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From Gold Rush to Drug Leakages

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Nasab-fya.. Nasdak!

The Legend of Rosemary

“We Protect the Forest, Others Sell the Carbon”

By Christopher Bazilio Banda | Chipata, Eastern Province

Despite millions of dollars earned from carbon credits linked to community forests in eastern Zambia, many villagers say they do not know how much money is made from their land, or why far less reaches them.

Communities across Zambia’s Eastern Province are asking a simple but unsettling question: who really benefits from carbon credits generated on their land?

For more than a decade, the Community Markets for Conservation (COMACO) has worked with traditional leaders and local forest management groups to conserve forests and wildlife habitats. These conservation areas generate carbon credits that are sold on international markets to companies and governments seeking to offset their emissions.

The organisation is a Zambia-based non-profit that links conservation to livelihoods by promoting sustainable agriculture, forest protection, and access to markets for rural farming communities.

According to figures it has released, conservation activities in nine chiefdoms, Magodi, Zumwanda, Chikomeni, Mwasemphangwe, Nyamphande, Chikulwe, Jumbe, Mwape, and Luembe, have generated US\$3.1 million, paid to communities for reducing deforestation and protecting forests.

On paper, the benefit-sharing formula appears generous: 55% to communities, 35% to the implementing organisation, and 10% to the forest department.

On the ground, the reality is far more contested.

The missing kwacha questions

In Chikuwe chiefdom, chairperson of the community forest management group, Japhet Sakala says the numbers do not add up.

In 2023, Chikuwe received US\$309,468 from carbon credit sales. Converted at the prevailing exchange rate at the time, between K20 and K23 per dollar, the community expected to receive more than K6 million.

Instead, they received about K4 million.

“That money was shared among community groups, but the conversion does not make sense,” Sakala says. “There is a difference of over K2 million, and no clear explanation has been given.”

In Jumbe chiefdom, Isaac Chirwa, chairperson of another local forest management group, Msandile, said carbon revenue has supported projects such as an office, boreholes, beehives, motorbikes and livestock, but the overall impact remains limited.

“The money is inadequate,” Chirwa said. “We are struggling to implement meaningful projects.”

Neither the community forest management groups nor ordinary community members say they were provided with detailed financial statements showing how the conversion was done.

Who knows how much is really earned?

Several community representatives interviewed pointed to gaps in publicly available information on carbon credit transactions. Details such as the price per tonne, total revenues, buyers, and independent verification reports are not routinely shared at community level, making it difficult for local stakeholders to assess the overall value of the carbon credits generated.

Without this information, communities say it is impossible to know whether the 55% share reflects a fair deal, or whether their forests are being under-priced on global markets.

Environmental analysts interviewed argue that transparency is not optional in carbon trading.

“Communities are the asset holders,” one analyst said. “If they do not know the value of what is sold, benefit-sharing becomes symbolic rather than economic.”

Chiefs as gatekeepers, not just custodians

Another fault line lies in how community shares are distributed internally.

In Chikuwe, one of the beneficiary chiefdoms, community representatives say approximately 5% of the community allocation,

over K200,000, was given to the caretaker chief. In other chiefdoms, multiple sources told this investigation that traditional leaders receive between 10% and 15% of the community share, raising questions about consistency and oversight.

There is no standardised rule governing these deductions.

Community forests management groups say allocations to chiefs are decided internally, often without written guidelines or broad community consultation. Critics argue this turns traditional leaders into financial gatekeepers in a carbon economy, without clear accountability mechanisms.



COMACO’s geographical information system Officer Martin Kambinga says chiefs are expected to use their share to support conservation enforcement, such as discouraging illegal logging. But community members question whether such spending is tracked or audited.

Projects delivered—but not enough

COMACO and community forest groups point to a range of community projects funded by carbon revenue, including boreholes, beehives for honey production, livestock distribution, hammer mills and oil expellers, and motorbikes for CFMG operations, as evidence of local benefit.

However, due to high population levels, benefits reach only a fraction of households, leaving many residents with little incentive to abandon charcoal production or forest clearing.

Charcoal licences undercut conservation

One contradiction repeatedly raised by communities is the continued issuance of charcoal production licences by the forest department, sometimes in the same areas designated for conservation.

While communities are urged to protect forests for carbon credits, licenced charcoal production continues.

“This undermines everything,” Chirwa says. “You cannot tell people to stop cutting trees while permits are still being issued.”

District Commissioner William Banda acknowledges that lack of awareness and



enforcement remains a serious problem in Mambwe district, where many households depend on charcoal for survival

“If people are not sensitised, these programmes mean nothing,” Banda says. “Charcoal production is still rampant.”

Chief Jumbe of the Kunda people says sustained awareness campaigns are critical if communities are to understand the value of forest conservation initiatives, including carbon credit projects.

Without clear information on how such programmes work, or how local people benefit, he argues, efforts to protect forests are unlikely to succeed. Better awareness, he adds, could also help communities pursue alternative livelihoods.

But official accounts point to deeper structural failures. Provincial Forestry Officer Catherine Zulu confirms that illegal tree cutting for timber and charcoal is widespread in Mambwe, noting that only one legal concession licence exists in the entire district,

“We Protect the Forest, Others Sell the Carbon” Cont...

rendering most production unlawful. She says communities must be sensitised on the permits required to harvest trees legally.

Zulu explains that permits are now issued through an online system and require consent from traditional leaders before approval. While intended to respect customary land rights, this requirement has created a weak point in enforcement, effectively turning chiefs into gatekeepers in a system with limited oversight, one that can be exploited to enable continued illegal harvesting.

She also acknowledges widespread permit recycling, where a single permit is used by multiple people, undermining regulation and conservation efforts. Although Zulu warns that offenders face legal consequences, the persistence of the practice exposes serious gaps in monitoring and enforcement after permits are issued.

Knowledge gaps, not consent

Across interviews, community members consistently described a limited understanding of how carbon markets operate. Many said they do not know how carbon credits are priced, how payments are calculated, or how frequently communities are meant to be paid. Payments are typically made every three years, a cycle many communities say is too long to sustain alternative livelihoods.

Reuben Zulu, provincial coordinator for the rights group Transparency Action Group, said the knowledge gap between project implementers and communities is profound. His organisation, he noted, has since begun running awareness programmes to address the gap, but critics argue that sensitisation should have preceded carbon trading, not followed it.

A climate solution at risk

Carbon credits are often promoted as a win-win solution, promising global emissions reductions alongside local development. In Eastern Province, however, that promise remains fragile.

Without full transparency, clear accounting, and stronger community control, environmental experts warn that carbon projects risk reproducing the very inequalities they claim to address.

Communities interviewed are not rejecting conservation. They are demanding fair value, clear information, and real participation.

As one community member put it.

“We protect the forest. Others sell the carbon. We are the last to know how much it is worth.”

Christopher Banda is a fellow under the Wildlife Crime Prevention (WCP) environmental fellowship for journalists.

The MakanDay Centre for Investigative Journalism, in partnership with WCP, supported the reporting of this story.



From page 1

From Gold Rush to Drug Leakages

How Illegal Mining Is Fueling an Illicit ARV Trade in Muchinga

By Linda Soko Tembo

From armed gangs at Kikonge gold mine in north-western Zambia to illicit antiretroviral drug sales in Muchinga Province, illegal mining has evolved into a breeding ground for parallel economies sustained by weak oversight. These shadow networks now endanger lives far beyond the mine pits.

An undercover investigation by MakanDay in Mpika and Shiwang’andu districts has found that antiretroviral drugs (ARVs), meant to be provided free of charge through Zambia’s public health system, are being sold illegally for cash in remote gold-mining camps in Muchinga.

The life-saving medicines, central to Zambia’s HIV response, are traded openly by unlicensed vendors in informal mining settlements. The practice exposes patients to treatment failure and drug resistance, while raising serious questions about drug diversion, regulatory breakdowns, and public-health safeguards.

In these isolated settlements, MakanDay documented the sale of ARVs and other essential medicines without prescriptions, clinical assessment, or proper storage, conditions health experts warn can undermine decades of progress in HIV treatment.

A new gold frontier, old governance gaps

Muchinga has rapidly emerged as one of Zambia’s newest gold frontiers, transforming once-quiet rural areas into sprawling, largely unregulated mining settlements. While the gold rush has created short-term livelihoods, it has also brought unsafe working conditions, environmental damage, rising crime, and now a dangerous illicit trade in life-saving medicines.

Following credible tip-offs, a MakanDay journalist travelled to Muchinga to verify claims that ARVs supplied through government health facilities were leaking into illegal mining areas. Because most mining camps lack formal health services and the allegations involved potential criminal conduct, the reporting was conducted undercover.



Inside Kanyebele mine

Kanyebele gold mine in Mpika was MakanDay’s first stop and is one of the largest informal mining sites in Muchinga Province. Although the mine is officially managed by the Learn to Share Cooperative, illegal mining continues openly alongside licensed operations.

The sprawling camp has no clinic or health post, leaving thousands of illegal miners dependent on informal drug sellers for medical care. Operating from makeshift stalls and grocery shops, these

sellers dispense medicines without training, licences, or oversight.

Among the drugs sold are painkillers, antibiotics, traditional remedies, and ARVs, which are legally available only through government health facilities.

To establish whether ARVs were being sold, the journalist posed as a patient who had run out of HIV medication. One trader, who sells groceries and medicines from a small shop near the mine, admitted that he had previously sold ARVs,

From Gold Rush to Drug Leakages Cont...

though he said none were available at the time.

“I sell a one-month supply at K150,” he said. “I have contacts at Mutamba Health Post and Mpika Urban Clinic. Once I make those contacts, I can get the drugs.”

While the journalist was at the stall, a man seeking treatment for a severely swollen leg arrived. Without examining the patient or asking basic medical questions, “Doctor Panado” told the journalist the required medicine was not available and instructed him to return later that day, illustrating the dangerous and unregulated nature of healthcare in the camp.

Kanyelege Mine lies about 70 kilometres from Mpika town, off the Kasama–Mpika road, and is particularly difficult to access during the rainy season. When roads become impassable, motorcycles are often the only means of transport. This isolation effectively cuts the mining camp off from routine government inspections, creating conditions in which illegal trade, including in medicines, can thrive.

Danger Hill: medicine without oversight

At Danger Hill, off the Mpika–Chinsali road, an informal mining site in Mukwikile Chiefdom in Shiwang’andu district, access is so limited that routine government oversight is virtually non-existent. Reaching the site requires crossing streams on logs and navigating long stretches without roads or bridges, leaving communities cut off for weeks during the rainy season.

Despite the isolation, a thriving trade in medicines operates openly. Informal shops sell painkillers, antibiotics, family-planning drugs, and injectable contraceptives without prescriptions or medical supervision, pointing to a broader breakdown in pharmaceutical regulation beyond ARVs.

At one stall, a woman selling medicines said she did not stock ARVs but admitted that her drug supplies were collected by a relative who worked at a health facility. She said her uncle had travelled to Chinsali district to “pick drugs,” suggesting a direct link between public health facilities and the illegal supply of medicines to mining camps.

She openly listed her prices: family-planning pills sold at K40 per monthly strip and injectables at K60. There were no patient records, medical assessments, or safeguards, only cash transactions.

At another stall, a man known locally as “Dr. Mutale” confirmed that ARVs were available. After the journalist posed as a patient who had run out of medication, he supplied a one-month course of ARVs for K150.

He did not ask about the patient’s HIV regimen, request a health card, or verify treatment history. Instead, he wrapped the ARVs in a black plastic bag and handed them over.

When asked for proper packaging, “Dr. Mutale” said the bottle he had was meant for a six-month supply and could only be provided if the buyer paid K900. He said he was selling the drugs on behalf of a woman who supplied them, confirming the involvement of multiple intermediaries.

The ease with which ARVs were obtained at Danger Hill, without prescriptions, clinical oversight, or proper storage, points to the scale of regulatory failure in areas where health outreach and enforcement are absent.

Inside a public health facility

More significantly, it was established that ARVs were also being sold inside a public health facility in Mpika.

Posing as a patient who had run out of HIV medication, the journalist approached a health worker and requested ARVs. No proof of HIV status, treatment history, or referral documents were requested. After recording only a name and age, the health worker dispensed a one-month supply of ARVs for K150.

The price mirrored those documented in illegal mining camps, suggesting a direct and traceable link between public health facilities and the illicit resale of ARVs. The drugs were issued without counselling, regimen verification, or adherence checks, safeguards central to HIV treatment.

Several Mpika residents independently told MukanDay that obtaining medicines from public facilities for resale or private use is widely perceived as possible,

reinforcing concerns that drug leakages are not isolated incidents.

Official denials, systemic gaps

During a provincial online meeting of health officials on January 12, following a Times of Zambia HIV story, authorities denied that health workers were involved in selling ARVs. Instead, they blamed patients, alleging that some individuals sell surplus ARVs received through multi-month dispensing.

MukanDay’s findings contradict that explanation. The sale of ARVs inside a public health facility, without verification or proper dispensing procedures, points to internal system failures rather than patient abuse alone.

A senior provincial health official, speaking on condition of anonymity, acknowledged that illegal mining has expanded rapidly without corresponding public-health planning.

“From a clinical care perspective, the biggest challenge is the supply chain,” the official said. “We are dealing with populations in illegal mining areas where no system was put in place to manage public-health commodities. That gap creates opportunities for abuse.”



The official said there is no effective system to track the movement of patients on ARVs or to monitor drug allocations at facility level in high-risk areas.

What the law says

Kandandu Chibosha, the Ministry of Health’s Chief Pharmacist for Rational Medicine Use said selling drugs outside licenced pharmacies and chemists is illegal.

He stressed that medicines in public health facilities, including ARVs, are paid for by the government and must be provided free of charge. Patients, he said, should never be asked to pay, regardless of distance or inconvenience.

Chibosha warned that buying ARVs from informal markets poses serious risks, including poor storage, reduced potency, treatment failure, and drug resistance. He cautioned against dispensing ARVs in plastic bags, noting that they are supplied in protective packaging to preserve quality.

People living with HIV, he said, should only access ARVs through authorised facilities, where the government provides multi-month dispensing of up to six months. Health workers found selling medicines risk dismissal.

Regulators unaware

Medicines in Zambia are regulated by the Zambia Medicines Regulatory Authority (ZAMRA). Yet despite these legal prohibitions and official assurances, MukanDay documented ARV sales both in illegal mining camps and inside a public health facility, raising questions about enforcement and internal controls within the health system.

ZAMRA told MukanDay it was not aware of reports of the illegal sale of drugs, including ARVs, in mining camps in Mpika and Shiwang’andu districts.

“I am not aware of such reports,” said Senior Public Relations Officer Ludovic Mwape. “We will call upon our enforcement wings to investigate the matter, after which I will be in a position to comment,” Mwape said.

A growing public-health risk

Health experts warn that without urgent audits of ARV stocks, tighter tracking of drug allocations, and swift disciplinary action, the illegal diversion of life-saving HIV medication is likely to persist, particularly in remote mining districts where oversight is weakest.

As illegal mining expands faster than health services and regulation can follow, experts warn that Zambia’s HIV response risks being quietly undermined, not by drug shortages, but by a parallel market thriving in the country’s blind spots.

Arbitration Rules Against ZCCM-IH

By Linda Soko Tembo

A guarantee issued by ZCCM Investments Holdings Plc (ZCCM-IH) in favor of global commodities trader Trafigura Pte Limited is legally binding, according to the London Court of International Arbitration (LCIA).

The ruling marks a significant development in a long-running commercial dispute that could expose ZCCM-IH to an \$82.8 million claim.

A cautionary announcement issued on 22 January 2026 by the, ZCCM-IH Board through its Company Secretary, Charles Mjumphi, says the company had received a copy of the Partial Final Award from the Tribunal dated 16 December 2025.

According to the ruling, the London tribunal has determined that the guarantee, dated 28 July 2021, under which Trafigura brought its claim, is enforceable against ZCCM-IH.

However, the tribunal has not yet made a final determination on the amount payable, leaving the issue of quantum to be resolved in subsequent proceedings.

Under the tribunal’s directions, ZCCM-IH has six weeks from the date of the award to submit evidence identifying any portions of the principal claim of USD 82.8 million that it considers unsustainable.

Trafigura will then have three weeks to respond, after which the tribunal will convene a one-day hearing to determine the final quantum.

ZCCM-IH said it is actively assessing its legal options in response to the partial award and reaffirmed its commitment to protecting shareholder interests.

The company cautioned investors that the matter remains ongoing and could have price-sensitive implications.

“The Company is actively evaluating its legal options regarding the Partial Award and remains committed to safeguarding shareholder interests. Further updates will be provided as the matter progresses,” Mjumphi said.

The announcement was approved by the Lusaka Securities Exchange and the Securities and Exchange Commission of Zambia and was issued through Stockbrokers Zambia Limited, ZCCM-IH’s sponsoring broker.

Background

The Parties: The dispute is between global commodities trader Trafigura Pte Limited and ZCCM Investments Holdings Plc (ZCCM-IH), a Zambian state-owned mining investment company.

Origin of Debt: The debt stems from a July 2021 agreement where Trafigura provided a \$100 million prepayment to

Konkola Copper Mines Plc (KCM), a company in which ZCCM-IH is a shareholder.

Guarantee: ZCCM-IH signed a guarantee to secure this \$100 million loan.

Arbitration: Following a payment demand by Trafigura in November 2023, Trafigura filed for arbitration under the London Court of International Arbitration (LCIA) rules on February 24, 2024.

KCM's Financial State: At the time of the deal, KCM was in provisional liquidation and struggling with low production.

Disappearance of Funds: Reports in late 2021 suggested that while Trafigura paid \$40 million of the \$100 million, the funds could not be accounted for by the new government at the time.

Security for the Loan: As part of the arrangement, ZCCM-IH pledged 750,000 shares (out of 3 million) in Kansanshi Mining Plc as security for the loan.

K1.2 Million Spent, Patients Still Waiting

“It works one day, and breaks down the next.”

By Joseph Mwape | Luwingu District

When Luwingu Town Council procured a digital X-ray machine for Luwingu District Hospital using 2023 Constituency Development Fund (CDF), aat a cost of K1.2 million, it was celebrated as a major boost to healthcare for thousands of residents.

When Luwingu Town Council procured a digital X-ray machine for LuwinguThe announcement, made on June 4, 2024, raised hope among hospital staff and the wider community. For years, patients in Luwingu had endured long, costly journeys to access basic radiography services outside the district. District Hospital using 2023 Constituency Development Fund (CDF), aat a cost of K1.2 million, it was celebrated as a major boost to healthcare for thousands of residents.

But the relief was short-lived.

Just months after installation, the X-ray machine began frequently breaking down, forcing patients to once again seek services elsewhere, at their own cost.

What was meant to ease suffering instead added new financial and emotional burdens.

On May 12, 2025, District Commissioner Chomba Chileshe briefed Provincial Permanent Secretary Bernard Mpundu about the situation. An additional K60,000 in public funds was reportedly paid to cover missing components, but the machine remained faulty.

Mpundu would later describe the situation bluntly: “theft.”

A week later, Provincial Minister Leonard Mbao, accompanied by senior district and health officials, assured the public that the machine would be fully operational by the end of May 2025.

That promise was never fulfilled.

By September 27 2025, hospital management confirmed that the machine was still breaking down. Traditional leader Chief Chipalo and residents have since added their voices, expressing anger and frustration over what they see as wasted public resources.

More troubling still, a source from Samfya District revealed a similar experience with an X-ray machine supplied by the same company.

Efforts to obtain answers from the procurement committee, including council and hospital officials, were repeatedly frustrated. Authorities declined to disclose the identity of the contractor.

Eventually, an official quietly directed the radio station to the supplier.

The company behind the deal is EnsureMed Equipment Ltd, whose director is Naresh Puskoori. While the supplier insists the machine is functional, hospital authorities and patients tell a very different story.

Access the full investigation by Lwansase Radio in Luwingu

<https://makanday.org/k1-2-million-spent-patients-still-waiting/>

K1.2 million spent.

Promises made.

Patients still waiting.



This story was produced by Lwansase Radio Station in Luwingu and fact-checked by MakanDay.

Illegal Mining Is Also a Public Health Crisis

From lost gold to leaking medicines, Zambia is paying a hidden price for lawlessness in the mining sector.

Illegal mining in Zambia is often framed as a problem of stolen mineral wealth and environmental destruction. While these impacts are severe, they tell only part of the story. Increasingly, [as our reporting this week shows](#), illegal mining is also undermining the country’s public health system, quietly and dangerously, with long-term consequences that will far outlast any gold rush.

The debate around illegal mining usually centres on lost tax revenues, degraded land, and polluted rivers. Yet our recent investigative reporting from Muchinga Province reveals a more troubling dimension: illegal mining is fueling the leakage of life-saving medicines from public clinics into unregulated mining camps. In these settlements, antiretroviral drugs (ARVs), meant to be dispensed free of charge through Zambia’s health system, are being sold for cash.

This is not merely a case of petty theft. It is a direct assault on public health.

Illegal mining camps exist beyond the reach of basic state services. There are no clinics, no licenced pharmacies, no routine inspections by health authorities. In this vacuum, informal drug markets thrive. Medicines meant for vulnerable patients are diverted, improperly stored, sold without prescriptions, and consumed without medical supervision.

For HIV treatment, the risks are deep. According to health experts, interrupted or incorrect use of ARVs can lead to treatment failure and drug resistance, threats not just to individual patients, but to Zambia’s entire HIV response. Drug resistance does not stay in remote mining camps, it spreads, increases treatment costs, and weakens years of public investment in health.

This is especially alarming given the substantial investments Zambia has made, often with donor support, to expand access to HIV treatment. Illegal mining is now eroding these hard-won gains from the margins, a risk likely to intensify as external funding, particularly from the United States,

comes under increasing pressure following funding cuts affecting several countries, including Zambia.

Unregulated mining does not only distort medicine supply chains. It contaminates water sources with mercury, cyanide, and sediment, exposing communities to water-borne diseases and long-term health complications. It destroys farmland, threatening food security and nutrition, key social determinants of health.

In effect, illegal mining creates a chain reaction: environmental damage worsens health outcomes, while lost mining revenues reduce the state’s capacity to fund health services and enforce safeguards. The same weak oversight that allows illegal pits to flourish also allows public medicines to leak into illegal markets.

Every kilogramme of illegally mined gold represents lost royalties, unpaid taxes, and forgone public investment. That lost revenue could have strengthened rural clinics, improved medicine tracking systems, or expanded health outreach in hard-to-reach areas. Instead, the state is forced to stretch already limited resources while absorbing the hidden costs of lawlessness.

This is the real paradox.

Illegal mining not only drains public funds, it also drives up public expenditure by fuelling new health crises, drug resistance, environmental illness, and preventable, untreated disease.

Cracking down on illegal mining cannot be left solely to security forces. Zambia needs a coordinated response that recognises illegal mining as an economic, environmental, and public health threat.

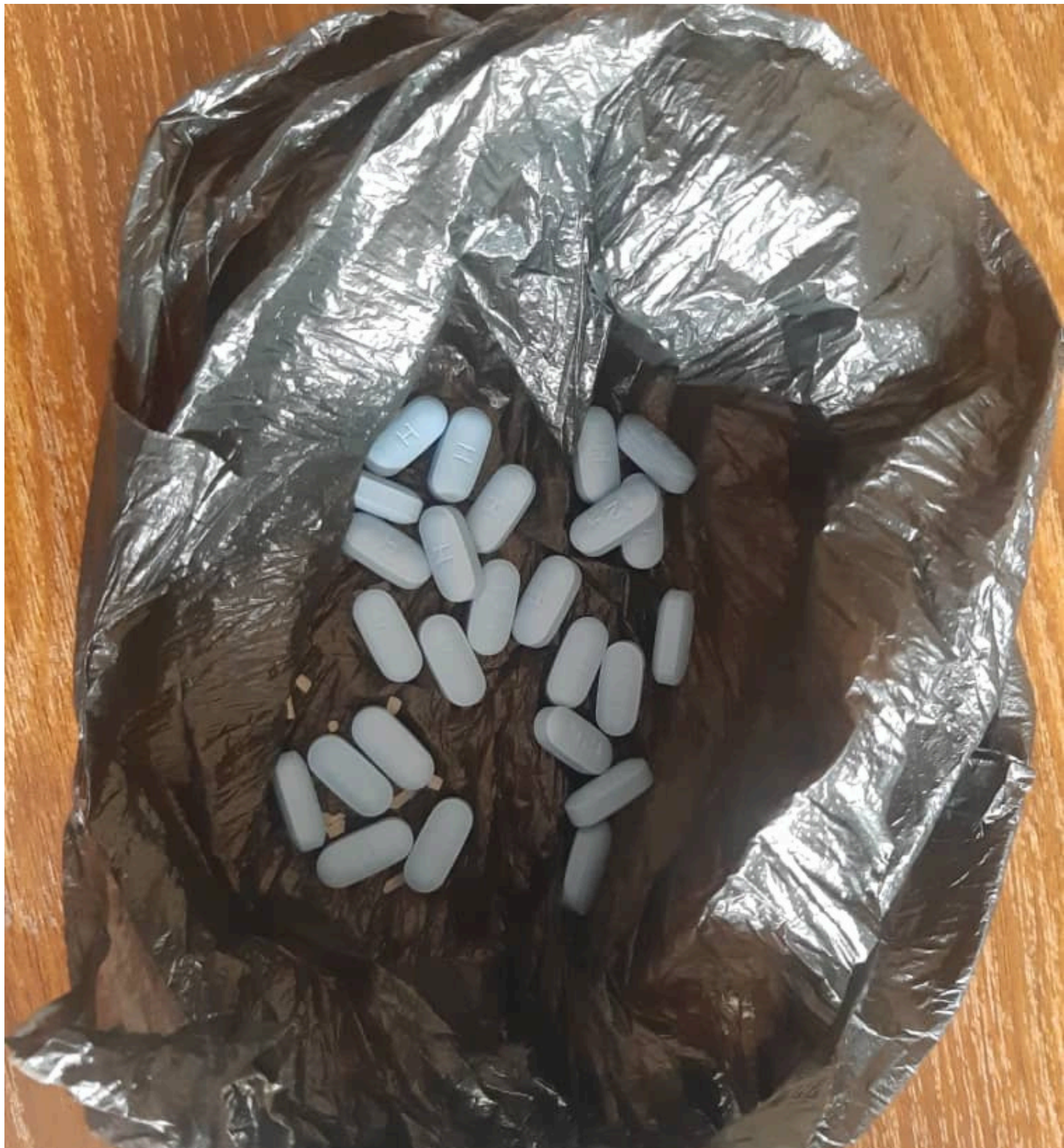
This means, stronger enforcement in the mining sector, tighter monitoring of medicine supply chains, expanded health services in mining-affected regions, and sustained oversight beyond sporadic crackdowns.

Most importantly, it requires political will to treat illegal mining not as an isolated criminal activity,

but as a structural failure with national consequences.

Illegal mining is stealing more than gold. It is stealing public resources, poisoning the environment, and quietly sabotaging the health of the nation.

If Zambia continues to confront it only as a mining problem, the country will keep paying a far higher price, measured not just in lost revenue, but in damaged lives.



The Legend of Rosemary

Sibalwa Mwaanga

One of the most enduring urban myths in Zambia is the intriguing story of a mysterious woman who roamed the towns and cities of Zambia in the 1960s and early 70s, appearing and disappearing in different towns and leaving a trail of broken hearted men with empty pockets. Her name was Rosemary.

Rosemary was said to be so beautiful that few men could resist her and at the same time she was reputed to be as dangerous as the most deadly of vipers. One rumour about Rosemary for example was that if you kissed her, your teeth would crumble right out of your mouth, if she so wished. Nobody seemed to know where this mystery woman came from or where she lived or whether she was actually human. The general belief was that she was a “ghost”.

What is universally acknowledged is that Rosemary was an accomplished prostitute and a sexual predator who preyed on hapless men in different towns along the line of rail. Her victims were totally smitten with her and yearned for more. She was as addictive as a drug.

For instance, my friend Trevor Nyundu swears his uncle had an encounter with the mystery woman back in 1968. According to Trevor, his uncle George was driving back to his home in Kafue on a Sunday afternoon after visiting relatives in Choma.

“Around Pemba, uncle George found a young woman standing by the side of the road, hitch hiking. Since he was alone in the car and the woman looked attractive, he decided to stop and give her a lift. The woman said she was going to Monze and that her name was Rosemary.”

Trevor says it did not take long for uncle George to fall for his charming passenger. By the time the duo reached Monze, uncle George was not at all eager to drop off the young lady. Instead, he offered to take her for a drink, an offer that was graciously accepted. As a result, my friend’s uncle ended up in a room with Rosemary that evening.

Sometime in the night, Rosemary asked to be taken home. Uncle George agreed to drive her since he was also anxious to continue his journey to Kafue as he was reporting for work the following day. As they got into the car, he asked Rosemary to give him

directions to her home, and she began to direct him. After making several turns, Trevor’s uncle realised that he was being directed into a cemetery. At that point he turned to his companion to ask her for further directions, only to find that she was not there: Rosemary had vanished from the vehicle.

Trevor’s story is similar to many others that are told about Rosemary. Apparently, the phantom woman had the capacity to appear and disappear at will, particularly in motor vehicles. It is said in the legend that if Rosemary waved down your vehicle and you by-passed her, she would suddenly materialise inside the car without the vehicle stopping and without any door being opened. She could also apparently vanish from a moving vehicle without opening any door whatsoever. Moreover, the chilling story of the cemetery was also typical of the Rosemary folklore.

But was Rosemary real? There are those who would attest without any hesitation whatsoever that Rosemary was very real and that they had some sort of encounter with her or knew someone who did. Others dismiss the legend of Rosemary as just rumour without any substance to it. My own research did not generate any evidence to definitively prove or disprove that Rosemary existed, although it did suggest a possible explanation.

It is that the legend of Rosemary is an urban myth. According to anthropologist Dr. Edward Steinhart, urban myths are a creation of the collective psyche of a community which reflect deep-seated beliefs and which reinforce such beliefs and values. In the case of urban Zambia at the time that the legend of Rosemary abounded, the country was undergoing rapid urbanisation and more and more people found themselves living in towns rather than villages.

In traditional African society, proverbs, tales and taboos were used as a means of controlling social behavior and shaping the mindset of individuals from childhood. Undesirable forms of behavior were narrated in fireside stories in which the typical villain would come to a typical sticky end.

Meanwhile, urbanisation brought with it many of the vices associated with city life, such as prostitution, which were alien to the way of life of the typical African villager.

In light of Dr. Steinhart’s explication, it is easy to see how the village mindset adapted itself to the new environment by creating urban myths that worked in much the same way as the orature of traditional society.

I would suggest that the legend of Rosemary is an excellent example of this phenomenon.

The traditional mindset.

This article originally appeared in the December January 2014 edition of the Bulletin & Record Magazine.



MakanDay Training in Pictures

As part of our mission to advance public-interest journalism, this week we are training 13 journalists in Lusaka, drawn from across the country.

