Social Behavior Change (SBC) Plan for Protection and Welfare of Children

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Foreword

The Government of the Republic of Zambia is committed to ensuring that the lives of children in Zambia are safeguarded and protected from all forms of harm. The development of a Child Protection Social and Behavior Change (SBC) Plan represents a comprehensive and collaborative effort to ensure the safety and well-being of our children. The plan outlines the strategies and actions that will be taken by the Government and stakeholders to prevent violence against children including but not limited to sexual violence, harmful practices such as child marriage, promote birth registration and family-based care of children.

On behalf of the Ministry of Community Development and Social Services, I am delighted to present this plan, which reflects our commitment to safeguarding the rights of every child in Zambia. The planned Social and Behavior Change interventions will definitely influence community perceptions on fundamental rights of the child and hopefully inculcate a culture of preventing and protecting children from harm. Most importantly, child welfare and protection concerns prioritized in the SBC Plan, if successfully addressed, have the potential to result in multiple benefits for children and the nation. Birth registration is a fundamental right that gives a child their identity. Registration of birth of children also enhances the governments effective planning for human development.

I am grateful to the team that dedicated time to work on the SBC Plan, including officers from my Ministry, other government agencies, non-governmental organizations, and community leaders. The Ministry is grateful to UNICEF for providing technical and financial support. This has been a consultative process, ensuring that diverse voices are reflected, including those of persons with disabilities, marginalized women and children.

Together we can create a safer and protective environment for our children, where they grow and thrive without fear of harm. I urge all stakeholders to actively participate in the implementation of this plan and to continue working towards a future for every child.

Doreen Sefuke Mwamba
Hon. Minister
Ministry of Community Development and Social Services

Acknowledgement

The Ministry of Community Development and Social Services (MCDSS) wishes to acknowledge with gratitude, government and non-governmental partners who diligently contributed to the development of the Child Protection Social and Behavior Change (SBC) plan. The coordinated effort reflects teamwork and strong desire by different partners to ensure the safety and well-being of children.

On behalf of the Ministry, I wish to appreciate UNICEF for the technical and financial assistance, which included the engagement of the lead resource person Lydia Trupe from the University of Zambia. The commitment and support provided by UNICEF is invaluable.

Special thanks are also extended to all stakeholders who provided input and reviewed the plan to ensure that it clearly articulated strategic interventions to prevent and protect children from harm. We recognize the contribution of the Ministry of Education, Ministry of Health, Gender Division (Cabinet Office), Zambia Information Communication Technology Authority (ZICTA), Department of National Registration, Passports and Citizenship (DNRPC), World Vision, Social Workers Association of Zambia (SWAZ), Up Zambia, Campaign for Female Education (CAMFED), Families Are Nations, Child Fund, Save the Children, Expanded Church Response (ECR), Faith in Action Network (FAN), Generation Alive, Zambia Interfaith Network Organization (ZINGO), Advocacy for Child Justice (ACJ), Zambia Centre for Communication Programmes (ZCCP-Kwatu), Plan International, Lifeline Childline, Project Hope, Media Network for Child Rights and Development, Catholic Relief Services (CRS) and U.S. Agency for International Development (USAID) .

I extend special thanks to MCDSS staff for their invaluable time and technical expertise that contributed to the successful finalization of the SBC Plan.

We look forward to your continued support as we work together to implement these strategies and ensure the safety and well-being of every child.

Angela Chomba Kawandami (Ms)
Permanent Secretary
Ministry of Community Development and Social Services

Background and Rationale

Protecting the rights of the child is at the core of MCDSS mandate. These rights include - amongst many others - freedom from discrimination; protection of children from violence, exploitation and abuse; family guidance throughout development; nationality, and identity; being kept with one's family; and access to education.

Despite the recognition of these critical rights, several gaps in child rights fulfilment remain. Birth registration is a fundamental human right and a critical initial step in safeguarding children's rights and is compulsory in Zambia. However, only 14% of children in Zambia under the age of 5 are registered, with 5.9% having birth certificates. The low rates of birth registration and certification can be attributed in part to the centralised birth registration system, low levels of awareness among the general public on the importance of having a birth certificate, and social systems and institutions that do not prioritize birth registration.

Both boys and girls have the right to an education. However, a staggering proportion of Zambian girls (42%) drop out of secondary school, often due to adolescent pregnancy and child marriage. Furthermore, poverty and deprivation, high rates of adolescent pregnancy, social and gender norms that impact girls negatively and often driving families to opt for child marriage for their children. Some of the drivers of child marriage in Zambia include social norms that promote child marriage by perpetuating gender inequality, high prevalence of adolescent pregnancy and high poverty levels especially in rural areas among others.

Despite evidence indicating that keeping children within their families is, in most cases, critical to a child's development and well-being, nearly 17% of children in Zambia do not live with their biological parents, and between 13,000 and 14,000 of boys (85%) and girls (15%) live in the street. As of 2017, 6,413 children were living in residential childcare facilities (CCFs), away from their biological and/or extended families. One nationwide assessment found that nearly two thirds of children in CCFs had parents who were able to provide consent for their

admission to their facilities, indicating that a significant number of children may be in residential care unnecessarily.

Institutional care is known to be harmful to children, and government works closely with partners to prevent and end institutionalization. This challenge is especially prevalent amongst children with disabilities (CWDs). It is critical to protect the right of all children, including those with disabilities, to receive family-based alternative care options.

Each of these challenges have prominent social and behavioural components in that social norms and individual behaviours contribute to their continued prevalence. Families in Zambia must demand critical services such as birth registration, family-based care, and protection for their children. Furthermore, policies and structures must enable families to easily engage in identified best practices. Finally, communities and families must be supported to engage in the uptake of positive practices that protect children from violence, abuse and harmful practices.

This SBC plan will identify the key social and behavioural challenges underlying desired results and will propose strategies to address identified barriers and leverage key opportunities. Implementation of this plan will contribute to the MCDSS goal of having more children and adolescents living in an increasingly protective environment and benefiting from improved child protection services.

Priority Results

Social and Behaviour Change approaches, as outlined in this plan, will be designed to contribute to the following priority outcomes.

Outcome	Current Status	Goal
By 2027, child marriage is significantly reduced.	29% of women age 20 - 24 were married or in union before the age of 18.	Child marriage rate reduced to 22% of women aged 20 to 24 who report being married by 18 in 2027.
By 2027, more children have their births registered.	14.3% children's births are registered with civil authorities (ZDHS, 2018)	50% of children under five are registered by 2027
By 2027, fewer children are placed in residential care facilities.	6,413 children in institutional care (Nationwide Assessment of Residential Child Care Facilities 2017	Placement of children in Residential Child Care Facilities is reduced to 5,130.

Priority Results

These results are integral to achieving the UNICEF Zambia Country Programme 2023 - 2027 Outcomes.

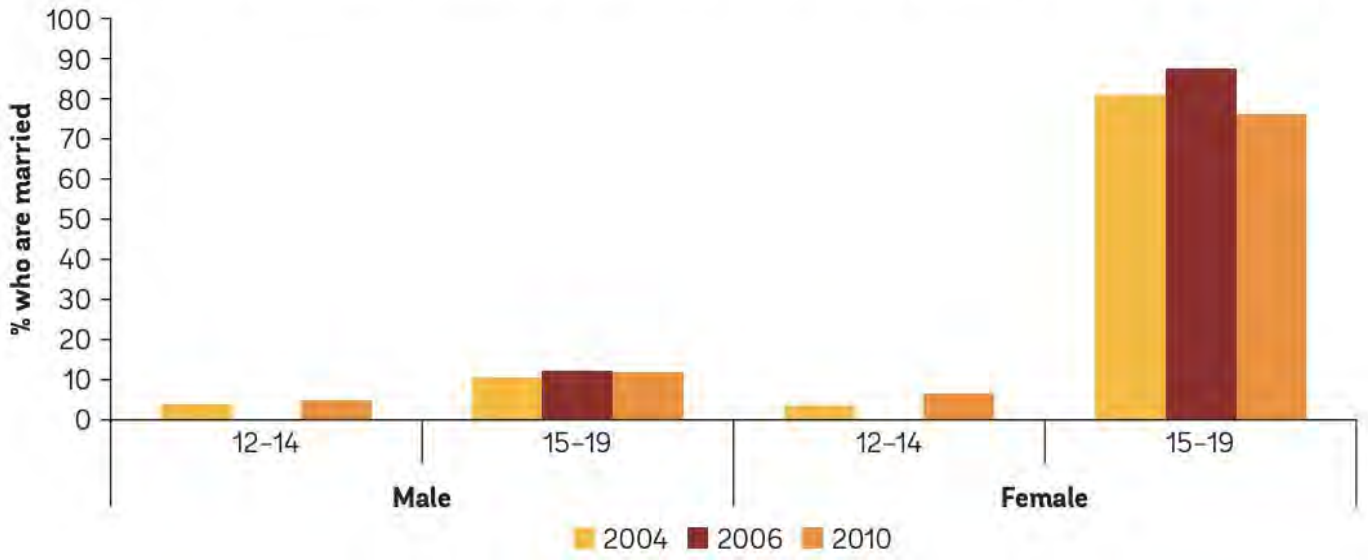
Country Programme Outcome	By 2027, more children and adolescents live in an increasingly protective Programme environment and benefit from improved child protection services, including Outcome birth registration.		
Sectoral Output	By 2027, children and adolescents, parents, communities, the Government, and other institutions have increased capacities to prevent violence, abuse and neglect and ensure that children are registered at birth.		
Social and Behavioural Results	By 2027, harm against children -with a particular focus on child marriage and violence against children - is significaltly reduced.	By 2027, more children have their births registered.	By 2027, fewer children are placed in residential care facilities.
Intermediate Behavioural Outcomes	Increase in adolescents accessing SRH services to prevent unintended pregnancy	Increase in parents seeking birth registration	Increase in positive parenting, kinship and foster care as well as, adoption practices and decrease in child neglect

Priority Result One

By 2027, harm against children - with a particular focus on child marriage and violence against children - is significantly reduced.

Overview

Figure 5. Percentage of Adolescents Who Are Married in Zambia, by Age Group and Gender, 2004–10



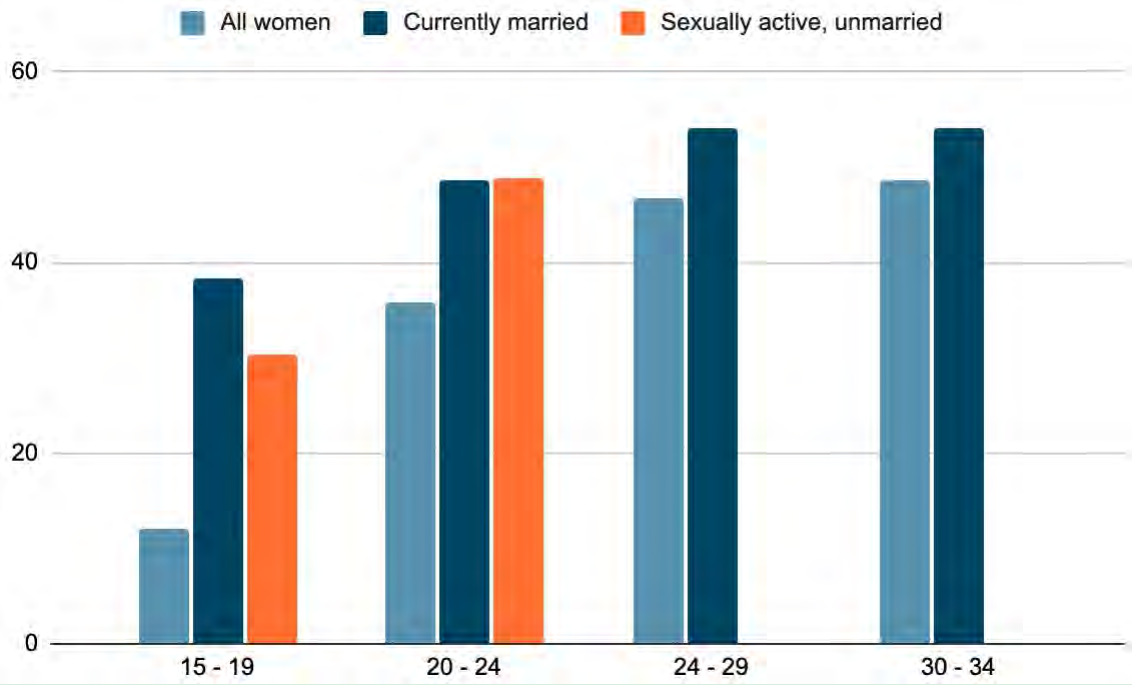
Cross-sectoral consideration: consider working closely with the Health section to design adolescent health programming that meets the unique needs of young people.

Child marriage and pregnancy are amongst the primary reasons why girls, in particular, drop out of school early between grades 5 and 12. According to the Zambia Demographic and Health Survey 2018, 29% of young women aged 20 to 24 were married before 18 years and 5% of these were married before 15 years. The rate of teenage pregnancy also stands at 29%.

Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF. 2019. 2018 Zambia Demographic Health Survey Summary Report. Lusaka, Zambia: Zambia Statistics Agency, MOH, and ICF.

Priority Social and Behavioural Outcomes

High rates of child marriage in Zambia are driven in part by high rates of early pregnancy; adolescent girls who unintentionally become pregnant often face societal pressure to marry as a means to avoid shame. According to the 2018 Zambia Demographic and Health Survey (DHS), nearly 30% of adolescent girls become pregnant before the age of 18. Rates of early pregnancy are highest in rural areas, and in particular, in Southern, Eastern, and Western provinces. However, only 30% of sexually active, unmarried adolescent girls are using any form of contraceptive to prevent pregnancy. Thus, a key behavioural outcome in preventing child marriage in Zambia is **increasing the uptake of sexual and reproductive health services, including contraceptive uptake, amongst adolescents age 15 - 19.**



Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF. 2019. 2018 Zambia Demographic Health Survey Summary Report. Lusaka, Zambia: Zambia Statistics Agency, MOH, and ICF.

Social and Behavioural Drivers

Priority Behavioural Outcome: Adolescents age 15 - 19 use sexual and reproductive health services in order to prevent unintended pregnancy and subsequent child marriage.

Policies in Zambia are generally not permissive of adolescents seeking sexual and reproductive health services on their own. Adolescents below the age of 16 must seek parental consent before accessing contraceptives, despite the fact that nearly one in four girls aged 17 and six out of ten girls aged 19 have already begun child bearing. At the institutional level, health facilities lack privacy as well as infrastructure and equipment to provide adolescent-friendly sexual and reproductive health services. Adolescents themselves express hesitation around seeking care from health facilities due to concerns that there may not be a female health provider and concerns about a perceived lack of appropriate supplies.

Adolescents, especially those who are unmarried, report facing discrimination when seeking sexual and reproductive health (SRH) services. Providers often believe that the provision of contraceptives to adolescents encourages promiscuity, despite the known early sexual debut of many adolescents. In addition to the lack of physical privacy in health facilities, adolescents also fear their confidentiality being breached.

Adolescents often lack parental support in making decisions about their sexual and reproductive health, as parents and caregivers often do not want to entertain the possibility that their adolescents and young adults may be sexually active and may consider the conversation about sex being inappropriate for their kids.

Social and Behavioural Drivers

Community support for adolescents seeking SRH services is limited. Norms supporting child marriage are also common in some parts of Zambia, particularly in Northern, Muchinga, and Copperbelt provinces. Parental encouragement for child marriage is sometimes driven by perceptions around marriage decreasing the likelihood of adolescents contracting HIV. Adolescents who engage in early marriage may avoid seeking family planning services due to a desire to prove fertility early in the marriage.

Research has shown that some adolescents lack knowledge on the importance of attaining SRH services. Potential sources of information, including school groups, can promote misinformation and perpetuate stigma and discrimination. In many cases, adolescents receive messages promoting abstinence as the only appropriate protection against pregnancy and HIV and blaming adolescent girls for unwanted sexual attention by dressing immodestly.

Finally, the level of agency - or ability to act set goals and act in line with those goals - amongst adolescent girls has shown to be directly correlated with the likelihood of early marriage and unwanted/untimed pregnancy.

1. Centre for International Development and Training at the University of Wolverhampton, Zambia Council for Social Development Data, UNICEF, 2021. The 2021 Situation Analysis of the Status and Well-Being of Children in Zambia.
2. UNICEF, 2021. Knowledge and use of Sexual Reproductive Health and HIV services among Adolescent Girls and Young Women in Central and Western Provinces: A Qualitative Knowledge Attitudes and Practices Study
3. Ministry of Health Zambia, 2017. Adolescent Health Strategy (ADHS) 2017 to 2021
4. Magadi, M. A., 2017. Multilevel determinants of teenage childbearing in sub-Saharan Africa in the context of HIV/AIDS. Health & Place, 46, 37-48.
5. McCarthy, K. J., Wyka, K., Romero, D., Austrian, K., & Jones, H. E. (2021). The development of adolescent agency and implications for reproductive choice among girls in Zambia. SSM -population health, 17, 101011. https://doi.org/10.1016/j.ssmph.2021.101011

Summary of Social and Behavioural Barriers

Table: Social and Behavioural Barriers and Drivers

Desired Change	Social	Psychological
Legal frameworks and policies requiring parental consent	Religious and social norms and stigma around adolescents using SRH services	Low knowledge on the importance of seeking SRH services
Limited availability of integrated services	Lack of effective community health programs to sensitize the community on issues pertaining to adolescent SRH and its importance	Demographic factors including education and SES
Limited availability of infrastructure and equipment to provide youth friendly services	Pressure for pregnant adolescents to get married/prove fertility	Low agency amongst adolescent girls
Long distances to health facilities	Conformative gender norms held by adolescents	
Lack of privacy at health facilities	Limited support from family members (including parents)	
Negative attitudes of health workers towards adolescents accessing SRH services	Lack of support from male partners for adolescents accessing health facilities	

Core Approaches and Strategies

Priority Behavioural Outcome: Adolescents age 15 - 19 use sexual and reproductive health services in order to prevent unintended pregnancy and subsequent child marriage.

In order to address this behavioural outcome, several approaches are recommended:

1. **Design engagement sessions for adolescents and parents to improve intergenerational dialogue on sexual and reproductive health and rights.** In particular, a human-centred design approach is recommended to better understand the needs and preferences of both adolescents and their parents and to co-design contextually appropriate solutions for increasing engagement e.g., through gamification, traditional storytelling, or engagement with family religious counselors.

2. **Conduct in-service and pre-service training on positive behavioural approaches for adolescent-friendly care amongst health workers, and design health facility environments to support these practices.** In particular, service delivery should consider adolescent privacy and confidentiality.

3. **Design community-based programming to build agency and self-efficacy for adolescents to seek sexual and reproductive health services.** Further evidence generation is needed to understand the unique drivers of low self-efficacy and traditional gender beliefs amongst adolescent girls, as well as a mapping of evidence to identify best practices for gender-transformative and agency boosting approaches. In order to bolster engagement and sustainability, programme designers should consider integration of these approaches with traditional initiation ceremonies or other activities (including sports).

Logical Framework

	Outcomes	Indicator
Social and Behavioural Result	By 2027, harm against children - with a particular focus on child marriage and violence against children - is significatly reduced.	% of women aged 20–24 years who were married or in a union before age 18
Social/ Behavioural Outcome	More adolescents age 15 - 19 use sexual and reproductive health services in order to prevent unintended pregnancy and subsequent child marriage.	% of adolescents age 15 - 19 (disaggregated by age) who report accessing sexual and reproductive health services in the past 12 months
Intermediate Outcomes	1. Increased trust and communication between parents and adolescents 2. Improved perceptions of health worker treatment by adolescents 3. Increased agency amongst adolescent girls	1. % of parents and adolescents who report high or very high levels of trust 2. % of adolescent who report that they expect to be treated fairly by health workers 3. Average self-efficacy score (New General Self-Efficacy Scale)

Channels and Platforms

Desired change	SBC approach	Channels	Platforms
Adolescents			
Increase in adolscents age 15 - 19 use sexual and reproductive health services in order to prevent unintended pregnancy and subsequent child marriage. Increased agency amongst adolescent girls	Design engagement sessions for adolescents to improve their knowledge and skills and empower them to take positive action. Design programmes that give girls access to information on SRH to help them make informed decisions.	• Boys and girls mentorship programmes • Social media • Radio • TV • Sports • Arts • Policy engagement • Advocacy • Intergenerational dialogues • Animation videos • Community dialogues • Diaconical dialogues • IEC materials	• Coaching Boys to Men programme • Safe spaces • Government youth friendly spaces • Community correctional centres • Youth advisory panels • Children/ Youth Parliament • School clubs • Youth platforms • Religious groups • Traditional initiation ceremonies

Desired change	SBC approach	Channels	Platforms
Parents and caregivers			
Increased trust and communication between parents and adolescents	Design engagement sessions for adolescents and parents to improve intergenerational dialogue on sexual and reproductive health and rights.	• Intergenerational dialogue • Community dialogue • Engagement of traditional leaders • Engagement with traditional counselors • Traditional storytelling • Radio/ TV programmes • Diaconical dialogues	• Positive parenting programmes • Parental support groups • Mothers group programme • Men's network

Desired change	SBC approach	Channels	Platforms
Health providers			
Improved perceptions of health worker treatment by adolescents Increased community leader participation in the prevention of child marriage Increased prevalence of positive social and gender norms that build adolescent agency	Capacity building programmes for service providers to deliver adolescent friendly reproductive health services. Engage community leaders and influencers to build capacity on how to better support adolescents	• MoH in-service and pre-service training • TV/radio programmes • IEC materials • Community capacity building sessions • Indabas	• Medical schools • Nursing schools • Organisational capacity building programmes

Priority Result Two

By 2027, more children have their births registered.

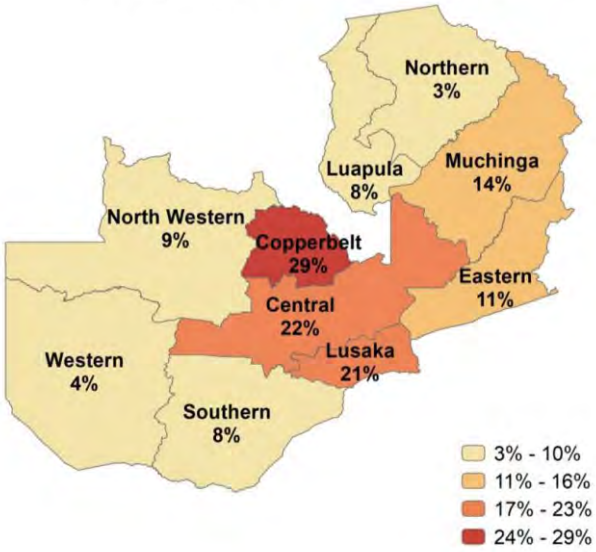
Overview

The birth registration process is essential to ensuring that children have an identity and their rights recognized and protected. Despite being a key human right, very few Zambian citizens have access to formal recognition of their births. As of 2018, only 14% of children under 5 years in Zambia had their births registered with civil authorities. Registration rates are particularly low in provinces that are more rural and/or remote, including Western, Northern, Southern, North Western, and Luapula provinces.

However, a key opportunity for change exists as more than 80% of Zambian births occur within health facilities, providing a potential channel for increasing rates of birth registration.

***Figure 2.5* Birth registration by province**

Percentage of de jure children under age 5 whose births are registered with the civil authorities



Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF. 2019. 2018 Zambia Demographic Health Survey Summary Report. Lusaka, Zambia: Zambia Statistics Agency, MOH, and ICF.

Priority Social and Behavioural Outcomes

In order to increase the rates of timely birth registration in Zambia, several social and behavioural outcomes must be achieved including **increasing the number of parents who register their child's birth with civil authorities,** ensuring health workers' consistent use of the birth notification form designed by DNRPC, and increasing supportive behaviours and engagement amongst community gatekeepers including traditional leaders.

This plan will focus primarily on the first behavioural objective of changing parental behaviour, though it is likely that effective programming will address all three of these outcomes.

Social and Behavioural Drivers

Priority Behavioural Outcome: Parents register the births of their children before the age of 5.

There are several barriers that hinder parents from registering their children's births, including the distance to the nearest registration facility. Moreover, hidden fees and significant opportunity costs, such as travel expenses, often act as deterrents. Currently only 30 out of the 116 districts have capacity to issue birth certificates. Additionally, there are limited notification points, only 806 out of 3,750 health facilities in the Country have birth notification desks.

Birth registration services provided in healthcare facilities are typically viewed as additional services rather than mandatory responsibilities of paid health professionals.

At the societal level, traditional customs and practices do not consistently promote or prioritize formal birth registration processes. Furthermore, institutions often accept alternative documents, such as the birth record, which is sometimes mistaken for the birth certificate. Consequently, the demand for formal birth registration certificates is low. Parents who themselves lack a formal birth registration certificate are less likely to perceive its high value.

UNICEF, 2021. Internal Document: Articulating Social and Behavior Change (SBC) In the new CPD.

Social and Behavioural Drivers

Priority Behavioural Outcome: Parents register the births of their children before the age of 5.

A lack of access to crucial information and a lack of understanding about the registration process and its importance further compound the issue for parents. Additionally, there are often multiple and overlapping registration mechanisms. Once parents have registered their children and other family members through one or more hospital registration exercises, they may mistakenly believe that this suffices for all purposes, including birth registration. Birth registration systems are often inefficient, and there is a disconnect between these systems and the birth notification system used for health-related purposes.

Table: Percentage of caregivers who know where to register their child's birth (2023)

Response	Central (N-203)	Copperbelt (N-167)	Eastern (N-75)	Luapula (N-68)	Lusaka (N-210)	Muchinga (N-58)	North_ Western (N-67)	Northern (N-48)	Southern (N-49)	Western (N-55)	Grand Total
Yes	48.8%	40.4%	30.7%	45.6%	47.6%	50.0%	47.8%	65.3%	49.0%	70.9%	47.6%
No	51.2%	59.6%	69.3%	54.4%	52.4%	50.0%	52.2%	34.7%	51.0%	29.1%	52.4%
Grand Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Summary of Social and Behavioural Barriers

Table: Social and Behavioural Barriers and Drivers

Desired change	Social	Psychological
Long distances and long wait times	Presence of traditional customs that encourage/ discourage birth registration	Limited awareness of the value of birth registration
Hidden fees and significant opportunity costs, such as travel expenses	Low community demand for birth registration as it is not linked to any service.	Limited awareness of the process of birth registration
Overlapping registration processes	Cultural acceptance of alternative documentation	Parents' own birth registration status
Perception amongst health workers that birth registration is not part of their job		

Core Approaches and Strategies

Priority Behavioural Outcome: Parents register the births of their children before the age of 5.

In order to address this behavioural outcome, several approaches are recommended:

1. **Support community influencers (including health workers, community volunteers, Community Health Assistants, and CWACs) with tools and skills to increase demand for birth registration and certification.** Tools should support influencers to share the specific procedural requirements of birth registration and promote the ease and simplicity of the process.

2. **Increase access to birth registration by advocating for the implementation of a policy to initiate birth registration at point of delivery (either the health facility or the community).** Effective implementation of this policy may include simplification of the birth notification form, incentivization of birth registration by facilitating easier access to other services, and/or implementation of a deadline for birth registration. Close collaboration with the Ministry of Education will be essential to ensure that alternative documentation is not accepted for school enrollment.

3. **Use a multi-channel social norms change approach to promote birth registration as a right and a norm.** This approach should leverage dynamic social norms and social proof in order to break the generational cycle of neglecting formal birth registration and raise awareness of both the right to and process of birth registration. Furthermore, messaging should concretize the benefits of birth registration and seek to equate its importance with that of a National Registration Card.

Logical Framework

	Outcomes	Indicator
Social and Behavioural Result	By 2027, more children have their births registered.	% of children under 5 whose births are registered with civil authorities
Social/ Behavioural Outcome	More parents of children under five register their child's birth with civil authorities, ideally at the point of delivery or within 30 days of a child's birth	% of children under 5 whose births are registered with civil authorities
Intermediate Outcomes	1. Increase in community members reporting birth registration as a norm 2. Increased awareness of the birth registration process 3. Increase in perceived access to birth registration services amongst parents 4. Increase in demand for birth registration amongst parents	1. % of caregivers reporting that most people in their community register their child's birth 2. % of caregivers reporting that it is easy or very easy to register their child's birth 3. % of pregnant women reporting that they want to register their child's birth

Channels and Platforms

Desired change	SBC approach	Channels	Platforms
Parents and caregivers			
Increase in the number of parents under five register their child's birth with civil authorities, ideally at the point of delivery or within 30 days of a child's birth.	Design engagement sessions for parents/guardians to register their children with civil authorities	• Awareness raising among parents of children under 5 years • SMS • Radio • Posters • Faith gatherings • Community gatherings • TV programmes	• Under- five clinics • Nutrition Support Groups • Places of worship • Schools • Women's community groups • Traditional registries

Desired change	SBC approach	Channels	Platforms
Community members			
Increased support from community members for birth registration as a norm	Design engagement sessions for community members to register their children with civil authorities. Design community accountability platforms to encourage parents to register their children with civil authorities.	• Campaigns • Awareness raising among parents of children under 5 years. • SMS • Radio • Posters • Faith gatherings • Community gatherings • TV programmes	• Accountability platforms • Under-five clinics • Nutrition Support Groups • Places of worship • Schools • Women's community groups • Traditional registries

Channels and Platforms

Desired change	SBC approach	Channels	Platforms
Community leaders/influencers			
Increased support from community leaders to ensure parents are able to register their children	Engage community leaders/influencers as champions of change at all levels	• Indabas • Focus Group Discussions • Intergenerational dialogues • Peer to peer engagement • Faith gatherings	• Twitter/X • TikTok • Facebook • Indabas • Community leaders' platforms e.g NHCs NSGs, CHWs • Places of worship

Priority Result Three

By 2027, fewer children are placed in residential care facilities.

Overview

Despite evidence demonstrating that institutional care is deeply harmful to child wellbeing and development, many children without appropriate care in Zambia continue to be placed in residential childcare facilities (CCFs) rather than in family-based care alternatives. As of 2021, 6,517 children were in residential care.

Research from MCDSS and Catholic Relief Services shows that the primary reasons for placement of children in CCFs include **poverty,** death of a parent, **disability (of child or caregiver), and abuse, maltreatment, or neglect.**

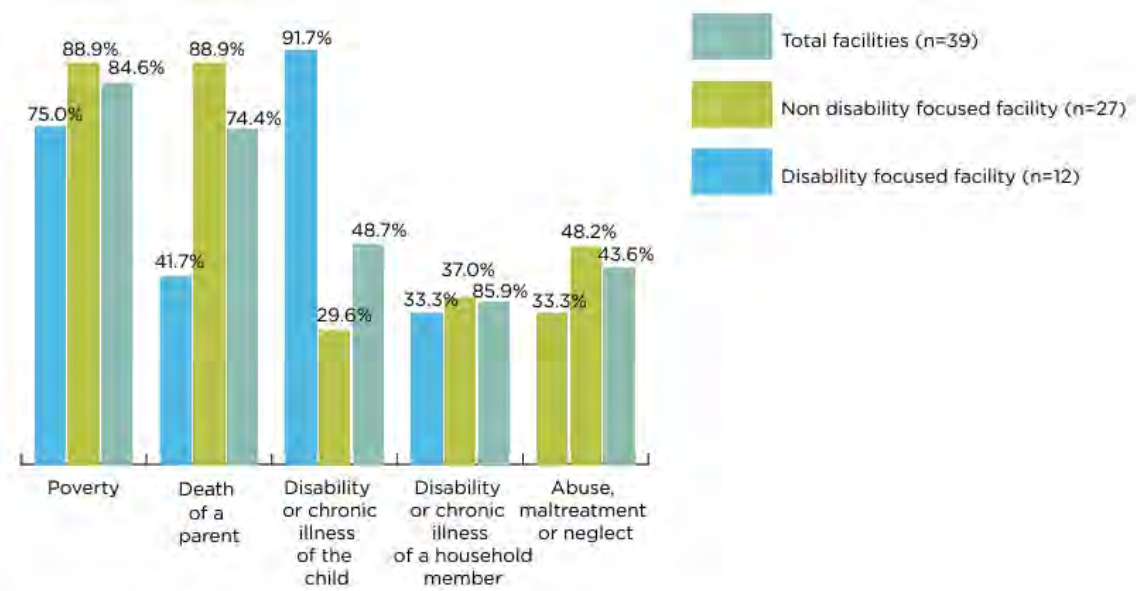


Figure 9: Main factors contributing to placement

Katie Januario, John Hembling, Ashley Rytter Kline and Jini Roby. Factors Related to the Placement into and Reintegration of Children from Catholic-affiliated Residential Care Facilities in Zambia.

Priority Social and Behavioural Outcomes

According to research conducted by the Ministry of Community Development and Social Services (MCDSS), the majority of children in residential care have living relatives and that placement of children in CCFs is driven by poverty; prevalence of disability or chronic illness of the child or caregiver; and/or **abuse, maltreatment, and neglect.** Parents who are unable to meet their children's needs for nutrition, education, healthcare, shelter, and/or clothing sometimes resort to placement of their children in residential care.

In addition to the alleviation of poverty, social and behaviour change approaches are essential to ensuring the **adoption of positive parenting practices to avoid the need for institutionalization of children.** Positive parenting practices include the prioritization of resources for children's welfare, avoidance of neglect and abuse, and adoption of positive care and discipline practices. Furthermore, social outcomes include **social acceptance of children with disabilities and community support for family-based care.**

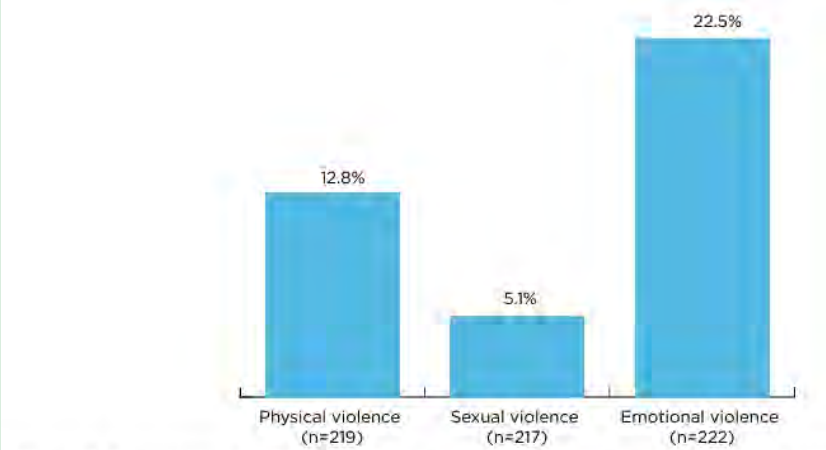


Figure 10: Percentage of children that had experienced violence within the household

Katie Januario, John Hembling, Ashley Rytter Kline and Jini Roby. Factors Related to the Placement into and Reintegration of Children from Catholic-affiliated Residential Care Facilities in Zambia.

Social and Behavioural Drivers

Priority Behavioural Outcome: Parents and caregivers adopt positive parenting practices and avoid engaging in child neglect.

A 2022 nationwide survey showed that 40% of Zambians reported child abuse and/or neglect to be somewhat or very common within their communities. Further in-depth research is needed to fully understand the social and behavioural drivers of high levels of child neglect in Zambia (and, conversely, low levels of uptake of positive parenting practices). While poverty increases the likelihood of a child experiencing neglect (and is a key risk factor, given that 60% of Zambians live under the poverty line), research has indicated that low socioeconomic status cannot fully predict a child's experience of neglect. Cultural norms and beliefs also play an important role in parenting practices. Nearly 7 in 10 Zambians (68%) report that it is always or sometimes acceptable to use physical force to discipline their child. Socio-cultural beliefs which preference boys may also lead to higher levels of neglect amongst girl children. Furthermore, weak enforcement of existing child protection laws (including the Children's Code Act) may contribute to continued high rates of neglect and abuse. High rates of child neglect and abuse often result in the instutitionalization of children within residential care facilities.

Cross-sectoral consideration: consider working closely with the Social Protection section to implement social protection programmes (e.g., CASH+) that target both the underlying drivers of child neglect and provide positive behaviour change support (e.g., positive parenting skills)

Edward Chibwili, 2023. Afrobarometer Dispatch No. 667. Zambians say vulnerable children lack needed help in the community.

Nakamba, Ruth & Kaani, Bestern. (2023). Parental Child Neglect: Prevalence and Social Problems Associated with Neglected Children in Selected Secondary Schools of Mufulira District, Zambia. International Journal of Research and Innovation in Social Science. VII. 633-642. 10.47772/IJRISS.2023.7648.

Specific Focus: Children with Disabilities

Research indicates that more than 1 in 3 children placed in residential care facilities have a physical or intellectual disability.

A lack of social acceptance of persons with disabilities contributes to strain on families, which may lead parents to seek alternative living arrangements for their children. Research has shown that families in Zambia who have children with disabilities often face stigma, blame, and social exclusion. Families feel the need to keep children hidden, and children with disabilities are often excluded from playing with other children and accessing health and education services.

Caregivers of children with disabilities often face an additional financial burden due to the costs of healthcare and assistance technology, as well as the need to take time off of work.

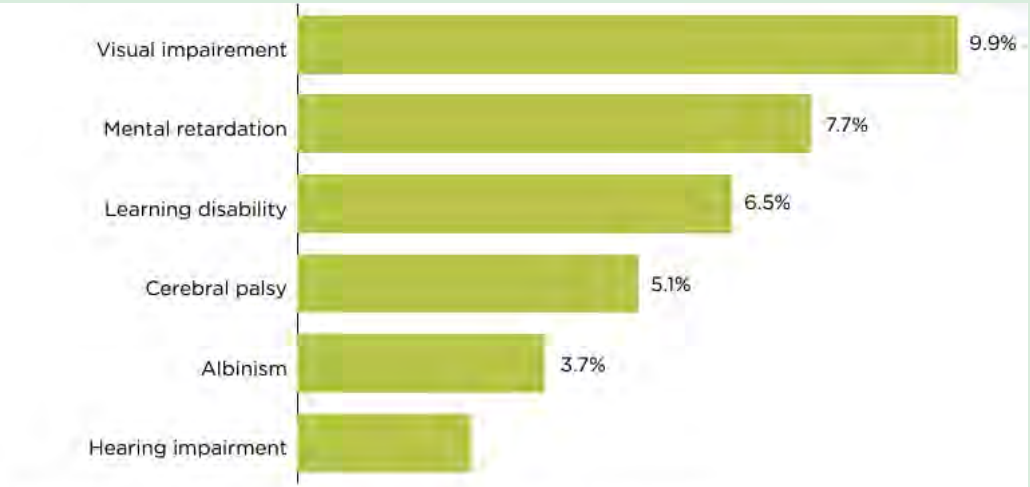


Figure 8: Percentage distribution of residents with a known disability

Katie Januario, John Hembling, Ashley Rytter Kline and Jini Roby. Factors Related to the Placement into and Reintegration of Children from Catholic-affiliated Residential Care Facilities in Zambia.

Scherer, Nathaniel & Banda-Chalwe, Martha & Chansa-Kabali, Tamara & Nseibo, Kofi & Seketi, Queen & McKenzie, Judith & Smythe, Tracey. (2024). Disability Research in Zambia: A Scoping Review. Scandinavian Journal of Disability Research. 26. 10.16993/sjdr.1095.

Summary of Social and Behavioural Drivers

Table: Social and Behavioural Barriers and Drivers

Environmental	Social	Psychological
High levels of poverty and deprivation and lack of resources	Lack of support networks for parents	Low knowledge of positive parenting skills
Absence of a specific family policy which prioritizes child welfare	Social or cultural norms that promote harmful discipline practices	Past experiences including history of trauma
Inadequate availability and access to healthcare, education and rehabilitation facilities for children with disabilities	Stigmatization of children with disabilities by families and communities	Differential parenting styles (e.g., authoritative, authoritarian, neglectful, permissive)
Hidden costs associated with education (learning materials, boarding fees, etc).	Weakening family support systems	Alcohol and substance addiction and abuse
Limited information on services provided through various government programmes like CDF, Public Welfare Assistance Scheme, SCT		Lack of perceived identity as a caregiver
Limited family preservation programmes.		Limited financial resource management skills

Core Approaches and Strategies

Priority Behavioural Outcome: Parents and caregivers adopt positive parenting practices and avoid engaging in child neglect.

In order to address this behavioural outcome, several approaches are recommended:

1. **Conduct robust financial literacy classes for parents in order to improve prioritization of household income for children's needs (and thus avoid engaging in neglect).**

2. **Form parent and guardian community support groups to emphasize the primary role of parents as a primary caregiver and model positive parenting practices.**

3. **Identify harmful traditional practices that influence parenting behaviours, and engage with traditional leaders to address harmful norms, including those related to harmful discipline practices.**

4. **Engage in intensive community engagement to promote social acceptance of children with disabilities.**

Logical Framework

	Outcomes	Indicator
Social and Behavioural Results	By 2027, fewer children are placed in residential care facilities. By 2027, harm against children - with a particular focus on violence against children - is significantly reduced.	High levels of poverty and deprivation and lack of resources
Social/ Behavioural Outcome	More parents and caregivers adopt positive parenting practices and avoid engaging in child neglect. Increase in inclusive norms with respect to children with disabilities.	% of parents who report engaging in positive parenting practices in the past 7 days % reduction in the stigma reported by children with disabilities
Intermediate Outcomes	1. Increase in parents reporting sufficient resources to provide essential needs for their children 2. Increase in parents reporting knowledge of essential positive parenting practices 3. Decrease in individuals reporting that child neglect and abuse is common within their communities 4. Increase in social acceptance of children with disabilities	1. % of parents who report that they have sufficient resources to cover their child's basic needs 2. % of parents who can name all positive parenting practices 3. % of individuals reporting that child abuse or neglect is common within their community 4. % of peers who express positive attitudes towards children with disabilities

Channels and Platforms

Desired change	SBC approach	Channels	Platforms
Parents and caregivers			
Increase in sufficient resources amongst parents to provide essential needs for their children	Design programs for parents and caregivers to engage in income generating activities	• Dialogues with parents and community members • Radio/TV programmes	• Parent support groups • Village committees • Ward development committees • Village savings groups

Desired change	SBC approach	Channels	Platforms
Community members			
Increase in community norms that prohibit child neglect and abuse Increased community acceptance of children with disabilities	Engage communities on positive parenting, child rights, safeguarding and reporting mechanisms. Engage communities on the principles of child rights.	• Awareness raising • IEC materials • TV/radio programmes • Dialogues sessions on ending violence against children	• Victim support units • Child protection units • Social welfare • District and community child protection committees. • Neighbourhood committees • Schools • Places of worship • Community meetings • Village one stop centers/GBV centers

Channels and Platforms

Desired change	SBC approach	Channels	Platforms
Community leaders and influencers			
Increased prevalence of a condusive environment that promotes family-based care for all children and protection from abuse and neglect.	Engage influencers as champions of change in promoting family-based care for all children and to be protected from abuse and neglect.	• Indabas • Focus Group Discussions • Intergenerational dialogues • Peer to peer engagement • Faith gatherings	• Twitter/X • Tik Tok • Facebook • Indabas • Community leaders' platforms e.g NHCs NSGs, CHWs • Places of workshop

Conclusion

Overall Priorities for SBC in Child Protection

The UNICEF SBC team should collaborate with the UNICEF Child Protection section and MCDSS in order to:

1. **Collect regular social and behavioural data to inform programming decisions, structured around the Behavioural Drivers Model.** Priority data needs include:
   a. Drivers of adolescent agency and gender norms influencing SRH care seeking
   b. Prevalence of harmful traditional practices that influence parenting behaviours
2. **Support with the facilitation of co-creation workshops in order to design:**
   a. Activities for intergenerational dialogue between parents and children
   b. In-service or pre-service training requirements for health workers to provide adolescent-friendly services
   c. Community-based activities to boost adolescent agency and shift traditional gender norms
   d. A multi-channel social norms and awareness campaign promoting birth registration as a right and highlighting dynamic norms around birth registration
   e. Support systems for parents and caregivers, including financial literacy learning
3. **Review policy advocacy materials from a behavioural perspective including:**
   a. Advocacy brief for birth registration reform policy
4. **Re-design materials using evidence from social and behavioural sciences including:**
   a. Adolescent-friendly training materials and supportive tools for health workers (including for SRH services)
   b. Tools for community volunteers to increase demand for birth registration
   c. Birth notice form

Theory of Change

Country Programme Outcome	By 2027, more children and adolescents live in an increasingly protective environment and benefit from improved child protection services, including birth registration.			
SBC Results	By 2027, more children have their births registered.	By 2027, harm against children - with a particular focus on child marriage and violence against children - is significatly reduced.	By 2027, fewer children are placed in residential care facilities.	
Social and Behavioural Outcomes	Increased number of parents of children under five who register their child's birth with civil authorities, ideally at the point of delivery or within 30 days of a child's birth	Increased number of adolescents age 15 - 19 use sexual and reproductive health services in order to prevent unintended pregnancy and subsequent child marriage.	Increased number of parents and caregivers adopt positive parenting practices and avoid engaging in child neglect.	Increase in inclusive norms with respect to children with disabilities.
Intermediate Outcomes	Increased demand for birth registration as a right	**Increased trust and communication between parents and adolescents**	Increased ability to provide for children's basic needs	**Increased social acceptance of children with disabilities**
	Increase in normative beliefs related to birth registration	Improved treatment of adolescents by health workers	**Increased knowledge of positive parenting practices**	
	Increased access to birth registration services	Increased agency amongst adolescent girls	**Increased capacity of the social service workforce**	***bold = immediate priorities**
	Increased awareness of the birth registration process			

Operationalization

In order to effectively integrate SBC approaches to achieve critical child protection outcomes, it is essential to ensure that child protection systems are equipped to sufficiently support SBC programming. Recommended institutional capacity building for SBC includes:

I1. Integrating social and behavioural data collection and monitoring mechanisms with MCDSS systems

2. Building the capacity of MCDSS staff to utilize social and behaviour change approaches, including participatory design mechanisms, meaningful community engagement, social norms measurement and change, and behaviourally-informed service design within their programme design.

3. Integrating SBC throughout the programme life cycle, including during planning and resource mobilization

Annex

Monitoring and Evaluation Plan

Results Framework and Monitoring & Evaluation Plan

Results Framework

The Results Framework outlines the key outcomes, outputs, activities, and associated indicators necessary for monitoring progress and achieving the strategic goals of the Social and Behavioural Change (SBC) Plan. The framework emphasizes improving the protective environment for children and adolescents, with a focus on reducing child marriage, increasing birth registration, reducing institutional care, and enhancing the overall safety of children.

Goal: **Country Programme Outcome for Child Protection:** By 2027, more children and adolescents live in an increasingly protective environment and benefit from improved child protection services, including birth registration.

Level		Description	Current Status	Target 2027	Indicators	Reporting Responsibility	Frequency of Reporting
	CP O1	Child marriage significantly reduced	F: 29% M: 2.8% (2018)	F: 22% M: 2%	Percentage of women and men (aged 20-24) married before age 18 (Adapted from Standard Indicator)	CSOs network on ending child marriage in Zambia, Community representatives (CWACS,CDAS ,NHCS), MCDSS and Gender Divion	DHS Anualy/Periodic
	CO O2	Children and adolescents protected from violence	Girls: 0% Boys: 7.2% (2014)	Girls: 25% Boys: 25%	Percentage of youth (aged 18-24) who experienced sexual abuse prior to age 18. Percentage of youth (aged 18-24) who report having access to support services after experiencing sexual abuse.	Child protection unit under (ZP), VSU,MCDSS – Department social welfare and child department, CSOs	VAC Survey Annaly
	CP O3	Increased birth registration	14.0% (2018)	50%	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (Standard Indicator)	Ministry of home affairs (DNRPC), MOH, MOE	DHS, Annual,

Priority Outcomes	**PO 1**	Increased number of adolescents age 1519 use SRHR services to prevent unintended pregnancy and subsequent child marriage	29% of women aged 20-24 were married before 18	Reduce child marriage to 18%	% of women aged 20-24 married before 18	Ministry of Community Development MOH MOE Ministry of Health (through youth friendly spaces), cso	Annually
	PO 2	Increased number of parents of children under five who register their child's birth with civil authorities, ideally at the point of delivery or within 30 days of a child's birth	14.3% of children under 5 registered	Increase birth registration to 50%	% of children under 5 registered within 30 days of birth	Ministry of Health, MCDSS, Ministry of Home Affairs	Annually
	PO 3	Significant reduction in institutional care	6,413 children in institutional care	Significant reduction in institutional care to 5,130	Proportion of children in institutional care	MCDSS, CCFs, CSO	Annually
	PO 4	Increased number of parents and caregivers adopt positive parenting practices and avoid engaging in child neglect	High rates of violence against children	Reduction in child harm and violence	% of children reporting harm or violence	District Child Protection Units (Department of Social Welfare), CPU/VSU,CW AC	Annually

Intermediate Outcomes	**IO 1**	Increased trust and SRH communication between parents and adolescents	Low uptake of SRH services by adolescents	Increase SRH service uptake by adolescents Health care provider?	% of adolescents reporting high trust in their parents regarding SRH communication % of parents reporting confidence in their ability to discuss SRH topics openly with their adolescents Increased uptake of SRH services among adolescents	Health Facilities, CSO, Community leaders	Quarterly
		Improved perceptions of health worker treatment by adolescents Improved attiudes of health workers towards adolescents SRH services	(lacking of reporting channels) Poor attitudes of health workers towards adolescents	Improved attitudes of health workers towards adolescents	% of adolescent who report that they expect to be treated fairly by health workers % of adolescent who report having been treated fairly by health workers	MOH Health facility Youth friendly spaces	Quarterly1
		Increased agency amongst adolescent girls	29% teenage pregnancy	8% reduction in teenage pregnancy	Average self-efficacy score (New General Self-Efficacy Scale) Percentage reduction in teenage pregnancy		
	IO 2	Increase in community members reporting birth registration as a norm	Limited positive parenting practices	Increase positive parenting practices	Proportion of community members who report that birth registration is a common practice in their community.	Local NGOs	Quarterly

			Birth registration is low as it is not a norm	Birth Registration a norm and increased			
		Increased awareness of the birth registration process	Low awareness of the Birth Registration process	Improved awareness of the Birth Registration process Improved use of the birth registration process.	Proportion of parents who can accurately describe the birth registration process and its requirements.	Ministry of Home Affairs (responsible department) Ministry of Health (responsible department) Ministry of General Education	On-going
		Increased in perceived accessibility of Birth Registration Services	Poor access of Birth Registration services	Improved access of Birth Registration services	Proportion of parents who feel that birth registration services are accessible within their community.	Ministry of Home Affair, Ministry of Education Ministry of Health	Ongoing
		Increase in demand for birth registration amongst parents/guardians	Low demand for Birth Registration among parents/guardians	Improved demand for Birth Registration among parents/adolescents	Number of birth registration applications submitted by parents within the past year.	Ministry of Home Affairs – DNRPC	Ongoing
	IO 3	Increase in parents reporting sufficient resources to provide essential needs for their children	Insufficient resources for families	Improved resoures for families	% of parents who report that they have sufficient resources to cover their child's basic needs	Parents/Guardians Community Leaders,CWACS,NHCS	Quarterly Bi Annual

		Increase in parents reporting knowledge of essential positive parenting practices	Perceived poor parenting practices	Improved parenting practices	Percentage of parents practising positive parenting skills	CSOs,MCDSS, MOH, community leaders	Quarterly
		Decrease in individuals reporting that child neglect and abuse is common within their communities	High cases of child neglect and abuse in the communiites	Reduced cases of child neglect and abuse in the communities	% of individuals reporting that child abuse or neglect is common within their community Percentage reduction in the number of child neglect and abuse cases	CSO, MCDSS, MOH, Community Leaders	
		Increase in social acceptance of children with disabilities	Stigma and exclusion of children with disabilities	Reduced stigma and increased inclusivity of children with disabilities	% of peers who express positive attitudes towards children with disabilities	MOH, MOH, CSOs, Community Leaders	
Outputs	**OP 1**	SRH services training for healthcare workers	Limited training in SRH services	All healthcare workers trained in SRH services	Number of healthcare workers trained	UNICEF SBC Team, CSOs	Biannually
	OP 2	Birth registration campaigns in rural areas (suggestion is to state country wide)	Low birth registration in rural areas (country wide)	Increase birth registration in rural areas (country wide)	% of children registered at birth in rural areas (country wide)	MCDSS	Biannually
	OP 3	Strengthening parenting programs	Limited structured	Strengthen structured	Number of structured parenting programs implemented	MCDSS Local NGOs	Biannually
			parenting programs	parenting programs			
Activities	**A 1**	Conduct SRH training for healthcare workers	Training gaps in SRH services	Complete training for all healthcare workers	Number of SRH trainings conducted	MOH Health Facilities	Monthly
	A 2	Implement birth registration campaigns in rural areas (country wide)	Few birth registration campaigns	Execute birth registration campaigns	Number of birth registration campaigns executed	MOH Community Health Workers	Monthly

	A 3	Support community advocacy for family-based care	Low community advocacy for family-based care	Increase community advocacy for familybased care	% of communities engaged in advocacy for family-based care	MCDSS Community Leaders	Monthly

Monitoring and Evaluation (M&E) Plan

The Monitoring and Evaluation (M&E) of the Social and Behavioral Change (SBC) Plan will track the progress of the planned activities, outputs, and outcomes to ensure that the intended impact is achieved by 2027. The M&E process is designed to be continuous, using both qualitative and quantitative methods to monitor performance, identify areas for improvement, and adjust strategies where needed.

Monitoring Approach

Monitoring will be an ongoing process that ensures timely tracking of activities, outputs, and outcomes. Data collection tools, both manual and digital, will be used to ensure real-time data capture from community levels and health facilities.

1. **Data Collection Methods:**

    - **Routine Monitoring:** Data will be collected monthly from community health workers, healthcare facilities, birth registration centers, and other key stakeholders. Key performance indicators (KPIs) related to child marriage, birth registration, institutional care, and SRH services will be monitored consistently.
    - **Field Visits:** Quarterly field visits will be conducted to evaluate the quality of services provided, ensure data accuracy, and interact with beneficiaries.
    - **Digital Data Collection:** Tools such as Kobo Toolbox or Inform will be used for real-time data collection at the community level to monitor program implementation and effectiveness.

2. **Key Performance Indicators (KPIs):**

    - **Quantitative Indicators:** Percentage of children registered at birth, percentage of adolescents using SRH services, reduction in institutional care placements, etc.
    - **Qualitative Indicators:** Feedback from parents, adolescents, and community leaders on service uptake, community awareness, and perception of child protection programs.

3. **Monitoring Schedule:**

    - **Monthly Monitoring:** Routine checks on the progress of the activities, including data

collection, will be carried out monthly. This will help assess immediate output indicators like the number of birth registration campaigns executed or the number of SRH services conducted.

- **Quarterly Reviews:** More detailed quarterly reports will be generated based on aggregated data, highlighting performance trends and areas requiring intervention.
- **Annual Performance Review:** The annual review will involve a comprehensive assessment of all program outcomes, comparing progress toward the 2027 targets.

Evaluation Approach

Evaluation will be conducted through mid-term and end-line assessments to determine the effectiveness, efficiency, and impact of the SBC Plan.

1. **Mid-Term Evaluation (2025):**

   - **Objective:** To assess the progress made toward the interim targets for 2025 and determine if any course corrections are necessary.
   - **Scope:** The evaluation will focus on the uptake of SRH services by adolescents, improvements in birth registration, and reductions in child marriage rates.
   - **Methodology:** A combination of household surveys, focus group discussions (FGDs), and key informant interviews will be conducted to evaluate the effectiveness of the interventions.

2. **End-Line Evaluation (2027):**

   - **Objective:** To evaluate the overall success of the SBC Plan in achieving the strategic outcomes, including the reduction of child marriage, the increase in birth registrations, and the transition from institutional to family-based care.
   - **Scope:** The evaluation will assess the long-term impact on child protection and behavior change across communities and institutions.
   - **Methodology:** Comparative analysis of baseline and end-line data, with special focus on quantitative indicators like child marriage reduction and qualitative outcomes such as changes in parenting practices.

3. **Feedback and Adaptive Management:**

   - **Continuous Feedback Loop:** Monitoring data will be continuously shared with stakeholders, including government ministries, NGOs, and community leaders, to

ensure that the program is responsive to emerging challenges. Real-time feedback will be incorporated to make adjustments in strategies or resource allocation.

- **Adaptive Management:** Any issues identified during monitoring or evaluation, such as underperformance in key areas or unforeseen challenges, will be addressed through an adaptive management approach. This will ensure that the program remains flexible and responsive.

Data Sources

- **Primary Data Sources:** Health Management Information Systems (HMIS), child protection units, community health reports, and routine household surveys.
- **Secondary Data Sources:** Reports from partner organizations, government publications, and research studies relevant to child protection and health services.

Roles and Responsibilities

- **Ministry of Community Development and Social Services (MCDSS):** Responsible for providing administrative data on child protection and birth registration in collaboration with the Department of National Registration, Passports and Citizenship (DNRPC).
- **UNICEF and partners:** Support MCDSS on monitoring and periodic evaluations.
- **Local NGOs and Community Health Workers:** Support data collection at the community level.
- **External Consultants:** Conduct mid-term and end-line evaluations.

Reporting and Dissemination

- **Internal Reports:** Monthly, quarterly, and annual reports will be shared with stakeholders, summarizing progress and insights from monitoring activities.
- **External Communication:** Key findings and lessons learned will be disseminated through publications, presentations, and community feedback sessions to ensure transparency and encourage the adoption of best practices.