



REPUBLIC OF ZAMBIA

MINISTRY OF NATIONAL
DEVELOPMENT PLANNING



NATIONAL POPULATION POLICY

2019

Vision: "To have a Population enjoying all the Facets of a Middle-Income Country"

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NATIONAL POPULATION POLICY

MINISTRY OF NATIONAL DEVELOPMENT PLANNING
LUSAKA, ZAMBIA

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Foreword



The Government of the Republic of Zambia adopted the first National Population Policy in 1989. The Policy was revised in 2007. Since then, new developments, with a direct bearing on population and development, have taken place both nationally and internationally. In light of these changes, the Government has revised the National Population Policy to influence the determinants of the country's population trends, so that these trends are consistent with the achievement of sustainable human development.

The Policy will be implemented through a multi-sectoral and integrated approach which will require increased collaboration between Government and other stakeholders such as Non-Governmental Organisations, the private sector and communities. Various other stakeholders including individuals, political parties, faith-based organisations, civil society and other organised groups are also expected to play an active role to ensure that the policy vision and objectives are attained.

This Policy, therefore, gives guidance for addressing population issues in an integrated manner. It recognises the linkages between population dynamics and quality of life on one hand and sustainable development on the other. Its implementation will give a new dimension to development programmes by ensuring that population issues are appropriately addressed.

A handwritten signature in black ink, appearing to read 'Alexander Chiteme'.

Alexander Chiteme, MP

MINISTER OF NATIONAL DEVELOPMENT PLANNING

August, 2019

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A handwritten signature in purple ink, appearing to read 'Chola J. Chabala'.

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August, 2019

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Working Definitions

Adult Mortality Rate	The number of deaths of the population aged 15-60 years per 1,000 of the population.
Child Dependency Ratio	The number of children aged below 15 years per 100 persons aged between 15 and 64 years
Contraceptive Prevalence Rate	The percentage of women of reproductive age (15 to 49 years) who are using or whose partner is using a contraceptive method at a particular point in.
Demographic Dividend	The socio – economic benefits that the country will have when there is an accelerated economic growth that can result from improved reproductive health, rapid decline in fertility and the subsequent shift in the population age structure..
Dependency Ratio	The number of children below 15 years and elderly persons aged 65 and older years per 100 persons aged between 15 and 64 years.
Fertility	The occurrence of live births in a population.
Gender Inequality	The unequal treatment or perceptions of individuals wholly or partly due to their gender.
Gender Inequality Index	The potential human development loss due to gender inequality.
HIV Incidence Rate	The number of new HIV infections in a population during a certain time period.
HIV prevalence rate	The proportion of living persons in a population who are infected with HIV at a specific point in time.

Household	A group of people who normally eat and live together. These may not be biologically related but have common provision for food and other essentials for living and regard only one person as the head.
Human Development Index	This is a summary measure of the average achievement in key dimensions of human development.
Infant Mortality Rate	The number of deaths of the population aged below 1 year per 1,000 live births.
Life expectancy at birth	The average number of years a newly born is expected to live given the prevailing age-specific mortality rates.
Maternal Mortality Ratio	The number of deaths related to pregnancy and childbirth per 100,000 live births.
Median Age at first marriage	The age at which half of the women population aged 20-49 years enter their first marital union.
Migration	The movement of people across specific administrative boundaries for the purpose or intention of staying in that destination for at least six months.
Mortality	The incidence of deaths in a population.
Neonatal Mortality Rate	The number of deaths in the first 28 days of life per 1,000 live births.
Net Primary Enrolment Rate	The percentage of children who have attained the official school age and are enrolled in primary school.
Population Dynamics	The interplay of fertility, mortality and migration as they influence the population numbers and structure.

Total Fertility Rate	The total number of live births a woman aged 15- 49 years is expected to have by the end of her reproductive period given the prevailing age-specific fertility rates.
Under Five Mortality Rate	The number of deaths of persons aged below 5 years per 1,000 live births.
Youth	A person aged between 15 to 35 years.

List of Acronyms

CPR	Contraceptive Prevalence Rate
GII	Gender Inequality Index
HIV	Human Immunodeficiency Virus
ICPD	International Conference for Population and Development
MSCPD	Multi-Sectoral Committee on Population and Development
MDGs	Millennium Development Goals
NCPD	National Council on Population and Development
PDD	Population and Development Department
RD	Research and Development
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infections
SRH	Sexual Reproductive Health
TFR	Total Fertility Rate
ZAMSTATS	Zambia Statistics Agency



1.0 Introduction

The 2019 National Population Policy, which is built on the experiences of the 1989 and 2007 National Population Policies, has been developed to address high levels of fertility and slightly declining mortality rates which have resulted in an age structure, which mostly comprises children and young people.

Population factors, especially fertility, mortality and migration, are an integral part of the country's development process. Unfortunately, the integration of these factors into the development process has been weak due to the absence of systems to aid the process. It is generally acknowledged that to achieve sustainable development, population growth must be commensurate with socio-economic growth. In other words, population and development are intertwined. Therefore, measures to achieve broad-based socio-economic development should be put in place with an informed perspective of population dynamics. This means that all planning and implementation of development programmes should be informed and leveraged by the population dynamics. In the past, Zambia has faced many population challenges which include among others, persistently high poverty levels, a continued widening gap between the rich and poor, and increased demand for social services such as education and health.

The increasing proportion of the young population and other demographic changes have necessitated concerted efforts to turn these changes into valuable demographic dividends that can enhance the chances of attaining sustainable socio-economic development. Cross-cutting issues, which among others include gender, climate change, child marriage, increased rural-urban migration and the need to look at the role mobile segments of the population play in spreading infectious diseases require a more holistic approach to managing population dynamics in order to achieve sustainable development.

The 2019 National Population Policy, in this regard, will guide the country on the integration of population dynamics into all development planning processes. The Policy supports people-centred development which is in tandem with the aspirations of the Zambian people as enshrined in the Vision 2030 and other national documents.

2.0 Situation Analysis

2.1 Population Growth, Size, Composition and Distribution

Zambia's annual population growth rate averaged 2.7 percent per annum between the 1980 and 1990 inter-censal period. The rate declined to 2.4 percent per annum between 1990 and 2000 but, increased to 2.8 percent per annum between 2000 and 2010. The population growth rate is expected to continue to grow at an average of 2.8 percent per annum between 2011 and 2035.

The population of Zambia in 1969 was 4.1 million and increased to 13.0 million in 2010. The population was estimated to be at 16.9 million in 2018 and is expected to grow to 17.9 million by 2020. Zambia's population is expected to double from 13.0 million in 2010 to 26.9 million in 2035.

Following the 2010 Census of Population and Housing, the proportion of the population aged below 35 years was recorded at 82 percent and is estimated to be 79.9 percent in 2018. Looking ahead, the age structure is expected to remain relatively unchanged.

Of the estimated population in 2018, there are 8.5 million females and 8.4 million males. Approximately 9.66 million of the population live in rural areas while about 7.22 million reside in urban areas. The population in rural areas is expected to grow at a relatively stable rate of 2.4 percent per annum, while the urban population is expected to grow at 3.6 percent per annum.

2.2 Fertility, Mortality, Migration and Socio-Economic Factors

2.2.1 Fertility

Zambia's total fertility rate (TFR) has largely remained stagnant, declining by about one child between 1969 (7.4) and 2007 (6.2). In 2014, fertility showed a decline of almost one child to 5.3 births per woman between 2007 and 2014. In 2018, TFR was 4.7 which is still one of the highest in the world.

Disaggregating the total fertility rate by residence reveals a difference of about 3 children. For instance, in 2007, the fertility rate in urban areas was 4.3 while in rural areas it was 7.5. Similarly, in 2014 fertility was 3.7 for urban areas and 6.6 for rural areas. In 2018, TFR was 3.4 for urban areas and 5.8 for rural areas.

Teenage fertility is high at 29.0 percent due to among many reasons, high levels of child marriage in the country. Current estimates show that the median age at first marriage for women aged 20-49 years is 19.4 years.

Approximately, 45 percent of married women were using modern family planning and only 8.6 percent were using permanent or long-term contraception in 2014. In 2018, among married women using modern methods of family planning were 48 percent and 2 percent were using traditional methods.

The high fertility levels entail that the country will for some time have a large number of children thereby having a continued shrinking ratio of the working population to the total population. The country, therefore, has a high child dependency ratio which has the potential to contribute negatively to the output per capita and lead to undesirable economic and social outcomes of the population.

2.2.2 Mortality and Morbidity

Mortality levels have been declining but still high compared to the developed countries. Maternal mortality ratio currently stands at 278 deaths per 100,000 live births. Neonatal mortality is currently at 27 deaths per 1,000 live births, infant and child mortality are at 42 and 19 deaths per 1,000 live births respectively.

In 2010, the estimated life expectancy at birth was 53.4 years which in developed countries is above 80 years. Females had a higher life expectancy at birth of 53.4 years compared to 49.2 years for males. In 2030 life expectancy at birth is estimated to be at 59.3 years. Females are estimated to have a life expectancy at birth of 62.0 years compared to 56.7 years for males.

The estimate for overall HIV annual incidence among adult men and women aged 15-59 years were 0.61 percent in 2016. The annual incidence of HIV among adults aged 15-59 was higher in women compared to men at 0.93 and 0.29 respectively. The adult HIV prevalence in Zambia has also declined from about 16 percent in 2001 to about 13 percent in 2013-2014. HIV prevalence rate is currently at 11.1 percent, 14.2 percent among females and 7.5 percent among males.

2.2.3 Internal Migration

Zambia is one of the most urbanised sub-Saharan African country due to high levels of rural-urban migration, with 39.5 percent of the population living in urban areas, in 2010. The rate of urban population growth has also accelerated from 1.5 percent per annum in 1990-2000 to 4.5 percent in 2000-2010. As such, urban population as a percent of total population grew from 34.7 percent in 2000 to 39.5 percent in 2010. This is projected to increase to 43.3 percent and 45.5 percent in 2020 and 2030 respectively. There is need to have an equitable distribution of resources between the rural and urban areas if rural-urban migration is to be prevented. The urban areas, especially the cities are currently facing a problem of overpopulation and provision of social services has proved to be a challenge.

The increasing level of rural-urban migration is an indication of the development imbalances between rural and urban areas and this has caused an increase in the mushrooming of unplanned settlements in urban areas leading to many other consequences of rural-urban migration.

From these figures, it is expected that given the current socio-economic conditions/policies:

- a) The proportion of the population of the young people will remain unsustainably high by 2030, coupled with high fertility and declining infant and child mortality.
- b) With the expected improved life expectancy, there will be an increased need to plan for social services for the ageing population.
- c) By 2030, Zambia is more likely going to experience increased rates of rural-urban migration, hence putting a strain on the provision of socio-economic services in the urban areas.

2.2.4 Socio-Economic Factors

2.2.4.1 Dependency Ratio

Zambia's overall dependency ratio stood at 92.5 which entails that 100 persons aged 15-64 years who are economically active are supporting 93 persons aged 0-14 years plus those who are 65 years and above. The child dependency ratio was 87.4 in 2010 meaning that 100 persons aged 15-64 years who are economically active are supporting 87 children aged 0-14 years.

Overall dependency ratio in Zambia has been high over time, from 95.1 in 1990 to 96.2 in 2000, before increasing to 92.5 in 2010. The large number of those who are under 15 years has created a huge dependency burden for both families and Government because resources are mostly spent on making provisions for people who are not in the labour force and, therefore, not contributing to economic productivity. Other implications of the high dependency ratio include lower tax revenues because the working age population has the greatest tax responsibility, high government spending, high tax rates, inequality and many other economic burdens.

2.2.4.2 Poverty and Inequality

The country has continued to lag in terms of improving the welfare of people. For instance, national poverty levels remain high and only reduced by 6.1 percent from 60.5 percent in 2010 to 54.4 percent in 2015. Rural poverty was 77.9 percent in 2010 and reduced to 76.6 percent in 2015 while urban poverty reduced by 4.1 percent to 23.4 percent in 2015. In 2015 Zambia's Human Development Index of 0.579 was low and the country was ranked number 139 out of 188 countries.

Inequality remains a challenge and the gap between the poor and rich has continued to widen as revealed by the increase in the Gini coefficient from 0.6 in 2010 to 0.69 in 2015 and this is higher than the average Gini Coefficient for Africa, which reduced from 0.47 in 1991 to 0.43 in 2011.

2.2.4.3 Health

Population dynamics influence the health of the population either in a positive or negative manner. Rapid population growth, for instance, can influence the incidence and prevalence of diseases, fertility levels can have an impact on the health of mothers and children and migration can also be a proxy through which diseases are transmitted or the migrants are exposed to the risk of infection. The long-term consequences of having an unhealthy population are huge, including reduced levels of productivity among the population and increased expenditure on health care just to mention a few.

2.2.4.4 Water and Sanitation

Access and coverage of adequate water supply and sanitation facilities is a key determinant of the health of the population. Limited access to these facilities accompanied by poor hygiene practices leads to undesirable health outcomes which include morbidity and mortality among others.

Access to safe water and adequate sanitation remains a concern. In 2015, 67.7 percent of the population had access to safe drinking water and 40 percent of the population had access to improved sanitation. 72 percent of the population was accessing drinking water from an improved source with the urban and rural figures being 92 percent and 58 percent in 2018 respectively. Additionally, access to improved sanitation was at 54 percent.

Evidence further reveals that with the continued mushrooming of unplanned settlements, the level of access to quality water and sanitation facilities continues to be a challenge hence posing a threat of diseases among the people.

2.2.4.5 Education and Skills Development

Education and skills development are one of the critical ways through which the quality of life of the population can be enhanced. This is because education and skills development are an important determinant of socio-economic development as it enables people to realise their full potential as well as make better use of their resources. In addition, the levels of education, especially for the girl child, can help the country realise favourable demographic

outcomes including a reduction in fertility and infant and maternal mortality. The gross enrolment into Primary education as at 2014 was more than 100 percent, but less than 75 percent of these transitioned into lower secondary school with the figures being far much less for the girl child. In 2015, the gross attendance rate was 99.1 percent in Primary and Junior Secondary and 64.4 percent in Secondary, still with the female figure being lower. In 2017 the average years of schooling were 6.5 for females and 7.4 for males. The overall average years of schooling was 7.0 years, while the expected is 12.5 years.

2.2.4.6 Agriculture and Food Security

Most of the Zambians especially in the rural areas are engaged in agricultural related activities. This sector, if managed well has the potential to reduce poverty and reduce malnutrition and household food insecurity. Despite notable investments in the sector which among others include the Farmer Input Support Program (FISP), poverty and malnutrition remain high. Productivity remains low with production of 2,618,221 metric tons of maize in the 2014/2015 farming season and 3,606,549 metric tons in the 2016/2017 farming season. While the production of soya bean was 226,323 metric tons for the 2014/2015 farming season and 351,416 metric tons for the 2016/2017 farming season.

As of 2018, under-five stunting was estimated at 35 percent, which was below the MDG target of 20 percent, wasting at 4 percent against the MDG target of 2.5 percent and underweight children at 15 percent against the MDG target of 12 percent. Poverty levels in the country are high at 54.4 percent with the rural poverty being at 76.6 percent and urban poverty at 23.4 percent. A large proportion of households are extremely poor and cannot afford a minimum food basket and most households especially in the rural areas are very vulnerable to shocks that affect the supply of food. Dietary diversity remains a key challenge with the agricultural sector being focused largely on maize production. In addition, Zambia was ranked among the top hungriest countries in the World according to the Global Hunger Index Report of 2017.

2.2.4.7 Housing

The improvement of the quality of life of the people will always be supported by decent housing and other related infrastructure. However, the country especially the urban areas have a huge housing deficit. In 2016 for instance, the country had a housing deficit of more than 2 million housing units and in the same period, it was estimated that the housing deficit in urban areas would reach 3 million by 2025.

2.2.4.8 Gender and Women Empowerment

Gender equality and women empowerment are key to ensuring comprehensive sustainable socio-economic development. Evidence shows that empowering women is also vital in improving household incomes and overcoming poverty among several benefits. Empowering women increases their ability to make sound decisions on reproductive and sexual health, improve food security and dietary diversity both at household and national level, which in the long run enhances the chances of child survival and reduces maternal mortality among many benefits.

Gender inequality is measured using three dimensions namely reproductive health, empowerment and economic activity. Zambia's Gender Inequality Index (GII) as at 2015 was 0.526 and poorly ranked at 124 out of the 159 countries behind other countries in the region like Namibia and South Africa. Countries with a lower Gender Inequality Index have very high human development because they lose very little potential human development due to gender disparities.

2.2.4.9 Youth Employment and Entrepreneurship

Employment is key to enhancing the quality of life of people. In 2015, about 11 percent of the population aged 15-35 years was employed in the formal sector and with the current population growth and low economic growth, the proportion of the unemployed youth population is likely to be higher in the long term. The high unemployment rate results in higher economic dependency ratio, fewer savings for capital formation and other challenges that might impede broad-based socio-economic development of the country.

2.2.4.10 Climate Change and Variability

There is overwhelming evidence of the impact of population activities on climate change and vice versa. For instance, excessive heat exposures create direct effects such as stroke and possible death and reduced productivity. Other health-related effects because of extreme weather conditions include outbreaks of infectious diseases, malnutrition and under-nutrition due to effects on agriculture.

The impacts of climate change in Zambia, include droughts, seasonal/flush floods and extreme temperatures affecting the people and ecosystems, damage to crops, infrastructure and water resources. For instance, droughts in 1991-92 and floods in 2006-07 affected an estimated 1.43 million people in 41 districts across Zambia. Further 2004 droughts damaged a lot of crops while the 2009-10 floods caused damage to houses.

Adverse climatic conditions threaten food security and affect agricultural diversification. Food insecurity may deepen in Zambia's agro-ecological zones I and II because, since the 1980s, there has been a tendency of late onset and early withdrawal of rains as well as more frequent droughts. The incidence and prevalence of diseases that are influenced by adverse changes in climatic change is equally likely to increase. In this regard, Zambia will continue supporting people-centred investments that are targeted on climate change adaptation and mitigation.

2.2.4.11 Energy Development

Zambia like any other country needs adequate energy supply for its rapidly growing population. National energy demand by source in 2015 was wood fuel 70 percent, electricity 14 percent, petroleum 12 percent, coal 2 percent and 2 percent for other sources. At national level, 31 percent of households were connected to electricity. About 4.4 percent of households in rural areas had connection to electricity while 95.6 percent were not connected. In urban areas 67.3 percent of households had connection to electricity while 32.7 percent were not connected.

The demand for electricity has been rising at an average of 3 percent per annum. To meet the demand for electricity, the country needs to have an additional output of not less than 2,500 megawatts by 2022 and 3,500 megawatts by 2025.

While the demand for energy has been increasing, the country has faced challenges in the generation and supply of power and this challenge has been exacerbated by poor rainfall experienced in the past. With the annual population growth rate of Zambia projected to be around 2.8 percent per annum between 2018 and 2030 and is expected to be about 23.6 million coupled with the low level of production of electricity, the country is most likely to be in a crisis by 2030 if the status quo remains the same. This will affect productivity and efficiency in all the sectors and will negate socio-economic development.

Table 2-1: Comparison of Selected indicators

Indicators	2010	2018
Population Size	13 million	16.9 million
Population Growth Rate	2.8 % per annum	2.8% per annum
Urban Population Distribution	5.17 million	7.22 million
Rural Population Distribution	7.92 million	9.66 million
Total Fertility Rate	5.3	4.7
Maternal Mortality Ratio	483 deaths/100,000 live births	278 deaths/100,000 live births
Infant Mortality Rate	76 deaths/1,000 live births	42 deaths/1,000 live births
Child Mortality Rate	62 deaths/1,000 live	19 deaths/1,000 live births
Life Expectancy at Birth	53.4 years	54.6 years
Access to improved water source	63%	72%
Access to improved sanitation	33%	54%
Access to electricity	22%	34%
Dependency Ratio	92.5	92.5
Poverty	60.5%	54.4%

3.0 Vision

The Vision of this Policy is to have a population enjoying all the facets of a middle-income country.

4.0 Rationale

An analysis of the population and human development situation in Zambia reveals that there are several population challenges that need to be dealt with as part of the numerous development programmes and strategies in the country. This is despite the implementation of the 1989 and 2007 National Population Policies. Some of these concerns constitute serious obstacles to improving the quality of life of the population. These, therefore, need to be resolved within the framework of an explicit, comprehensive and multi-sectoral National Population Policy, which is an integral component of national strategies for substantially enhancing the quality of life of the entire population. Further, Zambia's aspiration of becoming a prosperous middle-income nation by the year 2030 will not be realised if nothing is done about its socio-demographic profile. This Policy, therefore, will address current population factors and their trends that are not considered commensurate with sustainable socio-economic development.

5.0 Guiding Principles

The Policy and its implementation will be based on the following guiding principles:

- a) **Accountability:** The Government has a responsibility to manage the population centred programmes in such a way that they positively support socio-economic development.
- b) **Inclusiveness:** The Government has a responsibility to promote multi-sectoral linkages in delivering population centred services and ensure that no one is left behind in its efforts to achieve the highest quality of life.
- c) **Equity:** All individuals have the right to access basic population services.
- d) **Governance:** Prudent management of the country's economic and social resources for development.
- e) **Sustainability:** National development programmes should not compromise the wellbeing of the present and future generation.
- f) **Good tradition and family values:** National development should not compromise good traditions and should promote strong family values.
- g) **Human Rights:** The implementation of all population centred programmes should not infringe on the rights of the people.

6.0 Policy Objectives

6.1 Policy Objectives

In order to achieve the vision of the Policy, the following are the objectives:

- a) To integrate population issues into all development planning processes;
- b) To harness the Demographic Dividend; and
- c) To reduce the rural-urban drift.

7.0 Policy Measures

In this Section, the measures that will be implemented to achieve the objectives of the National Population Policy are as follows:

To integrate population issues into all development planning processes

Measures:

- a) Establish a legal framework to support implementation of the Policy;
- b) Establish a multi-sectoral coordination team and strengthen the Department of Population and Development to ensure integration of population issues into all sectoral planning and implementation processes;
- c) Enhance availability and use of data for population and development planning; and
- d) Promote research and training in Population and Development.

To harness the Demographic Dividend

Measures:

- a) Ensure universal access to family planning;
- b) Accelerate fertility reduction to open the demographic dividend window of opportunity through enhanced behavioural change communication;
- c) Accelerate economic growth and job creation;
- d) Improve child survival;
- e) Improve the health status of the population;
- f) Enhance fiscal policies, governance and accountability;
- g) Eradicate child marriages and prevent teenage pregnancies
- h) Promote girl child education; and
- i) Promote universal early childhood education.

To reduce the rural-urban drift

Measures:

- a) Promote the establishment of basic social and economic Infrastructure;
- b) Advocate for full implementation of the Integrated Rural Development Strategy in Zambia; and
- c) Promote and advocate for the full implementation of the Decentralisation Policy.

8.0 Implementation Framework

8.1 Institutional Arrangements

Since the Policy is cross-cutting among all sectors, the coordination and implementation mechanism will take a multi-sectoral dimension. The Ministry responsible for Population and Development, and the Multi-Sectoral Committee on Population and Development (MSCPD) shall ensure that this Policy is implemented and monitored. The MSCPD will consist of the following Institutions:

8.1.1 Ministry responsible for Population and Development

The Ministry through the Department of Population and Development (PDD) shall coordinate the implementation, monitoring and evaluation of this policy.

8.1.2 The Ministry responsible for Justice

The Ministry will coordinate and facilitate the development of a legal framework to support the implementation of the Population Policy.

8.1.3 The Zambia Statistics Agency (ZAMSTATS)

The role of Zamstats should be to provide adequate and timely data for the measurement of the progress in line with the agreed indicators. This, however, will be done in conjunction with the specific Ministries involved and that such data may be obtained directly from the Ministries should the need arise.

8.1.4 Ministry responsible for Finance

The Ministry of Finance will be responsible for provision of Finances to all sectoral Ministries that are responsible for the implementation of the activities aimed at achieving the Policy objectives and targets.

8.1.5 Ministry responsible for Health

This Ministry will be responsible for overseeing the implementation of activities aimed at achieving the health-related targets and report to the MSCPD on the progress made towards achieving those targets.

8.1.6 Ministry responsible for Water Development, Sanitation and Environmental Protection

This Ministry will be responsible for the implementation of activities that are aimed at achieving the Water Supply and Sanitation targets and report to the MSCPD on the progress made.

8.1.7 Ministry responsible for General Education

The role of this Ministry will be coordination and implementation of activities that will contribute to the attainment of good education indicators.

8.1.8 Ministry responsible for Gender

This Ministry will be responsible for spearheading programmes that are aimed at enhancing gender equity and women empowerment.

8.1.9 Ministry responsible for Youth, Sport and Child Development

This Ministry will lead efforts to accelerate the participation of youths in the labour force.

8.1.10 Ministries responsible for Agriculture, Fisheries and Livestock

The Ministry will be responsible for leading programmes aimed at enhancing the agricultural, fisheries and livestock sectors.

8.1.11 Ministry responsible for Chiefs and Traditional Affairs

This Ministry will be responsible for spearheading efforts of promoting sectoral linkages with the traditional leadership in enhancing socio-economic development.

8.1.12 Ministry responsible for Energy

The Ministry will be responsible for spearheading energy development efforts.

8.1.13 Ministry responsible for Community Development and Social Services

This Ministry will be responsible for promoting the welfare of the vulnerable population.

8.1.14 Ministry responsible for Immigration and Refugees

The Ministry will be responsible for policy guidance on international migration and refugees.

8.1.15 Ministry responsible for Religious Affairs and National Guidance

The Ministry will be responsible for promoting morals, values and changing the mindset in the implementation of the Policy.

8.1.16 United Nations Population Fund

The UNFPA will provide technical and financial support for the implementation, monitoring and evaluation of the Policy.

8.1.17 Non-Governmental Organisations

The NGO's will collaborate with Government in the implementation of the Policy.

8.2 Multi-Sectoral Committee on Population and Development (MSCPD)

The Multi-Sectoral Committee on Population and Development will ensure a multi-sectoral approach for the implementation of the policy as prescribed in this Policy. The MSCPD will have Sub-Committees including:

- a) **Research:** The purpose of this sub-committee will be to spearhead research that is related to Population and Development and make recommendations to the MSCPD on how best the changing population parameters would fit well in the sectoral development programming and implementation.
- b) **Monitoring and Evaluation:** This sub-committee will be responsible for Monitoring and Evaluation of the Policy and report to the MSCPD.

8.3 Sub-National Level

At the sub-national levels, this Policy will be implemented through the Provincial Development Coordination Committees (PDCC's) at the provincial level and the District Development Coordination Committees (DDCC's) at district levels. The reports from the DDCC's will be submitted to the PDCC's who will then submit consolidated reports to the MSCPD.

8.4 Legal Framework

The implementation of this Policy will be backed by legislation in order to achieve its intended objectives. The Ministry responsible for National Development Planning through the Department of Population and Development, and the Ministry responsible for Justice will spearhead the process of having a legal framework to back this Policy. In addition, the different sectoral Ministries will align the sectoral policies to this Policy.

The implementation of this Policy will be complemented by existing legal frameworks including the following:

- a) The Statistics Act number 13 of 2018 of the Laws of Zambia which provides for conducting a Census;
- b) Water Resources Management Act No. 21 of 2011 which provides for the regulation and management of water resources;
- c) Public Finance Management Act No. 1 of 2018 which provides for control and management of public finances;
- d) Urban and Regional Planning Act No. 3 of 2015 which provides for planning for all the land in the Country;
- e) Environmental Management Act No. 12 of 2011 which provides for the management of the environment and natural resources;
- f) Public Health Act Cap 295 of the Laws of Zambia which provides for the prevention of and suppression of diseases and generally regulate all matters that relate to public health in Zambia;
- g) Agricultural Lands Act Cap 187 of the Laws of Zambia which provides for sustainable agricultural practices, development, investments and management;

- h) The Employment Code Act number 3 of 2019 of the Laws of Zambia which provides for legislation related to employment of people and other related issues;
- i) Gender Equity and Equality Act No. 22 of 2015 which seeks to promote Gender Equity and Equality; and
- j) Education Act Cap 134 of the Laws of Zambia which seeks to promote the education of the Zambian people.

8.5 Resource Mobilisation and Financing

To effectively implement this Policy, the Ministry responsible for Finance will take a leading role in mobilising, budgeting and releasing financial resources through the annual budget allocations. The Ministry responsible for Population and Development in collaboration with all stakeholders will also identify other potential sources of funding which may include bilateral and multilateral organisations and Public- Private Partnerships (PPP).

8.6 Implementation, Monitoring and Evaluation

The Ministry of National Development Planning through the Department of Population and Development shall be responsible for the coordination, implementation, monitoring and evaluation of this Policy. There shall be a Multi-Sectoral Committee on Population and Development (MSCPD) whose secretariat shall be the Department responsible for Population and Development. Reviews to measure progress on the implementation shall be undertaken on annual basis.

There will also be mid-term and end-term evaluations. The results of the evaluations will provide input into re-strategizing efforts and other population related strategies. The indicators to be monitored are prescribed in the Implementation Plan (IP) of this Policy under each key result area.

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