Zambia

Quick Facts

Population: 17.9 million (Worldometres)
Life expectancy at birth: 62.3 years (WHO)
Adult literacy rate: 81.1%
Access to improved water source: 65%
GDP: US$27.81 billion (2017)
GDP per capita: US$1,721
Child mortality rate: 75 per 1000 live births
Maternal mortality rate: 224 per 100,000 live births
Stunting of children under five: 40%
HIV prevalence: 12.6%

Source: Ministry of Finance and UNDP (2017)
About CARE International in Zambia: CARE International has been working in Zambia since 1992 at the invitation of the Government of Zambia to respond to the drought and food insecurity. Since then CARE has been working in the development sector in partnership with Government, local non-governmental organizations, and the private sector to deliver a range of programmes aimed at improving the lives of poor, vulnerable and socially excluded people, especially women and girls. Over the last 27 years, CARE has implemented projects covering water, sanitation and hygiene, health, livelihoods and food security, agriculture and rural development, nutrition, education, social protection, gender equality and women’s economic empowerment across Zambia. As of July 2019, CARE had programs in Lusaka, Eastern, Copperbelt, Southern, Luapula, North Western and Muchinga Provinces.

OUR VISION: To address poverty and social injustice amongst the most marginalized communities in Zambia, focusing on women and girls.

OUR MISSION: To empower the most vulnerable by promoting greater equity, improved livelihoods and more enabling environments.


Geographical Areas of Operation: CARE has a long history of working in all the ten provinces of Zambia, where it has over the years left its programming footprint. Currently, CARE is operating in Lusaka Province (which also houses the Country Office), Southern Province (Choma and Kalomo Districts), Copperbelt, Eastern Province (Chipata, Kasanengwa, Chipangali, Lundazi, Lumezi, Chasefu, Katete, Mambwe, and Chadiza Districts), Muchinga Province (Mpika, Kanchibiya and Shiwangandu Districts), North Western Province (Kalumbila) and Luapula Province (Nchelenge District). Except for the operation in Lusaka City, majority of CARE’s programs are in rural areas.

Programming Focus: As per its 2017-2020 Business Plan, CARE Zambia prioritizes two niche areas, Maternal & Child Nutrition, and Social Protection; these areas are transversal across all CARE Zambia’s programs. The overall goal is to support women’s and girls’ empowerment. These two niche areas encapsulate CARE Zambia’s range of programming across themes like education, WASH, agriculture, market linkages, etc., all of which feed into the two niche areas. Aside the two niche areas, CARE responds to emergencies when need arises. A new Emergency Preparedness Plan was launched in 2019 and all staff were trained and CARE is currently responding to the D R Congo Refugee Influx as an implementing partner to UNHCR.

In pursing our overall goal, we focus on:
• **Vulnerable women and adolescent girls** facing social injustice or exclusion, limited access to productive resources and education, burden of ill health, lack of voice and gender based violence;

• **Children under five living in poor households** who are vulnerable to chronic morbidity and early mortality;

• **Poor households whose members are vulnerable to chronic food insecurity** as a consequence of inequity as well as natural and human induced factors (e.g. access to productive assets).

**PROGRAMMING FOCUS ONE – MATERNAL AND CHILD NUTRITION:** Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH&N) is one of the Government of Zambia’s priority areas under Seventh National Development Plan. Despite significant improvement in health indicators in recent years, 40% of children under five in Zambia are stunted, 6% are wasted, and 15% are underweight (ZDHS 2013-14). CARE’s intervention in the maternal and child nutrition sector began in 1994, and its expertise is widely recognized. It currently the Southern Africa Nutrition Initiative (SANI), Scaling Up Nutrition Intervention (SUNI), and the KUKULA Project. These projects are building and strengthening the capacity of national and local government structures in realigning and coordinating the delivery of nutrition programs to community level, as well as in directly improving nutrition practices at the household level. The latter has been achieved through nutrition education, encouraging diversified crop production, improving food preservation and preparation, improved sanitation and hygiene.

Photos: ©CARE

**PROGRAMMING FOCUS TWO – SOCIAL PROTECTION:** CARE has a long history with social protection as it plays an important role in the fight against poverty, inequality and vulnerability among the poor, especially women and girls. It enables them withstand shocks in the face of vulnerability and risks; and provides them with opportunities as coping strategies to mitigate the risk. CARE’s social protection programs are aimed at tackling the multiple dimensions of poverty and deprivation in areas such as health care (including HIV, water, sanitation and hygiene), education, food and income security. CARE pioneered the social cash transfer program in 2003 after which the Government of Zambia incrementally scaled it up to its current level covering 105 districts.

a. **Strengthening Opportunities for Adolescent Resilience (SOAR):** Women and girls in Zambia face a myriad of challenges. They are more likely to drop out of school, are married off at a tender age,
are victims of gender-based violence, are financially excluded and less likely to earn income of their own. This puts them at a huge disadvantage in life. Consistent with CARE Zambia’s focus of empowering women and girls, this project in Eastern Zambia has a goal of giving marginalized out-of-school girls an opportunity to achieve a better life. The specific objectives are to: (a) Enhance competence levels of 3,200 SOAR adolescent learners in terms of reading and writing, life-skills, money management. (b) Improve the socioeconomic conditions of the target SOAR Learners through social mobilization, self-employment and quality education (c) Influence the overall public policy through advocacy and best practices, and, (d) Create safe learning centers and provide age appropriate basic services to 3,200 adolescents, and 1600 children whose early childhood is at risk in targeted intervention areas.

b. **Live Well:** Building on its experience in social enterprises, CARE runs this project with the aim of establishing sustainable operations that will reliably provide rural and peri-urban Zambians with access to quality health products and contribute to an improvement in livelihoods. To successfully achieve this, the social enterprise will first pilot and then scale a network of trained Community Health Entrepreneurs (CHEs) who will sell health and other positive products door-to-door. To support this CHE network, the social enterprise will build a robust private-sector supply chain able to reliably deliver needed health products to end consumers, often in previously inaccessible areas.

c. **DRC Refugee Emergency Response:** Since 2018 to date, CARE Zambia has been responding to the influx of refugees from the Democratic Republic of Congo who are currently housed at Mantapala Refugee Camp in Nchelenge District, Luapula Province and the Makeni Transit Center in Lusaka District. CARE is supporting girls, boys, women and men with shelter, prevention and response to SGBV and other services tailored to Persons with Special Needs (PSN) and those living with HIV&AIDS.

**DONORS:**

CARE Zambia programs are financed by a range of donors who include the European Union (EU), Irish Aid, Swedish International Development Agency (SIDA), Britain’s Department for International Development (DFID), Global Affairs Canada (GAC), UNHCR, Germany International Cooperation (GIZ), Barclays and GSK and other private donors in Canada, Germany and USA.

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