governance Project is central to meeting the social and gender dimensions of the program goal. The project should focus its attention on two methods of mobilization: 1) supporting programs to improve social and gender awareness among decision-makers; and 2) providing rural and urban dwellers with mechanisms through which they can receive information and voice their opinions. The project, as it currently stands, focusses considerable attention on the former but little attention on the latter.

Traditional approaches to gender concerns have emphasized targeting women as beneficiaries in social program delivery. Social stability, economic productivity, but particularly political activity are dependent on extending this definition of gender to include empowering women to participate equally with men in the decision-making process. Where gender-defined roles inhibit men or women from exercising these rights, gender-targeting would be justified.

<b>Strategic Objective 1: Well-Managed Transition to a Market Economy</b>
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*Main Social and Gender Conclusions:* There are concerns that the pace of economic reform has not been conducive to consensus building. Particular concerns arise relating to the distribution of gains and losses across ethnic groups, Zambians versus expatriates, wealthy Zambians (particularly those holding political power) versus poor Zambians, and men versus women.

*Recommendations:* The distribution of benefits under a poorly-managed transition to a market economy will substitute distortions arising from unequal power for distortions which arose from political patronage. A 'well-managed' transition has the following social and gender dimensions: 1) monitoring the transition should include the establishment of project-level social and gender indicators, focussing on empowerment and benefit distribution, and finalization and measurement of social and gender indicators suggested in Appendix Two; 2) the transition should include careful interventions through organizations that have developed strong grassroots links with community organizations and literacy groups, such as non-governmental organizations and the Ministry of Community Development and Social Welfare to alleviate the negative social effects of structural adjustment; 3) improved household food security should be a central measure of project success, as it focusses attention on beneficiaries and the general economy but also focussing on its distribution within and between households; 4) targeting through careful policy development would support improved benefit distribution across ethnic, Zambian/expatriate, wealth and gender lines; and 5) support for the NGO movement which, over time, has improved its ability to influence policy and provide services.

<b>Target 1.1</b>	<b>Accessible Government and Effective Government Decision-Making</b>
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*Main Social and Gender Conclusions:* There are concerns that government has not been as accessible as it could have been during the first year in power. There are additional fears that the diverse composition of the MMD will lead to renewed pressures for the distribution of benefits through political patronage, and the consolidation of a limited set of interests.

*Recommendations:* Achievement of Target 1.1 is key to achieving social and gender objectives. Of particular importance is informing men and women of their rights and of proposed changes and giving men and women the power to help direct change. Traditional political structures, particularly in rural areas, suggests that program interventions specifically targeting women would be justified. The emergent role of the local and district councils should also be monitored to assess the character of participation, as public access to the decision-making process is especially important at the local level. Additional attention would again need to be focused on the participation of women in decision-making at the local level.

<b>Target 1.2</b>	<b>State-Owned Enterprises Privatized</b>
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*Main Social and Gender Conclusions:* Streamlining the productive sector through privatization will require considerable cutbacks in staffing. Social and gender considerations apply at two stages of the process: 1) determining who will lose their jobs, with the potential for more severe cutbacks facing women, who occupy less senior positions; and 2) establishing the effects of job losses, with the potential for further undermining household food and economic security, within and across households, with particular implications for female-headed households.

*Recommendations:* Awareness of the disadvantaged position of women in the formal economy on the part of political and business leaders, and establishing who is losing their jobs by gender are important first steps. Monitoring the regional, national, and gender dimensions of ownership over former state-owned enterprises and particularly their subsidiaries is also advisable. Monitoring the ethnic dimensions of ownership is not advisable, but it would be possible to monitor public reaction to the issue. While a transparent privatization process would partially act as a self-correcting mechanism to help avoid severe maldistribution of ownership, it may be necessary to re-evaluate interventions in light of public opinion at a later point.

Of particular importance to the success of this USAID Target is to support the establishment of links between the revitalised private formal sector and the informal sector. If this also included targeting more marginal informal sector enterprises, this would have positive implications for females in the sector, including females from female-headed households.

Given the short-term effects of privatization, priority attention should be given to the measurement of changing household food and economic security amongst households affected by job losses. This should be closely linked to Social Recovery Fund (SRF) interventions, and possible support for SRF and NGO programming efforts.

**Target 1.3                      Increased Private Sector Investment in Priority Areas**

*Main Social and Gender Conclusions:* Priority attention to agriculture, natural resource management and small-scale mining development is well placed to support positive social and gender interventions. If specific attention is not devoted to social and gender issues, social stability and political activity could be undermined. In particular, the legal status of married women as minors and clearly unequal distribution of landholdings based on gender undermine the ability of women to compete equally in the marketplace (World Bank, 1992b).

*Recommendations:* Past research indicates that, in most (but not all) areas in Zambia, movement into cash crop production has principally benefited males. The Natural Resources Management Project has also noted problems with female participation in decision-making structures, as well differential benefit distribution. Females in male-headed households but particularly females in female-headed households have been the losers. Targeting women is therefore justified. Northwestern, Western and Northern Provinces in Zambia have historically been disadvantaged. Attention should therefore also be paid to regional targeting of benefits. Tourism offers particular advantages in this regard, through community-based natural resource utilization initiatives in areas of marginal agricultural potential.

**Strategic Objective 2: Sustainable Improvements in General Health Status**

*Main Social and Gender Conclusions:* The sustainability of improvements in general health status are affected by social and gender considerations in three ways: 1) inadequate attention to the involvement of women but also men in preventive health care activities will lead to excessive expenditures on curative health care activities; 2) use of modern contraceptives involves targeting women *and* men as decision-makers determining the type and extent of contraceptive use; and 3) taking care of patients, particularly underfives and AIDS patients, is principally a female responsibility, undermining the ability of women to participate in the cash economy and threatening household food security.

**Recommendations:** Past approaches to health care focussed attention on the provision of comprehensive, no-cost health care. The severity of the economic crisis reversed gains made in preventing morbidity, particularly in underfives. Sustainability of the health care system require a reliable source of funding and an incentive structure that encourages individuals to follow preventive measures. Sustainability of health impact at the household level requires a redoubled focus on preventive health care activities, with particular attention being paid to implementation of the 1992 "National Programme of Action for the Children in Zambia" (GRZ, 1992a).

Major dysfunctions in the curative health care system arise from poor preventive health care services and shortages of important inputs. Decentralized health care services and the improvement of the referral health care system are central to improving access. Further, there are also significant regional disparities which need to be overcome (NCDP, 1988).

<b>Target 2.1</b>	<b>Increased Use of Modern Contraceptives</b>
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**Main Social and Gender Findings:** The increased use of modern contraceptives is central to a reduced population growth rate (now standing at 3.2%; 3.7% urban and 2.8% rural; GRZ, 1992a). While improved 'death control' should help reduce the overall growth rate, this is unlikely to be effective without concomitant 'birth control' through the use of modern contraceptives. Further, use of condoms supports Target 2.1. Current low levels of contraceptive use are based in part on resistance to birth control, but perhaps most importantly are due to poor health extension services and the lack of an integrated clinic approach to health education delivery.

**Recommendations:** NGO and government activities particularly in urban Zambia have led to high levels of awareness of contraceptive methods. High knowledge among limited population groups suggest four approaches: 1) information, education and communication activities should be intensified and better focussed on previously unreached or misinformed populations; 2) monitoring systems need to be established to assess why women drop out of family planning, and to identify ways to support continuity of use among adopters; 3) because society believes that a woman should have her first child when she is a teenager, and because teenage pregnancy is a problem, family planning information should be supplied to senior primary and junior secondary school-going children; and 4) methods should be identified for reaching out-of-school youth in

the 15-19 year old category so that they, too, are knowledgeable and accept family planning methods.

<b>Target 2.2</b>	<b>Reduced Incidence of HIV Transmission in Target Populations</b>
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*Main Social and Gender Conclusions:* The AIDS pandemic shows no sign of abating. Use of condoms remains low and sexual practices are slow to change, despite apparent high levels of knowledge of how AIDS is transmitted.

*Recommendations:* Clearly the extent of the AIDS problem is such that no single donor can have a significant overall impact. Donor coordination is therefore key. Social and gender considerations could best be served by close cooperation with UNICEF and WHO.

The target communities identified by USAID--workers and out of school youth--are particularly vulnerable to the virus, given their relatively high mobility. The gender distribution of employment suggests that males will be the principal targets in the workplace. To also target education to women in the workforce in urban Zambia, it would be necessary to target informal sector operations, particularly in street marketplaces. This would require a different, less structured approach. Blood-testing of workers might raise special program problems, as there may be fairly widespread resistance to such testing. Successfully reaching target groups through testing would therefore have to be approached very carefully. Out-of-school youth and other target groups (including a variety of high-risk populations) can be reached through the mass media. High literacy rates and the existence of fourteen newspapers, some of which are disseminated widely and others of which are in the vernacular (some of which are, unfortunately, no longer being published), as well as high levels of access to radios, suggest that such interventions would be effective. Mass media interventions would need to be target-group specific, and would need to focus on changing attitudes and practices, as knowledge levels are already quite high.

<b>Target 2.3</b>	<b>Reduced Cost and Improved Efficiency of Inpatient, Outpatient and Preventative Care</b>
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*Main Social and Gender Findings:* The poor status of health care in Zambia affects all Zambians, particularly in rural areas. Efforts to improve efficiency and reduce costs would therefore reach a broad range of Zambians.

*Recommendations:* Four social and gender factors should be considered under the restructuring of the health care system: 1) the reintroduction of fees without provision for social classes that cannot afford even minimal fees will intensify health problems and place a particular burden on the time demands on females in poorer households; 2) efforts to reduce the number of in-patients through an expansion of cost-effective home care systems should ensure that home care does not inhibit women investing their time in productive activities; 3) improving the efficiency of in-patient and out-patient health care systems should not over-shadow preventive health care interventions, particularly in the case of underfives; and 4) health care spending differentials suggest that additional attention should be paid to preventive health care interventions in rural areas.

### **Closing Comments**

Findings from the Social and Gender Analysis indicate that there are a number of gaps in available data. In particular, there is a need for data disaggregated by sex, age, region, income levels, and other key demographic and economic variables. It is recommended that the period of project start-up include a review of available data to determine what additional information is needed, and how it should be collected. Special attention should be given to data which cover both empowerment and integration, as outlined at the beginning of this report.

## Footnotes

1. The figure is derived from sentinel survey findings of women tested in ante-natal clinics, and extrapolated to the population at large. The sentinel surveys are carried out by the National AIDS Prevention and Control Program, with support from the World Health Organization.
2. The expansion of the state into the private sector was not a uniform process, nor was it intended to stifle private sector development. Rather, the strategy was intended to take over the 'commanding heights' of key sectors of the economy (all of which were in the hands of expatriates), coupled with a rapid 'Zambianization' of the economy. However, the over-centralized nature of government structures and increased interference with the economic operations of the growing parastatal sector, coupled with (and eventually contributing to) secular economic decline, led to an increasingly dysfunctional economy.
3. A 1992 survey of hammermills found that only 1% of all hammermills were owned by women. 72% were owned by males, while 27% were owned by cooperatives and institutions (ZAMS, 1992). Referring to the lack of viability of some hammermills, Mwalusaka (1992: 2) notes that "Substantial numbers of the operating hammermills have a low capacity utilization, averaging between 40% to 50% of the rated capacity. This occurs because in many areas there has been a poor placement of hammermills vis-a-vis population densities and supply of raw materials."
4. The categories are Bemba, Tonga, Nyanja, Lozi, Lunda, Luvale and Karonde.
5. A number of urban dwellers were born in town while others have also lived in their putative place of origin. Nevertheless, they identify with the areas from which their parents and / or grandparents originated, although they may not have any economic links to these areas.
6. The argument centres on whether or not the Government owes the Lozi people monies derived from the Barotse Agreement of 1964. Lozi people from all over the country recently convened in Lusaka to discuss the dispute.
7. Perhaps the most complex case was the special status of Western Province (formerly Barotseland) until independence in 1964. Throughout Zambia's colonial history, Barotseland was administered separately from the rest of Northern Rhodesia. The 1964 Barotseland Agreement highlighted historical and cultural differences by empowering the *Litunga* (king) 'to make laws for Barotseland' in relation to a wide variety of subjects (i.e., the subjugated peoples of the areas as well as the Lozis). The empowerment ranged from the authorization to collect local taxes to decision-making powers in local government (Ollawa, 1979). As noted in the local press, the problem of Barotseland allegiance to the central authority remains.

8. Increased media coverage, reflected in letters to the editor and rising concerns about 'tribalism', and political incidences, including the dismissal of parastatal chiefs and reappointment of political appointees in 1991, the resignation of two cabinet ministers under allegations that 'tribalism' and corruption was continuing and the democracy process was being undermined in 1992, the sacking of the University Teaching Hospital Board of Directors in 1993, and the reappointment of only specific members to the Board, are examples.
9. Use of contraceptives is more generally associated with birth spacing, rather than birth control. This results in a high drop-out level among family planning acceptors.

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### Appendix 1: Matrix

Issues	Situation Analysis	Program	Outputs/Outcomes
<p><i>What are the major issues which impact on social &amp; gender variables?</i></p>	<p><i>How is the situation relevant to the program ?</i></p>	<p><i>How can the process be sensitive to social and gender issues?</i></p>	<p><i>How does the program affect men and women, ensuring that benefits are distributed equitably?</i></p>
<p>Statement of the Issue: Absence of a strong democratic tradition, potential for building strong democratic institutions and an active political culture.</p> <p>Program Target 1.1: Accessible government and effective government decision-making</p>	<p>There is a new interpretation of democracy in Zambia that requires considerable strengthening if it is to take root in society and in the polity. Principal threats to the new democracy consist of: top-down decision-making; hierarchical, male-dominated traditional authority structures; re-emergent ethnic tensions; and parallel systems of authority ('modern' and traditional) assimilate change at different rates, potentially inhibiting democratic processes.</p>	<p>Building strong democratic institutions requires: strengthening local level institutions, encouraging participation from a wide range of Zambians; program targeting to encourage participation among the youth and women; investigate methods to integrate 'traditional' and modern authority structures, including the integration of legal structures; encouraging ethnic tolerance by supporting diversity within the context of a strong national identity; and improve the regional distribution of political and economic opportunities.</p>	<p>Targeting the program to government officers will principally reach males, as four-in-five decision-makers are male. The definition of decision-makers must be broadened to include 'opinion-makers' operating outside formal government institutions (e.g., womens groups, church groups, etc.), or it is likely that existing gender inequities will intensify.</p> <p>The civil rights component is key to ensuring that men and women exercise their rights under a democratic system. However, unless there is an enabling environment supporting the expression of these rights, existing power structures will inhibit the emerging democracy.</p> <p>A political culture of democracy in Zambia necessitates consideration of the following potential program impacts: the spread effects of peer counselling and peer pressure; women and men standing up for their basic human rights; women and men challenging institutional structures that are not accountable; women assuming more leadership roles; and girls seeing women in leadership positions as role models.</p>

Issues	Situation Analysis	Program	Outputs/Outcomes
<p><i>What are the major issues which impact on social &amp; gender variables?</i></p>	<p><i>How is the situation relevant to the program?</i></p>	<p><i>How can the process be sensitive to social and gender issues?</i></p>	<p><i>How does the program affect men and women, ensuring that benefits are distributed equitably?</i></p>
<p>Statement of the Issue: Privatization of state-owned enterprises will likely have short-term negative social and gender implications.</p> <p>Program Target 1.2: State-owned enterprises privatized.</p>	<p>There are a number of uncertainties related to the privatization of state-owned enterprises. These uncertainties are illustrated in the divisions in government on the potential benefits and dangers of the program. While more efficient production under privatization is expected to create more job opportunities and improve the overall economy, the maldistribution of benefits based on ethnic, regional, and gender lines could severely undermine the privatization process.</p>	<p>There are fears that the opening of the economy will reinforce existing patterns of power and privilege, undermining the smooth transition to a well-functioning market economy. It is important that people feel that they have a stake in the privatization process, and will derive benefits from it. This is particularly important when one considers that short-term negative social and gender implications may last longer than expected due to the extent of the economic crisis in Zambia.</p>	<p>Job layoffs will directly affect more men than women, because the formal sector is dominated by males. However, even within the formal sector, women occupy less secure positions, and it is likely that their percentage of positions occupied by women will decline even lower than its current 10%. This implies that women and men in households with a retrenched formal sector employee will increase their presence in the informal sector. Further, these households will lose the extensive benefits attached to formal sector jobs, and retrenchment packages are unlikely to sustain households for long, with these households quickly falling into poverty.</p> <p>Urban unemployment will likely not lead to significant out-migration to rural areas. Dependency ratios in urban households are likely to rise significantly, more households will become involved in an increasingly competitive informal sector, and more will turn to illegal activities.</p> <p>Because of the short-term negative implications of privatization, especially in urban areas, there is a critical need to collaborate with government to mitigate the negative social implications of the privatization program. It is also critical to support people's participation in decisions related to rebuilding the private sector, helping to overcome ethnic, regional, and gender biases which may arise.</p> <p>The vacuum created by the collapse of the patronage system under a privatized economy will require the strengthening of the merit system. Dysfunctions arising from ethnic, regional and gender biases will need to be overcome in order for the merit system to function effectively. This can be supported through the Democracy Project, expanding men and women's opportunities to participate in decision-making, but should also be a direct outcome of the privatization project.</p>

Issues	Situation Analysis	Program	Outputs/Outcomes
<p><i>What are the major issues which impact on social &amp; gender variables?</i></p>	<p><i>How is the situation relevant to the program ?</i></p>	<p><i>How can the process be sensitive to social and gender issues?</i></p>	<p><i>How does the program affect men and women, ensuring that benefits are distributed equitably?</i></p>
<p>Statement of the issue: The priority areas-- agriculture, mining, and natural resources--are sectors where power and participation are unequally distributed.</p> <p>Program Target 1.3: Increased private sector investment in priority areas.</p>	<p>Investment in agriculture, mining and natural resources are central to overcoming ethnic, regional, and gender disparities in the economy. Rural dwellers, both men and women, already invest resources in these sectors. However, access to resources for expansion vary across social class and gender.</p>	<p>In most areas of Zambia, men predominate in cash crop production. Past evidence suggests that the move into cash crops can have serious negative effects on household nutrition, undermines the status of women, and intensifies the demand for children as free laborers. These can be mitigated by targeting interventions to women directly, improving women's access to land and other resources for own-consumption and cash crop production (credit, seasonal and long-term inputs), and structure program interventions so that households begin to rely on paid labor for cash crop production. Further, expanding support for the informal sector and improving links between the informal and formal sectors will encourage a smooth transition to a market economy. and will help link the rural and urban economies.</p>	<p>Expanding cash crop production without consideration of how benefits are distributed will intensify ethnic, regional and especially gender conflicts. It may also undermine household food and economic security. Particular attention should therefore be paid to positive measures to overcome social and gender biases that would undermine rural development. Targeting (both underdeveloped regions and women) should be considered in all three priority sectors. Expansion of the priority sectors should enhance informal sector activities, where women predominate. However, as the return on investment increases in the informal sector, it is likely that men will enter the marketplace, with the danger than women will be pushed out, contracting the sector and undermining investment in the household (e.g., nutrition). Further, if the expansion of the informal sector leads to the creation of marginal enterprises in highly-competitive situations, child labor will intensify. If expansion of the informal sector and cash crop production are to have positive benefits for men and women, both should be in a position to enter the marketplace as equals. This could be supported through the Democracy Project, when awareness of rights and opportunities reach men and women, and where the human rights of children are recognized.</p>

Issues	Situation Analysis	Program	Outputs/Outcomes
<p><i>What are the major issues which impact on social &amp; gender variables?</i></p>	<p><i>How is the situation relevant to the program?</i></p>	<p><i>How can the process be sensitive to social and gender issues?</i></p>	<p><i>How does the program affect men and women, ensuring that benefits are distributed equitably?</i></p>
<p>Statement of the Issue: High fertility rates and the resulting high population growth rates strain social services and undermine economic development.</p> <p>Target 2.1: Increased use of modern contraceptives</p>	<p>Those Zambians who do utilize contraceptives generally do so to space births, not prevent them. Further, high levels of infant and under-five mortality reinforce desires for large families.</p>	<p>The following social and gender considerations apply: 1) increasing the use of modern contraceptives excludes expanding use of 'traditional' forms of contraception which are already well accepted in Zambia, and are used to space births; 2) some forms of modern birth control require over-time monitoring of the service user, which may be unrealistic in peri-urban and rural settings; 3) men need to be targeted with information about condoms as a birth control device and as a means of preventing transmission of the HIV virus; and 4) consideration should be given to the influence women's education and economic development has on fertility rates.</p>	<p>Birth control interventions need to be directed to both men and women. Interventions that are directed to school-children, especially if linked to the provision of birth control as well as AIDS education, would help lower birth rates, and would lead to fewer pregnancy-related dropouts among teenage girls. For teenagers as well as women in their forties, improved access to birth control would reduce high-risk pregnancies and consequently lower maternal mortality rates.</p> <p>Support for utilization of traditional forms of birth control, both as a direct birth control method and as a mechanism for reaching women with modern contraceptives, would lower birth rates.</p> <p>Birth control decisions for married couples is complex, requiring interventions that are male and female directed or, in some cases, directed towards married couples. Condom use appears to be principally a male decision, suggesting two approaches need to be considered: 1) targeting males; and 2) empowering women to make decisions about condom use.</p> <p>Access to information is a critical component of family planning. Improving access to information via the Democracy Project should provide additional channels to reach men and women. Short-term economic hardships arising from changes in the economy will, unfortunately, probably reinforce rising fertility rates. Effective health service interventions, particularly in the area of preventive health care, and careful social action planning would counteract this trend.</p>

Issues	Situation Analysis	Program	Outputs/Outcomes
<i>What are the major issues which impact on social &amp; gender variables?</i>	<i>How is the situation relevant to the program?</i>	<i>How can the process be sensitive to social and gender issues?</i>	<i>How does the program affect men and women, ensuring that benefits are distributed equitably?</i>
<p>Statement of the Issue: High HIV transmission rates and negative social, economic and political implications.</p> <p>Program Target 2.2: Reduce incidence of HIV transmission in target populations.</p>	<p>Zambians are relatively well informed about AIDS, yet there is a considerable gap between knowledge and practices. There is little use of condoms specifically to prevent transmission of the HIV virus. High levels of HIV infection can be expected in future.</p>	<p>In many cases people already have good access to information on AIDS, but this has not supported behavioral change. Improving the link between information dissemination and positive outputs would require a) linking AIDS programs with social and economic interventions; b) collaboration between AIDS-specific interventions and programs to enhance people's welfare; c) within the Democracy Project, ensure that key social issues, such as AIDS, serve as topics for discussion; d) within the Democracy Project, an important human rights topic would be control over one's own body; e) within the AIDS project, devote attention to measuring reasons for change in attitudes and behaviors; f) consider the peer group approach to providing reliable information; g) as traditional healers are well respected, their role in counselling people about AIDS should be seen as key to program success.</p>	<p>Programs operating in the workplace will reach males to a greater extent than females. Interventions in the workplace can be used to target information to fathers for transmission to their sons, wives and other relatives.</p> <p>Instead of just targeting AIDS-specific information to workers, training in how they could approach others with the information would enhance the program's spread effects. Particular attention should be placed on linking workplace education with outreach to female-headed households.</p> <p>Peer counselling and reliance on traditional healers is a cost-effective approach to reaching more people with less funds.</p> <p>The intervention would reinforce the Democracy Project's focus on people realizing their basic human rights, and in young women realizing rights over their own bodies.</p>

Issues	Situation Analysis	Program	Outputs/Outcomes
<p><i>What are the major issues which impact on social &amp; gender variables?</i></p>	<p><i>How is the situation relevant to the program?</i></p>	<p><i>How can the process be sensitive to social and gender issues?</i></p>	<p><i>How does the program affect men and women, ensuring that benefits are distributed equitably?</i></p>
<p>Statement of the Issue: Health services have decayed in recent years, and no longer meet the basic health needs of the population, neither in terms of preventive nor curative health care services.</p> <p>Target 2.3: Reduced cost and improved efficiency of inpatient, outpatient and preventive care.</p>	<p>Poor preventive health care services undermining promotion of a healthy life style. This, in turn, intensifies demands on an already overburdened curative health care system.</p>	<p>Reducing the costs and improving the efficiency of the health care system, as specified in the health sector assessment, raise a number of social and gender considerations: 1) policy reform can be a centralized process unless democratic reforms also involve men and women outside the formal decision-making structure; 2) shifting toward health care financing and privatization of medical care will likely exclude poorer households (particularly female-headed households), unless special provision is made; 3) shifting away from an over-reliance on hospitals and supporting development of decentralized health care structures will improve outreach for marginalized populations; 4) improving supply and distribution mechanisms will likely enhance clinic attendance.</p>	<p>Policy reform is clearly needed to improve the health care system and better reach men, women and children across a variety of social groups. In order to effectively and equitably reach various social groups, the following outcomes are desirable: 1) improved links between 'traditional' and 'modern' health care service delivery; 2) democratic policy reform; 3) a strengthened primary health care system, emphasizing the prevention of diseases; and 4) policy reform should ensure that quality medical care is delivered by the private sector.</p> <p>Shifting health care financing and the privatization of medical care will require consideration of the following potential outcomes: 1) government health care delivery should be of sufficient quality to avoid people dropping out of the system, particularly when multiple treatments are needed (e.g., TB, leprosy); 2) private practice quality control; 3) preventive health care services should focus particular attention on mothers with underfives; and 4) the role of mission health services should be considered.</p> <p>Decentralized health care delivery should enhance access among all groups. Care should be taken to ensure that there are no regional biases away from more disadvantaged areas.</p> <p>Improved supply and distribution mechanisms should improve clinic attendance, therefore reaching all groups. Again, care should be taken to avoid regional biases away from more disadvantaged areas. Care should also be taken to monitor attendance by households with particular labor supply problems, such as female-headed households. An integrated clinic approach (the 'supermarket approach') would improve the return-on-investment for preventive health care activities.</p>

## Appendix 2: Tables

**Table 1: Demographic and Economic Profile**

<b>Demographic Indicators</b>	<b>1975</b>	<b>1980</b>	<b>1985</b>	<b>1990</b>
Population	4.85m	5.65m	6.75m	8.11m
Population Growth Rate	2.6% (1963-69)	3.0% (1969-80)	3.2% (1980-85)	3.2% (1985-90)
Infant Mortality Rate	141 (1969)	110 (1974)	97 (1980)	108 (1992)
Underfive Mortality Rate				192 (1992)
Maternal Mortality Rate (per 100,000)				150
Life Expectancy at Birth (Males)		49	51	53 (1989)
Life Expectancy at Birth (Females)		52	54	55 (1989)
Life Expectancy at Birth (All)	48.5	50	52	53.7 (1989)
<b>Economic Indicators</b>	<b>1975</b>	<b>1980</b>	<b>1985</b>	<b>1990</b>
Real GDP (K millions in constant 1977 prices)	1802.4	1886.1	1740.6	2043.7
Per Capita Real GDP (US\$)		720.0		420.0
	<b>1987</b>	<b>1989</b>	<b>1991</b>	
Inflation	70%	125%	100%	

Sources: GRZ, 1992a; World Bank, 1992a.

**Table 2: Employment Profile**

<b>Employment Indicators</b>	<b>1975</b>	<b>1980</b>	<b>1985</b>	<b>1990</b>
Formal sector employment (n)	393,500	381,000	361,000	377,000
Formal sector employment (%)	26.6%	21.5%	11.1%	9.9% (1988)
% of Female Employees				9.9
% of Male Employees				90.1
Change in Real Earnings 1983-1987				-38.7%
Informal sector employment (n) (1986)			292,000	
Informal sector employment (% of total non-subsistence farming employment) (1986)			44.7%	
% of Informal Sector Comprised of Women (1986)			53.6	
% of Informal Sector Comprised of Men (1986)			46.4	
% of Informal Sector in Rural Areas (1986)			85.0	
% of Informal Sector in Urban Areas (1986)			15.0	
% of On-Farm Labor Provided by Women				75%
% of On-Farm Labor Provided by Men				25%

Sources: GRZ, 1992a; Milimo and Fisseha, 1986; World Bank, 1992a.

**Table 3: Health, Nutrition and Education Profile**

<b>Health Indicators</b>	<b>1975</b>	<b>1980</b>	<b>1985</b>	<b>1990</b>
Infant Mortality Rate (per 1000)	96 (1976)	81	89	108
Underfive Mortality Rate (includes IMR) (per 1000)		154		192
Diarrhoeal Incidence (previous 2 weeks)				22.8% (1992)
Use of Oral Rehydration Therapy				63.4%
Underone Immunization Against Six Leading Child Killers				59% (1992)
Access to Safe Water (Urban)			70%	70% (1992)
Access to Safe Water (Rural)			41%	44%
Access to Safe Sanitation (Urban)				47%
Access to Safe Sanitation (Rural)				43%
Access to Health Services (Urban)				100%
Access to Health Services (Rural)				50%
Access to Health Services (All)				75%
Anticipated % Spending on AIDS as a Proportion of all Health Expenditures				40% (mid-90s)
<b>Family Planning</b>				
Total Fertility Rate	6.8 (1970)	7.2	7.2	6.5 (1992)
Knowledge of Modern Contraceptives (all) (1992)				87.0
Ever Used Modern Contraceptive (married) (1992)				26.6
Current Use Modern Contraceptive (married) (1992)		1.0%		8.7
Knowledge of 'Traditional' Contraceptives (married) (1992)				77.6
Current Use of Modern Contraceptives by Education	None 8.0	Primary 12.7	Second. 27.0	Higher 58.5
Source of Supply for Specific Contraceptive Methods	Govt 56.0	Priv Med. 36.1	Other 7.1	
<b>Nutrition Indicators</b>				
% of Children Below 80% Weight for Age	1970 38%	1980	1985	1990 54%
% of Children Below 60% Weight for Age				
% of Mothers Breastfeeding (Urban)				97%
% of Mothers Breastfeeding (Rural)				98%
% of all Underfive Hospital Deaths Due to Malnutrition	12% (1973)		24% (1987)	
<b>Education Indicators</b>				
Primary School Enrollments (male)	1975	1980	1985	1990
Primary School Enrollments (female)		86%		
Primary School Enrollments (all)		81%		
Literate Population (male)		84%	96%	88%
Literate Population (female)	62% ('69)	75%		
Literate Population (all)	36% ('69)	53%		
	51% ('69)	64%		

Sources: GRZ, 1992a; World Bank, 1992a.

## **Proposed Social and Gender Indicators**

### **Target 1.1: Accessible government and effective government decision-making**

1. Increase the number of community action groups, ensure participation by both men and women, and intensify levels of activity.
2. Increased participation of men and women in local government elections.
3. Increased participation of women as decision-makers at national, regional, and community/neighborhood level.

### **Target 1.2: State-owned enterprises privatized**

1. Increase overall employment in the private sector.
2. Increase the number of women employed compared to men.
3. Improve the regional distribution of private sector employment opportunities.

### **Target 1.3: Increased private sector investment in priority areas**

1. 50% increase in women involved in cash crop production/marketing.
2. At least 25% of mining, agriculture, and tourism private investment by women.
3. Improve regional distribution of priority investment.
4. Improve links between the formal and informal sectors, and improve women's position in the informal sector.

### **Target 2.1: Increased use of modern contraceptives**

1. Increased access of women to condoms through social marketing and health care channels.
2. Reduction in dependency ratio.
3. 25% reduction in the number of high-risk pregnancies.

### **Target 2.2: Reduced incidence of HIV transmission in target populations**

1. Monitor differential reduction across high risk groups.
2. Reduce incidence of HIV transmission by high risk husbands to wives, girlfriends and unborn children.
3. Percentage of HIV averted cases based on female-initiated condom use.

### **Target 2.3: Reduced cost and improved efficiency of inpatient, outpatient, and preventive care**

1. Reduction in the time women spend taking care of the sick.
2. Increased number of integrated clinics which include family planning.
3. Equal reduction in the number of men and women and boys and girls affected by preventable diseases.