MINISTRY OF YOUTH, SPORT AND CHILD DEVELOPMENT

THE 2015 NATIONAL CHILD POLICY

“TOWARDS A SOCIETY WHERE CHILDREN SURVIVE, THRIVE AND REALISE THEIR FULL POTENTIAL”
FOREWORD

The Government of the Republic of Zambia, through the Ministry of Youth, Sport and Child Development, has revised the National Child Policy, which was formulated and approved in 2006.

The purpose of the revision was to incorporate issues that have emerged in the last decade and have had an impact on child welfare and development. The policy review process started in 2012. It was consultative and involved government ministries and institutions, cooperating partners, faith-based organizations, civil society, children and the general public.

It is expected that the National Child Policy will address existing challenges facing children in Zambia such as orphanhood, vulnerability to sexual and gender-based violence, disabilities and HIV and AIDS. Additionally, the focus on maternal and child health, food and nutrition, water and sanitation, early childhood development and education, leisure and recreation and family welfare will greatly enhance the general standard of living and quality of life for all children in Zambia.

The National Child Policy will further address other issues such as child marriage, migrant children, circumstantial children, the impact of climate change and environmental degradation on children, as well as children’s access to information and communications technology (ICT).

This policy draws on national legislation and policies as well as provisions of various international and regional instruments such as the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and other relevant international and regional instruments that protect and promote the rights and welfare of children.

The policy therefore provides a focus for specific measures to improve the living conditions of children in Zambia while ensuring that programmes of economic and social development directly address the most urgent needs of this critical population.

Above all, this policy embodies the government’s vision and principles on issues concerning children and how they should be addressed.

Hon. Moses Mawere, MP
Minister of Youth, Sport and Child Development
ACKNOWLEDGEMENT

The review process and finalisation of the National Child Policy has been a collaborative process involving many stakeholders. It would not have been possible without the dedicated commitment and contributions of relevant government ministries, cooperating partners, civil society organisations, community-based organisations, traditional leaders, faith-based organisations and children.

The Ministry of Youth, Sport and Child Development would like to acknowledge the contributions of line ministries, statutory bodies, cooperating partners, civil society organisations and more than 600 participants from national and regional consultative workshops and meetings. I also would like to pay tribute to the members of staff in the Ministry of Youth, Sport and Child Development for providing leadership in the process.

Lastly, the ministry is indebted to its cooperating and strategic partners: the United Nations system and other stakeholders too numerous to mention, for their support towards the finalisation of the National Child Policy.

Agnes M. Musunga (Ms)
Permanent Secretary
Ministry of Youth, Sport and Child Development
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WORKING DEFINITIONS

Acquired immuno-deficiency syndrome: A range of conditions that occurs when a person’s immune system is seriously damaged by the human immunodeficiency virus.

Alcohol and substance abuse: The consumption of intoxicating and psychotropic substances that have detrimental effects on the well-being of the child.

Alternative care: Formal or informal (kinship) care provided to a child in need through foster care, kinship/extended family, adoption and child care institutions (children’s homes).

Age-disaggregated data/statistics: The collection and analysis of data and statistical information by age to enable comparative analysis.

Birth registration: The continuous, permanent, compulsory and universal recording of all births occurring within the boundaries and in accordance with the laws of the Republic of Zambia.

Caregiver: Any person caring for a non-biological child whose parents cannot do so for one reason or the other.

Circumstantial child: A child below the age of 2 who is in prison by virtue of the mother’s incarceration.

Child: Any person who is below the age of 18.

Child-headed household: Household in which a child is the decision maker and main provider.

Child labour: Any work or activity that is mentally, physically, socially or morally dangerous and harmful to a child or which interferes with the child’s schooling by depriving the child of the opportunity to attend school or obliging the child to leave school prematurely or requiring the child to attempt to combine school attendance with excessively time-consuming and heavy work.

Child living on the street: A child who lives or spends extensive time in public spaces or both.

Child marriage: A formal or informal union, including religious or customary marriage involving anyone younger than 18 years.

Child rights: The basic human rights that children need to enjoy for their well-being and development. Such rights include, among many others, the right to quality education; quality healthcare; protection from abuse and neglect; and
equitable treatment without discrimination in such matters as participation in decision making that affect the child.

**Child trafficking**: When a child is recruited, transported, harboured, received or obtained, within or across territorial borders, with the purpose of exploiting the child.

**Community**: A specific group of people usually living in a particular geographical location such as a town, neighbourhood or village, sharing a common cultural identity and arranged in a social structure, or a group of people who have shared interests transcending geographical locations.

**Convention**: An international agreement that must be obeyed by all nations that accept it.

**Disability**: A generic term that includes impairments in body functions and structures, activity limitation and participation restrictions.

**Duty bearers**: State and non-state actors with obligations to rights holders. Duty bearers can also be private entities such as corporations, families, or a local government.

**Early childhood care and development**: In the context of a life cycle, this is a period of child growth up to the age of 6 years. It is a phase in life that has the greatest impact on the future development of the child and future adult as 90 percent of brain synapses are formed by the age of 6.

**Extended family**: A collection of a number of households/families or individuals related by blood, with social ties and responsibilities among the members. There are mutual obligations between all members of the extended family.

**Family**: A social unit created by blood, marriage, adoption or defined by a common line of kinship or relationship of a paternal or maternal nature.

**Food security**: Access by all people at all times to enough food for an active, healthy life. It implies availability of nutritionally adequate and safe foods acquired in socially acceptable ways.

**Foster parent**: A person with a legal responsibility (committal order) to provide temporary care to a child.

**Gender**: The social relationship between women and men, as opposed to biological sex differences.

**Gender equality**: Equal opportunity and equal enjoyment by women and men, girls and boys of rights, resources and rewards.

**Gender parity index**: The number of female students enrolled in primary, secondary and tertiary education compared to the number of male students in each level.
**Guardian:** Any person with a responsibility to provide parental care to a child by law or custom.

**Human Immunodeficiency Virus:** A retro-virus that affects cells of the immune system and destroys or impairs their function. Human immunodeficiency virus (HIV) infection results in the progressive depletion of the immune system, leading to immune deficiency.

**Household:** A group of people who normally live and eat together, and share domestic functions and activities. A household will normally consist of a husband, wife and children and/dependents. In case of two or more persons, each having his or her own separate housekeeping arrangements, but sharing the same dwelling, they are treated as separate households.

**Impairment:** A problem in body function or structure such as deviation or loss. Impairment, therefore, refers to physical, sensory and mental problems, including illness and lack of emotional well-being.

**Infant:** A child below the age of 1 year.

**Infant mortality rate:** The number of infant deaths per 1,000 live births occurring during a specified reference period, in this case taken to be one year prior to the Census. Is usually denoted by the life table notation (10).

**Juvenile:** A person who has not yet attained the age of 19 years.

**Migrant children:** Children on the move, whether between or within countries.

**Orphan:** A child that has lost one or both parents, generally referred to as a single orphan or double orphan, respectively.

**Physical violence:** A form of violence which involves physical injuries such as bruises, burns, scalds, lacerations and fractures, some of which are related to defilement.

**Poverty:** The inability of an individual, family or community to attain an acceptable minimum standard of living as evidenced by the lack of basic needs and services such as food, clothing, bedding, shelter, basic healthcare, roads, markets, education, information and communication. In Zambia, the lack of access to adequate basic food is classified as extreme poverty or absolute poverty. Lack of access to both adequate food and basic non-food services such as housing, education and health is classified as moderate poverty or lack of basic capabilities.

**Psychotropic substance:** Any chemical agent capable of affecting the mind or mental processes.
**Rights holders**: These are individuals and groups with valid claims, or entitlements, from the duty bearers.

**Sex-disaggregated data/statistics**: The collection and analysis of data and statistical information by sex to enable comparative analysis.

**Social protection**: Policies and practices that protect and promote the livelihoods and welfare of people suffering from crucial levels of poverty and deprivation or vulnerable to risks and shocks.

**Under-five mortality rate**: The number of deaths among children below the age of 5 per 1,000 live births occurring during a specified reference period, in this case taken to be one year prior to the Census. UMR, therefore, constitutes both infant and child mortality. Usually denoted by the life table notation (5q0).

**Vulnerable child**: Any person below the age of 18 who has been in or is likely to be in a risky situation where s/he is likely to suffer significant physical, emotional or mental stress that may result in the child's rights not being fulfilled.

**Values**: A set of ideals or principles that are normatively shared by members of a community. These are shaped by several influences including ideology, religion, culture, history and political systems.
# ACRONYMS

<table>
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<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ACRWC</td>
<td>African Charter on the Rights and Welfare of Children</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>ECCDE</td>
<td>Early Childhood Care and Development and Education</td>
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<td>ECE</td>
<td>Early Childhood Education</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IMR</td>
<td>Infant Mortality Rate</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MNCH</td>
<td>Maternal, Newborn, and Child Health</td>
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<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
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<td>RSNDP</td>
<td>Revised Sixth National Development Plan</td>
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<td>SI</td>
<td>Statutory Instrument</td>
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<td>SWW</td>
<td>Social Welfare Workforce</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UMR</td>
<td>Under-Five Mortality Rate</td>
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<td>ZDHS</td>
<td>Zambia Demographic and Health Survey</td>
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CHAPTER ONE - INTRODUCTION

1.0 Background

This document is the revised National Child Policy of 2006. Since the adoption of the first policy in 2006, Zambia has made progress in ensuring that the rights of children are promoted and upheld. The 2006 policy was designed to incorporate persistent and emerging issues affecting the welfare of children.

The revised National Child Policy is aimed at addressing the development and welfare of children in Zambia. The impact of growing household poverty, HIV and AIDS and violence, abuse and exploitation on child survival, development and protection is also addressed.

The review of the policy was necessitated by the changing socio-economic landscape in the last decade. Challenges have emerged which have adversely affected children such as child marriage, migration, gender-based violence, human trafficking and alcohol and substance abuse, among others.

In addition, a number of national development plans have been formulated and are being implemented such as Vision 2030 and the Revised Sixth National Development Plan (RSNDP), which identifies child development as a priority cross-cutting issue. These also spurred the revision of the National Child Policy in order to buy into the national development plans.


The revised National Child Policy will, therefore, take into account current developments in order to meet the government’s aspiration of creating an enabling environment for child welfare and development. This will be achieved by:

i. Increasing access to education, health and recreation facilities;

ii. Facilitating the repeal and amendment of legislation that discriminates against children;

iii. Enhancing access to, and use of, information and communications technology by children;

iv. Mainstreaming child development in socio-economic programmes, policies, and the national budget to ensure that they respond to the needs of children.
1.1 Achievements

One of the key achievements during the implementation of the 2006 National Child Policy was the drafting of the Child Code Bill to facilitate the harmonisation of legislation related to child welfare.

1.2 Challenges

Despite the aforementioned achievements, the following challenges were encountered:

i. Ineffective coordination of administration of child welfare and development programmes by various implementing institutions;

ii. Inadequate monitoring and evaluation framework in the previous policy;

iii. Inadequate policy implementation framework; and

iv. Inadequate key performance indicators for the purposes of monitoring the previous policy.

Photo credit: UNICEF/Zambia/2016/Karin Schermbrucker
CHAPTER TWO – SITUATION ANALYSIS

2.0 Background

Zambia’s population is predominantly young. According to the 2010 Census of Population and Housing, the population stood at 13.1 million, of which 52.5 percent are 18 years and below. A young population structure implies that the country has a high dependency ratio, which poses a great challenge for socio-economic development and the provision of adequate child welfare services.

In this situation analysis, child welfare issues are discussed and analysed from the perspective of four child rights pillars: survival, development, protection and participation, as well as cross-cutting issues which include but are not limited to gender, climate change and disability. Further, child welfare issues have been analysed on the premise that all children are potentially vulnerable but there are some who are more vulnerable and require special consideration.

2.1 Child survival rights

The chance to survive is a right owed to all children. Building a strong foundation for survival and healthy development in the early years of life is a prerequisite for individual well-being, economic productivity and a harmonious society. Survival rights include the child’s right to life and the needs that are most basic to existence, such as good maternal health, nutrition, shelter, an adequate living standard and access to quality healthcare.
2.1.1 Child mortality

According to the 2013–14 Zambia Demographic and Health Survey (ZDHS), IMR and UMR in the past five years are 45 and 75 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 22 Zambian children dies before reaching age 1, and 1 in every 13 does not survive to his or her fifth birthday.

IMR and UMR have declined by 58 percent and 61 percent, respectively, over nearly two decades. The neonatal mortality rate for the past five years is 24 deaths per 1,000 live births, which is slightly higher than the post-neonatal rate of 20 deaths per 1,000 live births. The perinatal mortality rate is 31 per 1,000 pregnancies.

In spite of these reductions, the gains still fall short of the targets to reduce IMR from 119 to 63 deaths per 1,000 live births as outlined in the 2011-2015 National Health Strategic Plan. Hence, infant and child mortality remain a threat to child survival.

2.1.2 Malnutrition

Malnutrition poses a great risk to child survival in Zambia. In children older than 2 years, stunting negatively and permanently affects their health, learning and productivity. According to the 2013–14 ZDHS, 40 percent of children under age 5 are stunted, 6 percent are wasted and 15 percent are underweight. A child’s poverty status, where they live and their mother’s level of education have a strong influence on the degree of malnutrition they experience.

2.1.3 HIV and AIDS

According to the 2013–14 ZDHS, 13 percent of adults aged 15-49 are infected with HIV—15 percent among women and 11 percent among men. In this regard, HIV and AIDS still pose a threat to child survival.

Although Zambia has made tremendous progress in prevention of mother-to-child transmission (PMTCT), data from the National AIDS Council (NAC) shows a large gap between the estimated number of babies exposed to HIV through their mothers and those receiving prophylaxis. The reasons behind this are that a greater number of births occur outside health facilities, there are not enough trained personnel in PMTCT and male partners do not participate in PMTCT services adequately. Further, only 34 percent of HIV-positive children under 14 years are on antiretroviral therapy (ART), compared to 80 percent of adults. This is due to a limited number of virological laboratories that can conduct HIV tests on infants less than 18 months of age.

2.1.4 Access to water and sanitation

Inadequate access to safe and clean drinking water has negative effects on the survival of children. According to the 2013–14 ZDHS, the basic determinants of good health, such as access to water and sanitation, are still limited in Zambia. Around 65 percent of households have access to an improved source of drinking water and 25 percent to an improved toilet. Limited access to water and sanitation, accompanied by poor hygiene, contributes to acute respiratory infections and diarrhoeal diseases, which are among the leading causes of child deaths in Zambia.
2.2 Child development rights

Child development rights are related to the right to education, play, leisure, cultural activities, and access to information and freedom of thought, conscience and religion.

A child’s right to development encompasses both the care and resources that are required to help a child grow into a productive and self-actualised adult. Such rights enable children to be active agents in their own lives, families, and communities, and as human rights bearers.

2.2.1 Education

Access to quality education is one of the major dimensions of the child’s right to development. Zambia has three broad levels of education, namely early childhood education (ECE), primary education and secondary education.

2.2.2 Early childhood development

Children’s early experiences, especially in the formative period of 0–3 years, shape brain development that influences lifelong health, learning, behaviour and well-being. Integrated early childhood care, education and development (ECCDE) are critical in influencing the development outcomes for children under the age of 6. It contributes to children’s school readiness and improves learning outcomes. However, in Zambia, the existing ECCDE policy only covers children aged 3–6 leaving out the critical age group of 0–3 years.

The current status of the ECCDE sub-sector indicates that most children aged 6 and below do not have access to ECCDE. The 2010 School Census data reveal that only 17 percent of children in Grade 1 had been to a pre-school.

The major contributing factors to the above scenario include, among others, delayed rollout of the standardised ECE curriculum, inadequate infrastructure, inadequately trained staff and limited provision of teaching aids. Further, where these services are available, most of them are provided by the private sector, which charges prohibitive school fees for an average family. In addition, the available services are located mainly along railway lines, resulting in rural-urban disparities in service provision. Other challenges are low enrolment levels, low quality of existing ECE services, limited public demand for services, and the limited role played by parents and communities in the provision of these services.

2.2.3 Primary education

Zambia has made steady progress in the provision of primary education. There has been a significant increase in enrolment rates over the past 10 years. According to current statistics from the Ministry of General Education, net enrolment of children in primary education increased from 2.9 million in 2004 to 3.6 million in 2009. This was as a result of an increase in school infrastructure, the removal of barriers to education such as school fees and uniforms, and the adoption of a re-entry policy.
Though the gender parity index for primary education is 1.02 (2010), indicating that there are more girls than boys enrolled, there are still challenges in providing education to girls. This includes low rates of school retention and poor learning outcomes.

### 2.2.4 Secondary education

Secondary education is a five-year cycle for the age group 14–18. Enrolment in secondary school has more than doubled for both girls and boys according to recent data. The completion rate has also improved, from 17.6 percent in 2005 to 31.7 percent in 2010. This is attributed to the increase in the number of schools. In addition, compulsory school attendance for children of basic education and recognition and granting of financial support to community schools has helped to increase children’s access to education.

However, the gender parity index for Grades 10-12 was 85 percent in 2014, revealing that less girls than boys are enrolled in secondary schools. Teenage pregnancy and early marriage are some of the key reasons why girls do not attend or drop out of secondary education.

### 2.2.5 Leisure, recreation and sport

Leisure, recreation and sport are an integral part of children’s development. Children need to play and participate in extra-curricular activities in school, at home and in the community in order to develop skills, build self-esteem and have a positive outlook on life. Recognising that these are means for children to learn to live positively and healthily, Zambia is party to the Convention on the Rights of a Child (CRC), which provides for the right to leisure, recreation, play and participation in cultural and artistic activities.
However, due to inadequate sporting facilities, equipment and trained personnel, most Zambian children do not participate in recreation activities. Furthermore, community play parks have either been either vandalised or the land has been used for non-recreational activities. This situation has denied children access to recreation that is so critical to their physical and mental well-being. It is therefore critical that the government reclaims and secures land to re-establish play parks.

Child protection refers to the prevention and response to intentional or unintentional harm done to children. All children have the right to be protected from harm, which includes a broad range of acts of violence, abuse, neglect and exploitation. Sexual abuse and exploitation, armed violence, bullying and harassment in schools, child trafficking, child labour and child marriage are all examples of how children are harmed in their communities and homes.

Some children are particularly vulnerable because of gender, race, ethnic origin or socio-economic status. Higher levels of vulnerability are often associated with children who are orphaned, disabled, come from minority groups or are living in institutions, prisons or on the street. Natural disasters and displacement also expose children to additional risks. Vulnerability is also associated with age; younger children are at greater risk of certain types of violence and the risks differ as they get older.

Government has a responsibility to put in place policies, standards, guidelines, services and resources to ensure children's rights are respected, protected and fulfilled. As duty bearers, national authorities are obliged to take all necessary steps to ensure adherence to the human rights standards set by the CRC and the African Charter on Rights and Welfare of Children (ACRWC). These rights include protection from all forms of abuse, neglect, exploitation and cruelty, including the right to special protection in times of war, and protection from abuse in the criminal justice system.

**2.3.1 Children with disabilities**

Statistics from the 2010 Census show that 2 percent of the Zambian population lives with a disability, and of these, 0.5 percent are children. There are more disabled males than females, accounting for 2.1 and 1.9 percent, respectively, and there are more disabled people in rural than urban areas.

The Census data also reveal that 34.4 percent and 21 percent of children under 5 with disabilities never attended school in rural and urban areas, respectively. People with disabilities usually experience barriers to the enjoyment of their basic human rights and inclusion in society. Similarly, some parents tend to reinforce stigmatisation of their children with disabilities by hiding them from the public. In turn, disabilities predispose children to discrimination and abuse, and lack of access to quality education and health services, exacerbating the incidence of poverty and vulnerability. For this reason, persons with disabilities have been perceived as requiring medical and rehabilitative services. While this is commendable, research has shown that there is a strong link between disability and poverty.

Most schools and many public buildings in Zambia are not responsive to the
needs of children with disabilities. Schools do not have ramps and pathways for wheelchair use, lack teaching and learning materials for children with disabilities and do not have enough or any teachers and counsellors to manage children with disabilities. Even those schools that offer special services have inadequate learning and teaching materials such as braille, hearing aids and sign language interpreters. A major challenge in rural areas is that there are very few schools for children with disabilities, resulting in their exclusion.

People with disabilities, especially those in rural areas, are more than twice as likely to suffer environmental barriers in accessing buildings, roads, and public transportation. This burden is more amplified for rural children where health and other related services are scarce and impairments cannot be detected early enough. Most rural areas in Zambia have no tarred roads or proper roads suitable for wheelchair users and those that use crutches.

2.3.2 Children with special needs

A major difficulty for children with special needs in Zambia is that their condition is rarely assessed and diagnosed due to the lack of specialist services, especially in rural areas. The management of such children is therefore compromised. In addition, there are not enough health workers trained to provide therapy to children with special needs. Long distances to health centres, inadequate transport, equipment and skills in rural health centres also deny children with special needs the treatment, care and support they need.

2.3.3 Alternative care

Alternative care refers to care provided to a child in need through institutions, the extended family/kinship, foster care or adoption.

A common alternative care system in Zambia is institutional care. According to the 2013 Mother and Child Health Annual Report, 5,532 children live in 170 child care institutions countrywide. The government has recognised institutional care as a measure of last resort because of its long-term negative impact on the development of the child. Currently, the government is discouraging the promotion of institutional care with preference for other forms of alternative care such as foster care, kinship care and adoption, as well as strengthening social protection interventions.

2.3.4 Violence against children

Violence against children includes all forms of sexual, physical and emotional violence. It happens in families, schools, in poor or wealthy communities, in religious institutions and rural and urban settings. Evidence shows that most of the violence against children is perpetrated by people who are known to and trusted by the child, such as parents, guardians, siblings, relatives, family friends and people within the community.

According to the 2014 Zambian Health and Well-being of Children Survey, 1 in 5 girls and 1 in 10 boys experienced sexual abuse before the age of 18. Further, 28.3 percent of girls and 6.8 percent of boys aged 13–17 experienced unwanted sexual
intercourse. Regarding physical violence, 51.3 percent of girls and 49 percent of boys experienced physical violence in homes before the age of 18. In terms of emotional violence, 15.9 percent of girls and 20 percent of boys experienced some form of emotional abuse by a parent or caregiver.

2.3.5 Children in the justice system

The treatment of children that come into contact and that are in conflict with the law requires that they be treated with dignity and compassion while respecting their legal guarantees and safeguards in all processes. Preventing conflict with the law is a crucial element of any justice system and ensuring that deprivation of children’s liberty is only used as a measure of last resort and for the shortest appropriate period of time.

According to the 2010 Zambia Human Rights Commission Annual Report, most police stations and prisons lack separate holding facilities for children who come into contact and in conflict with law resulting in child offenders being mixed with adults.

Further, the above situation is compounded by a high turnover of staff trained in administration of juvenile justice, poor record-keeping of child cases, inadequate resources to process cases, systematic break down in ensuring appropriate representation by the Social Welfare Department and non-adherence to procedures in handling child cases.

2.3.6 Children living on the streets

Zambia is faced with a problem of children living on the streets. According to the 2006 Survey and Analysis of the Situation of Street Children in Zambia, there were 13,500 children who spent most of their time on the streets and other public spaces. Out of these, 15 percent were girls and the rest were boys. This situation is more pronounced in cities along the line of rail and provincial centres.

The major drivers behind this phenomenon include an increase in the number of orphans, high poverty levels among families, the lack of recreation facilities and the absence of parental care and guidance. Children living on the streets are exposed to sexual abuse and exploitation, alcohol and substance abuse and criminal activities.

2.3.7 Migrant, unaccompanied and separated children

Migrant children are children on the move, whether between or within countries. They face vulnerabilities and human rights violations, especially if they are unaccompanied or separated. Unaccompanied children refer to children who have been separated from one and /or both parents and other relatives, and are not being cared for by an adult, who, by law or custom, is responsible for doing so. Separated children are defined as being separated from both parents or from their previous legal or customary caregivers, but not necessarily from other relatives.

Zambia is a source, transit and destination country for children subjected to forced labour and sex trafficking. According to the Data on Development Report
(2014), Zambia has more than 50,000 refugees, most of whom are separated and unaccompanied children, fleeing the ravages of war and poverty in neighbouring countries.

The Government of Zambia meets the minimum standards for the elimination of trafficking, especially child trafficking. However, there is more that should be done to improve the efficiency of the systems that have been put in place.

In 2015, Zambia identified 192 potential trafficking victims. Of these, 13 cases were investigated, nine were prosecuted and five convicted. There is need to ensure that data on human trafficking is age disaggregated to determine how many children are affected by trafficking.

2.3.8 Alcohol and substance abuse

In Zambia, alcohol and substance abuse is rampant among children. Alcohol is the most commonly abused drug by children because it is readily available in liquor stores and it can easily be purchased across the counter. Furthermore, the use of volatile substances such as petrol, glue, aerosol, sprays and paint thinners as sources of intoxication is also common. These substances are not prohibited under Zambian laws.

There are several causes of alcohol and substance abuse among children such as peer pressure, identity crisis, juvenile delinquency, ineffective parenting, family breakdown, availability and accessibility of alcohol and substances and inadequate recreation facilities in communities and inadequate enforcement of laws.

2.3.9 Child trafficking

Trafficking in persons means the recruitment, transportation, transfer, harbouring or receipt of persons by means of threat or use of force or other forms of cohesion, or abduction, of fraud, or deception, or abuse of power or of position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation.

Most trafficking occurs within the country’s borders and involves boys and girls from rural areas exploited in cities in domestic servitude or other types of forced labour in the agriculture, textile, mining and construction sectors, as well as in small businesses such as bakeries.

There are many factors contributing to child trafficking, both internal and cross-border, in Zambia. These include poverty, inadequate information and cultural norms. The high incidence of poverty in rural areas often encourages the movement of children to urban areas to live with middle or high income relatives and extended family members based on false promises of a better life, job or education. Among the children that are at a high risk of being trafficked are migrant, unaccompanied and separated children.

The national response to child trafficking requires a significant scale up of preventive and protective measures, including better data on, and analysis of, the nature and scale of the problem. Further, there is need to ensure the early identification
of unaccompanied and separated minors in order to adequately respond to their specific protection needs and prevent further harm or exploitation.

2.3.10 Identity and birth registration

Birth registration is the continuous, permanent, compulsory and universal recording of all births occurring within national boundaries and in accordance with the laws of the Republic of Zambia. A birth certificate facilitates access to a number of key social services and provides a child with an identity of their own. Without a legal identity, a child may be excluded in the provision of public services and as a result, the laws of the country are unable to protect such children from harm.

Although birth registration is a compulsory and legal requirement, the rate of birth registration in Zambia is low. According to the 2010 Census of Population and Housing Report, only 23 percent of children in Zambia have a birth certificate. The proportion of children who do not have birth certificates is much higher in rural areas at 86.7 percent than in urban areas at 59.6 percent.

Several factors account for Zambia’s low birth registration rates. Among them are a highly centralised registration system, inadequate awareness of the legal provisions, low demand as a certificate is not always required for children to access basic services, fear of disclosure of personal information, and lack of penalties for non-registration of children. In recent years, however, there has been growing awareness of the importance of birth registration and the need to scale up services and increase demand. In collaboration with cooperating partners, the government is undertaking measures to attain universal coverage of birth registration, including development of a comprehensive national policy on civil registration and vital statistics.
2.3.11 Child labour

The term ‘child labour’, denotes work that deprives children of their childhood, future potential and dignity, and that is harmful to their mental, emotional and physical development. However, not all work done by children can be classified as child labour and targeted for elimination. Children’s participation in work that does not affect their health and personal development or interfere with their schooling is not regarded as child labour. This includes activities such as helping their parents/guardians around the home, assisting in a family business or earning pocket money outside school hours and during school holidays.

However, according to the 2005 Child Labour Survey by the Central Statistics Office (CSO), the number of working children was estimated at 1,252,532. This is more than double the number of working children that was reported in 1999 Child Labour Survey where the total number of working children between 5–17 years was 595,033. The 2005 survey also estimated that 895,246 children were involved in child labour—53 percent were boys and 47 percent girls. The incidence of child labour was highest in rural areas at 92 percent of all child labour cases.

In Zambia, there is minimal enforcement of child labour laws, limited budgetary allocation and human resources dedicated to eliminating the worst forms of child labour. Additionally, the government is yet to adopt into law the draft statute on hazardous forms of child labour.

2.3.12 Children, climate change and environment

Climate change is one of the most serious threats to sustainable development. Its adverse effects stem from the impact of droughts, floods, extreme changes in weather patterns leading to crop failure, displacements, deforestation, land degradation and increased disease incidences.

In Zambia, dependency on agriculture is notably high in rural areas where 87 percent of women find their livelihood. Zambian women bear the primary responsibility for household food security and the health and nutrition of their families.

The impact of natural disasters and catastrophe does not affect everyone in the same way. The risk of vulnerability and impact of disaster are disproportionately borne by those who are already socio-economically and physically disadvantaged and who have fewer resources to enable them to ‘bounce back’ to some measure of normality. This includes infants, vulnerable children such as those with disabilities, orphans, girls, children living on the street and rural children.

During times of crisis, family, community and institutional security and protection mechanisms break down and heighten the risks of exploitation and gender-based violence for children, adolescents and women. In addition, school attendance and access to education is disturbed and other essential services such water and sanitation is limited.
2.3.13 Child marriage

Child marriage refers to a formal or informal union, including religious or customary marriage involving anyone younger than 18 years. Child marriages remain a challenge in Zambia, with a national prevalence at 31.4 percent (2013-2014 ZDHS). Child marriage constitutes a grave violation of the children’s rights and threatens their health, education and future prospects. It is often fuelled by poverty, limited access to education, and orphanhood.

Child marriage can lead to forced sex, early pregnancy and childbirth-related complications such as preterm delivery, low birth weight babies and vaginal fistula. Marriage at a young age often means an end to education. Girls, once married, have little or no opportunity to access sexual and reproductive health services.

2.3.14 Children and ICT

In the recent past, there has been an increase in the range of ICT options in Zambia. These include ownership and use of mobile phones, computers and access to Internet-based social media and digital tools such as Facebook, Whatsapp, Twitter, Instagram and LinkedIn. These communication technologies are increasingly becoming accessible to children and can expose them to inappropriate material and content such as pornography, gambling, radicalisation and cyber bullying.

2.4 Child participation rights

Children are entitled to freedom of expression and to have a say in matters affecting their social, economic, religious, cultural and political lives. Participation rights include the right to express opinions and to be heard, the right to information and freedom of association. Engaging with these rights as they mature helps children realise their rights and prepares them for an active role in society.

Child participation is one key pillar of the Convention on the Rights of the Child, under Article 12. Child participation is one area that the Government is addressing by institutionalising the active participation of children in the development process of the country at various levels. A lot of factors both cultural and economic can be attributed to the limited participation of children.

The situation has also been impacted by some negative beliefs and practices, which play a significant role in undermining child participation initiatives. These beliefs and practices, with regard to who is deemed worthy of participating in the public sphere, as well as private sphere of society and/or the community, have seen children and women silenced. The belief that children have secondary status, and should adhere to the authority of parents and adults, has permeated legal and political systems, as well as community and familial structures. This was also highlighted by the UN Committee on the Rights of the Child in its Concluding Observations to Zambia in 2003 where it expressed its concern that traditional practices and attitudes still limit the full implementation of Article 12 of the CRC.
CHAPTER THREE – VISION AND RATIONALE

3.0 Vision

The vision of the Government of the Republic of Zambia on child development and welfare is:

“A society where children survive, thrive and realise their full potential.”

The vision statement will serve as a constant reminder and guide to all stakeholders involved in the welfare of children.

3.1 Rationale

The review of the National Child Policy of 2006 has been necessitated by the need to:

i. Address the gaps identified during the implementation of the 2006 National Child Policy;

ii. Address the persistent and emerging issues in child welfare and development;

iii. Align the policy to regional and international instruments to which Zambia is party; and

iv. Align the National Child Policy to the Government’s aspirations and priorities concerning the welfare and development of children.
CHAPTER FOUR – GUIDING PRINCIPLES

4.0 Guiding principles underlying the policy

The National Child Policy is an essential and integral part of the overall national development process. The policy provides the framework for responding to the concerns, needs and welfare of all children in Zambia.

The National Child Policy is founded on these principles:

Non-discrimination

Every child shall have the right to access quality healthcare, education and other social services regardless of their age, sex, race, physical ability, residence, vulnerability and orphanhood.

Best interests of the child

In all processes that have a bearing on children, the best interests of the child shall be the primary consideration.

Human rights-based approach

The policy is premised on the human rights-based approach that seeks to improve, safeguard and focus on the rights of children for their well-being. Fostering these rights shall be the primary obligation for all duty bearers.

Core cultural practices

Approaches to programming and development of interventions for children will support core cultural and religious values and practices of communities and Zambian society.

Child participation

All children will participate in the development process, especially in affairs that affect them, in order to prevent social exclusion. The opinions of children will be sought at every step during policy formulation, planning, programming, implementation and monitoring and evaluation.

Decentralised and holistic service delivery

This policy recognises the need to link child welfare and development programming to the local level through the Decentralisation Policy. Provincial, district and community-level structures will be strengthened to ensure quality and sustainable provision of social services to all children.
CHAPTER FIVE – OBJECTIVES AND MEASURES

5.0 Objectives and Measures

In order to attain the vision on child welfare and development, the following policy objectives and measures shall be pursued during the implementation period:

5.1 Child survival rights

5.1.1 Overall objective

Coordinate and manage multi-sectoral child welfare and development programmes in order to ensure child survival.

5.1.2 Specific objectives

i. Support maternal, newborn and child health interventions.

ii. Strengthen and support community and health facility management of childhood illnesses.

iii. Support and strengthen coordination mechanisms for service provision to children and pregnant women at all levels.

iv. Reduce child malnutrition in children under 5 by reducing the percentage of stunted children.

v. Reduce child malnutrition in children under 5 by reducing the percentage of wasted children.

vi. Promote sustainable food security for vulnerable households.

vii. Eliminate mother-to-child transmission of HIV.

viii. Provide and promote access to ART services for children living with HIV and AIDS.

ix. Promote nutritional supplementation for children living with HIV and AIDS, in order to enhance ART uptake.

x. Support increased household access to safe and clean water.

xi. Promote high standards of sanitation at household level.

xii. Increase the proportion of households with access to improved toilet facilities.

5.1.3 Measures

i. Coordinate, mobilize and utilize resources for child health program.

ii. Build capacity of health personnel in primary health care.

iii. Raise community awareness of the importance of maternal, infant and child health interventions;

iv. Involve community-based volunteers in the management of childhood illnesses.
v. Strengthen maternal, neonatal and child health (MNCH).
vi. Strengthen coordination mechanisms for delivering MNCH services.

vii. Build specialist capacity among health care providers in the care of children with disabilities and special needs.

viii. Improve household food security.

ix. Enhance access to HIV prevention, treatment, care and support services for mothers and children.

x. Enhance stakeholder coordination in HIV prevention, treatment and care services.

xi. Strengthen linkages between community HIV and AIDS services and facility-based services.

xii. Improve access to safe and clean water.

xiii. Create awareness of the benefits of clean water and improved sanitation facilities.

5.2. Child development rights

5.2.1 Overall objective

Coordinate and manage the formulation and implementation of a multi-sectoral child welfare and development programme in order to ensure that children are able to reach their full potential.

5.2.2 Specific objectives

i. Ensure that all children between 2–6 years of age are accessing ECCDE.

ii. Create a conducive environment for the holistic development of the child.

iii. Increase access to primary education to all children of school going age.

iv. Increase retention and completion rates of children at primary school level, especially girls.

v. Improve the quality of education in primary schools.

vi. Increase retention, re-entry and completion rates of boys and girls at secondary school level.

vii. Promote equal participation of both girls and boys in mathematics and science subjects in secondary schools.

viii. Promote mental, emotional, physical and social development of children.

ix. Promote access to leisure, recreation, sport and cultural activities for children.
5.2.3 Measures

i. Facilitate the availability of trained health personnel, teachers and community volunteers in the development and management of ECCDE.

ii. Provide relevant ECE curriculum and learning materials.

iii. Increase access to ECCDE facilities.

iv. Construct classrooms using community and contractor mode.

v. Build teacher capacity in primary school education.

vi. Improve Grade 7 pass rates for boys and girls.

vii. Provide infrastructure in communities that is user-friendly for children with disabilities and special needs.

viii. Promote equitable access to services for children with disabilities and special needs.

ix. Increase access to secondary school education.

x. Improve equity at secondary school.

xi. Promote and support mathematics and science clubs in schools.

xii. Develop policy guidelines and standards on administration of weekly boarding houses.

xiii. Improve retention and completion rates of secondary school children, especially girls.

xiv. Provide a conducive and user-friendly sanitary environment for the girl child.

xv. Ensure that public infrastructure, including schools and public buildings, are user-friendly for children with disabilities and special needs.

xvi. Ensure availability of recreation, sports, culture and leisure facilities for all children, including those with disabilities and special needs.

xvii. Promote children’s participation in leisure, recreation, sports and cultural activities.

xviii. Promote educational tours and cultural exchange visits among schools.

5.3 Child protection rights

5.3.1 Overall objective

Enforce child protection rights in order to safeguard and uphold child rights and well-being.
5.3.2 Specific objectives

i. Develop a child protection systems framework which guides all work to protect all children in Zambia.

ii. Promote and strengthen alternative care for children in need of care.

iii. Prevent and protect children from all forms of violence, abuse and exploitation.

iv. Promote and ensure a child-friendly justice system.

v. Strengthen programmes for children living and working on the street.

vi. Promote and protect the rights of migrant children.

vii. Promote programmes that prevent child trafficking.


ix. Promote the uptake of birth registration.

x. Prevent and protect children from all forms of child labour.

xi. Create a protective environment for children with disabilities and special needs.

xii. Create a conducive environment that protects children from hazardous environmental conditions.

xiii. Enhance prevention and adaptation strategies to climate change centered on the needs of children.

5.3.3 Measures

i. Child protection framework guides child protection work for all children.

ii. Promote alternative care for children in need of care.

iii. Operationalise alternative care guidelines.

iv. Ensure adherence to the minimum standards of care by child care facilities.

v. Strengthen alternative care mechanisms.

vi. Strengthen SWW capacity to implement child care reform and alternative care.

vii. Establish mechanisms to prevent and respond to violence against children.

viii. Scale up the establishment of one stop centres in districts.

ix. Generate evidence on, and improve knowledge management of, violence against children.

x. Enhance capacity of staff in the child justice system.

xi. Strengthen child justice diversion systems.

xii. Ensure the availability of child-friendly justice system infrastructure.
xiii. Ensure a national normative and legislative framework that conforms to international standards and norms for the administration of justice for children.

xiv. Create awareness of the child justice system.

xv. Protect the rights of circumstantial children.

xvi. Economically empower families with children living on the street.

xvii. Promote rehabilitation of re-integration of children living on the street.

xviii. Enhance the capacity of key stakeholders in the protection and promotion of the rights of migrant children.

xix. Establish mechanisms to prevent child trafficking and strengthen coordination.

xx. Protect children from trafficking.

xxi. Strengthen enforcement of legislation on alcohol use and abuse among children.

xxii. Implement SI No. 44 on birth registration to enhance decentralization of birth registration processes.

xxiii. Create awareness among citizens of the importance of birth registration.

xxiv. Create a conducive environment that protects children from hazardous working conditions.

xxv. Enforce existing child labour laws and implement the Child Labour Policy.

xxvi. Establish mechanisms to prevent children from engaging in all forms of child labour.

xxvii. Promote the implementation of disability guidelines for infrastructure development.

xxviii. Create a safe environment for children with disabilities and special needs.

xxix. Protect children from the negative effects of climate change.

xxx. Protect children from environmental degradation and pollution.

xxxi. Promote child participation in sustainable environmental programmes.

5.4 Child participation rights

5.4.1 Overall objective

Facilitate the meaningful participation of children in national child development programmes in order to enhance child-responsive development.
5.4.2 Specific objectives

i. Promote the participation of children in governance and national programmes.

ii. Domesticate provisions on child participation from regional and international instruments.

5.4.3 Measures

i. Increase child participation in governance and national programmes.

ii. Promote children participation in the monitoring and reporting of state party reports.

iii. Establish national mechanisms for child participation.

iv. Increase access to ICT for children especially those in rural areas.

v. Ensure the online child protection policy is implemented.

Photo credit: UNICEF/Zambia/2016/Karin Schermbrucker
CHAPTER SIX – IMPLEMENTATION FRAMEWORK

6.0 Institutional Arrangement

The lead institution responsible for ensuring the implementation of the National Child Policy shall be the Ministry of Youth, Sport and Child Development.

The responsibility of the Ministry will therefore be to:

i. Coordinate the development of the National Plan of Action and the monitoring and evaluation implementation framework;

ii. Strengthen coordination with stakeholders on child welfare programmes;

iii. Disseminate the National Child Policy to all stakeholders;

iv. Ensure that cross-cutting issues are effectively integrated in the implementation of the policy; and

v. Conduct monitoring and evaluation of the implementation of child strategies as well as the implementation of the policy through collaborative and consultative processes.

6.1 Key stakeholders

Key stakeholders in the implementation of this policy include the following:

i. **The Office of the Vice President** shall ensure that children in disaster situations are given priority and their needs are met.

ii. **The Management Development Division (MDD)** at the Cabinet Office shall facilitate development of strategic plans and organisational structures that are child responsive.

iii. **The Policy Analysis Coordination (PAC)** at the Cabinet Office shall continue facilitating the formulation/review of child-responsive policies.

iv. **The Public Service Management Division (PSMD)** shall ensure that all Ministries and institutions implementing child programmes have sufficient, qualified, experienced and full-time staff in all establishment posts.

v. **The Office of the Auditor General** shall ensure that funds allocated for child development programmes are used appropriately to meet the needs of children.

vi. **The Ministry of Finance** shall allocate adequate and timely funds for the implementation of child programmes.

vii. **The Ministry of Community Development and Social Services** shall:

    a) Provide services and management of one-stop centres and shelters for children in need of care and victims of violence;

    b) Provide and coordinate welfare assistance to vulnerable children;
c) Train and deploy staff in and with specialised skills;
d) Ensure that the needs of all vulnerable children are addressed;
e) Provide social cash transfers to vulnerable households, especially child-headed households; and
f) Collect and analyse sex- and age-disaggregated data.

viii. **The Ministry of Justice** shall:
   a) Ensure that the justice system is child-friendly;
   b) Monitor the delivery of child justice; and
   c) Facilitate the ratification and adoption of child-related regional and international conventions on children’s rights.

ix. **The Ministry of Health** shall:
   a) Ensure accessible and affordable quality healthcare services;
   b) Provide equitable access to quality clinical care services; and
   c) Provide sex- and age-disaggregated data.

x. **The Ministry of Chiefs and Traditional Affairs** shall:
   a) Ensure children are not exposed to negative cultural practices and traditions; and
   b) Ensure that traditional leaders are consulted in matters of tradition involving children.

xi. **The Ministry of Information and Broadcasting Services** shall:
   a) Facilitate dissemination of information on various child welfare and development programmes; and
   b) Ensure that child rights information is publicised and disseminated to the public in print and electronic form.

xii. **The Ministry of Lands and Natural Resources** shall:
   a) Ensure that children are protected from hazardous environments;
   b) Ensure that children are protected from the effects of negative environmental factors; and
   c) Ensure that parents, guardians and organisations providing child services are given priority to access, ownership and security of tenure.

xiii. **The Ministry of Mines and Mineral Development** shall:
   a) Ensure that children are protected from the negative effects of exploration and mining activities
xiv. The Ministry of Energy shall:
   a) Ensure that the welfare of children is taken care of in the provision of renewable and non-renewable energy sources; and
   b) Ensure that rural communities are given priority in the provision of energy.

xv. The Ministry of Water Development, Sanitation and Environmental Protection shall:
   a) Ensure improved provision of clean and safe drinking water for children, especially in rural areas; and
   b) Ensure equitable access to adequate and safe sanitation.

xvi. The Ministry of Labour and Social Security shall:
   a) Ensure that boys and girls are protected from child labour; and
   b) Ensure enforcement of legislation against child labour.

xvii. The Ministry of Transport and Communication shall:
   a) Ensure that ICT infrastructure development reaches rural areas; and
   b) Ensure that children are protected from negative effects accessing of ICTs such as pornography, cybercrime, gambling and cyber bullying.

xviii. The Ministry of National Development Planning shall:
   a) Ensure that meaningful participation of children in the Planning and Budgeting processes;
   b) Ensure that National Plans reflect the aspirations of children; and
   c) Monitor and evaluate National Programmes.

xix. The Ministry of Agriculture shall:
   a) Ensure food security for children and the nation in general; and
   b) Scale up extension services to include female-headed households.

xx. The Ministry of Tourism and Arts shall:
   a) Ensure that children are not exploited for tourism purposes.

xxi. The Ministry of Home Affairs shall:
   a) Ensure that the rights of children in contact with the law are upheld and their needs addressed; and
   b) Ensure that every birth is registered.

xxii. The Ministry of General Education shall:
   a) Ensure all children have access to quality education from pre-school to secondary level;
b) Ensure that guidelines on the management of boarding houses are developed and implemented;

c) Ensure that teachers for children with disabilities and special needs are trained and deployed;

d) Ensure that schools are responsive to the needs of children with disabilities and special needs;

e) Ensure that physical education teachers are trained and deployed;

f) Ensure that all schools have physical education lessons;

g) Ensure that learning and teaching aids for children with disabilities and special needs are readily available in all schools;

xxiii. The Ministry of Local Government shall:

a) Ensure that legislation on alcohol consumption is strengthened;

b) Ensure that the Decentralisation is implemented; and

c) Ensure establishment of play and amusement parks for Children

xxiv. The Ministry of Housing and Infrastructure Development shall:

a) Ensure that all infrastructure is child friendly and appropriate for use by children with disabilities and special needs;

xxv. The Ministry of National Guidance and Religious Affairs shall:

a) Ensure inculcation of morals and values in children; and

b) Ensure guidance of national values for children.

xxvi. The Central Statistical Office shall:

a) Ensure quality assurance in the collection, collation and analysis of sex- and age-disaggregated data; and

b) Serve as a source of data for specific child development indicators and provide technical support in special surveys.

xxvii. The Ministry of Youth, Sport and Child Development shall:

a) Ensure that boys and girls participate in sporting activities;

b) Ensure talent identification and development of career path for boys and girls in sport; and

c) Ensure coordination and monitoring of child related programmes and projects.

xxviii. The Ministry of Commerce, Trade and Industry shall:

a) Ensure that children are not exploited for commercial purposes.
xxix. The Ministry of Defence shall:
   
a) Ensure that mined areas are safe for children; and

b) Ensure that the best interest of a child in all matters of national security.

6.1.2 Provincial and district administration

In accordance with the Decentralised Local Government Administration Policy, the National Child Policy implementation committee will have representation at the provincial and district levels as sub-committees of provincial and district development coordinating committees, respectively.

The role of the National Child Policy implementation sub-committees of the provincial and district development coordinating committees shall be, among other things, to:

i. Plan programmes for children and institute effective referral systems among service provider organisations in their respective jurisdictions;

ii. Coordinate and supervise the implementation of National Child Policy programmes and projects in their respective jurisdictions to ensure optimum use of resources and access to services by children;

iii. Maintain a database on children’s rights and welfare in respective jurisdictions; and

iv. Mobilise, allocate and use funds to implement child-related activities in an accountable manner.

In addition, provincial and spending agencies shall ensure that all policies, programmes and activities under their mandates are child responsive. These implementers will report on and/or provide sex- and age-disaggregated data on identified indicators.

6.1.3 Other actors

i. Cooperating partners shall continue providing technical and financial support to ensure effective implementation, monitoring and evaluating of child welfare and development programmes;

ii. Civil society organisations providing child services shall continue to lobby for the domestication of child rights instruments; and

iii. Faith-based organisations shall continue sensitising the public and ensuring that children’s rights are not abused.

6.1.4 Non-state actors

Non-state actors shall compliment government efforts and mainstream gender in their core mandates, including the provision of processed sex-disaggregated data to the Ministry of Youth, Sport and Child Development, and enhance women’s participation in decision-making positions.
6.2 Role of stakeholders

Given the multi-sectoral and cross-cutting nature of child rights welfare and development issues, concerted efforts of all relevant stakeholders shall be required to fully implement the National Child Policy. Among the stakeholders are the private sector, cooperating partners, civil society organisations and the Zambian society at large, including parents, children and other duty bearers.

6.2.1 Cooperating partners

The role of cooperating partners in the implementation of the National Child Policy shall include the following:

i. Provide technical and financial support;

ii. Coordinate the provision of support among various stakeholders to ensure equitable distribution of resources to child welfare and development programmes; and

iii. Monitor and advise the government and other partners on best practice regarding the implementation of child welfare and development programmes within their areas of competence.

6.2.2 Civil society

The role of the civil society organisations in the implementation of the National Child Policy shall be to:

i. Undertake advocacy and lobby duty bearers to ratify and domesticate child rights-related conventions to which Zambia is party;

ii. Promote and facilitate networking and coordination among child welfare and development service providers, especially at community level;

iii. Partner with the government in mobilising resources and implementing child welfare and development programmes and projects; and

iv. Support monitoring and evaluation activities of the National Child Policy.

6.2.3 The private sector

The role of the private sector shall be to:

i. Contribute financial and material resources for the implementation of National Child Policy programmes and projects;

ii. Collaborate with government and other stakeholders in the implementation of the National Child Policy; and

iii. Implement workplace policies that protect vulnerable children from exploitation and abuse.
6.2.4 **Parents and other duty bearers**

The role of parents, guardians and other duty bearers shall be to:

i. Identify vulnerable children;

ii. Provide care and support to children;

iii. Participate in the development and review of the National Child Policy;

iv. Encourage birth and death registration, as well as the writing of wills in every household;

v. Traditional leaders will ensure children in their domain are protected and cared for;

vi. Identify community resources to support child welfare and development programmes; and

vii. Protect children from harmful cultural values and traditional practices.

6.2.5 **The community**

The role of the community shall be to:

i. Provide care and guidance and focus attention on children so that children can thrive and make a positive contribution to their communities;

ii. Initiate and facilitate the process of identifying and changing the cultural values, religious norms and traditional practices that have negative effects on child development and protection in Zambia;

iii. Identify vulnerable children and households, and provide care and support;

iv. Link parents, children and families to service providers; and

v. Participate in child welfare and development programme design and implementation.

6.2.6 **Children**

The role of children, including orphans and other vulnerable children, shall be to:

i. Participate in needs assessments, child policy planning and monitoring and evaluation of child development programmes and projects;

ii. Participate in identifying factors that cause their vulnerability; and

iii. Take responsibility to care for themselves and their families, including avoiding risky situations that may expose them to HIV infection, violence, sexual abuse and exploitation.
6.4 Resource mobilisation

Finances will continue to be a constraining factor. However, effective resource mobilisation, utilisation and accountability should be given utmost consideration and priority. Coupled with this is the need for adequate and timely funding. In addition, political will from the government and good will from cooperating partners and civil society organisations will be required to provide impetus to various stakeholders to effectively implement the policy.

6.5 Monitoring and evaluation

Monitoring the implementation of the National Child Policy is intended to show whether the Ministry of Youth, Sport and Child Development, which is the coordinating body, is on course or diverts from the pre-set policy objectives, while evaluation will establish whether the ministry is on course or not in implementing and achieving the vision and recommend appropriate measures. The Ministry of Youth, Sport and Child Development will operationalise the National Child Monitoring and Evaluation Plan and the National Child Policy Implementation Plan 2015–2016.

Developing indicators that are also gender responsive is cardinal. Qualitative and quantitative time-defined impact indicators will be designed to determine the extent to which national policies, programmes and activities have succeeded in achieving results for children.

6.6 Conclusion

The National Child Policy should be regarded as a principal guide on the promotion of child welfare and development. Ownership must, therefore, be exhibited in a practical way, and deliberate efforts should be made towards its implementation.

In developing the policy, a number of considerations were taken into account such as the complex environment in which it will be operationalised, expected challenges, the government’s overall macro-economic policy framework and national priorities.
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