

Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: ZAMBIA

Development of maturity model and assessment
tools for harmful practices policies

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Acknowledgment

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List of acronyms

CM	Child marriage
FGM/C	Female genital mutilation/ cutting
GPECM	Global Programme on the Elimination of Child Marriage
JPFGM	UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation
UNICEF	United Nations Children’s Fund

Contents

List of acronyms	2
I. Background	5
II. Methodology	7
III. Key findings	7
Governance and coordination structures (Overall rating 2.8)	8
Policy and legislative framework (Rating 3.4)	9
Engagement and participation (Rating 2.8)	10
Financing and human resources	11
Access to services (Rating 3.3)	13
Data collection, monitoring and evaluation (Rating 3.3)	15
IV. Prioritization of actions for Zambia	16
Appendix A: Desk review	24
Appendix B: Country data visualization Zambia	34



I. Background

Child marriage and teen pregnancy continue to be of serious concern in Zambia. Although the rate of child marriage has dropped slightly from 31 per cent in 2014 to 28 per cent in 2018,^{1,2} it remains high. During the same period, the percentage for teen pregnancies remained at 29 per cent.³ Some of the root causes for these issues are related to girls' access to, and completion of, education, particularly secondary education and higher. According to the Zambia Demographic and Health Survey (ZDHS 2018), the number of girls who transition from primary to secondary education is low: of the 81 per cent of girls who attend primary education only 38 per cent go on to secondary level. And of them, only 19 per cent complete secondary education.⁴ Further analysis of the ZDHS 2018 shows that girls with just primary education are four times more likely to marry before the age of 15 years than girls with a secondary education.⁵ Increasing access for girls to attend secondary school is therefore critical in reducing child marriage and early pregnancies.

During the period under review, school closures imposed because of the COVID-19 pandemic had an adverse impact on child marriage and teen pregnancies. Nearly one in five (18 per cent) learners that dropped out of school did so due to teen pregnancy or child marriage (with 96.4 per cent of those affected being girls).⁶ In addition, 14.8 per cent of surveyed head-teachers received reports of child sexual abuse and attributed this to school closures. In addition, the COVID-19 outbreak led to a lack of, and delay in, service provision for girls in need. For example, access to sexual reproductive health (SRH) services for adolescents was compromised due to a health system that was struggling to respond to COVID-19. This resulted in many adolescent girls not receiving appropriate support, despite the rising needs for SRH services.

Purpose

This document aims to accelerate change to achieve the 2030 Sustainable Development Goal 5.3, Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. A draft maturity model or framework for combating harmful practices has been developed for review by, and feedback from, country-level stakeholders. The model aims to provide an integrated strategy on measuring processes, systems, services and information, based on a public policy management approach.⁷ It is intended to complement the Global Partnership Framework on Elimination of Child Marriage (GPECM) and the Joint Partnership on the Elimination of Female Genital Mutilation (JPFGM).

Based on the draft maturity model and assessment tools, rapid assessments were conducted in 12 countries⁸ to measure the progress of their processes, systems and services to eliminate harmful practices. Draft action plans were developed based on identified actions (short, medium and long-term), to inform national action plans and advocacy strategies.

It is against this background that a desk review was conducted, the maturity model was completed and prototyped, and the draft findings of this country level report are shared. This reflects the inception stage of showing national stakeholders the potential uses of a comparable framework in accelerating action for change across 12 countries.

II. Methodology

The desk review comprises core documents shared by the country including laws, policies, strategies, guidance and standards, and monitoring and evaluation reports relevant to harmful practices. Competency frameworks from other countries are included to provide insight into how they are tackling harmful practices. The findings of the review are included in Appendix A.

The review was completed by using several key questions defined by the six operational/functions areas and subdomains of the draft maturity model on harmful practices. The questions posed to answer these goals include the following:

- 1. What is the effectiveness of Government structures, including coordination across departments, between centralization levels, and between formal and informal actors?
- 2. What is the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices?
- 3. What is the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices?
- 4. What are the sources, adequacy and availability of funds and human resources to support elimination of harmful practices?
- 5. What is the availability and access to prevention and response services for women and children most at risk of harmful practices?
- 6. What is the effectiveness of data-collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing their needs?

III. Key findings

The key findings of the desk review and draft completed maturity model are organized in terms of the questions we aimed to answer. Where information was limited or gaps were identified, this is included under each question. Each operational/functional area (intermediate outcome)

comprises benchmarks or 'subdomains'. For example, for the intermediate outcome on 'Governance and Coordination structures', there are three subdomains: Political commitment, Coordination structures and National action plans. Each are rated in the maturity model between 1–4.

1. Weak - Building **2. Average - Enhancing** **3. Good - Integrating** **4. Excellent - Mature**



Governance and coordination structures

Measurement standard for mature rating: The country has strong political commitment to eliminate harmful practices with a high-level Declaration spelling out its commitments; there is a national multisectoral coordination structure in place with an institutionally mandated lead, which meets routinely, and there is a plan of action with clearly defined targets aligned to national statistics frameworks.

The Technical Working Group (TWG) on Ending Child marriage convened by the Gender Division, brings together other sectoral ministries (Community development, Education, Health, Home affairs/Police) the United Nations and Civil Society Organizations. The Gender Division, and Cabinet Office are playing a lead role in coordinating the ending harmful practices. This is complemented by the Ministry of Community Development and Social Services which, through the District Social Welfare Inspectors, oversees implementation of national legal and policy frameworks. The TWG meets monthly, with an established quorum of approximately 15 members. The TWG is not mandated by law but is an initiative of the lead Ministry. There are challenges, including a lack of Government funding to support costs relating to coordination, capacity to monitor and evaluate action plans and the coordination between national and district and subdistrict stakeholders

District level intersectoral coordination is stronger in districts supported by UNICEF/UNICEF GPECM.

A.3 National plan of action: The Government has a strategic plan for the elimination of child marriage, which elapsed in 2021. A new one for 2023–2027 is under development. The plan includes information on objectives, strategies, performance indicators and targets, and mentions that child marriage is a specific impediment to the realization of human rights.

A1. Political commitment: There is a strong political commitment to end harmful practices. Specifically, the President, who is the African Union harmful practices focal person, has issued a Decree. The Government’s Gender Division chairs the Technical Working Group on Ending Child Marriage, as well as the Gender Working Group, both of which address harmful practices. Government funding is mainly for personnel, with specific activities largely funded by partners.

A.2 Coordination structures: There are robust coordination structures in place to eliminate child marriage. There is a lead institutional ministry in charge of combating harmful practices, but it is not adequately resourced. Its mandate is clear across national and state level, and it overlaps gender and harmful practices issues. There is a newly created Gender Division which has incorporated ending child marriage into gender policy. This is operationalized through the national strategy on ending child marriage.

Name of Country	Overall Score	Sub-Domains	Specific Score
Zambia	2,8	A1: Political commitment	3,3
		A2: Coordination structures	3,2
		A3: National Action Plans	1,8

Policy and legislative framework

Measurement standard for mature rating: There are laws and policies which specifically protect women and girls, including those most at risk from harmful practices. These are operationalized through implementing mechanisms and enforcement measures at national and subnational levels, and routine monitoring and review mechanisms are in place to ensure these laws are in line with international human rights standards.

B1. Legislation, policies and implementation mechanisms for harmful practices: Zambia has laws which protect women and girls from harmful practices. Section 18 of the 2022 Children's Code Act No 12 explicitly prohibits the marrying of girls and boys below the age of 18. However, discussions are needed around its harmonization with the Marriage Act and customary laws, which allows marriage at 16 years with exceptions. The Act also criminalizes FGM, but needs to be more widely published and enforced.

The country is party to international instruments on non-discrimination, e.g. the Universal Declaration of Human Rights, COVAW. The Constitution of Zambia promotes non-discrimination. Child safeguarding guidelines have been developed to implement the provisions of the Children’s Code Act on child safeguarding, but roll out is yet to take place

Name of Country	Overall Score	Sub-Domains	Specific Score
Zambia	3,4	B1: Legislation, policies and implementation mechanisms for harmful practices	3,4

Engagement and participation

Measurement standard for mature rating: There is an independent complaints mechanism that accepts complaints by, or on behalf of, women refused or receiving services dealing with harmful practices. These services are expected to reply within a stipulated time frame; civil society is extensively engaged in strengthening political commitment, planning and budgeting processes, monitoring and reporting around harmful practices; there are engagement forums for women, youth and children with Government support, and there are community-based protection mechanisms in place also engaging with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

C1. Independent complaint mechanism: There is no such mechanism for children and women at risk of harmful practices. Existing mechanisms are intervention-specific, e.g., the social cash transfer accountability mechanism, and the child helpline, which is operated by a civil society organization (CSO).

C2. Civil society engagement, including women and children: There have been national meetings of stakeholders to discuss the situation of children and women at risk of harmful practices. In 2022, there were meetings to discuss and lobby for the enactment of the Children's Code Law. Further, there were meetings to prepare national reports submitted in April/May 2022 to the United Nations Convention On The Rights Of The Child committee of experts. There is a strong engagement of CSOs in efforts to eliminate harmful practices; civil society lobby groups have made significant contributions to keeping the discussion on ending harmful practices vibrant. While there is no system in place to enable CSO participation in routine monitoring and reporting, CSOs have provided reports to the United Nations Convention On The Rights Of The Child. However, there are no peer review accountability mechanisms in place. Public participation is strong in issues related to harmful practices, though often these are affected by social-cultural defined power dynamics.

C.3 Community-based mechanisms for harmful practices prevention: There is a robust presence of community-based protection mechanisms in Zambia. It has community-based case management procedures, supported by community-based volunteers and complemented with the traditional leadership that are promoting the protection of women and girls. There are also safeguarding guidelines available for journalists.

Financing and human resources

Measurement standard for mature rating: Adequate financial resources have been allocated by the Government and partners, with the Government meeting the majority of the costs, the funding is realized on time and is accessible to the relevant sectoral Ministry(ministries), with regular reviews of allocation taking place. Routine capacity-building is provided for key stakeholders with supportive supervision services on harmful practices with significant sustained coverage.

D1. Financing of harmful practices services: Government mainly contributes to personnel costs, while a significant amount of programme funding is from partners. GPECM is a major contributor to the national budget on ending harmful practices. Resources have not been allocated as there was no allocation plan, and no costing for it. The last plan of action expired in 2021. While resources are available from development partners, the allocation is based on donor-funded priorities and not a national plan. Funding availability is not sufficient for programming to scale. For instance, partners mainly support direct service provision in select districts and often do not cover the entire district. As a result, girls and boys are vulnerable to harmful practices in some pockets of target districts and the whole of untargeted districts.

D2. National budget establishment: There is the highest political commitment for this, as demonstrated by the President through numerous pronouncements, including at the United Nations General Assembly in September 2022. However, there is a gap between high-level pronouncement and the commitment of resources towards ending harmful practices. The Midterm Expenditure Framework (MTEF) is the primary reference for budgeting, broken down through annual budgets. The budget for prevention of harmful practices is linked to the MTEF. The GPECM budget is determined over a four-year period with priorities jointly agreed with the Government. Service providers are invited to participate in pre-budget hearings. There is no specific line in the Government/treasury to allocate funds to the ending of harmful practices.

Name of Country	Overall Score	Sub-Domains	Specific Score
Zambia	2,8	C1: Independent complaint mechanism exists for children and women	2
		C2: Civil society engagement, including women and children	2,9
		C3: Community-based mechanisms for harmful practices prevention	3,5

D3. National budget execution: The Government strives to release funds to the ministries on time. However, they are not always reliably executed, e.g., there need to be a diversion of funds based on Government financing. GPECM funds are always available at the beginning of each year.

D4. National budget amount: Government mainly fund personnel and operation costs with donor partners mainly funding activity implementation.

D.5 National budget monitoring and review: Budget expenditure reviews tease out budget consumption trends. However, without a specific budget line on ending harmful practices, budget tracking may not provide all the required information. Budget expenditure reviews carried out by the Government inform budget priorities for subsequent years.

D6 Human resources: The police, teachers and judiciary have clearly defined accreditation procedures, but this is less so for social welfare. Implementation of the Social Welfare Association of Zambia Act will contribute to a clear accreditation process for social welfare workers. Training for teachers, health workers and police on harmful practices is mainstreamed in the curriculum. Social welfare training is handled through an in-service training curriculum. Engagement with the judiciary has been strengthened by training prosecutors and magistrates and the development of the prosecutor’s handbook. There was extensive training on child victims of gender-based violence (GBV) and on witnesses in the judiciary process, which also touches on harmful practices.

Access to services

Measurement standard for mature rating: There are clearly defined and gender responsive standard operating procedures (SOPs) or protocols for eliminating harmful practices, which are regularly reviewed and revised to adapt to changing situations. There is an excellent awareness of harmful practices among policymakers. There are also services for prevention and response, led and funded by the Government. These include integrated case management and referral services, which are accessible at national and subnational level, and are user-friendly and gender responsive.

E1: Availability of SOPs and/or protocols for harmful practices services: Statutory and non-statutory case management procedures have been developed and are in use. Ending harmful practices programme has clear SOPs for different interveners, at community level, in schools, health facilities and within the national Government social welfare system.

E.2 Understanding and articulation of harmful practices system: Owing to the presidential pronouncements/ political goodwill, the understanding of harmful practices, specifically child marriage is high across the country. However, this does not automatically result in behaviour change. As a result there are national awareness-raising and education programmes, though their dissemination faces challenges, e.g. in areas where there are no local radio stations, dissemination is weak. Inadequate funding is another challenge.

E3: Modelling testing and scaling of harmful practices services: The focus is on increased investments by Government, but this can probably be rated at embryonic as, although there is strong political goodwill, legal and policy commitment, this is not matched with sufficient funding for non-operational and personnel costs

Name of Country	Overall Score	Sub-Domains	Specific Score
Financing & HR	2,2	D1: Financing of harmful practices services	1,4
		D2: National budget establishment	2,6
		D3: National budget execution	3
		D4: National budget amount	1
		D5: National budget monitoring and review	3
		D6: Human resources	3,3

E4: Availability of harmful practices services, case management and referral systems: Significant progress has been made in developing and strengthening case management systems. Community-based case management enables community volunteers to work with community development assistants (social welfare officers) to identify children at risk of harmful practices and refer them for services. They also work with parents and traditional leaders in addressing social norms that are harmful to children. There are standardized case management tools for use by community volunteers. Additionally, the 2022 Children Code Act provides for child and women-friendly court procedures. The Act has provided for children's court (high court) and juvenile (subordinate) court. Guidelines on dealing with child victims and witnesses of GBV were formally launched in July 2022 and are now used as a reference for ensuring a child friendly judicial process. As mentioned, a prosecutors handbook has also been developed and launched to guide judicial officers on handling cases relating to women and children in the justice system. Both the guidelines and the handbook focus on GBV cases.

There are health, education, legal and socioeconomic empowerment opportunities available to women and girls. GPECM in Zambia supports adolescent girls to access reproductive health services at the health centre and in schools. Access to education and school retention is a key activity in the programme, as well as the provision of guidance and counselling. A lot of lobbying and advocacy supported by adequate budgetary allocations remains to be done to ensure access to good quality services.

Data collection, monitoring and evaluation

Measurement standard for mature rating: There are administrative data systems, part of a broader national statistics system, which regularly generate gender and age disaggregated data on harmful practices and includes information on hard-to-reach populations. Data are regularly used for policy, planning and monitoring of programmes and there are data security and governance mechanisms, such as legislation, which ensure confidentiality. Harmful practices issues are routinely captured through population, longitudinal and/or cross-sectional surveys, and inform the design of prevention and response service interventions. There is also a centralized coordination of data by the national statistics offices with relevant ministries and agencies.

F1: Administrative data systems and monitoring to routinely generate data on harmful practices: Zambia is finalizing the information management system that will enable systematic recording and sharing of administrative data including for harmful practices. The Zambia Statistics Agency (ZAMSTAT) and the ZDHS adopt international definitions, and have standardized tools in all data-collection plans. They collection information disaggregated by age, gender and diversity. The DHS is periodic. A national census will also continue to provide information on select indicators on harmful practices, (e.g., the number of children married). The health care system also records adolescent pregnancies and deliveries. The social welfare case management system keeps a record of harmful practices. Zambia does not have a FGM registry. FGM is not prioritized for action in Zambia because of the perception of widespread dislike for it. There is a need for further consultations on this.

F2: Data security and governance: There are Government regulations on information management provide for data governance. However, this needs to also take place in social welfare information management system.

F3: Research and surveys: The last Demographic Health Survey took place in 2018. Data on harmful will be captured in the latest 2022 national census. Further analysis is required to generate sectoral data

Name of Country	Overall Score	Sub-Domains	Specific Score
Zambia	3,3	E1: Availability of Standard Operating Procedures (SOPs) and/or protocols for harmful practices services	4
		E2: Understanding and articulation of harmful practices system	3
		E3: Modelling testing and scaling of harmful practices services	3
		E4: Availability of harmful practices services, case management and referral systems	3

Name of Country	Overall Score	Sub-Domains	Specific Score
Zambia	3,3	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,8
		F2: Data security and governance	4
		F3: Research and surveys	3

IV. Prioritization of actions for Zambia

Governance & Coordination

A1 Political commitment.

Rating: 3.3

- | | |
|----------------------------------|---|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">Disseminate further the coverage of the Declaration |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">Declaration is confirmed through national strategy on child marriage (last ended 2021). Currently developing 2022–2025 strategy.Systematic convening of TWG on ECM mainstreamed in the 2022–2025 Strategic Plan on ending child marriage |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">Opportunities for increased devolved funds going to Government for child marriage reduction.Government can finance and sustain coordination to end ECM |

A2 Coordination structures.

Rating: 3.2

- | | |
|----------------------------------|---|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">Ensure greater allocation of resources for harmful practices.Gender Division instituted to ensure completion of the formal nomination of focal points to the TWG, thereby formalizing the composition of the Task ForceReview findings from GPECM target and non-targeted districts to identify opportunities to strengthen coordinationEnsure working group deliverables are mainstreamed in the strategic plan 2022–2027Advocate for TWG mandate to be included in the new strategic plan |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">Clarity on overlapping roles and responsibilities between divisions in lead Ministry.Mainstream TWG functions in strategic plan currently being developed.The ECM strategic plan will provide clear guidance on intersectoral coordination at district and subdistrict levelEnsure national and local TWG are established and functionalValidations and official endorsement of the strategic plan |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">Mainstreaming of activities on ending harmful practices to devolved funding priorities, e.g., Constituency Development Fund, Cash Plus initiatives.Ensure the Secretariat heads the effective functioning of the TWGNational scale of standardized coordination mechanisms at local level. Standardization to be guided by the Strategic PlanMonitor and report on outcome of strengthened coordinationExplore long-term (beyond the strategic plan period) ways of ensuring the coordination structure has statutory mandate |

A3 National Action Plans.

Rating: 1.8

- | | |
|----------------------------------|---|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">Finalization of the strategic plan by December 2022 |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">Dissemination and roll out of the strategic plan to the districts |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">Monitoring and reporting on implementation of the strategic plan |

Policy and Legislation

B1 Legislation, policies and implementation mechanisms for harmful practices.

Rating: 3.4

- | | |
|----------------------------------|---|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">Unpacking of the children's code act and influence on ending harmful practices in Zambia, including lobbying for amendment of conflicting laws and policiesSocial behaviour change to address illegal/rights-based and cultural interpretations (positive social norms change)Disseminate information to/sensitize stakeholders on child safeguarding provisions in the Children's Code Act and the national child safeguarding policySupport measures to disseminate and enforce the newly enacted children's code which criminalizes FGMSupport sector teams to review other laws to ensure they align with international standards to end harmful practices.Support roll out and sensitization on the child safeguarding policy and legal requirements outlined in the Children's Code ActSupport initiation of actions to understand FGM prevalence in Zambia |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">Lobby for increased, structured public financing to support implementation of lawSystematic awareness and application of non-discrimination laws and policiesSupport roll out of child safeguarding guidelinesBetter understanding of FGM in Zambia; it is currently not prioritizedSupport and advocate for endorsement of reviewed lawsSupport capacity-building, roll out and implementation of the Children's Code Act provisions on child safeguardingSupport design and implementation of interventions on ending FGM |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">Government has the capacity and resources to prevent FGMGovernment monitors have the capacity to ensure complianceMandatory for institutions to have child safeguarding focal points and institutional level child safeguarding guidelines/charter.Government monitors compliance with this |

Engagement and participation

C1 Independent complaint mechanism exists for children and women.

Rating: 2

- | | |
|----------------------------------|--|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">Identification of gaps in enhancing complaints mechanism |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">Develop and support national complaints mechanism and bodies, e.g., Government-owned and managed child helpline, GBV hotline and other independent complaints procedures |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">Support development complaints procedures |

C2 Civil society engagement, including women and children.

Rating: 2.9

- | | |
|----------------------------------|---|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Shift discussions from lobbying to implementation of the Children's Code Act, implementation of the conclusions from committee of experts among others• Strong engagement of civil society lobby groups in developing the national strategy on ending harmful practices• CSOs contribute to the costing of the actions on ending harmful practices by 2030 (SDG 5.3)• Develop mechanism for continuous and structured joint Government/CSO monitoring, i.e., through M&E plan in the strategic plan on ending harmful practices• Discuss feasibility of establishing peer review accountability mechanisms with CSOs• Finalize development of child participation guidelines• Identify gaps and barriers that may hinder effective participation of girls and women |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Develop strategies and plans of implementation• Consistent participation of CSO partners in coordinating work to end harmful practices• Joint Government and CSO accountability mechanisms for enhanced transparency and complementarity• Ensure coordination incorporates CSO monitoring and reporting• Develop accountability framework• Ensure national roll out of child participation guidelines• Institutionalize participation of girls and women in planning, implementation and monitoring |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">• Monitor progress and compliance• CSO contribution to ending harmful practices contributes to national goals and priority agenda on ending harmful practices• Joint Government and CSO monitoring of progress• Government continuously facilitates (enabling environment) CSO monitoring• Monitor and report on compliance• Government to ensure compliance• Systems development to ensure participation of girls and women |

C3 Community-based mechanisms for harmful practices prevention.

Rating: 3.5

- | | |
|----------------------------------|--|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Support dissemination and awareness-raising on child safeguarding guidelines for journalists will further enhance child/survivor centred reporting• Disseminate volunteer policy (passed August 2022) that promotes community-based protection mechanisms |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Implementation of volunteer policy passed August 2022) that promotes community-based protection mechanism |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">• Monitor community-based protection mechanisms, address gaps |

Financing & HR

D1 Financing of harmful practices services.

Rating: 1.4

- | | |
|----------------------------------|---|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Costing of the social welfare workforce, commencing in last quarter of 2022 to inform investment in social welfare, as well as costing of the strategic plan on ending harmful practices• Advocate for costing of strategic plan for elimination of HPs• Costing of the 2023–2027 action plan and advocate for increased sustained longer term funding from Government and donors• Government funding limited to personnel costs |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Dissemination of the costing of the strategic plan to inform lobbying for additional Government funding for programme work• Finalization and costing of the strategic plan (key to lobbying for diversification of funding)• Implementation of the costed action plan 2023–2027• Programming to scale, i.e., greater focus on national strategies with national outreach should be prioritized. Planning and costing the strategic plan will be a key driver to programming at scale |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">• Development of tools and systems to link other Government funding contributing to ending harmful practices, e.g., social cash transfers, education grants and how this contributes to ending harmful practices• Integration of budgets for ending harmful practices in national budget and complemented by development partners• Monitoring and reporting on implementation• Tools to measure other social services' spending contribution to ending harmful practices, e.g. education, social cash transfers, constituency development funds, small and microenterprise schemes |

D2 National budget establishment.

Rating: 2.6

- | | |
|----------------------------------|--|
| Short Term
(1-2 yrs) | <ul style="list-style-type: none">• Costing of the strategic plan (will entail consultations with stakeholders) which will be used to estimate annual budgets over a 5-year implementation period• UNICEF has recently developed a child protection budget brief and recommended the inclusion of a child protection in the Zambia standard chart of account• Use the articulation of social services in the MTEF and the costed strategic plan to lobby for additional budgetary allocation• Develop and implement the time-bound strategic plan on ending harmful practices |
| Medium Term
(2-5 yrs) | <ul style="list-style-type: none">• Advocate for sustainable management of the budget on ending harmful practices, e.g., use costed strategic plan to ensure allocation of budgets from both Government and partners• Consider the social welfare cost on ending harmful practices in the development of the social welfare investment case• To include costing of social services on ending harmful practices in the social welfare investment case being developed, led by UNICEF• Implementation of costed action plan, evidence generation and sharing of feedback (value for money)• Advocate for increased funding to the implementation of the strategic plan |
| Long Term
(5+ yrs) | <ul style="list-style-type: none">• Periodic monitoring and review of budget plans• Implement the Strategic Plan and recommendations of the investment case• Mainstream ending harmful practices budgeting in the national budgetary cycle.• Continued monitoring and reporting of progress |

D3 National budget execution.

Rating: 3

- Short Term (1-2 yrs)**
 - Specific budget lines in place for ending harmful practices
- Medium Term (2-5 yrs)**
 - Advocate for allocation of funds for ending harmful practices
- Long Term (5+ yrs)**
 - Monitor allocation and use of funds

D4 National budget amount.

Rating: 1

- Short Term (1-2 yrs)**
 - Strategic plan costing and social welfare investment case to provide information and budget estimates required to end harmful practices in Zambia
- Medium Term (2-5 yrs)**
 - Advocate for increased funding informed by the costed strategic plan and social welfare investment case
- Long Term (5+ yrs)**
 - Monitor and report progress

D5 National budget monitoring and review.

Rating: 3

- Short Term (1-2 yrs)**
 - Advocate for the establishment of standard chart of account for social services including harmful practices.
 - Use budget review reports to ensure efficient use of funds on ending harmful practices
- Medium Term (2-5 yrs)**
 - Ensure budget and expenditure analysis references finding for ending harmful practices
 - Participate in expenditure review forums convened by Treasury
- Long Term (5+ yrs)**
 - Monitor trends in financial allocation to ending harmful practices

D6 Human resources.

Rating: 3.3

- Short Term (1-2 yrs)**
 - Operationalize the Social Welfare Association of Zambia (SWAZ) Act to professionalize social welfare, key to ending harmful practices
 - Increase coverage of officials completing the in-service training
 - Monitor trends in service delivery following trainings held for judicial officials
- Medium Term (2-5 yrs)**
 - Supported supervision for social welfare officers working on ending harmful practice, e.g., district social welfare officers
 - Undertake reviews to measure impact of in-service training programmes on ending harmful practices
 - Mainstream training on enhanced legal provisions provided in Children's Code Act
- Long Term (5+ yrs)**
 - Mainstream accreditation and quality assurance in social welfare practice on ending harmful practices.
 - Review training materials based on assessment findings and recommendations
 - Mainstream training in relevant in-service and pre-service training programmes.

Access to Services

E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services.

Rating: 4

- Short Term (1-2 yrs)**
 - National roll out of the SoPs on case management, both statutory and non-statutory
- Medium Term (2-5 yrs)**
 - In-service training of service providers and ensure supportive supervision (SWAZ Act) to ensure compliance with operating procedures
- Long Term (5+ yrs)**
 - Generate evidence for learning and programming to scale

E2 Understanding and articulation of harmful practices system.

Rating: 3

- Short Term (1-2 yrs)**
 - Diversify awareness-raising methods, work more with traditional leadership and other community-based stakeholders
 - Build on political goodwill to influence social behaviour change and compliance with the law
- Medium Term (2-5 yrs)**
 - Periodic review of awareness and impact on social norms change in ending harmful practices
 - Disseminate and promote understanding of the provisions of the legal and policy framework so that it blends with customary law to promote alternative rites of passage that are not harmful to children
- Long Term (5+ yrs)**
 - Generate evidence on social behaviour change to assess progress and sustainability of the interventions to end harmful practitioners.
 - Promote and monitor compliance with the legal and policy framework, social behaviour change and other relevant indicators to measure progress to ending harmful practices.

E3 Modelling testing and scaling of harmful practices services.

Rating: 3

- Short Term (1-2 yrs)**
 - Undertake social welfare investment assessment to determine level of investment required to provide optimal services on ending harmful practices
- Medium Term (2-5 yrs)**
 - Use Strategic Plan on ending harmful practices, in addition to the investment case, to guide scaling up the investment in models of prevention and response
- Long Term (5+ yrs)**
 - Use the investment case and costed strategic actions to lobby for increased funding from treasury

E4 Availability of harmful practices services, case management and referral systems.

Rating: 3

- Short Term (1-2 yrs)**
 - Facilitate national roll out of the community-based case management system
 - Disseminate and promote understanding of the provisions of the legal and policy framework so that it blends with customary law to promote alternative rites of passage that are not harmful to children, including equal opportunities in accessing services, including judicial services (VAC 2018 data shows that of the girls and girls that reported having experienced violence, 0% of girls and only 7% of boys had access to services).
 - Mainstream these interventions in the costed strategic action plan on ending harmful practices

**Medium Term
(2-5 yrs)**

- Finalize the development and roll out of the information management system to support and strengthen community case management systems
- National roll out of the child justice and victims' guidelines and the prosecutor's handbook
- Disseminate and support the implementation of the strategic plan

**Long Term
(5+ yrs)**

- Undertake assessments and monitoring of case management systems and progress in ending harmful practices
- Monitor progress and compliance
- Monitor and report progress on results of the integrated health, education, justice and economic empowerment interventions in ending harmful practices

Data collection, M&E

F1 Administrative data systems and monitoring to routinely generate data on harmful practices.

Rating: 2.8

**Short Term
(1-2 yrs)**

- Finalize and validate statutory and non-statutory social welfare information management system, including providing community volunteers with essential tools to enable data/information-sharing, e.g., smart phones
- Carry out mining of census data to generate information on harmful practices
- Possible need to consider a harmonized register on harmful practices across social welfare, legal and health systems

**Medium Term
(2-5 yrs)**

- Support roll out and utilization of the IMS
- Disseminate available information, complemented with administrative data to inform trends and planning
- Support implementation of harmonized register, once developed

**Long Term
(5+ yrs)**

- Periodic analysis of administrative data to inform progress on ending harmful practices
- Entrench IMS and use of technology in generating data to inform actions on ending harmful practices
- Prioritize disaggregation by age, sex and diversity
- Monitor utilization and compliance

F2 Data security and governance.

Rating: 4

**Short Term
(1-2 yrs)**

- Assess data governance and security protocol for social welfare information management system (IMS)

**Medium Term
(2-5 yrs)**

- Support compliance

**Long Term
(5+ yrs)**

- Monitoring and reporting

F3 Research and surveys.

Rating: 3

**Short Term
(1-2 yrs)**

- Further analysis of the census and demographic health services when available

**Medium Term
(2-5 yrs)**

- Support analysis of the national census to inform progress on ending harmful practices

**Long Term
(5+ yrs)**

- Share cross-sectoral data and assess impact on ending harmful practices

Appendix A: Desk review

No. 1 Assessment

Name of document:

Zambia, Qualitative study of child marriage in six districts of Zambia, July 2015

The study examined the underlying social, cultural and economic factors that underpin the practice of child marriage in order to better understand its origins, dynamics and implications for boys, girls, their families and communities.

Summary of findings:

- Child marriage is widely practised across all six areas where data were collected and prevalence rates appeared, in all cases, to be higher than those recorded in the last two rounds of the ZDHS (2007, 2013–14) and the 2010 Census. The practice itself is not monolithic: the study found six different types of child marriage. Some involved girls and men; others, women and boys. However, the most common unions are between peers – girls (from age 12 or 13) and boys (from age 14), usually with an age difference of about two to three years. The majority of marriages involving children do not adhere to traditional processes.
- Those more likely to marry include children from poor families or backgrounds, those living in rural areas, those not attending school, pregnant girls and their boyfriends, orphans and stepchildren, difficult or ‘hard to manage’ children, and children without adequate supervision or support.
- Factors that help delay or prevent child marriage for both boys and girls include the educational level of parents, access to good quality education, strong community leadership, involvement in income-generating activities, opportunities for personal development and access to safe recreational activities, and the presence of positive and negative role models.

- Many child marriages are driven by a desire to seize an opportunity – to escape bad living conditions, to meet basic needs, to enhance one’s own or one’s parents’ status in the community, to secure an economic benefit or to remain within the peer group. Numerous people have a stake in and an influence on whether a marriage takes place, thus each marriage involves a negotiation between a series of competing and, at times, conflicting agendas.

Fourteen recommendations were made, including:

- Adopt a multisectoral approach
- Develop and implement programmes that address the underlying causes of child marriage and create alternative life options for children.
- Recognize the agency of boys and girls in child marriages.
- Improve and expand recreational programmes for urban and rural children and young people.
- Revise and improve approaches to sexual and reproductive health.
- Reappraise current approaches to sensitization and awareness-raising.
- Build the capacity of Government, non-Government and other relevant actors.
- Pilot interventions in selected districts

No. 2 Summary data sheet

Name of document:

Statistics Profile on child marriage: Zambia (2020) sourced from Zambian Demographic Health Survey (2018).

- Number of girls and women of all ages who were married or in union before ages 15 and 18 years: 366,500 married before age 15, and 1.8 million married before 18 years. Three in 10 young women were married in childhood. Zambia is home to nearly 2 million child brides.

- There has been a generational trend improvement with percentage of women aged 20–24 years who were first married or in union before age 18 years decreased from 47% in 1993 to 29% in 2018, and with the percentage of girls married or in union before the age 15 at 9%, compared to 5% in 2018.

(*Note – infographics do not include percentages in all graphs)

No. 3 Coaching programme

Name of document:

Coaching Boys Into Men, www.CoachesCorner.org, accessed 16 October 2023

A 12 week programme to equip participants with the tools needed to help athletes promote gender equity and build responsible, respectful and non-violent relationships.

The training brief is to be used during pre-season, during the season and post-season.

Topics include:

- respect, integrity and non-violence
- personal responsibility
- insulting language
- disrespectful behaviour towards women and girls
- digital disrespect
- understanding consent

- fostering partnerships in your school and community
- bragging about sexual reputation
- when aggression crosses the line
- there’s no excuse for abuse
- taking a stand against bullying
- communicating boundaries
- modelling respect and promoting equity
- the pledge
- host a fan pledge day
- create a team campaign
- time out
- after match talk
- backhand pictures

No. 4 Annual Report

Name of document:

UNFPA-UNICEF global programme to end child marriage, 2021

Includes an update on the programme status reflecting on the country context, three significant achievements in 2021, changes to country's programme strategy and components, and a section on innovative approaches. Also identifies partnerships and joint UNFPA-UNICEF work and a reflection on how key principles are being applied – such as a human rights approach, 'Leave no one behind', Gender-transformative approaches. The document also highlights key programme challenges and support needed before detailing, by outcome and output level, specific achievement of results.

Programme performance is measured around the global partnership output and outcome performance metrics based on the immediate outcome categories in the results framework. Immediate outcomes include:

- Empowerment of adolescent girls: Enhanced knowledge, education and life-skills, and attitudes of marginalized adolescent girls on matters such as their rights, relationships, sexual and reproductive health, and financial literacy, including in humanitarian contexts
- Community engagement and transformation: Adolescent boys, families, traditional and religious leaders, community groups and other influencers demonstrate more gender-equitable attitudes and support for girls' rights

- Strengthening systems: Increased capacity of education, health, child protection and GBV systems to deliver coordinated, quality programmes and services that meet the needs of adolescent girls and their families, including in humanitarian contexts.
- Social protection and partnerships: Increased capacity of national and subnational social protection, poverty reduction, and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts
- Policies and legislation: Enhanced capacity of governments to fund, coordinate and implement national and subnational action plans and systems to end child marriage
- Data and evidence generation and use: Increased capacity of governments and non-Government organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons
- Programme effectiveness and efficiency.

No. 5 Gender tool

Name of document:

UNICEF, 'Gender-Transformative Accelerator Tool, UNFPA-UNICEF Global Programme to end Child Marriage', United Nations Children's Fund, <www.unicef.org/documents/gender-transformative-accelerator-tool>, accessed 16 October 2023.

Accelerator tool developed and field tested to operationalize gender-transformative programme under Phase II of the Global Programme. There are different categories including:

- gender blind
- gender aware
- gender responsive
- gender-transformative.

Gender-transformative programming is defined as: equipping marginalized adolescent girls with social, health, cognitive and economic assets and promoting autonomy and control over their bodies, sexuality and life choices. Programmes work actively to engage marginalized adolescent girls as change-makers at individual, community and structural levels to challenge norms and restrictions. Programmes make tailored investments to rectify basic inequities between adolescent girls and boys, to remove barriers and expand choices, opportunities and access to skills-building and comprehensive sexuality education for all, including through tailored efforts to challenge norms and restrictions for adolescents.

No. 6 Assessment report

Name of document:

UNFPA-UNICEF, 'Joint Assessment of adaptations to the UNFPA-UNICEF Global Programme to end child marriage in light of COVID-19, UNFPA-UNICEF Global Programme to end child marriage', United Nations Children's Fund, New York, 2021.

The assessment was conducted from April 2021 to July 2021 and included all 12 programme countries and all implementation levels (global, regional, national and community). The assessment identified and analysed the Global Programme response, mitigation and protection measures adopted during the COVID-19 pandemic and considered the extent to which interventions were continued as planned, adjusted or postponed. Opportunities and challenges related to programme adjustments to the COVID-19 situation were taken into consideration in the analysis and recommendations. The assessment questions were organized around three criteria: relevance, effectiveness and coherence.

Executive summary findings included:

- **Relevance:** COVID-19 has reconfirmed the validity of the Phase II Theory of Change; there were no newly identified needs that were outside the scope of the global ToC, the drivers of child marriage were still relevant although some of them had gained relevance.
- **Effectiveness:** Most country offices endeavoured to maintain contact with the adolescent girls targeted under the Global Programme through digital platforms or mass media and through community-based partners, committees, volunteers and networks. However, the adoption of virtual technologies raised concerns regarding the quality of these approaches and their ability to influence adolescent girls' agency or gender and social norms. Several lessons from the adjustments to the pandemic have the potential to shape future programming. This includes: i) the use of virtual methods with beneficiaries, allowing larger reach (with some caveats); ii) the need for multipronged approaches in programmes aimed at changing in gender norms or developing skills; and iii) flexibility in adjusting programming and in reallocating budgets.

- **Coherence:** Overall, the process of adjusting the Global Programme to COVID-19 restrictions was coherent both internally, within agencies, and externally, between agencies.

Key recommendations include:

- The Global Programme should advocate with governments to continue developing aligned multisectoral policies, legal instruments and budgeted strategies contributing to ending child marriage, with a focus on addressing the various drivers of child marriage at national, subnational and local levels, and to seek improved harmonization between sectors.
- The Global Programme should reinforce its efforts to reach the most vulnerable and marginalized adolescent girls, boys and their families through policy advocacy and programming targeting them specifically.
- The Global Programme should continue to develop complementary multichannel approaches to reach target populations based on country specificities and context.
- The Global Programme should continue advocacy and systems-strengthening with governments with a view to maintaining access to essential services for adolescent girls and boys in contexts of heightened vulnerability, including in humanitarian crisis.
- The Global Programme should articulate further its strategy to leverage social cash transfer programmes and other forms of income-generation opportunities for adolescent girls and their families, since these are a key tool to prevent child marriage.
- While the theory of change remains valid, the Global Programme should adjust its results framework and indicators, as well as further support country offices for monitoring, data generation and analysis, in order to reinforce evidence-based programming. [___](#)

Zambia is referred to the document in some of the following excerpts:

- In Zambia, U-Report was used to collect data related to sexual and reproductive health, education, and on the use of health digital services.

- In Zambia, for example, advocacy within UNICEF was needed to sensitize senior management to the fact that if Government counterparts were going to continue their work from home, they needed the same tools – in terms of laptops, connectivity and data.
- In Zambia, an important activity was to support the Ministry of Community Development and Social Services to develop its own COVID-19 guidelines and response plan for social service delivery.

- Communities were reached through radio programmes on child or adolescent well-being, including sensitization on COVID-19 prevention.
- In Zambia, UNICEF was able to rapidly mount a COVID-19-specific cash transfer fund that has the potential to provide a certain degree of economic support to the most vulnerable households, including those with adolescent girls at risk of child marriage.

No. 7 Assessment

Name of document:

Zambia Institute for Policy Analysis & Research, 'Assessment of Gender Norms, Child Marriage, and Adolescent Pregnancy to inform the Global Programme to end Child Marriage', ZIPAR, Lusaka, 2019.

This aimed for an overview of child marriages in Zambia, including the progress and investments that have been made so far. It also highlights some of the evidence-based practices to address child marriage and adolescent pregnancy in Zambia, with a focus on social behaviour change and approaches to change gender norms.

The document highlights the key drivers of child marriage and adolescent in Zambia including: social and gender norms; poverty; low education level; poor access to sexual reproductive health information; weak institutional and policy frameworks.

There is an infographic showing the timeline of key events during COVID-19 including the school closures and reopening.

The document highlights evidence-based practices to end child marriage and adolescent pregnancies including:

- legislation, policies and regulatory frameworks around child marriages
- universal access to education for girls:
- comprehensive sexuality education

In its conclusions it says:

The causes and consequences of child marriage and adolescent pregnancy are complex and differ according to context. Drivers of child marriage in Zambia, as in most low-and-middle-income countries, tend to be affected by socioeconomic factors, including poverty and inequality, lack of access to good quality education, limited life choices, as well as social norms and a lack of access to sexual and reproductive health information and services. There are effective interventions to address these challenges. However, there's need to tease out what works and for who. Children at risk of child marriage and pregnancies are likely to require assistance from multiple sectors. Therefore, a multisectoral approach is more likely to reach more adolescents.

No. 8 Evaluation

Name of document:

United Nations Population Fund and United Nations Children's Fund, Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change Phase III (2018–2021), UNFPA, New York, 2021.

The joint evaluation assesses the programme contributions to outputs and outcomes during Phase III of the Joint Programme on the Elimination of Female Genital Mutilation (2018–2021) (the Joint Programme). It supports evidence-based decision-making and informs programming beyond 2021, including the strategic direction, gaps and opportunities for the UNFPA and UNICEF Joint Programme in changing gender and social norms.

Key conclusions include:

- The Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of FGM, and is implemented across 17 countries.
- The Phase III design recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems as it does engaging with the African Union.
- There has been progress in the development of both costed national action plans and monitoring functions, although less than planned. The Joint Programme has recognized the need for dedicated budgets and has advocated for this.

Key recommendations include:

- Continue to strengthen global policy and advocacy strategies.
 - strengthen and support implementation of accountability systems. The Joint Programme should also advocate for fully funded national legal and policy frameworks.
 - continue to build on the programme's achievements to date.
 - strengthen links with other streams of work towards enhanced access to good quality services for FGM prevention, protection and care.
 - accelerate use of the 'ACT Framework' which measures social norms change around FGM to generate data on social norm change.
 - build the post-Phase III Joint Programme to be gender-transformative
 - continue considered use of public declarations of elimination as an indicator.
 - incorporate a humanitarian approach within the post-Phase III Joint Programme design.

Joint evaluation assesses the programme contributions to outputs and outcomes during Phase III of the Joint Programme on the Abandonment of Female Genital Mutilation (2018–2021). It supports evidence-based decision-making and informs programming beyond 2021, including the strategic direction, gaps and opportunities for the UNFPA and UNICEF Joint Programme in addressing gender and social norm change.

No. 9 Evaluation report

Name of document:

United Nations Children's Fund, UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, UNICEF, New York, May 2019.

The report presents the findings of the evaluation of the first phase of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM). The programme is jointly managed by the UNFPA and UNICEF. The programme is implemented in 12 countries in 4 regions with multiple partners and stakeholders at the national, regional and global levels.

Key findings and conclusions include:

- The programme is well aligned to global and regional frameworks and commitments to end child marriage.
- The application of the GPECM has been responsive to local contexts and has been adapted in each country, though only a few countries have formally adapted the theory of change.
- The widespread acknowledgement that child marriage impinges on children's rights and welfare provides a strong foundation and rationale for the ending child marriage.
- Despite efforts to target areas where child marriage is widespread and reach the most vulnerable, interventions have not yet reached many of the most remote areas.
- Outcome 1 – The GPECM is increasingly able to reach adolescent girls with activities under Output 1.1, having reached nearly 5.5 million girls by mid-2018, far exceeding the programme's objective of reaching 2.5 million girls by the end of 2019.
- Outcome 2 – Country offices significantly expanded community outreach (Output 2.1) and the GPECM showed signs of scaling up, reaching approximately 11.5 million individuals with information related to ending child marriage in the first half of 2018, significantly more than in 2016 and 2017 combined.

- Outcome 3 – Country offices increased targets for girls' access to health and protection services every year of the GPECM and collectively exceeded targets each year.
- Outcome 4 – UNFPA and UNICEF worked collaboratively at the highest levels to support governments to develop and implement national/state action plans to end child marriage.
- Outcome 5 – GPECM investments in research and data contributed to building a stronger evidence base on child marriage, though tracking has not offered an indication of data quality and usability to date.

Key recommendations include:

- prioritizing normative leadership
- expanding framework for country contextualization (theory of change)
- consolidating and strengthening the evidence base and knowledge management
- defining and monitoring jointness, convergence and complementarity
- strengthening and contextualizing monitoring and reporting systems
- investing in human resources strengthening the programme finding funds.

No. 10 National Strategic Plan

Name of document:

Zambia, Ministry of Gender, National Strategy on ending child marriage in Zambia 2016–2021, Lusaka, 2016.

The Government, working with stakeholders, has embarked on a programme to end child marriage, officially launched in 2013. The Ministry of Gender is responsible for coordinating the national efforts against child marriage, while also addressing the vulnerabilities as well as the consequences associated with marrying off children.

In doing so, the Ministry is responsible for strengthening coordination at all levels:

- raising awareness on child marriage
- facilitating the review of policy and legal frameworks related to children and marriage
- building capacities of stakeholders at all levels
- mobilizing funds
- facilitating service delivery related to addressing the vulnerabilities and consequences of child marriage.

In order to strengthen the national response to ending child marriage, the Ministry, working with stakeholders, has developed the National Strategy on Ending Child Marriage. This document outlines the strategic focus for the period 2016 to 2021.

The objectives for the Strategy on Ending Child Marriage in Zambia are to:

- strengthen multisectoral responses in order to reduce children’s vulnerability to marriage.
- facilitate the development and review of policies and legislation in order to ensure consistent interpretation and application of child related interventions.
- facilitate positive change in prevailing negative attitudes, behaviours, beliefs and practices in order to reduce the incidence of child marriage.
- facilitate the provision of child-sensitive services to reduce children’s vulnerability to child marriage
- effectively mobilize financial resources to enable the implementation of programmes aimed at reducing children’s vulnerability to marriage.

The National Strategy also outlines the strategic responsibilities of the different stakeholders as well as the responsibilities of the Ministry of Gender as the coordinating body, in line with Cabinet Directive.

No. 11 Assessment Tool

Name of document:

United Nations Children’s Fund, Child Protection Systems Strengthening, Approaches, Benchmarks and Interventions, UNICEF, September 2021

The Child Protection System Strengthening Maturity model developed by UNICEF elaborates priorities, processes, and results to be achieved in each phase of strengthening the child protection system and provides comprehensive benchmarks to effectively manage investments and results in systems strengthening.⁹ The benchmarks are defined by ‘intermediate outcomes’, or ‘subdomains’.

This tool will be used as the primary framework to benchmark the level of maturity of the Namibian Child Protection System, with an addition added to identify

priority actions needed to improve the ratings or level of maturity. The intermediate outcomes identified in the tool include:

- legal and policy framework governance and coordination structures
- continuum of services
- minimum standards and oversight mechanisms human, financial and infrastructure resources
- mechanisms for child participation and community engagement
- data-collection and monitoring systems

No. 12 Global Policy document

Name of document:

Organisation for Economic Cooperation and Development, Building Blocks for Policy Coherence for Development, OECD, Paris, 2009.

In order for governments to meet the challenge of building strong child protection systems while also building a global partnership for development, they need to ensure that their policies are supportive, or at a minimum, do not undermine their development policies. This entails the systematic application of mutually reinforcing policies and the integration of development concerns across Government departments to achieve development goals, along with national policy objectives”.¹⁰

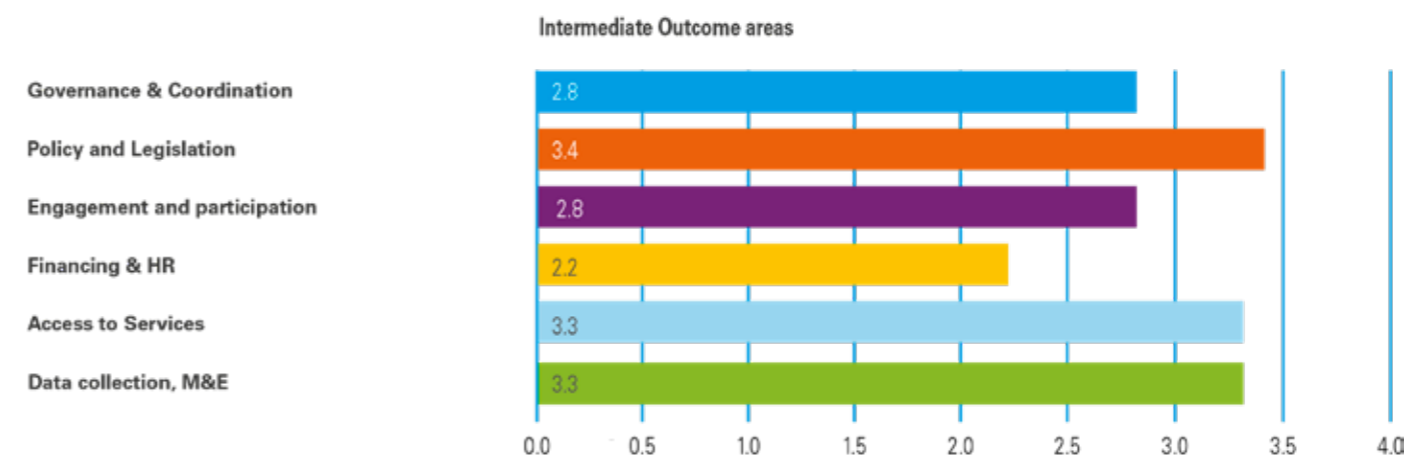
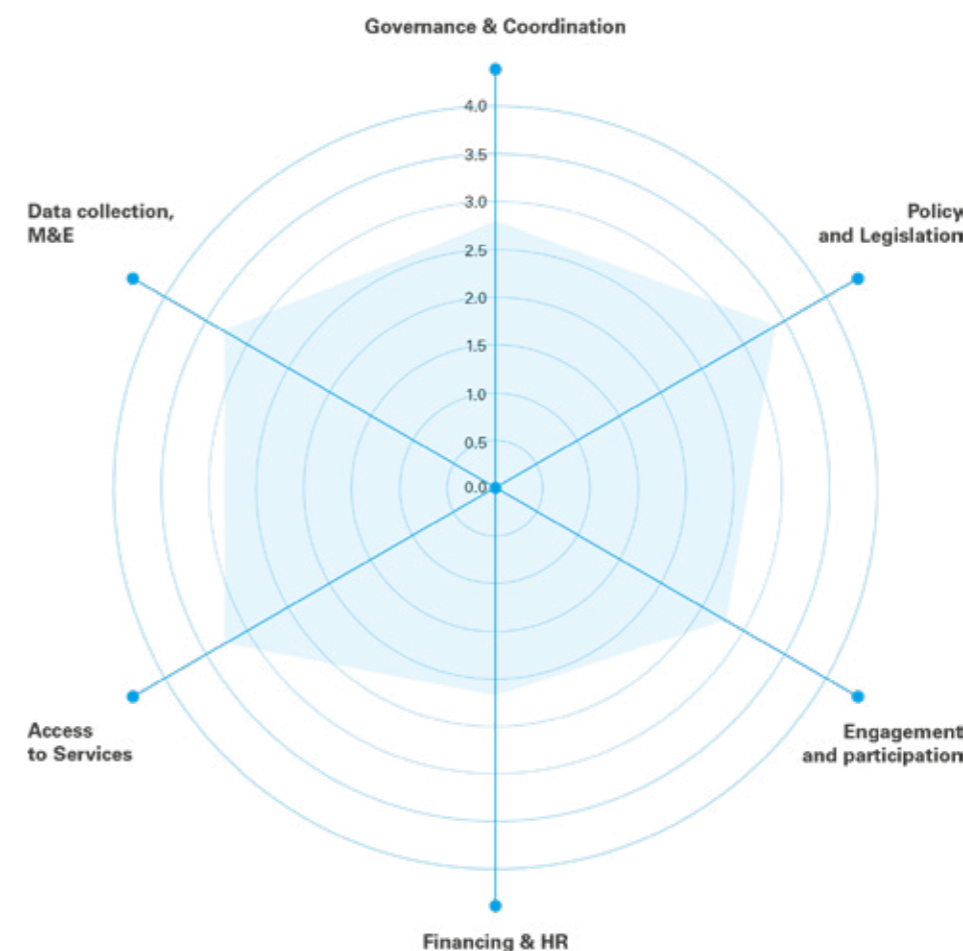
Progress towards policy coherence is understood as a three-phase cycle. The phases are:

- setting and prioritizing objectives
- coordinating policy and its implementation
- monitoring, analysis and reporting.

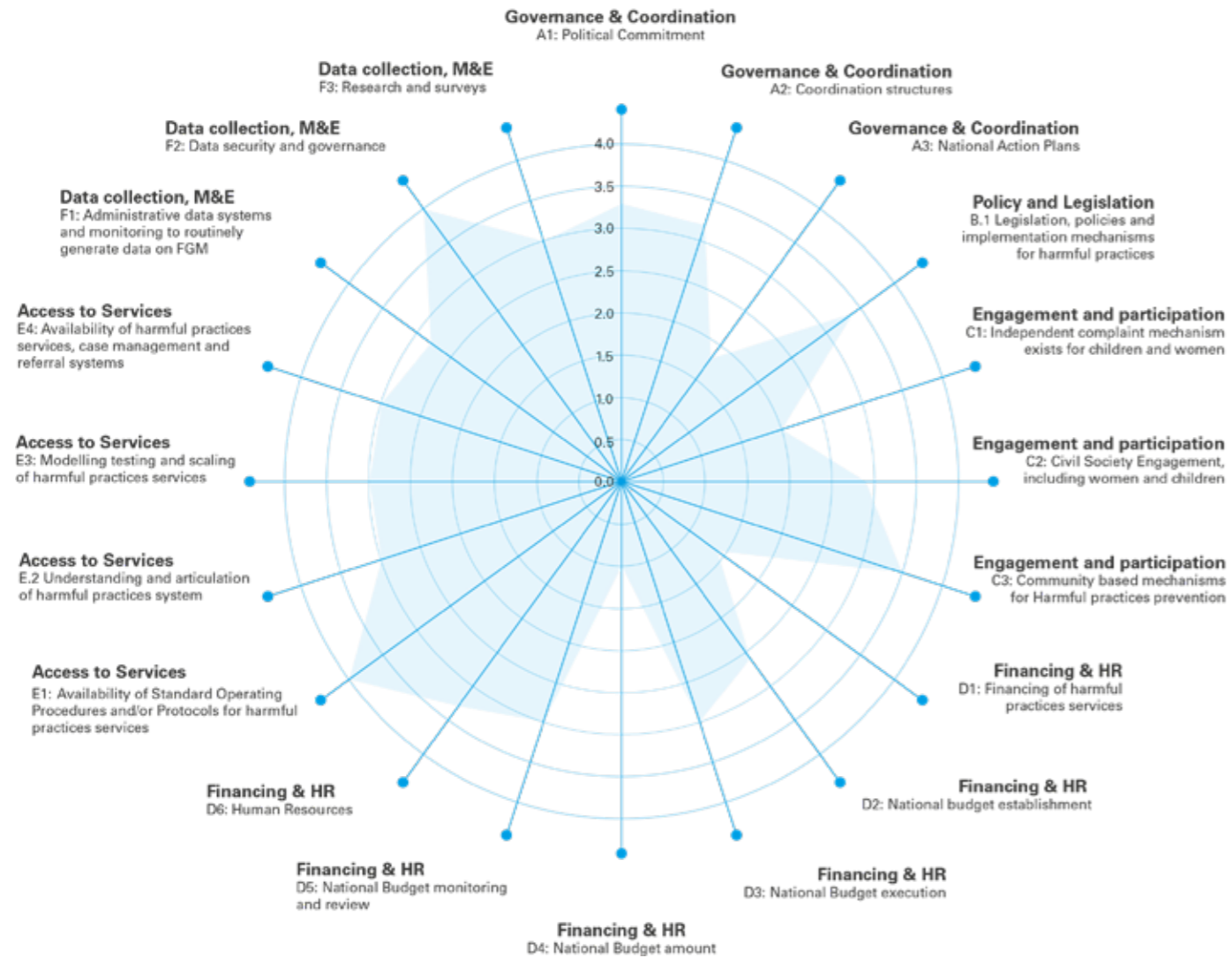
Appendix B: Country data visualization Zambia

Name of Country	Overall Score	Sub-Domains	Specific Score
Governance & Coordination	2,8	A1: Political commitment	3,3
		A2: Coordination structures	3,2
		A3: National Action Plans	1,8
Policy and Legislation	3,4	B1: Legislation, policies and implementation mechanisms for harmful practices	3,4
Engagement and participation	2,8	C1: Independent complaint mechanism exists for children and women	2
		C2: Civil society engagement, including women and children	2,9
		C3: Community-based mechanisms for harmful practices prevention	3,5
Financing & HR	2,2	D1: Financing of harmful practices services	1,4
		D2: National budget establishment	2,6
		D3: National budget execution	3
		D4: National budget amount	1
		D5: National budget monitoring and review	3
		D6: Human resources	3,3
Access to Services	3,3	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	4
		E2: Understanding and articulation of harmful practices system	3
		E3: Modelling testing and scaling of harmful practices services	3
		E4: Availability of harmful practices services, case management and referral systems	3
Data collection, monitoring and evaluation	3,3	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,8
		F2: Data security and governance	4
		F3: Research and surveys	3

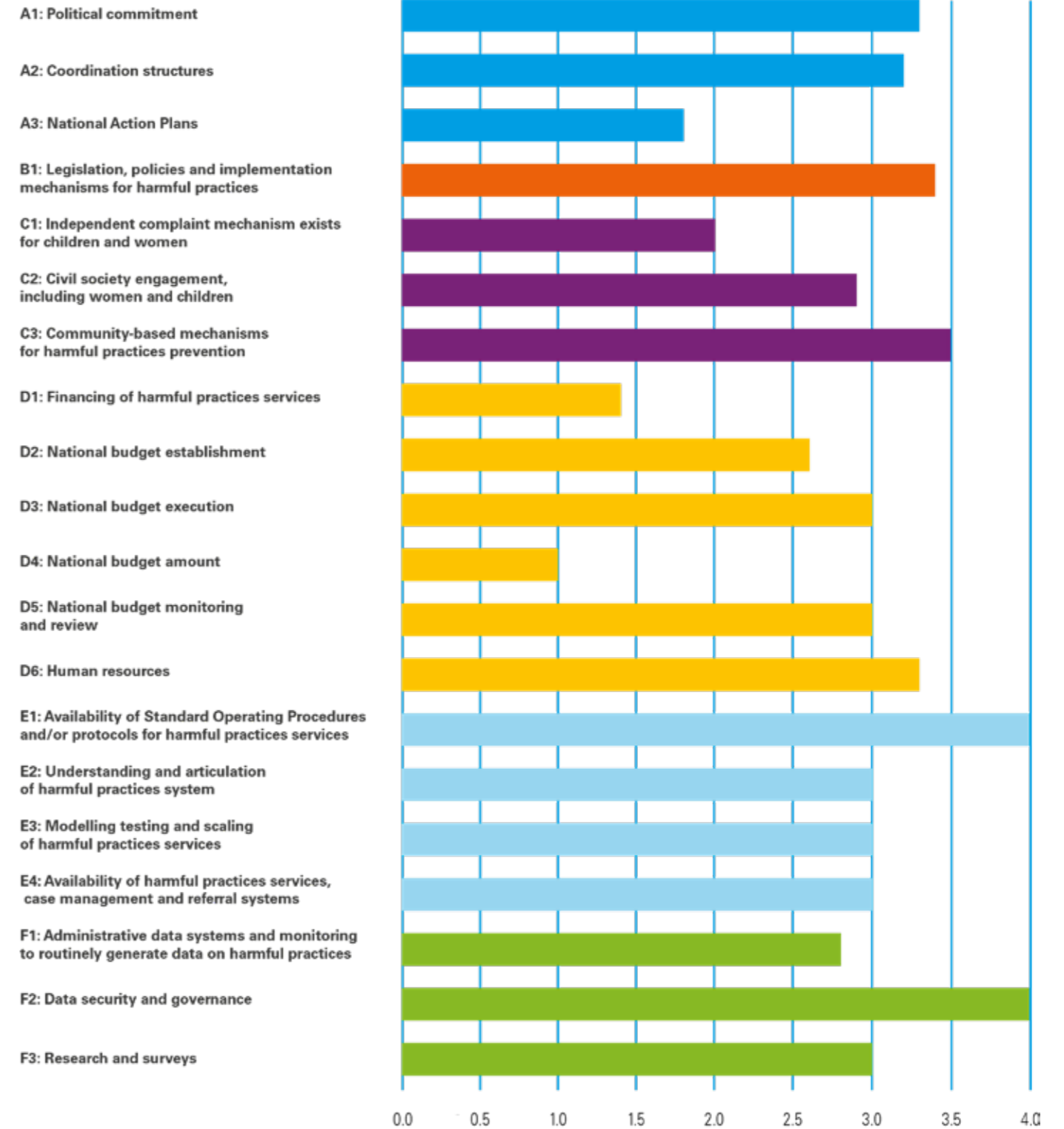
Intermediate Outcomes Summary



Sub-Domains Summary



Intermediate Outcome areas



Endnotes

- 1 Zambia, 'Demographic and Health Survey 2013-14', March 2015.
- 2 Zambia, 'Demographic and Health Survey, 2018, January 2020.
- 3 Ibid.
- 4 Demographic and Health Survey, 2018.
- 5 Ibid.
- 6 Zambia, Ministry of General Education and Zambia National Education Coalition, Continuity of Learning Survey Report, July 2021. The report surveyed school learners aged 13, 15 and 18 but the age of girls that dropped out due to teen pregnancy or child marriage is not reported in the study.
- 7 The PPM approach formulates and influences public policy through a public policy process or 'the policy cycle' consisting of five major stages: agenda setting; formulating and legitimisation of goals and programmes; programme implementation; evaluation and implementation; decision about the future of the policy and programme. Source: Ripley, Randall B., 'Stages of the policy process', in Public Policy Theories, Models, and Concepts, edited by Daniel C McCool, Prentice-Hall, New Jersey, 1995, pp. 157-170.
- 8 These include Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Lebanon, Mozambique, Nepal, Niger, Sierra Leone, Uganda and Zambia
- 9 United Nations Children's Fund, 'Child Protection Systems Strengthening, Approach, Benchmarks, Interventions', <www.unicef.org/documents/child-protection-systems-strengthening>, accessed 16 October 2023.
- 10 Organisation for Economic Cooperation and Development, Policy Framework for Policy Coherence for Development, Working paper 1, OECD, Paris, 2012.

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Page 6 | © UNICEF Zambia-2018-Siakachoma

Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: ZAMBIA

Development of maturity model and assessment
tools for harmful practices policies