



ZAMBIA

COUNTRY PROFILE

UNFPA-UNICEF
Global Programme to
End Child Marriage



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ZAMBIA COUNTRY PROFILE

Zambia is home to 1.7 million child brides. Of these, 400,000 married before age 15.

Source: UNICEF global databases, 2020. Demographic data are from United Nations, Department of Economic and Social Affairs, Population Division (2019), World Population Prospects 2019, Online Edition, Rev. 1.

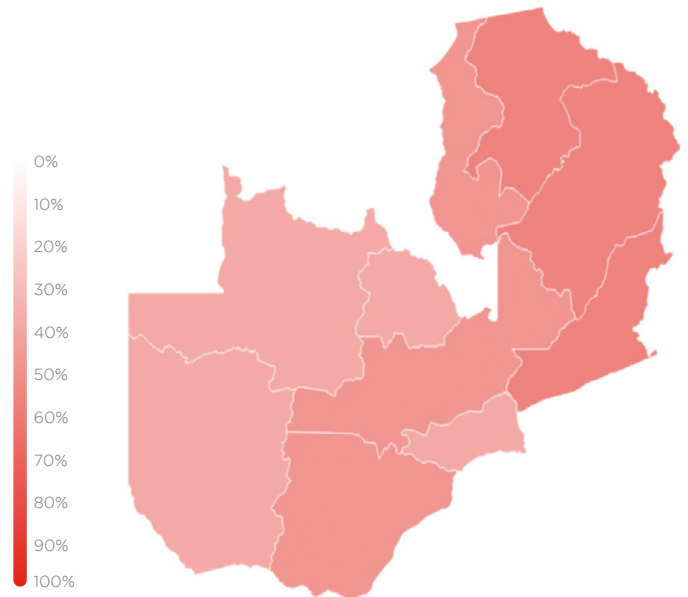
Notes: For details on the calculation of girls and women married in childhood, see: United Nations Children's Fund, Child Marriage: Latest trends and future prospects, UNICEF, New York, 2018. Estimates refer to population year 2019. Values below 2 million are rounded to the nearest hundred thousand.



1.7 million
Married before age 18



400,000
Married before age 15



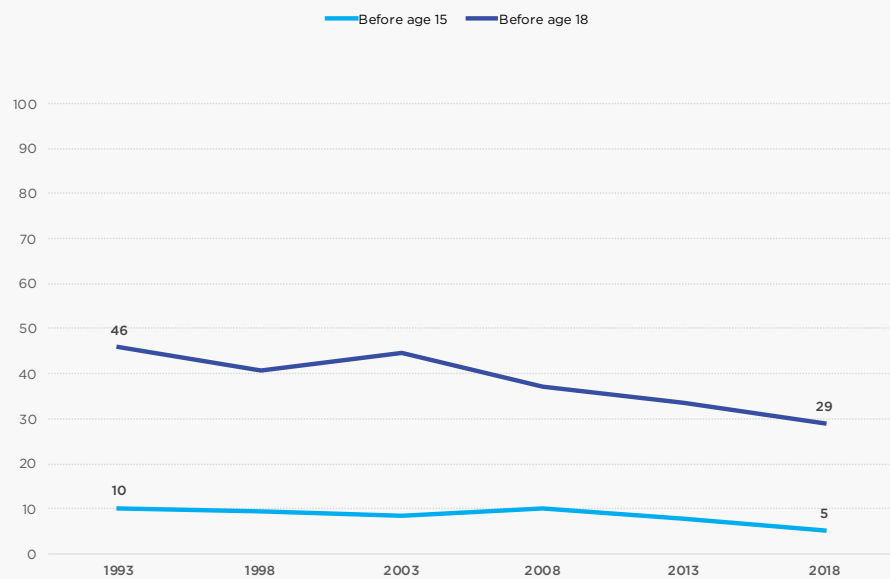
Percentage of women aged 20 to 24 years who were first married or in union before age 18

Note: This map is stylized and not to scale. It does not reflect a position by UNFPA or UNICEF on the legal status of any country or area or the delimitation of any frontiers. Source for child marriage prevalence data is the Zambia Demographic and Health Survey 2013-2014.

Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18

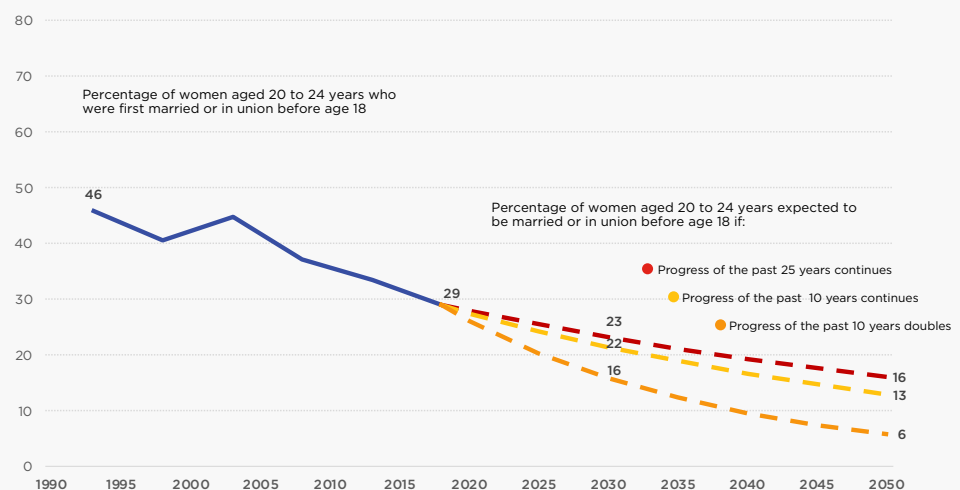
Source: Zambia Demographic and Health Survey 2018

Note: This trend analysis is based on the prevalence of child marriage across age cohorts, as measured in the latest available survey.



Projections of the prevalence of child marriage

Source: UNICEF analysis based on the Zambia Demographic and Health Survey 2018



Message from UNFPA and UNICEF
Zambia country representative

Zambia made critical advancements during Phase I of the Global Programme to End Child Marriage. The integrated programming implemented in the target districts enabled the United Nations and partners to deliver key health and social services for vulnerable children and adolescents that address the multiplicity of factors that contribute to child marriage. We are proud to have supported the development of the National Strategy to End Child Marriage (2016-2021) and its corresponding implementation plan, as well as the National Advocacy and Communications Strategy on Ending Child Marriage (2018-2021). These policy actions – combined with social and behaviour change interventions at community level and sustained engagement with traditional leaders – have led to a true partnership amongst communities, civil society, the Government and the United Nations to jointly address child marriage. We sincerely appreciate the generous support of the donors for this valuable work.



Gift Malunga
UNFPA Zambia country representative



Noala Skinner
UNICEF Zambia country representative

Country movement to accelerate action to end child marriage: Key moments and achievements of Phase I

In Phase I, the Global Programme in Zambia deepened partnership with the government to accelerate action to end child marriage and provided data and evidence with advocacy to promote policy change and legal reform at various levels.

Significant achievements in Zambia since the inception of the Global Programme include:

19,651
adolescent girls
aged 10-19

have participated

in at least one programme intervention aimed at empowering them with skills and information to delay child marriage.

48 girls

strengthened their entrepreneurial skills and successfully saved money to invest in small businesses.

989
primary and
secondary
schools

were supported

to implement interventions to improve the quality of education for adolescent girls.

60 schools

had their water, sanitation and hygiene facilities upgraded and trained adolescents on menstrual hygiene management.

About

278
head teachers
and guidance
and counselling
teachers

from 126 primary schools and 13 secondary schools,



covering 72 per cent of all the schools

in the two targeted districts, were equipped with knowledge and skills to deliver guidance and counselling services that included; personal, social, educational, vocational/career guidance and individual and group counselling.

The programme provided advocacy and technical support towards the costing and financing of the national strategy

on ending child marriage.

35,980
individuals in
the community

were engaged and regularly participated

in dialogues promoting gender equitable norms, including delaying child marriage.

A total of

166
service delivery
points

in targeted programme areas were supported

to implement guidelines for adolescent girl-friendly health and protection services, including training of more than

100 health
workers from
50 facilities.

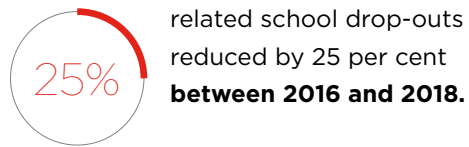
Close to

46,000
adolescent girls

utilized health or protection services in programme areas during Phase I of the programme.

In Katete district,

child marriage and adolescent pregnancy



In Senanga district, specifically a school in Sibukali, also reported a 25 per cent reduction in drop-outs.

The programme supported the Ministry of Health

to develop the National Adolescent Health Comprehensive Package of Services and Standard Guidelines and the Training Manual for Sexual and Reproductive Health, HIV and Gender-Based Violence.

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Phase I Country Programme Strategies

The approach adopted in Zambia by the United Nations (UN) and government has been to support the implementation of the National Strategy to End Child Marriage at subnational level, through which the Global Programme has been implementing in two pilot districts: Katete and Senanga. Katete is among the 15 districts with the highest prevalence of child marriage in the country at 39 per cent, while Senanga has a prevalence level of 22.2 per cent. Senanga is also situated in one of the hot spot areas for adolescent pregnancy in the country. The programme has been implemented in three wards in each of the districts. In Katete, the three wards are situated in Milanzi constituency, which has one of the highest prevalence rates of child marriage at 41 per cent of women aged 20–24 who were married before the age of 18.

A multisectoral approach is adopted by the Global Programme to effectively address child marriage. This has entailed a systems approach across health, education and social welfare systems, to ensure ending child marriage is not seen as a project but that interventions to address children’s vulnerabilities and risks are embedded in the work of government and its partners (including civil society).

To this end, the Global Programme in Zambia has supported the following:

- Development of key strategies to guide all stakeholders in addressing child marriage: a national strategy (2016–2021), a national plan of action (2016–2021) and a national communication and advocacy strategy (2018–2021).
- Development and implementation of district action plans on ending child marriage in two districts identified by the lead Ministry, the Ministry of Gender, which identifies existing multisectoral government interventions that contribute to ending child marriage, as well as contributions from civil society and the UN.
- Capacity-building workshops for traditional leaders and their spouses on topics related to child marriage to enable them to lead by example in their kingdoms, through the Ministry of Chiefs and Traditional Affairs, the House of Chiefs and the Office of the First Lady.
- Upgrading and implementation of sectoral strategies and new approaches (community case management under the Ministry of Community Development and Social Services; the adolescent health services platform under Ministry of Health; and guidance and counselling services and water, sanitation and hygiene in schools under the Ministry of General Education).
- Subanalysis of the Zambia Demographic and Health Survey (DHS) provided data on rates of child marriage and teenage pregnancy by geographical location, including correlations of child marriage and teenage pregnancy (high-high; low-low; high-low; or low-high) by geographical location.
- Strengthening the capacity of existing district staff and processes to collect and analyze administrative data to inform programme decision-making.



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This work is aligned with the Government's Seventh National Development Plan (7NDP, 2017–2021), which identifies ending child marriage as a priority under Pillar 6: Poverty and Vulnerability.

UNFPA and UNICEF provide support at three levels:

- National-level advocacy and policy development.
- District-level multisectoral planning, implementation and coordination.
- Facility- and community-level prevention and response services across the sectors of health, education and social welfare, including social cash transfers, promoting gender equality and women's empowerment.

The latest Zambia DHS from 2018 has shown a reduction in prevalence of child marriage among women aged 20–24 from 31.7 per cent in 2013–2014 to 29 per cent. During the implementation period, the Global Programme has influenced key gatekeepers to come on board to address child marriage

Traditional leaders who are the custodians of societal norms around marriage have been on the forefront in addressing child marriage and the programme has seen strengthened district-level leadership in developing district action plans on ending child marriage.



EMPOWERING ADOLESCENT GIRLS WITH SKILLS AND INFORMATION

In 2019:



3,447

adolescent girls aged 10-19

in programme areas actively participated in at least one targeted intervention

Since 2016:



19,651

adolescent girls aged 10-19

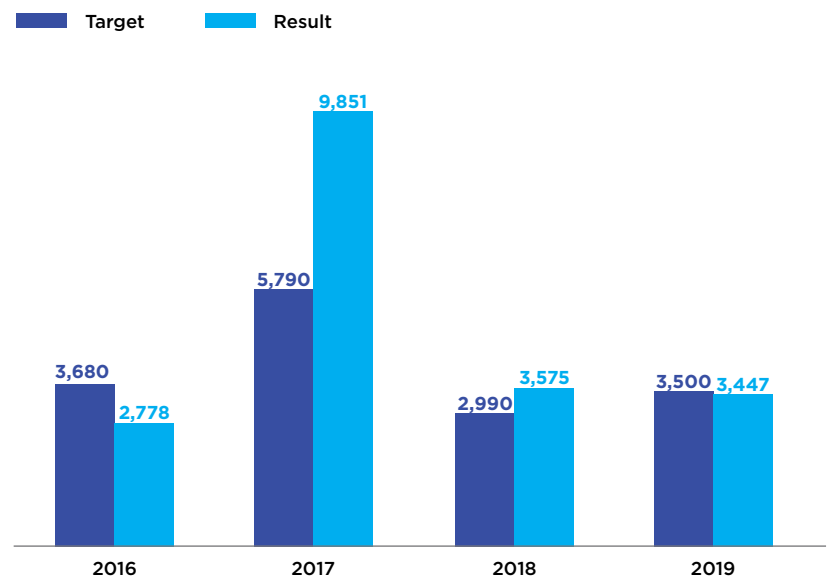
in programme areas have actively participated in at least one targeted intervention

Results from 2016–2019 programme implementation

During Phase I of the programme, life-skills education and information on sexual and reproductive health were delivered through mentorship sessions held in community safe spaces and schools. The *U-Report* mobile platform was used to raise awareness of the risks of child marriage and teenage pregnancy and provided referral linkages to adolescents for sexual and reproductive health and protection services. A total of 60 trained mentors in Katete and Senanga districts provided life-skills education and information to 19,651 adolescent girls within community safe spaces and schools.

The programme was also successful in engaging community sex initiators (*Alangizi*) to support efforts to delay child marriage. The engagement included improving their knowledge on child marriage and their capacity to mobilize adolescents and facilitate mentorship programmes. During Phase I, *Alangizi* were able to review their curriculum to include topics such as HIV and teenage pregnancy prevention, dangers of child marriage and early child-bearing, menstrual hygiene and dangers of alcohol and other substance abuse.

Number of adolescent girls (aged 10–19) in programme areas actively participating in at least one targeted intervention



Challenges

While generally the mentorship programme was widely accepted by girls and boys, one of the challenges faced was that adolescent girls and boys required other aspects that were not provided by the Global Programme, such as education bursaries and access to financial capital to start small businesses. Some boys and girls dropped out as a result of this issue.

Lessons learned

It is important to look at the child marriage programme within the context of the socioecological model because this is not a programme that exists in isolation of other issues. Safe spaces are effective in terms of reaching adolescent girls with important messages and boys with transformative positive masculinity messages, but adolescents do not live in isolation independent of all the other people in the community. Hence the

need for the socioecological model which brings all other stakeholders, such as parents, traditional leaders and traditional counsellors, on board. There is a need for ensuring the sustainability of the mentorship programme as the current model will not be sustainable after the programme ends. The safe spaces need to be integrated into existing community structures to foster sustainability.

Shifts in Phase II

The major shift in Phase II will be to strengthen government systems to deliver life-skills education in community safe spaces.



SOCIAL AND BEHAVIOURAL CHANGE COMMUNICATION TO INFLUENCE SOCIAL AND GENDER NORMS

In 2019:



2,739

individuals

(1,370 males) in programme areas regularly participated in dialogues promoting gender-equitable norms including delaying child marriage

Since 2016:



35,980

individuals

in programme areas regularly participated in dialogues promoting gender-equitable norms including delaying child marriage

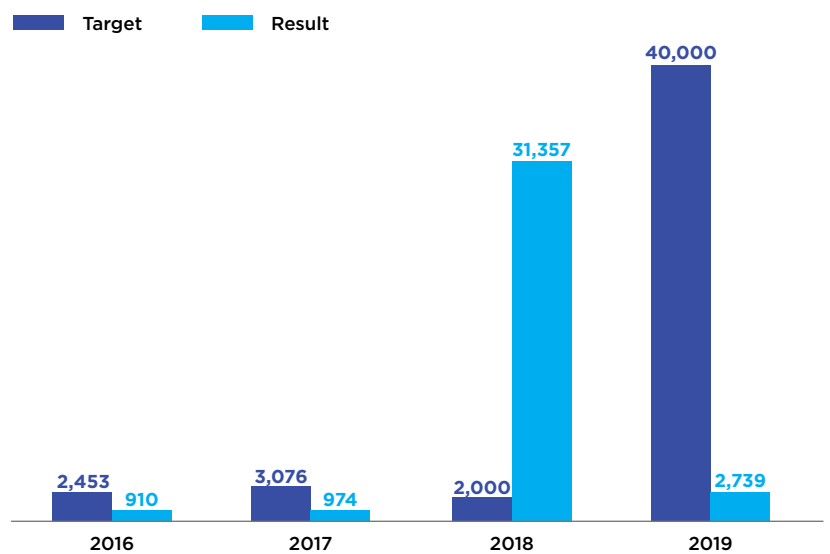
Results from 2016–2019 programme implementation

To change community attitudes and behaviours, the programme engaged with key community gatekeepers and opinion leaders to create an enabling environment to change deeply held beliefs and attitudes. Capacitating traditional leaders on topics related to child marriage, such as teenage pregnancy, sexual and reproductive health and rights and HIV/AIDS resulted in traditional leadership encouraging and allowing discussion of sensitive topics in their chiefdoms. This was compounded through the yearly engagement with spouses of traditional leaders who shared their successes working with communities.

As a result, 35,980 people in the communities targeted by the programme have participated in dialogue meetings initiated by traditional leaders to promote gender-equitable norms including delaying child marriage. As an example of one approach used, the Global Programme implemented an awareness and communications model called ‘Start Awareness Support Action’ (SASA), which reached a total of 22,456 people. SASA proved successful in engaging communities and imparting information on harmful practices.

The programme also supported the development and implementation of the National Communication and Advocacy Strategy on Ending Child Marriage. The strategy provides nationwide guidance for all stakeholders on strategic communications and advocacy interventions to address child marriage.

Number of individuals in programme areas who regularly participate in dialogues promoting gender-equitable norms including delaying child marriage



Although there is a dearth of quantitative data on shifts in gender norms, anecdotal information from focus group discussions and the district monitoring reports describe a general shift in societal gender norms, which, in many instances, disadvantages girls disproportionately. During a data-sharing meeting for Senanga district, representatives from the Ministry of Education observed an increase in the number of girls re-entering school after falling pregnant. About 50 per cent of girls had returned to school after pregnancy. This could be a proxy for changes in gender norms at community level as the education of girls has been previously seen to be of low value.

Another area in which a shift was observed was sexual and reproductive health (SRH) services and information at community level. Cultural and religious beliefs of communities have not tolerated the provision of SRH services and information to young people. Through engagement with gatekeepers such as traditional leaders, a shift is being observed whereby SRH information and services are provided to young people with little resistance from the community. The previous lack of access to SRH services and information disadvantaged girls more as they would not return to school after falling pregnant. Various focus group discussions held with communities also showed a steady increase in the number of parents and caregivers who believe that a girl should be given an equal chance for schooling as a boy.

Challenges

- There is no standard tool for use by both agencies for the social and behaviour communication change work. UNFPA used the SASA approach, whereas UNICEF used forum theatre as an entry point for the community dialogues. Although both are useful methodologies, it could have been more effective to agree on a common approach at the beginning of Phase I, which would have allowed greater saturation in the two districts as the same methodology would have been implemented with different stakeholders.
- The monitoring system used to measure the impact of interventions to end child marriage is weak. For example, there was no mechanism to track uptake of services resulting from participation in the dialogue sessions. Thus, results are speculative, based on feedback obtained during monitoring visits.
- There is no consistency in individuals participating in the dialogues. Although a large number of people participated in the dialogues, they only participated in one or two sessions. This made it difficult to track changes in attitudes and practices.
- There is a lack of agreement among the government and other partners on the approach to take in addressing behaviours and norms that fuel child marriage. In Phase I, traditional leaders were targeted through various partners using different and sometimes contradictory approaches. For example, under the Global Programme, traditional leaders were capacitated on conducting dialogues with their subjects on issues that affect child well-being. Other partners emphasized the development of by-laws incorporating punitive consequences for families and children involved in child marriage. This has resulted in ongoing dialogue between stakeholders and required consistent advocacy from UNFPA and UNICEF to move beyond punitive consequences to more of a dialogue approach.



Lessons learned

- Social and behaviour change communication needs to be embedded in all interventions and should not be viewed as a stand-alone activity.
- For effective attribution of social and behaviour change communication interventions, there is a need to have a clear baseline from the beginning.
- Involvement of critical gatekeepers is key to creating an enabling environment for behaviour and attitude change.

Shifts in Phase II

The major shift in Phase II programming will be to use SASA as an agreed methodology by both agencies, and to agree on common content and roll-out strategy. This will entail adapting the approach for gender transformation. A social and behaviour change baseline will be conducted at the beginning of Phase II and again in year three (through the regional office) to ensure information is available to show any changes in attitudes, behaviours and practices. To track progress on interventions, a simple monitoring framework will be designed with specific targeted behaviours identified at the beginning.

Priority activities for 2020 under this output include:

- Engagement with the Non-Governmental Organization Network on Ending Child Marriage to jointly agree on the content for a series of 10 community dialogue sessions, lasting at least two hours, around gender norms and attitudes, and the approach to be taken — in line with the National Communication and Advocacy Strategy to End Child Marriage. The tool developed can then be adopted by partners for use in their work.
- Adaptation of the SASA approach for gender transformation.
- Training master trainers made up of government and non-governmental organization counterparts in the two key provinces in use of the tool, and capacity-building for various community gatekeepers using the tool.

In Phase II, scale-up of the community dialogues will be achieved through:

- A simple monitoring framework agreed upon between all actors, with a commitment to report on progress in changing attitudes on a regular basis to the Ministry of Gender.
- Training of master trainers on the 10 common sessions and coordinating roll-out of the community dialogues across the two implementation districts, as well as in other districts within the two provinces will ensure a scale-up of the interventions. Clear baselines have been defined for Phase II, with clear targets for each year up to the end of the phase.



STRENGTHENING PREVENTION AND PROTECTION SYSTEMS

In 2019:



49

service delivery
points

in programme areas
implement guidelines
for adolescent girl-
friendly health and
protection services



52

non-formal,
primary or
secondary schools

implement interventions
to improve the quality of
education for adolescent girls



45,955

adolescent girls

in programme areas
have utilized health or
protection services

Results from 2016–2019 programme implementation

During Phase I of the programme, community welfare assistance committees (CWAC) were trained in community case management enabling these committees to identify, act on and/or refer adolescent girls in need of protection services. The CWAC community case management training, developed under the 'Service Efficiency and Effectiveness for Vulnerable Children and Adolescents' government initiative, was reviewed and further upgraded to address community volunteer capacities in remote areas where the CWAC may need to provide more direct support.

The Adolescent Health Strategy (2017–2021), developed with the support of the programme, stipulates that an adolescent-friendly space (i.e., infrastructure in the form of a room or space) be set aside as a platform to deliver services that are responsive to the needs of adolescents in health facilities. This is an entry point for services that adolescents may seek from a health facility and is also a central point for coordination of community and school-based outreach services. UNFPA and UNICEF supported refurbishment of adolescent-friendly spaces in the two targeted districts. The support included training of more than 100 health workers from 50 facilities, as well as mentors and peer educators.

In total, 166 service delivery points are implementing guidelines for adolescent girl-friendly health and protection services, and close to 46,000 adolescent girls utilized health or protection services through the delivery points in 2019.

The Global Programme supported the government to strengthen the education system in the two districts to provide adolescent girl-friendly education. Support included training of head teachers and guidance and counselling focal points, training on menstrual hygiene management (MHM) and provision of radios with secure digital cards that include 13 series on prevention of school-related gender-based violence.

During Phase I, the programme supported the construction of separate toilets for boys and girls in some schools and MHM training across all schools in which guidance and counselling focal points were located. The training facilitated establishment of MHM clubs in schools. Other support provided to schools included capacity-building of teachers, community members and students on school improvement plans, which included training in the use of school profiles for evidence-based school planning, and creation of community action groups and agents of change.

Since 2016:



166

service delivery points

in programme areas implement guidelines for adolescent girl-friendly health and protection services



989

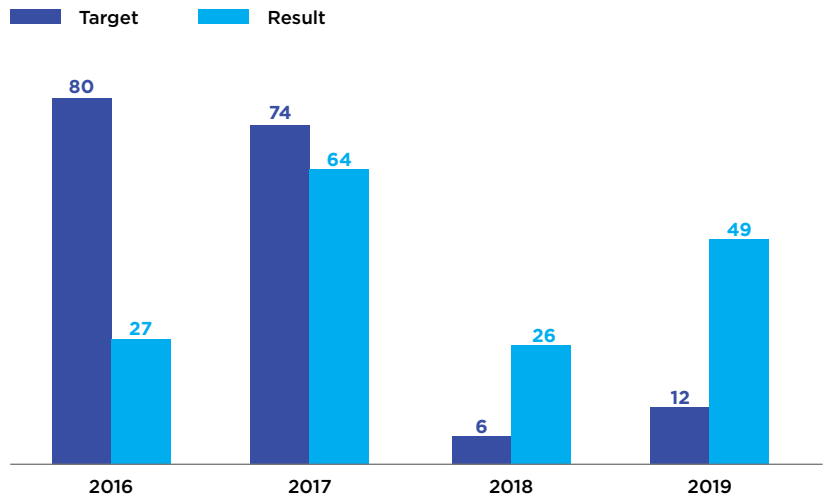
non-formal, primary or secondary schools

implement interventions to improve the quality of education for adolescent girls

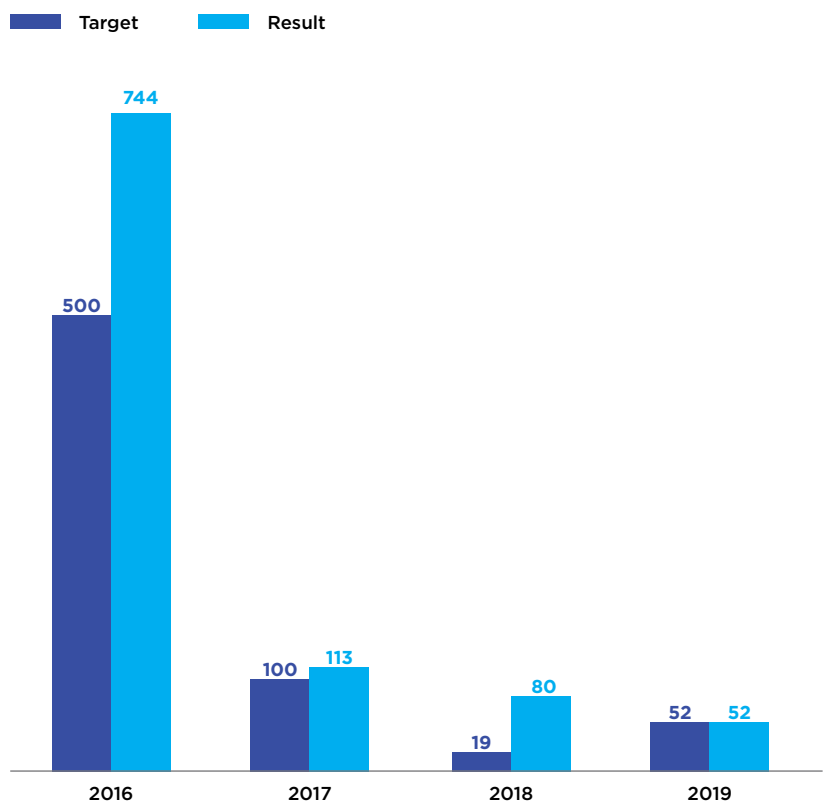


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Number of service delivery points in programme areas implementing guidelines for adolescent girl-friendly health and protection services



Number of non-formal/primary/secondary schools implementing interventions to improve the quality of education for adolescent girls



Challenges

There was high attrition of trained peer educators largely because of eventual disinterest as some peer educators felt that the role, being voluntary, was not rewarding (no incentives). Although small incentives subsequently mitigated this challenge, there had already been a considerable impact as attrition of trained peer educators meant that those who replaced them were inadequately prepared.

Distance and the unavailability of a mobile network hampered the ability of the district education board secretary office to support school and communities in implementation of school improvement plans. There is also a need to improve tracking of learners that have been supported through the plans. Because of poor record-keeping by the community action groups, it has been a challenge to track the consolidated number of learners that have been supported by the groups themselves; and because of limited funding, it was not possible to install water, sanitation and hygiene facilities in all target schools.

Lessons learned

Community-level protection work is time-consuming and expensive because of the number of actors involved. It is important to keep things simple for community volunteer actors as they are not receiving any payment, are often far from mentoring support and also need time for their own work (paid and agricultural). There is a strong willingness to support and provide services for adolescents, but it is important to link these volunteers to others, so that the workload can be diversified and, in effect, a whole-community approach among different actors be strengthened. There is a need to build on existing good practices at community level and leverage the role of influential community actors rather than bringing in new ideas and practices all-at-once.

Expanding the scope of practice for peer educators may potentially increase access to services. Peer educators create demand for services through health education for adolescents in various areas. However, when conducted in an outreach setting, this sometimes creates demand for services for which supply is not immediately available. There is a willingness among peer educators, health workers and other health actors to pilot training of peer educators as community-based distributors of basic contraceptives.

Shifts in Phase II

For Phase II, the major shifts will be:

- Strengthening the quality of services delivered at schools, such as guidance and counselling, career clubs, Students' Alliance for Female Education clubs, MHM and prevention of school-related gender-based violence. Water, sanitation and hygiene interventions will focus on integrated programming in the programme sites.
- Supporting regular monitoring and supportive supervision by districts to schools; strengthening the quarterly reports from schools and enhancing data use for planning and allocation of resources within the districts; introduction of mentoring at school level and enhanced referrals between education and other service providers.
- Strengthening the community action groups - particularly monitoring and tracking of learners that have been supported, and developing a tracking tool that can be used by schools and communities.
- Expanding scope of service delivery for peer educators to focus on referrals.



STRENGTHENING LEGISLATIVE AND POLICY FRAMEWORKS



The country has a national strategy and a costed national action plan on ending child marriage



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Results from 2016–2019 programme implementation

Zambia has a National Strategy on Ending Child Marriage (2016–2021) and a costed national plan of action, which have been developed with support from the programme. The programme also supported the development of district action plans to end child marriage in Katete and Senanga.

The programme supported the Ministry of Health to develop the National Adolescent Health Comprehensive Package of Services and Standard Guidelines and the Training Manual for Sexual and Reproductive Health, HIV and Gender-Based Violence. These guidelines, when approved, will be tools for health personnel so that they can provide comprehensive, adolescent-friendly sexual and reproductive health information and services.

During Phase I, there was strong political leadership in addressing child marriage. The president of Zambia was recognized as the African Champion on ending child marriage, and the government was increasingly looking at ways to leverage this recognition to increase the national response to the issue of child marriage. Thus, the government reached out to cooperating partners for increased resource provision towards ending child marriage. To increase access to education, the government took the step of reducing school fees for secondary education. This was in addition to reducing the examination fees for secondary schools. Although the results of this are not yet known, it is anticipated that this will increase access to education for many children, particularly girls who have used to be de-prioritized in terms of education compared to boys. The government is also implementing a programme of keeping girls in school, initially set to support 14,000 girls with scholarships to increase access for girls from extremely poor backgrounds. The number of girl beneficiaries has since been increased to 25,000.

The Global Programme technically and financially supported development of the Education Strategic Sector Plan, which includes development of mechanisms to increase access for and retention of girls especially in rural areas; expansion of access to secondary education; and strengthening alternative modes of education provision that will also cater to the educational needs of pregnant and married girls returning to school through the re-entry policy. The plan also aims to ensure that schools are able to support adolescent girls with psychosocial and health information. It plans to expand guidance and counselling services to ensure that learners, especially girls, get the support they need.

Technical support was offered by the Global Programme in development of the Social Welfare Policy and the Community Development Policy. These policies make reference to child marriage and addressing gender inequality and provision of services, such as basic literacy and numeracy and economic empowerment programmes.

Challenges

Despite evidence, many stakeholders refer to child marriage as a cultural issue. Qualitative and quantitative evidence shows that while forced marriage does exist, the majority of cases are driven by lack of access to education, teenage pregnancy, poverty, peer pressure, lack of recreational activities and harmful gender norms. Basing policy and legislation on a few cases skews provision of services in one way. There have been ongoing efforts to share and discuss data and evidence so that all stakeholders are on a similar page, from which to then support development of policy.

There is a lack of consensus which has led to delays in passing important bills, as some stakeholders are focused on criminalizing child marriage whereas others are seeking to set a minimum age of marriage. There have been delays too in finalizing key legal frameworks such as the Children's Code Bill and the Marriage Bill.

Lessons learned

It is important to continually engage with stakeholders, using data and evidence to inform discussions. There are many differing opinions from various stakeholders and there is a need to find common points of agreement. Strategies to engage in open and honest discussions have been successful when data were shared, and participants encouraged to discuss the data. This took discussions to a review of data and away from personal opinions.

Shifts in Phase II

Focus of the next phase of the programme will include:

- Advocacy to influence the age of sexual consent.
- Finalizing the Marriage Bill, the Children's Code Bill, and gender-based violence multidisciplinary guidelines.
- Reviewing the costed national plan of action and national strategy.



STRENGTHENING DATA AND EVIDENCE

Results from 2016–2019 programme implementation

In 2019, the programme supported district departments and planners under each ministry to identify existing sources of administrative data and then agree on indicators that would allow them to track their contribution (social welfare, education, health, agriculture, community development) to addressing child marriage. Departments are collecting administrative data against these indicators. This work is moving slowly, but with the provision of funds to districts for joint monitoring and planning, this has helped district officers see their role in reducing child marriage and adolescent pregnancy. Involving local-level planners will ensure regular updates on relevant data that will inform planning and decision-making.

Subnational analysis of the Zambia Demographic and Health Survey and census data in 2016 have provided statistical information to guide decision-making. The subnational analysis report was disseminated to 92 members of parliament, with the objective of providing sociodemographic and economic evidence to inform planning and equitable allocation of resources from the central government to improve the well-being of citizens; the subanalysis included a specific focus on child marriage. The dissemination included an orientation on the mainstreaming of the Sustainable Development Goals (SDGs) into the national development plan and the SDG Coordination Framework. This has been complemented by qualitative research conducted in 2015, forming a key document in advocacy work. The findings have been used extensively to challenge the narrative that child marriage is solely a cultural norm.

During the process of developing the district action plans, the two districts collected district-level information which was documented in district profiles. District officers were trained to conduct community consultations, spending three weeks in the field talking to communities about their perceptions of child marriage and what interventions they would like to see implemented. This information was used to contextualize the theory of change and develop action plans to address child marriage. Based on the data

they collected, local decisions were made on which interventions to include in their district action plans.

The UNFPA policy briefs on ending child marriage, the subnational analysis of the Zambia Demographic and Health Survey and the two district action plans in Katete and Senanga guided the development of the draft Presidential Initiative on ending child marriage at the end of 2019. This was a specific request to the UN Resident Coordinators Office from the President of Zambia to partner with the UN to expand the scope of interventions to end child marriage in Zambia.

Challenges

Key challenges include limited capacity and time to design and conduct research at district level. For example, use of the developmental evaluation research approach required the technical support of a consultancy firm to orient district actors on the approach. Although they enjoyed the aspect of reflective practice, this work requires time to write up reflections and good facilitation to review the reflections and how they can impact decision-making. As a result, the work was undertaken inconsistently.

Technical support was required to agree on indicators relevant to addressing child marriage and agree on collection of data and analysis. One remaining bottleneck is who should be responsible at a district level to analyse all the data from various sectors and lead discussions around it which will impact on decision-making.

Lessons learned

Data are a good entry point to strengthen coordination as these provide the basis upon which to hold discussions on what is working or what is not working. However, such work requires communication with different officers in the district departments who are generally overstretched and can only commit small amounts of time to support the work. It takes time and should be embedded in a systemic approach rather than a project approach.

Shifts in Phase II

The priority actions in 2020 will be to undertake a baseline knowledge, attitudes and practices survey as part of the cross-regional social norms initiative on harmful practices under the UNICEF East and Southern Africa Regional Office. The programme will continue to support the two districts in analysing data they have collected against indicators they have chosen to best serve as proxies for addressing child marriage.

COMMUNICATIONS TO END CHILD MARRIAGE

Stories and videos

- [I was a child bride...but today, I am a University Graduate!](#)
- [Accelerating efforts to end child marriage: the critical role of traditional leaders](#)
- [“Safe Space” in My School Inspired Me to Claim My Rights: A Story from Rural Zambia](#)
- [Youth Voices: Securing the future of women in Africa by standing with girls today](#)

Social media post

- [The Sub-Regional meeting on the SADC Model Law on eradicating child marriage has opened in Lusaka today with a call for stronger partnerships in ending #ChildMarriage.](#)

IMPLEMENTING PARTNERS

NAME OF IMPLEMENTING PARTNER	TYPE OF PARTNER	PARTNER FOCUS AREA	MAIN PARTNER
Young Women Christian Association	International NGO	Children's rights, youth rights, women's rights	UNFPA
World Vision	International NGO	Children's rights, youth rights, women's rights	UNICEF
Action Aid	International NGO	Children's rights, youth rights, women's rights	UNICEF
Catholic Medical Missions Board	International NGO	Children's rights, youth rights, women's rights	UNICEF
Restless Development	International NGO	Children's rights, youth rights, women's rights	UNICEF
ChildFund	International NGO	Children's rights, youth rights, women's rights	UNICEF
Population Council	International NGO	Children's rights, youth rights, women's rights	UNICEF
Africa Direction	Regional NGO	Children's rights, youth rights, women's rights	UNICEF
Luapula Foundation	Local NGO	Children's rights, youth rights, women's rights	UNICEF
Ministry of Community Development and Social Services	Government body		UNICEF
Ministry of Gender	Government body		UNICEF
Ministry of Health	Government body		UNICEF

District Health Offices	Government body	UNICEF
Ministry of Chiefs and Traditional Affairs	Government body	UNICEF
Zambia Statistics Agency	Government body	UNICEF

PROGRAMME IMPLEMENTATION AREAS

GEOGRAPHIC AREA	Output 1.1: Life-skills and economic support	Output 1.2: Education support	Output 2.1: Social and behavioural change	Output 3.1: Quality health and protection services	Output 3.2: Quality education
Katete	■	■	■	■	■
Lusaka	■	■		■	■
Senanga	■	■	■	■	■
Kapiri Mposhi			■		
Mufumbwe			■		
Samfya			■		
Solwezi	■	■		■	■
Chilanga			■		
Chililabombwe			■		
Chingola			■		
Chirundu			■		
Chongwe			■		
Kafue			■		
Kalulushi			■		
Kitwe			■		

Luangwa	■
Luanshya	■
Mufulira	■
Ndola	■
Rufunsa	■
Shibuyunji	■





ZAMBIA

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