

**COMMITTEE ON THE  
RIGHTS OF THE CHILD**

**WRITTEN REPLIES BY THE GOVERNMENT OF ZAMBIA CONCERNING  
THE LIST OF ISSUES (CRC/C/Q/ZMB/1) RECEIVED BY THE COMMITTEE  
ON THE RIGHTS OF THE CHILD RELATING TO THE CONSIDERATION  
OF THE INITIAL REPORT OF ZAMBIA (CRC/C/11/Add.25)**

**[Received on 23 April 2003]**

**CRC/C/RESP/33**

Additional information to Zambia initial and first state party report

1.0. Disaggregated statistical Data (by gender, age groups and regions) covering the period 2000-2002 on the number and proportion of children under 18 in the state party

Age	Copper-belt					Eastern Luapula			Lusaka	
	Total	Central	Central	Central	Central					
Less than 5 years.		344,330	480,266	464,320	278,728	430,364				
Less than 1 year.		172,165	240,133	232,160	139,364	215,182				
1 .		35,168	46,267	49,619	30,095	42,131				
2 .		31,750	41,729	42,200	25,684	39,778				
3 .		34,354	47,751	47,758	27,648	44,036				
4 .		34,825	50,336	43,978	26,475	43,727				
		36,068	54,050	48,605	29,462	45,510				
5 to 9 year.		154,297	235,357	197,189	113,744	195,727				
5 .		32,223	48,719	41,418	24,217	42,497				
6 .		32,927	49,124	43,042	24,596	41,309				
7 .		29,706	46,943	38,846	21,481	38,619				
8 .		30,994	46,958	39,528	22,965	37,528				
9 .		28,447	43,613	34,355	20,485	35,774				
10 to 14 years.		128,608	198,557	153,701	93,357	162,907				
10 .		30,811	48,077	38,803	23,330	40,166				
11		25,509	38,457	32,631	18,981	31,404				
12 .		25,469	39,271	29,386	18,710	31,722				
13 .		23,172	35,443	26,134	15,171	29,452				
14 .		23,647	37,309	26,748	17,165	30,163				
15 to 19 years.		91,283	152,081	108,483	49,605	123,073				
15 .		24,322	38,033	28,816	17,415	30,276				
16 .		21,997	37,515	25,423	17,023	29,844				
17 .		19,796	34,341	24,063	15,167	27,119				
18 .		25,168	42,192	30,181	19,266	35,834				

available

Source: central statistics year 2000

Data Report to CRC Committee  
Part I

1. Total Population Under 18

		2000		
		Total	Male	Female
Province	Central	521,185	260,518	260,667
	Copperbelt	783,936	386,531	397,405
	Eastern	661,352	332,785	328,567
	Luapula	396,070	198,280	197,790
	Lusaka	661,055	323,536	337,519
	Northern	646,198	323,334	322,864
	North-Western	292,774	146,318	146,456
	Southern	631,131	313,906	317,225
	Western	367,615	183,152	184,463
Residence	Urban	1,694,988	828,393	866,595
	Rural	3,266,328	1,639,967	1,626,361
Age	0 year	339,228	168,841	170,387
	1 year	295,265	147,915	147,350
	2 year	336,329	167,663	168,666
	3 year	330,108	163,875	166,233
	4 year	355,790	177,495	178,295
	5 year	306,943	154,251	152,692
	6 year	312,675	155,574	157,101
	7 year	283,958	142,070	141,888
	8 year	292,207	145,025	147,182
	9 year	265,299	132,261	133,038
	10 year	296,329	148,788	147,541
	11 year	243,296	120,568	122,728
	12 year	235,333	118,355	116,978
	13 year	210,168	104,094	106,074
	14 year	220,520	109,474	111,046
	15 year	227,280	113,253	114,027
	16 year	214,287	103,754	110,533
17 year	196,301	95,104	101,197	
Zambia		4,961,316	2,468,360	2,492,956

Source: 2000: 2000 Population and Housing Census, CSO

## 2. Birth Registration

		% Birth Registered	No. of Children under 5
Sex	Male	9.5	810,687
	Female	9.6	754,322
Province	Central	7.1	169,047
	Copperbelt	16.5	217,924
	Eastern	6.5	239,308
	Luapula	5.7	132,813
	Lusaka	16.8	204,312
	Northern	3.3	213,643
	North-Western	3.3	76,603
	Southern	14.5	205,366
	Western	4.5	104,259
Residence	Urban	15.5	539,374
	Rural	6.4	1,025,635
Zimbabwe		9.6	1,565,010

Source: 1999 Multiple Indicators Cluster Survey (MICS), Central Statistical Office (CSO)

2. Government Expenditure on the Health, Education and Child Protection, 2000-2002

	2000		2001		2002	
	Amount	%	Amount	%	Amount	%
PHC	81,789,230,782	2.51	111,237,922,494	2.05	187,721,888,580	3.06
EPI	296,000,000	0.01	473,600,000	0.01	55,813,680,000	0.91
Child Survival	13,537,500,000	0.42	32,053,000,000	0.59	9,879,059,280	0.16
Nutrition	1,925,000,000	0.06	6,030,000,000	0.11	3,780,000,000	0.06
Adolescent & Maternal /SRH	2,941,250,000	0.09	4,853,332,000	0.09	25,766,529,333	0.42
Sub-total of Health	100,488,980,782	3.08	154,647,854,494	2.85	282,961,157,193	4.62
Pre Primary Education	3,500,000	0.00	4,002,000	0.00	4,002,000	0.00
Primary Education	114,029,094,313	3.50	141,849,236,533	2.61	247,880,676,667	4.05
Secondary Education	25,120,096,778	0.77	29,794,956,808	0.55	43,127,110,632	0.70
Salaries	106,670,495,160	3.27	140,761,545,000	2.59	247,485,275,065	4.04
Schools Rehabilitation	4,000,000,000	0.12	3,000,000,000	0.06	6,064,736,917	0.10
Sub-total of Education	249,823,186,251	7.66	315,409,740,341	5.81	544,561,801,281	8.89
Social Welfare	15,510,818,268	0.48	31,164,131,641	0.57	3,929,222,543	0.06
Juvenile Welfare	73,022,627	0.00	574,000,000	0.01	24,240,000	0.00
Foster Care	46,158,424	0.00	30,000,000	0.00	9,380,000	0.00
Children with Disability	193,865,383	0.01	160,000,000	0.00	101,800,000	0.00
Sub-total of Child Protection	15,823,864,702	0.49	31,928,131,641	0.59	4,064,642,543	0.07
Expenditure related to children	366,136,031,735	11.2	501,985,726,476	9.3	831,587,601,017	13.6
Total Expenditure	3,261,961,793,194		5,425,627,020,053		6,126,413,342,488	

Source: Estimates of Revenue and Expenditure, 2001 & 2002, Ministry of Finance and National Planning

3a. Adult (15 years and above) Literacy Rate

		2000
Sex	Male	77
	Female	58
Province	Central	69
	Copperbelt	82
	Eastern	48
	Luapula	62
	Lusaka	81
	Northern	60
	North-Western	53
	Southern	70
	Western	60
Residence	Urban	85
	Rural	57
Age group	15-19 years	69
	20-24 years	71
	25-29 years	72
	30-44 years	72
	45+	51
	15-24 years	70
Zambia		67

Source: 2000 Census of Population and Housing, CSO

3b. % of children 36-59 months who attending organized early childhood education

		1999
Sex	Male	6.7
	Female	6.2
Province	Central	5.9
	Copperbelt	11.3
	Eastern	1.2
	Luapula	4.6
	Lusaka	19.2
	Northern	1.6
	North-Western	1.1
	Southern	4.7
	Western	0.5
Residence	Urban	13.9
	Rural	2.1
Age	36-47 months	5.8
	48-59 months	7.1
Zambia		6.4

Source: 1999 MICS, CSO

## 3b. Primary School Enrolment Ratio

		Net Enrolment Ratio			Gross Enrolment Ratio		
		2000	2001	2002	2000	2001	2002
Sex	Male	68	68	69	82	82	85
	Female	65	66	67	76	75	78
Province	Central	71	66	71	87	80	88
	Copperbelt	74	74	74	85	83	83
	Eastern	54	56	55	67	69	70
	Luapula	68	69	69	81	82	85
	Lusaka	67	66	66	78	75	76
	North-Western	65	69	74	79	83	90
	Northern	60	62	64	74	76	79
	Southern	70	69	71	84	82	85
	Western	69	71	71	77	79	81
Zambia		67	67	68	79	78	81

Source: Planning Unit, Ministry of Education



## 3c. Secondary School Enrolment Ratio

		Net Enrolment Ratio			Gross Enrolment Ratio		
		2000	2001	2002	2000	2001	2002
Sex	Male				12.5	12.5	14.7
	Female				9.8	9.5	11.3
Province	Central				7.8	6.4	13.6
	Copperbelt				20.7	21.6	22.3
	Eastern				10.4	11.6	11.6
	Luapula				7.8	8.5	9.1
	Lusaka				11.1	10.2	11.8
	North-Western				9.6	6.7	11.7
	Northern				6.6	5.0	8.5
	Southern				11.5	12.9	12.3
	Western				7.7	8.0	9.8
Zambia				11.1	11.0	12.9	

Source: Planning Unit, Ministry of Education

3d. Primary Retention Rate (Grade 1-7)

		2000	Primary 2001	2002
Sex	Boys	69	68	70
	Girls	56	56	56
Zambia		63	62	63

Source: Planning Unit, Ministry of Education

3e1. Primary School Dropout and Repetition Rates

	Drop-out						Repetition					
	2000		2001		2002		2000		2001		2002	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Sex												
Male	34,996	4.2	31,240	3.7	29,342	3.3	53,503	7.1	58,465	6.9	72,147	8.0
Female	35,804	4.7	31,807	4.1	30,805	3.7	44,724	6.5	49,517	6.3	58,845	7.1
Province												
Central	8,072	4.6	6,853	4.1	6,871	3.6	13,374	7.7	13,575	8.1	18,484	9.7
Copperbelt	7,120	2.6	6,206	2.2	5,857	4.1	11,266	3.8	10,360	3.7	12,008	4.2
Eastern	9,926	5.9	11,003	6.1	9,683	5.1	9,727	6.5	11,093	6.1	13,978	7.4
Luapula	7,053	5.7	6,649	5.2	5,898	4.3	7,930	8.0	9,784	7.6	12,109	8.9
Lusaka	2,740	1.3	2,984	1.5	3,663	1.7	6,685	4.6	9,396	4.7	8,250	3.9
North-Western	5,268	5.7	5,269	5.3	4,677	4.2	17,838	9.6	20,032	9.2	24,159	10.2
Northern	16,446	7.9	12,116	5.5	11,809	5.0	6,169	7.6	7,071	7.1	9,472	8.5
Southern	8,703	3.9	7,822	3.5	7,135	2.9	19,199	8.7	19,455	5.6	22,572	9.3
Western	5,472	4.7	4,145	3.4	4,554	3.5	6,039	6.2	7,216	5.9	9,960	7.1
Zambia	70,800	4.5	63,047	3.9	60,147	3.5	98,227	6.8	107,982	6.6	130,992	7.6

Source: Planning Unit, Ministry of Education

3e2. Secondary School Dropout and Repetition Rates

	Drop-out						Repetition												
	2000			2001			2002			2000			2001			2002			
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
Sex																			
	Male	1,692	2.3	1,213	1.6	1,833	2.0	9,531	12.7	1,202	1.6	1,788	1.9						
	Female	2,101	3.5	1,369	2.2	2,165	2.9	9,270	15.2	1,138	1.9	1,949	2.6						
Province	Central	199	2.1	109	1.4	732	4.2	1,323	14.0	155	1.9	354	2.0						
	Copperbelt	1,092	2.6	505	1.1	663	1.4	4,644	10.9	511	1.1	662	1.4						
	Eastern	433	2.9	641	3.8	631	3.6	3,546	23.8	432	2.5	700	4.0						
	Luapula	151	2.1	190	2.4	330	3.7	1,719	23.7	96	1.2	290	3.3						
	Lusaka	131	0.7	135	0.8	221	1.1	990	5.4	156	0.9	236	1.2						
	North-Western	491	7.2	92	1.9	263	3.0	1,323	19.4	196	4.0	377	4.3						
	Northern	603	5.3	263	3.0	486	3.2	1,917	16.9	252	2.8	414	2.7						
	Southern	401	2.2	383	1.9	421	2.1	1,719	9.6	319	1.5	391	1.9						
	Western	292	4.0	264	3.4	251	2.5	1,620	22.2	223	2.9	313	3.2						
Zambia		3,793	2.8	2,582	1.9	3,998	2.4	18,801	13.9	2,340	1.7	3,737	2.2						

Source: Planning Unit, Ministry of Education

3f. Teacher Pupil Ratio

		2000	2001	2002
Province	Central	47	49	48
	Copperbelt	36	35	33
	Eastern	49	52	54
	Luapula	51	54	57
	Lusaka	41	38	35
	Northern	62	64	66
	North-Western	51	52	55
	Southern	50	48	50
	Western	44	46	49
Zambia		46	46	46

Source: Planning Unit, Ministry of Education

3f. Percentage of primary school teachers who are professional qualified

Province		2002		
		Total	Male	Female
Central		94	94	94
Copperbelt		89	84	92
Eastern		95	97	94
Luapula		95	96	93
Lusaka		87	84	89
Northern		95	95	94
North-Western		90	91	90
Southern		94	95	94
Western		96	98	94
Zambia		92	92	92

Source: Planning Unit, Ministry of Education

4c. Proportion of Disabled Pupils

Primary Schools

	Total pupils		Disabled pupils		% of disabled pupils	
	Total	Female	Total	Female	Male	Female
2000 Central	176,963	91,312	2,108	1,188	1.2	1.1
Copperbelt	274,122	137,258	2,644	1,397	1.0	0.9
Eastern	169,620	90,598	2,008	1,137	1.2	1.1
Luapula	122,972	66,100	1,417	860	1.2	1.0
Lusaka	203,768	101,311	1,736	927	0.9	0.8
North-Western	93,133	49,561	814	476	0.9	0.8
Northern	208,296	115,036	3,154	1,818	1.5	1.4
Southern	224,853	114,938	1,924	1,051	0.9	0.8
Western	115,817	59,194	1,934	1,053	1.7	1.6
Zambia	1,589,544	825,308	17,740	9,908	1.1	1.0

Secondary Schools

	Total pupils		Disabled pupils		% of disabled pupils	
	Total	Female	Total	Female	Male	Female
2000 Central	9,431	5,003	4,428	2,118	0.3	0.4
Copperbelt	42,508	22,320	20,189	10,513	0.9	0.7
Eastern	14,892	9,076	5,816	3,051	0.8	0.6
Luapula	7,238	4,187	3,051	1,618	0.5	0.5
Lusaka	18,174	9,338	8,836	4,616	2.3	1.3
North-Western	6,803	3,811	2,992	1,588	0.6	0.6
Northern	11,337	6,372	4,966	2,642	2.2	2.2
Southern	17,935	10,149	7,786	4,148	0.5	0.5
Western	7,285	4,498	2,797	1,443	0.8	1.0
Zambia	135,614	74,754	60,860	32,415	1.0	0.8

Primary Schools

	Total pupils		Disabled pupils		% of disabled pupils	
	Total	Female	Total	Female	Male	Female
2001 Central	190,304	98,307	1,927	1,088	1.0	1.1
Copperbelt	284,391	142,630	2,431	1,278	0.9	0.8
Eastern	188,781	99,283	1,734	997	0.9	0.8
Luapula	136,765	74,003	2,071	1,218	1.5	1.6
Lusaka	211,011	104,582	1,425	768	0.7	0.6
North-Western	112,095	59,732	1,222	683	1.1	1.0
Northern	236,386	130,106	3,295	1,894	1.4	1.5
Southern	242,693	123,740	2,058	1,129	0.8	0.9
Western	129,153	66,722	1,972	1,078	1.5	1.6
Zambia	1,731,579	899,105	18,135	10,142	1.0	1.1

Secondary Schools

	Total pupils		Disabled pupils		% of disabled pupils	
	Total	Female	Total	Female	Male	Female
2001 Central	7,965	3,916	4,049	2,118	1.0	0.9
Copperbelt	45,638	24,364	21,281	10,513	0.8	0.6
Eastern	17,088	9,870	7,219	3,737	1.3	1.4
Luapula	8,057	4,724	3,333	1,777	0.7	0.8
Lusaka	17,143	9,091	8,052	4,143	1.9	1.9
North-Western	4,868	2,977	1,889	1,018	1.2	1.1
Northern	8,861	5,567	3,294	1,737	0.8	0.7
Southern	20,876	11,778	8,898	4,646	1.0	0.5
Western	7,822	4,708	3,113	1,621	1.6	1.3
Zambia	138,114	76,986	61,128	32,415	1.1	0.9

Secondary Schools

	Total pupils		Disabled pupils		% of disabled pupils	
	Total	Female	Total	Female	Male	Female
2002 Central	17,460	9,247	8,213	4,109	1.2	1.2
Copperbelt	48,598	25,785	22,833	11,666	0.8	0.6
Eastern	17,568	10,708	6,860	3,447	1.4	1.4
Luapula	8,891	5,092	3,799	2,042	0.8	0.8
Lusaka	20,407	10,536	8,871	4,584	1.6	1.7
North-Western	8,778	5,213	3,565	1,861	1.3	1.2
Northern	15,380	8,951	6,429	3,244	0.9	1.0
Southern	20,391	11,403	8,968	4,559	1.1	1.4
Western	9,848	5,878	3,970	2,041	1.2	1.3
Zambia	167,321	92,793	74,528	38,415	1.1	1.1

Orphan pupils

Primary Schools

2001	Total	Total pupils		Orphan pupils		% of disabled pupils			
		Male	Female	Total	Female	Male	Female		
Central	168,466	87,114	81,352	15,803	7,953	7,850	9.4	9.1	9.6
Copperbelt	278,428	139,126	139,302	28,038	13,599	14,439	10.1	9.8	10.4
Eastern	181,308	96,077	85,231	20,093	10,228	9,867	11.1	10.6	11.6
Luapula	128,412	69,174	59,238	14,663	7,290	7,373	11.4	10.5	12.4
Lusaka	200,669	99,687	100,982	17,326	8,307	9,019	8.6	8.3	8.9
North-Western	100,008	53,114	46,894	10,014	5,127	4,887	10.0	9.7	10.4
Northern	218,796	119,853	98,943	26,156	13,764	12,372	12.0	11.5	12.5
Southern	226,961	115,303	111,658	22,948	11,558	11,390	10.1	10.0	10.2
Western	122,599	62,975	59,624	14,216	7,081	7,135	11.6	11.2	12.0
Zambia	1,625,647	842,423	783,224	169,257	84,926	84,331	10.4	10.1	10.8

% of disabled pupils

2001

2002	Total	Total pupils		Orphan pupils		% of disabled pupils			
		Male	Female	Total	Female	Male	Female		
Central	17,965	9,247	8,718	1,916	1,049	887	10.6	10.4	10.8
Copperbelt	45,635	24,354	21,281	5,101	2,368	2,713	11.2	11.2	11.2
Eastern	17,098	9,870	7,218	1,410	866	544	8.3	8.8	7.7
Luapula	8,057	4,724	3,333	632	287	345	7.8	6.1	7.4
Lusaka	17,143	9,091	8,052	2,947	1,312	1,635	17.2	14.4	20.3
North-Western	4,866	2,977	1,869	306	137	171	6.3	4.6	9.1
Northern	8,861	5,567	3,284	983	304	679	11.1	5.5	20.6
Southern	20,876	11,778	8,868	1,974	971	1,003	9.5	8.2	11.3
Western	7,822	4,709	3,113	678	281	387	8.7	6.2	12.4
Zambia	138,114	76,986	61,128	14,623	6,865	7,758	10.6	8.9	12.7

Secondary Schools

2002	Total	Total pupils		Orphan pupils		% of disabled pupils			
		Male	Female	Total	Female	Male	Female		
Central	17,460	9,247	8,213	2,196	1,122	1,074	12.6	12.1	13.1
Copperbelt	48,598	25,765	22,833	5,334	2,574	2,760	11.0	10.0	12.1
Eastern	17,588	10,708	6,860	2,237	1,178	1,059	12.7	11.0	15.4
Luapula	8,891	5,092	3,798	923	471	452	10.4	9.2	11.4
Lusaka	20,407	10,536	9,871	2,983	1,521	1,462	14.6	14.4	14.8
North-Western	8,778	5,213	3,565	1,041	642	399	11.9	12.3	11.2
Northern	15,380	8,951	6,428	1,634	698	935	10.6	7.8	14.5
Southern	20,381	11,403	8,988	2,831	1,377	1,454	13.9	12.1	16.2
Western	9,848	5,878	3,970	1,258	624	634	12.8	10.6	16.0
Zambia	167,321	92,793	74,528	20,437	10,208	10,229	12.2	11.0	13.7

2002	Total	Total pupils		Orphan pupils		% of disabled pupils			
		Male	Female	Total	Female	Male	Female		
Central	190,304	98,307	91,997	22,569	11,409	11,160	11.9	11.6	12.1
Copperbelt	284,391	142,630	141,761	32,030	15,717	16,313	11.3	11.0	11.5
Eastern	188,781	99,283	89,498	23,788	12,324	11,444	12.6	12.4	12.8
Luapula	136,765	74,003	62,762	18,300	9,500	8,800	13.4	12.8	14.0
Lusaka	211,011	104,582	106,429	23,752	11,559	12,193	11.3	11.1	11.5
North-Western	112,095	59,732	52,363	12,088	6,289	5,798	10.8	10.5	11.1
Northern	236,386	130,106	106,280	31,457	16,644	14,816	13.3	12.8	13.9
Southern	242,693	123,740	118,953	31,493	16,078	15,415	13.0	13.0	13.0
Western	129,153	66,722	62,431	18,270	9,288	8,982	14.1	13.9	14.4
Zambia	1,731,579	899,105	832,474	213,727	108,805	104,922	12.3	12.1	12.6

% of disabled pupils

2002

2002	Total	Total pupils		Orphan pupils		% of disabled pupils			
		Male	Female	Total	Female	Male	Female		
Central	17,460	9,247	8,213	2,196	1,122	1,074	12.6	12.1	13.1
Copperbelt	48,598	25,765	22,833	5,334	2,574	2,760	11.0	10.0	12.1
Eastern	17,588	10,708	6,860	2,237	1,178	1,059	12.7	11.0	15.4
Luapula	8,891	5,092	3,798	923	471	452	10.4	9.2	11.4
Lusaka	20,407	10,536	9,871	2,983	1,521	1,462	14.6	14.4	14.8
North-Western	8,778	5,213	3,565	1,041	642	399	11.9	12.3	11.2
Northern	15,380	8,951	6,428	1,634	698	935	10.6	7.8	14.5
Southern	20,381	11,403	8,988	2,831	1,377	1,454	13.9	12.1	16.2
Western	9,848	5,878	3,970	1,258	624	634	12.8	10.6	16.0
Zambia	167,321	92,793	74,528	20,437	10,208	10,229	12.2	11.0	13.7

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Zambia	167,321	92,793	74,528	20,437	10,208	10,229	12.2	11.0	13.7



5a. Early pregnancy

	2000	2001	2002
Province	Central		
	Copperbelt		
	Eastern		
	Luapula		
	Lusaka		
	Northern		
	North-Western		
	Southern		
	Western		
Age	<15 years		
	15 year		
	16 year		
	17 year		

Zambia

Source:

5b. Number of STI

		2000	2001	2002
Province	Central	15,838	13,893	19,506
	Copperbelt	20,855	24,640	28,572
	Eastern	19,413	17,605	17,423
	Luapula	6,720	7,225	9,483
	Lusaka	30,286	28,311	32,922
	Northern	7,392	8,530	9,303
	North-Western	7,928	8,291	10,479
	Southern	22,535	23,026	25,259
	Western	20,327	19,350	20,695
Age group	<5 years	4,716	3,251	3,674
	5 years and above	146,578	147,620	169,968
Zambia		151,294	150,871	173,642

Source: HMIS, CBoH, 2000, 2001 & 2002

5c. Infant and Under 5 Mortality rates

		2000		2001	
		IMR	U5MR	IMR	U5MR
Sex	Male				
	Female				
Residence	Urban	91	126		
	Rural	117	180		
Province	Central	100	144		
	Copperbelt	91	126		
	Eastern	129	196		
	Luapula	132	224		
	Lusaka	88	126		
	Northern	130	180		
	North-Western	83	137		
	Southern	93	138		
	Western	140	201		
Zambia		110	162	95	168

Source: 2000: 2000 Population and Housing Census, CSO  
 2001: 2001/2002 Zambia Demography and Health Survey, CBoH & CSO

Lusaka	88	126	
Northern	130	180	
North- Western	83	137	
Southern	93	138	
Western	140	201	
Zambia	110	162	168
		95	

Source: 2000: 2000 Population and Housing Census, CSO

2001: 2001/2002 Zambia Demography and Health Survey, CBOH & CSO

**NB: Projections for 2001 and 2002 not available**

#### 5d. Child malnutrition

	2001			
	Underweight <-2SD	<-3SD	Sunting <-2SD	<-3SD
Sex				
Male	28.3	7.4	47.9	22.9
Female	27.9	6.8 <sup>m</sup>	45.6	21.5
Residence				
Urban	23.4	5	36.8	14.8
Rural	30.3	8.1	51.3	25.5
Province				
Central	26.6	6.5	45.9	19
Copperbelt	29	6.5	39.9	19.1
Eastern	32.1	9.9	59.4	29.7
Luapula	35	10.2	57.5	29
Wasting				
<-2SD				5.7
<-3SD				1.4
<-2SD				4.3
<-3SD				0.9
<-2SD				5.1
<-3SD				1
<-2SD				5
<-3SD				1.2
<-2SD				4.2
<-3SD				0.7
<-2SD				6.5
<-3SD				1.4
<-2SD				5.2
<-3SD				1.3
<-2SD				3.8
<-3SD				0.6

Lusaka	21.7	4.2	35.6	12.8	5.1	1.3
Northern	33.8	10.4	54.8	33.5	7.6	2
North-Western	27.1	6	44.8	20.3	2.8	0.2
Southern	23.6	4.4	40.2	17.7	3.9	0.8
Western	23.7	4.2	42.6	14.1	2.5	0.8
Zambia	28.1	7.1	46.8	22.2	5	1.1

Source: 2000: 2000 Population and Housing Census, CSO

2001: 2001/2002 Zambia Demography and Health Survey, CBOH & CSO

**NB: Projections for 2000 and 2002 not available**

**5 (e) Number of child Health workers**  
Health to provide information

**6 (a) Number of children who are HIV positive**  
Data available But not by Gender, only by age and region

PROVINCE	UNDER 5	OVER 5	TOTAL
LUSAKA	1,829	4,960	29,447
COPPERBELT	927	4,507	6,789
SOUTHERN	529	2,944	5,434
CENTRAL	371	2,815	3,473
WESTERN	238	2,46	3,183
NORTH-			
WESTERN	465	3,347	2,724
EASTERN	209	1,293	3,812
NORTHERN	132	1,638	1,502
I.UAPULA	69	688	1,770
<b>HIV/AIDS-YEAR- 2001</b>			
PROVINCE	UNDER 5	OVER 5	TOTAL

LUSAKA	1,623	6,697	8,320
COPPERBELT	1,744	8,478	10,222
SOUTHERN	600	3,597	4,197
CENTRAL	612	3,192	3,804
WESTERN	315	2,720	3,035
NORTH- WESTERN	471	2,860	3,331
EASTERN	289	1,830	2,119
NORTHERN	125	1,232	1,357
LUAPULA	123	966	1,089

**HIV/AIDS-YEAR- 2002**

PROVINCE	UNDER 5	OVER 5	TOTAL
LUSAKA	3,077	9,495	12,572
COPPERBELT	983	6,097	7,080
SOUTHERN	657	3,906	4,563
CENTRAL	62	3,543	4,005
WESTERN	269	2,725	2,994
NORTH- WESTERN	189	1,439	1,628
EASTERN	210	1,480	1,690
NORTHERN	327	2,668	2,995
LUAPULA	138	1,891	2,029

**NB: Data available But not by Gender, only by age and region**

**6 (b) Number of children affected by HIV**

Data not available  
UNICEF to provide information

**6 (c) Number of children Heading House Holds**

6c. Number of children heading households, 2000

Total	Number of children	% of children as heads of House	Number of households headed by a	% of
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Province	children	headed	hold	Households	child
Central	521,185	827		178,820	0.5
Copperbelt	783,936	1,131	0.2	289,647	0.4
Eastern	661,352	883	0.1	254,603	0.3
Luapula	396,070	733	0.1	164,739	0.4
Lusaka	661,055	1,252	0.2	272,094	0.5
Northern	646,198	1,423	0.2	258,887	0.5
North-Western	292,774	547	0.2	111,133	0.5
Southern	631,131	935	0.2	204,398	0.5
Western	367,615	566	0.1	150,420	0.4
Zambia	4,961,316	8,297	0.2	1,884,741	0.4
			0.2		

Source: 2000: 2000 Population and Housing Census, CSO

**6 (d) orphans of HIV Heading House Holds**  
Data not available: UNICEF TO PROVIDE

7 already provided by Judiciary

**8. (a) Home affairs and Labour to provide information)**  
(b) DEC to provide information)

**© Children living in the street and the number of them receiving social re-integration**

The official figure looking at street children stands at 75,000 . However it is worth noting that we have over 600,000 OVCs, this figure includes street children

. Although there is no readily available data on street children receiving social re-integration there are a number by Govt., NGOs, Churches and communities aimed at re-integrating vulnerable children into families and communities

## Part I No. 7

- a) Since October 2001 to December 2002 the Juvenile Court handled over 400 Juveniles who had allegedly committed crimes that were reported to the police. About 66 of these juveniles were female and the rest were male.
- b) During this period 133 Juveniles matters were disposed off. 45 cases were channeled from the formal criminal process and under went rehabilitation programmes. 12 Juveniles were sentenced to imprisonment, 24 Juveniles were sent to approved schools and probation hostels for rehabilitation and skills programmes, 31 Juveniles were put on probation to be supervised by the probation officers and 21 Juveniles were placed on Community Service.
- c) Juveniles in Zambia are detained at remand Prisons whilst awaiting their court appearance and trial. There are no places of safety for Juvenile offenders in Zambia. The remand prisons are always congested and not suitable or conducive for the development of the children.
- d) Juveniles from 8 –18 years are detained in these facilities.
- e) The percentage of re-offending in children is about 2%
- f) With the introduction of the new juvenile justice there are no cases of abuse and maltreatment of children occurring during arrest and detention.



## *2. Incidence of street children*

- ✓ No accurate and up-to-date information on street children is available for the country.
- ✓ The number of street children in Zambia was estimated at 75,000 in 1996 (Street Children in Zambia, A Situational Analysis, Pr. G. Lungwangwa & Al.).
- ✓ A Rapid Assessment on Street Children in Lusaka conducted in April 2001 for which 1,232 street children were interviewed (Dr. M. Lemba).
- ✓ From the RA, 296 children were found living on the streets day and night; 761 day only; 13 were on the streets at night only.
- ✓ Although the phenomenon is growing rapidly, its proportions seem to be relatively manageable.
- ✓ Activities in which street children engage include selling, delivering goods, washing or tending cars, and begging.

- ✓ People found living on the streets are mainly male children and youth. The phenomenon of entire families living permanently on the streets does not exist in Zambia.
- ✓ The situation of street children is very volatile as children often move from one city to another (mainly Lusaka, Kitwe, Ndola, Livingstone) and also to a lesser extent from one area in the city to another.
- ✓ Poverty is the main reason pushing children onto the streets. The other reason has to do with family breakdown (the majority of street children come from homes where the parents are separated, widowed or divorced).
- ✓ Major problems faced by street children include public harassment, fighting, theft and grabbing of goods/money, hunger, sexual abuse and harassment. (Pr. Lungwangwa + Dr. Lemba).
- ✓ The majority of street children would like to be assisted to return to school. For those who cannot go back to school, they would like to be assisted in finding employment, learning a trade, or starting a business.

8.(d). Number of children involved in child labour

Informal Sector- 600,000

Formal Sector- Not found

Domestic Sector- 563,000

B. **GENERAL MEASURES OF IMPLEMENTATION**

1. The Law Development Commission in Zambia has embarked on an exercise of unification the diverse customary laws among Zambia's 73 ethnic groups to be in line with statutory law.

- All criminal matters are heard in the Subordinate Courts and not the local courts, which mainly administer customary law.
- Diversion of Juvenile cases usually involves the invoking of principles and guidelines of the CRC. Since the Juvenile Act does not have provisions and guidelines which the new Juvenile system can rely on when faced with first time Juvenile offenders charged with petty offences.

## **B GENERAL MEASURES OF IMPLEMENTATION**

2. The Government of Zambia upon ratifying the CRC in 1991 embarked on the process of formulating the National Child Policy and the National Programme of Action. The 2 documents were approved in 1994.

The processes for the documents formulation and implementation plans were done through the Ministry of Sport, Youth and Child Development in collaboration with the NPA Steering Committee. The NPA Steering Committee was superseded by the National Steering Committee on orphans and vulnerable children (NSC – OVCs). This was due to the effects of HIV/AIDs on Women and Children.

The NSC – OVCs was established in 2000 and reconstituted in 2002. This followed a recommendation by the Committee of PS's of Social Sector Ministries that an advisory body to government on OVCs be established and be chaired by the Permanent Secretary, Ministry of Sport, Youth and Child Development.

The NSC-OVCs has sub Committees on Policy and Research, Monitoring and Evaluation, Resource Mobilisation and advocacy.

Currently there are well over 80 NGOs and CBOs working with and for children. Their Programme are under; Advocacy, reproductive Health, Provide Psychosocial counseling, IGAs, Education etc.

## **BRIEF OF THE NATIONAL PROGRAMME ON THE ELIMINATION OF CHILD LABOUR**

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Since its inception, March 2000, the programme has implemented the following activities:-

1. Zambia has signed a memorandum of understanding with International Labour Organization on the National Programme on the Elimination of Child Labour.
2. The Government ratified Convention No. 182 – on 10<sup>th</sup> December 2001.
3. The Government is in the process of reviewing the legislature and is in a process of developing the child labour policy.
4. 11 action programmes are currently in place targeting to withdraw 1,481 from the worst forms of child labor, policy formulation, review of laws, awareness raising on issues of child labour, targeted policy makers such as parliamentarians, heads of schools, social workers, health workers and parents of the affected children and capacity building including promotion of income generating activities. Separate action programmes targeting domestic child workers of 2,400 are under way.
5. To date, a total number of 1,481 have been withdrawn and placed in formal schools, transitional classes and vocational skills training.
6. The National Steering Committee is in place and meets quarterly.
7. The National Plan of Action on Child Labour is in place and in use.
8. The SIMPOC study report has been finalized and distributed.
9. The Programme has implemented a number of mini-programmes on specific activities as follows:-

- Launch of the Country Programme – 2000
- National Planning Workshop – 2000
- Sensitization workshop – 2000
- Design management, monitoring and evaluation – 2000
- Labour Inspectors Training - 2001
- Financial Management – 2001 and 2002
- Capacity Building Needs Assessment – 2002
- Developing Action programmes – 2002
- Red Card to Child Labour – 2001 to 2002
- Developing a child labour jingle
- Training of parliamentarians

- Establishment of a databank
  - Training of media people.
11. During the implementation, the programme has had to commission studies where necessary as follows:-
- Study on the good practices under commercial sexual exploitation of children.
  - Study on children engaged in stone crushing and quarrying mining.
12. Programmes staff have conducted several television and radio discussions. Programme.
13. Staff have also used different occasion to sensitize the nation on issues of child Labour. Occasions such as the Labour Day, World Day on Child Labour, during the OAU Summit, African Day of the child, Youth Day. UN week, Sixteen days of Activism and International Women's Day.

IMPLEMENTATION OF THE CONVENTION ON THE RIGHTS OF THE  
CHILD

PART I

**B. General Measures of Implementation**

3. Please provide information on the activities of the Permanent Human Rights Commission and how it contributes to implementation and monitoring the rights of the child. Please indicate whether this Commission is mandated to receive and address individual complaints from children

Information in response to the above inquiry is as follows:

**1. Child Justice Forum**

The Permanent Human Rights Commission is an active member of the Child Justice Forum, a pilot project spearheaded by the Judiciary to look into the plight of children who come into conflict with the law. The aim of the project is to work out alternative forms of punishment to imprisonment.

Another important aspect of the project is to ensure that the police have a cell specifically reserved for juvenile offenders so that they are kept separately from adults. Currently three (3) cells at Matero, Lusaka Central and Kabwata police stations have been or are under rehabilitation for the purpose of keeping children who come into conflict with the law. Within the judiciary one magistrate has been specifically assigned to handle cases involving children.

The composition of the Forum includes line Government Ministries, the Judiciary, the Permanent Human Rights Commission, non-governmental organisations and co-operating partners such as UNICEF and the Swedish Embassy in Lusaka.

**2. National Committee for Human Rights Education**

The Permanent Human Rights Commission is a key member of the National Committee for Human Rights Education (NACORE) and was the first Chair of the Committee. The Committee is now under the chairmanship of the Ministry of Education. The Committee was formed as Zambia's response to the call made by the United Nations under the United Nations Decade for Human Rights Education (1995 to 2004). Under this UN programme, each country is supposed to come with a National Plan of Action for Human Rights Education. In particular, the plan must ensure that primary, secondary and tertiary



education curricula include human rights education. The plan should also include human rights education in the informal sector, including sensitisation on the rights of children.

### **3. Steering Committee on Child Labour**

The Permanent Human Rights Commission is also a participant in the Steering Committee on Child Labour, a programme spearheaded by the Ministry of Labour and the International Labour Organisation (ILO). The programme aims at eradicating child labour in Zambia, in particular to remove children from the worst forms of child labour such as prostitution and economic exploitation.

### **4. Prison Visits**

Towards the end of last year (2002) and the beginning of this year (2003), the Human Rights Commission conducted country wide prison inspections. Virtually every existing prison in Zambia was inspected. One of the priorities for the Commission was to gather first-hand information on the situation of juvenile inmates, as part of its continuing concern for the protection of children's rights. A comprehensive report is being prepared and should be ready soon for distribution, in particular to the Ministry of Home Affairs.

### **5. Sensitisation of School and Education Authorities**

In the last quarter of 2002, the Commission held a one day sensitisation workshop at Taj Pamodzi Hotel for school and education authorities in Lusaka Province. The workshop drew over a hundred teachers, head teachers and Ministry of Education authorities. The objective of the workshop was to sensitise educational authorities, in particular teachers who are in direct contact with school children, on the rights of children in the school place. The workshop particularly addressed abuse of school children by teachers, including the illegality of corporal punishment. Papers were presented by experts, including a High Court Judge, on corporal punishment; alternative methods of discipline; and a general outline of the provisions of the Convention on the Rights of the Child.

### **6. Sensitisation Workshops for Law Enforcement Agents**

The Commission currently has an on-going country-wide sensitisation programme for law enforcement agents. The theme is "law enforcement and human rights". So far the Commission has been to all the districts in Western, Southern and Lusaka Provinces. When more resources are available, the Commission intends to go to the remaining provinces. A key feature of the presentations in these workshops has been the question of protecting the rights of children who come into conflict with the law, especially as provided for in international standards.

## 7. Individual Complaints from Children

Under Section 10(1) of the Human Rights Commission Act No. 39 of 1996, the Commission is mandated to receive and consider complaints from individuals, groups of individuals and associations. The victim of human rights violations can bring the complaint on his own or a complaint can be brought on behalf of a victim who is not able to do it for some reason or just due to natural inability or incapacity such as that of a small child. On the basis of this provision the commission has received complaints concerning abuse of children's rights.

The Commission considers complaints involving child victims as top priority and they are quickly investigated and dealt with. The current statistical information is as follows:

Year	Total
1999	6 (4 female; 2 male)
2000	14 (6 female; 8 male)
2001	11 (6 female; 4 male)
2002	17 (5 female; 12 male)
2003	7 (5 female; 2 male) as at 02.04.03

The nature of complaints ranges from various forms of child abuse, neglect, denial of medical attention, difficulties in accessing a school place to desertion.

### CONSTRAINTS IN PROMOTING CHILDREN'S RIGHTS

When the Human Rights Commission was formed in 1997, one of its priority areas was the promotion and protection of children's rights. In this regard, the Commission, pursuant to Section 15 of the Human Rights Commission Act, formed, as one of the Committees, the Children's Rights Committee. The membership of the Committee was drawn from the general public, involving persons and associations specially interested in children's rights. However, due to material and financial constraints, the activities of the Children's Rights Committee are on hold.

### NATIONAL PLAN OF ACTION (1999 – 2009)

In its National Plan of Action, the Commission includes a segment of what it intends to do, together with other stakeholders, in the area of children's rights in the period 1999 – 2009. These activities include, among others:

- Lobby and advocate for the incorporation of the Convention on the Rights of the Child into domestic legislation

- Lobby for compulsory basic education
- Hold sensitisation workshops/rallies on the rights of children
- Conduct workshops on children's rights for policy makers, traditional rulers and parents
- Advocate for life-skills training for children
- Lobby for more bursaries to disadvantaged children and students at all levels of education
- Hold advocacy meetings to discuss re-entry of girls into schools after giving birth
- Contribute to the elimination of all forms of discrimination against the girl child and other disadvantaged children

## **B. General Measures of Implementation**

5. (a) There has been introduced in the School of Law at the University of Zambia, a post graduate diploma course in International Human Rights Law. Furthermore, the same Course has been introduced in the same school at Undergraduate level.
- (b) The Zambia Institute of Advanced Legal Education in conjunction with the Ministry of Legal Affairs has been running courses in International Human Rights Law for the last two years. This Course caters for Law Enforcement Officers and other government employees involved in the implementation of human rights standards.
- (c) The Child Justice Forum in collaboration with UNICEF has drafted a training manual on Juvenile Justice to be used at the Police Training College.
- (d) At the end of 2002, the Department of Child Affairs in conjunction with UNICEF embarked on the dissemination of Zambia's Initial and First Report on the CRC. The intention is to carry out this exercise in all Provincial Centres.
- (e) The Government also has an opportunity to sensitise the Zambian population on the rights of children through occasions such as:
- Labour Day
  - World Day on Child Labour
  - OAU Summit
  - Day of the African Child
  - Youth Day
  - UN Week
  - Sixteen Days of Activism
  - International Women's Day
6. The Government considers the following to be priorities requiring the most urgent with regard to issues affecting children:
- (a) Legislative reform;
  - (b) The establishment of reformatory schools for girls;
  - (c) Establishing places of safety for Juveniles;
  - (d) Building capacity in the implementers of children's rights i.e. training

### **PART III**

#### **New Bills or Enacted Legislation**

New Bills- The Ministry of Youth, Sport and Child Development is in the process of initiating the domestication process of the CRC. Consultations with the Ministry of Legal Affairs have already begun.

Enacted Legislation- Parliament recently passed the National HIV/AIDS/STI/TB Council Act No. 10 of 2002 which operationalises the National AIDS Council mandated to coordinate all AIDS Activities in Zambia.

**INFORMATION NOTE ON  
PUBLIC WELFARE ASSISTANCE SCHEME  
YOUTH HEALTH CARE COST SCHEME<sup>1</sup>**

**Background to PWAS**

The Public Welfare Assistance Scheme (PWAS) has been in existence since the 1950s. It is a key component of the work of the Dept of Social Welfare (MCDSS). The scheme aims to provide welfare support to those most in need of assistance. Clients have usually been the disabled, the elderly, widows, orphans and displaced people. The assistance provided includes food, clothes, shelter, school fees, health costs, transport, blankets, utensils. Over the years, the scheme had become moribund, and the resources allocated to it had dwindled. In the 1990s, in a context of increasing poverty levels the scheme had clearly become ineffective.

The scheme was evaluated and redesigned in 1996. A decentralised approach was then adopted where decision making is left to the community who is now responsible for identifying the most vulnerable in their midst. Under the redesigned PWAS, communities decide on the allocation of welfare resources, using a known budget as the context for their decision making. Assistance provided focuses as before on health costs, education costs and social support. The new PWAS aims to deliver social welfare assistance only to the most destitute (2% or 200,000 of the population).

The first 9 pilot districts introduced the new PWAS during 2000, followed by a further 27 in 2001. Nationwide coverage has been rescheduled for 2002 to cover the remaining 36 districts.

**Zambia Exemption Policy**

When the cost sharing and user fees system was introduced in the health sector in the 1990s, a number of exemptions were provided for (see below). The Zambian exemption policy is absolute, meaning that patients who qualify for the exempted category are given free care at district health facilities.

However, studies have shown that there is a range in the compliance to the Government's exemption policy with the characteristic exemptions (under five and over sixty five) being the most followed and the vulnerable waiver the least.

Although the Government policy is that no one should miss health care because of a genuine inability to pay health charges, in practice there is evidence to demonstrate that many people do not seek health care because they cannot pay, and that others are turned away because they do not have money.

Indeed, the prospect of raising cash for health fees can deter the poorest from seeking health services. They fear being treated badly if they do not bring money, and therefore opt not to attend the clinic.

Cost Sharing Exemption Policy	
<p>The following medical services are free:</p> <ul style="list-style-type: none"> <li>• Treatment of chronic illnesses such as TB, HIV/AIDS</li> <li>• Treatment of STDs</li> <li>• Treatment of epidemics such as cholera</li> <li>• Ante-natal, delivery, post-natal</li> <li>• Family planning</li> <li>• Emergency cases such as accidents</li> </ul>	<p>The following are to be treated free of charge:</p> <ul style="list-style-type: none"> <li>• Children under the age of five</li> <li>• People over the age of 65 years</li> <li>• The vulnerable individuals with the evidence from the Social Welfare Dept indicating that they cannot afford to pay</li> </ul>

## **Funding of PWAS**

In Nov. 1999 the EC funded a four-year capacity building project (1.16 million Euro) to assist the launch of the redesigned PWAS. The project provides technical advisory services, training and support costs through a Project Management Unit (PMU) based at MCDSS. The scheme is jointly funded by donors and GRZ. A HIPC funding allocation of 16 billion KMB (USD 4.57 million) for five years has been secured and is supplemented by 2.5 billion ZMK from GRZ budget.

## **Youth Health Care Cost Scheme**

YHCCS works through the redesigned PWAS to provide exemptions from health charges to orphans and vulnerable children aged 6-16 years. It was introduced at the end of 2000 in 6 pilot districts (Mkushi, Luanshya, Chadiza, Mansa, Siavonga, Senanga) targeting 75,000 children. The original budget of USD 147,000 for two years is funded by UNICEF. The scheme is now being expanded to 4 new districts (Chingola, Kalomo, Mwinilunga, Nakonde) and aims to benefit 63,000 additional children with a budget of USD 105,430. UNICEF budget covers the following: printing of exemption cards and training material, monitoring visits to districts, training, costs of exemptions, KAPsurvey/evaluation. UNICEF also agreed to procure 10 motorbikes to facilitate project monitoring by District Social Welfare Officers.

The objectives of the YHCCS are as follows:

- To identify and prioritise the most vulnerable OVCs at community level through the PWAS;
- To provide these OVCs with exemption from health charges at GRZ facilities;
- To raise awareness of the health and other needs of OVCs at community level and at health centres;
- To study the impact of exemptions on health seeking behaviour and on the knowledge, attitudes and practices of beneficiaries.
- To strengthen PWAS through the provision of an additional stream of benefits for allocation at district level.

It is hoped that YHCCS will encourage improved health behaviour, including preventive health services, early reporting for curative services, counselling, etc.

PMU has allocated a maximum number of exemptions per district valid for one year calculated proportionately to the total population living in extreme poverty. The exemptions provided are in the form of exercise books that are supposed to be kept at the health centres. For each exemption issued an annual amount of USD 0.50 is transferred to the DHMT. This annual fee covers the user for as many or as few visits as he/she makes during the year. The DHMT is free to use these funds in whatever way they judge most appropriate. The payment is made on the basis of the total allocations available to the district, but adjusted for the number of exemptions actually issued.

Prioritisation and identification of OVCs is done at community level by the Community Welfare Assistance Committees (CWACs) using a set of criteria (see attachment) and a ceiling of exemptions. The exemptions are provided to the children by virtue of their socio-economic status, not when and if they fall sick.

## **Rationale of YHCCS**

YHCCS is a new stream of PWAS. It adds up to the Social Support component and the bursary scheme. It is justified by the need to allow access to health services to a "new" category of people unable to pay health user fees that emerged as a result of HIV/AIDS and increasing poverty. The scheme helps communities to consider the issue of OVCs, and

contributes one component of assistance to their response. YHCCS provides additional resources to PWAS for this specific category who otherwise would not be able to access health services at all, or would access services less frequently than necessary or desirable because of the fees.

It is hoped that after two years the lessons learnt from the implementation of YHCCS will form the basis of discussion with CBOH to implement a broad-based exemption scheme for OVCs, in which the cost of the exemptions are not sourced from a donor.

### **Current implementation of YHCCS**

In all the initial six districts, training has been conducted at community level to sensitise the public to YHCCS, and to provide skills in implementing the scheme to PWAS committees. Exemptions have been issued by CWACs and transfers of funds to DHMTs have been made.

Preliminary findings show that:

- The scheme has been well received at community level but more sensitisation is needed for further community adherence;
- CWACs are using the criteria to identify OVCs but in some cases prioritisation of the OVCs can be problematic;
- Exemption books are being issued but sometimes their utilisation is not optimal: e.g. the issuance date is not always indicated on the book making it difficult to determine its validity which has implications for monitoring and payment to DHMT;
- The reporting from health centres to DHMT, and from DHMT to DSWO still needs to be improved;
- Collaboration between health centres staff, DHMTs, CWACs and DSWO has been good but YHCCS should be viewed as a joint programme by all DHMTs to ensure continuous training and sensitisation of the health staff;
- Low attendance to health clinics: this is not specific to beneficiaries of YHCCS as shown from the clinic attendance registers which indicate consistent low attendance from anyone in the target age group. This suggests that non-attendance is a well-ingrained habit, derived either from long-term inability to pay, or from low prioritisation of these services for children over the age of five. Research is needed to identify the reasons for this attitude.

It is too early to conclude on the success or otherwise of the YHCCS. The picture at present is varied, with both encouraging and problematic findings. The study impact on health seeking behaviour and KAP of beneficiaries planned for end 2002 should enlighten us on the factors that either encourage or discourage OVCs from seeking health care.

12/04/2002

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<sup>1</sup> This paper was prepared with information compiled from various project documents.



## BRIEF UPDATE ON CCUP

The first phase of CCUP came to an end on 31st January, 2001 with the last CCUP sensitisation workshop that was held in Lusaka. The first field workshops organised in Western Province in July 2001 marked the actual beginning of the programme implementation.

A total of 19 three-day workshops have been carried out in 2 districts of each province (+ 1 workshop for Lusaka) and attracted 613 participants. The profiles of participants included caregivers in orphanages, street children projects, pre-school/community school teachers, MCDSS officers, VSU, etc. From the registration forms filled by participants, it is estimated that about 104,539 children have indirectly been reached out through CCUP. It is clearly difficult at this stage to determine the real benefit of CCUP on these children as there is no way yet to assess whether the newly acquired knowledge has resulted in a change of attitudes of caregivers.

However, from the data collected through the individual/institutional registration forms, it will be possible - after some data cleaning is done - to determine the type and number of OVC that are now enrolled in institutions (day-care centres, pre-schools, orphanages, feeding centres, etc.). A monitoring system is now being put in place that will include collection of data through next CCUP workshops' participants but also through continuous collection by DSWO, transfer of data to PSWO and later to DSW where the data will be analysed and fed back to provinces. The initial data gathered during phase 1 are being used as baseline data since this was not available when CCUP started.

The main aim of the phase 1 was to sensitise primarily caregivers in institutions on issues pertaining to OVC. The following topics were addressed:

- ✓ Socio-economic impact of HIV/AIDS
- ✓ OVC situation in Zambia
- ✓ National legislation on children
- ✓ Children's Rights
- ✓ Child abuse
- ✓ Establishing voluntary homes
- ✓ Minimum standards of care
- ✓ Record keeping

Informal Networking Groups have been formed in all the visited districts (made up of workshops participants) and are expected to continue discuss the content of the workshops, to identify institutions that did not take part in the workshops to be registered, etc. While some ING are very active, most have not been able to do effective networking partly due to lack of budget to covers the minimal costs incurred.

After phase 1 had come to an end, a planning meeting was organised early March, 2002 in Lusaka to prepare for the next phase as it was felt that the programme content for phase 2 needed to be refined, although the idea is that the minimum standards of care that are being developed by the team leader will constitute the main component of the next round, together with issues such as ECD, life skills and psychosocial counselling.

In terms of implementation, the pace has been slow as shown by the length of time needed to conduct the 19 workshops (from July 2001 up to January 2002) and it is not expected to accelerate in the future due partly to administrative constraints. However it is encouraging to note that the programme has been received very positively by all participants especially the primary target audience, namely the caregivers working in residential institutions. The challenge ahead is to come up to the expectations in making the programme operational, including the upgrading of knowledge and skills that should result in improved care practices.

One of the pending questions is whether the team has the capacity as of now to conduct "formal" training. (The original CCUP proposal indicated a training of trainers to be conducted by external trainers)

The other key issue is to be able to measure the effectiveness of CCUP and its impact in the long run, and it is expected that clear indicators will be built in the programme by the consultant currently doing the CCUP evaluation.

Among the issues that need our attention is how to optimise the internal functioning of the CCUP team. The high turnover of social welfare officers seconded to CCUP is clearly a limiting factor impeding the programme (4 have left including 2 who took part in the study tour to South Africa). Continuity and institutional memory are clearly threatened.

There is a feeling that CCUP has not been fully embraced by MCDSS. It is seen as a donor-funded project and is currently almost operating in isolation from the other MCDSS programmes. For instance, there are obvious linkages with PWAS but yet little collaboration. The other problems that have been identified are the insufficient supervision from the DSW and the lack of clarity on respective responsibilities between the team leader (consultant) and the "programme manager" (SWO) who is no longer there.

The budgetary allocation by MCDSS to CCUP remains unclear and UNICEF should lobby for a substantial financial contribution that could be tapped to cover costs such as sitting allowances or any other cost that cannot be charged on UNICEF budget. By doing so, MCDSS would prepare the phased taking over of the programme in terms of budget.

18/04/2002

## JUVENILE JUSTICE IN ZAMBIA

In July 2000 a study on Juvenile Justice was commissioned in collaboration with Ministry of Home Affairs, the Danish and Swedish Embassies, DFID and UNICEF. The overall purpose of the study was to describe the obtaining situation relating to Juvenile Justice in Zambia and analyze how children experiences the system when that came into conflict with the law.

The study found that although relatively few children enter the criminal justice system, those who do are exposed to a very harsh environment that fall short of international standards and contravenes the national legislation relating to children who came into conflict with the law. The study found that:

- Many Juveniles were arrested for petty offences that could have been dealt with outside the criminal justice system.
- Few children appeared with legal representation and no concerted effort was made to facilitate representation.
- Juveniles often appeared in Court without the presence of their parents and guardians resulting in lengthy delays.
- Pre-trial detention was common, with the average period being 3 months.
- There was no monitoring mechanism in operation to monitor the detention of children who came into conflict with the law pending trial.
- Children who came in conflict with the law were exposed to adult offenders when traveling to court, in court and at the police stations or remand prisons where they are held.
- The supervision of probation orders was beset by practical and theoretical problems, enforcement officers have not received specific training to equip them to deal with children who came into conflict with the law.

## **NEW DEVELOPMENTS**

A Child Justice Forum was established as an immediate way of carrying forward the recommendations made by the study. The Child Justice Forum comprises an open-ended group of role-players and stakeholders. The Child Justice Forum aims to provide guidance on the transformation of the Juvenile Justice System by ensuring Zambia adheres to the standards set out in the international instruments.

The initial activities in Juvenile Justice transformation include the establishment in three police stations, Pilot Arrest, Reception and Referral Services (ARRS) in an attempt to centralize all arrests of children in Lusaka. Orientation of the law enforcement officers and probation officers attached to the three police stations began in May 2001.

The Inspector General of Police, in July 2001 issued instructions to all Police Stations directing to the maximum extent all the arrest of children who came in conflict with the law to be centralized at the 3 ARRS police stations. UNICEF has greatly facilitated this process by providing blankets, mattresses and police occurrence books to the 3 ARRS police stations.

Magistrates in Lusaka have since initiated child friendly approaches when dealing with children who came in conflict with the law. The Juvenile Court has also embarked on a programme to provide therapy for child witnesses prior to a criminal trial. Since October 2001 the juvenile Court has channeled (Diverted) a number of minor offences committed by Juveniles into other extra – judicial programmes (referred to as diversion programmes).

A crime prevention programme targeted at 175 children aged between 8 – 18 years from 4 primary schools in the high density compounds of Kalingalinga and Mutendere, have been initiated. This project is called Rural Youth and Children

in Need (RYCHIN). This project also included raising awareness on child rights and crime prevention.

# EXPANDED CHURCH RESPONSE (ECR) TASK FORCE

Plot No. 17715, Nangwenya Road, Lusaka, Zambia

## PROFILE AND ACTION PLAN

### HIV/AIDS PREVALENCE IN ZAMBIA

Zambia has one of the highest prevalence rates of HIV/AIDS in the world. Nationally, estimates of the prevalence rate for adults aged (15 – 49) is at 19.7% (HIV/AIDS in Zambia, 1999). In urban areas, the prevalence is estimated at 28% and in rural areas it is 13.6% (Zambia National Surveillance Report 1998/9). Prevalence rates among high-risk groups, such as truckers and commercial sex workers are substantially higher.

### HISTORY OF THE ECR

Between the 15<sup>th</sup> and 19<sup>th</sup> of August 2000, 220 Church leaders representing the major church mother bodies: the Christian Council of Zambia (CCZ), the Evangelical Fellowship of Zambia (EFZ) and the Zambia Episcopal Conference (ZEC) met for a National Pastors Conference in Lusaka to consider and address issues of national concern. Facilitation for this response was catalysed and led by World Vision Zambia (WVZ) who are now part and parcel of the ECR Task Force. The Church leaders at this time acknowledged and re-affirmed the unimpeachable fact that HIV/AIDS had become the most severe epidemic in the nation because of its magnitude and far-reaching consequences in society.

The church mother bodies and concerned para-church organizations (WVZ, Scripture Union, etc) saw the need for collective action to confront the HIV/AIDS scourge and so after several months and meetings formed the *Expanded Church Response (ECR) Task Force* to act as a facilitator in HIV/AIDS intervention.

### STRATEGIC GOAL

The ECR Task Force will catalyze and build the capacity of the Church to provide a massive "Body of Christ" response to the HIV/AIDS pandemic in Zambia.

### GEOGRAPHIC PRESENCE/INFRASTRUCTURE

With over 12,000 '*points of presence*' distributed across the nation in virtually every community and with over 8 million Christians, we represent the largest 'potential

**capacity' in the nation in terms of human capital. We also, unfortunately, represent the largest infected and affected group in the country.**

## **STRATEGIC FRAMEWORK**

More recently, the ECR Task Force has been diligently developing a strategic framework for a church based response to the HIV/AIDS pandemic which:

- capitalizes on its unique role to provide a moral compass for the nation,
- engages its biblical mandate to reach out to the widow, the orphan, the sick and the needy,
- develops the massive human capital, much of which is committed to volunteerism, and
- will effectively utilize its physical assets broadly dispersed throughout each province and virtually every community.
- As an implementing body' the ECR is already in collaboration and networking of services with other faith-based organizations such as ZINGO which is non-implementing but has wide objectives that embrace many other target groups and faiths beyond the Christian Church.

There is no other body in the nation that can deliver as significant a return on investment. The ECR recognizes and accepts its role and responsibility in assisting this nation's rebuilding by offering its massive human capacity as a national resource in the fight against HIV/AIDS.

### **Core criteria for Church's strategic response**

- Fulfills Biblical Mandate
- Optimizes 'capacity' for sustainability
- Highest impact on reduction

## **STATEMENT OF VISION**

**Establishing a national framework for a church based response to HIV/AIDS with strategies, which utilizes the Church (particularly at the community level) as a key delivery system for prevention, care & mitigation.**

## **STRATEGIC OVERVIEW**

The need for strategic partnering is imperative due to the size of the task and the urgency of the need. *The Church is well positioned for intersecting with and complementing virtually every other sector. While encouraging each of the mother bodies to continue with their current interventions, the ECR Task Force has come together to capitalize on the substantial synergistic benefits of working together.* The ECR Task Force has evaluated its biblical mandate against global and national strategies and goals will focus its interventions in the following areas:

**Prevention**

- IEC

**Care**

- VCT
- MTCT

**Mitigation**

- OVC
- HBC
- Widow Care
- Microfinance & entrepreneurship

The ECR Task Force is aggressively mapping and 'fleshing out' its strategy, goals, objectives and budgets in readiness to share with local and global partners. While the focus has been on HIV/AIDS, it has become apparent that the ECR Task Force can utilize its developing capacity to address the impact of TB and malaria. This too, will be integrated into the strategic plan and implementation schedule.