

FINAL ASSESSMENT REPORT ON PUBLIC INVESTMENT IN CHILDREN

The case of Kitwe District – Zambia



Save the Children



Sverige

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It is because of this collective effort that this report has seen the light of day. It is the hope of the assessor that arising from this document, a robust and inclusive child rights intervention will be implemented in Kitwe that will benefit all children in the target locations.



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EXECUTIVE SUMMARY

Through a partnership with Save the Children, the Jesuit Centre for Theological Reflection (JCTR) is undertaking a project to implement various interventions that promote public investments in children in Kitwe. The project entitled; ‘Public Investments in Children in Kitwe District’, has its overall objective being: (the) *“Government of Zambia allocates adequate resources and spends effectively in education, health and child protection interventions /services.”*

The JCTR commissioned this assessment in line with this objective in Kitwe district of the Copperbelt Province. Specific objectives of the assessment were as follows:

- i. Provide a summary review of the legal and policy framework for protection of children’s rights to health, education and social protection in Zambia (with reference to regional and international treaties as well as local laws and policies);
- ii. Provide an analysis of local plans and budgets that promote children’s rights to health education and social protection;
- iii. Identify and disaggregate various groups of children and their access to health, education and social protection in Kitwe (based on but not limited to age, gender etc.);
- iv. Identify unique strengths and resources needed to improve children’s rights in relation to access to health, education and social protection, especially the most marginalised in Kitwe;
- v. Provide causal, stakeholder, capacity gap, and role/responsibility analyses of access to children’s rights to health, education and social protection in Kitwe; and,
- vi. Provide recommendations in relation to public investment for various stakeholders including JCTR to ensure enjoyment of children’s rights to health, education and social protection in Zambia (with reference to regional and international treaties as well as local laws and policies)

The findings of the assessment will be used by the JCTR as a basis for advocacy and sensitisation on children’s rights in Kitwe. It will also provide information for stakeholders to be engaged in finding solutions to the existing gaps in the fulfilment and provision of services to promote children’s rights particularly in the three sectors.

The assessment utilized a mixed methods approach, drawing on both quantitative and qualitative data collection methods. Literature review, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) were the principle means by which data was collected from identified respondents. Several respondents at district and community levels of the administrative and political hierarchy were identified respondents. Furthermore, primary data collected from the interviewees was complimented with documents reviews.

Two constituencies, Chimwemwe and Wusakile (out of the 5 constituencies in Kitwe) were identified by JCTR as the project implementation locations. Within, these two constituencies, two

wards from each constituency were identified on the basis of rural and urban dimensions. The respondents in the FGDs averaged 10 people with three distinct FGDs being held in each ward representing men, women and children.

Sets of data collection tools in form of questionnaires and interview guides were the principal methods of collecting the individual and collective views of respondents. With regards to data analysis, the assessor used Microsoft Excel and a qualitative analysis approach to relate the findings to the various research questions the assessment sought to respond to.

The assessment generally was conducted in a cordial environment with no threat being experienced in terms of the conduct of the assessment itself. However, limitations were experienced in connection with difficulties in accessing information, non-availability of some important respondents and incompleteness of data.

The assessment took note that the country has ratified several key international legal instruments which aim to protect children's rights. These include the United Nations Convention on the Rights of the Child (UNCRC) in 1991 and the African Charter on the Rights and Welfare of the Child (ACRWC) in 2008. The Optional Protocol to the UNCRC on the involvement of children in armed conflict and the Optional Protocol on the sale of children, child prostitution and child pornography¹ have been signed but are yet to be ratified. The same applies to the 3rd Optional protocol on reporting procedures. National laws equally were found to have some progressive provisions that protect the rights of children in the three sectors. The most important of these are; the Republican Constitution (as amended in 2016), the Juveniles Act (Chapter 53), Penal Code (Chapter 87), Criminal Procedure Code (Chapter 88), Adoption Act (Chapter 54), Employment of Young Persons Act (Chapter 274), the Anti Human Trafficking Act (No. 11 of 2008) and the Education Act (No. 23 of 2011). Some gaps were identified with regards to guaranteeing social, economic and cultural rights in Zambia for all citizens. Of particular concern was the 2016 failed referendum to sort to amend the Bill of Rights which had more progressive provisions in as far as the realization of social and economic rights. The assessment also noted that the country has numerous national policies that hinge on the rights of the child such as the National Child Policy (2006) and the National Youth Policy and Action Plan (2015). The challenge often cited by child rights advocates relates to weaknesses in fully implementing the policies for the benefit of the children.

Within the three sectors being assessed, it was observed nonetheless that good progress has been achieved in the active participation of children in decision-making processes at national and even district levels through platforms created by NGOs mostly. Also, several local gains are manifested in emerging child led associations, including those that influence their school environment through school councils and children's clubs, Children's Caucuses, Community Child Rights Groups,

¹ The Protocol was adopted by the United Nations General Assembly in 2000 and entered into force on 18 January 2002

Child Peer-to-Peer support and Child Peer Educators. The media has been noted as yet another platform being used to promote child rights and causes.

Under the health sector, the Kitwe district plans and budgets were quite difficult to access due to restrictions imposed by the ministry of health. However going by the national picture which is reflective of the district scenario, the health sector budget is the second largest in size (in nominal terms) and is only exceeded by the education sector budget allocations. Per capita expenditure on health however is quite low. In fact, even though overall allocation to children's programmes has increased from 2015 to date, the overall allocation as a percentage of the Ministry of Health (MoH) total has decreased drastically from 2017 to 2018.

Furthermore, other than the local District Health Office, the other ministries or agencies such as the Kitwe District Council have little or no direct financial investments into children's health programmes according to respondents interviewed for this assessment. FGD respondents observed that they were all unaware of any plans the Ministry or any government agency was taking in connection with child health rights promotion. The planning and budgeting did not involve local communities although in many cases, the identification of a site for a new health facility for instance would be preceded with a community meeting at which the location would be decided jointly.

Although the education sector receives the largest portion of the national budget, previous budget analyses seem to suggest that there are weaknesses in terms of citizen consultation in the budget formulation and execution process at all levels. The actual funds allocated towards early childhood, primary and secondary education give the impression that large amounts of funds are provided for this important part of children's basic rights. The reality however is that as much as 70% of the budget is spent on emoluments for teachers and little is invested towards infrastructure for education for instance leading to large numbers of learners in cramped classrooms. Taking ECE and primary education as an example, the budgets show that there was no money released for building of infrastructure from 2015 to 2017 – despite universal Early Childhood Education (ECE) being recently introduced and lacking significantly in infrastructure. Furthermore, because of the large number of schools and population, the average amount that is spent in form of school grants is often, less than K2,000 per school per term which is far below what is minimally required to address the needs of the schools.

At district level, the plans and budgets are prepared but they have largely remained the preserve of the technocrats who generate them with minimal or no involvement of the local people in their formulation, let alone them having access to the contents of those plans and budgets. There is also concern that generally, despite its considerable size, the education budget and plans do not adequately address the needs of children with special education needs (CSEN), Orphans and Vulnerable Children (OVC) and the recently introduced ECE requirements. Interviews with some

of the NGO stakeholders revealed that the ‘free education policy’ for grades 1-7, it is not uncommon in Kitwe for schools to charge parents an average of K100 for grade one application forms and other ‘Parents Teacher Association (PTA)’ fees for other children.

The national budget allocations towards the social protection sector since 2011 have been showing a steady increase. Specific budget lines for children’s programmes are hard to identify though. It appears though that the bulk of the funds are being allocated towards social welfare assistance, which includes the Social Cash Transfer scheme. While indirectly, children benefit from such welfare assistance, the funds are provided to adult members of the qualifying households who then determine how the funds are used.

Other than that, a look at the budget allocations for the past four years shows that the budget lines which are exclusively child centred are lowly funded relative to the programme totals. Even then, the entire social sector budget allocation is one of the lowest funded (relative to other sectors) generally thus placing children in vulnerable and poor households in a precarious situation.

The government was however said to be working on a new scheme at the time of the assessment that would provide cash transfers to child headed households. The social welfare department has continued to provide support towards bursary recommendations for children that enter university and colleges. Furthermore, the district had 16 orphanages accommodating about 700 children.

Also of interest was the formation of a Children Protection Committee which looks into the interests of children holistically with the support of Save the Children and includes several stakeholders from government departments, NGOs, the media, etc.

Key informant interviews revealed that the Kitwe City Council has no specific social protection programmes that target children. The MoH and the Ministry of General Education (MoGE’s) roles on their part are quite well defined and only touch on social protection in as far as providing their free services to children.

The assessment found that **knowledge** of what is available (budgets, plans, etc) is very limited to the most common facilities such as Constituency Development Funds (CDF) and Ward Development Funds (WDF). However, knowledge levels on the guidelines for accessing these funds was not universal in all the four sampled locations. Regarding **distance** to facilities the picture was mixed. In an area called Salamao in Itimpi ward for instance, children travel for about 8km to the nearest health centre at Kafironda or well over 20 kilometers to Kalulushi. The children are exposed to dangers like trucks and fast moving vehicles on the road. The urban wards sampled clearly had facilities a lot closer than the rural communities that had fewer and far between facilities.

As for **availability**, Kitwe district has a relatively large number of schools and health facilities. The district has significantly benefited from the infrastructure programmes of the government

underway. The district is nonetheless struggling with quality of the services on offer to children and practical challenges like the high demand arising from a high population and resource limitations (for medicines, basic school requirements, qualified personnel like teachers and nurses, etc.). Other than that, most of the health facilities even in urban areas close down by 17:00 hours every day. The children that attend secondary schools and primary schools in the Luangwa ward face the challenge of crossing the Kalubi River which, during the rainy season, swells and overflows its banks.

As for **cost/affordability**, the district is following government's free education and health services policy for all citizens. This is a positive development in as far as making all the people who require the services including children to access them. When one takes into account the reality of high levels of income poverty especially in urban Kitwe caused by low incomes, high levels of vulnerability arising from diseases such as HIV and AID and limited employment opportunities, the picture looks less positive. The problem is further exacerbated by schools charging 'Parent Teacher Association fees' for projects or registration fees for grade 1 entrants which are a de-facto charge on education. Even in government primary schools, this amount can range from K30 – K300 per term. The challenges of children dropping out of school has resulted in children 'roaming the streets, drinking alcohol and engaging in illicit activities' according to respondents in Racecourse and Wusakile. Girls are particularly at risk and shoulder the biggest burden.

1.0 INTRODUCTION

1.1 Background

The Jesuit Centre for Theological Reflection (JCTR), a faith based organization and a ministry of the Society of Jesus (Jesuits), strives to translate into action Christian principles and values related to promoting social justice in Zambia. The quest to promote social justice is well captured in its vision and mission which places emphasis on justice, the centrality of faith and the poor. The JCTR conducts its programmes through research, education, advocacy and consultations respectively.

Through a partnership with Save the Children International (SCI), the JCTR is undertaking a project to implement various interventions to promote public investment in children. The project, entitled ‘Public Investment in Children’, has its overall objective being: *“Government of Zambia allocates adequate resources and spends effectively on education, health and child protection interventions/services.”* The JCTR understands that education and health are basic essentials for any child to thrive and the same can be said about social protection which helps uplift living standards of the most vulnerable in society. To ensure that budgets promote financial allocations that prioritise access to children’s rights, the JCTR is convinced that it is necessary to enhance the understanding of communities and of children themselves for them to play a pivotal role in demanding for these rights.

The project targets community members, children, local Non-Governmental Organisations (NGOs) as well as traditional leaders through seeking to build their capacities to advocate for policies aimed at promoting the rights of children. This project is in line with JCTR’s strategic plan with regards to prioritisation of Kitwe as one of the implementation areas in the country. The project is also a build-up to SCI’s similar work in Lufwanyama district which has yielded some results.

1.2. Purpose and Scope of the Assessment

The overall objective of the assessment is to provide a situational assessment of access to children’s rights in relation to the health, education and social protection sectors in Kitwe district with a view to influencing public investment in children’s rights in these areas. Specific objectives of the assessment were as follows:

- vii. Provide a summary review of the legal and policy framework for protection of children’s rights to health, education and social protection in Zambia (with reference to regional and international treaties as well as local laws and policies);

- viii. Provide an analysis of local plans and budgets that promote children's rights to health education and social protection;
- ix. Identify and disaggregate various groups of children and their access to health, education and social protection in Kitwe (based on but not limited to age, gender etc.);
- x. Identify unique strengths and resources needed to improve children's rights in relation to access to health, education and social protection, especially the most marginalised in Kitwe;
- xi. Provide causal, stakeholder, capacity gap, and role/responsibility analyses of access to children's rights to health, education and social protection in Kitwe; and,
- xii. Provide recommendations in relation to public investment for various stakeholders including JCTR to ensure enjoyment of children's rights to health, education and social protection in Zambia (with reference to regional and international treaties as well as local laws and policies)

Through this assessment, root causes and underlying influences that affect enjoyment of children's rights have been identified and discussed. The findings of the assessment will be used by the JCTR as a basis for advocacy and sensitization on children's rights in Kitwe and encourage public investment in children at local and national level.

2.0 ASSESSMENT RESULTS AND DISCUSSION

2.1 Summary of the legal and policy framework for protection of children's rights to health, education and social protection in Zambia

2.1.1 International and National Legal Provisions and Policies

International legal provisions - Zambia's standing in relation to international legal instruments is that the country ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1991 and the African Charter on the Rights and Welfare of the Child (ACRWC) in 2008. The Optional Protocol to the UNCRC on the involvement of children in armed conflict² and the Optional Protocol on the sale of children, child prostitution and child pornography³ have been signed but are yet to be ratified. The same applies to the 3rd Optional protocol on reporting procedures⁴. However, Zambia is in the process of ratifying the three protocols through the Ministries of Justice (MoJ) and Home Affairs (MoHA) that are preparing the necessary documentation needed for ratification.

² Adopted and opened for signature, ratification and accession by General Assembly resolution A/RES/54/263 of 25 May 2000 entry into force 12 February 2002

³ The Protocol was adopted by the United Nations General Assembly in 2000 and entered into force on 18 January 2002

⁴ It entered into force in April 2014

National legal provisions - According to part XX of the 2016 Amended Constitution (General Provisions section 266), a child is defined as a person who has attained or is below the age of 18.⁵ With regards to rights, the Constitution however does not explicitly guarantee social, economic and cultural rights of any citizen. However, the Directive Principles of State Policy which are in Part IX of the Constitution state that these can be realised ‘depending on available resources.’ Furthermore, the Bill of Rights (BoR) which was put to a referendum in August 2016 was defeated and consequently, some of the progressive provisions which had been included in the Constitution (Part V Section 61)⁶, could not come into effect.

In addition to the Constitution, the protection of children’s rights is enshrined in a number of legal instruments which include; the Juveniles Act (Chapter 53), Penal Code (Chapter 87), Criminal Procedure Code (Chapter 88), Adoption Act (Chapter 54), Employment of Young Persons Act (Chapter 274), the Anti Human Trafficking Act (No. 11 of 2008) and the Education Act (No. 23 of 2011). Despite these laws having clear stipulations, implementation procedures are limited and public awareness on the legal provisions is low leaving other key issues and concerns around children’s rights and responsibilities still unresolved.⁷ For instance, Article 23 (4) (c) of the Bill of Rights sanctions constitutional discrimination in the area of personal law relating to adoption, marriage, divorce, and devolution of property on death - which are all matters of great concern to the child. In addition, while the 2011 Education Act provides for ‘equal access to quality education for all learners’ (and hence the re-entry policy), there have been significant weaknesses in the implementation of re-entry for girls who fall pregnant. The major challenges are therefore both in terms of poor implementation and claw backs as is the case with the bill of rights

National Policies - there are a number of systems and policies in place that govern child protection issues in Zambia. Key among them is the National Child Policy (2006) and the National Youth Policy and Action Plan (2015). A policy on Child Labour has been developed but not yet adopted. The National Child Policy has a section on the protection of children’s rights in general while the Action Plan includes provisions for monitoring and evaluation. Numerous policies supporting ECE and primary education exist such as: (i) the National Policy on Education (1996) entitled *Educating Our Future*; (ii) National Food and Nutrition Policy (2006); (iii) National Health Policy (2012); (iv) National Child Health Policy (2008); and (v) National Policy on Disability (2015), among others.

2.1.2 Sectoral Analyses

⁵ This is particularly important in addressing child marriage issues which is major concern if the age limit is lower

⁶

http://www.parliament.gov.zm/sites/default/files/documents/amendment_act/Constitution%20of%20Zambia%20%28Amendment%29%2C%202016-Act%20No.%202_0.pdf

⁷ According to the Realization of Children’s Rights Index, Zambia’s score in 2017 was 5.57 out of a possible perfect score of 10 which interprets that the country faces a very serious situation. See www.humanium.org/en/zambia/

During the last few years, progress in the active participation of children in decision-making processes has been observed at national and even district levels. Apart from national platforms such as the Junior Parliament⁸ that have managed to bring to the fore the issues affecting children, several local gains are manifested in emerging child led associations, including those that influence their school environment through school councils and children's clubs. Other initiatives by civil society have included those that support children within the Children's Caucuses, Community Child Rights Groups, Child Peer-to-Peer supporters, and Child Peer Educators.

Unfortunately despite all the legal, policy and administrative developments that have occurred, there are still significant challenges that are being faced. Low investments in children's health, education and social protection have been major concerns as this report will show. Others who have studied this subject have argued that the Government of the Republic of Zambia seems to have limited political will to invest in children as citizens and to create the necessary conditions for children to participate effectively in matters of governance.⁹ They have cited the budgetary allocations in the national budget as an example of how the national budget places less emphasis on financial investments that benefit children. In the same vein, the laws and policies, (though in place), are in many instances not followed thereby rendering them meaningless for those children that are exposed to extreme vulnerability. At the same time, children's participation has sometimes been reduced to merely ensuring their presence in selected meetings as opposed to meaningful dialogue with them aimed at collecting and acting on their viewpoints.

2.2 An analysis of local plans and budgets that promote children's rights to health education and social protection

Kitwe is the second biggest city in terms of population and size in Zambia. In 2010, it had a population of 504,194 and was projected to increase its population to approximately 555,600 in 2015 and 627,900 by 2020.¹⁰ It is central to the economic wellbeing of the province and country as a hub and host for some of the biggest mining companies that make up the Copperbelt province. Other than Ndola and Lusaka, it is one of the most commercially and industrially developed with a very large urban based population.

2.2.1 Plans and Budgets in the Health Sector

The assessment was unfortunately unable to access any statistics from the District Health Office (DHO) regarding the local plans and budgets that promote children's rights in Kitwe. However, going by the fact that health care budgets and plans are quite centralized and in many respects

⁸ www.followthegls.com/stories/young-leaders-zambia-form-junior-parliament-address-needs-country/ Accessed on 19.01.2018

⁹ <http://www.panos.org.zm/index.php/2017/08/25/child-rights-governance-communique-by-zambian-children-on-behalf-of-all-children-in-southern-africa/> accessed on 11/01/2018

¹⁰ Assuming provincial population growth projections of 10.2% between 2011 and 2015 and 24% between 2011 and 2020 (see CSO's Zambia Population Projections, 2011 – 2035)

homogeneous in their application, the national level picture regarding the formulation of these plans and budgets can provide insights into the local situation. In terms of health facilities, the 2012 list of health facilities in Zambia by the MoH¹¹ shows that there were 54 health facilities in the district in that year.¹² At that time, 43 of the facilities were Urban Health centres (UHCs), 3 were Rural Health Centres (RHCs), 5 were Health Posts (5), and the remaining 3 were level one, two and three hospitals respectively. The furthest health facility was a RHC which was 40 kilometers from the center. The district had 1,009 beds, 86 baby cots and offered a wide range of health services including services that have a bearing on children's health such as Prevention of Mother to Child Transmission (PMTCT) [in 725 of facilities], Mothers' Waiting Shelter (MWS) and baby deliveries.

Going by the difficulties which citizens have in accessing budget information from the relevant officials, it is no wonder that Zambia's score on the Open Budget Survey, conducted by the International Budget Partnership,¹³ for instance shows that the government provides the public with *minimal information* on the central government's budget and financial activities.¹⁴ This is no different at district level and as such makes it extremely difficult for citizens to hold the government accountable for its management of the public's money.

Furthermore, other than the local DHO, the other ministries or agencies such as the Kitwe District Council have little or no direct financial investments into children's health programmes according to respondents interviewed for this assessment.

2.2.2 Plans and Budgets in the Education Sector

The assessment collected some very useful statistics about the status of the education sector in the district as at 2017. However, the actual district plans and budgets for the year and preceding years could not be availed and as such provided a huge gap in the analysis. However, going by national precedence with regards to planning and budgeting, the education sector is equally also quite homogeneous in terms of the way plans and budgets are formulated. Although the education sector receives the largest portion of the national budget, budget analyses that have been done by several different organisations seem to suggest that there are weaknesses in terms of citizen consultation in the budget formulation and execution process at all levels.

¹¹ **The most recent publicly available such list**

¹² More recent statistics could not be accessed by the assessor. However, considering the various infrastructure developments that have taken place in the country including the on-going construction of health posts, it is very likely that the number of facilities has risen since this enumeration was done

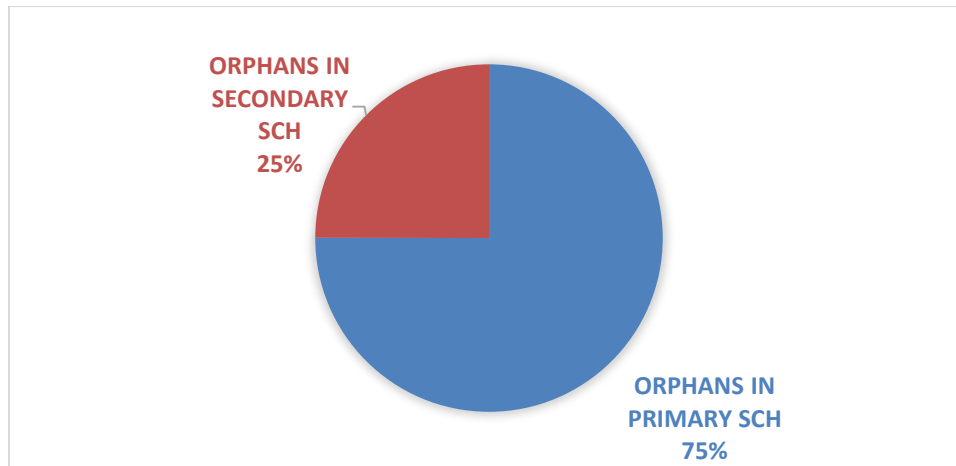
¹³ Launched in 2006, the Open Budget Survey (OBS) is the world's only independent, comparative assessment of the three pillars of public budget accountability: transparency, oversight and public participation

¹⁴ See Open Budget Survey 2015 (<http://www.internationalbudget.org/wp-content/uploads/OBS2015-CS-Zambia-English.pdf>)

The actual funds allocated towards early childhood, primary and secondary education give the impression that large amounts of funds are provided for this important part of children's basic rights. The reality however is that as much as 70% of the national estimates of income and expenditure (national budget) is spent on emoluments for teachers. While teachers are certainly central to access to education, the reality also is that little is available (outside of donor support) for investments in infrastructure for education for instance. Taking ECE and primary education as an example, the national budgets show that there was no money released for building of infrastructure from 2015 to 2017 – despite universal ECE being recently introduced and lacking significantly in infrastructure. Other than that, it is not uncommon (except for personal emoluments) for the funds allocated not to be fully disbursed by the Ministry of Finance to the MoGE thus making it all the more difficult for Zambian children to access quality education. Furthermore, because of the large number of schools and population, the average amount that is spent in form of school grants is often less than K2,000 per school per term which is far below what is minimally required to address the needs of the schools.

At district level, the plans and budgets are prepared but they have largely remained the preserve of the technocrats who generate them with minimal or no involvement of the local people in their formulation, let alone them having access to the contents of those plans and budgets. There is also concern that generally, despite its considerable size, the education budget and plans do not adequately address the needs of children with special education needs (CSEN), Orphans and Vulnerable Children (OVC) and the recently introduced ECE requirements. Children from well-to-do families are therefore at an advantage compared to the poor children. Compared to other provinces, the Copperbelt province is however doing much better in terms of enrolments of grade ones with pre-school experience (see figure 1 below).

Figure 1: Percentage Distribution of orphans in Kitwe schools



Generated from MoGE data, Kitwe District

2.2.3 Plans and Budgets in the Social Protection Sector

The national budget allocations towards the social protection sector since 2011 have been showing a steady increase. Specific budget lines for children’s programmes are hard to identify. For purposes of this assessment, the table below was generated which shows that the bulk of the funds are being allocated towards social welfare assistance, which includes the Social Cash Transfer scheme (even without the dominating public service pension fund). Social welfare consumes the majority of the budget allocation. While indirectly, children benefit from such welfare assistance, the funds are provided to adult members of the qualifying households who then determine how the funds are used. There is no guarantee that in all cases, the funds benefit children in those households.

Other than that, a look at the budget allocations for the past four years shows that the budget lines which are exclusively child centered are lowly funded relative to the programme totals. Even then, the entire social sector budget allocation is one of the lowest funded (relative to other sectors) generally thus placing children in vulnerable and poor households in a precarious situation.

In Kitwe, the understanding of child rights was well understood by both technocrats, politicians and parents who were talked to. Children in urban areas also were able to explain with some detail what child rights are and the extent to which they have been successful in accessing those rights. The department of Social Welfare in Kitwe provided some information¹⁵ about its operations but it was also clear that it was facing challenges with funding for its programmes. More specifically, the Social Cash Transfer (SCT) scheme, which is the flagship of the department, in its current state is a household focused cash transfer system which, although it does benefit children, is difficult to isolate exactly how many children benefit from the scheme. The government was said to be

¹⁵ The department however could not release financial information regarding receipts from central government and the expenditures made in the period under consideration

working on a new scheme at the time of the assessment that would provide cash transfers to child headed households. A Management Information System (MIS) that will be used to identify the child headed households has since been developed but the plan however is yet to be rolled out. The department has continued to provide support towards bursary recommendations for children that enter university and colleges. Furthermore, the department is overseeing and inspecting the over 16 orphanages in the district, providing counselling services and support to the juvenile justice system. There were over 700 children in orphanages across the district and over 100 children who came into conflict with the law in the first three quarters of 2017 (see table 5 below).

Plans were said to be underway by the Ministry of Community Development and Social Welfare (MCDSW) to switch from the orphanages model towards promotion of more adoptions and foster care for OVCs. This new approach would expand the services available. Meanwhile, minimum care standards are given to the orphanages and they are inspected regularly.

Also of interest was the formation of a Children Protection Committee with the support of SCI which includes several stakeholders from government departments, NGOs, the media, etc. The committee, hosted by the MCDSW looks at the interests of children generally in the district but does not address budgetary issues or specific district wide child rights plans.

In interviews with key informants, it was revealed that the Kitwe City Council has no specific social protection programmes that target children. Whatever programmes the council does are targeted towards the entire community. The MoH and the MoGE's roles on their part are quite well defined and only touch on social protection in as far as providing their free services, e.g. primary health care, primary education (Grades 1-7) to children who have been recommended by the department of social welfare is concerned.

2.3 Identification and disaggregation of various groups of children and their access to health, education and social protection in Kitwe

The issue of access is central to the enjoyment of rights in the social sectors of health and education. The preconditions for meaningful access include availability of services, knowledge, distance to the service provider and affordability of the services. As already discussed in the previous sections, knowledge levels of what is available in terms of entitlements for children have been severely affected by the minimal levels of participation.

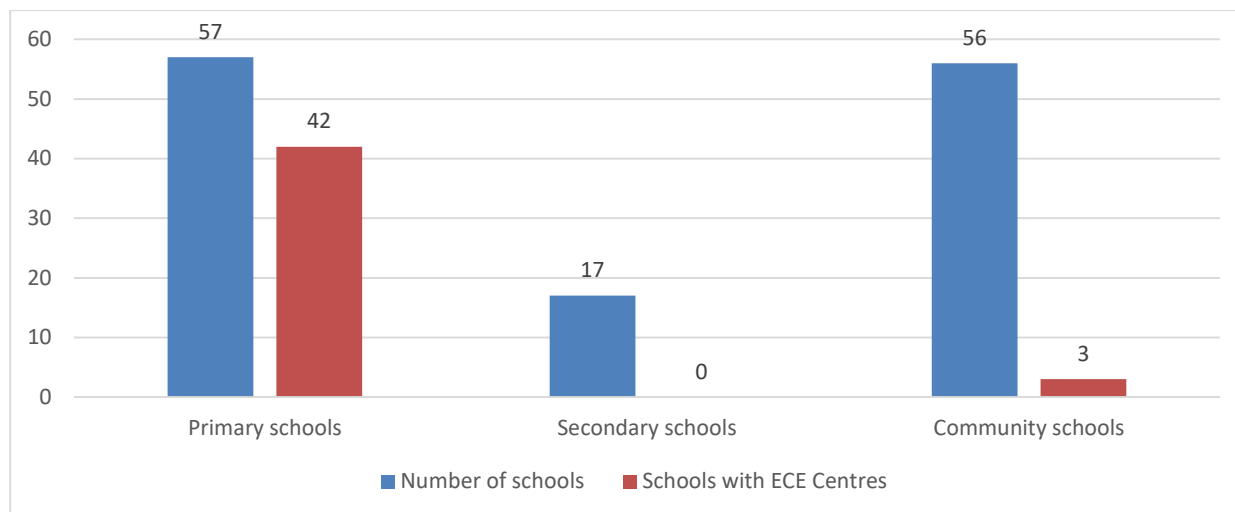
On the basis of interviews conducted with community members (including children), **knowledge** of what is available (budgets, plans, etc.) is very limited to the most common facilities such as Constituency Development Funds (CDF) and Ward Development Funds (WDF). These funds have done a lot of good where they have been released timely and where there has been the political will to develop projects that address children's challenges. However, the assessment found that knowledge levels on the guidelines for accessing these funds was not universal in all the four

sampled locations. Other than Wusakile ward where the area Member of Parliament for Wusakile Constituency called for a meeting and took it upon himself to explain to the people that the funds had been received from central government and that they could put forth proposals, all other respondents expressed ignorance of the details of the *guidelines* for implementing CDF and WDF.

Access is also affected by **distance** to facilities that offer services such as health centres, schools and the social welfare department. The picture was mixed with regards to distances to facilities. In an area called Salamano in Itimpi ward for instance, children travel for about 8km to the nearest health centre at Kafironda or well over 20 kilometers to Kalulushi. The children are exposed to dangers like trucks and fast moving vehicles on the road. The urban wards sampled clearly had facilities a lot closer than the rural communities that had fewer and far between facilities. Girls are particularly disadvantaged when facilities are too far away. It increases their vulnerability to harm as they attempt to reach these centres especially at night and in the rainy season. Unlike schools and health centres, the Social Welfare Department only has one office in Kitwe town and people in need of assistance, including children have to travel to this one centre.

With regards to **availability**, the figure below seems to suggest that Kitwe district has a relatively large number of schools and health facilities. Compared to the other districts, Kitwe has significantly benefited from the infrastructure programmes of the government underway which are poised to continue to increase access to schools, health facilities and social support services for children and entire households. The district is nonetheless struggling with quality of the services on offer to children given the high demand arising from a high population and resource limitations (for medicines, basic school requirements, qualified personnel like teachers and nurses, etc.). Other than that, most of the health facilities even in urban areas close down by 17:00 hours each day implying that people who fall ill in the night have to wait until the following day to be attended to. With regards to education, while access to ECE in the province is the highest in the country, the province is yet to attain universal pre-school experience for all grade 1 entrants. Access therefore has to be looked at in this holistic manner to be meaningful.

Figure 2: Number of Government and Community Schools in Kitwe in 2017



Generated from MoGE data, Kitwe District

The children that attend secondary schools and primary schools in the Luangwa ward mentioned that they face the challenge of crossing the Kalubi River which, during the rainy season, swells and overflows its banks creating a serious problem especially for younger children who end up staying home.

Another important dimension of access is **cost/affordability**. The district is following government's free education and health services policy for all citizens. This is a positive development in as far as making all the people who require the services including children to access them. When one takes into account the reality of high levels of income poverty especially in urban Kitwe caused by low incomes, high levels of vulnerability arising from diseases such as AIDS and limited employment opportunities, the picture looks less positive. The problem is further exacerbated by schools charging 'Parent Teacher Association fees' for projects or registration fees for grade 1 entrants which are a de-facto charge on education. Even in government primary schools, this amount can range from K30 – K300 per term. When households are income poor, they generally spend a very high portion of their available money on food. In extremely poor households, there is often very little or no income left to obtain other goods and services. For children, this may mean not attending school (if in secondary school were fees are paid) or not receiving specialized health care when they need it.¹⁶

The failure to access these services therefore means children do not develop the skills and abilities needed to escape the cycle of poverty. If anything, once they drop out of school, their chances of securing meaningful employment reduce significantly and as respondents in Wusakile and racecourse noted, they resort to 'roaming the streets, drinking alcohol and engaging in illicit activities'. Girls are particularly at risk and shoulder the biggest burden. The lower number of secondary schools especially in rural areas of the district implies that some children have to live

¹⁶ IDASA, 2004, Children and the budget in Zambia

in rented accommodation in the urban areas where there are more secondary schools. Parents of these children in the FGDs expressed concern that sometimes, girl children end up pregnant because they have no adult supervision. Other than that, the nearby schools only go up to grade 5 while the teachers live in the center of the city over 30 kilometers away and commute every school day.

2.4 Identification of unique strengths and resources needed to improve children's rights in relation to access to health, education and social protection, especially the most marginalized in Kitwe

Kitwe district has some existing strengths with regards to promotion of children's rights. To begin with, it is highly urbanized with infrastructure such as schools and health facilities which though inadequate, are nonetheless better than in some of the smaller towns in the country. It is also quite industrialised with a private sector that can be tapped into to provide CSR benefits specifically for children. Due to its size, the district has a number of government offices that are present in the district and as such quite accessible for the vast majority of people. The initiatives that are underway, such as the construction of health posts, additional schools, CDF and WDF, planned social cash transfers for child headed households and large number of NGOs addressing children's welfare issues, all provide a solid base for improving children's access to their rights.

In interviews with key informants, it was revealed that well over 25 civil society actors are active in Kitwe district. The majority of these are running orphanages and schools for OVCs. A total of 16 orphanages were registered as at 30th June 2016 with the MCDSW and providing services ranging from educational support, a home, counselling, feeding, entrepreneurship and life skills among others. A total of 282 boys and 321 girls of varying ages were in the orphanages. At the time of the assessment, the district welfare office estimated the number of children in the orphanages at 700. Besides the orphanages, the Zambia Family (ZAMFAM) project was providing educational support to ECE learners, and paying school fees to vulnerable children in Chimwemwe and Kawama areas of the district through the Zambia Open Community Schools (ZOCS).

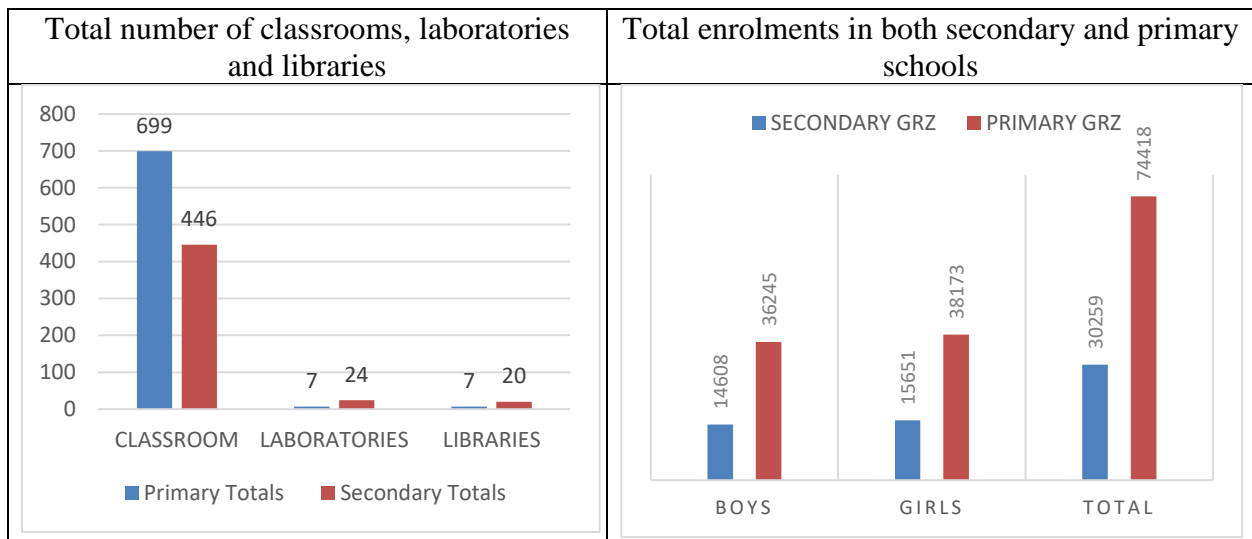
Going into the future, a more coordinated approach is required in order to address the child rights challenges. JCTR therefore would not make much of an impact if the organization went in alone to implement its project but rather can and should tap into the existing potential and on-going initiatives to propel its advocacy agenda going forward.

Other required strengths include strong networking skills with like-minded organizations such as Caritas that are active in the district and have existing good relationships with people at community level. A solid understanding of the legal and policy provisions that guarantee children's rights would be essential in order to conduct informed advocacy. These are both at the national and

international level as well as at local level in terms of highlighting relevant by-laws that have been passed.

The project would also need to have adequate resources in form of finances, equipment and internal human resources allocated to the project to ensure that planned activities are conducted as planned. Although the project has wisely been narrowed down to two constituencies in terms of identified implementation areas, there will be several issues raised that will cut across the entire district and will require the dedicated engagement of a full time project officer in Kitwe. Support from the JCTR national office will also be cardinal to ensure that local advocacy issues are infused into national child rights dialogues. One such advocacy issue would be about increasing the number of classrooms which in 2017 totaled 1,145 in government schools for a total of 104,677 for both secondary and primary schools giving an average of 91.4 children per classroom. There are clearly few of these facilities relative to the number of learners (see figure 3 below)

Figure 3: Comparison between available classrooms and enrolment in government schools in Kitwe district, 2017



At grass roots level, community support from parents and the children themselves will be essential. They need to buy into the agenda of JCTR and other partners and see the project, not merely as an initiative from which they can demand allowances for attending meetings, but as a revolutionary strategy by which they can collaborate with JCTR and other partners to increase their voices in demanding for children’s rights.

On the part of leaders at different levels, they will require to be animated and their commitment towards the project assured. This will foster a coordinated and supportive environment in which partnership is upheld above rivalry for the common good. This can be consolidated by making

information easily accessible when required to improve decision making and mutual accountability.

2.5 Causal, stakeholder, capacity gap, and role/responsibility analyses of access to children's rights to health, education and social protection in Kitwe

3.5.1 Causal factors to children's rights

Children's enjoyment of their rights as argued in different sections of the report is still an evolving issue. There are clearly still a number of gaps that need to be addressed in order to remedy the situation. In Kitwe, there are several factors that facilitate or hinder children's enjoyment of their rights. Key among these is the limitation imposed by ignorance as a result of information not being available. When people are uninformed, it can be very difficult for them to effectively participate, let alone even know what they are entitled to. Stakeholders interviewed also mentioned the social challenges that exist in the communities such as high youth unemployment levels, juvenile delinquency (partly because of the limited facilities for recreation) and substance abuse. These factors hinder the enjoyment of social rights of the children. There are also wider problems to do with poor funding of children's education, health and social protection activities in real terms. Practical issues like overcrowding, long distances and cost of services are equally a significant contributor to the enjoyment of rights especially for rural communities like Luangwa and Salamano/Itimpi in the district.

2.5.2 Key stakeholders on children's rights

Kitwe has the advantage of having several actors who are working in one way or the other on children's rights issues in the health, education and social protection sectors. These stakeholders includes governmental and non-governmental actors. These are summarized in the table below;

Table 1: Roles which different stakeholders in Kitwe play in promoting and protecting child rights

Sector	Organisation	Role in Child Rights Promotion
Health	MoH	Service provider and duty bearer (protection)
	Copperbelt Health and Education Programme (CHEP)	Service provision, civic education promotion
	SOS Children's Village	Health service provider
	Local Media (Radio and TV)	Civic education promotion
	MPs office	Defender of children's rights to health
Education	MoGE	Service provider and duty bearer (protection)
	Children in Distress (CINDI)	Civic education, advocacy
	Children with Future in Zambia (CwFZ)	Service provider, advocacy
	SOS Children's Village	Education service provider
	MPs Office	Defender of children's rights to education
	DEGA	Civic education, advocacy for child rights
	ZOCS/ZAMFAM	Education service provider, advocacy for out of school children and OVC
Social Protection	MCDSS	Service provider and duty bearer (protection)
	Orphanages and children's homes	Service provider and duty bearer (protection)
	Zambia Police through Victim Support Unit (VSU)	Service provider and duty bearer (protection)
	Local Council	Service provider and duty bearer (protection)
	Local Media (Radio and TV)	Civic education
	MPs Office	Defender of children's rights to social services

Source: Assessment Interviews

In the nearby communities, community leaders such as councilors and religious leaders as well as some community members can also be relied on as partners in implementing the project.

2.5.3 Capacity gaps in addressing children's rights

There are five main capacity gaps that hinder the enjoyment of children's rights in Kitwe district. These are;

1. **Limited Financial resources** – the national and district budgets generally reflect low funds allocations and disbursements for programmes for children in the health, education and social protection sectors. This is because at national level, the available funds are limited, a situation which affects the money that trickles down to the district while at district level, the funds are not often directly earmarked for children's programmes (apart from the education sector)
2. **Poor prioritization** – children's programmes are not a major priority especially with regards to social protection
3. **Poor coordination** – there are several actors on matters to do with children's rights but coordination is quite poor. The various ministries and agencies do not necessarily speak to each other meaningfully. A good start has been made with the formation of the multi-

stakeholder Child Protection Committee mentioned earlier. However, there is a lot more that needs to be done in terms of jointly channeling resources towards children to minimize waste

4. **Low participation** – Children are generally not invited to participate in decisions that affect them.
5. **High poverty levels** – the high poverty levels across the country and also in Kitwe itself affect the extent to which children can enjoy their rights. Children are forced to drop out of school and contribute to family income or worse, engage themselves in negative vices and activities.

2.5.4 Roles and responsibilities towards children’s rights actualization

Table 8 below presents existing and also potential roles and responsibilities which various stakeholders can play towards realizing children’s rights in Kitwe;

Table 2: Existing roles for different categories of stakeholders in promoting children’s access to education, health and social protection

Stakeholder	Existing roles
The state (through decentralised offices of the MoGE, MoH, MCDSW)	According to the principle of separation of powers the Executive branch of government which is represented at district and provincial levels, is responsible for translating the executive’s policies and laws into service delivery. Once the policies, laws and budgets are passed at national level and district level, the civil service takes on the responsibility of translating these into service delivery to the children
Local government (The Kitwe City council)	It represents the decentralized level of power from central government and spearheads service delivery in the district. The council can develop by-laws which it can pass and are binding with enforceability just like national laws
The Private sector	The private sector is composed of privately owned enterprises and businesses in the district. The private sector is increasingly promoting children’s rights and human rights in general through corporate social responsibility. Organisations such as Save the Children have been courting businesses to sign up to the Business Principle for Child Rights with mixed results
The community	These are the people who are supposed to be served by the State or benefit from its laws, policies and budgets. In Kitwe, the target communities are in Chimwemwe and Wusakile constituencies. They represent a large number of both urban and rural based residents with varying levels of challenges relating to children’s rights
Civil Society (Including JCTR)	Civil society in Kitwe is composed of non-state institutions such as non-governmental organisations, organisations representing children’s rights and needs, women’s rights, workers and farmers (see table above). In relation to children, these organisations promote rights of the child such as participation in child friendly budgets and advocacy on laws, policies and the budget. They also raise awareness of the rights of the child
Parliamentarians	In the two constituencies targeted, there are two constituency offices with assistants to the MP working in the office. The two parliamentarians were described very positively by the local people and can be a key ally in promotion of children’s rights interventions in the district and at national level.

2.6 Provide recommendations in relation to public investment for various stakeholders including JCTR to ensure enjoyment of children’s rights health, education and social protection in Zambia

There are several recommendations that can be made concerning public investment in the three sectors to realise children’s rights. At the international level, Zambia is a signatory to various instruments that the international community has developed for promoting children’s rights. It is only right that the country takes steps to actualize the letter and spirit of these instruments (see section 3.1.1). The table below summarises specific recommendations that are being made for each category of stakeholders in the district with regards to investments that they can make.

Table 3: Recommendations for investments in children

Stakeholder	Recommendations for investments in children’s rights
The state (through the MoGE, MoH, MCDSW)	<ol style="list-style-type: none"> 1. Ensure that there is better accountability for funds that trickle down to the district for children’s programmes 2. Ensure that funds allocated for children’s programmes are actually disbursed as planned 3. Formulate and pass laws and policies that promote children’s rights 4. Increase funding to on-going services such as the following; <p>Health</p> <ul style="list-style-type: none"> _ Food and Nutrition Commission; _ Child immunization; _ National disease control programmes; _ Health post construction programme; _ Primary health care (including various sub-programmes); _ Grants to health institutions such as hospitals and health centres; and _ Micro-projects and social cash transfers <p>MoGE</p> <ul style="list-style-type: none"> • Provision of grants to community schools, curriculum development centres, schools for learners with disabilities, district education boards, secondary school boards and ECE centres; • School feeding programmes; and • Special education programmes for physically and visionary impaired children and those children with hearing impediments. <p>MCDSW</p> <ul style="list-style-type: none"> _ Children’s homes, adoption and fostering programme; _ Programmes for street children including foster care; _ Juvenile welfare (including access to justice and rehabilitation); _ Social cash transfers for child headed households; and _ Non-formal skills training programmes.
Local government	<ul style="list-style-type: none"> • Prioritise youth programmes that provide outlets for children that are out of school to minimize delinquency

(The Kitwe City council)	<ul style="list-style-type: none"> • Enforce existing laws such as underage drinking
The Private sector	<ul style="list-style-type: none"> • Subscribe to and promote the Children’s Rights and Business Principles • Desist from business practices that disadvantage children
The community	<ul style="list-style-type: none"> • Take particular interest in the education of the children
Civil Society (Including JCTR)	<ul style="list-style-type: none"> • Sensitise residents on the obligations of the state towards children • Simplify budgets and facilitate budget debates • Research and disseminate information • Analyse the budgets • Provide training to right holders • Holding the government to account • Mobilising people to speak out against government failure to uphold rights • Ensure that there is maximum allocation and actual disbursement of available financial resources towards child rights issues
Parliamentarians	<p>Parliamentarians can help facilitate child input into the budget process and bring children’s perspectives to bear in a number ways, including:</p> <ul style="list-style-type: none"> • Producing a child-friendly budget that is intelligible to children; • Gathering relevant data in the context of budget discussions; • Meeting with children’s organizations/representatives; • Promote children’s participation by requesting written and/or oral submissions from children. • Children’s participation in budgetary processes • Review existing laws so that they are consistent or aligned with the principles of CRC and other regional agreements • Set up a committee to plan and implement children’s rights
The Media	<ul style="list-style-type: none"> • Sensitizing the community about the state’s obligations and laws that have been passed in relation to education, health and social protection • Providing a platform for children to air their views and concerns • Report on what steps the government is taking in promoting children’s access to their rights and taking on board children’s views • Treat children and their views with respect

3.0 LESSONS LEARNT

A few unique lessons have been learnt about the environment within which the project is set to be implemented in Kitwe. These lessons are as follows;

- i. Access to information is increasingly becoming more difficult and other options such as reliance on secondary/publicly available data will need to be considered in implementing a project of this nature;
- ii. A good understanding of the national social, economic, political and governance context is necessary in order to successfully implement the project. This environment (especially the political context) also changes unexpectedly and in ways that are unpredictable. The inter-linkages between all the four areas are equally becoming stronger and stronger with

boundaries getting vague therefore it is essential that this is taken into account to avoid being misunderstood;

- iii. The beneficiaries are generally poorly informed and engaged in the processes that take place in the background regarding district plans and budgets. The project therefore needs to strike a balance between allowing the leadership of the advocacy between JCTR and the community members themselves; and,
- iv. Decision making in Zambia is a lot more centralized than decentralized even for decisions which local structures are legally entitled to make. This is a work culture issue that needs to be borne in mind to avoid disappointment

4.0 CONCLUSIONS

The proposed project is expected to promote children's access to education, health and social protection in Kitwe. This assessment has shown that the international and regional community has committed itself to several child rights protection measures in form of legally binding treaties such as the CRC and the ACRWC. Additional protocols provide needed protections not adequately covered under these treaties. At national level, there are also child friendly policies, laws and a constitution that protects and guarantees the rights of the children. The extent to which the state takes deliberate steps to ensure that children enjoy their rights is where there is still a gap that needs to be filled.

Specific to Kitwe district, implementation of the project will suffer from an absence of readily available and accessible information from decision makers in form of the relevant ministries and local government. The reluctance to share information with stakeholders by government agencies is of concern and may affect project implementation. JCTR therefore will need to work closely with these agencies to build trust but also to guarantee institutional buy in. The assessment has noted the absence of publicly available local plans and budgets but also recognizes that these plans are there except that they do not have sufficient information that relates specifically to children.

The assessment has also noted that multiplicity of challenges which children face with regards to access to education, health and social protection. The data however is quite thin in terms of desegregation by gender because of the information access challenges described earlier. Nonetheless, the assessment has shown that both boys and girls face numerous challenges in terms of access to these services. Girls and younger children however appear to be the most disadvantaged when it comes to distance to facilities.

The assessment has taken note of the available strengths and resources available to improve children's rights and in doing so, has shown that with genuine participation in decision making by all stakeholders, there is a lot of potential to achieve desired results. There are also opportunities that have not been fully utilized previously but which can be exploited through the project to

enhance the involvement of stakeholders in providing services for children to enjoy their rights in Kitwe district.

The assessment makes several viable recommendations regarding steps that can be taken to increase public investment in children to ensure enjoyment of children's rights. It is worth noting that adherence to international, national and local policies, laws and treaties would be central to the promotion of the rights of children. Equally important is the need to advocate for their implementation.

5.0 RECOMMENDATIONS

The assessment ends by making the following recommendations to JCTR as the organization embarks on the Access to Children's Rights to Education, Health and Social Protection Project in Kitwe District;

Table 5: List of recommendations for improving access to child rights

General Recommendations		
Gap	Recommendation	Responsibility
1. Minimal coordination among the various actors in children's rights issues	Seek to involve other organisations in the project in order to build a truly district wide and multi stakeholder process with a broad based support system that includes government, local authorities, the private sector, politicians, community leaders, parents and the children themselves	JCTR and Save the Children
2. Poor child rights implementation strategies	Seek to address the gaps that are existing with current child rights strategies. These include; inadequate information for decision making, advocacy to change lack of positive attitudes for prioritization of child friendly budgets, low participation of children in decision making regarding their issues (including budgets) and poor coordination of child rights issues across sectors and stakeholders;	JCTR and Save the Children
3. Low knowledge levels of on-going child rights promotion interventions	Project beneficiaries need to be thoroughly briefed about the intentions of the project in order to manage expectations especially for an advocacy heavy project like this one	JCTR, Save the Children
4. Non-existent participation of children in the district budgetary processes	Conduct child driven budget tracking and lobby for children to participate in the district's budgetary processes; Simplify budgets and facilitate budget debates in communities and schools	JCTR
Low information and research on child rights	Conduct research and disseminate information to all stakeholders	JCTR
Low allocation of funds for children's programmes	Ensure that there is maximum allocation and actual disbursement of available resources to child issues	Coalition of NGOs
Low levels of community ownership of children's rights programmes	i. Mobilise people to take an active interest in the various budgets that affect them in the district ii. Raise awareness of child rights and responsibilities with all stakeholders (both duty bearers and right holders)	JCTR
Education Sector		
Gap	Recommendation	Responsibility
Very low rollout of ECE especially in rural areas and long distances to schools	Sustained advocacy aimed at addressing existing weaknesses and gaps in rolling out ECE, primary and secondary education	ZANEC members

School fees are a hindrance for OVCs to go to secondary schools even when they qualify	Bursaries for children from poor households to attend secondary school	ZOCS and ZANEC
Inadequate recruitment of teachers and low quantities of equipment and furniture for schools	Besides providing classrooms, ensuring that budgets contain adequate financial resources to hire teachers and necessary equipment and furniture for schools	ZANEC
Substance abuse among young people	The local authority to pass necessary by laws and enforce such by-laws that will severely penalize bars and bottle stores that sell alcohol to children	Kitwe City Council
Low levels of community awareness about the value of education	Increase community awareness about the value of education by using children as advocates that will speak to other children and parents	JCTR and other NGOs
Lack of information to support advocacy and decision making by third parties	Lobby for information (statistics) about education in the district to be more readily available to all who need it	Coalition of NGOs
Health Sector		
Gap	Recommendation	Responsible
Slow pace of building health posts	Lobby for the funds allocated towards health posts in the district to be released and the health posts constructed	Coalition of NGOs
Lack of budget information by third parties	Engage with the MoH to make district specific information (especially on budgets) much more readily available to all stakeholders when required	Coalition of NGOs
Challenges of access to health services	Advocate that the challenges of cost, distance and availability which hinder access to health services are addressed	Children protection committee
Low funding of children's health programmes	Lobby for increased funding of children's health programmes	JCTR
Social Protection		
Gap	Recommendation	Responsible
Low social protection budget	Advocate for an increase in the overall social sector budget by the Ministry of Finance (particularly towards child social protection)	Children protection committee
Low prioritization of children in social protection funding	Advocate for the speedy implementation of the social transfer scheme for child headed households	JCTR and other NGOs
Need to implement new foster care strategy	Lobby for the speedy implementation of the foster care strategy with all the necessary protections in place	JCTR and other NGOs
High levels of child delinquency especially in peri-urban areas of Kitwe	Work closely with the department of Social Welfare to find solutions to underlying problems of child delinquency then engage Kitwe based private and public companies to channel resources towards addressing the problems in their CSR programmes	JCTR and other NGOs

REFERENCES

Children's Participation in Decision Making: Why do it, When to do it. Children's Participation in Decision Making: How to do it. www.iawgcp.com

Committee on the Rights of the Child. 46th Session. Day of General Discussion on "Resources for the Rights of the Child -Responsibility of States, Recommendations, 21 September 2007. See also <http://www2.ohchr.org/english/bodies/crc/discussion.htm>

Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

CSPR Child Budget Analysis 2016

IDASA (January 2002); Child Budget Analysis. Training Manual. Developed by the Child Budget Unit, Budget Information Service.

IDASA and Save the Children (2004); Children and the Budget in Zambia,

JCTR (2017); A Review of the Current Policy Environment Promoting Access to Early Childhood and Primary Education in Zambia, Lusaka

JCTR, Lufwanyama Rapid Assessment Report, July 2017

MoH (August 2014); Annual Health Statistics Bulletin 2012, Lusaka

Proposal submitted to Save the Children for the Access to Children's Rights in Education, Health and Social Protection by the JCTR, 2015-2016

RIAAS, Programme Division, UNICEF, New York and UNICEF Country Office in Kazakhstan, 2007, Desk

Review of UNICEF/Other stakeholders' global /regional experience in promotion of Child Friendly Budget Concept, RIAAS, Programme Division, UNICEF, New York and UNICEF Country Office in Kazakhstan.

UN Convention on the Rights of the Child, 1998

UNICEF et.al; Child Friendly National Budgeting Initiative: Facilitator's Manual, Harare Zambia PETS QSDS Report, 2015

ZANEC (2017); The Link Between Health, Nutrition, Child Development and Education - A *Situational Analysis on Early Childhood Care, Development and Education in Zambia, Lusaka*

ZIPAR (November, 2016); Analytical Brief of the Social Sector Budget 2017 "Leaving No One Behind", UNICEF, Lusaka

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Case Study

Advocacy on Children's Rights

2018-01

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