

# MAPPING STUDY ON THE STATUS OF CHILD RIGHTS AND WELLBEING IN ZAMBIA

## Phase 1 Report

July 2020



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# EXECUTIVE SUMMARY

Countries across the globe acknowledge the need for deliberate effort to create an environment that ensures that children's rights to health, protection, education as well as participation are upheld and respected in order for children to survive and thrive. To this effect, a number of international human rights instruments such as the African Charter on the Rights and Welfare of the Child (ACRWC) and United Nations Convention on the Rights of the Child (UNCRC) that seek to protect the rights of the child have been put in place.

Rights provided in these instruments are: right to non-discrimination, to be protected by the Law, freedom of expression, the right to education, leisure, recreation and cultural activities, good health and health services, protection from child labour, protection of the family as well as parental care and the best interests of the child to be undertaken at all times.

Zambia as a signatory to the Charter has taken towards fulfilment of its international obligations through legislative and policy reforms. The present mapping was commissioned to assess the current status of child rights in Zambia; explore areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights; identify challenges/barriers and strengths/opportunities faced by community-based organisations and other community-level actors; and areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs. Data was collected mainly through qualitative approaches.

## **Key Findings**

With regards to the status of child rights, strides have been made in survival and child health as evident in the reduction of child mortality, stunting, and increased numbers of children who have received the required immunisation. As for child development and education there has been an increased access to early childhood education and primary education with improved completion rates. Various policy interventions have also been put in place to enhance child protection mechanisms across sectors. Gaps remain in inclusion of children with disabilities, provision of recreation facilities and child participation.

There is a positive political environment for the engagement of Civil Society Organisations. Opportunities exist for synergising efforts with government policy initiatives to strengthen interventions in areas of vulnerability through the dissemination of information, advocacy and accountability for improved services, especially in rural and hard to reach areas where CSOs have made a breakthrough in community driven initiatives. Challenges faced by CSOs are ascribed to factors such as: weak enforcement mechanisms of the relevant legislative and policy framework, inadequate funding, inadequate infrastructure, lack of coordination across sectors, and cultural practices and beliefs.

# INTRODUCTION



## **1.0 INTRODUCTION**

The study sought to establish the country status of child rights and wellbeing. A phased approach was applied in the implementation process. Phase I involved review of relevant literature and in-depth interviews with key stakeholders at the national level. Informed by key learnings from Phase I, Phase II will undertake in-depth interviews through community dialogue and Focus Group Discussions with stakeholders at the provincial and district levels.

### **1.1 Country Context**

Zambia is a lower- middle-income country with an estimated population of over 16 million, out of which 60% live in the rural areas (World Bank, 2014, Living Conditions Monitoring Survey, 2015). The population is relatively young, with children and adolescents aged 0-14 years constituting 48% of the entire population (DHS 2018). Poverty remains high, with about 60% of the population living below the poverty line. Although the country has made steady progress in reducing under five infant mortality to 40 per 1000 live births, stunting levels at 35% (DHS, 2018) are still high posing a threat to child survival and wellbeing. Recently, Zambia was ranked 134<sup>th</sup> out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017), indicative of the need to heighten national efforts to promote child survival and wellbeing.

### **1.2 Rationale for Mapping**

The need to ensure that children are provided with protection and supportive environments has become a global agenda. It is estimated that over 250 million (48%) children below age five are at risk of not reaching their full developmental potential (Grantham-McGregor et al., 2007; Bornstein & Hendricks, 2012; Campbell et al., 2014; Black et al., 2017; Richter et al., 2017), out of which 60% are projected to reside in sub-Saharan Africa. UNICEF (2019) notes that while more children are surviving, only a few are thriving, and this can be attributed to various childhood adversities associated with violence against children and poverty. Exposure to adversities can negatively impact child development, life-long health and well-being thus calling for preventive measures aimed at protecting children's rights. For instance, the World Health Organisation estimates that up to 1 billion children aged 2-17 years have experienced some form of violence; physical, sexual or emotional neglect over a period of a year (WHO, 2017) confirming that violence against children

is on the increase, thus a global challenge. Evidence further shows that girls are more vulnerable to be victims of violence than boys, with an estimated burden of 18% for girls compared to 8% for boys (World Health Organisation, 2016). Extreme poverty associated with the developing world, including Africa, further escalates children's vulnerability to multiple adversities, including family stress, child abuse or neglect, exposure to violence, food insecurity.

In an effort to promote and protect children's rights and wellbeing, the United Nations developed the United Nations Convention on the Rights of Children (UNCRC) in 1989, to which Zambia is a signatory. Recognizing the uniqueness and diversity of cultural experiences, African leaders went a step further by putting into effect the African Charter on the Rights and Welfare of the Child (Herein referred to as the Charter). The Charter was adopted in 1990 and came into force in 1999. Like the CRC, the Charter is anchored on four fundamental human rights principles: i) non-discrimination; ii) best interest of the child; iii) survival and development; and iv) child participation. Its uniqueness lies in acknowledging practices such as child marriage, parental rights, duties and obligations as akin to traditional African social realities.

Zambia ratified the Charter in 2002 and committed to undertake affirmative legislative, policy and administrative procedures in furtherance of children's rights. The Sustainable Development Goals (SDGs) provides a global push towards promotion of children rights and wellbeing. Of particular interest to the current discourse are the followings goals: equality of education (SDG 4); clean water and sanitation (SDGD 6); eliminate harmful child labour (SDG 8); reducing inequality (SDG 10); access to safe spaces (SDG 11); and eliminate abuse, exploitation, all forms of violence against and torture (SDG 16). Recently, the World Health Organisation (WHO) in collaboration with UNICEF and World Bank launched the Nurturing Care Framework in May, 2018 providing a guide on how communities and parents can be supported in promoting supportive environments for children. It is against this backdrop that Firelight Foundation commissioned a mapping exercise to assess the country's status on child rights.

### **1.3 Objectives**

The objectives of the mapping study were to explore and assess:

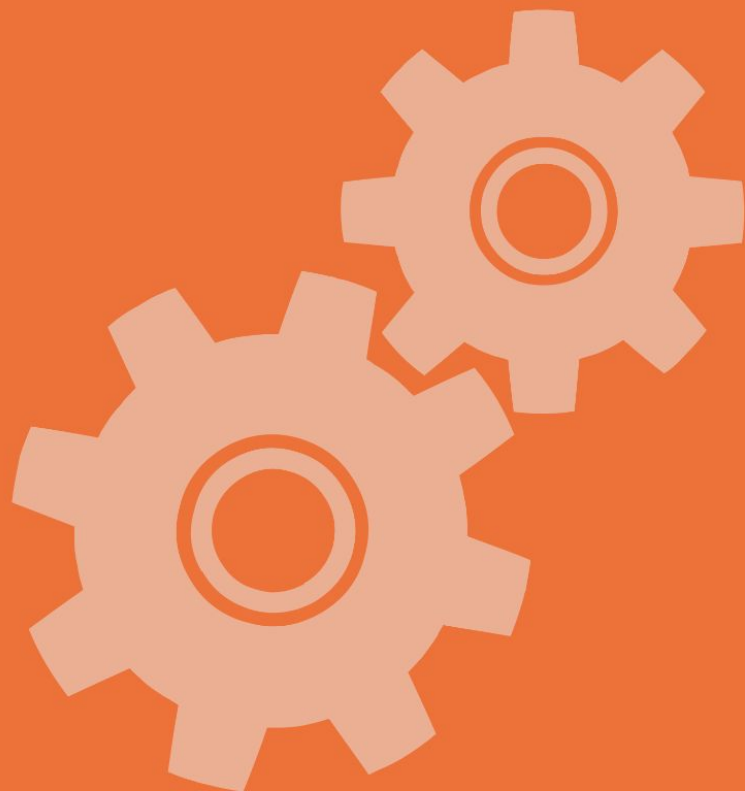
- The status of children on key indicators relating to child rights
- Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights;
- Challenges/ barriers and strengths/opportunities faced by community-based organisations and other community-level actors; and
- Areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs.

### **1.4 Mapping Framework**

The main aim of the present study was to examine the extent to which the government has implemented the child rights principles espoused in the Charter. A systematic approach was taken in the mapping of existing laws, policies, strategies and guidelines. Consultative meetings were held with the Ministry of Youth, Sports and Child Development being the coordinating entity on issues related to child development and well-being. Although Zambia has not domesticated the Charter, several strategic approaches have been undertaken to operationalise specific provisions. Particularly, the Ministry of Youth Sport , and Child Development, through the National Child Coordinating Committee, has grouped the rights into thematic categorisation as follows: child survival and health; care for the child in the family and community; child development and education; leisure and recreation; inclusion; child protection; and child participation in society. This thematic categorisation informed the mapping of the status of child rights across relevant sectors.

Mapping of the country perspective further borrowed from the World Health Organisation (WHO) INSPIRE strategies, particularly strategy (i) “implementation and enforcement of laws”, to interrogate state obligations and responsibilities. engagement with the local civil society organisations provided a platform for community dialogues on facilitators and barriers in the realisation of children’s rights, opportunities for community driven solutions in creating lasting systemic change towards the realisation of the rights of the child, and identify synergies between areas of vulnerability for children and areas of opportunity for community based solutions.

# METHODOLOGY





This section presents the methodological approach that is being applied in this assignment in line with the Terms of References (ToRs). Although the study largely utilised the qualitative approach, quantitative data was generated through existing statistics at the sector level. Triangulation of data sources through in-depth interviews and document analysis allowed complementarity of the data process. Implementation was done in two phases. Phase I of the study collected data from the Ministry officials and the civil society organisations. Key Informant Interviews and surveys were conducted. Desk review was further conducted on key child rights indicators. Informed by findings from Phase I, areas of vulnerability will be identified and prioritised to inform implementation of Phase II.

## **2.1 Sample and Sampling Procedure**

A multistage non-random sampling strategy was used to determine participants to be included in the mapping. The reference points were the national, provincial and district levels. At the national level, key informants were selected from relevant Ministries implementing child related rights. Participants were purposely selected based on their role and technical expertise. Additionally, civil society organisations that are active in child rights related initiatives were purposely sampled. In-depth interviews were conducted on a total of 15 officials from six relevant Ministries and 20 officials from the civil society organisations.

## **2.2 Data Collection Procedure**

Data was generated through a phased approach. The rationale for a phased approach was primarily to use lessons from Phase I as a baseline to inform selection of target provinces and districts for Phase II based on emerging trends on key child rights indicators. Consultations with Firelight Foundation allowed for the development of the evaluation matrix highlighting the relevant themes with accompanying questions that informed the data collection process.

Phase I focused on a review of existing data at the country level such as: national and local statistics on key indicators including Demographic Health Surveys; Education Statistical Bulletins; country reports from partners (CSOs, UNICEF, ILO, WHO), and relevant academic publications. Relevant national laws, policies and strategic plans

were reviewed to provide an understanding of the legislative and policy environment on issues related to children's rights. To augment data from desk review, in-depth interviews and Focus Group Discussions were conducted with government officials and Civil Society key stakeholders. Although conducting online survey was initially envisioned, the response rate was low. Nevertheless, data from document analysis and in-depth interviews was sufficient to adequately respond to the objectives set out in the Terms of Reference.

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## **2.3 Desk Review**

The initial stage of data collection involved Desk Review guided by the following themes: child survival and health; care for the child in the family and community; child development and education; child protection; and child participation in society. Relevant documents including respective policies and laws, strategic plans, sector programmes, annual reports, and evaluation reports (where available) were reviewed to derive information legislation, policies, strategic plans, initiatives, achievements and challenges. Additionally, online searches were conducted to access relevant literature on the sector's programmes.

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## **2.4 Key Informant Interviews**

To adequately capture the country context on the relevant themes, Key Informant Interviews (KII) were conducted with strategic stakeholders from the Government departments and officials from CSOs at the national level using a two stage approach.

Firstly, definitions of broad categories for KII data were discussed with Firelight Foundation to ensure that the process translated into a guided inquiry. This included but was not limited to: i) information on existing laws and policies on categories of children's rights; ii) what are the response and support services for children on various categories of rights at different levels; iii) what are the barriers and facilitators in promoting children's rights.

Secondly the researcher liaised with Firelight Foundation to best determine the components of the KIIs. Key stakeholders at the national level participated in the survey and KIIs.

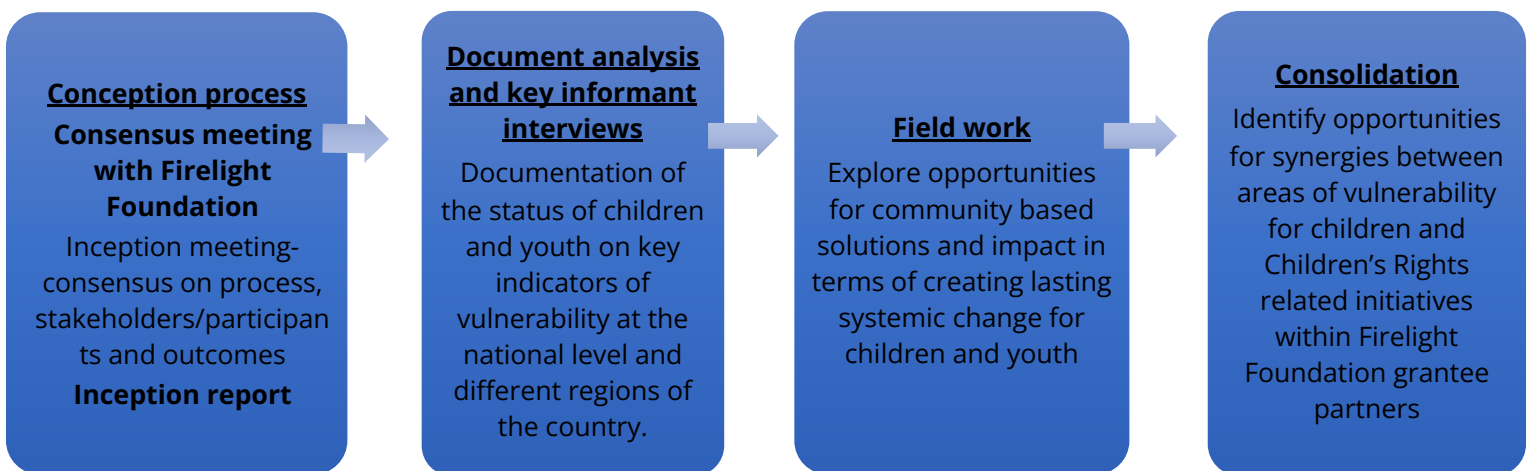
**Table 1: Data collection approach and source**

Objectives	Data Source	Data collection approach
Objective 1: The status of children on key indicators relating to child rights	Document analysis, Interview & Stakeholder interviews	Desk Review, KII & Survey
Objective 2: Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights	Stakeholder interviews	KII & Survey
Objective 3: Challenges/ barriers and strengths/ opportunities faced by community-based organisations and other community-level actors; and	Stakeholder interviews	KII & Survey
Objective 4: Areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs.	Stakeholder interviews	KII & Survey

## 2.5 Data Analysis

Data from desk review and KIIs was synthesised in line with key categories/themes of children’s rights that guide the mapping process.

## 2.6 Summary of Data Collection Process



Ensuring clarity of the scope of this assignment was critical to its successful outcome. Inception meetings were conducted with Firelight Foundation. Consensus meetings as outlined in the flow chart summarised above culminated in the development of an inception report with a detailed methodological approach.

# FINDINGS



### **3.0 FINDINGS**

This section presents the findings of the study according to the themes as follows:

- Child health and survival;
- Care for the child in the family and community;
- Child development and education and;
- Child protection.

#### **3.1 Child Health and Survival**

Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children require families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential (WHO, 2019). From a programming perspective, it encompasses health services provided to children which can be promotional, preventative, and interventional in nature with the aim of reducing child mortality, morbidity, stunting, and promotion of adolescence sexual reproductive health. It also encompasses maternal health, physical and psychosocial wellbeing.

*“...Child health is a key priority of the Ministry under the Child Health Unit. It is our duty to sensitize and educate the public about what child health entails, through our community champions.<sup>1</sup> We provide information to communities and at health centres as they are the major entry point. Our discussions are around nutrition, vaccinations, diarrhoea and signs and symptoms of illness in children.”*

#### **Ministry Official**

To document the country status on child health and survival, data was primarily generated through the 2018 Demographic Health Survey and augmented with data from in-depth interviews with officials from the Ministry of Health. In Zambia, data generated from the Demographic Health Survey provides important indicators and information that can help in policy making and programming in order to monitor current strategies, interventions and prevent deaths from preventable childhood illnesses and ultimately improve the health of the children in Zambia.

1. Safe Motherhood Action Groups are community based groups that have health care volunteers who are used as community champions by the Ministry of Health

Article 14 of the African Charter on the Rights and Welfare of the Child provides that every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health. It implores states parties to pursue adequate implementation of the charter by taking specific measures aimed at: a) to reduce infant and child mortality rate; b) to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; c) to ensure the provision of adequate nutrition and safe drinking water; d) to combat disease and malnutrition within the framework of primary health care through the application of appropriate technology; e) to ensure appropriate health care for expectant and nursing mothers; f) to develop preventive health care and family life education and provision of service; (g) to integrate basic health service programmes in national development plans; h) to ensure that all sectors of the society, in particular, parents, children, community leaders and community workers are informed and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of domestic and other accidents; i) to ensure the meaningful participation of non-governmental organizations, local communities and the beneficiary population in the planning and management of basic service programmes for children; j) to support through technical and financial means, the mobilization of local community resources in the development of primary health care for children.

At the strategic level, the provision of services to children is guided by the relevant legislation and policies such as the Public Health Act, National Health Services Act and the National Food and Nutrition Act. Further, the National Health Policy, Child Policy and the National Food and Nutritional Policy are key policies in the promotion and provision of child health.

### **3.1.1 Maternal health and prenatal/postnatal care**

Maternal health care encompasses services during pregnancy, childbirth and postpartum period. These services are key to the survival and wellbeing of the mother and the child (ZDHS, 2018-2019). Data from the Zambia Demographic Health Survey 2018-19 indicates that 97% of women aged 15-49 who had live births from 2013-2014 received antenatal care from a skilled provider, of which 64% had at least four visits. Further, more than 8 in 10 live births in the past five years were delivered in a health facility, and 70% of the mothers and 72% of the newborns had a postnatal check-up during the first 2 days after delivery.

delivered in a health facility, and 70% of the mothers and 72% of the newborns had a postnatal check during the first 2 days after delivery.

### 3.1.2 Legislation and policies

Article 14 of the African Charter indicates that the states parties shall ensure appropriate health care for expectant and nursing mothers and develop preventative health care and family life education and provision of service. Zambia has sufficient legislation and policies to ensure maternal health, prenatal and postnatal care. These provide the basis for the provision of health services to the children and their parents. Some of the specific legislation and policies that guide the implementations of the maternal, prenatal and postnatal health care are;

**Table 2: Child Health Legislation in Zambia**

Child Health Legislation in Zambia	
Public Health Act (Cap 295 of the Laws of Zambia)	Prevention of infectious diseases and environmental hazards.
National Health Services Act (1995)	Regulation of provision of health services in Zambia.
National Food and Nutrition Act (Cap 308 of the Laws of Zambia)	To reduce mortality related directly or indirectly to malnutrition in children and to focus public attention on the nutritional needs of children and youth. To improve the nutritional status of vulnerable groups (mothers, infants, school and pre-school children). To create community interest in better nutrition, to arouse public awareness of the serious impact of malnutrition and to instil public confidence in the solutions to the problems.

In order to achieve maternal health, prenatal and postnatal health for the mothers and children, the Ministry of Health uses two entry points, namely the community and facility levels. This enables the messages to reach the intended recipients of the services. A Ministry official said the following about the entry levels, *"The community volunteers<sup>2</sup> make home visits to check up on the child, mother, and assess the feeding or nutritional status of the child,*

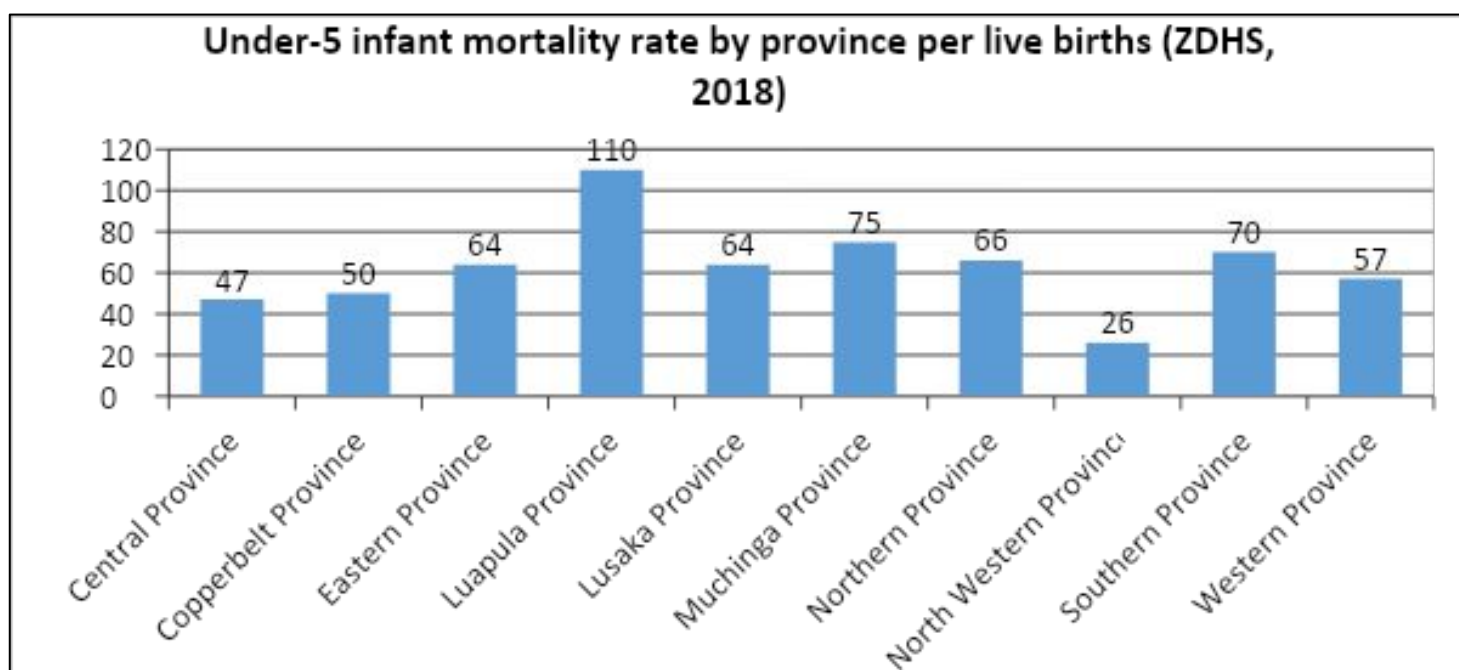
2. These are community based health workers volunteers who are trained by the Ministry of Health to make home visits and referrals at community level

*stimulation, assess preventive measures to combat illnesses, hygienic practices at family level and the safety and security of the child by assessing to ensure that the home environment and surroundings are free of dangerous objects that can harm the child and, finally they assess the possibility of pollutants in the surroundings.”*

He further added that at facility level, the implementation of maternal health and prenatal care as well as postnatal health services are delivered using the four pillars, he indicated the following. *“Maternal health is the first pillar which involves family planning from adolescence to pre-conception nutrition. Antenatal is the second pillar for prevention of substance abuse, massaging the pregnancy, talking to the child from 6-9 months. Childbirth is the third pillar and makes ensures mother-child bonding through skin to skin contact or Kangaroo mother (thermal care), checking for congenital malformations and prevention of diseases at birth and prevention of illnesses such as polio or BCG. Finally, post-natal health involves physical examination, prevention of illnesses, feeding and maternal mental health.”*

### **3.1.3 District and province differences**

Zambia still has a high rate of under-5 mortality, especially by province, per 1000 live births. The chart 1 below shows the provincial differences in under-5 infant mortality rates as shown in the Zambia Demographic and Health Survey (ZDHS, 2018).





Phase I of the study did not obtain segregated data to show the trends at district level because the focus was on national coverage. ZDHS 2018 showed that the under-5 infant mortality rate was relatively high in provinces, with the highest being Luapula at 110 followed by Muchinga province at 75, while North Western province had the lowest at 26.

### **3.1.4 Government and Civil Society Initiatives**

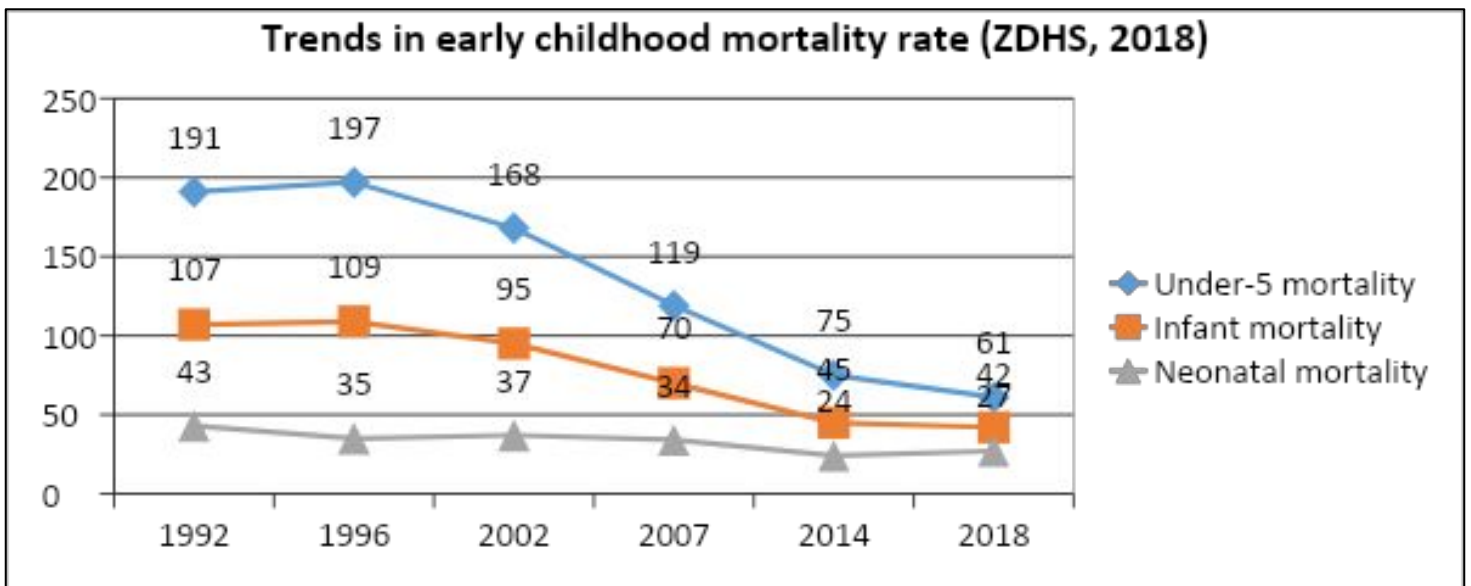
The Ministry of Health has been working with the community health workers in order to improve effective delivery of the health services. At the community level, volunteers such as the Safe Motherhood Action Groups (SMAG) help deliver the needed information to the mothers and also monitor the health development of the children. In the long run this reduces the overload of case work at the health facilities and also improves the prevention of illnesses that may affect the safe delivery and growth of the child.

The Ministry of Health has further been working with cooperating partners such as Plan International, ChildFund, UNICEF among others to ensure increased service delivery, at community level. There are also other local organisations such as Luapula Foundation and Bwafwano Integrated Services Organisation (BISO) that work in selected communities to provide maternal and child health care as well as early stimulation.

#### **3.1.4.1 Early childhood health care (including immunizations)**

Zambia has in the recent past made great strides in early childhood health care. Early childhood health entails childhood health and survival. This is necessitated by improved programming, implementation and policy direction. The Zambia Demographic Health Survey (ZDHS) 2018-19 indicates that from 2014 to 2019, neonatal deaths were at 27, infant mortality at 42 and under-5 mortality rates standing at 61 per 1,000 live births, respectively. The results show that neonatal mortality increased from 24 deaths per 1,000 live births in 2014 to 27 deaths per 1,000 live births in 2018-2019. However, under-5 mortality declined from 75 deaths per 1,000 live births to 61 deaths per 1,000 live births over the same period. Currently, Zambia still falls short of meeting the Sustainable Development Goal (MDG) targets of neonatal mortality rates of 12 deaths per 100,000 live births and under-5 mortality rates of 25 deaths per 1,000 live births by 2030.

The key indicators for early childhood health were birth weight, vaccinations, early screening of acute respiratory infections and prevention of acute diarrhoea. The ZDHS 2018-19 indicates that of the 80% data collected, only 9% had reported a low birth weight of less than 2.5 kg. On the other hand, 75% of children aged 12-23 months had received all basic vaccinations and 78% of children reported to have had diarrhoea received oral rehydration therapy (ORT) and 34% received oral rehydration salts and zinc. The chart below shows the trends in early childhood mortality rates as extracted from the ZDHS (2018).



In order to improve the early childhood health of children, routine vaccination of common preventable diseases is done to reduce infant and child mortality.

A Ministry official indicated the following, *“Immunization addresses key components of the child care and prevention of communicable diseases and addresses the several aspects which touches on hygiene, safety and security. Hygiene involves washing hands and safety preparation of food and changing napkins in order to prevent the spread of the diseases to the children, creating a safe environment for children to play and prevent risks of air pollution. The preventive measures by the Ministry of Health are meant to put measures in place in order to prevent the illnesses at the household level and the community, this helps in the reduction of the case management of child illnesses.”*

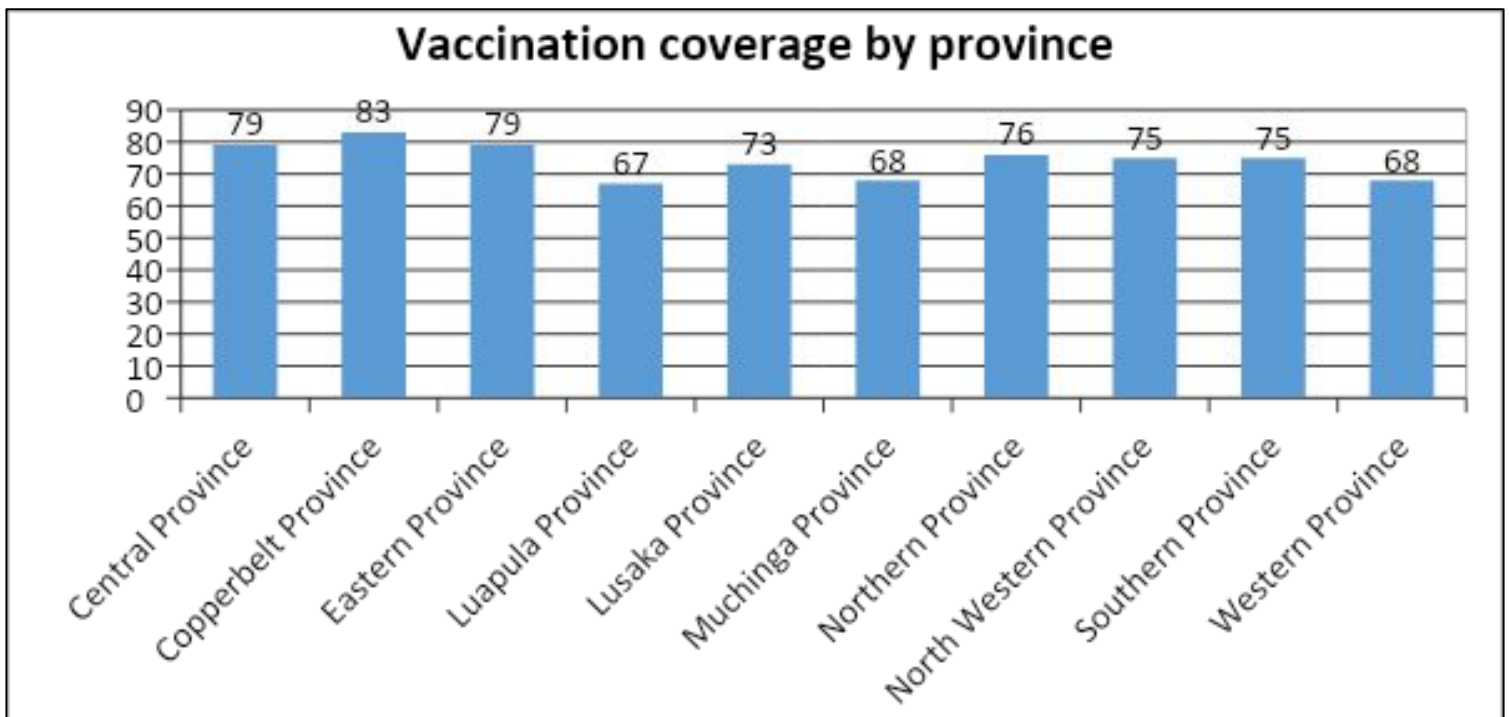
### 3.1.5 Legislation and Policies

In order to reiterate the need for early childhood health, Article 14 of the African

the necessary tools for conducting growth monitoring, such as scales for weight measuring, which creates a gap in access to health services in some communities.

### 3.1.6 Provincial and district differences

Phase I of the study did not collect segregated data at district level. Data was only segregated at provincial level. The chart below shows vaccination coverage by province as obtained from ZDHS 2018. The chart below shows that Copperbelt province had the highest number of vaccination coverage at 83 and Luapula had the lowest at 67 respectively.



### 3.1.7 Government and Civil Society Initiatives

The government, in partnership with UNICEF, has started the integration of the early childhood development programmes in order to support the holistic provision of services such as health, nutrition, protection, nurturing and stimulation and early learning. An interview with a Ministry official indicated that the government rolled out the care for child development (CCD) to some selected health facilities in some districts. In 2017, 281 government workers such as community health workers, health facility staff, ECD teachers and community volunteers were trained in CCD. So far 14 districts out of 114 are implementing the integrated approach.

The creation of mother's shelters is another great initiative harnessed through

through public-private partnerships. This has contributed to access to quality maternal care in a timely manner. The mother's shelters are meant to accommodate women from distant rural areas near or at the health facility when they are in the late stages of pregnancy.

### 3.1.8 Access to health care services

Access to primary health care services has improved in recent years with increased investment in infrastructure expansion. According to the NHSP 2017-2021, Zambia has 8 third level hospitals, 34 second level hospitals, 99 first level hospitals, 1839 health centres and 953 health posts. From the administrative point of view, there are 10 provincial health offices and 105 district health offices.

### 3.1.9 Policy and legislation in Zambia

As already alluded to, Article 14 of the African Charter implores the states parties to integrate basic health service programmes in national development plans and to ensure that all sectors of the society, in particular parents, children, community leaders and community workers, are informed and supported in the use of basic knowledge of child health and nutrition such as the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of domestic and other accidents. Access to health information is a critical factor in promoting access to health care for the majority of Zambians.

Therefore, Zambia has policies and legislation that have guided the provision and access to health care for the people. Some of the major legislative and policy guidelines are highlighted in table 3.

**Table 3: Summary of Legislation in Zambia**

Access to Health Legislation in Zambia	
Public Health Act (Cap 295 of the Laws of Zambia)	Prevention of infectious diseases and environmental hazards.
National Health Services Act (1995)	Regulation of provision of health services in Zambia.

**Table 4: Health Policies in Zambia**

Access to Health Policies in Zambia	
National Health Policy	Providing strategic direction for health programs across sectors, reducing the burden of disease, maternal and infant mortality and increasing life expectancy through the provision of a continuum of quality health care services.
Child Policy 2015	Coordinate and manage multi-sectoral child welfare and development programmes in order to ensure child survival, support maternal, newborn and child health interventions, strengthen and support coordination mechanisms for service provision to children and pregnant mothers and reduce child malnutrition in children under 5 by reducing the percentage of stunted children.
Zambia National Health Strategic Plan 2017	Prevention of stunting in children under-two years of age, availability, accessibility and use of nutritious foods to improve food and nutrition security, micronutrient deficiencies control management of acute malnutrition and school health and nutrition, safe water, sanitation and hygiene promotion nutrition; HIV/AIDS and non-communicable disease prevention and management food and nutrition in emergency preparedness and response.

Interviews with Ministry of Health officials indicated that Zambia has made great improvements in the provision of health care services to all the citizens. For example, an official indicated that *“Access to preventive health services, cut across addressing critical risk factors that affect children’s development across the life course (biological & psychosocial risks). However, children coming from vulnerable families are most at risk due to lack [the] appropriate determinants of health and development.”*

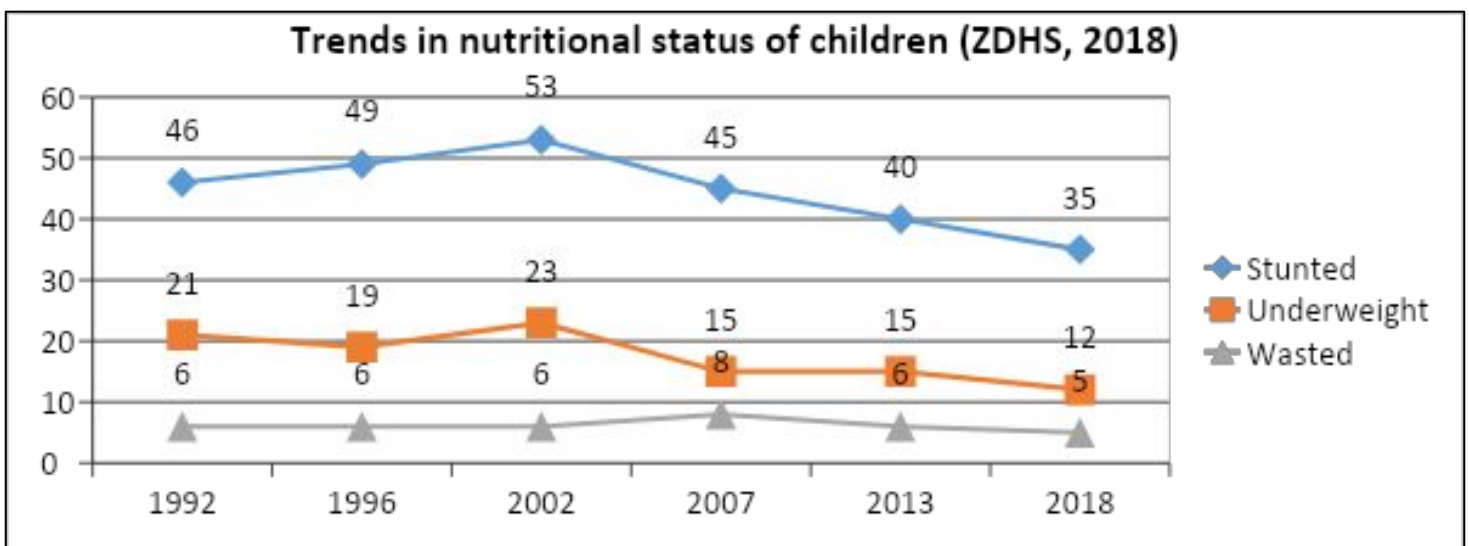
Although Zambia has made great strides in access to health care, a significant number of adolescents (26%) have no access to basic information and reproductive health services. This is a threat to the attainment of the Sustainable Development Goal target 3.7, which stipulates that by 2030 states parties should ensure access to sexual and reproductive health care services.

### 3.1.10 Government Initiatives

Ensuring access to health care services relies largely on availability of facilities and community outreach programmes. The Ministry of Health, working in collaboration with stakeholders both at national and community levels, ensures that relevant information is disseminated to adolescents and their families in order to improve health delivery systems. Through community level platforms such as SMAGs and Community Health Workers as frontline workers at community level, information is passed to the families and referrals made to health facilities appropriately. The Ministry of Health has been working with strategic partners such as Clinton Health Access Initiative and USAID to improve primary health care.

### 3.1.11 Nutrition and food security

Nutrition is a critical factor in the improvement of health outcomes for women, children and all people. Nutrition is the foundation for achieving the desired results in the fight against diseases, therefore, the Ministry of Health places particular importance to the aspect of nutrition, as evidenced by the formulation of the National Food and Nutrition Commission (NFNC). The NFNC is an independent body under the Ministry of Health tasked to research and monitor the nutritional status of the population especially for women and children who are more vulnerable because of their unique physiologic and socio-economic characteristics. For children, adequate nutrition is critical to support their growth and development. The period from birth to two years is especially important for optimal physical and cognitive growth and development. A woman's nutritional status has important implications for her health as well as for the health of her children.



One interview found that there was sufficient policy and research into nutrition for mothers and children. However, some districts record low levels of nutrition and stunted growth because of the lack of information about the nutritional value of the foods that expectant women and children eat. Therefore, with the mandate given by the NFNC, the government has been encouraging the growing of crops that are rich in nutrition and support the development of the child.

A Ministry official indicated that “... the Ministry of Health oversees implementation of GMP (growth monitoring programmes), implementation of micro nutrition deficiency programmes maternal and infant child nutrition. Further, formulates training materials for implementers in nutrition with components on issues to do with NCF, Active feeding (Adequate Nutrition) GMP stimulation (Responsive care) and response to developmental milestones is the criterion for discharging a child.”

### 3.1.12 Policies and Legislation

Article 14 of the African Charter clearly stipulates that states parties should ensure that they provide adequate nutrition and safe drinking water and combating disease and malnutrition. In responding to the nutritional needs of the population, the Ministry of Health through the National Food and Nutritional Commission has passed relevant pieces of legislation and policies to support the provision of nutrition. Some of the relevant pieces of legislation and policies are presented in table 5 below;

**Table 5: Legislation on Nutrition in Zambia**

Legislation on Nutrition in Zambia	
National Food and Nutrition Act (Cap 308 of the Laws of Zambia)	To reduce mortality related directly or indirectly to malnutrition in children and to focus public attention on the nutritional needs of children and youth. To improve the nutritional status of vulnerable groups (mothers, infants, school and pre-school children). To create community interest in better nutrition, to arouse public awareness of the serious impact of malnutrition and to instil public confidence in the solutions to the problems.

The above piece of legislation has been supported by a number of policies and strategic plans as noted below;

**Table 6: Policies and Strategic Plans on Nutrition in Zambia**

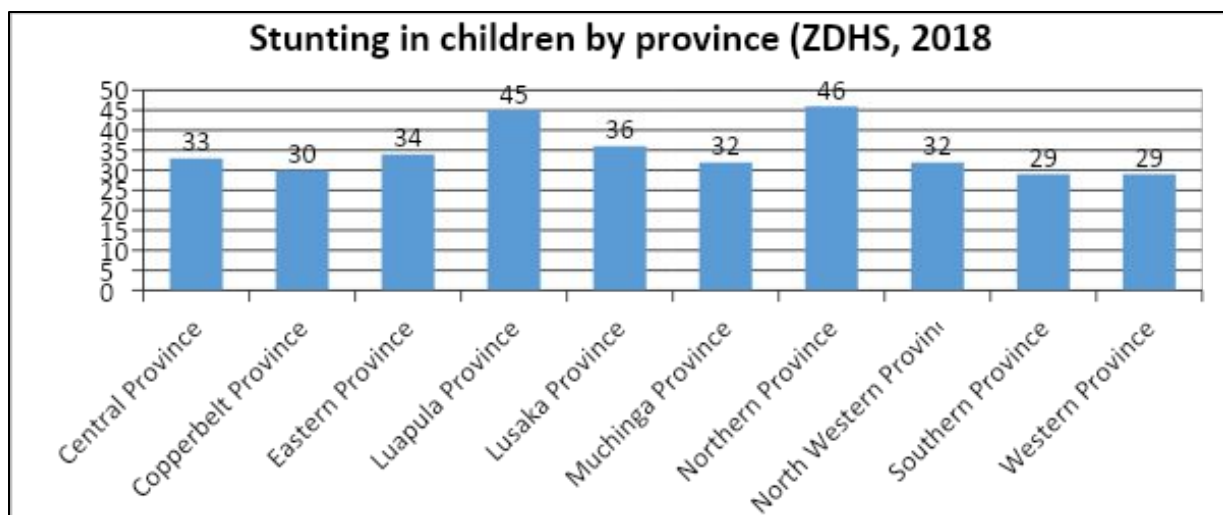
<b>Policies and Strategic Plans on Nutrition in Zambia</b>	
National Food and Nutrition Policy 2006	Assessment and monitoring of nutritional status of the population, support the improvement of nutritional status of the population through health, agriculture education, community development and other administrations bearing on nutrition; develop norms and implementation guidelines for various food and nutrition activities, promote information education and communication activities; promote and perform monitoring and evaluation of nutrition related services; and promote collaborative administration of nutrition related activities.
Zambia National Health Strategic Plan 2017-2021	Primary health care and community health, child Health, nutrition and adolescent health.
Frontline workers Reference guide for First 1000 Most Critical Days (2014)	Prioritize and harmonize legislation to improve nutrition; ensure nutrition is enshrined in all sector policies, work plans, and budgets; improve accountability for nutrition across sectors.
Operational Guidelines for Food and Nutrition Officers (2012)	Strengthen capacity to deliver nutrition services and interventions and improve coverage and increase coordination of nutrition-related activities.

Although Zambia has made great improvements in ensuring the policy environment around nutrition and food security is adequate, there are still areas that need improvement, especially for women and children. The ZDHS 2018 indicates that 35% of children under age 5 in Zambia are stunted, with specific indicators for height showing that they are short for their age, 4% of the children are thin for their height, while 12% are underweight, and 5% are overweight for their height.



### 3.1.13 Provincial and District level differences on nutrition status

The ZDHS 2018 data shows that stunting was higher for rural children at 36% compared to their urban counterparts at 32%. Furthermore, stunting was higher in boys at 38% than in girls at 31% respectively. Regionally, there were variations in the provinces, with the highest reported stunting figures in Northern Province at 46% followed by Luapula province at 45%. On the other hand, the lowest stunting was recorded in Western province at 29% and Southern at 29% respectively. Stunting was higher in children whose mothers had low levels of education at 38% as compared to mothers who attained secondary at 31%, while stunting in children whose mothers who attained tertiary level was 15%.



### 3.1.14 Government and Civil Society Initiatives

Zambia has identified childhood nutrition as a policy priority area as illustrated in the National Nutrition Policy and the strategic plan. Various nutrition programs have since been put in place like the 1<sup>st</sup> 1000 Most Critical Days program under the Scale Up Nutrition (SUN) initiative which addresses nutrition sensitive and nutrition specific interventions. Other programs include infant and young child feeding, management of acute malnutrition, micronutrient deficiency control and hygiene, despite the spelled-out commitments and programmes, stunting still remains considerably high (UNICEF, 2019). The DHS (2018) indicates that Zambia has recorded a marginal decrease in stunting levels among children below five (5) years from 47% in 2007, 40% in 2014, to 35% in 2018.

### 3.1.15 Access to safe and clean drinking water

Zambia is still grappling with challenges in accessing clean drinking water for the citizens. According to the data by WHO (2019) and UNICEF (2019), in Zambia, with a population exceeding 17 million, only 26% of the population have access to sanitation and 60% have access to drinking water. Zambia has child mortality for children under-5 of 1 death per 1,000 live births majority of which as a result of under-5 diarrhoea related deaths. The inadequate access to clean water for the children is a major contributor to the stunting of the children under-5.

### 3.1.16 Legislation and Policies

Article 14 of the African Charter is clear about the responsibility of states parties to ensure provision of adequate nutrition and safe drinking water. Zambia has sufficient legislation to support the control and use of water and thereof to connect to clean and safe water. Some of the legislation and policies regarding water are stated in table 7 below;

**Table 7: Legislation on safe and clean water in Zambia**

Legislation on safe and clean water in Zambia	
Water Act	Consolidates the law in respect to ownership, control and use of water
The Public Health Act, Cap 295	Responsible for monitoring sanitation, health education, monitoring of drinking water quality, setting standards and general sanitary supervision in the country
The Water Supply and Sanitation Act 28 of 1997	Regulates water supply and sanitation

Although access to safe and clean water is a critical component of the health of the children, in Zambia water supply and access falls under the Ministry of Local Government and Housing. According to UNICEF (2019) only 60% of the population has access to safe drinking water; 86% of these are in the urban areas while only 44% are in the rural areas.

### 3.1.17 HIV/AIDS and other illnesses

Data from the ZDHS 2018-19 indicates that Zambia is one of the highly affected countries by the HIV/AIDS epidemic in Sub-Saharan Africa. Statistics show that around 11.1% of women and men aged between 15-49 years are infected with HIV. The HIV in Zambia is higher among women than men at 14.2% versus 7.5% respectively. The HIV epidemic in Zambia is driven largely by unprotected heterosexual transmission. The primary factors in transmission include multiple and concurrent partnerships, low and inconsistent condom use, low coverage of medical male circumcision, and mother-to-child transmission (NAC 2017). Moreover, these factors are compounded by social drivers that further increase risk, decrease resilience, and lead to new HIV infections through high-risk behaviours such as intergenerational sex and transactional sex. These drivers include stigma and discrimination, no acceptance of antiretroviral drugs (ARVs) and condom use, gender inequalities (including gender-based violence), and abuse of alcohol and other substances. Knowledge of HIV transmission and prevention methods are key to preventing the spread of HIV.

### 3.1.18 Legislation and policy

Although the African Charter does not explicitly mention HIV/AIDS and other related illnesses, it implores the states parties to provide care and health services for the wellbeing of the children. Zambia has made strategic policies that aim at combating HIV and other illnesses, through the formation of the National HIV/AIDS/STI/TB Council (NAC), specific policies and statutory documents have been formulated to curb the spread of HIV/AIDS. Some of the relevant legislation and policies for HIV are presented in table 8 below.

**Table 8: Legislation on HIV/AIDS in Zambia**

Legislation on HIV/AIDS in Zambia	
National HIV/AIDS/STI/TB Act 10-2002	This is meant to coordinate and support the development, monitoring and evaluation of the multi-sectoral national response for the prevention and combating of the spread of HIV, AIDS, STI and TB to curb the personal, social and economic impacts they cause

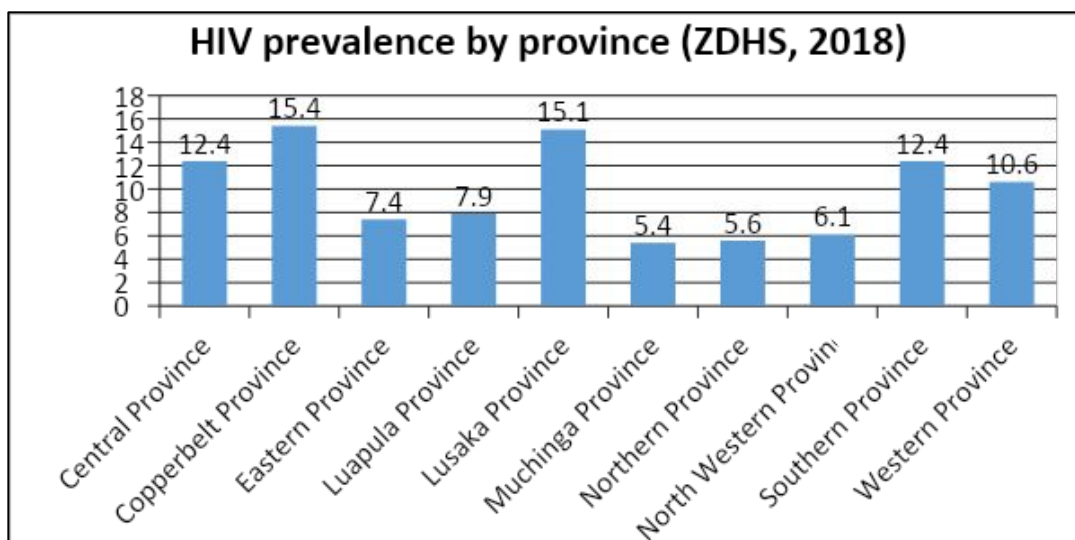
**Table 9: Policies and Strategic Plans on HIV/AIDs in Zambia**

**Policies and Strategic Plans on HIV/AIDs in Zambia**

HIV and AIDS Policy for the transport sector.	This provides guidelines and strategic direction for the coordination, implementation, monitoring and evaluation of all workplace programmes in transport and related sectors.
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**3.1.19 Provincial and District Differences**

The data on HIV prevalence at provincial level is highest in Copperbelt 15.4%, followed by Lusaka province at 15.1%. The lowest HIV prevalence is in Muchinga province (5.4%) followed by Northern Province (5.6%). Overall, 3.8% of young women and men age 15-24 are HIV positive. HIV prevalence is higher among young women than young men (5.6% versus 1.8%). The data was not segregated to district level as the ZDHS gives national data.



**3.1.20 Government and Civil Society Initiatives**

The fight against HIV/AIDS has been a multi-sectoral approach in Zambia. The government has been working with several partners, from community to civil society organisations and other NGOs that have an interest in HIV related issues. The range of services provided has been information, counselling, provision of HIV testing kits, policy formulation and research. The government has been working with UNICEF, Plan International, Clinton Health Access Initiative, President’s Emergency Plan For AIDS Relief (PEPFAR), EGPAF, UNAIDS and USAID.

### 3.1.21 Adolescent access to sexual and reproductive health care services

Access to sexual and reproductive health is key to achieving the physical, mental and social wellbeing of women. Sexual and reproductive health gives people the freedom to reproduce and decide when and how often they do so. MOH (2017) indicates that knowledge in sexual and reproductive health is very important, although Zambia still has challenges with access to sexual reproductive health for all. There is more access to sexual and reproductive health services for the urban dwellers than the rural population. According to the MoH (2017) only 16.7% of the urban adolescents complained of not having access as compared to 24.1% of their rural counterparts. This urban-rural disparity is attributed to long distances and traditional barriers that hinder women in rural areas from accessing and using contraceptives. Furthermore, MoH (2017) specified that there were significant inequalities in access to sexual and reproductive health between educated women and uneducated women.

### 3.1.22 Legislation and Policies

The African Charter in its Article 14 promotes the use of preventive health care and family life education and provision of services. Zambia has also formulated relevant policies to ensure access to sexual and reproductive health. Some of the policies are listed in Table 10 below.

**Table 10: Legislation on Sexual and Reproductive Health in Zambia**

Reproductive Health Policy 2005	Guarantees access to free contraceptives in public health facilities.
Zambia Family Planning National Guidelines 2006	Guides health care providers on how to provide quality family planning services
Zambia Integrated Family Planning Scale 2013-2020	Multi-sectoral approach to work with civil society partners and the media on spreading information on family planning

### 3.1.23 Provincial and district differences

There was no segregated data at the national level to show the trends at district level. Data obtained from ZDHS (2018) indicated that some provinces had higher percentages of unmet needs for family planning while others had lower levels.

Western and Luapula provinces had the highest unmet family planning needs for couples of 15-49 years range at 27% and 26% respectively. On the other hand, Muchinga and Lusaka had the lowest unmet needs at 15% and 16% respectively.

### **3.1.24 Government and civil society initiatives**

The government has initiated the human rights based approach in the provision of sexual and reproductive health services. This has been implemented in partnership with civil society organisations and non-governmental organisations such as the United Nations Population Fund, Women and Law in Southern Africa and Population Council.

### **3.1.25 Emerging themes in child survival and health**

Generally, there has been an improvement in child survival and health in Zambia. There has also been an increase in service provision for children's vaccinations, for children between one and two years, where 75% of the children receive age appropriate vaccinations. At least 78% of children with diarrhoeal diseases received appropriate treatment like oral rehydration therapy. However, there is still more effort in the area of underweight children, especially in the rural areas. This could be brought about by lack of proper feeding and balanced feeding, as it was reported that 35% of the children under 5 are stunted, with 8 provinces out of 10 recording more than 30% stunting of children

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## **3.2 Care for the Child in the Family and Community**

Family is defined as a recognized and established traditional form of uniting members to society. The family plays a crucial role in the social organisation of people and is one of the most important units of human society to ensure protection of children and full enjoyment of their rights. It is the initial biological and social community whose main purpose is the preservation of human species (Tsitsis, 2014). The African Charter on the Rights and Welfare of the Child has recognized the rights and responsibilities of the family and community in furtherance of children's rights. Children have the right to a family, to be protected from violence, abuse, neglect, exploitation, discrimination and other vices. Article 18(1) of the Charter provides that "the family shall be the natural unit and basis of society. It shall enjoy the protection and support of the State for its establishment and development."

In this context, a family is a community of people within the child's immediate environment encompassing biological parents, foster parents, siblings, grandparents, and extended family members. Article 19 further guarantees parental care and protection emphasising the right of the child to reside in the parents' home. In case of separation or divorces, decisions are to be made in the best interest of the child.

### **3.2.1 Parental responsibilities**

Parental responsibility in Zambia entails the rights and duties of a parent to protect, care and provide the essential needs of the child to support the proper development of the child. An interview with one Ministry Official indicated the following; *"...the Ministry heavily relies on the family structure as the natural unit and for parents to provide child care services. For us, we also take advantage of the collectiveness of the African community to handle the issue of parental responsibility through extended family structures. In our African culture, a child is a responsibility of not just a parent, because some do not have biological parents, therefore even grandparents are used to make sure the children are safe."*

Clearly, the government recognises that parents have the primary responsibility in providing for the wellbeing of their children within the family unit. The government keeps a keen interest in ensuring parental accountability through the inclusion of the status of children in the family unit as an indicator of child wellbeing in the Demographic Health Survey, as presented in Table 11 below. The government uses different platforms such as community leaders, churches and the civil society organisations to ensure that children are taken care of at family level.

**Table 11: Child Wellbeing in the Family**

Background characteristic	Living with both parents	Living with mother but not with father		Living with father but not with mother		Not living with either parent				Total	Percentage not living with a biological parent	Percentage with one or both parents dead <sup>1</sup>	Number of children	
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead					Missing information on father/mother
<b>Age</b>														
0-4	71.3	20.1	1.9	0.9	0.1	4.3	0.5	0.4	0.3	0.3	100.0	5.4	3.1	13,715
<2	74.2	22.5	1.4	0.2	0.0	1.1	0.3	0.0	0.0	0.3	100.0	1.4	1.7	5,321
2-4	69.4	18.7	2.2	1.3	0.1	6.3	0.6	0.6	0.5	0.3	100.0	7.9	4.1	8,394
5-9	62.5	13.4	4.2	3.2	0.5	10.8	1.3	2.2	1.5	0.4	100.0	15.7	9.7	13,901
10-14	51.1	10.8	6.3	4.9	1.0	15.1	2.3	4.3	3.4	0.8	100.0	25.0	17.3	12,477
15-17	44.1	8.8	8.6	4.6	1.1	16.4	3.2	5.4	5.3	2.5	100.0	30.3	23.7	4,767
<b>Sex</b>														
Male	60.9	14.2	4.5	3.5	0.6	9.6	1.3	2.6	2.1	0.7	100.0	15.6	11.1	22,459
Female	59.2	14.3	4.7	2.7	0.5	11.5	1.7	2.6	2.0	0.8	100.0	17.8	11.5	22,402
<b>Residence</b>														
Urban	55.1	14.9	5.3	3.5	0.6	12.3	1.7	2.9	2.8	0.9	100.0	19.6	13.4	15,789
Rural	62.7	13.9	4.2	2.9	0.5	9.7	1.4	2.4	1.7	0.6	100.0	15.1	10.2	29,071
<b>Province</b>														
Central	59.0	13.7	5.1	3.0	0.3	11.5	2.1	2.6	2.1	0.6	100.0	18.3	12.2	4,467
Copperbelt	54.2	14.1	5.6	3.8	0.8	12.3	2.0	3.2	3.0	1.1	100.0	20.5	14.6	6,386
Eastern	63.5	13.4	3.8	2.3	0.4	10.3	1.1	2.8	1.7	0.8	100.0	15.8	9.7	5,731
Luapula	57.7	19.3	4.7	3.1	0.2	7.9	1.3	2.5	2.9	0.4	100.0	14.6	11.6	3,777
Lusaka	58.7	13.9	4.9	2.9	0.4	12.2	1.4	2.4	2.3	0.8	100.0	18.3	11.6	6,522
Muchinga	67.8	11.6	4.4	1.5	0.8	7.8	1.5	2.0	1.9	0.6	100.0	13.2	10.8	2,678
Northern	68.8	12.4	3.9	1.7	0.3	7.1	1.4	2.4	1.6	0.4	100.0	12.5	9.7	4,040
North Western	58.2	16.8	4.1	3.2	0.5	11.9	1.2	1.9	1.8	0.5	100.0	16.9	9.5	2,268
Southern	63.1	11.2	3.7	4.3	0.9	11.1	1.3	2.2	1.5	0.7	100.0	16.0	9.7	6,074
Western	49.7	20.7	5.3	5.0	0.9	11.4	1.5	3.3	1.3	0.8	100.0	17.5	12.5	2,919
<b>Wealth quintile</b>														
Lowest	57.5	19.9	5.7	2.0	0.6	8.0	1.7	2.1	1.8	0.7	100.0	13.6	11.9	9,508
Second	66.2	12.4	4.6	2.8	0.4	7.9	1.2	2.3	1.7	0.5	100.0	13.1	10.3	9,638
Middle	61.8	13.8	4.2	3.1	0.5	10.9	1.1	2.3	1.8	0.7	100.0	16.0	9.8	9,474
Fourth	58.7	12.5	4.2	3.6	0.8	12.3	1.5	3.1	2.4	0.9	100.0	19.3	12.1	8,613
Highest	55.0	12.2	3.9	4.4	0.7	14.9	2.2	3.1	2.8	0.9	100.0	23.0	12.8	7,627
Total <15	62.0	14.9	4.1	2.9	0.5	9.9	1.3	2.2	1.7	0.5	100.0	15.1	9.8	40,093
Total <18	60.1	14.2	4.6	3.1	0.6	10.6	1.5	2.6	2.1	0.7	100.0	16.7	11.3	44,861

Source: DHS 2018

It is encouraging to note that children who are younger than age 2 live with both parents (74%) more often than children aged 15-17 (44%). Children in rural areas (63%) are more likely to live with both parents than children in urban areas (55%). A study on traditional parenting and child care practices in Zambia (2018) conducted by UNICEF in 10 districts of Zambia shows that mothers typically have the primary responsibility for the general care of their children. Older siblings, relatives and neighbours also frequently care for children, and in the case of older siblings this often includes tasks such as feeding, bathing, dressing and discipline. Siblings' help allows mothers to share the burden of care and engage in activities such as farming and household tasks. Many fathers in the research were reported to be largely absent from everyday activities in the household, although a few fathers were reported to help in child care (UNICEF, 2018).



Article 18(1) of the African Charter specifically implores the states parties to protect the family, as it was a natural unit and basis of the society. Further, the Charter indicates that steps should be taken to ensure equality of the rights and responsibilities of the spouses with regards to the children during marriage and in its dissolution. Zambia has enacted legislation and policies that support the protection of the vulnerable families. Additionally, Article 20 (1) of the African Charter states that parents or other persons responsible for the child shall have the primary responsibility for the upbringing and development of the child and shall have the duty: (a) to ensure that the best interests of the child are their basic concern at all times; (c) to ensure that domestic discipline is administered with humanity and in a manner consistent with the inherent dignity of the child. The parents are therefore responsible for ensuring that their children have access to education, health and other basic needs. However, as a result of high poverty levels, the majority of parents from low income quintiles are not able to adequately provide basic needs for their children.

### **3.2.2 Legislative and policy framework**

The government of Zambia has got several laws and policies to protect the vulnerable families in the family, this seeks to promote the welfare of the children at family and community level. The law regarding family protection and responsibility in Zambia covers several issues: right to privacy, parental rights and responsibility, protection of children in case of separation or divorce, children abduction, relocations, human trafficking, and child maintenance. The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, the essence of the law is to ensure that where possible the child to remain in or return to the care of his/her parents, or when appropriate, other close family members (Guidelines for the Alternative Care of Children, 2009). Table 12 below shows a summary of legislation that relates to the duty that the government has to ensure children are safeguarded at family level.

**Table 12: Legislation for Protection and Support of Vulnerable Families in Zambia**

Legislation for Protection and Support of Vulnerable Families in Zambia	
Affiliation and Maintenance of Children Act, Cap 64	This provides for court orders as to paternity, to consolidate the law relating to the maintenance of children in case of divorce or separation of parents. It also safeguards the rights of children born out of wedlock. This Act ensure that children are safeguarded by their parents

There are no available statistics for parental responsibilities at provincial and district level in Zambia, and in the same vein there are no explicit government or civil society initiatives for parental responsibility. However, the government has some initiatives that seek to promote the welfare of families, especially the poor and vulnerable families headed either by the old or young children. ZDHS 2013-14 indicated that the nature of households in Zambia were key to parental responsibilities in that the data indicated that most households did not have a father because some fathers abandoned their families or denied responsibility for the child. Therefore, there was bias in the way parental responsibilities were shared because more women than men were present in the family.

### 3.2.3 Governmental and civil society initiatives

An interview with a Ministry Official at the Ministry of Youth, Sports and Child Development indicated the following; *“The Ministry has made strides to put structures in place to care for the family at community level. For instance, efforts have been made to ensure coordination initiatives related to education, skills, psycho social support, health, child protection and economic strengthening to support the wellbeing of the children in the families. The Ministry has been working with other stakeholders such as Plan International Zambia to fight child early marriages, Save the Children to coordinate at district child protection committees, YWCA provides counselling to the families and the children in the community, Care International and Children in Need Network coordinates NGOs in the provision, Mtunzi children centre, Jesus cares Ministry provides education and shelter, media network, DAPP for skills and protection of the street children.”*

Similarly, the government, through the Ministry of Community Development and Social Services, has introduced the social cash transfer as a social protection safety net to support vulnerable families. According to the national social cash transfer report (2018) a total funding currently stands at about K 552 million, of which government funds K 414 million (75%) and donors K138 million (25%). A total of 355,000 beneficiaries are receiving their social cash transfer smoothly, with about 71% success rate.

### **3.2.4 Community-based supports for children (e.g., support for extended families)**

The Ministry of Community Development and Social Services is responsible for initiatives that aim at supporting children and promoting their wellbeing, the Ministry provides social assistance to supplement access to food and cash through the social cash transfer (SCT) scheme. Further, they provide livelihood empowerment for vulnerable families through skills development schemes that aim at increasing chances for employment. Through social welfare platforms, activities such as the promotion of family-based care, adoption services, protective services through psychosocial support and counselling, provision of bursaries, medical support and social cash transfer for child headed home (MoCDSS, 2017). The Ministry of Youth Sport and Child Development also promotes the welfare of children through its four pillar programmes; child survival rights, child development rights, child protection and child participation.

Although the African Charter does not explicitly mention community-based support for children, it provided for the promotion of family in its Article 18, where it implores states parties to protect and support the family. However, Zambia has legislation and several policies that ensure community-based support for children. Below is a description of laws and policies.

**Table 13: Legislation for community-based support for children in Zambia**

Legislation for community-based support for children in Zambia	
Affiliation and Maintenance of Children Act, Cap 64	This provides for court orders as to paternity, to consolidate the law relating to the maintenance of children in case of divorce or separation of parents. It also safeguards the rights of children born out of wedlock. This Act ensure that children are safeguarded by their parents
Adoption Act-1956	This protects habilitation and rehabilitation through a multidisciplinary approach, it further promotes registration of adoptions, this protects children and ensures their safety.

**Table 14: Policies for Protection and Support of Vulnerable Families in Zambia**

Policies for protection and support of vulnerable families in Zambia	
National Social Protection policy (2014-2018)	This policy is meant to provide social assistance to the vulnerable families led by old people, vulnerable women and children in order to cushion their families from the social and economic impact.
National Child Policy 2015	This policy coordinates multi-sectoral child welfare to strengthen and support coordinated mechanisms for services provision to children. This coordinates initiatives to support families so that children are kept out of the streets.

An interview with another Ministry official indicated that although the Ministry tries to ensure community support for children, there were some challenges, *“.....providing good policy environment to support the wellbeing of the child such as child safeguarding policy helps form mechanisms that should support child wellbeing. This is very important, unfortunately the policy environment does not guarantee the wellbeing of the children and protect them from abuse. Lack of proper mechanisms that can be used to report and later track the reported cases of child abuse makes it difficult to tackle the issues of child safety. Lack of child voices in most government and community initiatives is another challenge, children need a voice, a child should not be seen but heard at every level, child participation in the things that affect them.*

*They (children) have feelings and they need to be heard and their wish respected, this is not promoted in the formulation of the activities that involve the children, therefore, there is need to involve children so that their voices are heard."*

### **3.2.5 Provincial and district differences**

The study did not find available statistics that indicated provincial or district differences, however, the report by the Policy Monitoring and Research Centre (2017) found that all 117 districts of the country representing 700,000 households received the support through the social cash transfer scheme.

### **3.2.6 Government and civil society initiatives**

The government, through the MoCDSS, implements the social cash transfer scheme with 25% support from the donors. Child headed homes, women and old people headed homes receive 90 Zambia Kwacha per month, while households with disabled people receive 180 Zambian Kwacha. Further the Ministry implements the Girls Education and Women's Empowerment and Livelihoods Project (GEWEL), this provides support to disadvantaged girls and women from poor communities to have access to secondary education. It further supports women's livelihood. Finally, social welfare is implemented to promote family-based care for the children, foster care, bursaries and psychosocial counselling for the children, especially survivors of abuse.

### **3.2.7 Discipline that maintains the dignity of the child**

Although Zambia has abolished corporal punishment, there are reports indicating that violence, neglect and abuse against children is still prevalent in most sections of the society. The UNICEF (2018) report on common parenting practices indicated that parents, especially mothers, used severe forms of discipline such as beating, withholding food, withholding playtime and threats. Mothers further indicated that they did not segregate in disciplining the children, but fathers reported that they disciplined the boys more and the mothers disciplined the girls.

Article 16(1) of the African Charter implores states parties to take specific legislative, administrative, social and education measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse, while in the care of the

children. Zambia does not have explicit laws or policies on discipline that maintains the dignity of the children, therefore it relies on the fundamental laws that safeguard the wellbeing of the child, such as the bill of rights and the education act which abolished any forms of corporal punishment for the pupils.

An interview with the Director of the Media Network for Child Rights established that the reason why there is not much work around child discipline in Zambia is because most parents did not realise that children had responsibilities and they did not need to be treated badly for them to understand, but rather parents should cultivate a culture of having conversations with the children. He noted the following; *"...it is difficult to separate rights and responsibilities of the children, therefore they should be seen and taken as different sides of the coin, they go hand in hand, they must be attached to rights because all the rights naturally come with responsibilities. However, the Zambian policies have no deliberate framework that contain responsibilities of the children which are written down and are to be taken side by side with the rights. The biggest responsibility should be on the adult to ensure that the children have both rights and responsibilities given to them. Therefore a child should be made to bear responsibilities for their rights and held accountable for their actions as much as their rights are safeguarded."*

Although there is no explicit literature that segregates the discipline for the children and the forms of discipline they are exposed to, it was reported that girls were more vulnerable to abuse than the boys at home. The respondent reported that fathers generally treated girls better than the boys.

### **3.2.8 Government and civil society initiatives**

The government put in place measures to promote positive discipline at home and school levels. Civil Society Organisations championing the rights of the children also stress the importance of positive discipline that maintains the dignity of the children. Some organisations such as Plan International, Save the Children, and Media Network for Child Rights (MNCR) work with the government to promote discipline that maintains the dignity of the child.

### 3.2.9 Child day care services for working parents

According to the Minimum Standard of Care for Children (MSCC), day care is the care, supervision and guidance of children, including those living with disabilities, for the period not exceeding 12 hours per day without the accompaniment of a parent, guardian or custodian. And therefore, day care centres are facilities which care for children. The laws of Zambia through the Day Cares Act allows the creation of child day care centres for working parents. The Minimum Standard of Care offers further guidelines on the number of hours children should spend at the day care centres and the standard of the facility, number of the children per facility and sanitation standards. Under the law, child day care services are provided by the facilities that have valid certificates obtained from the department of social welfare.

Although the African Charter does not explicitly refer to the child day care services for working parents, it indicates in its article 11(4) parents or guardians should be free to take their children to other education facilities that conform to their wishes. However, Zambia has sufficient laws and policies to support the provision of child care for the working parents through the nursery schools, kindergarten, playstation and child development centres. Some of the laws and policies surrounding the child day care listed below in Table 15 and Table 16;

**Table 15: Legislation for Child Day Care in Zambia**

Legislation for Child Day Care in Zambia	
Juveniles Act Cap 53	Gives legal guidance for the operation and responsibilities of child care facilities to work with families to strengthen the care of the children
Days and Nurseries Act of 1957	It provides for the registration and regulation of day care nurseries in Zambia.

**Table 16: Policies for Child Day Care in Zambia**

Policies for Child Day Care in Zambia	
Minimum Standard of Care for Children	Gives guidelines for all centres and institutions caring for the children in Zambia.

There is no consolidated data from the Ministry of Community Development and Social Services that indicate the number of day care facilities in Zambia, the available data is compiled by different scholars targeting only a few districts and is not segregated by gender. However, day care facilities are monitored by the Ministry of Community Development and Social Services to ensure that there is adherence to the guidelines that aim at protecting the children and providing an environment which supports their development.

### **3.2.10 Government and civil society initiatives**

The government, through the Ministry of General Education, has introduced early childhood education centres. This provides an opportunity for children below school age to attend and spend time during the day. The ECE centres provide the opportunities to the children to play (60%) and learn (40%), however, the government-run ECE centres are still few. Private organisations such as the church and community based organisations complement Government's efforts in the provision of ECE services in Zambia.

### **3.2.11 Alternative institutional care facilities**

According to Minimum Standard of Care for Children (MSCC) an alternative care facility is any place or facility operated by any institution, society, agency, corporation, person or persons, or any other group for the primary purpose of providing care, supervision, and guidance of seven (7) or more children, unaccompanied by a parent or guardian, not including those related to the operator of the facility, on a regular basis for at least twelve and one-half (12.5) hours in a continuous seven (7)-day week. Institutions that do not qualify as child care facilities include but are not limited to; recognised religious organisation such as nursing homes and hospices.

Zambia has developed Guidelines for the Alternative Care of Children (2009) that puts priority on the family-based alternative care system to ensure that children grow up within a family unit (UNICEF 2019). Despite government measures to assist vulnerable children, the majority of them have not benefited and far too many children still live on the streets, struggling to survive. Only about 6,413 children are currently living in residential care institutions, out of which 49.35% males and 48.23%



females, 2% were not disaggregated by gender by four facilities (Nationwide Assessment Report on Child Care Facilities, 2017).

The African Charter Article 25(3) implores states parties to ensure that when considering alternative family care of the child and the best interests of the child, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious or linguistic background. Zambia has developed guidelines such as the Minimum Standard of Care in conformity with the United Nations Convention on the Rights of the Child under the Nations Guidelines on Alternative Care of Children of 2009.

According to the Ministry of Community Development and Social Services (2017), there were 189 Child Care facilities in Zambia. Among these only 186 were operational, although 3 more were non-residential. Data from the MCDSS (2019) indicated that only 179 were recorded to be well function. The Table below shows the number of Child Care Facilities per province. As of 2017, the MCDSS reported that the total number of children in the facilities were 6, 413 and 49.35% were males and 48.23% were females while 2% were not segregated by gender. There was no data to show if the facilities were run by the government or the civil society.

**Table 19: The Number of Alternative Child Care Facilities per Province**

**Table 17: The Number of Alternative Child Care Facilities per Province**

	Province	Number	Percent
1	Central Province	20	12.18
2	Copperbelt Province	50	26.92
3	Eastern Province	5	3.21
4	Luapula Province	5	2.56
5	Muchinga Province	4	1.92
6	Lusaka Province	48	28.21
7	Northern Province	4	1.92
8	North Western	11	3.85
9	Southern Province	24	14.10
10	Western Province	8	5.13

The primary aim of the government, through coordinated efforts with Ministries such as the Ministry of Community Development and Social Services and the Ministry of Youth, Sport and Child Development, is to make sure all children are kept in families. Therefore, they seek to strengthen the family institution as a way of reducing street children. One interviewee indicated that, through its social cash transfer scheme, many children could be kept out of the street by economically and socially empowering their families. Similarly, an interviewee at the Ministry of Youth, Sport and Child Development indicated that the Ministry builds on the collective nature of the African family by sometimes empowering extended family members who are responsible for vulnerable and orphaned children.

The government official reported that the government also works with other stakeholders to ensure that vulnerable and orphaned children are kept in the child care facilities. He reported that some of the child care facilities such as orphanages have greatly contributed to the provision of child care facilities. The Government also works mainly with the church and donors to look into the welfare of vulnerable and orphaned children.

Through this partnership, some children are reintegrated into society after receiving education. Kasisi girls for example is a school that some children under Kasisi attend.

Care for a child in the family and community is an area that needs concerted efforts, ranging from parental responsibilities to child day care services or alternative institutional care facilities in Zambia. There is a need to strengthen the family and community structures through community initiatives and government initiatives like social cash transfers in order to safeguard the wellbeing of the children at family level. The devastating effects of HIV/AIDS and poverty have had negative impacts on the family's ability to care for children. This is coupled with poverty, which has forced children to leave their households to live on the streets. The lack of sufficient social institutions and facilities like playing parks has worsened the situation, as most children would not have safe spaces to socialise. The Acting Director at the Ministry of Youth, Sport and Child Development indicated that a lack of funding to create child friendly spaces and support vulnerable families resulted in more children opting to be on the streets, especially in the event of death of the parent or guardian.

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### **3.3 Child Development and Education**

Education has been a key component of Zambia's national development. It is seen as foundational for human capital development with the goal of equipping learners with necessary skills required for survival and productivity. Broadly speaking, education encompasses formal and informal learning. This section therefore, provides current context and recent trends in the education sector spanning from Early Childhood Education, Primary and Secondary Education.

#### **3.3.1 Structure of the education sector in Zambia**

The structure of the education system in Zambia changed in 2015 from a 9-3-4 system with nine years of basic education to a 7-5-4 system with seven years of primary and five years of secondary education (MoGE, 2018, p. 1). Recently, the Ministry of General Education Early Childhood Education was integrated within the education structure, a policy move which has seen the Government taking an active role in ECE service provision.

### 3.3.2 Legislative and policy environment

Zambia is a signatory to many international human rights instruments that propagate for the right to education on a non-discriminatory basis. Article 11 of the African Charter on the Rights and Welfare of the Child provides that every child shall have the right to education. The Charter in Article 2 has highlighted the goals of education: a) promotion and development of the child’s personality, talents, and physical abilities to their fullest potential; b) fostering respect for human rights and fundamental freedoms’ c) the preservation and strengthening of positive African morals, traditional values and culture; d) preparation of child for responsible life in society; e) the preservation of national independence and territorial integrity; f) promotion and achievement of African Unity and solidarity; g) development respect for the environment and natural resources; h) the promotion of the child’s understanding of primary health care. States Parties are under an obligation to take measures towards the full realisation of the right by providing free and compulsory basic education and ensuring that secondary education is made accessible to all. Other international instruments of relevance to education are the United Nations Declaration of Human Rights (UDHR) and the Convention on the Rights of the Child (CRC) both of which Zambia is a party to. The 2030 Agenda for Sustainable Development agenda contains 17 goals including a new SDG4 relating to education which is “...to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.”

At the national front, Zambia has put in place a reasonably sound legislative and policy environment as illustrated in Table 18 and Table 19 below:

**Table 18: Child Development and Education Legislative Environment**

Child Development and Education Legislative Environment	
Education Act, No. 6 of 2011	Section 14: “Subject to the Constitution and the other provisions of this Act, a person has the right to – a) early childhood care, development and education; b) basic education, including adult literacy education; c) higher school education.” Section 15: “A child has the right to free basic education.”
Disability Act	Provides for an equitable right to education for Children Special Educational Needs

**Table 19: Child Development and Education Policy Environment**

Child Development and Education Policy Environment	
1996 Education Policy	Recognises education as a human right and a means for enhancing the wellbeing and quality of life for individuals and society. The policy provides for early childhood education, primary education, secondary education and tertiary education
National Child Policy	Coordination of child related services across sectors including education
National Disability Policy	Equitable access to education for children with Disabilities in a least restrictive environment through provision of specialised services and materials
Education Sector Skills Plan 2017-2021	Strategic plan for education covering early childhood education, primary, secondary and tertiary education with a focus on key policy indicators: access, quality, equity, and efficiency

### 3.3.3 Early Childhood Education (ECE)

Early Childhood Development (ECD) underpins the overall development of a child and sets a child on a good trajectory to meaningful achievements in later years. ECD is an important aspect of child support, being implemented by various Ministries, with the Ministry of General Education focusing on ECE. Other collaborating Ministries are the Ministry of Health, Ministry of Community Development and Social Services, Ministry of Youth, Sports and Child Development, and the Ministry of Local Government and National Housing. According to the Education Sector Skill Plan 2017-2021, ECE as a sector covers nursery education for children aged three to four and reception for children aged five to six. Although there is currently no policy on Early Childhood Development, in-depth interviews revealed that the Ministry of Health is primarily responsible for children aged 0-3 years whereas the Ministry of General Education is responsible for children aged 3-6 years.

### 3.3.4 Legislation, policy, and strategic plans

Although the African Charter on the Rights and Welfare of the Child is silent on Early Childhood Development, it implicitly provides for access to education on

non-discriminatory basis. National laws such as the Education Act of 2011 recognise Early Childhood Care Development and Education.

### **3.3.5 Government initiatives in ECE**

The Education Sector Skills Plan 2017-2021 has identified the following policy strategic areas: increasing access to ECE; expand the provision of suitable play and learning materials; implement school readiness assessment; implement child developmental milestones assessments; establish internal quality assurance of ECE education delivery; collaborate with communities to provide caregivers; and establish model ECE centres. To reaffirm the Ministry's commitment towards the ECE sector, a government official who was interviewed said: *"As the Ministry of General Education, we consider ECE as the footing and foundation of our education system. We aim to give our children a strong foundation for the betterment of our education system. We should be like farmers not to be satisfied with the harvest but rather with the seed as this is what will determine the quality of the harvest. Time has come for Zambia to prioritise the very foundation of our education system."*

Several strides have since been made in the ECE sector. Notable among them are: annexing of ECE centres to existing primary schools; implementation of the low cost satellite model for ECE delivery for rural and hard to reach areas targeting children from disadvantaged backgrounds; establishment of the Directorate of ECE (DECE) within the Ministry of General Education; deployment of qualified early childhood teachers; development and distribution teaching learning materials, and development of curriculum framework (ESSP, 2017).

### **3.3.6 Access**

The policy efforts have positively contributed to an increase in the proportion of children in grade one entrants with ECE exposure from 15% in 2016 to 29.5% in 2018, a total of 3,000 ECE centres and 1,849 teachers deployed from 2013 to date. Currently, enrolment at ECE level are as follows:

**Table 20: ECE enrolment by Running Agency in Each Province**

<b>Table 2 ECE ENROLMENT BY RUNNING AGENCY 2018</b>					
PROVINCE	GRZ	Grant-aided	Community	Private	Total
CENTRAL	13912	644	4703	3965	23224
COPPERBELT	11889	609	7024	14915	34437
EASTERN	22921	1413	5687	820	30841
LUAPULA	14000	236	990	1743	16969
LUSAKA	6547	559	12091	9726	28923
MUCHINGA	9022	152	1229	1282	11685
NORTH WESTERN	7495	265	197	1536	9493
NORTHERN	9841	890	733	1205	12669
SOUTHERN	28393	1628	5433	4586	40040
WESTERN	10513	346	1576	1349	13784
<b>TOTAL</b>	<b>134533</b>	<b>6742</b>	<b>39663</b>	<b>41127</b>	<b>222,065</b>

Source: Education Statistical Bulletin, 2018

While access has shown improvement, analysis of population distribution data for children aged 0-6 years gives an indication that majority of the children are not accessing ECE services as presented in Table 23 below:

**Table 23: Children aged 0 to 6 Population Distribution**

<b>Age (years)</b>	<b>Population</b>	<b>Cumulative</b>
<b>0</b>	678,359	678,359
<b>1</b>	646,609	1,324,968
<b>2</b>	622,829	1,947,797
<b>3</b>	602,212	2,550,009
<b>4</b>	583,231	3,133,240
<b>5</b>	567,413	3,700,653
<b>6</b>	553,929	4,254,575

Source: CSO, 2010 Census projections

Out of the 4,254,575 eligible children, only a negligible number of 222,065 currently have access to Early Childhood Development services.

### **3.3.7 Quality**

In discussing initiatives around quality improvement in ECE service delivery, the Directorate noted that the curriculum review process which started in 2014 had been a key driver in regulating the ECE curriculum content in private and public ECE centres. Other areas were provision of teaching and learning materials and deployment of teachers. This has further led to the standardisation of the content in the teacher training colleges. The Ministry of General Education had also developed the minimum ECE standard guidelines although operationalisation had been hampered by inadequate funding to the sector.

### **3.3.8 Equity**

On equity indicators, the Directorate reported that the sector had attained gender parity of 1.09, with more girls currently accessing ECE compared to boys. It was, however, reported that access for children with disabilities remained a major equity gap in ECE sector and undocumented. Regional disparities between rural and urban areas were also highlighted and stood at 28% for urban and 8% for rural areas. An interview with the coordinator for Child Health in the Ministry of Health also revealed that access to early learning opportunities and responsive caregiving for children in the 0-3 age bracket remained extremely low and undocumented. To address this gap, the Ministry of Health with support from UNICEF and LEGO Foundation is scaling up parenting programmes as a means of enhancing access for children aged 0-3 years.

### **3.3.9 Civil society organisations initiatives**

Other key players in the ECD sector in Zambia are Faith Based Organisations, Civil Society Organisations, and the private sector. In-depth interviews were conducted with various societies including: the Zambia Civic Education Association, and Zambia National Education Coalition (ZANEC) to better understand the role of Civil Society Organisations in the ECD space. The Director for Zambia Civic Education Association acknowledged the important role of CSOs in complementing government efforts and advocating for improved service delivery. ZANEC also emphasised that the CSOs have particularly been crucial in mobilising communities in the construction of low cost community based ECD centres, recruitment and capacity building for volunteer caregivers, and coordination of ECD related activities. These efforts have been drivers to community engagement and ownership in ECE provision.



### **3.3.10 Achievements**

Key among the achievements highlighted by the Directorate of ECE are: the establishment of the Directorate of ECE as a sector within the education structure, deployment of ECE teachers on government payroll, increased access, and provision of teaching and learning materials. Most importantly, recognition of ECE as a sector in the Ministry of General Education has seen a dedicated budgetary allocation to the sector, albeit paltry.

### **3.3.11 Challenges**

On challenges, officials at the Directorate of ECE noted that the ECD sector is characterised by internal inefficiencies including: fragmented coordination mechanisms across the sectors, inadequate number of qualified teachers as the Government has employed only 1,952 ECE teachers, out of the 14,512 registered ECE teachers with the Teaching Council of Zambia. Other challenges are lack of developmentally appropriate teaching and learning materials, limited access with only a small proportion (29.5%) of grade one entrants having exposure to ECE. The ECE sector is also characterised by geographical inequalities with children in rural and hard to reach areas disproportionately underrepresented. There is a lack of appropriate infrastructure to facilitate the integration of children with disabilities. Although ECE provides a strategic window for early identification and intervention for children with special educational needs, the government has not yet made necessary adjustments to take into account inclusion of children with disabilities in this sector. Officials in the Directorate of ECE further highlighted inadequate funding and erratic disbursement as the hallmark hampering efficiency in the delivery of services. They reported that in the 2018 budget, the ECE sector had an allocation of ZMW46.5 million translating into 0.04% of budgetary allocation to the education sector, unfortunately less than 3 million was disbursed as shown below.

**Table 22: Trends of approved budgets and releases by sub sector from 2017 to 2019**

Programme	2017		2018		2019	
	Approved (ZMW)	Received (ZMW)	Approved (ZMW)	Received (ZMW)	Approved (ZMW)	Received (ZMW)
Early Childhood Education	37,000,002	115,397,558	11,969,915	4,790,220	13,844,175	2,942,861
Primary Education	6,185,742,009	6,225,937,320	6,480,938,437	5,125,524,152	6,983,489,297	4,378,660,315
Secondary Education	2,137,700,136	2,292,161,783	1,961,171,898	1,777,913,620	2,235,392,437	1,379,904,119
Adult and Youth Literacy	1,345,055	1,201,683	1,201,683	832,545	827,410	307,689
Management and Support Services	825,711,880	942,590,541	942,590,541	248,423,331	889,389,823	543,889,775
Total	<b>9,187,499,082</b>	<b>9,577,288,885</b>	<b>9,393,821,712</b>	<b>7,157,483,869</b>	<b>10,122,943,142</b>	<b>6,305,704,759</b>

Source: MoGE 2018

### 3.3.12 Primary education and secondary education

Primary education in Zambia runs from grade 1 to 7 whereas secondary education spans grades 8-12. Three priority areas have been identified at primary school level as highlighted in the Education Sector Skills Plan: i) improve quality of primary provision; ii) improve access and equity in the delivery of primary education; and iii) establish internal quality assurance. At the secondary school level, policy priorities are: increase the number of classrooms in secondary education; improve equitable recruitment and deployment of teachers especially those for science, technology, engineering and mathematics (STEM); establish internal quality assurance of SE delivery; and enhance comprehensive sexuality education (CSE) through guidance and counselling.

### 3.3.12 Legislative and policy environment

Through the African Charter on the Rights and Welfare of the child, education has been recognised as a human right. The Charter has further implored on states parties to work towards progressive realisation of free basic and secondary education. The Education Act of 2011 further provides for the right to compulsory primary education.

### 3.3.13 Initiatives

Various policy initiatives have been put in place to enhance access to primary education. These include among others; infrastructure expansion, increased access, reduced teacher-pupil ratio; implementation of a 50:50 enrolment initiative at entry grade level (Grade 1); introduction of Free Primary Education (FPE) Policy in 2002;

and implementation of the re-entry policy to allow teen mothers be re-admitted into school.

### **3.3.13 Access**

Zambia has made great strides in the provision of primary education. To maintain access and quality in the provision of primary education, the Ministry of General Education through the ESSP 2017-2021 has identified three priority areas: i) improve the quality of primary provision; ii) improve access and equity in the delivery of primary education; and iii) establish internal quality assurance of PE delivery policy strategies such as the Free Primary Education (FPE) Policy, which was introduced in 2002 which have yielded positive results in accelerating universal access to basic education. Related to this is infrastructure expansion that the sector has witnessed over the years, estimated at 9% from 8,013 in 2007 to 8,823 by 2016. This increase has been brought about by a number of benefits including: the reduction in teacher-pupil ratio; the implementation of a 50:50 enrolment initiative at entry grade level (Grade 1); and the introduction of the re-entry policy for girls who fall pregnant. In addition to the government, other stakeholders such as the private sector operating as private for profit have played a pivotal role in the expansion of the education system. Community schools have also been crucial in enhancing access to education with a focus on orphans and vulnerable children who would ordinarily be left out of the education system. This has been made possible because community schools are established and funded by parents and teachers as well as the local communities. Private schools mainly operating for profit or as a business enterprise have also played a major role in education provision in Zambia.

The secondary education sector spans five years of post-primary education. It is divided into two years of junior secondary (Grades 8–9) and three years of senior secondary (Grades 10–12). The junior secondary is intended to lay the foundation for senior secondary school, and it subjects the learners to the national exam at Grade 9. Whereas the senior secondary school for learners aged 16-18 years is seen as an important foundational stage for the transitioning into tertiary education and acquiring useful life skills. At the end of Grade 12, learners write school certificate examinations which are used as a measure for entry into tertiary training colleges and universities. The ESSP 2017-2021 has identified key areas of priority in these sectors: increase the number of classrooms in secondary education; improve equitable recruitment and deployment of teachers especially those for science,

technology, engineering and mathematics (STEM); establish internal quality assurance of SE delivery; and enhance comprehensive sexuality education (CSE) through guidance and counselling.

Several benchmarks have been recorded at both primary and secondary education sector level. These include among others: the number of classrooms have increased from 7,639 in 2009 to 9050 in 2018 and 554 in 2009 to 1117 in 2018 for primary and secondary education respectively. Presented below is the total number of primary schools across the country from 2009 to 2018.

**Table 23: Number of Primary and Secondary Schools 2009-2018**

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Average Annual Growth Rate
<b>PRIMARY</b>											
Total	7,639	8,493	8,362	8,359	8,801	8,754	8,804	8,823	8,843	9,050	1.9%
GRZ/ GA	4,709	4,903	5,016	5,219	5,420	5,474	5,669	5,670	5,859	5,983	2.7%
Private/ Church	354	739	709	498	485	616	699	973	659	696	7.8%
Community	2,576	2,851	2,637	2,642	2,896	2,664	2,406	2,480	2,325	2,371	-0.9%
<b>SECONDARY</b>											
Total	544	646	631	663	683	794	832	851	1009	1117	10.7%
GRZ/ GA	447	498	487	501	522	616	664	707	996	996	9.7%
Private/ Church/ community	97	148	144	162	161	178	168	144	101	121	19.8%

Source: ESB, 2018.

With infrastructure expansion, the proportion of children enrolled in primary and secondary education has increased at the average annual growth rate of 1.8% from 2013 to 2018. Gross enrolment rates stand at 102.4% at primary school level and 45.8% for secondary school level as highlighted in Table 24 below:

**Table 24: Gross Enrolment Rate for Primary and Secondary Education from 2013-2018**

Year	2013	2014	2015	2016	2017	2018
Grade 1-7						
National	127.3%	113.137%	111.20%	105.75%	104.3%	102.4%
Boys	126.8%	113.34%	111.20%	106.26%	103.6%	100.8%
Girls	127.9%	114.14%	111.20%	104.75%	105.0%	104.1%
Grade 8-12						
National	32.60%	32.32%	45.40%	45.66%	46.4%	45.8%
Boys	35.50%	35.23%	48.10%	48.05%	48.0%	47.6%
Girls	29.70%	29.48%	42.70%	45.28%	44.9%	44.1%

Source: ESB, 2018.

Similarly, the number of pupils enrolled in primary and secondary schools 2009-2018 has increased.

### **3.3.14 Quality**

Quality interventions are evidenced by: successful implementation of the 2013 revised curriculum and orientation of teachers; introduction of the two tier curriculum system (vocational and academic); implementation of the use of the local languages in teaching and learning at the lower primary grades; provision and distribution of teaching and learning materials; training and deployment of teachers.

### **3.3.15 Equity**

Education is recognised as a human right in Zambia, with the aim of ensuring equitable access for all on a non-discriminatory basis. The 1996 education policy has identified special areas of interest with respect to equity including: gender, children with disabilities, and orphans and vulnerable. This section highlights some of the policy interventions and achievements in this regard.

### **3.3.16 Government initiatives to support girls education**

Although Zambia has attained gender parity at the primary school level, gender gaps become visible when children transition to secondary school. UNICEF (2018) has reported that girls continue to be at a disadvantage with a large number of them

dropping out in the upper primary and poorer levels of transition to junior secondary and senior secondary levels. Global trends indicate that teenage pregnancies are a major social problem. To mitigate the problem, officials at the Ministry of Gender reported that the Zambian government has put in place a policy to allow for the re-enrolment of girls who fall pregnant back into the school system after they have babies. Before 1991, once a girl dropped out of school for falling pregnant, it marked the end of her enrolment in any education system. This led to early marriages and usually through difficult circumstances such as forced marriages. Thus the re-entry policy initiative is aimed at giving the girl child a second chance. The policy allows the girl to go on six months maternity leave when they give birth and return back to school when they are ready to do so. Clearly, the introduction of the re-entry policy has been a radical push towards girl child education and a number of girls have been re-admitted both at primary and secondary school levels. Presented below is a table showing the trends in the number of children who fall pregnant at primary school levels and readmissions from 2011 to 2018. A total of 11,453 were reported to have fallen pregnant at primary school level in 2018, representing an average annual increase rate of 2.7% from 2011 to 2018. Unfortunately, only 4,917 were re-admitted as shown in Table 25 below:

**Table 25: Number of pregnancies and re-admissions at primary school level from 2011 to 2018**

	2011	2012	2013	2014	2015	2016	2017	2018	% (Average Annual Growth rate)
Primary schools Pregnancies	13 929	12 753	12 500	13 275	11 989	11 765	10684	11 453	2.7
Re-admissions	5 106	4 915	4 492	5 322	5 217	5 423	5527	4 917	-9.3

Source: ESB, 2018.

Similarly, about 3,576 were reported pregnant at secondary school level in 2018 representing an average annual increase rate of 3.4% from 2011. Out of this number, 2,488 were re-admitted as listed in Table 26 below:

**Table 26: Number of Pregnant Learners and Readmissions at Secondary School Level from 2011-2018**

	2011	2012	2013	2014	2015	2016	2017	2018	% (Average Annual Growth rate)
Secondary schools Pregnancies	1 778	2 096	2 428	3 103	3 136	3 457	2956	3 576	3.4
Re-admissions	924	1 086	1 337	2 069	2 047	2 230	2052	2 488	11.6

Source: ESB, 2018.

Other policy initiatives aimed at advancing girl child education include the positive discrimination in favour of girls in national examination selections. Realising the gender gap that characterised the education system at all levels, the Government of the Republic of Zambia evoked the Gender Policy to introduce the Affirmative Action to support the girl child by lowering the cut-off point at grade 7 and grade 9 examination to accelerate the transition of girls into grade 8 and 10 respectively.

### 3.3.17 Challenges

In-depth interviews with an official from the Ministry of Gender indicated that while the implementation of the re-entry policy has yielded positive results, there are challenges in attaining national aspirations. The official emphasised that the re-entry policy is not currently law but rather a policy framework which does not make its implementation a legally binding force. Although it was acknowledged that there is adherence to the policy requirements especially in government schools, there is reluctance especially in grant-aided institutions such as the mission schools where teenage pregnancy is associated with immorality. Teen mothers who attempt to re-enrol into these grant-aided schools are systematically transferred to the nearest government school for fear of compromising the moral standards in mission schools. This in itself is an abrogation of the discrimination clause of the African Charter on the Rights and Welfare of the Child as enunciated in Article 4 which emphasises the fundamental child rights principle of “best interest of the child.” Furthermore, recent studies have also shown that in a number of cases, teachers have reported that some girls do not return back to school once they fall pregnant (Zuilkowski.,

Henning., Zulu., & Matafwali, 2019). Follow-up interviews with officials in the Ministry of General Education highlighted challenges that act as barriers to the re-entry policy. One officer narrated that *“lack of financial support for the girls to complete school because their families disown them or if they stay with them they tell them there is no more money to cater for all their education needs because the family has an additional responsibility of taking care of the baby.”* They emphasised that although the policy allows girls to be out of school for a period of six months, after which they are expected to report back to school, it is a challenge for many school girls who have no caregivers to look after their babies. Some girls find it difficult to divide attention between child care and school demands. They recommended the need for guidance and counselling services on reproductive health rights to prevent unwanted pregnancies among girls in schools.

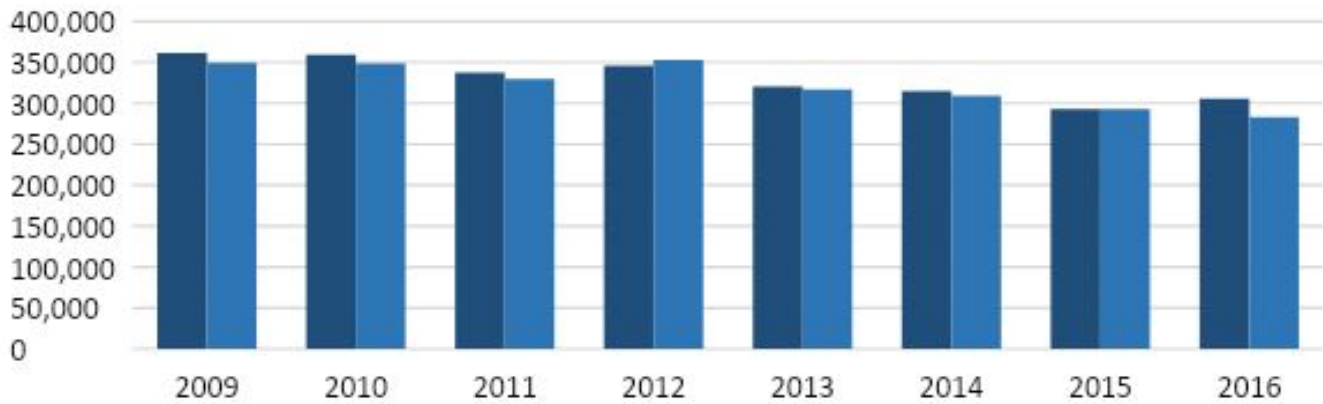
The Ministry of General Education officials further noted that the government has put measures to make funds available for girls who require government’s assistance to continue with their education. Specific programmes such as the World Bank funded Girls Empowerment and Women Enhanced Livelihoods (GEWEL) project have a strong gender support dimension with the goal of keeping girls in school by providing financial assistance to girls and vulnerable households. This is a five year project with the Ministry of Community Development and Social Services implementing the women empowerment component whereas the Ministry of General Education takes the lead on girls support through the Keeping Girls in School programme. Reports show that a total of 16,000 girls have been enrolled in schools through the Keeping Girls in School programme (KGS) in 2018 and 2019 (ESB, 2018).

### **3.3.18 Orphans and vulnerable children in school**

Evidence shows that Zambia is one of the countries in Sub-Saharan Africa badly affected by the HIV and AIDS pandemic, with a prevalence rate estimated at 13% among the 15-49 years age group (DHS 2018). The Education Sector Analysis (ESA) further projects that more than one million children affected by the scourge of HIV and AIDS may suffer deprivation, abuse, exploitation, limited access to education, and are less likely to have access to training opportunities (MoGE, 2018). Figure 1 below presents the statistics of orphans and vulnerable children currently enrolled in school from 2009 to 2016.



**Figure 1: Statistics of orphans and vulnerable children**



Source: Education Sector Analysis, 2018, p. 123

### 3.3.19 Support to orphans and vulnerable children through the bursary scheme

Bursaries have been used as a way of mitigating drop outs of learners due to a lack of education support. The bursary scheme is intended to support orphans and vulnerable children (OVC), especially girls who cannot afford basic school requisites. Table 29 below shows the provincial and gender distribution of OVCs receiving bursaries. For all grade groups, more girls than boys receive bursary support. This is meant to bridge the learners' gender gap arising from many social, biological and economic factors that disadvantage girl learners.

**Table 27: Number of pupils receiving bursaries in all schools by gender from 2011 to 2018**

	2011	2012	2013	2014	2015	2016	2017	2018
Primary Schools								
Male	38 417	41 304	30 624	24 242	19922	18334	16827	16 029
Female	42 862	45 530	35 083	25 041	21250	18578	17611	16 729
Total	81 175	86 834	65 707	49 283	41172	36912	34438	32 758
Secondary Schools								
Male	7 671	11 151	9 488	21 548	31910	29019	28185	14 881
Female	7 519	11 808	11 188	26 672	41397	34143	38925	33 205
Total	15 190	22 959	20 676	48 220	73307	63162	67110	48 086
TOTAL (NATIONAL)	96 365	109 793	86 383	97 503	114 479	100 074	101548	80 844

Source: ESB, 2018.

### **3.3.20 Civil Society Organisations initiatives**

The Ministry of General Education recognises the role of CSOs in promoting equity to primary and secondary education. Thus an enabling policy environment has been created to support partnerships in the education sector. For instance, the Zambia Open Community Schools (ZOCS) was established in 1992 as a non-profit organisation to provide quality basic education to orphans and vulnerable children through community driven initiatives. A total of 189,287 learners (93,507 Boys and 95,780 Girls) in 1,085 Demonstration Open Community Schools across 95 selected Districts in all the 10 Provinces of Zambia have been provided with access to education thus far. Other stakeholders have played a key role in rendering financial and material support to vulnerable children and OVC learners. For instance, the Forum for African Women Educationalists (FAWEZA), the Campaign for Female Education (CAMFED) and other Faith and Community Based Organisations have come on board to provide education support in order to equalise the provision of education for the girls and boys. A total of 80,844 learners received bursary support in 2018 compared to 101,548 in 2017.

### **3.3.21 Challenges in Primary and Secondary Education Sectors**

Although the primary education subsector has witnessed rapid expansion in the recent past, the challenges exist. Key among the challenges highlighted at the primary school level by a senior official in the Ministry are: inadequate infrastructure to absorb the ever-increasing eligible population; poor learning outcomes particularly in English and Mathematics; low transition levels from primary to secondary which remains at 67.5%; and inadequate funding to the education sector. Similarly, the Secondary education sector had its share of challenges. The official emphasised that the number of secondary schools required to accommodate prospective secondary school students is alarmingly limited. Secondary education is also characterised by gaps in internal efficiency as measured by cohort flows: repetition, transition, and dropout rate.

**Table 28: Transition Rate Grade 7-8 and Grades 9-10**

Year		2011	2012	2013	2014	2015	2016	2017	2018
Grades 7-8	Male	65.6%	63.1%	63.1%	59.1%	63.7%	65.3%	66.1%	68.2%
	Female	54.6%	65.5%	60.6%	59.4%	65.5%	67.1%	69.0%	70.0%
Total		59.9%	64.2%	61.9%	59.3%	64.5%	66.2%	67.5%	69.1%
Grades 9-10	Male	46.0%	46.5%	43.6%	42.0%	47.4%	48.0%	48.3%	50.7%
	Female	44.8%	47.0%	42.7%	42.3%	44.8%	45.1%	47.7%	49.2%
Total		45.5%	46.7%	43.2%	42.2%	46.2%	46.6%	48.0%	50.0%

Source: ESB, 2018.

**Table 29: Repetition Rate**

Repetition Rate		2011	2012	2013	2014	2015	2016	2017	2018
Grades 1-7	Male	6.3%	6.3%	6.4%	7.4%	6.6%	6.9%	6.8%	5.7%
	Female	5.8%	5.8%	6.0%	6.8%	6.2%	6.4%	6.2%	5.2%
	Total	6.1%	6.0%	6.2%	7.1%	6.4%	6.7%	6.5%	5.4%
Grades 8-12	Male	0.9%	0.9%	0.9%	1.5%	1.2%	1.5%	1.7%	1.1%
	Female	1.3%	0.9%	1.1%	1.5%	1.4%	1.6%	1.6%	1.3%
	Total	1.1%	0.9%	1.0%	1.5%	1.3%	1.6%	1.7%	1.2%

Source: ESB, 2018.

**Table 30: Drop-out Rate**

		2011	2012	2013	2014	2015	2016	2017	2018
Grades 1-7	Male	1.7%	1.6%	1.4%	1.5%	1.3%	1.3%	1.3%	1.4%
	Female	2.6%	2.3%	2.1%	2.1%	1.9%	1.8%	1.7%	1.9%
	Total	2.2%	1.9%	1.8%	1.8%	1.6%	1.5%	1.5%	1.7%
Grades 8-12	Male	0.9%	0.5%	0.7%	0.6%	0.5%	0.7%	0.6%	0.7%
	Female	2.2%	1.6%	1.7%	1.8%	1.9%	1.8%	1.5%	1.7%
	Total	1.4%	1.0%	1.2%	1.1%	1.1%	1.2%	1.0%	1.2%

Source: ESB, 2018.

Furthermore, the official reported that although enrolments have increased, the education system currently does not have capacity to absorb all the eligible children. This is evident by the number of out-of-school children as shown in Table 33 below:

**Table 31: Number of children out of school**

	7-13 years old	14-15 years old	16-18 years old	Total
Female	214,608	55,883	219,067	270,491
Male	255,591	49,462	133,616	305,053
Total	470,198	105,345	352,683	575,543

Source: DHS 2013-2014 and population estimates from Central Statistics Office 2010 census (2013 revision).

Clearly more efforts are needed in the area of infrastructure expansion and teacher deployment to ensure equitable access for all eligible children.

### 3.3.22 Inclusion of children with Special Educational Needs (SEN)

Inclusion of children with disabilities has gained prominence on the global front. Article 13 of the African Charter on the Rights and Welfare of the Child recognises the inclusion of children with disabilities and encourages states parties to put in place appropriate measures to ensure access to training, preparation for training and recreation opportunities in a manner conducive to the child reaching their full potential. Article 24 of the Convention on Rights of Persons with Disabilities further acknowledges the rights of persons with disabilities to education without discrimination and on an equal opportunity basis.

### 3.3.23 Legislative and policy environment

Zambia, being a State Party to these international conventions, has put in place an enabling policy environment whose aim is to provide equitable access to education for children with special educational needs. The 1996 Education Policy explicitly states that *“to a larger extent possible, children with disabilities should be taught within the mainstream, but for those with severe cases, education will be available in special schools”* (MoGE, 1996, p. 67). Following adoption of the Salamanca Framework of Action, countries made a commitment towards education for all by giving the highest policy and budgetary priority to improving inclusive education. For Zambia, the enactment of the Education Act of 2011 and the Disability Act in 2012 as well as the

formulation of the National Disability Policy of 2016 has been a major push in furtherance of inclusion of agenda. Section 23 of the Education Act of 2011 provides that for purposes of ensuring equality of access, participation and the benefit of educational institutions for learners with special education needs, promote interventions at all levels of the educational institutions. Article 22 of the Disability Act further provides for inclusion in education and early life-long learning.

### 3.3.24 Access

Through these legislative and policy reforms, Zambia has recorded a steady increase in the proportion of children with disabilities accessing education, particularly at primary and secondary levels as presented in Table 33 below. Unfortunately, there was no population based data from the Central Statistical Office to gauge the percentage of learners with SEN currently enrolled and those out of school.

**Table 32: Number of Children with SEN**

PROVINCE	Grade 8		Grade 9		Grade 10		Grade 11		Grade 12		TOTAL
	M	F	M	F	M	F	M	F	M	F	
CENTRAL	343	298	251	265	122	127	97	110	101	97	1811
COPPERBELT	700	770	640	728	302	372	280	292	225	294	4603
EASTERN	242	247	301	266	66	37	59	56	63	43	1380
LUAPULA	513	474	456	391	79	75	94	100	81	59	2322
LUSAKA	204	215	231	242	76	89	118	103	116	135	1529
MUCHINGA	242	206	242	203	48	58	51	48	30	50	1178
NORTH WESTERN	562	533	664	629	187	174	150	164	122	128	3313
NORTHERN	368	325	395	299	118	119	106	107	74	47	1958
SOUTHERN	464	426	458	390	141	170	151	193	147	153	2693
WESTERN	550	524	543	457	192	177	157	168	112	137	3017
TOTAL	4188	4018	4181	3870	1331	1398	1263	1341	1071	1143	23804

Source: ESB, 2018.

### 3.3.25 Quality

Some of the policy measures related to the quality of service delivery highlighted by the Ministry of General Education official include: infrastructure expansion which has seen integration of inclusive classrooms within the mainstream; provision of

specialised teaching and learning materials; and training of teachers. The officer noted that through the 2013 revised curriculum, topics on special education have been integrated in the pre-service teacher training curriculum.

### Challenges in inclusion of children with disabilities

In-depth interviews with the Ministry of General Education revealed that special education schools were the most seriously affected by inadequate funding, inadequate specialised teachers, and lack of appropriate teaching and learning materials and equipment. Additionally, the Ministry emphasised that the total absence of technology-based learning options limit opportunities for learners who are visually impaired and Hearing Impaired to expand their understanding through e-library resources. The Ministry of General Education official further noted that societal attitudes and beliefs sometimes act as barriers to inclusion. They noted the following: *“Some parents with children with disabilities still hide children in their homes thus limiting opportunities for education. Society also has low expectations about children with disabilities.”*

### **3.3.26 Leisure and Recreation**

Leisure is defined as a self-determining activity that falls into one's economically free time, a time when a person chooses to do non formal activities ( Veal, 1992) It is an off-work activity which refreshes one's health and mind through relaxation and enjoyment (Medical Dictionary, 2012). Recreation is related to the activities pursued during that leisure time (Veal, 1992). Leisure and recreation is recognised as a human right in the African Charter on the Rights and Welfare of the Child. Article 12 (i) provides that States Parties shall recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts and Article 12 (ii) States Parties shall respect and promote the right of the child to fully participate in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

### **3.3.25 Legislative and policy environment**

The Zambian Government is committed to promoting leisure among children and the youth through ensuring an enabling legislative and policy environment. Part of IV of

the Town Planning Act particularly provides for reservation of land for recreation, parks and open spaces for social amenities. Other relevant legislation and policies are highlighted in Table 33 below:

**Table 33: Relevant Legislation and Policies**

Legislation and policy	Provision
Town Planning Act No. 29 of 1995	Reservation of land by developers for recreation, parks and Open spaces
Affiliation and Maintenance of Children Act	Provides for court orders regarding paternity and maintenance of children in terms of financial and material resources.
Education Act 2011	Mandates all schools to implement Physical Education and Sports (PES) compulsory in school
Education Policy 1996	Provides guides on implementation of PES in schools from early childhood to Secondary education
Child Policy 2015	Coordination of child related policy implementation and activities across sectors

### 3.3.26 Government initiatives

According to an official at the Ministry of Youth, Sport and Child Development, the Ministry has the mandate to promote leisure and recreation related initiatives in liaison with the Ministry of Local Government Youth and Sport by ensuring the provision of appropriate infrastructure for recreation at the community level. They further noted that legislation requires that play parks are degazetted in common places of residential areas. The Ministry of Youth, Sport and Child Development is also mandated to coordinate all the sectors in sports, play, and recreation related initiatives. The Ministry runs community based recreation centres such as play parks and swimming pools. Recently, the Government opened the Olympic Youth Development Centre in Lusaka, a multi-purpose complex that provides youth from underserved communities opportunities to participate in sports and recreation activities using high quality infrastructure. Unfortunately, there were no consolidated records to indicate availability of active recreation facilities across the country. Furthermore, the Ministry of General Education through the Education Act has made Physical Education and Sport compulsory in schools. The 2013 curriculum has integrated Physical Education (PE) as a compulsory subject at primary and secondary school levels. Entertainment and recreation activities such as music, dances and drama also forms part of extra-curricular activities at all levels in schools.

### **3.3.27 Civil society initiatives**

Although the study did succeed in mapping out a number of civil society initiatives due to lack of documented records, the Government official at the Ministry of Youth, Sports and Child Development indicated that there were a few organisations such as Sport In Action (SIA) that have played a key role in creating opportunities for recreation and sports at community level. Sport in Action is the first Zambian Sports oriented Non-Governmental Organisation which was founded in 1998 with the goal of improving people's quality of life through sport and recreational activities through the use of sports as a tool for social change and infrastructure development for sports in schools and communities. The organisation is currently operating in 12 districts in Zambia targeting children from disadvantaged backgrounds and those affected by HIV and AIDS. Another local NGO that was indicated was the National Organisation for Women in Sport Physical Activity and Recreation (NOWSPAR) which was established in 2006 with the goal of promoting access for girls and women to sport, physical activities and recreation. Other than sports oriented local NGOs, BAREFEET Theatre which was founded in 2006 by former street kids provides outreach programmes to create opportunities for play and recreation for vulnerable children.

### **3.3.28 Challenges in leisure and recreation**

A number of challenges were highlighted by the officials in the Ministry of Youth, Sport and Child Development. Firstly, most of the communal/open spaces at community level designated as play parks have either been transformed into residential areas or shopping malls. They gave an example of the play parks in Kabwe and Kitwe districts, which have since been transformed into shopping malls, while some communal swimming pools have been taken over by private developers, limiting access to the general public. Reports of child care facilities also indicated that although the centres provided basic facilities such as health and education, recreation was the most neglected. Notwithstanding these challenges however, the Ministry of General Education has made it mandatory for all primary, secondary and tertiary education institutions to have playgrounds for soccer, netball, basketball and other sports activities.

### **3.3.29 Emerging themes in child development and education**

Zambia has demonstrated commitment in the provision of education for eligible



children. The legislative and policy environment is relatively supportive. There has been remarkable improvement in access to ECE with the government taking a leading role in service provision. Progress has further been recorded in Primary and Secondary education, with Gross Enrolment rates reaching 100 at primary school level.

The sector has also witnessed infrastructure expansion which has positively contributed to increased access. Engagement of Civil Society Organisations such as Zambia Open Community Schools has been catalytic to providing opportunities to education for children from disadvantaged backgrounds through establishment of community schools. Despite these gains however, challenges still remain.

Access to ECE is low and Zambia may not be able to reach the set benchmark of 50% by the year 2030. The education sector is characterised by inadequate funding, especially the Early Childhood sector, where the share of the education budget has been below 1% over the years. There are also challenges in internal efficiency characterised by high drop-out rates, repetition, and low transition and completion rate. Recently, Early Grade Reading Assessments (EGRA) have revealed low achievement levels in literacy particularly fluency and reading comprehension.

Equity gaps are visible at all levels with children with disabilities having limited access. There are also geographic disparity with children in rural areas being disproportionately underrepresented, especially at ECE level. While the government recognises the importance of leisure and recreation as a human right as evident by supportive policy and legislative environment, there is low public and private sector investment in leisure and recreation facilities for children at community level.

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### **3.4 Child Protection**

Child protection encompasses mechanisms aimed at providing children a safe and supportive environment. The need to protect children from adversities has gained global momentum, given the growing rates of abuse, neglect and violence. Global estimates show that about 1 billion children aged 2-17 years have experienced some abuse, neglect, and violence (WHO, 2020). It is further reported that 300 million children aged 2-4 years have been exposed to some form of physical punishment; 1 in 5 women and 1 in 13 men have reported being sexually abused, and 120 million

girls and young women under 20 years of age have suffered some form of sexual abuse (WHO, 2020). Incidences of cases of abuse in Zambia are relatively high. It is reported that in a population of young people aged 18-24 years in Zambia, at least 20% of women and 10% of men reported experiencing sexual violence before they were 18 years of age, while 34% of women and 40% of men reported experiencing physical violence (DHS 2018). Reports further show that about 1.3 million children aged 5-14 years are engaged in child labour in Zambia (FNDP, 2006). The growing prevalence rates of abuse, neglect and violence have escalated global efforts in the area of child protection through legislative and policy reforms. Article 21 of the African Charter on the Rights and Welfare of the Child requires appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child.

### **3.4.1 Policies and legislation on child protection in Zambia**

Zambia is a signatory to the African Charter on the Rights and Welfare of the Child (ACRWC) (1990) and other international conventions that seek to enforce child protection measures including: Universal Declaration of Human Rights (1948); the International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966); the African Charter on Human and People's Rights (1986); the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) (1999); the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Convention against Torture); the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003) (Protocol on Women's Rights in Africa); the SADC Protocol on Gender and Development (2008); the ILO's Conventions Concerning Minimum Age for Admission to Employment (1973) and on the Worst Forms of Child Labour (1999); and the United Nations Convention on the Rights of the Child (UNCRC) (1989).

As such Zambia is under an obligation to translate these fundamental principles of human rights into domestic legislations and policy reform. Presented in the table below are the legislative and policy provisions in Zambia.

**Table 34: Legislative and policy provisions in Zambia**

Legislation	Relevant provision
Article 11 (a) and 15 of the constitution	Prohibits all forms of physical or mental abuse or any other form of degrading and or inhuman treatment
Section 28 of the Education Act of 2011	Prohibits corporal punishment at school
Section 46 of the Juvenile Act (1964) and section 248 of the Penal Code	Prohibits corporal punishment at home
Section 2 (138, 140, & 141)	Prohibits sexual abuse and violence
Marriage Act of 1964	Prohibits marriage under the age of 18 years for men and women without exception
Affiliation and Maintenance of Children Act	Provides for court orders regarding paternity and maintenance of children in terms of financial and material resources.
Employment of Young Persons and Children's Act No. 19 of 2004	Prohibits engagement in child labour that interferes with the child's education, harmful to the child's health, involves inhuman and degrading treatment, and hazardous.
Gender Based Violence Act No. 1 of 2011	Provides for protection of women and children from any form of gender based violence
National Policies	
Child Policy	Protection of children
National Social Protection Policy (Section 12 4 (a))	Protect vulnerable population from all forms of abuse, violence, and discrimination
1996 Education Policy "Educating our Future"	
National Disability Policy	

### 3.4.2 Government Initiatives

This section presents child protection issues and government/CSO initiatives related to child protection as follows: i) abuse, violence, and neglect; ii) child labour; iii) harmful social practices; iv) early and or forced child marriage; v) emerging themes in child protection.

### **3.4.3 Abuse, violence, and neglect**

To better grasp the contextual understanding of the concept of child abuse, an officer from the Zambia Police Services, Child Protection Unit was interviewed. According to the Zambia Police, child abuse can take the form of: physical abuse which involve hitting, spanking, shaking, or otherwise causing physical harm to the child; emotional abuse which may be as a result of persistent emotional maltreatment. Neglect involves persistent failure to meet a child's basic physical and physiological needs. Child sexual abuse was further described as acts such as: forcing or encouraging a child to take part in sexual activities and this includes penetration of the vagina, anus, and mouth by the penis, fingers or other objects and non-penetrative activities. The officer noted that sometimes sexual abuse may be non-penetrative and may include attempts to do any of the above listed but also fondling with or without clothes on, exhibitionism, watching others engage in sexual acts and pornography.

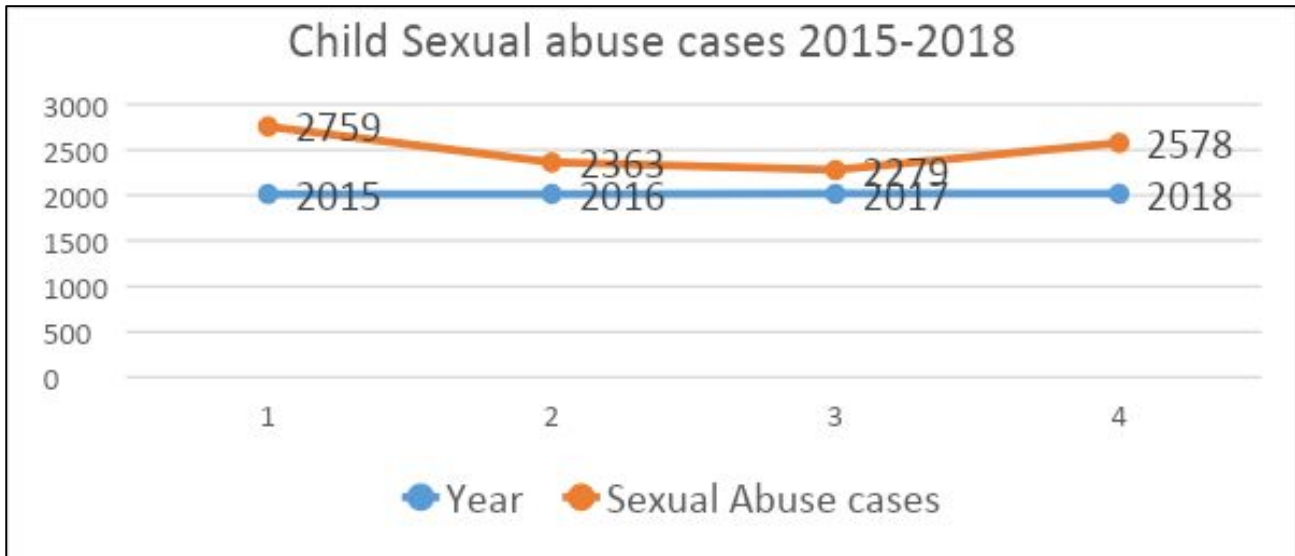
### **3.4. 4 Legislation and policy environment**

The Zambian laws are clear on issues of abuse and violence. Article 15 of the Constitution of Zambia prohibits all forms of physical or mental abuse or any other form of degrading and or inhuman treatment. Having carnal knowledge with a child below the age of 16 years is a criminal offence under section 2 (138, 140, &141) of Zambia Penal Code. Similarly, section 28 of the Education Act and Section 46 of the Juvenile Act prohibits corporal punishment at home and school respectively.

### **3.4.5 Current situation**

Although data on physical abuse, emotional abuse and neglect is not well documented, the Zambia Police official revealed that child sexual abuse cases have been on the increase on an annual basis. National gender based violence (GBV) statistics from the Victim Support Unit (VSU) of the Zambia Police (ZP) indicate that there were 2396 cases of child defilement in 2012. The Zambia Demographic and Health Survey (ZDHS) shows that 15% of girls aged 14 years and below have experienced sexual violence already at some point in their lives. The figure below shows child sexual abuse cases captured by the Zambia police victim support unit from 2015-2018.

**Figure 2: Proportion of Children Exposed to Child Sexual Abuse**



Source: Zambia Police Victim Support (2019)

### 3.4.6 Government initiatives

An effort to curb abuse especially of women and children has seen various initiatives being put in place through a multisectoral approach. Review of existing literature indicated that various Ministries are involved in addressing issues related to abuse, violence, and neglect including: Ministry of Home Affairs through the Zambia Police Services, Ministry of Community Development and Social Services, Ministry of Youth Sport and Child Development. The research team interviewed officers from the Ministry of Youth, Sports and Child Development, Zambia Police Services, Ministry of Community Development and Social Welfare, Ministry of Gender, and the Ministry of General Education. Officers from the Ministry of Youth, Sport and Child Development emphasised that strengthening the legal system through the enactment of the Gender Based Violence Act and formulation of the Child Policy were major milestones in ensuring protection of children and women from any form of abuse, violence and neglect. The policy environment further ensured systematic mechanisms for prevention, reporting, intervention, and litigation for any form of abuse, violence and neglect were put in place through multisectoral efforts.

On the role of the Zambia Police, the officer at the Zambia Police reported that the Community Service Directorate within the Zambia Police Service was established in 1999 to facilitate a close relationship with and involvement of members of the public

in addressing crimes and protection of the members of the public. The CSD comprises five units: Victim Support Unit (VSU), Child Protection Unit (CPU), Schools Liaison Unit (SLU), Community Service Unit (CSU), and Chaplaincy Unit (CU) with the first four being the most relevant to child protection. To enhance accessibility and efficiency in service delivery, the five units are supposed to be available at all police stations across the country. The VSU has the legal mandate to investigate, arrest, and prosecute all forms of violence against women and children as well as providing counselling services to victims and perpetrators of violence. Additionally, the unit creates awareness to the community on the prevention of Gender Based Violence. The Child Protection Unit is particularly dedicated to issues related to child protection with the mandate to handle cases committed against children. In its operation, the Unit works closely with the Ministry of Community Development and Social Services and the Ministry of Youth, Sports and Child Development to ensure that children are removed from unsafe to safe places in designated homes of safety. Where there are reported cases of child neglect and or disputes on paternity, the Child Support Unit invokes provisions of the Affiliation and Maintenance Act to compel the perpetrator to take responsibility and provide reasonable care to the child in accordance with the provisions of the law.

Furthermore, the Schools Liaison Unit provides security education and sensitisation programmes to children and young people in institutions of learning from pre-primary to tertiary education levels. Strategic places such as markets, bus stations, churches, public eating places are used to reach children not enrolled in learning institutions. The Community Safety Unit sits in the community and offers community driven services to ensure protection of vulnerable members of the community who are vulnerable to violence and abuse (e.g. children, women, and persons with disabilities, elderly persons, and displaced members of the community). The police liaison officer works closely with the community to coordinate activities, formulate ideas and methods of policing the community. The community also trains members of the community on crime prevention through platforms such as Neighbourhood Watch Associations who conduct motorised and foot patrols to curb crimes at the community level.

The Ministry of General Education official reported that abolishing corporal punishment in school as provided for in the Education Act and the Zambian Constitution has helped in protecting children from physical harm, which was mainly

being perpetrated by the school system as a means of punishment for wrong doings. Schools have also been vigilant in sensitising learners on different forms of violence (including bullying among learners), abuse and neglect. The school administration also works closely with the community through the Parent Teachers Association to strengthen home school linkages. It was further reported that structures such as counselling departments and social clubs have been put in place in schools as mechanisms for enhancing child protection.

### **3.4.7 Challenges**

While the Zambia Police Service has been proactive in enforcing laws that protect children from abuse, violence, and neglect, it was reported that some of the cases of sexual abuse are not reported due to several factors ranging from fear, threats from the offender and a lack of information on the reporting procedures. In some cases, families opt to settle such matters outside the courts and in sometimes cases child abuse may not be reported to the police, especially when the perpetrator is a close family member who may also be the breadwinner. The police officer lamented that the influence of the family to decide whether to report the matter or not is impacting on the operations of the police in its quest to bring perpetrators to face the law, and this makes enforcement appear somewhat discretionary based on the willingness of the family. Nevertheless, an official at the Ministry of Community Development and Social Services acknowledged the extent to which initiatives that have been put in place have enhanced efficiency in service delivery. He noted the following: *“Despite challenges in ensuring child protection, initiatives that have been put in place have enhanced community awareness on child abuse, violence and neglect and participation in prevention and prosecution process. The establishment of the CSD has helped to bridge the gap between law enforcement institutions and members of the public. The multisectoral approach has facilitated inter-Ministerial coordination of child protection initiatives both within the government structures and working with partners.*

Another weakness highlighted was inadequate case tracking mechanisms from the point of reporting through to the judicial process. It was noted that there was a gap in tracking the number of reported cases where perpetrators have been successfully prosecuted.

### 3.4.8 Harmful social practices

Historically, traditions and cultural practices are major institutions for transmitting moral values, norms, beliefs and a platform for maintaining social order. While these social practices have played a key role in upholding traditions, some of these practices may have detrimental effects on an individual's well-being. This section of the report highlights social and cultural practices which are deemed harmful. By definition, harmful social practices constitute acts and or forms of violence perpetuated mainly against women, girls and children which may range from lesser-known practices such as uvulectomy (removal of flesh from the soft palate at the back of the mouth), milk teeth extraction, breast ironing, forced feeding and nutritional taboos, and the mutilation and sacrifice of children used in witchcraft rituals, to the more commonly known practices of female genital mutilation/cutting (FGM/C), forced child marriage, honour killings, acid attacks, son preference, female infanticide and prenatal sex selection as well as virginity testing (UNICEF, 2018). Key stakeholders in the government and CSOs were interviewed on common harmful social practices in the Zambian context and below are the list of practices that were frequently highlighted across various interviews and complemented by findings from desk review:

**Table 35: Characteristics of harmful social cultural practices**

#### **Violence against Children with Disabilities**

This involves a set of social and structural discrimination which often condemns children with disabilities to a position of extreme vulnerability. Although the Zambian government has put in place several mechanisms for protecting children with disabilities, some cultural or traditional beliefs tend to expose children with disabilities to violence, neglect, exploitation and social seclusion. Recently, there have been isolated cases of violence towards children and people living with albinism as it is believed that their body parts can be used for rituals.

#### **Virginity Testing**

Although not very prevalent in Zambia, virginity testing on young girls was identified by the stakeholders as one common cultural practice, conducted commonly in some neighbouring countries, is justified as a means to support premarital chastity or sexual purity and in some countries to reduce HIV/AIDS infection. On the other hand, virginity testing has been the biggest cause of HIV/AIDS in some communities because for the testing of virginity in some instances is done by an older member of the community who may transmit diseases to the young girls while testing for their virginity (Martin, Mbambo & Mulenga, 2011).



**Bloodletting.** One of the stakeholders noted that bloodletting was still a common practice especially in the rural areas. This is seen as a form of treatment usually practised to cure certain ailments. Yet children are subjected to severe pain against their will in the name of treatment and subsequently denied the opportunity to access conventional health care services.

**Labia stretching.** Manipulation of the labia for sexual enhancement for the benefit of both parties was identified by some stakeholders. One of the stakeholders interviewed indicated that girls are meant to feel inferior and inadequate if they have not gone through this process of elongating their labia.

**Initiation Ceremonies.** Other stakeholders highlighted numerous traditional ceremonies marking transition of both girls and boys to adulthood may perpetuate harmful practices. For instance, cultural practices in some cultures at initiation ceremonies where girls are taught how to behave in a sexual manner may act as orientation of girls to marriage life and are therefore likely to disrupt their focus on education. Initiation ceremonies for boys in some cultures although they traditionally involve a strong educational component, they invoke a period of isolation especially during circumcision of boys in ceremonies such as uMukanda practised in North Western Province of Zambia. Others observed that these ceremonies may harbour health risks for children and expose children to the risk of both physical and sexual abuse.

### **3.4.9 Early and or forced marriage**

Child marriage is defined as *“any marriage carried out below the age 18 years, before the girl is physically, physiologically and psychologically ready to shoulder the responsibilities of marriage and child bearing,”* (Media Brief on ending child marriage, Panos 2014). Legally, the Marriage Act establishes the legal age for marriage at 21 years of age (section 10), however, it follows that if he or she is under that age, consent for the marriage must be obtained from the father of the child. The Zambian Constitution considers a child as a person below the age of 18 years. The African Charter on the Rights and Welfare of the Child under article 2 defines the child as every human being below the age of 18 years. Article 21 (2) further provides that *“child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify the minimum age of marriage to be 18 years and make registration of all marriages in an official registry compulsory.”* Thus, early marriage occurs where the child is married off or forced into marriage before the recommended legal age for marriage. Forced marriage on the other hand occurs when the consent of the child is neither sought nor considered by the families or communities that arrange such marriages. Report by Population Council and UNFPA (2017) has categorised child marriages into: marriage among peer adolescents where boys and girls consummate marriage; intergenerational marriage mainly necessitated by poverty where an adolescent girl is married to an elderly man;

and marriage arising from teen pregnancy where the girl is forced into marriage as means of rectifying the situation and protect the family from public shame.

### 3.4.10 Current situation

Although scanty data on child marriage shows a decrease in child marriage from 42% in 2007 to 31% in 2018, the vice is prevalent among women aged 20-24 reporting having been married or in union before the age of 18 years. Table 32 below indicates the proportion of girls and boys aged 15-19 years who are married.

**Table 36: Distribution of women and men aged 15-19 by current marital status**

	Never married	Married	Living with a partner	Divorced/separated or widowed
Girls 15-19	81.4%	16.5%	0.4%	1.7%
Boys 15-19	98.7%	1.0%	0.1%	0.2

Source: 2014 Zambia Demographic Health Survey

The report by the Population Council and UNFPA (2017) further notes that although early marriage is common among girls, limited education opportunities, poverty, and living in the rural areas may exacerbate the situation.

### 3.4.11 Legislative and policy environment

Zambia is committed to ending early marriage. The Marriage Act of 1964 sets the minimum age of marriage to 21 years, whereas those between the age of 16-21 years require parental consent. Additionally, Article 11 and 15 of the Zambian Constitution prohibits all forms of physical or mental or any other form of degrading and or inhuman treatment. According to the official from the Ministry of Gender, the Penal Code Amendment Act of 2003 criminalises defilement or sex with anyone younger than 16. They however noted that while this piece of legislation was expected to act as a major deterrent to child marriage, early marriage continues to persist especially in rural areas where children have limited access to education. To circumvent this, the officer reported that the government had put in place a supportive policy environment to combat child marriage. For instance, the National Advocacy and Communication Strategy to End Child Marriage in Zambia 2018-2021 aims at eliminating all forms of harmful practices against children by the year 2030. The

National Child Policy of 2015 further provides the strategic guidelines on protection of children through a multi-sectoral approach.

**Table 37: Legislative and policy environment**

Legislation	Relevant provision
Article 11 (a) and 15 of the constitution	Prohibits all forms of physical or mental abuse or any other form of degrading and or inhuman treatment
Marriage Act 1964	Section 10 Sets the minimum age for statutory marriage to 21 years otherwise parental consent would be required for parties below the age of 21 years. Lays down the formalities for concluding a civil or statutory marriage.
National Advocacy and Communication Strategy to End Child Marriage in Zambia, 2018-2021	Seeks to eliminate all harmful practices such as child, early, and forced marriages by 2030 and achieve 40% reduction in child marriage.
Education policy 1996	The Education Policy provides guidelines to the government for enhancing education in Zambia. It is a key tool in addressing the challenges of low education
Gender Policy	Comprehensive policy addressing gender related issues. The policy has facilitated the introduction of the re-entry policy which allows girls to go back to school after they fall pregnant
Reproductive Health Policy	Provides for a comprehensive reproductive health approach including family planning.

### 3.4.12 Government and Civil Society efforts to combat child marriage

The United Nations Child Rights Committee Special Rapporteur raised a concern on the high rates of child marriage in Zambia and recommended the need for sensitisation and scaling-up the dissemination of the Marriage Act across the

country. In response to this, various strategies have been put in place both by the government and Civil Society Organisations.

An interview with officials from the Ministry of Gender revealed that the role of the community is crucial in combating harmful cultural practices. They reported that the Ministry of Gender has been working closely with traditional leaders to raise awareness and deliver key messages. They emphasised that *“community understanding of child rights has been an effective strategy to enhancing child protection mechanisms. Traditional leaders such as chiefs and village headmen are known to be custodians of customary law, traditions, values and beliefs. The Ministry has therefore taken advantage of the strategic position of chiefs to create spaces in their respective communities for dialogue to ensure a holistic implementation of the national regulatory framework to eradicate child marriages. Some of the traditional leaders have been identified as champions in ending child marriage. While others have gone a step further to enact by-laws to ban early marriages in their chiefdoms and punish whoever perpetrates the act either by forcing the girl into marriage and consenting to child marriage”*. An interviewee at the Zambia Civic Education Association indicated that as an institution, they work closely with Non-Governmental Organisations such as CAMFED and FAWEZA. Through active involvement of traditional leaders, they have managed to successfully retrieve some girls from marriage and enrol them back into school.

They further reported that community education and sensitisation on the dangers of child marriages and child protection have been catalytic approaches to enforcement of laws and policies. Other platforms the organisation uses are community members' dialogue around child marriages and child protection which they said had been instrumental in challenging traditional attitudes and beliefs that drive and fuel child marriages.

A number of factors were identified by stakeholders as key drivers to early marriages in Zambia. Firstly, it was reported that Zambia follows a dual legal system which recognises both customary and statutory law. Article 91 of the Zambian Constitution recognises the Local Courts as the lowest courts in the hierarchy of courts in Zambia. The Local courts principally apply customary law as long as it is not repugnant to natural justice, morality and good conscience.

There is a marked difference in how statutory law and customary law perceive the legal age of marriage. While the Marriage Act recognises age of 21 years as the legal age of marriage, this is not the case under customary law as a girl could be married off when they reach puberty. This makes it difficult to balance between championing the end of early marriage and the preservation of customary law practices.

The Ministry of Community Development official further highlighted other militating factors accounting for the escalating levels of early marriages in Zambia including: poverty, adolescent pregnancy, vulnerability of orphans and step children as well as gender norms that favours boys over girls when it comes to educational opportunities. Traditional practices in some cultures, such as initiation ceremonies, were cited as drivers to early marriages. An official at the Ministry of Gender indicated that traditional teachings that girls are subjected to during initiation ceremony as they transition into puberty focus on preparing them for marriage, as they are taught how to take care of the husband. This type of orientation sends a signal to some girls that they are ready for marriage.

Notwithstanding these challenges however, it was revealed that Zambia has heightened efforts towards ending early marriages as demonstrated by national and international commitments indicated in Table 38 below:

## Table 38: National and International Commitments

- Zambia ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1985.
- Zambia ratified the Convention on the Rights of the Child in 1991 which sets 18 years as the age for marriage.
- Zambia signed the African Charter on the Rights and Welfare of the Child in 2002 which equally sets the minimum age for marriage at 18 years.
- Zambia is a focus country of the UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage.
- Zambia has been identified as a leader in combating child marriage under the African Union which has seen the appointment of His Excellency President Edgar Chagwa Lungu, President of the Republic to be appointed at the African Champion for ending Child Marriage.
- In 2015, Zambia co-hosted the first ever African Girls Summit on Ending Child Marriage.
- 2018: Zambia hosted the a review meeting for the African Union Campaign to End Child Marriage in Africa
- Zambia is one of the 20 countries that committed to ending child marriage by the end of 2020 under the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa
- 2018: As part of the Universal Periodic Review, supported recommendations to take all necessary measures to accelerate implementation of the Marriage Bill (2015) and to end child marriage
- 2018: Launched district-level action plans to end child marriage, with costed multisectoral operational frameworks, in Senanga and Katete districts

Source: Girls Not Brides, 2019

### 3.4.13 Child labour

According to the International Labour Organisation (ILO, 2008), Child Labour constitutes engagement of children in work that deprives them of their childhood, dignity and their potential and that is harmful to their physical and mental wellbeing. The scope of the definition includes engagement in economic activities that interfere with children's participation in school including: depriving them to attend school, obliging them to leave school prematurely, and or requiring them to combine school and work.

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Article 15 of the African Charter provides that every child shall be protected from all forms of economic exploitation and from performing any work that is likely to be hazardous, or to interfere with the child's physical, mental, spiritual, moral and or social development. The charter further implores on States Parties to take appropriate legislative and administrative measures to implement the provisions in particular: a) provide through legislation, minimum wages for admission to every employment; b) provide for appropriate regulation of hours and conditions of employment; c) provide for appropriate penalties or other sanctions to ensure the effective enforcement of the article; d) promote the dissemination of information on the hazards of child labour to all sectors of the community.

#### **3.4.14 Legislation and policy environment**

Zambia, being a party to the Charter, is under an obligation to put in place legislative and policy measures to protect children from exploitation and child labour. Section 15 of the Employment Code No. 3 of 2019 proscribes employment of persons under the age of 15 years. The Employment of Young Persons and Children's Act further provides that no person shall, except under conditions to be prescribed, employ or cause to be employed, any person under the age of fifteen year.

**Table 39: Relevant legislation**

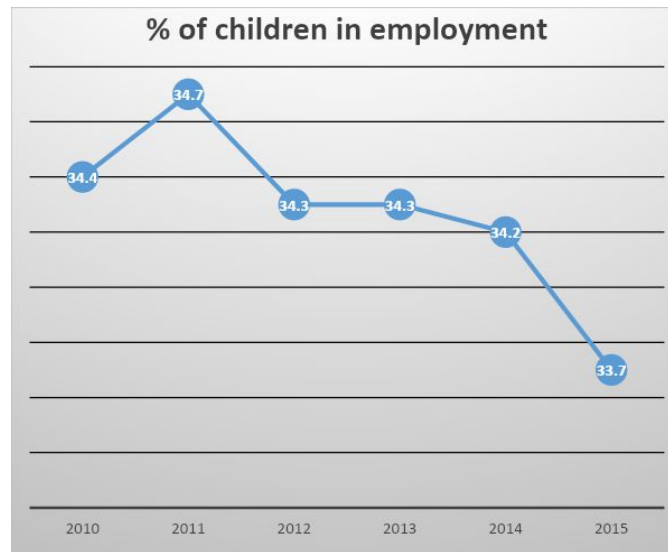
<b>Provision</b>	<b>Legislation</b>
Minimum Age for Work	Article 24 of the Constitution; Article 12 of the Employment Act (23-25)
Minimum Age for Hazardous Work	Article 17B(2) of the Employment of Young Persons and Children Act; Article 3 of the Prohibition of Employment of Young Persons and Children (Hazardous Labour) Order(26,27)
Identification of Hazardous Occupations or Activities Prohibited for Children	Prohibition of Employment of Young Persons and Children (Hazardous Labour) Order (27)
Prohibition of Forced Labour	Articles 14 and 24 of the Constitution; Articles 143 and 263 of the Penal Code; Article 3 of the Anti-Human Trafficking Act of 2008 (23,25,28,29)
Prohibition of Child Trafficking	Article 17 of Amendment to the Constitution; Article 143 of the Penal Code; Articles 2-3 (1-4) of the Anti-Human Trafficking Act of 2008 (23,25,28,29)
Prohibition of Commercial Sexual Exploitation of Children	Article 144 of the Penal Code; Article 2 of the Prohibition of Employment of Young Persons and Children (Hazardous Labour) Order 2013 (27,29)
Prohibition of Using Children in Illicit Activities	Article 2 of the Prohibition of Employment of Young Persons and Children (Hazardous Labour) Order 2013 (27)
Determination of school age and Compulsory school attendance	Article 16 & 17 of the Education Act, 2011 (31)
Free Public Education	Article 15 of the Education Act, 2011 (31)

### **3.4.15 Current Situation**

Although Zambia has recorded marginal decreases in child labour between 2010 (34.4%) and 2015 (33.7%) as shown below, the proportion of school age children involved in child labour still remain high.



**Figure 3: % of Children in Employment**



(ILO, 2016)

The report compiled by ILO and World Bank shows that about 74% of children between the ages of 7 and 14 years in Zambia are involved in either economic or non-economic labour, with 47% of children between the ages of 7 and 14 years being involved in economic activity and 57% in housekeeping activities which take up to an average of 3 hours of each day. The practice of child labour is more prevalent amongst girls and in rural areas (ILO, UNICEF & World Bank, 2009). The table below provides a summary of child labour by sector with the field of agriculture accounting for majority of activities of child labour engagement.

**Table 40: Summary of Child Labour**

Child Labour by sector	Activity	Age	%
Agriculture	Working in the production of cotton, tobacco and other cash crops including applying fertiliser, ridging fields, harvesting crops, spraying pesticide, watering, weeding crops	5-14	91.8
	Herding cattle		
	Fishing, working on boats, smoking fish		
	Production of charcoal		
Industry	Mining gems and emeralds	5-14	1.2
	Mining ore, including lead, zinc, and copper		
	Work in quarries, crushing stones, and scavenging mine dump sites		
Services	Domestic work		7.0
	Street work including begging and vending		
Attending school		5-14	65.2
Combining school and work		7-14	27.6

**3.4.16 Government initiatives**

A number of initiatives have been put in place by the government to address child labour by enhancing social protection and increase access to education.

**Table 41: Efforts against Child Labour by Enhancing Social Protection and Increasing Access to Education**

Programme	Description
Service Efficiency and Effectiveness for Vulnerable Children and Adolescents	USAID and UNICEF programme which was launched in 2018 to improve child protection services for children and adolescents, including children vulnerable to child labour, in 15 districts.
Social Cash Transfer Program†	Provides funds to families and increases school enrolment. In 2018, the government increased its support of this program to \$56 million (721 million kwacha), targeting 700,000 households.
Zambia National Service Skills Training Campst	This is a programme under the Zambia National Service which aims at providing life skills training camps for at-risk youth, including victims of the worst forms of child labour. The program currently has 18 centres across the country.
World Bank-funded GEWEL Projects	Project aim is to improve access to education, particularly for girls. Girls' Education and Women's Empowerment and Livelihood Project (GEWEL) (2015–2020) is a \$64 million project to provide livelihood support to extremely poor households and increase secondary school enrolment for girls. By the end of 2018, the GEWEL Project supported 16,239 girls in secondary school. (65)

### 3.4.17 Civil Society initiatives

Although there was scant information on CSO initiatives, an interview with the Ministry of Youth Sport and Child Development revealed that through the National Child Coordinating Committee, various CSOs are represented in different clusters such as research, advocacy, child development and survival. The Committee provides an opportunity for CSOs to contribute to policy dialogue on various child related issues including child labour. An interviewee from the Zambia Civic Education Association (ZCEA) further indicated that in a study undertaken by ZCEA in the Eastern Province of Zambia, it was found out that children were mainly engaged in tobacco plantations. Thus the organisation was in discussion with the Zambia National Farmers Union to identify sustainable approaches to ending child labour.

### Summary on harmful cultural practices

The Ministry of Community Development and Social Services, Ministry of Youth and

Sport and Child Development, Ministry of Gender, Ministry of General Education, and the Ministry Home Affairs have been central in coordinating child protection initiatives across sectors. Despite these efforts however, cases of child labour, child abuse and neglect are still inescapable.

Furthermore, harmful practices such as early marriages still remain high especially in rural areas limiting opportunities for education progression for affected children. Other traditional practices in certain cultures such as initiation ceremonies for boys and girls although important in preservation of cultural norms and values may permeate harmful and health risks. CSOs and traditional leaders have played a pivotal role in advocating for strengthening of law enforcement mechanisms and harmonisation of customary and statutory laws to combat vices such as early marriages.

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### **3.5 Child Participation in Society**

Child participation is a fundamental human right which allows children to freely express their views and participate in all matters affecting them. This is strategic in ensuring child wellbeing and promoting democratic societies with informed and engaged citizenry. The ratification of the 1989 United Nations Convention on the Rights of the Child (UNCRC) in 1991 as well as the 1990 African Charter on the Rights and Welfare of the Child (ACRWC) in 2008 by the Zambian government have given momentum to discussions on the subject of 'child participation' in the Zambian society. The UNCRC recognises that children are not only recipients of adult protection but also subjects of rights, and those rights demand that Children are entitled to be heard (Lansdown, 2001). Article 2 of the ACRWC defines a 'child as anyone who is below the age of 18.' From the scholarly point of view, child participation has been defined as "children influencing issues affecting their lives, by taking action or speaking out in partnership with adults" (Stephenson et al., 2004, p.5). This section will explicate the subject of child participation particularly in the Zambian society, and it will do so by discussing birth registration as well as child participation in decision making. Additionally, it will highlight emerging themes in child participation in society.

### **3.5.1 Birth registration**

According to the UNCRC (1989) and the ACRWC (1990) that ‘every child has the right to be registered at birth’ this includes children born either at the hospital or at home. Article 6 of the ACRWC states that ‘from birth every child shall have the right to a name and after birth every child shall be registered immediately.’ In addition to the above the ARWC also states that “every child has the right to acquire a nationality”

(ACRWC, 1990, p.3). Therefore, all ‘States Parties that have ratified the Charter ought to ensure that their Constitutional legislation acknowledges the principles by which a child shall acquire the nationality of the State in the territory of which they have been born’ (ACRWC, 1990).

Birth registration is simply the official recording of the birth of a child through an administrative process of the State, it is a permanent record of a child’s existence (WHO 2019). Besides being a form of identity, birth registration is fundamental in guaranteeing access to socio-economic services such as education, social protection and health care. Furthermore, records and data derived from birth registration are vital inputs for efficiency in promoting human development and good governance (UNICEF, 2013).

Thus, birth registration to a larger extent affects access to fundamental services such as education, juvenile justices, state benefits and participation in society among others (Pais, 2009). The relevance of birth registration was also highlighted in an article by World Vision where one of the parents expressed his joy for having attained his children’s birth certificates, because it would enable them to enrol into first grade as opposed to when they didn’t have the certificates (World Vision International, 2016).

### **3.5.2 Legislative and policy framework on birth registration**

In order to ensure effectiveness in birth registration the Zambian government has since adopted international treaties such as the already mentioned UNCRC of 1990 and the ACRWC of 2008. The government has also established a national legislative and policy framework, which includes the Births and Deaths Registration Act, Chapter 51 of 1973 and the Zambia National Strategic Action Plan for Reforming and Improving Civil Registration and Vital Statistics (2014-2019). Below is a summary of the relevant legislative and policy frameworks as well as their provisions regarding birth registration in Zambia.

**Table 42: Frameworks and Provisions Regarding Birth Registration in Zambia.**

Legislative/ Policy Framework	Provisions
Births and Deaths Act, Chapter 51 of 1973	<ul style="list-style-type: none"> <li>• Ensures mandatory registration of every birth in Zambia.</li> </ul>
United Nations Convention on the Rights of Children (UNCRC) ratified in 1991.	<ul style="list-style-type: none"> <li>• Non-discrimination of children</li> <li>• Best interest of the child as primary consideration in all actions concerning children.</li> <li>• The child’s inherent right to life.</li> <li>• The child’s right to express his or her views freely in all matters affecting the child.</li> </ul>
African Charter on the Rights and Welfare of the Child (ACRWC) ratified in 2008.	<ul style="list-style-type: none"> <li>• Every child shall have the right to a name.</li> <li>• Every birth should be registered immediately.</li> <li>• Every child has the right to acquire a nationality</li> </ul>
Zambia National Strategic Action Plan for Reforming and Improving Civil Registration and Vital Statistics (2014-2019)	<ul style="list-style-type: none"> <li>• Ensures that all births are recorded through a process of compiling, processing, evaluating, presenting and disseminating civil registration information in statistical form.</li> </ul>

### 3.5.3 Current situation

According to the Central Statistical Office and Ministry of Home Affairs (2019, p. 17), Zambia recorded an increase in the number of registered births from 8,111 in 2013 to 98,448 in 2016. The increment is further supported by the 2018 Zambia Demographic and Health Survey (ZDHS) which indicates that the percentage of births registered with the civil authorities for children under the age of five increased from 11% in 2013-14 to 14% in 2018 (Zambia Statistic Agency et al., 2020, p.15).

Table 44 below presents information on birth registration of children under age 5. At the national level, only 14% of children's births are registered with the civil authorities. Furthermore, an increase in wealth raises the percentage of registered births from 4% in the lowest quintile to 32% in the highest quintile.

**Table 43: Birth Registration of Children Under 5**

Percentage of de jure children under age 5 whose births are registered with the civil authorities, according to background characteristics, Zambia 2013-14

Background characteristic	Children whose births are registered			Number of children
	Percentage who had a birth certificate	Percentage who did not have a birth certificate	Percentage registered	
<b>Age</b>				
<2	3.5	6.9	10.5	5,321
2-4	4.4	7.4	11.8	8,394
<b>Sex</b>				
Male	4.2	7.4	11.7	6,922
Female	3.9	7.0	10.9	6,793
<b>Residence</b>				
Urban	9.1	11.3	20.4	4,633
Rural	1.5	5.2	6.7	9,082
<b>Province</b>				
Central	2.2	2.4	4.6	1,333
Copperbelt	13.7	9.9	23.6	1,796
Eastern	3.2	10.2	13.4	1,731
Luapula	0.7	5.0	5.7	1,197
Lusaka	6.6	14.1	20.8	1,987
Muchinga	0.4	3.3	3.7	812
Northern	0.8	1.5	2.3	1,311
North Western	3.0	2.4	5.4	719
Southern	1.8	10.1	12.0	1,908
Western	1.9	0.7	2.6	922
<b>Wealth quintile</b>				
Lowest	1.2	3.7	4.9	3,323
Second	1.1	4.2	5.3	3,126
Middle	2.3	7.4	9.7	2,798
Fourth	5.4	8.8	14.2	2,370
Highest	14.1	15.2	29.2	2,099
<b>Total</b>	<b>4.1</b>	<b>7.2</b>	<b>11.3</b>	<b>13,715</b>

Source: Zambia Statistics Agency et al. (2020, p.28).

Large regional disparities were visible between rural and urban areas. Table 44 highlights the number of registered births in rural and urban regions. Where birth registration completeness rate reflects the percentage of children under the age of 5 whose births were registered at the time of the survey.

**Table 44: Birth Registration Rate – Rural and Urban**

Area of registration	Estimated live births	Number of live births registered	Birth registration completeness rate with a certificate issued
National	669,889	98,448	14.7
Rural	406,296	44,581	11.0
Urban	263,593	53,867	20.4

Source: Central Statistical Office and Ministry of Home Affairs (2019, p. 14).

According to international and regional standards it is clear that despite the recorded 4% increment of registered births between 2013-14 and 2018, birth registration is not widely scaled-up in Zambia. Even where registration is reported, only a negligible proportion of children are in possession of birth certificates. This can be attributed to the following; inefficiency in the government's commitment in terms of budget allocation for birth registration, a lack of standardisation of the legislative framework which causes uncertainties regarding the process of birth registration, centralisation of the issuance of birth certificates which raises the financial and opportunity costs especially for families in remote areas, and this is reflected in Table 44 with higher levels of registered births being in the capital. Another significant barrier to birth registration in Zambia is inadequate infrastructure and logistics to support birth registration for which most mothers in rural areas have to travel long distances in order to access birth registration centres, and this is highlighted in Table 44. Additionally, birth registration in Zambia is also affected by demographics such as the wealth of the family, where birth registration is highest in the higher quintile. The abovementioned causes of low birth registration rates in Zambia can further be supported by a research conducted by UNICEF on birth registration (UNICEF, 2013).

#### **5.5.4 Government and Civil Society Organisations initiatives**

In spite of the many challenges highlighted above, the Zambian government has made strides to enhance birth registration by putting in place initiatives to tackle some of the issues. The research team interviewed officials from the Ministry of Home Affairs and Ministry of Health (MoH) and also conducted a desk review on initiatives undertaken by Civil society Organisations (CSOs).

Stakeholders spoken to from both the Ministry of Home Affairs and Ministry of Health (MoH) reaffirmed that issuance of birth certificates is a laborious process as this is currently centralised at the national registration office in Lusaka. But to accelerate the scale-up of birth registration, the Ministry of Home Affairs has issued a Statutory Instrument to decentralise issuance of birth certificates. Furthermore, an official from the Ministry of Health (MoH) stated that a Memorandum of Understanding (MoU) was signed with the Ministry of Home Affairs to facilitate birth registration through the health facilities, which will ensure that children are registered at birth or during the first neonatal visit. This process has since been launched at the national level in all health care facilities.



Furthermore, the desk review identified CSOs such as the World Vision International who in 2016 assisted the government with the birth registration exercise in Luampa District of Western Province. Also citing lack of knowledge about birth registration among community members in the district regarding the birth registration exercise, the World Vision trained caregivers to contact sensitise members of the community in the district about the importance of a child having a birth certificate, and this initiative resulted in an increase of registered births in the district (World Vision International, 2016). Additionally, UNICEF, in partnership with the European Union (EU), provided 1.2 million Euros to support birth registration in Zambia and among other things, the funds were channelled towards establishment of operational birth registration desks in over 1000 health facilities by 2020. The EU/UNICEF program also used outreach services to reach vulnerable communities where many women give birth outside health facilities (UNICEF Zambia, 2017).

### **3.5.5 Achievements and gaps**

According to the official spoken to at the Ministry of Health (MoH), the MoU has enabled the quick issuance of birth certificates through the use of immunisation and birth records which also allows adults to acquire their birth certificates. Moreover, training and sensitisation exercises undertaken by World Vision International helps bridge the variations in the ratios of registered births in rural and urban areas in the specified district. Furthermore, UNICEF on 20<sup>th</sup> July, 2018 through their Facebook post highlighted that there are over 500 birth registration desks in health facilities in Zambia, as opposed to the stated 222 in their 2017 article, an achievement which permits the scaling-up of birth registration in Zambia.

Nonetheless, irrespective of the above-mentioned achievements, there are still gaps prohibiting a significant increase of registered births in Zambia. The gaps include; inefficiency in the harmonisation of existing legislative and policy frameworks, another significant gap being inadequate resources to conduct mass sensitisation on the importance of birth registration and disseminate information on where to access the services especially in remote areas. Additionally, there is inadequate infrastructure, trained health personnel, telecommunication and transport services especially in remote areas to support efficiency in the birth registration process. Consequently, ignorance among mothers from the lower quintile continues to affect birth registration rates. Issuance of birth certificates is not currently decentralised, resulting in many not being in possession of birth certificates despite having been registered.

### **3.5.6 Child participation in decision making**

Participation of children in decision making resonates with the fundamental rights of the child as stipulated in the UNCRC and ACRWC. Article 4 of the ACRWC states that ‘the best interests of the child shall be the primary consideration in all actions undertaken concerning the child by any person or authority.’ The article also specifies that for ‘a child who is capable of communicating his or her own views either directly or through an impartial representative, an opportunity shall be provided for their views to be heard in all judicial or administrative proceedings affecting them, and those views shall be taken into consideration by the relevant authority in accordance with the provisions of appropriate law’ (ACRWC, 1990, p. 2). Additionally, article 7 of the ACRWC stipulates that every child capable of communicating his or her own views shall be guaranteed the rights to publicise and freely express their opinions in all matters subject to such restrictions as are set by laws (AWRC, 1990, p.3).

### **3.5.7 Legislative and policy framework for child participation in decision making**

Child participation in decision making is vital in that it promotes democratic practices and good governance. It also strengthens children’s social responsibilities, as well as developing their civic, communication and social skills. In view of its importance, the Zambian government has adopted both international and national legislative and policy frameworks to guide the process of child participation in decision making such as the UNCRC, ACRWC, National Child Policy, National Youth Policy and the National Plan of Action for Children.

**Table 45: Legislative and Policy Framework**

Legislative/ Policy Framework	Provisions
United Nations Convention on the Rights of the Child 1991 (UNCRC) ratified in 1991	<ul style="list-style-type: none"> <li>● Article 12 recognises that children have the right to be heard.</li> <li>● Article 13 states that the child has the right to freedom of expression.</li> <li>● Article 17 recognises the relevance of mass media in dissemination of information which supports child participation in society.</li> </ul>
African Charter on the Rights and Welfare of the Child 2008 (ACRWC) ratified in 2008	<ul style="list-style-type: none"> <li>● The best interests of the child shall be the primary consideration in all actions undertaken concerning the child by any person or authority.</li> <li>● Every child capable of communicating his or her own views shall be guaranteed the right to publicise and freely express their opinions in all matters subject to such restrictions as are set by laws.</li> </ul>
Education Act, 2011	<ul style="list-style-type: none"> <li>● Article 29 provides for establishment of Learners Representative Councils</li> </ul>
National Child Policy of 1994	<ul style="list-style-type: none"> <li>● Coordinate and facilitate the participation in National programmes in order to enhance provision of child development related programmes.</li> </ul>
National Youth Policy of 1994	<ul style="list-style-type: none"> <li>● Youth involvement at all levels of both public and private sector planning and decision-making processes.</li> </ul>
National Plan of Action for the Children of 1994	<ul style="list-style-type: none"> <li>● Promote survival, growth, protection and development of the child.</li> </ul>

Source: Save the Children (2010).

### 3.5.8 Current situation

Although child participation is well-recognised, evidence seems to indicate that most children in Zambia are not involved in the decision-making process even in matters that affect them. Thus, instead of being active participants, children are usually passive and perceived as mere recipients in the decision-making process. This could be attributed to negative cultural structures that hinder their participation. Certain cultural and structural barriers compel adults to feel that they can always make decisions on behalf of children. It is even harder for children to claim their rights to participation at community level when at home they hardly participate in issues pertaining to their welfare. An official from a non-governmental organisation known as the Media Network for Child Rights (MNCR) reaffirmed the above by stating that *“there is lack of respect for children’s right to participation in decision making as they are considered second class citizens. This is because children do not vote and are therefore neglected in the democratic space.”* The official further indicated that *“there is a deposition in the Zambian society that children should be seen and not heard.”* In addition to the above stated, the official from MNCR also specified a relationship between wisdom and age, where young children in the Zambian society are perceived as not being wise enough to participate in decision making processes even in matters affecting them.

Additionally, children from low resource families are even more likely to have limited opportunities to participate in decisions that affect them. Action Aid notes that for the poor families, the daily struggles to fend and provide for their families does not allow them to have adequate time to spend with their children and give them the chance to express their views and opinions, therefore this affects the aspect of child participation (Action Aid, 2011). Lack of child participation in Zambia is further perpetuated by lack of systematic structures that support the involvement of the children in issues that affect their wellbeing. Furthermore, there is lack of understanding and access to information regarding child participation in decision making especially for families living in rural areas. Although policies such as the National Child Policy through its multi-sectoral approach under the National Committee on Children have proposed institutional mechanisms that encourage the participation of the children, implementation is impacted by inadequate resources.

### **3.5.9 Government and civil society initiatives**

Notwithstanding the barriers to child participation discussed above, both the Zambian government through relevant ministries as well as civil societies have established initiatives to culminate child participation in decision making processes. The research team conducted interviews with officials from institutions supporting child participation in decision-making processes in order to get a detailed account of on-going initiatives. The officials interviewed were from the Ministry of Youth Sports and Child Development and two CSOs namely Zambia Civic Education Association (ZCEA) and Media Network on Child's Rights and Development (MNCRD). ZCEA is a human right non-governmental, not for profit making organisation established by a Zambians and registered in 1993, the vision of the organisation is to promote and protect children's rights through advocacy and civic education, programmes facilitated by the association approximately 20,000 children across the country (ZCEA). According to an official from MNCRD, the organisation is a non-governmental organisation founded in 2004 to supplements the efforts of the Zambian government by promoting and providing children platforms that encourage them to express their views thus enhancing child participation in Zambia.

An official at the Ministry of Youth Sports and Child Development identified strategies that encourage children to take part in decision making through various platforms such as sports, debates, anti-AIDS clubs, drama and gender clubs as these present a platform for engaging children in dialogue, the expression of ideas, an the opportunity to suggest what needs to be done or changed, thus enhancing children's self-esteem.

In addition to government efforts, an interview with an interviewee at the Zambia Civic Education Association (ZCEA) provided some insights on the operations of the Children's Council. They emphasised that the goal of the Children's Council is to give children a voice and confer them with an opportunity to be champions on matters that directly affect them. ZCEA has also set up child-friendly citizens legal advice desks to offer legal advice to children on matters related to their rights and responsibilities as well as offering legal support to children who are found to be in conflict with the law. This is in line with the Education Act, 2011 which provides for establishment of Learners Representative in all Government Schools. Phase II will

explore the structure and composition of the Children's Council. Additionally, legal advice is offered through alternative dispute resolution. Legal education on child related laws is offered through communities for the purpose of reinforcing child participation in civic activities. ZCEA also collaborates with the police to support victims of child abuse. The Association also launched an award called Triza Kanyanga Children's Award in 2014 to celebrate, acknowledge and celebrate children's heroic deeds in the service of others. Moreover, the organisation also facilitates Child Rights Clubs in various schools across the country.

Furthermore, officials from the Media Network on Child's Rights and Development (MNCRD) reported that the organisation has several programmes that aim at building the capacity of children in promoting the rights of the children through the use of media platforms and governance institutions. Through media platforms, children participate in governance, health and social issues that affect their wellbeing. Some of the programmes such as Children's News Agency (CNA) and the Media Monitoring project which were both started in 2009 to provide Children the opportunity to participate in the media through radio and television shows. In addition to the two programmes, children also write articles for media houses that are later broadcasted on the national television and radio platforms. The Children's News Agency program is currently in 14 districts and they meet to get information and make radio programmes to be broadcasted on Zambia National Broadcasting Cooperation (ZNBC) television and radio, Muvi Television, Hot FM radio, Zambia daily mail and some community radio stations.

The organisation also facilitates the Junior Reporters Magazine (JRM) in Zambia which is a magazine about the trending and imaging issues on the welfare and rights of the children, it gets input from other children in Africa who are junior reporters in their native countries with the essence to interview duty bearers on the issues affecting children's health, education and participation in governance, thereafter, they write about the gaps in the provision of child rights not only for Zambia but other African countries. The MNCR also runs policy briefs on child participation, these engage ministers and other government officials in order for them to give the policy perspective on the promotion of the wellbeing of the children in Zambia, they do media statements through the interviews with the children. The organisation also enables children to participate in child parliament programmes where they debate about child budget, inclusion and education in the parliament committees.

### **3.5.10 Achievements and gaps**

Overall, initiatives such as the school clubs provided by the Ministry of Youth, Sports and Child Development have promoted child participation in decision making. Through such initiatives, children are enlightened about their rights as well as issues affecting them. The school clubs such as the debate clubs, anti-AIDS club and gender clubs develop children's problem-solving skills, analytical skills and interpersonal skills which gives a child confidence to publicly give their views in decision making processes. Additionally, the Children's Council facilitated by the Zambia Civic Education Association (ZCEA) has given children a voice in parliamentary discussions and a platform for networking where they are able to express their views in the presence of government officials or influencers. The facilitation of Child's Right clubs (CRC) in school by ZCEA has also helped raise awareness on the rights of the children which has fostered meaningful relationships between teachers and children as well as their parents. The CRC has also empowered children to cultivate advocacy strategies pertaining issues they recognise as being most critical to them and this permitted the children to directly be involved in a 13-part series radio programme which profiled these issues (Save the Children, 2010).

Furthermore, initiatives from the Media Network on Child's Rights and Development (MNCRD) has enabled capacity building and awareness of child participation across sectors. The initiatives have to a larger extent helped clarify the role of adults to children. They have ensured the enforcement of strategies that prioritise the best interests of the child as stipulated in the UNCRC and ACRWC, the Children's News Agency has also commanded the acknowledgement and respect for children's voices as well as the provision of child friendly spaces.

In spite of the many strides made by both the government and civil society organisations in raising awareness about child participation as highlighted above, there are still underlying gaps preventing optimal participation of children in decision making processes in Zambia. These gaps include; the partial adoption and lack of domestication of legislative frameworks such as the UNCRC and ACRWC which was identified by the official from ZCEA as well as an article written on ' Realizing Children's Rights in Zambia' (Ozturk, 2020). There is also the inability to articulate clear action plans to implement relevant laws and policies regarding child participation in decision-making processes. Another significant gap is the lack of legislative framework to hold the government accountable for failure to uphold

children's rights. Furthermore, most of the specified initiatives are especially focused on secondary school aged children which leaves out the younger children.

Additionally, despite an increase in the recognition and support of children's and views in the public sphere, the home environment remains one where children's participation was unfavourable. This is because parents perceive child participation in decision making as a threat to their authority in their home. Thus, even if parents are supportive of their children participating in initiatives such as the school clubs, they are usually not open-minded to granting children a platform to express their views regarding family matters (Save the Children, 2010). Another gap identified by both government and non-government officials is the issue of inadequate resources such as reading materials pertaining to children's rights and child participation for the school clubs and the public, as well as lack of financial resources for administrative purposes.

### **3.5.11 Emerging themes in child participation in society**

Overall, the adoption of the United Nations Convention on the Rights of the Child (UNCRC) and African Charter on the Rights and Welfare of the Child (ACRWC) as well as the enactment of various national policies such as the Birth and Deaths Act Chapter 51 and the National Child Policy by the Zambian government have raised awareness on children's rights and supported the acknowledgement of children's views in the public sphere. The initiatives to scale-up birth registration in Zambia, the provision of grants to children from different backgrounds, and access to free primary education provided by government schools has been catalytic in enhancing child participation in society. Additionally, initiatives such as school clubs, Children's Council and Children's News Agency (CNA), children's parliament have also increased and have also given children the confidence to express their views through various media platforms, and this in turn continues to raise awareness on issues pertaining to child participation in society.

But, irrespective of the commitment by the Zambia government to the established legislative and policy framework that guide the process of child participation in society, the structures remain ineffective and inefficient. This is ascribed to inadequate resourcing which enables structures to be effective, and the failure of the established structures to make a notable contribution in the advancement of children's rights. Another significant barrier to effective participation of children in



decision making processes is the lapse in monitoring and scarce reporting on progress, as required internationally, as well as the lack of transparency and accountability at national level.

Additionally, there are undoubtedly conservative, socio-cultural and religious norms which sustain the belief that 'children are secondary or rather invisible, in society'. Subsequently, legal instruments have limited effect in fostering child participation in society, especially in an environment where child participation is seen as being unruly and shaming to the family.

Nonetheless, there are opportunities for creating a lasting systemic change for meaningful child and youth participation in the Zambian societies. The opportunities include enhancing the efficiency of community-based organisations (CBOs), which uphold child rights through the provision of adequate resources such as infrastructure, finance and reading material. There is also a need to further invest in the scaling-up of outreach programmes raising the awareness of child and youth participation in society especially in remote areas where there are immense difficulties in accessing information, this can be achieved through training of various caregivers such as teachers, engagement with stakeholders and regular consultation with children. There is a need to identify cultural norms that support child participation in society, and also engage children meaningfully, in ways that are seen as upholding local cultural beliefs through collaboration working with traditional leaders.

Furthermore, there is a need to establish partnerships with parents, teachers, government, CSOs, media and others in order to attain sustainable systematic change. This is vital in preventing an overlap of initiatives such as school clubs which for instance are enacted by both the government and ZCEA.

# DISCUSSION



## **4.0 Discussion**

This section discusses the findings of the mapping in accordance with the objectives outlined in the ToRs:

- i) The status of children on key indicators relating to child rights;
- ii) Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights;
- iii) Challenges/barriers and strengths/opportunities faced by community based organisations (CBOs) and other community-led actors; and
- iv) Areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs.

### **4.1 Objective 1: The status of children on key indicators relating to child rights;**

The mapping has revealed that progress has been made in promoting child survival and health as evident in reduction in child mortality, stunting and improved adolescent reproductive health. The education sector has also recorded increased access to ECE, increased Gross Enrolment Rates (GER) and a decrease in repetition levels albeit transition and completion rates are still low. There is also progress on initiatives related to support towards the family, child protection and child participation in decision making.

Challenges still remain in various child rights dimensions. Efforts are still required in areas such as: reduction of child malnutrition, improved adolescent and sexual reproductive health, systems strengthening on support for children in the family and community; low proportion of children accessing early childhood education, underrepresentation of children with disabilities at all levels of education, improved investment in leisure and recreation facilities, and child protection from social harmful practices. There are limited platforms to enhance child participation. Cultural practices such as early marriage and child labour remain pervasive negatively impacting on children's well-being.

Limited resources and inadequate enforcement mechanisms of relevant legislation were cited as major bottlenecks in addressing the diverse needs of children.

## **4.2 Objective 2: Areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights;**

Although the analysis was not exhaustive on existing CSOs, an interview with Zambia Governance Foundation (ZGF) confirmed a strong presence of CSOs with firm grounding in community driven initiatives in furtherance of children's rights. Officials at ZGF emphasised that the core value of local CSOs has been advocating for children's rights, accountability and good governance. Local CSOs have also played a complementary role in synergising efforts with government policy priority interventions especially those targeting the most vulnerable communities.

Notable achievements were highlighted in the following child rights dimensions: primary health care (reproductive health, maternal health, child health, HIV and AIDS, nutrition, and food security); child development and education (Early Childhood Education, girl child education, education for orphans and vulnerable children); child protection (campaign against child marriage, protection of children from abuse and violence); child participation (birth registration and grass root initiatives such as working with schools to promote child participation in decision making).

The Zambia Civic Education Association, Media Network on Child Rights and Development, Luapula Foundation, Bwafwano Integrated Services Organisation were among the organisations highlighted by ZGF which have demonstrated sustained efforts in driving the child rights agenda through advocacy and interventions. Zambia National Education Coalition (ZANEC), an umbrella organisation in the education sector has provided checks and balances in making the government accountable to fulfilling its obligations towards the right to education. Local organisations such as Zambia Open Community Schools (ZOCS), Mulumbo Early Childhood Education and Care Foundation, Children Sentinel, Reformed Open Community Schools in Zambia, Zambia Anglican Council are among organisations that have contributed to systemic innovations in child development and education.

## **4.3 Objective 3: Challenges/barriers and strengths/opportunities faced by community-based organisations (CBOs) and other community-led actors;**

Overall, the enactment of international treaties such as the UNCRC and the ACRWC

has to some extent aided CBOs in holding the Zambian government accountable when they fail to uphold child rights. Zambia being a party to these international conventions has demonstrated commitment as evident from legislative and policy reforms. This has also provided an opportunity for consideration of child rights in budgetary processes and initiatives. Most importantly, the legal and policy space is sound for Civil Society Organisations engagement through advocacy and leveraging government efforts.

Nonetheless, CBOs continue to face many challenges in effectively upholding and advocating for children's rights in the Zambian society and these challenges among others include: inefficiency and ineffectiveness of enforcement mechanisms for existing legislative and policy frameworks, impeding cultural norms, inadequacy of resources such as finance, infrastructure and human resources, low literacy levels (especially parents) as well as inadequate dissemination of relevant information especially in remote areas. However, there are opportunities to mobilise resources through partnerships both with government and non-governmental organisations in order to achieve synchronised efforts and avoid overlapping of initiatives.

#### **4.4 Objective 4: Areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs.**

Community driven initiatives were found to be prominent, especially in dimensions such as survival and health; child development and education, and child protection. Civil Society Organisations that participated in the mapping exercise as well as officials from relevant Government Ministries (Ministry of Health, Ministry of General Education, Ministry of Community Development and Social Services, Ministry of Youth, Sport and Child Development, and the Ministry of Gender) acknowledged the opportunities for enhanced community driven solutions in the most needy child rights dimensions such as: leisure and recreation, inclusion of children with disabilities, parental responsibilities, child participation in decision making, campaign against child marriage, and prevention of child labour. The Ministry of Youth, Sport and Child Development particularly noted that while the government is committed to promoting leisure and recreation for children, inadequate funding and weak enforcement mechanisms remain major constraints hence the need for active CSOs engagement to leverage resources and improved advocacy.

While Zambia has made a mark in efforts to end child marriage, community driven initiatives through working with traditional leaders would further enhance community awareness on the dangers of early and or forced marriages. The Zambia Civic Education Association further noted that child labour remained a pervasive social practice negatively impacting on children's wellbeing especially children from vulnerable families. Improved advocacy and stakeholder engagement especially in the most prone industries for child labour like tobacco farming in Eastern Province was recommended as a feasible approach to address child labour. The Ministry of General Education further highlighted the need for interventions to support vulnerable children continue with their education when they are involved in child labour during economically unavoidable seasonal activities such as fishing in Luapula Province and caterpillar collection in Northern Province.

The need for community driven initiatives to strengthen family support systems through improved economic livelihoods was identified as a potential solution to curb children from leaving their homes to be on the streets and or alternative institutions. The Ministry of Youth, Sport and Child Development emphasised that while the government was spearheading the reintegration programme to ensure that children are brought up in their natural homes, interventions aimed at supporting households where children are being reintegrated through improved economic livelihoods are needed. This was seen as a strategic approach as most children find themselves on the streets because of poverty and failure by families to provide basic needs.

# CONCLUSIONS



## **5.0 Conclusions**

Zambia has made strides in promoting child rights and wellbeing, as evident by commitments at the international, regional and national levels. Legislative and policy reforms are a clear signal of government commitment in translating international obligations into operational national strategies. Complementarity with CSOs initiatives has been catalytic in promoting child rights through targeted interventions especially those addressing the needs of the most disadvantaged children in society. Among notable achievements are the reductions in child mortality and stunting; increased access to education (ECE, primary and secondary); and improved mechanisms for combating child abuse, neglect, violence and harmful social practices. There are opportunities to reinforce community driven solutions in the area of parental responsibility, leisure and recreation, inclusion of children with disabilities, and child participation in decision making. A campaign against child marriage would further require legislative reform through the harmonisation of statutory and customary law with respect to the legal age for marriage.



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# MAPPING STUDY ON THE STATUS OF CHILD RIGHTS AND WELLBEING IN ZAMBIA

## Phase 2 Report

May 2021



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# EXECUTIVE SUMMARY

The study investigated child rights mapping in four districts of Luapula province of Zambia. The study established that the status of children and youth was affected by lack of sufficient health facilities to address diseases like diarrhoea and cholera, as well as malnutrition that affected the children in claiming their rights in the province. Meanwhile, the education system was affected by a lack of teachers and child care facilities in the communities, which were poverty linked.

The key areas of opportunity for community-based solutions and impact were found to be entrenched in the strong extended family as a support system for orphans and vulnerable children. Community cohesion and engagement of traditional leadership provides a pathway for sustainable community driven solutions. Evidence shows that Government line ministries have worked together to ensure that children are registered upon birth, enter school, protected from abject poverty through social cash transfer, and sponsored in school by different organisations. CBO initiatives could leverage existing structures and networks.

In respect of opportunities for overlap or potential synergy between areas of vulnerability for children and youth, access to education, improved school infrastructure, improved economic livelihood to vulnerable households, protection of children from abuse, neglect and violence including harmful cultural practices, improved access to leisure and recreation facilities, inclusion of children with disabilities, and child rights advocacy emerged as converging issues among all stakeholders. It was evident that the presence of CBO initiatives at the community level and close relationships with relevant government departments as well as traditional leaders were potential levers to protection of child rights in the rural communities.

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Thirdly, we are also highly indebted to all the stakeholders for their willingness to participate in the study.

Lastly, special thanks also go to the Research Assistants who worked tirelessly and, who in some cases, braved the heavy rains to ensure necessary, relevant, appropriate and timely data collection was possible.

# ABBREVIATIONS

CBO	Community Based Organisation
DHS	Demographic Health Survey
ECD	Early Childhood Development
ESB	Education Statistical Bulletin
GMP	Growth Monitoring and Promotion
MCDSS	Ministry of Community Development and Social Services
MoGE	Ministry of General Education
MoH	Ministry of Health
NGO	Non-Governmental Organisations
WFP	World Food Programme

# INTRODUCTION



## 1.0 Introduction

This report builds on Phase I of the Child Rights Mapping study which sought to establish the country's status on child rights focusing on the following objectives: i) status of children on key indicators relating to child rights; ii) areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change towards the realisation of child rights; iii) challenges/barriers and strengths/opportunities faced by community-based organisations and other community-level actors; and iii) areas of overlap between areas of vulnerability for children and areas of opportunity for community-based solutions and CBOs. Phase I data was mainly drawn through the review of relevant policies and statutory documents as well as from key informant interviews with relevant stakeholders at the national level to examine the extent to which Zambia had implemented child rights indicators espoused in the African Charter on the Rights and Welfare of the Child. Thematic categorisation by the Ministry of Youth and Child Development (child survival and health; care for the child in the family and community; family protection and parental responsibility; child development and education; child protection; inclusion of children with disabilities; and leisure and recreation) informed implementation of the study themes.

### **Summarised below were the key findings from Phase I of the study:**

#### Status of child rights

- A relatively supportive legislative and policy environment has been put in place
- Improved access to maternal and child health
- Improved access to quality education.
- Supportive for care of the child in the family and community

#### Several areas of opportunities were identified including:

- High levels of stunting especially in rural provinces,
- Unmet adolescent sexual reproductive health needs;
- Limited access to early childhood development,
- Low progression rate at secondary school level,
- Challenges with inclusion of children with disabilities;
- High rates of teen pregnancy impacting on access to education;
- Limited opportunities for leisure and recreation;
- And the existence of harmful cultural practices such as early marriage and child labour.

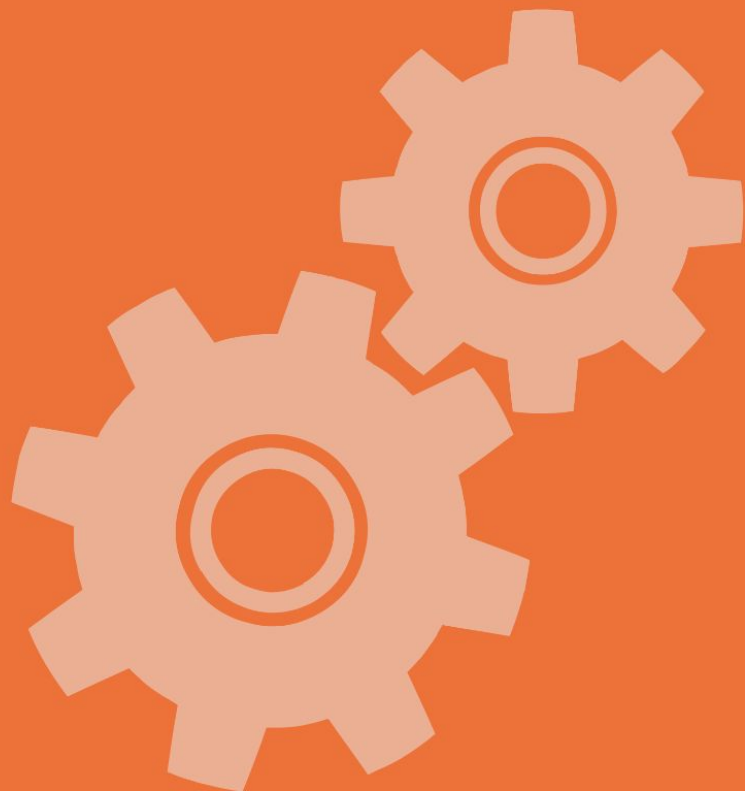
Building on findings from Phase I of the study, Phase II sought to surface in-depth understanding on child rights indicators, drawing on narratives from key stakeholders at the provincial, district, and community level. The following questions informed Phase II of data collection:

1. What is the status of children and youth on key indicators relating to child rights in districts under study and Zambia in general?
2. What are the key areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change for children and youth? What are the potential opportunities, challenges and synergies for community-based organisations in addressing these issues?
3. Where are the areas of overlap or potential synergy between areas of the vulnerability for children and youth, and areas of opportunity for communities and CBOs, paying particular attention to child protection issues where Firelight and our partners are currently working and have a track record of progress and impact?

## **1.2 Scope of Phase II mapping**

The scope and focus of Phase II mapping was to surface information about the status of child rights indicators through community dialogue methodologies. Thus, the mapping report provides an in-depth analysis on child rights support structures in selected communities in Luapula Province. Four districts were particularly sampled through consultative meetings with officials from the Ministry of General Education, Ministry of Community Development and Social Services, and Ministry of Health as well as representation from a local CBO; Mansa, Samfya, Mwense and Chembe. The in-depth analysis further attempted to look at Government and CBO initiatives that seek to promote child rights and gauge opportunities for synergies for community-based solutions that will bring about systemic change.

# METHODOLOGY



## **2.0 Study Methodology**

This section presents a summary of the methodology that was applied in this study. The study applied a qualitative approach. This allowed in-depth understanding of the status of children in the sampled districts. Focus Group Discussions with key stakeholders facilitated surfacing root causes and deliberations for gaps in child rights related issues.

### **2.1 Sampling Framework**

A multi-stage sampling approach was used in the selection of participants with the provincial level as the reference point. Further consultations were held at the district level to identify key informants. Another element that was considered in the sampling framework was the gender aspect. While it was not feasible to attain equal representation, the study endeavoured to include both male and female for all categories of participants.

### **2.2 Study sample and site**

Luapula Province has a total of eleven districts: Chembe, Chiengi, Chipili, Kawambwa, Lunga, Mansa, Milenge, Mwansabombwe, Mwense, Nchelenge, and Samfya. Consultations were held with Government Officials and selected CBOs at the Provincial level that guided the process for selection of districts to be included in the study. While it was desirable for all the districts to be represented, this was not feasible due to limited resources. Thus, four districts were prioritised based on level of vulnerability: Chembe, Mansa, Mwense, and Samfya.

At the district level, a total of 12 village clusters participated in the study. That is 3 village clusters per district. The sample consisted of the Ministry of General Education officials at the provincial and district offices, officials from the Ministry of Community Development at Provincial, district and community level, eight CBOs from the four sampled districts, school going children drawn from 12 schools, out of school children, traditional leaders and civic leaders.



**Table 1: Summary of study sample**

<b>Government officials-Provincial</b>	<b>Government officials-District</b>	<b>Traditional leaders</b>	<b>CBO Officials</b>	<b>Parents</b>	<b>In-school young children</b>	<b>In-school older children</b>	<b>Out of school children</b>
4	8	5	12	3 FGDs per district	3 sessions for Body & community mapping	3 FGDs per district	3 FGDs per district

	<b>Government officials-Provincial</b>	<b>Government officials-District</b>	<b>Traditional leaders</b>	<b>CBO Officials</b>	<b>Parents (3 FGD per district)</b>	<b>In-school young children (3 sessions of body and community mapping)</b>	<b>In-school older children (3 FGD per district)</b>	<b>Out of school children (3 FGD per group)</b>
Mansa	3 M	1 M	2 M	5 M	10 M	17 M	11 M	9 M
	1 F	1 F	0 F	4 F	15 F	14 F	16 F	11 F
Samfya	NA	1 M	1 M	2 M	25 females	9 M	12 M	12 M
	NA	1 F	0 F	1 F	12 Male	15 F	30 F	6 F
Mwense	NA	1 M	2 M	0 M	30 F	14 M	23 M	8 M
	NA	1 F	0 F	0 F	25 M	14 F	34 F	9 F
Chembe	NA	1 M	0 M	1 M	5 M	0 B	0 M	0 M
	NA	1 F	0 F	0 F	8 F	0 F	0 F	0 F

### 2.2.1 Data Collection Procedure and Tools

All data collection tools were carefully reviewed in consultation with Firelight Foundation to ensure contextual responsiveness. To collect data from children, child friendly methodologies were applied: body mapping and community mapping.

Body Mapping	The body mapping method was used to lead discussions where children discussed different dynamics of their home, school and community experiences using different body parts to describe how they are affected. For example, children were engaged to discuss how their mental wellbeing was affected at home, school and the community. Through this, they would describe situations that made them happy and sad.
Community Dialogue	The community mapping methodology was used to map out areas of interest to the children such as places they would go to if they want to relax or exercise. They helped in mapping areas that were child friendly and those that were not.
Community Timeline	A timeline approach was used to engage with parents on different stages of child development in relation to child rights from birth to young adulthood.
Stakeholder Analysis	Different stakeholders such as the Ministry of Health, Ministry of General Education, Civic Leaders and local NGOs were interviewed to understand child wellbeing and their role in enhancing child wellbeing.

To enhance efficiency and quality in the data collection process, four core research assistants were engaged and trained by the consultant. Three of the four assistants were drawn from Lusaka whereas one was from Luapula province who helped with understanding the local context of data collection. In addition, three more research assistants were engaged from the districts to strengthen understanding of local insights, making the total number of research assistants seven. Data quality checks were undertaken by the consultant during data collection and coding. Presented below was the data collection approach.

**Table 2: Data Collection Approach and Source**

Objectives	Data Source	Data collection approach
What is the status of children and youth on key indicators relating to child rights in this country, and in this district?	Document analysis, Interview	Desk Review KII
What are the key areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change for children and youth? What are the potential opportunities, challenges and synergies for community-based organisations in addressing these issues?	Community dialogues and interviews	KII & FGDs
Where are the areas of overlap or potential synergy between areas of the vulnerability for children and youth, and areas of opportunity for communities and CBOs, paying particular attention to child protection issues where Firelight and our partners are currently working and have a track record of progress and impact?	Stakeholder analysis, and Community dialogues	KII & FGDs

### 2.2.2 Data Analysis

Data was transcribed and coded. Using framework analysis, meaningful patterns of emerging themes were established. Categorisation of the themes was informed by the study objectives.

### 2.3 Ethical Requirements

Implementation of the study was done within the ethical requirements. Ethical clearance was sought from the Humanities and Social Sciences Research and Ethics Committee of the University of Zambia. At provincial and district levels, officials from relevant Government Departments were informed about the scope of the study and

remained engaged throughout the implementation process. Whereas at the community level, the research team worked closely with traditional leaders. Additionally, consent was obtained from participants and responses were kept anonymous. In order to ensure confidentiality, names of participants were kept anonymous.

# FINDINGS



### **3.0 Presentation of findings**

This section presents the findings of the study according to the study objectives as follows: i) what is the status of children and youth on key indicators relating to child rights in districts under study and Zambia in general; ii) what are the key areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change for children and youth? what are the potential opportunities, challenges and synergies for community-based organisations in addressing these issues; and iii) where are the areas of overlap or potential synergy between areas of the vulnerability for children and youth, and areas of opportunity for communities and CBOs, paying particular attention to child protection issues where Firelight and our partners are currently working and have a track record of progress and impact?

#### **3.1 Objective 1: What is the status of children and youth on key indicators relating to child rights in this country, and in this district?**

##### **3.1.1 Child survival and health**

Child survival and health encompasses maternal and child health related interventions designed to address the most common causes of child mortality such as diarrhoea, malaria and neonatal conditions. Article 14 of the African Charter on the Rights and Welfare of the Child recognises the rights of every child to the best attainable health and health services. The study found that the provision of health services was done through various service delivery points including; health posts, clinics and a district hospital. To bring services closer to the people, community health services were provided by the Community Health Workers. Therefore, this section presents the status of children with regard to child survival and health.

##### **3.1.1.1 Strengths in child survival and health**

The study found that access to primary health care services (maternal and child health) was relatively reasonable across the four sampled districts with services such as: Growth Monitoring and Promotion (GMP) including immunisation and supplementation for children under five, antenatal and postnatal services, and general medical check-ups for the adolescents and adults. It was established that there were at least three medical doctors at the district hospital, with an exception of Mansa General Hospital which had more medical personnel as it is a provincial first level referral centre. Health posts were managed by clinical officers and nurses.

During the study, participants were asked about child-survival and health related needs. Access to quality health care services was identified as a priority across age groups. Quality health in this context entailed health services that were easily accessible, responsive to the needs, safe, friendly and secure, patient centred and timely. Participants generally expressed satisfaction on recent developments in the health sector where health posts had been constructed within their communities. They indicated that they were able to access health care services within their communities, unlike in the past when they used to walk long distances to access these basic services.

### **3.1.1.2 Access to health care services**

*“We have a clinic nearby, so seeking medical attention is not a problem.” (Female parent).*

*“Prenatal and postnatal care is readily available at our health centre.” (Female parent).*

Furthermore, interviews with the medical personnel at the provincial level emphasised that the Ministry of Health had prioritised preventive methods aimed at reducing clinic and hospital’s case overloads. To elaborate on this, a health official also noted that the preventive methods were aimed at countering the diseases before they occurred so as to keep the number of people visiting health facilities at a relatively manageable rate.

Participants in the study further noted the following:

*“From time to time, our children receive various vaccinations as preventive measures in our community.” (Male parent).*

*“The clinics help us a lot in this community of ours. We get medicine, get mosquito nets and get male circumcision done.” (Female pupil).*

*“As a community, we get our medicine from the clinic and our siblings are taken there for under 5 where their weights and heights are measured, polio and vitamins are also given to them.” (Male pupil).*

*“The clinic staff teach us on how to protect ourselves from sexually transmitted diseases and sometimes condoms are distributed at the clinic.” (Female parent).*

Despite these positive developments, some respondents, especially youths, expressed dissatisfaction with the quality of services they received from the clinics and hospitals. They noted that the health workers were sometimes rude and made them wait for a long time before they attended to them.

*“I don't like going to the clinic because nurses are very rude. So, even if I'm sick, I don't go there. They always don't have medicine to give us. I think they steal the medicine and [give it to] others. I may have malaria and they will just give me Panadol and coartem. They will tell me to go and buy for myself and yet we know that the government brings medicine.” (Female pupil, Mansa).*

### **3.1.1.3 Nutrition education**

Access to quality nutrition is an important aspect of child wellbeing. As one Social Welfare Officer aptly put it, *“When children have an improved nutrition, they will be able to perform well in class and attendance will be high.”* Previous studies have proven that there is a strong link between adequate nutrition and cognitive development with long term positive outcomes on school attendance and school achievement (Sorhaindo & Feinstein, 2006).

At the national level, malnutrition remains a challenge with Luapula Province having the highest stunting rates at 45%, way above the national average of 35% (DHS, 2018). The study sought to establish the status with respect to nutrition and efforts that have been to improve nutrition in mothers, children and adolescents. Officials at the Ministry of Health reported that the Ministry of Health provides nutrition specific and nutrition sensitive interventions. For instance, expectant mothers are given the required nutrition supplementation like folic acid to boost their nutrition level during pregnancy. Additionally, through Growth Monitoring Promotion activities, MoH ensures that children receive the necessary vaccines and nutrition supplements such as vitamin A and deworming tablets.



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It was further reported that community-based nutrition education programmes that promote feeding practices by the mothers such as exclusive breastfeeding, supplementary feeding, and the provision of adequate nutrition using locally available food stuffs are conducted in collaboration with the Ministry of Health and the Ministry of Community Development and Social Services. Community health volunteers also conduct home visits to ensure that children below the age of five are provided with adequate nutrition and those who seem to be at risk are referred to the hospital for appropriate nutrition intervention. Information from the Focus Group Discussions confirmed the availability of nutrition related programmes in participating communities. Parents indicated that they received information during antenatal and postnatal visits, as well as during Growth Monitoring Promotion. One female participant indicated the following:

*“Pregnant women are well taken care of by medical provision available for them at the health centre until they deliver, and the child is constantly checked until he or she is 5 years old.” (Female participant).*

School based nutrition sensitive interventions were also reported. The Ministry of General Education with support from the World Food Programme (WFP) has introduced the Home-Grown School Feeding programme in some schools from early Childhood through to Primary school which allows schools to provide a hot meal to children while in school. Nonetheless, officials at the Ministry of General Education reported that coverage was not at scale to cater for all the schools in the province. Schools have also been promoting Production Units where they grow vegetables,

keep livestock (pigs, goats, cattle, as well as chickens) to enhance the nutrition intake for learners especially in boarding schools.

The study further interviewed children (both in-school and out-of-school) to capture their voices on their views about nutrition status at household and community level. The majority of the children indicated that they were not happy with the nutritional status of their families. In some families, participants indicated that they did not have enough food in order to have three meals a day, especially in the rainy season, while in other homes the children indicated that they did not have a variety of food stuffs to eat despite their ability to afford the specified three meals a day, as most parents could not afford a variety of food stuffs like fruits and other nutritional supplements. As such, households depended on the same type of foods such as nshima with vegetables. The learners indicated that they wanted to eat a variety of food, not the usual cassava leaves as vegetables. In the body mapping methodology, learners were asked about things that made them happy and/or sad at home. The following were some of their reflections in relation to nutrition:

### **Nutrition related issues that made children happy and or sad**

*“What makes me happy at home is when I have all I want at home such as food and everything, it feels like I am in America. When my parents have gotten paid and the house has enough food and smells good, it feels nice and I am happy.” (Female pupil).*

*“At home what bothers my mind is the lack of basic needs like food, washing soap and lotion for my body. We live in poverty at home and get I worried. When I see food or mealie meal finishing, I get worried, especially when my parents say that they don’t have money.” (Male pupil, Samfya).*

*“Food is never sufficient at home. I would like to have enough food and a variety like meat or chicken. I don’t want to just be eating cassava leaves as vegetables.” (Female pupil).*

*“Lack of food to carry to school. For example, children come from different homes, some do not carry food to school, may be the child can stay hungry at school until*

*they knock off from school and when they go home sometimes, they don't find food readily available and this makes them to stop going to school (Out-of-school, adolescent girl)."*

keep livestock (pigs, goats, cattle, as well as chickens) to enhance the nutrition intake for learners especially in boarding schools.

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*“Lack of food to carry to school. For example, children come from different homes, some do not carry food to school, may be the child can stay hungry at school until they knock off from school and when they go home sometimes, they don’t find food.”*

Follow-up interviews with parents revealed that although food was abundant during the harvest times (e.g., groundnuts, cassava and maize) they were forced to sell part of their harvest in order to raise money for their children’s school fees. This somewhat affected household food security as some families experienced food shortage especially during the rainy season. Parents further indicated that it was difficult to provide protein rich meals for their children as fish, which was the common source of protein in the province, may not be in supply during the government gazetted annual fish ban between November and March.

Additionally, the provision of adequate nutrition to young children was met with challenges. Most parents indicated that that they were not able to provide adequate nutrition for the children to develop well due to economic hardships as highlighted in the excerpts below:

*“Due to lack of income, we are not food secure and we fail to meet the nutritional requirements for our children.” (Male parent).*

*The economy is very bad. Therefore, we are failing to buy enough food to feed our children.” (Male parent).*

*“We have nothing to do to ensure that we provide all the meals for the children. Some of us are single mothers and I have to provide for all my children with the little resources I get. Therefore, when things get hard, we have to eat once or twice a day.” (Female parent).*

### **3.1.1.4 Prevention of malaria and diarrhoea diseases**

Malaria remains one of the major public health concerns. According to the National Malaria Indicator Surveys, Luapula had the highest prevalence of malaria in the country at 30.4% (National Malaria Indicator Survey, 2012; DHS 2018). Interviews with the Ministry of Health at the district level confirmed that malaria was one of the

most challenging and life-threatening diseases faced by the province. To combat this, the government was implementing various community-based programmes as preventive measures against malaria especially for the children, expectant mothers and adolescents. Notable among them were indoor residue spraying to eradicate mosquitoes, use of intermittent preventive treatment by women during pregnancy, provision of insecticide treated mosquito nets to households with expectant mothers and young children, routine diagnosis and prompt treatment of fever in young children. The need for insecticide treated mosquito nets was highlighted by the children as one of the preventive measures. Children particularly recommended the provision of insecticide treated mosquito nets to vulnerable households. They noted that people were dying from malaria as they could not afford insecticide treated mosquito nets which were very expensive, ranging from 30 to 50 kwacha.

Additionally, interventions for the prevention of diarrhoea-related diseases such as the provision of chlorine to households for treating drinking water were mentioned. Parents and members of the community noted that they were educated on other nutrition sensitive interventions like boiling drinking water and daily practices such as covering food and washing of hands as a way of preventing diarrhoea diseases.

Despite these efforts, the study illuminated the lack of clean drinking water as a major hygiene challenge. Parents and children indicated that they had no access to safe and clean drinking and mostly used water from boreholes, streams or rivers for drinking. They lamented that the water was not safe for drinking, contributing to diarrheal diseases in children and adults.

*“We access drinking water from the shallow wells, but this water is not safe as it is not treated for germs and bacteria that can be harmful to us.” (Male parent).*

*“We would want to be given chlorine to treat drinking water. We do not have piped water in the community. We draw water from the streams, which is not clean.” (Female out-of-school pupil).*

The participants further emphasised the issue of cleanliness as being of the utmost importance in disease prevention for both under-5 children and children in school. They indicated that cleanliness would help prevent most communicable diseases such as cholera and diarrhoea. This was noted as follows:

*“The government should tell the chief to ensure that all the people in this chiefdom have at least a toilet and a rubbish pit per household. I have said so because some households have no toilets, and these are the people who contribute to the outbreak of diseases especially in the rainy season.” (Female out-of-school pupil).*

### **3.1.1.5 Prevention of HIV and AIDS**

HIV and AIDS prevalence rates in Luapula among women and men aged 15-49 stands at 7.9% (DHS, 2018). To curb the scourge, various preventive measures were being promoted at institutional and community level. The Ministry of Health officials confirmed that health education aimed at preventing HIV and AIDS was provided to pupils in schools and youths in communities through school and community sensitization programmes. It was further reported that the Ministry of Health had been distributing condoms in schools and strategic points in communities as a preventive measure for HIV and AIDS infections and prevention of adolescent pregnancies. One pupil noted that: *“People also go to the clinic to get tested for HIV and AIDS.”* (Female pupil, Mansa).

However, the topic of condom provision in schools was received with mixed views among stakeholders such as learners, parents, teachers and faith leaders. For instance, pupils expressed mixed views, with some in support of the distribution of condoms in schools while others felt that the practice promoted illicit sexual behaviour among learners and therefore, recommended that condoms should not be given to learners. This is further discussed in the next section on Adolescent Sexual Reproductive Health.

*“I think the government should increase the provision of condoms in schools and clinics and not in communities because our parents will not allow us to get them or people in the community will point at you as if you are a prostitute. As of now, it is not easy to find condoms in this community for young people. So, we rely on the ones they provide in school, but they are not enough for all the pupils.” (Male pupil).*

*“...condoms should be for adults who are married. If they continue to give us, most of us will start thinking that it is ok for us to have sex while we are still in school. So, to prevent this, they should just stop distributing them so that we [can] concentrate on school.” (Female pupil).*

Parents were also of the view that children should not be provided with condoms as the practice was promoting promiscuous behaviour among children.

### **3.1.1.6 Adolescent sexual reproductive health**

As part of adolescent sexual reproductive health, the Ministry of Health had put in place a number of interventions such as provision of contraceptives among others. Adolescent girls reported that they were sometimes given injections to prevent them from getting pregnant while in school.

Nonetheless, different stakeholders raised concerns and some of the concerns were related to moral issues, considering that Zambia is a Christian nation. For instance, parents expressed mixed views on the issue of contraceptives and other preventive measures. Some parents indicated that contraceptives such as condoms encouraged learners to engage in premarital sex while others indicated that learners were still going to have sex even without condoms. Therefore, it was necessary that they should have them so that they prevent pregnancies and continue with school.

Furthermore, one medical officer indicated that there was no coordination between the Ministry of General Education, the Ministry of Health, and the Ministry of Religious and National Guidance thus, the perceived misunderstanding of key messaging. He emphasised the following: *"For us, we give contraceptives purely as a preventive measure for the diseases and pregnancies, but the faith leaders have expressed strong negative feedback on that. Therefore, the Ministry of General Education is torn in between with the issue which makes it hard for us to continue providing contraceptives in schools."*

The learners indicated that as a way of protecting themselves from sexually transmitted diseases, they were taught sexual reproductive health education from grade four to grade twelve and some condoms are left in schools. This view was shared by the parents that they also received sexual reproductive health services from the clinics, and they were given condoms as a way of preventing sexually transmitted diseases.

Nevertheless, some learners indicated that although they had access to adolescent sexual reproductive health services, certain factors prevented them from seeking

health services. Some of them indicated that a lack of confidentiality by the health workers made them fail to seek health services because they felt that some of the issues they go for at the clinic could be told to their parents by the medical personnel. Two female pupils indicated the following:

*“When I go [to] the clinic to get tested or find out about something, if my neighbour or anyone who knows me sees me, then I will be in trouble back home because the people at the clinic will tell my parents. This makes us not want to go to the clinic. They will speculate that you are sick of HIV/AIDS. All this makes us not go to the clinic.” (Female pupil).*

*“I am not shy to go to the clinic, but I don’t like the treatment I get from there. Sometimes, the health workers do not pay attention to young people. So, they make us wait in a line for a long time. I hate going to the clinic because when I go in the morning, I will only come back around 14:00. Then, they will just give me Panadol and the rest of the medicine I have to buy on my own.” (Female pupil).*

It is clear from the foregoing that while SRH services were accessible to youths, there is a need to enhance youth friendly spaces at the service point where youths would feel safe and secure. When youths do not feel secure and protected, they would be reluctant to access the services. Although the Ministry of Health reported that they had put in place youth friendly spaces at the health facilities, these may not be widespread in all the health facilities at district level.

### **3.1.1.7 Health education**

Officials from the Ministry of Health, Ministry of General Education and Ministry of Community Development and Social Services said that health education was provided both in school and community, with a focus on prevention and early detection of illnesses and prompt health seeking behaviour. Interviews with learners acknowledged the importance of health education in raising awareness to improve health outcomes.

### **3.1.1.8 Challenges in child survival and health**

Despite progress in enhancing accessibility of health care services, communities are



still faced with challenges which impede the successful delivery of optimal child survival and health care. Among the key issues raised regarding health services were limited health centres in rural and hard-to-reach areas where people were forced to walk long distances to access the services. Other challenges included lack of transportation for referral cases, as there was only one referral hospital in the province located in Mansa. This was highlighted by a number of participants as follows:

*“There is only one clinic here but more people. We need another clinic so that other people can be going to another clinic to access health services.” (Female parent, Mansa).*

*“When a child is sick and requires referral (e.g to be transferred from a District Hospital to Mansa Hospital), transportation is a barrier to accessing health care services.” (Male parent).*

*“The health institutions do not provide transport for pregnant women when they are due for delivery as it falls on individual families to organise transport for themselves. Thus, it is difficult for us to carry a pregnant woman on the bicycle to the health centre. This is actually dangerous to the health of the mother and the unborn child.” (Male parent).*

*“Inadequate supply of medicines in the health facilities. Most of the time when you go to the hospital, they would just give you a prescription.” (Female out-of-school pupil)*

Additionally, it was noted that there were few health workers available in each health centre to attend to the health needs of the people. On average, it was reported that each district had three medical personnel against a population of over 100,000 people, with the exception of Mansa which is a provincial capital with a bigger population and more medical personnel. Presented below are responses from participants on human resources challenges:

*“The major challenges facing the health sector in the district is inadequate or insufficient human resource to provide adequate health services in the district. If*

*this is taken care of, it can help achieve community and facility initiatives that have to do with health. Currently, you will find that the same nurses who are supposed to be in the health centres are also required to provide services in the community such as conducting sensitization programs. This cripples the provision of health care services. Hence the nurses are only based at the health centres because they cannot leave due to the large demand of people seeking health services at the centres. Therefore, there is a need for more Community Health Workers. Currently, the district has two medical doctors against a population of about 120,000 all being cared for by 2 hospitals and 18 health centres as the centres for primary health provision.” (Government Official).*

*“There are usually long queues at the clinic which are as a result of large numbers of people that go to the clinic as compared to the number of health workers at the clinic.” (Female pupil).*

*“Some nurses don’t simply care when we go to the health facility. They will just be chatting while we wait on the line for long hours.” (Male pupil)*

*“The nurses are also cheeky. Some of them could be on phones while we wait on the queue. But when they see someone they know or someone who comes with a car, they easily attend to that person.” (Female pupil).*

*“The attitude of some nurses towards patients is bad because they don’t treat them with kindness. It has happened before that some patients have died whilst waiting to be attended to on a long queue.” (Female parent)*

The nutritional needs of the children were also noted as some of the major challenges in the provision of health care to the children. The inadequate provision of nutritious food led to cases of malnutrition in the children. Some parents noted that they could not afford to provide nutrition rich foods due to lack of employment and high levels of poverty.

The conflict in the provision of sexual reproductive services was a challenge in that the Ministry of General Education did not have a clear stance on how these services should be provided. This made the Ministry of Health hesitant in providing sexual

reproductive health services. On the other hand, the Ministry of Religious Affairs was against the use of contraceptives such as condoms and injections among the school going children. This dilemma has reduced the effectiveness of sexual reproductive health service provision by the Ministry of Health because there is also a divide among the parents regarding the morality of using contraceptives among pupils.

### **3.1.1.9 COVID-19 related challenges**

The coming of the Novel CoronaVirus (COVID-19) had posed significant challenges on the proper access to health services especially for children. At the peak of the infections, most health centres reduced activities at the health centres in order to prevent the spread. Therefore, non-life threatening conditions were not admitted at the hospitals or clinics. Also, some participants indicated that they were not allowed to visit their relatives who were admitted in the hospitals or clinics in order to reduce the spread. The rumours surrounding the symptoms and spread of COVID-19 also had a negative impact on the access to medical services. Some participants indicated that they feared going to health centres because if they had a common flu or cough, they would be admitted for COVID-19. Therefore, some opted not to seek health services from the clinic in their respective areas. Below is what some of them narrated:

*“I am scared of going to the clinic, especially this time of Corona because if I show any symptoms of flu, they will say I have coronavirus and admit me. So, I would rather not go there.”* (Male pupil).

*“For now, I would rather not go to the clinic. When I have a cough or flu, I would just decide to stay home because they will keep in a room alone once they suspect me of COVID-19. I hear that my parents and relatives cannot visit me, I will live alone like an animal, I do not want that.”* (Female pupil).

### **3.1.2 Care for the child in the family and community**

Child care related legislations and policies such as the Affiliation and Maintenance of Children Act (1995) and National Child Policy (2006) seek to support and promote the development of a child in a home. The family is regarded as the centre of child care

and therefore policies are meant to strengthen the provision of care for the child in the family. Certain government initiatives such as the Social Cash Transfer scheme were an economic buffer to enhance household economic livelihood through provision of monthly monetary incentives to households with vulnerable children, child headed homes, individuals with disabilities, and elderly people.

### **3.1.2.1 Care for the child in the family**

Children were asked to express their understanding of care for the child in the family. To them, care in the home entailed parents providing their basic needs such as food, school requisites and clothes. At most, children wanted to be provided for, protected against all forms of vulnerabilities, and guided by their parents so as to become responsible children. One pupil explained that;

*"...I feel good when I come home and everything seems to be fine, when we have enough food and my parents [are] paying for my school fees." (Female pupil).*

Others expressed worry at the thought of their families breaking due to divorce or the death of their parents. Another pupil pointed out:

*"I don't like it when my parents are fighting, I start to worry that maybe one will be injured and they will not be able to take care of us, sometimes maybe they may divorce and we will suffer as [children]." (Female pupil).*

Similarly, parents indicated their desire to care for their families. Some indicated that they had no means to provide sufficient care for their children because they were not employed and had no business to depend on, this made them fail to provide and give care to the children as required.

The study established that as a way of keeping the children in the family, a collective approach to child care was used to care for the children who were orphaned. When a child lost one or both parents, extended family members were willing to take up the responsibility of caring for the child. This made children not resort to living on the streets. In addition, the Ministry of Community Development and Social Services also

indicated that they used the collective approach to child care to keep the children off the streets. In cases where a family was incapacitated to care for the orphaned children, they registered such families on the social cash transfer scheme. The interviews with the parents found that most orphaned children lived with their grandparents or uncles and aunties.

One male respondent said the following:

*“Although it is hard, especially in these economic times, if my brother died for example, I cannot fail to take on the responsibility for his children. If I am unable to alone, we share the children among those who can manage, even extended family or grandparents.” (Male parent).*

Notwithstanding economic hardships highlighted, the family remained the centre of child care. Even in instances where there was a loss of parents, extended family member ties superseded in ensuring that orphans and vulnerable children were cared for within the family circles. Although district level consolidated data was not available from the Ministry of Community Development and Social Services, data from the Ministry of General Education showed that a total of 43,806 (Boys=22,047 and Girls= 21,759) and 14,311 (Boys= 7,382 and Girls= 6,929) enrolled at primary and secondary respectively were categorised as vulnerable children accounting 16.5% of the total enrolment at provincial level.

However, what was gratifying was that the study did not find alternative care homes for orphans and vulnerable children in most of the sampled districts except for Mansa District where the Ministry of Community Development and Social Services confirmed the presence of two alternative care homes (Fatima and Mansa Orphanage). This clearly demonstrates the role of the kinship system where extended family members have continued to provide care for the children of their deceased relatives.

### **3.1.2.2 Care for the child in the community**

The study established, through the Focus Group Discussions with the parents, that communities had safety nets where if a child was orphaned, other family members would take over the responsibilities of the child. The Ministry of Community

Development and Social Services has recognised the role communities play in complementing government efforts in supporting vulnerable children.

It was reported that the Social Cash Transfer was paid bi-monthly to elderly people and those living with disabilities. Specifically, social cash transfer amounting to K90 was given to elderly or child headed homes, and K180 was provided to those living with disabilities.

The traditional leadership of each community, ranging from the community head person to the chief, were also vigilant in ensuring that vulnerable children were taken care of. These acted as points of authority where abuse and disputes could be reported. The vulnerable children under the care of extended family members were monitored by the community leaders and traditional leadership together with the neighbourhood watch to ensure that they are not abused by their guardians.

The parents indicated that culturally, it was the responsibility of the surviving members of the family (brothers or sisters, sometimes even grandparents), to care for the children in case the child is orphaned. However, they pointed out that economic challenges made them fail to adequately cater for the needs of their children. Some children said the following:

*“Our parents go to work in order to provide for us. They provide food and clothes for us. They should provide us with proper nutrition, keep us safe, restrict our movements and teach us good cultural values.” (Female pupil).*

*“At home, I get bothered by noise. There is a lot of noise coming from the many bars around here. Sometimes, the neighbours play loud music, and it disturbs me when I want to study. The bars are so close to the schools and the homes and they don’t close early. So, people [are] drinking all night long.” (Male pupil).*

*“There is too much alcohol abuse in the community. Some adolescents around the ages of 15 like smoking marijuana. So, they become abusive and disrespectful. This influences young children and they start to wish that once they grow up, they will be smoking.” (Female pupil).*

Some of the children indicated that parents need to set house rules to help regulate the behaviour of children and keep them from harm. They indicated that they respected their parents and obeyed their guidance not to engage in vices such as beer drinking and smoking both in the community and at school. The following was what the children said:

*“Good family care habits involve providing for all the needs of the children such as food, health services, shelter and education. Some negative family care habits are not providing for children’s physical needs, education and health services.” (Male pupil).*

*“Not disciplining the children is another bad habit in terms of caring for the children. The major challenge in caring for kids is failing to provide for their physical needs, education and health services due to lack of income.” (Female pupil).*

Children were asked to indicate what they liked in their homes or community. It was reported that some parents were not kind to them when they wronged them. They used harsh words to reprimand them. They called them all sorts of demeaning words sometimes even when they commit the simplest of mistakes and this made children feel not loved and hurt. One learner made the following observation:

*“When my mother insults me, I feel demeaned and embarrassed in front of my friends. She would call me names like dog, cat, swine, fool or monkey in front of my friends when they come to play at our house. This is not nice.” (Female pupil).*

In respect of what they liked or disliked about their communities; the learners made the following observations about their respective communities:

What they like about their communities	What they disliked about their communities
<ul style="list-style-type: none"> <li>● Likes playing with friends.</li> <li>● Likes it when it is time for traditional ceremonies because goods become cheap.</li> <li>● Going to play at the football pitch.</li> <li>● Going to school.</li> </ul>	<ul style="list-style-type: none"> <li>● Too much noise due to bars near the houses.</li> <li>● Gangs of boys who beat people in the community.</li> <li>● Untidy surroundings in most communities.</li> <li>● Gossiping and backbiting by community members.</li> <li>● Drunk adults insulting.</li> <li>● Witchcraft in the community.</li> </ul>

### 3.1.2.1 Family protection & parental responsibilities

The parents indicated that it was their responsibility to care for the children at home, to provide for their basic needs and keep them from harm. In order to enhance protection at family level, the communities had neighbourhood watch groups who ensured that children were protected to eliminate harm at the family levels. These groups are informed of any abuse at the family level and they would follow up to arrest the perpetrator and report to the police any forms of abuse on the children. In the meantime, other stakeholders such as faith leaders, civic leaders, schools and the traditional leaders work with the police to ensure there are no cases of child abuse at home. The civic leader noted the following:

*“The first thing we do is to go to the parents and engage them to find out what happened. Then we gather relevant stakeholders such as the civic leaders like myself and then we go to the police’s victim support unit and we engage them to follow up the case and gather information.” (Civic leader).*

*“Our mothers have a responsibility to protect us from perpetrators of child sexual abuse. They ensure that we accompany them wherever they go or take us to homes or places where it is safe for us to stay there when they are away from home. The protection that they give us as girls is to ensure that we dress in a decent way and*



*when they are away from home, they make sure that we are either taken to our grandmothers or any safe place where there are no men.” (Female pupil).*

Parental responsibilities were largely defined as the ability to instil discipline and provide for the basic needs of the children at home. Parents noted that it was their duty to provide for their families as well as ensuring that the children were safe from abuse both at home and in the community. However, discussions with children showed mixed reactions on the responsibilities of the parents. Some children indicated that parents were responsible enough to provide home and school needs. Others raised concerns that male parents were mostly irresponsible and left the main duties to female parents. Below were reflections from the children:

*“Sir, sometimes it’s only a mother who looks for food and the man is not even looking concerned, and just getting drunk. When he comes back from drinking, he starts demanding food in the evening and beating her for not cooking. Fathers watching the mothers providing for basic needs of the family while the fathers are just drinking alcohol.” (Male pupil).*

*“The parents have got a responsibility to take care of us so that we can grow up to be responsible people in future. They also have a responsibility to teach us good morals such as respecting elders and to know the word of God at a tender age.” (Female pupil).*

*“I feel good when my parents are supporting me at school. In that way, I even concentrate well at school, and that helps me think that my future will be good and nice. I dream of going to China. So, parental support just feels like you are in heaven.” (Female pupil).*

*“Sometimes I think that if my parents are fighting, one may get injured or killed and then what is going to happen to us as children, because the other one will be dead while the other [is] in prison. So, that affects children who were not part of the fight.” (Female pupil).*

They further indicated that parents could support children by taking good care of them and giving them what they needed such as food and clothing. Some indicated

that parental responsibility meant teaching them farming because this would help them to become responsible people in the community and be able to fend for themselves in future. By also teaching good morals, encouraging them to go to church so that they could know God when still young. They should also ensure that they provide school needs. One pupil defined parental responsibility as follows:

*“By ensuring that they take care of us, although sometimes we are brought up by so many people in the community. For example, when they see that you have started misbehaving or taking alcohol, your uncle or any elderly person can discipline you. I remember when my uncle found me fighting with my friends after closing school, he did not wait for my father or mother to discipline me, he just started beating me. I will never forget that day and from that time, I fear fighting with anyone. [I] am now a peacemaker whenever there is a conflict amongst my friends.” (Male pupil).*

### **3.1.2.2 Forms of discipline in the home**

Parents further indicated that it was their responsibility to discipline children when they were wrong. Some parents indicated that they beat children when they were wrong. This was to deter them from doing the same thing again. However, learners expressed different views with regards to forms of discipline used by the parents. Some indicated that talking to them was more effective than beating them while others indicated that beating them was effective because they did not listen when parents just talked to them. Pupils provided examples of forms of discipline at home as outlined below:

*“The best discipline is to talk to you first without insulting or shouting. This helps us to realise that we have done something wrong.” (Female pupil).*

*“When they deny you food, you will realise the importance of having food. If it is supper, I tell you eeeeh you can’t even sleep the whole night.” (Male pupil).*

*“Sometimes parents should beat the children when they do something wrong, especially repeating the same mistake. Beating us is very effective because some of us, we don’t listen when they are just talking to us. They say Umwana omfwila ku bwembya (You can only train a child using a whip).” (Female pupil).*

*“Denying you food is also a type of discipline and it is very effective because we are scared that if I do something wrong, my parents won’t give me food. For example, my parents were just scolding me or talking to me when I was going home late and I never stopped because I knew that they will just talk to me and forget. However, immediately they started denying me food whenever I went home late. I stopped this bad behaviour because I knew that if I go home late, I will sleep on an empty stomach.” (Female pupil).*

### **3.1.2.3 Strengths in care for the child in the family and community**

Family units and parents drew strength from the collectivism of the African society, this means that when a parent dies other relatives take over the guardianship of the child. This has led to having no street kids or home care facilities in the visited districts. One female pupil in Mansa who is also an orphan noted that orphans in her community are taken care of by surviving family members who provide for their daily needs. *“Our guardians teach us good morals, encourage us to go to church so that we can know God when you are still young.”*

The Ministry of Community Development and Social Services has harnessed this strength to reduce the number of children on the streets and the need for alternative care. The Ministry of Community Development and Social Services emphasised that the goal of the Ministry is to ensure children remain in the family and community rather than alternative care homes. Currently, the Government through the Ministry of Community Development and Social Services provides social cash transfer as a social protection safety net to enhance the economic livelihood of families taking care of orphans depending on their vulnerability. However, the current allocation is not adequate to support all the vulnerable households.

*“Here in Mwense district, care for orphans and vulnerable children is not so much a problem. We discourage institutionalisation, that is why we do not have any alternative care homes in the district. We want the family where the child is to be at the centre where that particular child [is]. We endeavour to ensure that the child is taken care of by the surviving relatives by ensuring that they provide support to the child before other people come in. What we do is to counsel the relatives and we engage the traditional leadership on the importance of taking [care] of the*

*off-springs of the deceased relatives and on the principle of mutualism – surviving family members taking care of their deceased offspring. It is quite rare for children to be left on their own. The only challenge is that the poverty levels are quite high.” (Government Official, District).*

It is worth noting that the Government has come up with initiatives aimed at empowering the elderly or child headed homes through provision of social cash transfer in order to help them take care of the orphaned and vulnerable children. Nonetheless, this was not sufficient to meet the growing demand.

### **3.1.2.4 Challenges in the care for the child in the family and community**

The major challenge highlighted in the care for the child in the family and community was when the parents are unable to meet the needs of the children like food, clothing, shelter education and health services. It was reported that sometimes orphans and vulnerable children are taken care of by their old relatives or young siblings who may not be able to provide necessary support for the children. The communities expressed concern that this may create a situation where children would opt to live on the streets or resort to vices such as alcohol and prostitution for young girls.

Some parents raised concerns that their children were very rebellious, and this made it hard to have control over their wellbeing. One parent noted the following:

*“It is also a challenge when children become rebellious to an extent of not heeding the discipline coming from parents. Some children have become drunkards and prostitutes. For children born out of wedlock, the responsibility lies mainly on the mother who struggles to provide for them. Such children receive little or no support from fathers. These children suffer especially if they are born from men who are already married. Such men concentrate on children whose mother they are living with.” (Male parent).*

On the other hand, some children observed that they lack psychosocial support at home either from their parents or relatives. Community mapping was applied where children had an opportunity to identify places in their community that make feel

unsafe as explained by the children themselves below:

*“There are many gangs in this community like the Tokota boys. They beat up people in the community. This combined with the lack of support from the parents makes me worry about my future.” (Male pupil).*

*“There is [a] lack of togetherness at home. We don’t get along or eat together as a family should. Others just come and cook their own food to eat without considering others. Some of our brothers can find you getting beaten on the road and they will just pass and watch me continue getting beat.” (Female pupil).*

*“Mothers are the main culprits. They easily give a red card when I do something wrong. Once they do that, they deny me food. They also like leaving young children with other young children while they will be going out for beer drinking.” (Male pupil).*

### **3.1.2.5 Government and CBO initiatives for care of the child in the family and community.**

Key Informant Interview with the Ministry of Community Development and Social Services revealed various statutory options in the care for children in the community and family. Notable among these were: i) kinship care where the extended family members play a central role in the care of vulnerable children and orphans; ii) guardianship where a legal guardian is appointed to provide support to children in case of loss of parents and or abandonment, iii) foster care homes which could be temporal; iv) alternative care homes, these were residential homes where vulnerable children and taken care of (It was reported that Luapula province has a total of five alternative care homes in Mansa, Kawambwa, Mwansabombwe and Kawambwa); v) adoption which was facilitated through the Child Protection Unit under the Ministry of Community Development and Social Services; vi) a place of safety, which were mainly temporary where children are kept for three months during the reintegration process. It was reported foster care homes sometimes receive support from the government through the Ministry of Community Development and Social Services and the Ministry of Youth, Sport and Child Development. However, this support was not consistently provided due to inadequate funding.

Currently, the major government initiative support system was provision of Social Cash Transfer to eligible households.

The study found that the local CBOs that were in the communities did not necessarily provide financial support to cushion the efforts of families in the care of children at family and community level. Follow up with CBOs revealed that their area of focus was child rights. For instance, community-based organisations were strong advocates for keeping girls in school and were spearheading a campaign against early marriages in the communities, especially those in rural areas. Nonetheless, there were International Organisations such as CAMFED, FAWEZA, Save the Children, and Plan International that had a strong base in the province with targeted interventions aimed at enhancing the welfare of children.

### **3.1.3 Child Development and Education**

The education indicator focused on Early Childhood Development, primary, secondary education as well as inclusion of children with disabilities. Before we delved into the status of children on education indicators, participants were asked to indicate what their wishes were for children in their respective communities. Overall, all the stakeholders emphasised that their wish was for children to get quality education as indicated below:

*“Our wishes and vision are enshrined in the provincial vision. We would want to improve the quality and performance of our learners. We also want to ensure that our learners are equipped with entrepreneurship skills for survival.” (Government Official, Provincial).*

*“...I want to see children excel in terms of academics. We have a problem of low literacy levels in the district. We are trying to ensure that children are able to read and write.” (Government Official, District).*

*“My wish is that our children are accorded good education which can enhance their livelihood and make them survive. Such education will provide them with survival skills for them to manipulate the environment in which they are found.” (Government Official, District).*

*“Our wish for children is for them to acquire education. Most of the children in the communities where we operate from have dropped out of school and others are not interested in school because they don’t see the value of education and they feel marriage is more important than education.” (Government Official, District).*

*“As chiefs, we want our area to develop through our children. We know that education is key to changing [the] behaviour of our children. We know that if our children are educated, we will be lucky as a community. A child who has been to school is well informed. Even if they are not working, they will know what is bad and what is good.” (Traditional Leader).*

*“We want all the children to [have] access to education.” (CBO representative).*

*“We would wish for the children in school to have sponsorship so that [in] school they meet the school requirements.” (Male parent)*

*“ECD - Our wish is to see that before the child enters Grade one, they have an opportunity to go through early childhood education. Access to ECE will enable children to be ready for school.” (Government Official, District).*

Using the body mapping methodology, children were asked about things that make them happy or sad at home. Education related issues emerged to be prominent among the things that occupy their thoughts at home. To them, education was important for one to achieve a better life and take care of their family. The children interviewed provided the following insights on what makes them happy or/and sad with regard to education:

### **Reflections from in-school children (adolescent girls and boys and young children)**

#### **What makes them happy (relating to education)**

*“I feel good when my parents are supporting me at school. In that way, I even concentrate well at school, and that helps me think that my future will be good and nice. I dream of going to China one. When you have parental support, it just feels like heaven.” (Male pupil).*

*“I feel happy when they give me [a] chance to do school work.” (Female pupil).*

*"What makes me happy at home is when my parents have the zeal to pay for my school fees and they are paying for me continuously. It brings so much joy at home. It makes me happy because I want to get educated just like the teachers who are teaching me, and I want to live a good life. I just want to be like others such as doctors." (Female pupil).*

*"I like coming to school because when I get educated, I will be able to help out my parents and give back the money they are using on my education." (Female pupil).*

*"I like coming to school because when I get educated, I will not be suffering." (Male pupil).*

*"At school also, it makes me happy when the school is clean and they build more classrooms. We also feel good when we are not being beaten by the teachers and we are getting good grades." (Female pupil, Musungampashi, Mwense)*

### **What makes children sad (relating to education)**

*"At home, I think about a lot of things, especially about my future and my school. I always worry about whether I will be able to complete my school well since my parents do not have money to pay for me now. Will I be able to go to college and start work if my parents can't even pay for my school fees?" (Male pupil).*

*"For me, my parents are dead, and this makes me feel sad and think about someone to sponsor my education. I feel like I have no right to tell the people keeping me anything or demand for anything. Even when there is something needed at school, they do not pay attention when I tell them about it. So, this makes me worry so much." (Female pupil).*

*"Some parents are dead and there is no one willing to support their children at school. Most children have stopped going to school in this community because they have no one to support them. All these problems make us feel like stopping school." (Male pupil).*



*"What makes me sad is when I am not going to school and I have no parents. It makes me worry about my future and I fail to plan for it well." (Male pupil).*

*"I think and worry about my parents failing to pay for me at school. My plan is to get educated so that I can help them, but they are not able to support me for now." (Female pupil).*

*"What makes me worry is that my parents are dead and I stay with my sister. So, I worry [about] what will happen to me at school if I pass. I worry about where are we going to get money to buy school needs for grade 8." (Male pupil).*

*"As for me, my father is lame and I worry about who is going to be paying my school fees." (Male pupil).*

*"At school, what disturbs my mind is peer pressure. For example, trying to copy what my friends are doing may not be good for our school. Some friends play a lot and I may get disturbed with school if I follow them." (Male pupil, Mwense).*

*"Lack of school fees makes me sad. Due to poverty, they chase my child from school. This make[s] my mind become disturbed and sometimes they even tell my child to call me when I have no money to pay to [the] school." (Male parent, Samfya).*

*"Sir, it doesn't feel good to see a person who is just in grade 7 getting pregnant. If you just go through schools, you will find a lot of pregnant young girls in class. It is because they are allowed to go back to school when they are pregnant that is why they get encouraged." (Female pupil, Mwense).*

*"The female teachers insult us at school, they like bullying us in front of our friends. They may pick me among my friends and say this one is dull, she cannot read – all in trying to demean me." (Female pupil, Mansa).*

It is clear from these interviews that education was identified as a key child rights indicator by the stakeholders. The general overview on the status of child development and education in the sampled districts was that existing primary and secondary schools were not adequate to accommodate all the eligible children in the sampled districts. The Provincial Education Officer noted that there was a need for increased infrastructure expansion and teacher recruitment especially in rural communities where children were walking long distances to access nearby schools.

As for ECD, the government was using a strategy to annex ECE centres to existing primary schools. However, all the stakeholders reported that the current number of ECE centres were far below the demand for the service. Inclusion of children with disabilities was another gap identified by various communities and Ministry of General Education officials. Below is a snapshot of the status of each level in the education hierarchy in the area under study: ECD, primary, secondary, and inclusion.

### **3.1.3.1 Early Childhood Development**

Early childhood was recognised as an important aspect of education as it lays the foundation for child development. However, access to ECD is relatively low in Luapula Province. The DHS (2018) estimated that 94.4% of children under the age of five had never attended school. The survey found that there were few ECE centres in the province compared to the number of eligible children. Data from the Provincial Education Offices shows that a total of 15,330 (Boys =7,326 and Girls= 8,004) were enrolled in ECD centres. Various stakeholders noted the following:

*“Each school should be annexed with the ECE block, but so far, only Chakopo, Kaole and Muchinka are the only annexed schools. The district is not doing well in ECE, most children get ECE from private schools and not the government. However, the Ministry has employed qualified teachers for ECE and provision of age-appropriate materials for the learners.” (Government Official, District).*

*“In terms of education, there is a need for ECD classes in this ward. There is only one class for ECD which is annexed to a primary school. Again, there is only one primary school, Musangu primary school which has to cater for hundreds of children from a vast catchment area. This has made a lot of children who are of school going age to*

*remain unenrolled in school due to lack of space in the schools. The school cannot absorb the number of children in the community. So, children have to wait for them to be enrolled and this makes them start school very late, around the age of 10 years sometimes. Therefore, I would ask that if it was possible to build more schools for the children especially at ECD and primary school level. Even if the schools are not built in the meantime all we need are teachers. If enough teachers are deployed in the district, we can start using some church buildings as classrooms so that children don't have to wait too long to be enrolled in school.” (Civic leader).*

*“We do not have a public school offering ECE in our community. The available schools are in private hands and expensive for the majority of us. This makes it difficult for our children to access ECE. The available ones do not have the infrastructure to accommodate all children of school age in our community.” (Male parent).*

*“Infrastructure for ECE is not appropriate for children. Most of the Government ECE centres annexed to primary schools have not been modified to ensure that infrastructure is age appropriate. Basic infrastructure related items such as desks and toilets are suitable for children. There is a need for age-appropriate infrastructure here in Mwense district.” (Government Official, District)*

Further, parents expressed concern that even in places where there were very few ECE centres, they were still far for the children to access. This disadvantaged the children even more. It was also found that the focus was mainly on children aged 3-6 years leaving children below the age of three with no access to opportunities for early stimulation. Lack of a feeding programme at the ECD sector is another gap that was highlighted in the FGD with adolescent mothers in Samfya. They observed that some children opt to stay home instead of going to school because at home they are able to eat something even from the neighbours' home, unlike at school where they are forced to stay hungry in the absence of a feeding programme.

*“Those going to school find it difficult to eat from the neighbours if they don't have food at home because by the time they are knocking off from school, most of the households have already eaten their lunch. So, they would rather stop going to*

*school and remain in the community where it is easy for them to find food in the neighbourhood. In short, they feel that going to pre-school is a punishment or one way to keep them hungry.” (Female parent).*

### **3.1.3.2 NGO/CBO initiatives for ECD**

The Provincial Education Office reported that other than Plan International, Save the Children, Zambia Open Community Schools, and Luapula Foundation, there were no CBO initiatives in the ECD sector in Luapula Province. However, it was reported that most of the above-mentioned initiatives were concentrated in Mansa (the provincial), leaving children in the rural and hard-to-reach areas excluded. It is important to note that none of the above-mentioned organisations did not directly run ECD centres in the province, but rather they had child care initiatives focusing on capacity building of the parents and caregivers. The initiatives were implemented through community engagement as a platform for sharing knowledge on a child rights dimension including nutrition, child protection and access to services. In the other districts like Mwense, Chembe, and Samfya there was no evidence of NGO initiatives running ECD centres. This resulted in most children having to wait until they were of primary school age before they could access school.

### **3.1.3.3 Primary and secondary education**

The Ministry of General Education has responded relatively well in terms of access to Primary and Secondary education through initiatives such as free primary education policy, ongoing infrastructure expansion and bursary scheme for orphans and vulnerable children. Data from the Provincial Education Office indicated that a total of 523,785 (Boys= 258,237 and Girls= 265,458) were enrolled in primary grades whereas enrolments in secondary schools stood at 351764 (Boys= 179487 and 172277). Despite this achievement, a transition rate from grade 9-10 stood at 32.9% for girls and 43.7% which is among the lowest in the country.

On average, the MoGE officials indicated that there were few primary and secondary schools in the sampled districts, especially in rural and remote areas, forcing children to walk long distances. A number of factors have contributed to the infrastructure

deficit. For instance, some of the primary schools have been upgraded to secondary schools thus creating a deficit for space at primary school level. This was confirmed by the DEBS office in Mansa District when he noted the following:

*“About 75% of children in the district are enrolled in the primary school. The upgrading of schools from primary to secondary has somewhat created a deficit in terms of learning space at the primary school level. After upgrading the schools, there are no more spaces created for the new learners at primary school level.” (MoGE official- District).*

Additionally, the Ministry of General Education strategy of annexing ECE centres to existing primary schools has created insufficient space, particularly for grade one enrolment places, making children walk long distances to school to access education. This was noted during the FGD with parents as evidenced below:

*“There are only two government schools in the area, and this poses a challenge for these schools to enrol all the children in grade one.” (Male Parent).*

*“Although the Province has made strides in increasing access to Secondary Education, factors such as inadequate secondary schools to absorb the number of learners from primary schools and inadequate number of teachers present a challenge to the sector.” (Traditional Leader).*

On the other hand, peri-urban based schools had more learners enrolled than what infrastructure capacity can absorb. This might have an effect on the quality of education provision due to the high teacher pupil ratio. Some parents also indicated that they lacked financial support to meet the school requisites for their children such as uniforms, shoes, books and other basic requirements.

### **3.1.3.3.1 Challenges at primary and secondary education level**

The provision of education in all the visited districts was characterised by several challenges while lack of adequate schools was the major challenge. These included among others; high drop-out rate, exposure to physical punishment, and early marriage and teen pregnancy.

### 3.1.3.3.2 High drop-out rate

Luapula province records the highest drop-out rates in the country especially among girls which stands at 2.6% compared to the national average 1.5% (ESB, 2017). High drop-out rates were reported in all the sampled districts which affected both boys and girls. This was mainly attributed to poverty. Some parents reported that they had no financial capacity to meet school requisites for their children. This posed significant challenges in terms of equitable access to education by the children. In the long run, children resorted to vices such as premature sexual activities and other delinquency behaviours.

When girls fail to continue with school, they opt to get married. This was noted by the Civic Leaders in Mwense and Chembe districts. Even though the out-of-school children expressed interest in going back to school, there were no community initiatives to help them financially to get back to school and there were no opportunity for skills training for survival. Even with the re-entry policy which gives adolescent girls who fall pregnant a second chance to continue with their education, some girls fail to utilise the opportunity due to lack of financial support. The civic leaders urged that the re-entry policy needs to be put into practice through community-based, civic-based and faith-based (churches) initiatives. With regard to high drop-out rates, one civic leader outlined some of the reasons as follows:

*“Due to poverty, children start sleeping around in order to meet their basic requirements like lotion, books and pens. In the process, they get pregnant and stop school. Also, due to high levels of poverty, some parents have no means to feed their huge families. So, they decide to marry off their daughters so that they can be paid bride price in order to feed their families and maybe buy some goats. However, this affects their children because they are too young to be in marriage. Some parents are also not present to support and discipline their children. From such, we end up having more children getting pregnant.” (Civic leader).*

Other latent factors leading to students' dropping out from school included physical punishment at school and bullying (including beatings) by older pupils – described further in the next section.

### **3.1.3.3.3 Bullying**

Bullying was among the child protection related factors contributing to school absenteeism. Children reported that they sometimes avoid going to school because they are bullied by the older pupils. According to the children, bullying took place within school premises at times, but mostly when they knocked off. They indicated that they were beaten by the older pupils and this led them to start missing classes and resorted to staying at home. Although the schools had school rules to ensure that pupils were not abused, there was lack of strict enforcement of such rules despite some pupils having reported that they were bullied within the school premises. This made pupils feel insecure on the way to, from, and within school premises.

### **3.1.3.3.4 Unethical behaviour and corporal punishment**

Further, it was also reported that increased school dropout rates were attributed to corporal and physical punishment by some teachers. Children reported that they were sometimes beaten by teachers when they committed an offence or failed to participate in manual work, despite the ban against corporal punishment. This made some children scared and start skipping classes. In addition, some pupils mentioned that teachers verbally abused them for failing to answer questions in class. A female pupil in Mwense indicated the following: *“A teacher once told me that I was just wasting time at school because I would not amount to anything, so it is better for me to just get married and stop wasting time at school.”*

Such sentiments from the teachers made some pupils contemplate stopping school because they were not motivated by the teachers. Further, some female pupils reported that male teachers propose love to them, and this affects how they perform at school because they become uncomfortable with such teachers.

*“...for me, some teachers propose love to us. So, when you deny them, the teacher will start failing you in class just so that you can accept them. This happens especially in exam classes. When I want to ask for an explanation, the teacher will tell me that I will keep ignoring you since you also ignore my proposal.” (Female pupil)*

*“Some teachers go out with some girls. Ahhhhh I am telling the truth. This happens all the time and we all see it. So, if they see you being close to the girl they like, they will always punish you because it will look like you also want the same girl. So, by punishing you, it will stop you from being close to the girl.” (Male pupil).*

### **3.1.3.3.5 Early marriage and teen pregnancy**

Teen pregnancy and early marriage emerged as major barriers to education progression for girls. Evidence from the DHS indicates that Luapula Province had the highest rates of early marriages at 26% (DHS, 2018). Interviews with the children and other stakeholders confirmed that early marriages among the school going children were common. The Civic Leader for Chembe District observed that child marriage was so rampant in the area and was a major barrier to education progression for girls. He noted that there were a lot of young girls in the district who had been married off. This was mainly due to high levels of poverty that led some children into early marriage as a way of escaping the devastating consequences of poverty.

Teen pregnancy was also reported to be on the increase. Data from the Provincial Education Office shows that teen pregnancy was common especially in the primary grades as evident from the table below.

**Table 3: Teen Pregnancies in Luapula Province**

<b>Teen Pregnancies and re-admissions</b>		
Grades	Pregnancies	Re-admits
Grade 1-7	1181	503
Grade 8-9	365	244

Source: MoGE Provincial Office

Although the government had the re-entry policy in place, data from the Provincial Education Office as shown in the table above seem to indicate that less than 50% of the girls were being readmitted. Follow-up discussions with girls and parents brought out a number of factors affecting the re-entry of girls. For instance, lack of resources, lack of support by the parents and school administration. Pupils had the following to



say on the causes and consequences of early marriages and adolescent teen pregnancies:

*“Sometimes as girls we lack the most basic needs to go to school like just soap for washing and bathing, money for buying books and pens. Therefore, it is easy for a girl to be lured by a guy and get impregnated, subsequently drop out of school and end up getting married.” (Female pupil).*

*“Funny enough, some girls prefer to get married. Actually, some even take themselves to the men due to poverty at home. They feel the only way to escape the poverty they experience at their parents’ home is to get married to a man who will be able to fend for them and provide their basic needs.” (Female pupil).*

*“As a girl if you are not performing well in class or if you are a problem to the parents, they will tell or force you to get married. Sometimes it’s not that you are a problem to your parents, it is the situation at home which forces many girls to get married at a very young age. For example, if you find someone who can take care of you and the family, it is better to get married.” (Female pupil).*

The study also attempted to establish the things that make girls sad. Reflections of the out-of-school girls are outlined below:

*“Sometimes what makes us worried is when we see as girls at this age, most of us have stopped going to school. We just want to get married. So, you find people of your age with children and carrying babies. This makes me worry, like if such a girl was educated, she would have helped the parents in future or she could have helped herself. Sometimes, all that makes me worry.” (Female pupil).*

### **3.1.3.3.6 Government initiatives at primary and secondary school level**

The Ministry of General of Education, in partnership with key stakeholders and cooperating partners, has developed initiatives to promote access to primary and secondary education. Notable among them are free primary education, the bursary scheme which caters for both boys and girls from vulnerable backgrounds, and the Keeping Girls in Schools through the Ministry of Community Development and Social Services under the World Bank GEWEL project which is meant to support girls.

*"...if you go round these classes, you will find a lot of young girls with babies, they are even acting like they are adults now. I think just because they are allowed to come back to school, they have taken advantage of the situation to engage in sex because they know that they will continue with school." (Female pupils).*

*"It is hard for someone who has a baby to continue with school because I have to come to school and care for the baby. Then here at school, there are very few teachers that support us, even other pupils they start shunning us thinking we will teach them bad manners." (Female pupil).*

*"Allowing girls who fall pregnant to go back to schools is promoting immorality in our communities. Because the girls know that they would be allowed back in school, they are just misbehaving anyhow. In the evening they go to the grounds to play with boys, this is not good for the community. Some of the girls who fall pregnant are too young." (Male pupil).*

### **3.1.3.3.7 NGO/CBO Initiatives**

In the areas under study, the major NGOs and CBOs present were international organisations such as CAMFED and FAWEZA that provide support to girls by paying their school fees and providing school requisites. This has helped boost access to Secondary Education for girls from disadvantaged backgrounds. There were no locally based organisations that supported pupils with school requirements, therefore, lack of support was among the major reasons for the learners not to continue with school. While there were no CBO/NGO initiatives on inclusion in the sampled districts, the Ministry of General Education reported that the government through support from the European Union was supporting inclusive education in selected districts in the province.

### **3.1.3.4 Emerging themes in child development and education**

Generally, participants noted that government efforts aimed at improving the education sector. Emerging themes under this indicator were the need for increased access to ECD, infrastructure expansion at primary school level, and increased access to secondary education. Stakeholders recommended more CBO initiatives in the ECD

sector especially in rural and hard to reach areas to complement government efforts. As for primary education, infrastructure expansion and the need to increase the number of teachers. At secondary school level, support towards adolescent mothers and other learners who have dropped out of school to enable them to continue with their education was identified as an urgent need.

#### **3.1.3.4.1 Inclusion of children with disabilities**

Although the Ministry of General Education has put up Special Schools and Special Units to cater for learners with disabilities. Interviews with various stakeholders at the community level found that some parents were still hiding these children in their homes to avoid stigma. It was reported that the burden of supporting children with disabilities was largely left to the family members and they mostly struggled to provide even the basic needs for their children. Even when it comes to leisure and recreation, children with disabilities are usually left out for fear that people will be laughing at them.

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### **3.2 Leisure and Recreation**

Article 12 of the African Charter on the Rights and Welfare of the Child recognises the right of every child to engage in play and recreational activities appropriate for their age and implores on States Parties to provide opportunities for leisure and recreation to all children. Children were asked their wishes related to leisure and recreation. They indicated as a way of keeping them away from danger and abuse, most of them indicated that they wanted to have more safe spaces for playing and relaxing after school. *"A provision of safe play spaces at community level would help most children participate in these activities and keep them away from the vices such as beer drinking and early and premarital sexual activities."* They indicated that the use of home-based games was a way of keeping children busy but was not sufficient because children needed well-allocated safe and secure places where they could go and play.

However, the study found that most of the communities had no safe places for children to play. Children mainly reported being involved in leisure and recreation at school where they played football, basketball, volleyball and other games.

Nevertheless, some schools did not even have football pitches for the children to spend their free time. This left the children with fewer options but to go to the market place and the road side which were not safe for the children due to the presence of bars and automobiles.

In places such as Samfya and Chembe, which were near the river or lakes, children reported that they went to lake Bangweulu and Luapula River respectively for leisure. Other leisure and social amenities that children pointed out included cultural dances and traditional ceremonies such as Kalela traditional dance and Umutomboko traditional ceremony. The “Kalela Dance” is usually held when there are special events. Umutomboko ceremony is an annual event that is both educational and entertaining in nature.

At household level, children played different games such as poetry, rounders, sketches, singing, cultural dancing, playing *insolo*, draft and *iciyenga*. Other games were *mugogola*, wider and *iciyenga*. The children especially those in Samfya also reported that they sometimes to lake Bangweulu although they were too quick to point out that the lake was not a safe place for leisure because of the crocodiles.

### **3.2.1 Strengths in leisure and recreation**

Although the study found that communities appreciated the importance of leisure and recreation, there was seemingly limited opportunities for leisure across the four districts.

### **3.2.2 Challenges in leisure and recreation**

Both children and parents indicated that they lacked safe places for play and leisure. This made children go to the lake or river, which was dangerous due to crocodile attacks. Another option was the market place or the road side, this was dangerous as there are many cases of road traffic accidents that include running children over as they play along the road.

*“We don’t have a safe play space for our children. The area around the lake is not safe because the lake is infested with crocodiles. We don’t have recreation facilities*

*apart from the football grounds. Sometimes we just use the roads to play touch or football.” (Male Parent).*

### **3.2.3 Leisure and recreation initiatives**

Overall, there were limited CBO initiatives promoting leisure and recreation except for one CBO in Mansa that was promoting platforms for play. During KII, a programme officer of the CBO noted that recreational activities were lacking. Consequently, children were going to watch videos in bars, which was not conducive for their behavioural development and moral and intellectual well-being. He reported that, *“This CBO has come in to provide opportunities for recreation activities such as showing children educational videos free of charge, and engaging in traditional games.”*

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## **3.3 Child Protection**

Child protection indicators of interest in this study included among others: physical punishment and neglect, exposure to sexual abuse, and harmful cultural practices such as child marriage and child labour.

### **3.3.1 Exposure to physical punishment, neglect and verbal abuse**

As already alluded to under the section on care for the children in the family and community, the study found that there was evidence of exposure to physical punishment for children both at home and school. Although subjecting children to physical punishment is a criminal offence, most parents indicated that they used physical punishment to correct bad behaviour in children. Others observed that they are referred to using derogatory terms whenever they do something wrong. On the other hand, pupils reported feeling neglected by their parents because they were not actively involved in their lives and providing for their needs. Some learners indicated that parents, especially the males, did not care for the children. Instead they were preoccupied with drinking alcohol. Some parents even told their children to fend for themselves or leave the house if they did not like how they were treated at home. It is against this background that some children, in their own words, revealed the following:

*“These days parents drink a lot of beer; you can find that in the morning both a man and a woman can leave children without food and go to drink. It is like we are just keeping ourselves, when they come back, they start insulting and asking why we have not done any chores at home.” (Male pupil).*

*“At home, parents sometimes use bad words. For example, I stay with my step mother, and when they start quarrelling and fighting, they will start saying things about me and the step mother will start saying she doesn’t want me to stay with them anymore and that I am just finishing the food depriving other children at home. So, they quarrel but they talk about me instead of just fighting about other things. They insult each other even though they know that we are now grown, and we can hear them and wonder why they use profanity. Sometimes they just insult each other in the full view of everyone, which is not nice.” (Male pupil).*

*“Sometimes my parents like calling me names, like you are a daughter of a fool or you are daughter of a dog and this pains my heart. I just cry inside even when I know she is the one who gave birth to me but she is saying I am a dog’s child. I get shocked because I know that the water follows the furrow. So, I know that she was like me when she was young.” (Female pupil).*

### **3.3.2 Exposure to child sexual abuse**

Although some communities reported isolated cases of child sexual abuse, the overall impression by stakeholders in the four districts was that there was a reduction in cases of child sexual abuse. The reduction in the number of child sexual abuse cases was mainly attributed to a vigilant community neighbourhood watch committees, a community level platform promoting awareness on the dangers of child sexual abuse. It was reported that in most of the communities, community neighbourhood watch committees have been established that work with traditional chiefs, civic leaders, faith leaders and the Zambia police in curbing child sexual abuse. This initiative has led to a well-established reporting system in case of any abuse. For instance, where isolated cases of child abuse occurred, the community reporteds the matter to the chief who subsequently work with the police to ensure smooth reporting and tracking of perpetrators.

It was further reported that in the past, some parents would interfere with the reporting process where they would opt to settle the matter outside court. However, the law in place now gives power to the community to report such parents to the police and some of them have even been incarcerated for interfering with the judicial process. It was reported that some families do not report such cases, especially if the perpetrator is a family member.

### **3.3.3 Harmful cultural practices**

Harmful cultural practices highlighted by the study mainly focused on child labour, child marriage and gender stereotype.

### **3.3.4 Exposure to child labour**

The study established incidences of child labour in the sampled communities. For instance, children complained that their parents sent them to do hard labour tasks either by selling things at the market or carrying heavy loads that make them tired and fail to study. They reported that when they refused, they were beaten or denied food. Some children also complained that during the rainy season, their parents took them to the fields to work at the expense of school. But when they harvested the food and sold it, the parents did not inform the children or involve them on how they would use the money. They said the following:

*“Sometimes my parents wake me up in the morning to go to the field, even when they know that I need to go to school. When I tell them about school, they tell me that I will not eat school. If I force my way to school, they tell me never to come back home. So, I just end up going to the field with them.” (Female pupil).*

*“We work a lot in the farms here, especially in the rainy season. Sometimes, our parents just take us to the farm and give us portions to plough. It is a lot of work to do to finish those portions. That is why sometimes we even look older than our age because of a lot of manual work.” (Female out-of-school pupil).*

*“In this community, we have an area where we do gardening. Our parents usually send us to work in the gardens to plant and water vegetables. Sometimes it takes*

*away our time to concentrate on school work. But if you refuse, you will be punished. What is fun is that when the vegetables are ready for harvest and for sale, we are not given any money and yet we are the ones who do all the work.” (Male pupil)*

Poverty was cited as a major contributing factor to child labour. During community dialogue with children, some reported that they are forced into child labour because they wanted to raise money for their school fees. When asked about what things make them sad at home, one pupil had this to say:

*“When I see my parents suffering and we are living in poverty, sometimes I even stop going to school to start doing piecework for me to pay for my school.” (Male pupil).*

Stakeholders identified seasonal economic activities that perpetuate child labour in the province including: fishing and collection of caterpillars. Some children were absent from school because they accompanied their parents in the fishing camps to collect caterpillars, which sometimes take about 3 months. These seasonal activities are not culprits for child labour but also contribute to school absenteeism.

However, most of the parents who participated in the study perceived involvement of children in household chores as part of orientation to adulthood’s life demands. They noted that children needed to be prepared for transition into adult life and it is through mentorship into economic related activities that they will acquire survival skills. They noted that what needed to be addressed was the interference with school participation.

### **3.3.5 Child marriage**

Although Zambia has seen a reduction in child marriage from 41.6% in 2014 to 31.4% in 2014, it still remains among the highest in world. In the current study, cases of child marriage were reported to be a serious concern for child protection in Luapula Province. The study established that girls were married off at an early age with poverty cited as a major factor among others. When the family was too poor, they would decide to marry off a girl child in order to raise money to take care of other siblings at home. Some parents also forced young girls they suspected of going out



with boys into marriage. Other girls were forced out of school when the parents failed to pay for their school fees, and were forced into marriage. This has led to many children dropping out of school and some ended up getting infected with HIV/AIDS in the process.

Furthermore, the Provincial Education Officer observed that child marriage was the biggest threat to girl child education. He noted that most parents in rural communities have a misconception concerning girls' education. He pointed out that, *"Communities think that when the girl child becomes of age, she is ripe for marriage."*

Several factors were attributed to child marriage which included lack of support for their education, long distance to schools especially in hard-to-reach areas, and lack of awareness among parents on the importance of education. Stakeholders emphasised the need for support towards girl child education and intensifying awareness campaigns against early marriage.

### **3.3.6 Harmful and positive traditional practices**

The Charter in Article 21 provides for the protection against harmful social cultural practices. The study focused on social cultural practices that may impact on enjoyment and fulfilment of child rights. Stakeholders highlighted cultural embedded practices such as the matrilineal lineage system and how it relates to child wellbeing.

It was reported that most of the ethnic groups in Luapula Province follow a matrilineal system. Under this system, children were more inclined to the mother as opposed to the father's family. It was argued that although not a harmful practice, the matrilineal lineage system in itself had a bearing on child support, where some males have left the responsibility for school requisites to the mother and maternal uncles.

On initiation ceremonies, most children indicated that they never underwent initiation ceremonies or participated in the rites of passage ceremonies. The children reported that people considered initiation ceremonies as old fashioned, therefore people had stopped practising rites of passage because it was being considered as an uncivilised practice. Parents also confirmed that initiation ceremonies were no

longer practised. Some parents indicated that they were barred by the school authorities to conduct such practices because they firstly made the girls miss out on school attendance and secondly that such initiation lessons had the ability influence girls to start engaging early or prematurely in sexual practices. Therefore, most parents decided not to continue with initiation rites. However, one girl gave her own account of the experience when she reached puberty:

*“The confinement during the initiation rites makes you feel like a prisoner. I remember when I reached puberty although I did not go through the rites in detail, the 7 days confinement made some people such as friends, brothers, neighbour’s and class mates to suspect that I had reached puberty. When I finished the 7 days confinement my friends were asking me if I had reached puberty because they were not allowed to come and see me.” (Female child).*

On a positive note, traditional leaders highlighted positive cultural practices that are meant to protect children from indulging in behaviours such as sexual practices which may result into adolescent pregnancy. They noted that although most ethnic groupings in Luapula Province do not necessarily practice initiation ceremonies, it was a requirement that when a girl child becomes of age, elderly women orient her on the dangers of indulging into sexual behaviours and the same orientation was given to the boys. This has helped in reducing adolescent pregnancy.

Children also indicated that they enjoyed watching annual traditional ceremonies such as *Mutomboko*, and *Chabuka baushi* because it helps them to have a better understanding of their cultural heritage. It was also an opportunity to appreciate cultural dances. For some children traditional ceremonies, although done on an annual basis, were part of leisure and recreation.

### **3.3.7 Birth registration**

Birth registration was an important aspect of child protection. Birth registration in Luapula is relatively low at 8% (DHS, 2018). Most of the parents and other stakeholders that participated in the study recognised the importance of birth registration. Some of the benefits highlighted were:

*“It safeguards the parentage and citizenship of the newborn. It proves as a protection in future in case one would like to be the president of the country. It is very important because they use it for school enrolment or as a record of proof to show when you were born.” (Male parent, Mansa).*

The study also found that birth registration was coordinated by the Ministry of Home Affairs through the District National Registration Office. Recently, an MoU was signed between the Ministry of Home Affairs and the Ministry of Health to facilitate birth registration to be undertaken in the health facilities when the child was born. The Ministry of Health indicated that the only challenge was accessing birth certificates by the parents in all the districts visited as the process was centralised at the National Registration office located in Lusaka.

*“Birth registration is a very important aspect of child development. However, this aspect has faced several challenges not just in this district but generally in the country. This is because birth registration is driven by funding which paralyses the process and flow of issuance of birth certificates. As soon as a child is born, we should have a system where this information is uploaded and could be downloaded at one point or place even out of the district. It is centrally controlled and delayed by lack of registration forms which are not controlled by this Ministry of Health, but by the Ministry of Home Affairs. So, we have no control, and we don’t know the turnaround time of the birth certificates.” (Government Official- District).*

However, some parents did not seem to understand the importance of birth registration. To address the knowledge gap, the study found that the District Registration Office was working closely with the Ministry of Chiefs and Traditional Affairs through traditional leaders to sensitise communities on the importance of Birth Registration.

### **3.3.8 Child participation in decision making**

Children were asked about the extent to which they were involved in decision making in their homes. Generally, children reported minimal participation in decision making. They indicated that it was only the parents who made decisions because they knew what was best for them and children were just informed about the

decisions made on their behalf. Presented below were some reflections from the children:

*“They rarely involve us when it comes to making important decisions. Sometimes they will only involve you if they want to give you certain tasks such as farming or selling things. I remember my father consulting us whether we can cultivate cassava or maize. We told him that we wanted both and he said that everyone is going to participate. In most cases, we are rarely involved in decision making.” (Male pupil).*

*“I am not allowed to say anything in an adult's discussion. If I say something, then they will deny me food or hit me with anything they are holding. They just want us to listen to them rather than them listening to us. Even clothes they just buy for us, even though we don't like them.” (Female pupil).*

At school level, some pupils indicated that they were given leadership positions such as being a prefect or belonged to school groups like drama, dance groups and choir. In such groups, they participated in making decisions and contributed to the running of the school activities. At the community level, there was no evidence of the children being involved in any activities that gave them an opportunity to get involved in decision making. This was because communities did not have platforms that would allow children to participate in decision making. The Ministry of General Education is also mandated by the Education Act to establish Children's School Councils, which provide a platform for children to be engaged in issues related to governance and civic rights.

However, the study did not find any advocacy platforms at the community level where children received capacity building in participation in decision making. One learner had this to say:

*“We are not aware of any major government or NGO/ CBO initiatives that promote children's participation in decision-making in their family or community.” (Female pupil).*

### **3.3.9 Child responsibility**

Child responsibility was an aspect which was not well understood by various stakeholders especially the parents and children themselves. This was obvious as the current messaging on child rights was heavily tilted towards rights and less on duties and responsibilities of children. It was always about children claiming their rights and not so much on the responsibility of children. When asked about child responsibility, one parent noted the following:

*“Children have no responsibilities in our community apart from those they have in their homes. At home, they are supposed to clean the surroundings, fetch water, wash plates, help with farming, sweep the house, and help parents with what they need. At school, [they] are supposed to be sweeping the classrooms, cleaning the school, watering the flowers and to attend classes.” (Male parent).*

Other parents also noted that children help their parents with small tasks according to their age. This may include doing house chores, running errands for the parent and accompanying parents to the fields.

### **3.3.10 Child protection challenges**

A number of challenges surfaced under child protection. Poverty was the hallmark that led to inadequate child protection mechanisms at the community and household levels, resulting in issues of child marriage and child labour. Other factors included a lack of knowledge about child rights. Some parents left their young children alone or with other young children when going out which posed a threat to the safety and wellbeing of the children. Participants noted the following:

*“As for Child Rights, the situation of children’s rights in the district is difficult. Firstly, children themselves do not know about their rights, hence it is difficult to claim the rights from their parents. For example, most parents send their children to the farms to do farm work instead of being in school and children cannot refuse because they don’t know about their rights to education. If they refuse, then they are denied food at home for not working. As a result, they just follow what their parents tell them.” (Civic Leader).*

*“The community is not doing much to protect children from child abuse. Mostly, it is parents who are responsible for the protection of children from abuse. The*

*community comes in when cases of child abuse occur. Members report the matter to the police or the headman who in turn reports to the chief, the perpetrators are punished by law.” (Female parent).*

### **3.3.11 Child Protection Initiatives**

In order to enhance child protection, communities have built social safety nets through the networking of various stakeholders to address issues related to child protection. For instance, community neighbourhood watch groups have been set to curb child sexual abuse. These platforms work closely with traditional leaders and the Zambia police.

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## **3.4 Key Areas of Opportunity for Community-Based Action**

***Objective 2: What are the key areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change for children and youth? What are the potential opportunities, challenges and synergies for community-based organisations in addressing these issues?***

Community driven change has been acknowledged as a strategic approach in the promotion of child rights. This is because the community-systems approach does not only allow for the delivery of holistic outcomes for children, but it has also shown feasibility for increasing the sustainable impact on thematic areas of intervention. The UN General Comment number 13 by the committee on the Rights of the Child alongside the UN study (2006) on violence against children emphasised increasing focus on systems strengthening as an effective way of addressing all forms of violence against children.

It is within this context that the present study sought to identify areas for community-based solutions in terms of creating lasting systemic change for children and youth. To address this, a set of questions were explored through key informant interviews and Focus Group Discussions with various stakeholders addressing the following: what opportunities are available for community-based solutions? What barriers/challenges prevent community-based organisations in creating lasting

systemic change for children? Are there synergies for community-based organisations in addressing these challenges?

### **3.4.1 Potential opportunities for community-based organisations in addressing these issues**

As regards opportunities available for community-based solutions, key factors highlighted were CBO's home-grown advantage in respective communities of operation, support from traditional leaders and working closely with relevant government departments as key levers to systemic change and sustainable impact.

For CBO home grown advantage, they indicated that by virtue of their CBOs being community-driven, they have the capacity to mobilise communities, identify challenges facing communities, and generate community driven solutions in a responsive and sustainable way. They emphasised that their CBOs operations are steered by the desire to meet the needs of the communities. Presented below are some reflections of the stakeholders on potential opportunities:

*“One of the opportunities we have seen is that we are local. As a local organisation, we are the ones that are sitting on the problem. We are the ones that are interacting with the people facing the problem, we are the ones facing the problem and we are the ones who are well vested to address the problem.” (CBO Official).*

*“The opportunities are the children themselves. We are on fertile ground to do the work. We have the people, and we have the children. As local CBOs, we understand the challenges that [the] community experience. Because of that, there will be continuity in what we are doing with communities because we are based here in Mansa. For instance, we are doing a project with the Ministry of Health where we are encouraging communities to generate solutions. We have realised that solutions lie in the community members themselves. It is that household that better understands why the child is not going to school. When they engage in such a dialogue, they will be able to find solutions.” (CBO Official).*

*“We are a consortium of teachers and thus, better positioned to address the challenges facing children and youths. We have our own children in schools, and we*

*have seen the problems these children are facing. We understand more [of] their problems than themselves.” (CBO Board Member, Mansa).*

*“There is great potential for local initiatives to bring about lasting impact because they are directly working with the communities.” (Government Official, Provincial).*

### **3.4.2 Community-based initiatives appeal to the needs of communities**

There is natural support from the community, traditional leaders and relevant government departments. This was highlighted in the following excerpts:

*“One opportunity is that there is appreciation among members of the community on the importance of education in bringing development to the community. This can help in awareness raising if resources are provided. Traditional leaders have also been supportive in enforcing government policies.” (CBO Official, Musangu).*

*“As a CBO we are close to the community and we work closely with the traditional leaders. For instance, there was a case of child abuse in this community at some point. We picked it up as an organisation and reported the matter to [the] chief, who subsequently handed over the perpetrator to the police for legal recourse. Working with traditional leaders has helped in advocating and enforcing child rights in this community.” (CBO Official).*

*“We appreciate your coming. It is the first time we are being invited as traditional leaders on the needs and challenges in our communities. Sometimes, people come here, and they just end up asking community members only, but those community members may not say all the needs of the community. We are happy that you took your time to come and listen from us for yourself. We are the custodians of these communities and we are better placed to articulate challenges facing our people. We hope that this approach will continue so that as traditional leaders, we can champion development in our respective chiefdoms.” (Traditional leader).*



### 3.4.3 Challenges for community-based organisations in addressing the issues

A number of challenges were identified in addressing issues related to the rights of children and youth. These include among others: poverty, lack of awareness among parents on the importance of education, inadequate resources by the CBOs, and lack of coordination among CBOs.

- Poverty
- Lack of coordination among CBOs
- Lack of awareness among parents
- Inadequate resources to sustain CBO initiatives,
- Cultural practices

### 3.4.4 Poverty related

Poverty remains a major challenge in addressing child rights both at household and community level. The UNICEF Multiple Indicator Cluster Survey (MICS, 2018) indicated that 80.5% of the rural child is poor compared to 25.2% of the urban child population. Luapula Province particularly is among the provinces (Northern and Western) that records the highest proportion of children aged 0-17 years living in households with poverty rates above 80%. During FGDs and Key Informant interviews, most of the families indicated that they were of low income and lacked resources to ensure access to good health and education for their children. High poverty levels were highlighted by one of the village leaders who noted the following:

*"People in this area lack resources. We are not commercial farmers, but we are primarily subsistence farmers and fishermen. We do not have other sources of income. You came this time around when there is a fish ban between November and March and we have no other means of generating resources. The produce from our small farms cannot manage to generate the required resources to send our children to school."*

This was also echoed by another leader in one village who said the following:

*"We lack resources to support our children in school. You can imagine if a parent*

*has 8 children and when schools open, they are required to pay for all the children at the same time. They will not manage to send all [of] them to school."*

Officials from the Ministry of Community Development and Social Services in the four districts confirmed the high levels of poverty in their respective areas of operation. It was reported that to cushion the impact of poverty, the government was providing social cash transfer to vulnerable households such as child-headed homes, elderly people, and people with disabilities. Further the GEWEL project was another social safety net which had a package for women's empowerment and support for girls in school. However, it was noted that the funds were not sufficient to cater for the eligible households in the district.

### **3.4.5 Lack of coordination among CBOs**

Lack of coordination among CBO initiatives was identified as a key barrier to leveraging resources on converging programme themes. An official from one CBO observed that although they were addressing a common goal of ensuring improved child welfare, there was a lot of duplication in the implementation of activities by CBOs due to lack of coordination. He noted the following:

*"There is duplication of work. Everyone wants to do things they know in the way they think is right. How do we strengthen our efforts in a coordinated manner? How do we ensure that structures at the community level are coordinated?"*

### **3.4.6 Inadequate resources to sustain CBO Initiatives**

The CBOs that participated in the study highlighted inadequate resources as a major challenge in championing child rights related issues. The following were their reflections:

*"We have seen in the past that some organisations come, and once the funding ends, they leave and the initiatives would not continue. But when you work with local organisations, there will be sustainability. [Note: They say Local is laka which literally means working with the locally-based CBOs is the best]. If donors begin to consider local CBOs, we will see lasting change and impact." (CBO Official).*

*“You know these community-based organisations work with passion; we need to see change in donor funding, where they should start empowering local CBOs [rather] than working with high level organisations from Lusaka. It is high time that they started empowering local communities and build their capacity to ensure that they work according to their expectation.” (CBO Official).*

Overall, local CBO largely depended on community support for implementation of activities due to lack of external resources.

### **3.4.7 Cultural practices**

Culture is seen as an important aspect of our traditional heritage. It constitutes norms, beliefs, values and practices that are transmitted from one generation to the other as a means of preserving cultural identity. The study probed whether there were cultural practices that acted as barriers and facilitators in the promotion of the rights of children and youth.

Although no negative cultural practices were identified, the gender stereotypes where boys are more favoured than girls with regard to access to education came out prominently in Focus Group Discussions with various stakeholders. For instance, the issue of thinking that a girl child should not go far in school makes parents prioritise boys in terms of support towards education. It was also reported that some communities felt that if a girl child spent more time in school, they would not have a child, hence they were forced into early marriages. This is exacerbated by poverty levels. One traditional leader noted the following:

*“Sometimes parents prioritise children in higher grades, leaving out children in lower grades. Sometimes girls end up getting pregnant because parents do not have the financial capacity to support them. And sometimes parents marry off young girls because they see it as a source of income when they are paid lobola.”*

These cultural practices may frustrate CBO efforts in advancing child rights.

It is clear from the above that there is potential for community driven initiatives. One of the areas of strength emphasised by the CBO was the fact that their organisations are deep rooted within the community. As such, they work closely with communities and traditional leadership to surface challenges and generate contextually relevant

solutions. This is an important aspect in ensuring sustainability of community initiatives. Among the barriers were poverty, inadequate resources for CBO initiatives, lack of coordination among CBO initiatives, and some cultural practices.

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### **3.5 Objective 3: Where are the areas of overlap or potential synergy between areas of the vulnerability for children and youth, and areas of opportunity for communities and CBOs, paying particular attention to child protection issues where Firelight and our partners are currently working and have a track record of progress and impact?**

This section presents areas of potential synergy/overlap between areas of vulnerability for children and youth and areas of opportunity for CBOs on child protection issues.

#### **3.5.1 Summary of key areas of potential synergy/overlap**

Notable among key areas for community-based solutions identified by stakeholders who participated in the study (communities, parents, children, traditional leaders, CBOs, relevant government departments, civic and the clergy) were:

1. Increased access to education
2. Ending child marriage
3. Provision of safe places for leisure and recreation
4. Support for vulnerable children
5. Inclusion of children with disabilities
6. Advocacy for child rights
7. Child protection
8. Improved economic livelihood

##### **3.5.1.1 Increased access to education**

Access to education emerged as a topmost priority area of vulnerability among all the stakeholders that participated in the study. The long-term benefits of education were acknowledged at the household level, community level and the nation at large. Even more interesting were the responses from children in the community mapping

and body mapping methodology where they were asked to reflect on things that made them happy and or sad at home and school. Education related issues were outstanding as children navigated through their body images and community environment. Focus Group Discussions with out-of-school children including adolescent mothers and those in early marriage further confirmed the desire of children and the youth to advance their education aspirations.

Key among the issues that surfaced on child development and education indicators were increased access to Early Childhood Education and secondary education, adolescent girls' education, and community awareness on inclusion of children with disabilities. Ministry of General Education officials and traditional leaders further recommended infrastructure expansion at primary school level to boost enrolments and improve human resources, particularly teachers.

Given the broadness of the education dimensions, stakeholders prioritised Early Childhood Education and secondary education. For Early Childhood Education, the argument was that there were few CBO/NGO initiatives in the province leaving the responsibility primarily to the government and as such there was unmet demand in the ECD sector. As regards Secondary Education, the focus was mainly on providing support for children from underprivileged backgrounds, especially those who have dropped out of school due to lack of sponsorship. There was also a gender dimension in prioritising Secondary Education targeting adolescent mothers who have not been able to re-enrol after giving birth due to lack of financial support despite the opportunity available under the school re-entry policy. Additionally, there were girls who had dropped out of school due to child marriage, but still expressed desire to continue with their education. For instance, the re-entry policy for adolescent girls who fall pregnant and initiatives against early pregnancies/early marriage seek to support girl child education. Unfortunately, the majority of out of school girls that participated in the study had not re-enrolled due to lack of financial support.

### **3.5.1.2 Ending child marriage**

Although stakeholders acknowledged the strides the province had made to end child marriage through community efforts mainly being championed by traditional leaders

and CSOs, it was observed that there was still room for improvement. For instance, child marriage was reported to be pervasive in rural communities with poverty and limited education opportunities as the major root causes. There was a strong recommendation to heighten awareness campaigns against child marriage. The study, therefore, suggests that there is a need to take a deep dive into the root causes and surface community driven solutions which will bring about systemic change. Addressing issues related to poverty and probably providing social safety nets aimed at increasing education opportunities for girls could be a potential strategy to addressing child marriage.

### **3.5.1.3 Support for orphans and vulnerable children**

The extended family member system was identified as a pillar for continued support in the natural family structure for orphans and vulnerable children. The study did not find any alternative care homes in the sampled districts which was indication of a strong family system within the extended family member circle. Based on discussions with various stakeholders, the importance of providing support to households taking care of orphans and vulnerable children was needed. Strategies such as social cash transfer and Income Generating Activities could cushion the economic pressure at household level and improve economic livelihood.

### **3.5.1.4 Provision of safe places for leisure and recreation**

Lack of appropriate facilities for leisure and recreation was echoed by all stakeholders. Children particularly expressed the need to establish safe and friendly places for play, leisure and recreation in their respective communities. Community mapping allowed children to walk with the research team in navigating safe and common places in their communities as well as areas that they deemed unsafe.

What was intriguing across the four sampled districts was the commonality of community play spaces, such as the football pitch at the nearby school where available, the river and or lake depending on area location, bars and markets. Of interest was the convergence of preference across districts and age groups for the roadside as an eye-catching place for passing time, despite the dangers of accidents from automobiles. Overall, there was a lack of facilities for leisure and recreation.

### **3.5.1.5 Inclusion of children with disabilities**

Although inclusion of children with disabilities was not necessarily a gap, the study recommends the need for community awareness on the importance of inclusion.

### **3.5.1.6 Advocacy on child rights**

CBOs recommended the importance of advocacy for child rights. It was noted that although the Zambian laws and policies were child-rights responsive, there was a need to sensitise children and their parents, and respective communities about their rights. There is need to identify key messaging strategy through a multisectoral approach

### **3.5.1.6 Child protection**

Children reported being subjected to physical and emotional abuse both at home and school. Initiatives aimed at addressing child abuse and neglect will enhance provision of safe and secure environments for children.

### **3.5.1.7 Improved economic livelihood**

Poverty remained a barrier to ensuring support for the vulnerable at the household and community level. All the stakeholders that participated in the study recommended the need for improved economic livelihood targeting households with orphans and vulnerable children as well as child-headed homes. Income generating activities such as chicken/goat rearing and fish farming were recommended. Provision of adequate agricultural input was suggested to enhance food security.

# CONCLUSIONS





## 4.1 Conclusions

The study has surfaced a number of issues with regard to the status of Child Rights in the four selected districts in Luapula Province.

On the child survival and health aspect, there have been deliberate efforts by the Government to improve access to maternal and child health through various service points like the Provincial Hospital, District Hospitals, rural health centres and health posts. Notable areas of vulnerability and opportunity are child nutrition and adolescent sexual reproductive health.

With regards to care for the child in the family and community, the extended family structure was found to be an important buffer that ensured that children from vulnerable backgrounds were taken care of within the family structure. Providing additional support to families that take on the responsibility to support orphans and vulnerable children, was identified as an area of opportunity to cushion the economic pressure that comes with additional family responsibilities. Further, some forms of discipline within the home brought out some element of physical punishment which calls for community awareness on positive approaches.

As for child development and education, all the stakeholders who participated in the study approved the importance of education as an engine of development. At operational level, the province has recorded increased access to Early Childhood Education, Primary and Secondary Education. While increased access to education was recorded, there were unmet demands across the education sector providing prospects for CBO initiatives. Potential areas for synergy were increased CBO initiatives in the ECD sector targeting rural and hard to reach areas, support towards secondary education targeting orphans and vulnerable children and adolescent girls who have dropped out of school. Additionally, there was a call for support towards infrastructure expansion in vast geographical areas where there were no schools to reduce the distance children covered to access school.

On child protection indicators, a reduction on cases of child sexual abuse was reported with heightened community awareness through community platforms

and networking with government established child safety units; community awareness on Birth Registration was evolving but more efforts were required to enhance birth registration completion. Aspects of child responsibility and participation in decision making appeared not to be well understood by parents and children. Stakeholder dialogue surfaced incidences of child labour and exposure of children to physical punishment.

Overall, there was recognition by stakeholders on the importance of community driven initiatives in complementing government policy priorities. The study found a reasonable number of CBOs championing child rights related issues in sampled districts although the majority of them were concentrated in the peri-urban provincial centre. CBOs could leverage on existing structures at all levels (community, district and provincial levels) such as the District child protection Committee under the Ministry of Youth Sports and Child Development and the NGO Forum under the Ministry of Community Development) in coordinating efforts to generate lasting solutions.

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