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Save the Children

Final Project Evaluation Report

**Final Project Evaluation Report towards
Systematic Change to Realize Children's
Rights in Zambia- 2013 to 2017**

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This evaluation report was prepared for Save the Children International in Zambia by

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This endline evaluation report is a product of the views and perspectives of various stakeholders interviewed. The results and conclusion presented in this report represent the consultants' analysis of respondents' views and perceptions and not necessarily those of SCI.

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List of Acronyms

ACJ	Advocacy for Child Justice
ACRWC	African Charter on the Rights and Welfare of Children
AIDS	Acquired Immunodeficiency Syndrome
AJJ	Advocacy for Juvenile Justice
BoR	Bill of Rights
CBO	Community Based Organisations
CFCs	Child Friendly Corners
CHAMP	Comprehensive HIV&Aids Management Programme
CNA	Children's News Agency
CP	Child Protection
CRBP	Child Rights Business Principles
CRP	Child Rights Programming
CRG	Child Rights Governance
CSCC	Civil Society Constitution Coalition
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
CSR	Cooperate Social Responsibility
CRF	Child Rights Forum
CWAC	Community Welfare Assistance Committee
DAC	Development Assistance Committee
ECOSOCC	Economic, Social and Cultural Council
HIV	Human Immunodeficiency Virus
HRC	Human Rights Commission
IEC	Information, Education and Communication
IPs	Implementing Partners
LGAZ	Local Government Association of Zambia
M&E	Monitoring and Evaluation
MNCRD	Media Network on Child Rights Development
MoCTA	Ministry of Chiefs and Traditional Affairs
MoHA	Ministry of Home Affairs
MoJ	Ministry of Justice
MoU	Memorandum of Understanding
MP	Member of Parliament
NGOs	Non-Government Organisations
NDP	National Development Plan
NPA	National Plan of Action
OCC	Office of the Commissioner for Children
OECD	Organization for Economic Co-operation and Development
PCC	Parliamentary Caucus on Children
PPAZ	Planned Parenthood Association of Zambia
SAfAIDS	Southern African HIV and AIDS Information Dissemination Service
SC	Save the Children
SCI	Save the Children International
SIDA	Swedish International Development Cooperation Agency
SPmEL	Strategic Planning monitoring Evaluation and Learning
STI	Sexually Transmitted Infection
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
Unicef	United Nations Children's Fund
UPR	Universal Periodic Review
VCT	Voluntary Counselling and Testing
ZCEA	Zambia Civic Education Association
ZCSMBA	Zambia Chamber for Small and Medium Business Association
ZINGO	Zambia Interfaith Netwroking Group on HIV/AIDS
ZLDC	Zambia Law Development Centre

EXECUTIVE SUMMARY

Introduction: Save the Children International (SCI) Zambia with funding from the Embassy of Sweden implemented a Child Rights Program (2013-2017) entitled; “Towards a systematic change to realize Children’s Rights in Zambia.” The programme had three thematic areas namely; Child Rights Governance (CRG), Child Protection, and HIV and Child Rights. The goal of the CRG thematic area was to ensure that “children in Zambia benefit from improved child focused national legislation, policies and budgets that comply with the Children’s Rights Charter (CRC) and the African Charter on the Rights and Welfare of Children (ACRWC).” While Child protection was aimed at ensuring that fewer children in Zambia are victims of physical and psychological violence, harassment and discrimination at home, in schools and in their communities. The goal of the HIV & AIDS thematic area was that HIV/AIDS transmission in Zambia’s children is reduced whose main objective was to ensure children aged 8-18 years have access to quality age appropriate SRH and HIV prevention information in supported project sites.

In implementing the project and to ensure the achievement of results, SCI worked with the Government of the Republic of Zambia (GRZ), local child rights organizations and networks, the private sector, and communities (including children). Since 2013, the CRG thematic area has partnered with five Implementing Partner organisations (IPs) with each partner, implementing a particular focus area that fed into the two main outcomes of the CRG’s thematic focus. These IPs included: Advocacy for Child Justice (ACJ), Human Rights Commission (HRC), Media Network on Child Rights and Development (MNRCD), Zambia Civic Education Association (ZCEA) and Zambia Chamber for Small and Medium Business Association (ZCSMBA). The CP thematic area has been implemented in collaboration with three local partner organizations namely Panos Institute Southern Africa, Zambia Civic Education Association (ZCEA) and Lifeline Childline. The partner organisations that implemented HIV&AIDS activities were Sport in Action (SIA), SafAIDS, Latkings, and Zambia Centre for Communication Programme (ZCCP).

Having successfully implemented the CRG, CP and HIV&AIDS interventions for about four years, SCI sought the services of external consultants to conduct a project endline evaluation. The purpose of this endline evaluation was to assess the CRG, CP and HIV&AIDS achievements against the project goal and outputs. It also aimed at documenting key lessons learned per impact areas of the CP and HIV&AIDS thematic areas respectively, to highlight the key challenges that may have affected the program in achieving results and provide recommendations for improvements for future similar programs.

Methodology: The endline evaluation design used both quantitative and qualitative methods. Quantitative data were collected using semi-structured questionnaires with programme beneficiaries, key informant interview (KII) guides with key informant such as project staff and implementing partner staff as well as parents and community gate keepers in project districts. Further, using interview guides, Focus Group Discussions (FGDs) were conducted with programme beneficiaries and parents to children and young people.

For the CRG thematic area, 15 KIIs and 13 FGDs were conducted from Petauke, Chambeshi, Kitwe, Luanshya, Kapiri, Lusaka, Solwezi and Ndola districts. Interviews for the CP thematic area were conducted in Kitwe, Mkushi, Katete, Mazabuka, Choma, and Luanshya districts. Qualitative data were collected using interview guides and 7 FGDs with children/ young people and parents respectively and 15 KIIs were conducted with program staff and community leaders. Further, using structured questionnaires, quantitative data were collected from 242 children and young people. For the HIV&AIDS thematic area, data were collected in Kabwe, Chibombo, Kitwe, Mazabuka, Lusaka, and Chongwe districts. Qualitative data were collected using interview guides and 7 FGDs with children/ young people, parents and program staff and community leaders respectively while quantitative data were collected using structured questionnaires from 280 children and young people. Qualitative data were analysed through content and thematic analysis and in line with the Child Rights Program objectives by each thematic area and evaluation criteria of effectiveness, relevance, impact and sustainability. Further, quantitative data were analysed by providing frequencies and crosstabulations in relation to evaluation objectives.

EVALUATION FINDINGS

CRG Thematic area

Effectiveness - This evaluation established that to a very large extent, the approaches and strategies employed during project implementation were sufficient to foster the achievement of the desired change. Key approaches

included collaborating with others (IPs and child rights promotion networks), continuous dialogue (as opposed to a confrontational approach) with relevant policy makers and line ministries, and working directly with key government and quasi-government institutions in order to promote the same understanding of CRG across all actors. Major outcomes achieved included the enhanced capacity of CSOs to advocate for children's rights as evidenced by the amount of work the networks (Child Budget Network [CBN] and Child Rights Forum [CRF]) were able to carry out as networks such as budget analysis, drafting and submission of budget recommendations, joint advocacy actions on child rights, and the increase in membership in the Child Rights Forum (CRF) from 9 in 2013 to over 18 member organisations in 2016. CSO capacity was also evident from MNCRD's work in creating a conducive and enabling environment for children to voice their concerns and opinions in the interventions and processes that concern them. These included their participation the 2016 referendum, through the Junior Mayor programmes, Child Parliament and also by creating spaces where children sit on advisory bodies such as the United Nations (UN) and government ministries.

There appears to be a good understanding of the provisions of the CRC and ACWRC by government officials and particularly, their respective roles in implementing the provisions of the charters. This understanding has precipitated sustained pressure from the partners on the Government of the GRZ to take the necessary measures to improve the submission of its reports to internationally recognised human rights and child rights monitoring mechanisms. Over the period 2013–2016, the GRZ submitted its Universal Periodic Review (UPR) report to the relevant UN Committee, through the HRC. This submission highlights Human Rights Watch's concerns in Zambia, including developments in relation to the implementation of recommendations from Zambia's previous UPRs, which were closely followed and monitored by organizations supported by SCI such as the ZCEA and HRC in collaboration with other Civil Society Organizations (CSOs).

The evaluation found adequate evidence of the CRG programme having built the capacity of child rights organizations and networks to mobilize child rights actors such as the HRC, policy makers and the judiciary and children themselves, at the national level to submit complementary and alternative reports to the UN Committee through international engagements. For instance, MNCRD now has a seat on the Economic, Social and Cultural Council (ECOSOCC) where it is able to influence decisions on child rights issues in Zambia. MNCRD's Children's News Agency (CAN) contributed and submitted two periodic reports to the United Nations.

Other evidence was seen in SCI's advocacy efforts towards increasing the application of the CRC and the ACRWC through Members of Parliament (MPs), other advocacy oriented CSOs like the ZCEA and the policy influencing work with the constitutional review process. The Child Right Program identified and worked with MPs from the Caucus Committee on Children's Rights to champion child rights with the aim of providing a platform and channel of linking CSOs to the constitutional review process and facilitating the domestication of laws and monitoring government committees on the implementation of the treaties on child rights.

Furthermore, ZCEA with support from SCI was involved in the audit of all child related pieces of legislation such as the Comprehensive National Child Policy and its National Plan of Action (NPA), drafting and validation of the Child Code Bill and review of the Marriage Act, to make them more responsive to children's needs, as well as being instrumental in the inclusion of a whole section on children's rights in the 2016 failed referendum. The other significant milestone was the acceptance of the office of the Commissioner for Children as an integral part of the HRC. This office is now fully functional and the officers are no longer being paid through project funds but through government payroll.

Relevance and impact: The project was found to be highly relevant in addressing the gaps in national coordination and implementation of child rights laws and policies. This was supportive and complimentary of national laws, commitments, policies and practices. The project was also aligned in every sense with the dictates of the overarching CRC and the ACRWC. Particular outcomes from the CRG project implementation had already started benefiting the child. These include: the acceptance of the office of the Office of the Commissioner for Children at the HRC which is a clear sign of permanence of the office. This level of impact will contribute reaching higher level development objectives through child specific information collection, interventions and benefits. Some of the children interviewed through the FGDs were able to clearly articulate CRG related issues, such as quoting the provisions of the CRC and the African Charter. This is expected to filter to various levels of a child's wellbeing. Implementation of the best practices in handling cases of children who come in contact with the law has led to child/juvenile cases being expedited, most cases being diverted towards other methods of correction other than incarceration/detention.

Efficiency and sustainability: There was competency in project management from the side of SCI and the IPs. This was particularly visible from the manner in which SCI monitored and reported on the project in a consistent and competent manner. SCI further developed and shared with the IPs a comprehensive set of tools to support partner level reporting. The quality of the reports reviewed by the evaluator were of sufficient standard and captured accurately the developments in the project. It is evident that SCI's planning has taken into consideration and adapted to changing needs and opportunities. In the aspect of financial management, interviews and observation show that SCI has stable financial administration systems in place. SCI also took measures to protect grant funds by for instance terminating working relationship with one of the partners (ZCSMBA) when alleged mismanagement of project funds was detected. The evaluators however were not provided with requested financial records needed to make a firm assessment of funds allocations and utilisation. At management and program level, the human resources within SCI were adequate and had several years of experience in managing child rights issues.

Findings on sustainability of the project present a mixed perspective. At the national level, it is clear that SCI adequately built the capacity of CSOs for them to carry on CRG advocacy work without donor support as evidenced by the level of collaboration among CSOs and stakeholders as well as the systems (such as CRF) developed by individual organisations. SCI's approach to sustainability was to build the capacity of IPs and child rights networks to continue engaging on CRG beyond the Child Rights Program period. It was clear from this evaluation that this was achieved to a great extent as evidenced from the level of articulation of CRG issues by partners, collaboration through functional networks, the ability by ZCEA, ACJ and MNCRD to coordinate this collaboration, the linkages established at local, national, regional and international levels and ability by IPs to engage government at every level. At the national level the project has contributed to definite progress at the policy level reform. Numerous important steps towards an improved child rights governance systems were made and will continue to be enjoyed. On the other hand, the raised levels of awareness are yet to trigger public debate on child rights that can gather its own momentum.

Among the IPs, ZCEA and MNCRD demonstrated the highest ownership of programme design and implementation as leaders of their respective networks as they were able to mobilise organisations, facilitate engagement with policy makers and other stakeholders as well as follow through with planned activities. Though SCI built the capacity of individual staff in IPs, there was generally very high staff turnover in nearly all the IPs, leaving gaps in capacity and compromising sustainability of capacity building outcomes. At community level, and Petauke in particular, the project was implemented for only 1 year and consequently only a third of the desired activities were delivered. The evaluator, based on an analysis of activities done and the views of stakeholders, has concluded that CRG activities done in Petauke cannot be sustained beyond the life of the project. The approach adopted by MNCRD as well, where the participating children belong to a "club" is unlikely to be sustainable in the long run because the existence of the "club" is entirely dependent on availability of funds from MNCRD. The children themselves did not display signs of having owned the clubs through their participation. In addition, the approach does not create the critical mass of children needed for continued debate on CRG by children themselves.

Child Protection Thematic Area

Project effectiveness: The project achieved most of the outputs and outcomes under the child protection goal of having fewer children in Zambia victims of physical and psychological violence, harassment and discrimination at home, in schools and in their communities. The inter-sectoral government and civil society coordination was achieved as the District Child Protection Committees (DCPCs) were developed and/or strengthened in all the project sites. In addition, a National Child Protection system that supports community child protection was put in place and is functioning. Closely linked to this was the development of the Child Help Line Directory of Service Providers which consisted of 127 different partners. Further, the Parliamentarian Committees were engaged through advocacy meetings and presentations on child protection to build understanding and appreciation on the importance of a legislative environment which supports children's rights. Policy makers that were engaged were the District Commissioner's Office, Councillors and District Education Board Secretary (DEBs) office.

The evaluation also found that in communities where the project had been implemented, community-based child protection support systems have been developed and/or strengthened and these consists of Community Child Protection Committees (CCPCs), the Community Ward Assistant Committees (CWACs), and the Child Rights Clubs (CRCs) in schools. The draft Violence Against Children (VAC) prevention and monitoring guidelines were developed to support the community systems. Furthermore, 45 Rural Child Protection structures also known as

Radio Listening Clubs (RLCs) were established to facilitate airing and listening to child protection issues. More than half of the children and young people reported that the community RLCs were useful in creating awareness of where to report the abuse cases. However, participation in radio programs was low as only 19% of the children and young people participated in community radio program on child rights, and 24.7% belonged to community RLCs.

The evaluation also found that 70% of children and young people were exposed to training on child protection against child abuse, 92.9% were trained in children's rights and 88.2% in child protection. Furthermore, most of the children and young people (92%) reported that the training of children on protection against violence and abuse was helpful. Remarkably, 75% knew where they could report cases of child abuse, with about 60% of the children and young people knowing a leader or member of the CCPC whom they could report to and 71% described these persons as easy to approach when they needed to report about abuse. However, less than half (45.9%) of the children and young people reported to be aware of the standard referral procedures of which 18% and 12% reported being engaged in developing and drafting child abuse reporting and referral standards respectively.

Project relevance and impact: Improved knowledge in child protection issues has resulted into positive change of attitude among the children aged 10-14 and youths/young people aged 15-24 years. Over 90% of the children (aged 10-14) and 91% of young people (aged 15-24 years) were of the view that it is important for children and youths to participate in child rights awareness raising. Further, 76% agreed that they were now more confident to report child abuse against them. The project also strengthened the communities and children's ability to better prevent and address violence against children as many (63%) knew where to report abuse and 85% of the respondents knew how to use the Child Helpline (116). However, inadequate access to phones was one of the major challenges hindering use of the Child Helpline service. Overall, there has been an increase in use of the line, 127,082 cases were recorded in 2016 compared to 93,404 cases recorded in 2015. Majority of the respondents (84%) felt that it was now easier for them to report abuse against them. Nearly half (50%) of the respondents reported that there has been a reduction in incidences of child abuse because of the project: reduction in child marriage, sexual harassment against children (46.3%), physical abuse (corporal punishment) against children (45.9%), and discrimination against children (46.3%).

Efficiency and sustainability: The project implementation process was efficient as the project had a lean management with a flat administrative hierarchy which worked for quick decision-making and effective participation of the staff. Project efficiency was also attained through a cascaded approach to training and use of volunteers during project implementation. The evaluation found factors that would shape sustainability to include use of government structures to deliver child protection activities, and integration of project activities into the existing community structures such as the CWACs and CCPCs.

HIV&AIDS Thematic Area

Project effectiveness: Significant progress was made towards meeting the overall goal of the HIV & AIDS project which was that HIV&AIDS transmission in Zambia's children is reduced, and with the main objective ensuring that children aged 8-18 years have access to quality age appropriate SRH and HIV prevention information. The project successfully met its outcome on mainstreaming process as it exceeded the target of having three Civil Society Organizations (CSOs) integrating sexuality and gender approaches as SAfAIDS, Sport in Action (SIA), NZP+, Latkings and Zambia Centre for Communication Programmes (ZCCP) integrated these aspects into their programmes. Furthermore, the project outcome of facilitating national health policies and programmes that ensure that children's access to age appropriate SRH & HIV prevention information was met as SCI was part of the team that provided reading books on Comprehensive Sexuality Education (CSE) for Grades 5-12 and the roll out by the Government of CSE. SCI also participated in developing new advocacy messages on adolescent SRHR and HIV during the National HIV&AIDS symposium, and also participated in developing a policy brief entitled Adolescent Age of Consent on Family Planning in Zambia.

The project has facilitated the process of increasing acceptance and demand for CSE for children in target communities. Overall, the project exceeded its set target for the output on training 300 change agents as 390 (202 males and 188 females) were trained. In addition, a National Technical Committee on SRHR was constituted in November 2016 to address gaps in the provision of SRHR. Latkings also facilitated the formation of community based parent advocacy committees that are used as dialogue platforms for CSE. In addition, traditional leaders held village based quarterly meetings where issues related to child marriages were part of

the agenda. Locally relevant strategies that also influenced the adoption of CSE were the appointment of a specific contact/ link person dealing with youth reproductive health issues at the health facility which enhanced referrals between children/youths and health facilities. Integrating CSE and child protection messages into sport was another strategy that enhanced uptake of CSE as young people found the participatory approaches very interesting. Debates between parents and children on sensitive topics such as sexuality helped reduce cultural barriers to communication between the parents and children on such topics.

The project successfully met the target of increasing children's intention to seek safer sex practices and children being able to reject major myths and misconceptions about sex, sexuality and HIV&AIDS. 72, 610 children were reached against a target of 8,000. On average over 80% of the children and young people demonstrated very good knowledge on basic information about SRH and STI. Evaluation findings show 80% agreed that children can get HIV and STIs from infected parents while 95.8% agreed that if they have sex with HIV and/or STI infected people they can contract HIV if they did not correctly use a condom. The change in the knowledge levels positively influenced attitude among the children. For example, 81% of children knew that they have the right to say NO to any form of abuse such as sexual harassment. Most of the respondents stated that they can report sexual abuse and child rights violations to parents (81.4 %), grandparents (77.1 %), uncles/aunties (81.4 %), and neighbour (s), health workers (72.9 %). Like the case of children, the change in the knowledge levels positively influenced attitude among the 15-24-year-old group.

Project relevance and impact: Significant progress was made regarding meeting the outcome of having children in project sites who are able to protect themselves from HIV, including other STIs and unwanted pregnancies. Report XX shows that 23,625 (10,830 boys and 10,569) young people voluntarily tested for HIV. Of those that underwent HIV testing, 212 adolescents (91 boys 121 girls) were found to be HIV positive (0.9%). There was an increase in access to condoms over the project period. In the districts where the project was implemented, in 2016, a total of 8, 012 adolescents collected 52,000 condoms compared to 2015, when a total of 15,000 male condoms were collected by 3,500 adolescents. In terms of pregnancy testing, 517 girls were screened out of which the figures showed 11 girls were pregnant representing the incidence rate of 2%.

From the primary data, increased knowledge and good attitude translated into positive behaviour. Nearly half (45%) of the respondents aged 10-14 indicated having been counselled for HIV&AIDS, with 31% testing for HIV, about 17% counselled for STIs, and 11% testing or screening for STIs. Very few (5.6%) indicated that they were in some form of sexual relationship with 3% reporting having had sexual intercourse in the past 12 months preceding the survey, and used protection. Like the case of children, for those aged 15-24, 36% were in sexual relationships. About 66% and 77% of the respondents reported that they had been counselled for HIV&AIDS and tested for HIV, respectively, with about 44% also counselled for STI and 38.5% testing or screening for STIs. Further, 70% of the respondents were now able to encourage their colleagues to go for HIV/STI counselling, testing and screening. Most of the respondents (69.4 %) knew where they could access services on SRH, such as contraceptives, STIs, pregnancy, and HIV&AIDS. Of the 22% who had their sexual rights violated, 96% of them reported the abuse.

Efficiency and sustainability: The use of volunteers to coordinate or implement some activities was classified as cost effective compared to engaging full time project staff. Training a few people in the community and tasking them to train others at community level also helped save some financial resources in contrast to holding trainings with many community members at the district or provincial offices. Furthermore, embedding SRH in local games was cost serving as they did not have to pay for materials to conduct such games. Sustainability was possible because the activities were integrated into government structures as well as existing community structures such as One Stop Centers (OSCs). Furthermore, the use of traditional or local games to deliver SRH messages was sustainable as such processes were simple to use by the local community and also compatible with the existing local practices and culture.

Child Rights Program Limitations

The implementation period of the project coincided with the two presidential elections held in 2015 and 2016 hence led to delays in undertaking some activities. Further, given the nature of advocacy work undertaken by the project, it proved impossible to continue working without being perceived to be partisan. As a result some activities had to be put on hold until the political atmosphere was calmer. MNCRD attributed the failure of the referendum in 2016 to this fact. Awareness meetings about the extended Bill of Rights for instance were likely to be considered political and IPs risked losing credibility. The limited engagement of children in developing

referral guidelines and processes contributed to inadequate awareness of such guidelines among the children. In line this, the evaluation found that few children were involved in the school management committees as well as in child protection clubs and radio clubs. This reduced the voice of children in decision and planning processes at school and community levels. Limited financial and human resources hindered the project from reaching distant places within the target districts especially on child protection messages. However, the use of the radio stations tried to mitigate this challenge although Radios for use in Radio Listening Clubs were also limited. The limited number of radios also hindered formation of more RLCs, hence a larger population could not be reached. Some parents are still of the view that empowering children with CSE information would make them become promiscuous. Furthermore, some of the health facilities are not yet adolescent responsive while policy limitations about accessibility of condoms in schools still also remains a challenge.

Lessons Learnt on the Child Rights Program

Findings of the evaluation have shown that working collaboratively with key government ministries helps to internalize the acceptance of processes and outcomes of the Child Rights Program. This is clearly evident in the case of the HRC and the formation of the Office of the Commissioner for Children where initially the Child Right Program supported the commission in many aspects including paying of salaries for some of the staff that was working on the project. But this was later taken on by the government by adding these officers on the government payroll. Another lesson learnt from the evaluation is that identification of government officers for training should be done in collaboration with the employer – government. This is because they would be able to identify relevant and key officers to receive training and these in turn act as champions of interventions, such as the Magistrates, Police Officers and Officers from the Zambia Correctional Services.

The use of none confrontational advocacy approaches builds good relationships and rapport with the authorities and providing joint advocacy among CSOs helps to amplify the voice of citizens and sustain reforms. This was evident from the good relationship enjoyed by the project staff and the MPs (Caucasus Committee on Children's rights). Nevertheless, a lesson learnt is that advocacy should be well timed in an unpredictable political environment. This is particularly true in the case of the failed Referendum which had several progressive provisions but failed because it was perceived as partisan during an election year. Furthermore, the Bill of Rights could not be pushed further during the election period as the organization would have been perceived as being partisan. It was therefore prudent for the Child Rights Program to time certain advocacy activities so that it did not fall into conflict with any party which was either pro or against the enactment of the Bill of Rights through the Referendum. It was also learnt from this evaluation that providing joint advocacy helps to sustain legal reforms i.e. partners working together for the common goal to lobby government in accelerating reforms in legal laws that affect children's welfare.

Another lesson learnt was that engaging children/young people in decision making process and implementing child protection activities enhances their ability to own, support and advance child protection initiatives. Further, integrating child protection messages into sport is an efficient strategy of reaching out to young people because of its mass approach to information coverage and also participatory process; and use of helpline to report child abuse facilitates increase in reporting of cases due to confidentiality linked to usage of such facilities. However, considering that not all schools have phones that children can use to call the toll-free line (and that most children do not have access to mobile phones), it is important that schools should consider buying phones and dedicating such phones to reporting child abuse cases. Although radio campaigns have been vital in broadening coverage of child protection awareness, there is need to compliment the messages by increasing funding towards transportation for outreach activities in distant places. Further, development and strengthening of community structures such as CCPCs and OSCs facilitated collective action towards promoting CSE and child welfare by providing leadership, support, resources and space for collective action. Building capacity of stakeholders (such as children, parents, NGOs and Government) in child protection issues promotes reporting of cases due to increased awareness in the rights of the children and youth. Engagement of traditional leaders in supporting child protection facilitates uptake of such messages as their involvement enhances the legitimacy of the project activities.

It was learnt that the process of change especially at community level with regard to support by parents towards CSE is ongoing, and has not reached the optimal level as behavior change takes time. Some parents or guardians are still of the view that giving children information on sexuality as well as on access to contraceptive methods would only promote promiscuity among young people. There is need for more support towards implementation

of awareness activities to support uptake of CSE; *“The community’s attitude has not really changed because some parents do not condone seeing their children collecting contraceptives and this shows that they are somehow against the giving of contraceptives as it is seen to be contributing to sexual indulgence”* (KII). A child added that *“We are not allowed by our parents to access these services being offered”* (FGD with children).

The evaluation also learnt that having a specific contact/ link person dealing with youth reproductive health issues helps in promoting access and uptake of reproductive health issues among young people as they feel more confident and free to access such services when they are intended to by someone of their age. Also, the integrating of CSE messages into sport is an efficient strategy of reaching out to children and young people because its mass approach to information coverage and also participatory process. This is because not only will children and young people interact through sporting activities, but it also provides them an opportunity to learn and discuss issues surrounding CSE and help to adopt positive sexual behaviour. Further, the evaluation learnt that intersectoral collaboration in providing SRH services facilitates comprehensive response to the needs of the children and young people as the organizations are able to compliment / leverage each other’s strengths. Debates between parents and children on sensitive topics such as sexuality helped reduce cultural barriers to communication as the debates provided a platform which triggered discussions to continue beyond the events into the family or home settings.

It was also learnt that the MNCRD approach to engagement of children is more of an exclusive club in which only children with certain capacities is able to join. This is a good approach in promoting leadership and mentorship, but the children do not have any initiatives of their own in the communities where they come from, and only a few actively engage other children on CR in their schools. It is important to mentor a few but equally important to build their capacity to engage fellow youths, create engagement platforms for more youths in order for them to create a movement of CR activists not just at MNCRD level but also in schools and communities. MNCRD’s work in Petauke through Explorer’s Radio station, was carried out in total isolation from ZCEA’s work in rural communities. Although children from one of the sampled communities participated in the radio programmes, they were unaware that it was the CRG project they were working on with ZCEA. The lesson learnt from this is that since organisations implementing different components of the same project should collaborate closely in order to maximise impacts and leverage resources.

Conclusions: The Child Rights Program was a necessary intervention that successfully pooled resources at the national and local level in Zambia. The greatest successes being seen at national level than at local level. The CRG Project was a desirable undertaking that has successfully tested some ground breaking strategies in engaging children in governance issues and in the process achieved noteworthy results. At the national level, SCI’s methodical and strategic approach to advocacy was evidently of good quality. Recognition for ensuring that child rights are included in the amended 2016 constitution is due to the different actors in the Zambian child rights community – including ZCEA of which SCI supported. SCI’s notable contributions to this result include securing children’s participation; ensuring that children’s voices have been heard, and; lobbying and following up with MPs throughout the process. SCI’s capacity building of and relations with the media has been beneficial for the child rights movement and effective in terms of improving the media coverage of child rights to inform and influence the national debate. A sustainable and effective child rights governance system requires efforts to strengthening of the local child rights CSOs so that the child rights movement can actively hold duty-bearers to account regularly at all levels. Further, strengthening Zambian civil society requires time, risk-taking, perseverance and a long-term perspective. While the level of articulation of and participation in CRG issues was very high in urban areas, children in rural areas could only talk about their rights and how they relate to their context.

Through the CP thematic area many children and young people reported improved confidence, increased self-esteem, and good communication skills with the friends and parents. Further, children and young people were empowered with knowledge about their rights, they wanted to go to school and would not enter marriage or become pregnant at an early age. The evaluation also documented increased social or collective action towards addressing child abuse for example child labour, early marriage and pregnancy. The involvement of traditional leaders has helped in legitimizing the activities. The Child Rights Program also strengthened district child protection committees and availability of data on child protection issues has improved decision making and responsiveness towards child protection matters. Further, the development of the national coordinating structure and helpline has facilitated referral processes of the affected children. However, despite these many positive outcomes, challenges remain about increased participation of children in the design and

implementation of children protection guidelines or activities and participation in radio programs. Furthermore, there is need for broad participation of children in decision making structures in schools and communities.

The HIV/AIDS thematic area of the Child Rights Program was effectively implemented as positive changes were noted among children and young people. There was increased SRH knowledge, self-confidence, self-esteem, as well as positive decision making and communication skills regarding sexuality issues. The skills were imparted using participatory approaches such as sports and drama. The enhanced SRH knowledge and life skills and confidence made the children and young people to believe in themselves, avoid early pregnancy and marriage and participate in social games aimed at promoting CSE. There has been increased collective action towards addressing early marriage and pregnancy as well as availability of SRH services.

Recommendations

From the findings of the evaluation, the following are the recommendations;

1. Given the complex network of actors that SCI tries to influence through its work and given the non-linear reality of advocacy and awareness-raising, outcome mapping may serve SCI in its planning, monitoring and evaluation of results since it places people at the centre; defines outcomes as changes in behaviour; and, helps measure contribution to complex change processes;
2. SCI should develop clear and systematic strategies to raise awareness and foster champions for child rights in local (particularly rural) communities. This would involve targeting parents, community leaders, religious leaders and school authorities. This should also involve the promotion of positive discipline. The efforts should be sensitive to ethnic differences and potential discriminatory practices in communities and adapted approaches accordingly.
3. SCI and IP organisations should address the problem of attrition of the trained volunteers involved in managing child protection activities at community level by empowering the clubs with income generating activities.
4. SCI and IP organisations should lobby for more representation of children in school management committees and village councils. Such representation will help advance the welfare of children. Participation in child protection clubs and radio clubs should also be enhanced.
5. Increased program credibility is vital in enhancing uptake and adoption of project activities at community level. Therefore, SCI and IP organisations Project Officers should involve government officials such as Councilors and/or Members of Parliament in community outreach activities to promote program credibility or legitimacy at community level.
6. The project's effort at local government level represents a systematic and consistent approach to developing and strengthening viable child rights systems at the local level. The work has been challenging and while important progress has been achieved, government should deliberately put measures so that considerable commitment is guaranteed from local authorities to ensure sustained results.
7. Government should facilitate private sector interest in child rights. And the private sector should take interest and deliberate steps to engage SCI and government to solicit technical support in the implementation of Child Rights and Business Principles.
8. Although there is evidence of government beginning to take its commitments seriously, child rights organizations (including CSOs) need to continue to exert pressure on the government by monitoring the child rights situation in the country and presenting the evidence to government.
9. Organizations and institutions should develop policy statements that require participation of young people in designing and validating all the activities that affect them. This will facilitate ownership of project activities.
10. Strengthen adolescent responsive health systems by placing trained young people in all health facilities who should link the adolescents to the health facilities and services, follow-up on the referral cases and provide feedback on the referral processes.
11. SCI and ZCEA should take measures to improve their visibility in target communities not only in name but also in terms of physically monitoring activities on the ground and getting views from the beneficiaries. M&E activities should involve community members, children and traditional leaders for them to get understanding of what exactly the project intends to achieve.

1. BACKGROUND

Zambia has a population of approximately 16 million people, out of which children make up over 50 percent (approximately 8.2 million) of the population.¹ In terms of the country's standing in relation to international legal instruments, 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 convention changed the way children are viewed and treated i.e. towards being viewed as human beings with a distinct set of rights instead of as passive objects of care and charity². 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 pornography have been signed but are yet to be ratified. The same applies to the 3rd Optional protocol on reporting procedures. However, Zambia is in the process of ratifying these three protocols through the Ministries of Justice (MoJ) and Ministry of Home Affairs (MoHA) that are preparing the necessary documentation needed for ratification.

The defence and fulfilment of the rights of children, youth and women exist in various pieces of legislation, including the Penal Code (Chapter 87 of the Laws of Zambia) which defines certain acts against children as criminal, the Juvenile Act, which protects underage from undergoing the same criminal procedures as adults when they come into conflict with the law. Others are the Child Adoption Act and Interstate Act. In 2010 Zambia enacted the Anti-Gender Based Violence Act to protect girls and women from abuse. The Zambian Government has made several policies that relate to the fulfilment of the rights of children, youth and women. The National Youth Policy (2010) aims at advancing the interests and well-being of the youth (both male and female). Zambia has a Child Policy in place which was developed in 2006. The Policy provides a multi-sectorial approach, guidance and framework for the development and implementation of various child development and welfare interventions aimed at improving the quality of life of the Zambian Child.

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. All children have the right to be protected from abuse, neglect, violence and exploitation as clearly outlined in the United Nations Convention on the Rights of the Child (United Nations, 1989). With regards to rights, the Constitution 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.' Some recourse however can be found in the Bill of Rights (BoR) of the Constitution. As a member of the Civil Society Coalition (CSC), Save the Children International (SCI) is actively engaged in facilitating dialogue on the new constitution considering the gaps mentioned above and is promoting the inclusion of key child rights issues in the Constitution.

Zambia, like many sub-Saharan countries, has been adversely affected by the HIV/AIDS pandemic. To address this challenge, several national plans have been developed to respond to the epidemic. For instance, in December 2002, the Parliament established the National HIV/AIDS/STI/TB Council (NAC) to coordinate and support development, monitoring, and evaluation of the multisectoral national response to HIV/AIDS, sexually transmitted infections (STIs), and TB. In 2005, the National HIV/AIDS Policy was established to provide the directive and mandate for the national response while in 2006, the government created the National HIV/AIDS/STI/TB Monitoring and Evaluation Plan for 2006-2010. The plan was developed to prevent, halt, and begin to reverse the spread of HIV by 2010. Further, in response to the high morbidity and mortality associated with HIV infection, the Ministry of Health (MoH) began to distribute free antiretroviral drugs in two major public health care facilities in 2005 (MoH/NAC, 2008). Distribution of highly effective antiretroviral therapy (ART) has since been scaled up to include almost all of the districts in Zambia. Currently, the SRHR strategic plan has been developed to respond to the SRHR needs of adolescents and young people. The Ministry of Education has also developed and launched the comprehensive sexuality education (CSE) curriculum in 2014 to promote the sexual and reproductive awareness among learners in schools.

1.1. Child Rights Program

SCI in Zambia with funding from the Embassy of Sweden from July 2013 to December 2017 implemented a Child Rights Program (CRP) in collaboration with various civil society organizations (CSOs), the private sector and

¹ <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZM> (accessed 6th December, 2017)

² Convention on the Rights of the Child, <https://www.unicef.org-CRC> (accessed 6th December, 2017)

government with the goal to support systematic change to realize children's rights in Zambia. The Child Rights Program covers three thematic areas: Child Rights Governance (CRG), Child Protection (CP) and HIV&AIDS. The goal of the CRG thematic area was to ensure that "children in Zambia benefit from improved child focused national legislation, policies and budgets that comply with the Children's Rights Charter (CRC) and the African Charter on the Rights and Welfare of Children (ACRWC)." While Child protection was aimed at ensuring that fewer children in Zambia are victims of physical and psychological violence, harassment and discrimination at home, in schools and in their communities. The goal of the HIV & AIDS thematic area was that HIV/AIDS transmission in Zambia's children is reduced whose main objective was to ensure children aged 8-18 years have access to quality age appropriate SRH and HIV prevention information in supported project sites.

Between 2013 and 2016, SCI implemented the Child Rights Program area through a combination of direct implementation initiatives and indirect initiatives through CSOs and government partners. SCI also supported the work of local Community Based Organisations/Non-Governmental Organisations (CBOs/NGOs), which advance the cause of children's rights in Zambia. SCI's role included partner mobilisation, capacity building of IPs and collaborating partners, grant-making, resource mobilization, documentation and research, policy direction and advocacy, and monitoring and evaluation.

The CRG thematic area has two project outcomes with corresponding intermediate outcomes that were expected to be realized by the end of the Child Rights Program and these are:

1. **Project Outcome 1.1:** Children in Zambia benefit from the enactment and enforcement of improved child focused legislation, policies and plans to ensure fulfillment of children's rights.
 - i. **Intermediate Outcome 1.1.1:** Policy Makers within Zambia increasingly apply the CRC into policy making, planning and budgeting.
 - ii. **Intermediate Outcome 1.1.2:** The Human Rights Commission, and more specifically the Office of the Commissioner for Children, independently monitors and reports child rights violations.
 - iii. **Intermediate Outcome 1.1.3:** The child justice referral system delivers more and higher quality legal assistance/representation for children and youth.
2. **Project Outcome 1.2:** Civil Society and the Private Sector in Zambia are change agents for children's rights through their advocacy, monitoring, and promotion of children's rights.
 - i. **Intermediate Outcome 1.2.1:** Civil Society has strengthened its functional capacities to become sustainable advocates of children rights.
 - ii. **Intermediate Outcome 1.2.2:** Civil Society has improved its coordination and capacity to meaningfully participate in holding the Government to account on the fulfillment of children rights.
 - iii. **Intermediate Outcome 1.2.3:** The private sector in Zambia increasingly incorporates the Children's Rights and Business Principles into their operations.

SCI implemented the CRG thematic area through five partners, each with a particular focus for implementation that fed into the CRG project goal, main outcomes and intermediate outcomes. The following were the partners and their focus areas as well as geographical project areas:

- Advocacy for Child Justice (ACJ) – Legal Advice Desk for children project, which was working in the area of child justice and covered Lusaka and Ndola districts.
- Human Rights Commission (HRC) – Support to Office of the Commissioner for Children, investigating and reporting child rights violations covering nationwide through 5 Provincial offices.
- Media Network on Child Rights and Development (MNCRD) – Child Participation in Governance through the Media project and covered Kitwe, Lusaka and Petauke Districts.
- Zambia Civic Education Association (ZCEA) – Domestication of Laws project. This is a national level advocacy with only Petauke District at local level.
- Zambia Chamber for Small and Medium Business Associations (ZCSMBA) – Child Rights and Business Principles (CRBPs). The organization engaged various private sectors to incorporate CRBPs.

The Child Protection thematic area aimed at ensuring that fewer children in Zambia are victims of physical and psychological violence, harassment and discrimination at home, in schools and in their communities. The following were the 2 main specific outcomes with corresponding outcomes at intermediate level:

- **Project Outcome 2.1:** A national Child Protection system supports community child protections systems.
- **Intermediate Outcome 2.1.1:** Central inter-sectoral government and civil society coordinate their service delivery to prevent and monitor violence against children.
- **Intermediate Outcome 2.1.2:** The national Child Helpline has improved capacity to provide counseling and referral services to children.
- **Project Outcome 2.2:** Communities and children in the covered areas are better able to prevent and address violence against children.
- **Intermediate Outcome 2.2.1:** Children understand violence and abuse, know how to protect themselves and are empowered to call for action to prevent violence and abuse.
- **Intermediate Outcome 2.2.2:** Rural based child protection structures functioning in the covered areas.

The CP thematic area has been implemented in collaboration with three local partner organizations operating in the following target districts;

- Panos Institute Southern Africa (Kasama: Northern Province; Kabwe and Mkushi: Central Province; Mpika: Muchinga Province and Mazabuka: Southern Province).
- Zambia Civic Education Association (Lusaka: Lusaka Province; Luanshya: Copperbelt Province; Kapiri Mposhi: Central Province; Mazabuka and Choma: Southern Province).
- Lifeline Childline Zambia (Choma: Southern Province; Kapiri Mposhi: Central Province; Katete and Chipata: Eastern Province).
- The project also engaged other likeminded institutions, government departments and stakeholders to ensure children's rights to survival, protection, participation and development are a reality for all children in Zambia.

The overall goal of the HIV & AIDS project is that HIV/AIDS transmission in Zambia's children is reduced. The main objective was to ensure children aged 8-18 years have access to quality age appropriate SRH and HIV prevention information in supported project sites. The following are the two main specific outcomes with corresponding outcomes at intermediate level:

- **Project Outcome 3.1:** Children in project sites are able to protect themselves from HIV, including STIs and unwanted pregnancies.
- **Intermediate Outcome 3.1.1:** Children in project sites report an increase in their intention to seek safer sex practices and are able to reject major myths and misconceptions about sex, sexuality and HIV&AIDS.
- **Intermediate Outcome 3.1.2:** Three targeted civil society organisations in covered areas have improved their capacity to develop and deliver quality and age adapted CSE and HIV prevention education.
- **Project Outcome 3.2:** Increased acceptance and demand for CSE for children in target communities, (including community, political, traditional and religious leaders, caregivers and professionals), and civil society organisations.
- **Intermediate Outcome 3.2.1:** Increased awareness and consensus among traditional, religious leaders, parents, and teachers (change agents) on children's sexuality, SRHR and gender issues.
- **Intermediate Outcome 3.2.2:** Three civil society organisations integrate sexuality and gender approaches to their programmes with children and communities.

The partner organisations that participated in implementing HIV/AIDS activities were Sport in Action (SIA), SafAIDS, Latkings, ZCCP (Zambia Centre for Communication Programme). Latkings- focussed on SRHR and HIV/AIDS, SIA- focussed more on CSE and HIV/AIDS, SafAIDS- delivered CSE and SRHR activities while ZCCP- was more into advocacy- demand creation for services and policy influence.

1.2. Scope and Purpose of the Endline Evaluation

The goal of the end line evaluation is to determine the change and impact made against the set goals, specific objectives and outcomes across each of the three thematic areas namely; Child Rights Governance, Child Protection and HIV&AIDS. It will also document key lessons learned per impact areas of the Child Rights Program. Further, the evaluation will highlight the key challenges that may have affected the program in achieving results and provide recommendations for improvements for future similar programs.

1.2.1. Scope of work

The evaluation is expected to answer the following questions across the three thematic areas;

- i. **Relevance**
 - Were the activities, objectives and outcomes truly relevant to addressing underlying causes of the identified problems?
 - Were the activities, strategies and outputs consistent with the intended project impacts and outcomes?
 - Were the project strategies appropriate/relevant throughout the duration of the program?
 - Were the local partners chosen relevant to the project?
- ii. **Effectiveness**
 - To what extent were the objectives achieved?
 - What were the major factors influencing the achievement and non-achievement of objectives?
 - Was the project design, methodology and indicators appropriate in addressing the outcomes and goal of the project?
 - Which interventions and activities demonstrate potential for up-scaling and taking forward?
- iii. **Efficiency**
 - Was the project budget adequate and costs proportionate to its benefits?
 - What were the most and the least cost-efficient interventions?
 - What was the efficiency related to capacity building of local civil society partners?
- iv. **Sustainability**
 - To what extent did the local civil society partners, children and communities feel ownership of the project?
 - What measures were taken to ensure project achievements are not lost?
- v. **Impact**
 - What difference has the project made or progress towards achievement of impacts (change) in the lives of children and young people?
- vi. **Lessons learned**
 - What are the key lessons learned per outcome area?
 - What are the key challenges that may have affected the project achieving the intended results?

1.3. Evaluation Objectives Per Thematic Area

1.3.1. Specific Objectives of the Child Rights Governance thematic area

- To determine verifiable improvements in the way Policy Makers within Zambia increasingly apply the CRC /ACRWC into policy making, planning and budgeting;
- To determine verifiable improvements in the way the child justice referral system is delivering more and higher quality legal assistance/representation for children and youth;
- To determine the extent to which the civil society has strengthened its functional capacities to become sustainable advocates of children rights in Zambia;
- To determine private companies that increasingly incorporates the Children Rights and Business Principles into their day to day operations; and
- To assess the measures taken to ensure project achievements are not lost and to provide suggestions for improving the sustainability of the project.

1.3.2. Specific Objectives of the Child Protection thematic area

- To determine if the government and civil society coordinate their service delivery to prevent and monitor violence against children.
- To ascertain whether Parliamentarian Committees have been engaged through advocacy meetings and legislative environment which supports children's rights.
- To ascertain the number of abused children receiving counselling from the child helpline.
- To determine the outcomes of the training in child rights violations provided to helpline and ascertain the effectiveness of the referral system.
- To determine the number of SC supported communities with standard referral mechanisms for child protection between community (civil society actors) and child protection.
- To ascertain the percentage of children who understand violence and abuse know how to protect themselves and are empowered to call for action to prevent violence and abuse within the project areas.

- To determine the number of district child protection system coordination structure that have been established or strengthened.
- To ascertain the number of community child protection systems that have been established and are functional.
- To determine the extent to which the project achieved its intended impacts of reducing the number of children abused at home, in schools and in their communities.

1.3.3. Specific objectives for the HIV/AIDS thematic area

- To ascertain the extent to which the project has increased HIV, STI knowledge among young people aged 8-18 and 19-24.
- To ascertain the percentage of project participants (adolescents and young people) adoption of safer sex practices in preventing unwanted pregnancies, STIs and HIV.
- To ascertain the extent to which CSE has been accepted among political, traditional, religious leaders, caregivers and health care providers in the project sites.
- To establish the number of partners that have mainstreamed CSE in their programming.
- To ascertain the extent to which advocacy initiatives at various levels have contributed to influencing policies in relation to the provision of CSE and Information, HIV, SRH for children aged 8-18 and young people aged 19-24.
- To determine the extent to which HIV & AIDS transmission has reduced among children and young people in the project sites.

2. METHODOLOGY

2.1. Approach and Methods

In this evaluation, participatory approach using both quantitative and qualitative methods of data collection were utilized. The evaluation also used both secondary and primary sources of data. Secondary data was collected through detailed document review from approved project documents such as annual reports, project proposal and logframe, theory of change, documents on child rights, human rights, health, education, etc. Primary data was gathered through Focus Group Discussions (FGD) with children, parents, community groups and Key Informants Interviews (KIIs).

2.2. Project evaluation techniques

Systematic desk based review: This evaluation employed systematic desk review techniques to collect high quality data sets based on large representative samples on the project design, indicator targets and benchmarks³. Thus, electronic and physical databases, project documents and partners and organisations reports were identified and reviewed: project logical frameworks, Theory of Change, results framework as well as regular follow up monitoring reports. Other document includes a Mid Term Review (MTR) report as well as other documents.

Focus Group Discussions (FGD): The FGD's were used to capture individual and group experiences among adolescents and young people aged 15-24 years and parents from community child rights and support groups who participated in the project. Further, separate FGDs were conducted for children and young people aged 15-18 and 19-24 years respectively. FDGs were also used to assess the extent to which the outcomes of the project were achieved relative to the project design and outputs.

Questionnaire Interviews: Individual interviews administered by the research assistants using structured questionnaire formed one of the main methods in this evaluation. These interviews were conducted with adolescents and young people aged 10–14 and 15-24 years. The interviews focused on project *relevance, effectiveness, sustainability* and *impact* in relation to program objectives. These also helped in establishing the post project knowledge, attitudes and practices project strengths and challenges as well as social, structural and economic factors that enabled and/or constrained the achievement of project results.

Key Informant Interviews (KIIs): The rationale for key informant interviews was to discuss in detail project interventions with partners and implementers. These include assessing project success, intervention approaches, partnerships, barriers and efforts in delivering child protection and HIV interviews. The major respondents were the implementing partner organisation staff.

Table 1: Description of Evaluation Methodology

Approach	Description of Methods	Gathered Information
Desk Review	<p>Review and where appropriate, comparison of relevant materials, including:</p> <ul style="list-style-type: none"> • Original project proposal • Project Log frame • CRG Strategic and annual work plans • Bi-annual/annual project reports submitted by partners and reviewed by SC • Partners' capacity assessment reports <p>Key policy documents, government documents, and others relating to developments on child rights issues</p>	<ul style="list-style-type: none"> • Relevance of the project to the national and community context and felt needs of the country and beneficiaries • Efficiency in the application of resources • Effectiveness in delivery of desired outputs and outcomes • Lessons learnt in implementation • Key recommendations made • Identified best practices
Primary Data Collection	<ul style="list-style-type: none"> • Key informant interviews with specific individuals selected from each group/community. They included the following: <ul style="list-style-type: none"> ➢ An officer from the HRC ➢ The Co- Executive Director and Operations Director from Chambala Enterprise from Chambeshi and two representatives from Chimsoro Group of Companies from Kapiri Mposhi • Implementing partner organisations (ZCSMBA, ZCEA, MNCRD, ACJ, SAfAIDS, Latkings, SIA, etc) 	<ul style="list-style-type: none"> • Effectiveness of the project in meeting set targets and desired outcomes • Impact of interventions on beneficiaries • Sustainability of the project's outcomes post project implementation and determinants of success

³Bryman, 2012

	<ul style="list-style-type: none"> • Other project stakeholders such as Radio stations • Focus Group Discussions were held with beneficiary groups in the target communities, among them; <ul style="list-style-type: none"> • Community/religious leaders • Young people's groups (CRCs at community and school level) • Community members • Interview Guide: For Members of Parliament • Structured Questionnaires: Children(10-14 years) and young people (15-24 years) 	<ul style="list-style-type: none"> • Key challenges faced by the project and measures taken to address challenges
Engagement of SC, their partners and relevant project stakeholders	<ul style="list-style-type: none"> • The consultant engaged in dialogue with relevant SC project staff to learn more about the project. A questionnaire was designed for these key SC project staff • The consultant engaged the implementing partners and other stakeholders in start-up discussions that was held with all implementers for a maximum of 2 hours each. A set of guiding questions were designed for SC partners 	<ul style="list-style-type: none"> • Inquiry into the design of the project, working arrangements, successes and challenges • Effectiveness and efficiency aspects of the project • Lessons learnt in implementation • Key recommendations made • Identified best practices

2.3. Evaluation sampling and sample size

Different sampling approaches were used to pick the samples for the study. Purposive sampling was applied for all KIIs and in some instances in selection of children and young people. Within the aforementioned sample, and where appropriate, proportionate sampling was applied in order to benefit from the differences in demographic perspectives while convenience sampling was selectively applied to select respondents purely because they were accessible and left out those that were impossible and too costly to reach.

Random sampling of community members who were beneficiaries (direct or indirect) of the project in the communities in which the project was implemented was applied for both adults and children (male and female) for FGDs. The children and young people (aged 10-24) and were randomly selected in separate age groups of 10-13 and 14-18, 19-24 respectively.

Table 2: Evaluation participants (Child Rights Governance Thematic Area)

Data Collection Tool	Description of Respondents	Comment
Key Informant Interviews (KIIs)	<ul style="list-style-type: none"> • 1 officer from the HRC's Office of the Commissioner for Children • 2 project staff from ACJ • 1 project staff from ZCEA • 1 project staff from MNCRD • 2 members of staff from ZCSMBA • 3 project staff from CSI • 1 member of staff from each of the following private sector companies: Chimsoro Group of Companies, Chambala Enterprises and Kansanshi Mine • 1 member of staff from explorer's Radio station in Petauke district 	Members of staff were purposively sampled particularly because they directly interacted with the project on a regular basis. A total of 4 staff members from SCL were interviewed
Focus Group Discussions	<ul style="list-style-type: none"> • 2 groups of girls only from 2 communities in Petauke district (total of 13 participants) • 2 groups of boys only from 2 communities in Petauke District (12 participants) • 2 groups of boys and girls from 2 communities in Petauke (16 participants) • 1 children's group in Lusaka (6 participants in total) • 1 FGD with community leaders in each of the 3 sampled communities in Petauke district (19 participants in totals) • 1 FGD with community members (men and women) in each of the 3 sampled communities Petauke district (26 participants) • 1 FGD with church leaders in Wankhala community in Petauke district (3 participants) 	Each FGD comprised 3 to 10 participants

Table 3: Evaluation participants (Child Protection Thematic Area)

Province	District	Quantitative Questionnaire Interviews	FGD Children	FGD Parents	KIIs Partner and implementers
Central	Kabwe	39	1	1	3
	Kapiri Mposhi	39	1	1	3
	Mkushi	39	1	1	2
Eastern	Katete	42	1	1	4
Southern	Mazabuka	39	1	1	1
	Choma	26	1	1	1
Copperbelt	Luanshya	18	1	1	1
Total		242	7	7	15

Table 4: Evaluation participants (HIV/AIDS Thematic Area)

Province	District	Questionnaire Interviews -children	FGD Children	FGD Parents	KII Partner/ implementers
Central	Kabwe	40	1	1	1
	Chibombo	40	1	1	1
Copperbelt	Kitwe	40	1	1	1
Southern	Mazabuka	40	1	1	1
Lusaka	Lusaka	40	1	1	1
	Chongwe	40	1	1	1
	Total	280	7	7	7

2.4. Analysis and data management

Quantitative analysis and presentation: Quantitative data were entered and analyzed using the Statistical Package for Social Sciences (SPSS). Data were scrutinized for erroneous and missing values that could have been entered during entry by counterchecking with the questionnaires. The analysis strategy in this study was designed to establish the impact of the project on beneficiaries in the sampled project sites. This evaluation took a Knowledge, Attitudes and Practices (KAP) approach and the statistical outputs were compared and triangulated with the qualitative project evaluation data. Both inferential and descriptive statistics were used to describe the project beneficiaries' profiles and project impact. To evaluate program impact, selection of indicators addressing project core business were selected and re-analyzed. These included: establishing the extent to which the rights of children are being respected and protected and their health guaranteed as well as processes for increasing knowledge, attitudes and practices towards child rights and participation.

Qualitative analysis and presentation: Interviews were recorded digitally and later transcribed verbatim. Data analysis followed thematic analysis which was a method for identifying, analysing and reporting patterns (themes) within data. This method minimally organizes and describes data set in (rich) detail and goes further to interpret various aspects of the research topic. The first step in analysing data was the development of codes. The coding process was then carried out with the use of NVIVO version 7 (QSR Australia). Codes were subsequently grouped into categories – groups of content that share a commonality were then developed into broader themes. Finally, the themes were cross-checked with the interview transcripts in order to ensure that they apply to relevant responses found within and across the interviews. The focus was placed on identifying, summarising, and retaining the patterns and similarities, differences, and new emerging themes.

2.5. Ethical Considerations

To uphold ethics standard, all research assistants were trained in data collection, research ethics as well as on child safeguarding and human rights. An information sheet was developed which contained the objectives of study and benefits of participating in the study which were given or read out to the study participants before they were requested to sign the consent form or requested to assent or accepted to participate. The study objectives were clearly explained to the identified and selected study participants (children and young people, parents and

partners). The participants were informed that they were free to withdraw from the study at any point. Further, participants were also assured that none of their personal details or other identifiers would be included during the analysis and subsequent presentation of the findings. By withholding respondents' personal details, it is not possible for readers to attribute views or statements to specific individuals. During data collection, informed consent was sought from all eligible participants before they participated in the study. For participants younger than 18 years, parental and guardians' or teachers consent were sought, followed by assent which were ongoing throughout the interview.

Further, from the onset, the Consultants signed a Children's Code of conduct with SCI Zambia. Based on this signed Code of Conduct and the consulting firm's own policy on dealing with children, the lead consultants and RAs were bound by contract and policy to explain the objective of their presence to the children and their accompanying parent or guardian.

2.6. Limitations of the evaluation

The consultants experiences challenges in accessing data while carrying out the assignment. Collecting data from some of the IPs and key stakeholders was difficult, delayed or not possible at all. The consultant could not collect data from the MPs for example due to delays in approval by the Office of the Clerk of the National Assembly. The views of the MPs from this relevant committee would have added value in terms of understanding the challenges experienced in getting proposed revisions passed into law. There was also some data that could not be collected because the IPs did not respond to questions. The evaluation faced time limitation as it was conducted at the time pupils and school management was engaged in examination writing and supervision respectively. Effective collaboration and prior arrangement helped to manage this challenge. Further, the distances between schools were long and the urgency to complete data collection was tight. This tight timeline affected effective mobilization of respondents according to targets. To mitigate this challenge, the team was split into two groups to make sure all the sampled schools were covered within the limited time. More so, the team conducted revisits to ensure that the targets were achieved.

3. CRG EVALUATION FINDINGS

This section of the report presents the findings of the evaluation study in a systematic manner following the DAC criteria mentioned earlier. It has five sub-sections addressing the components of project effectiveness, efficiency, relevance, sustainability and impact. In discussing the findings, the key evaluation questions are taken into account. Two other important areas of analysis are considered and these are: SCI's work in relation to supporting national institutions, civil society, the media and the private sector that champion children's rights; and the extent to which children in Zambia benefit from the enactment and enforcement of improved child focused legislation, policies and plans to ensure fulfilment of children's rights.

3.1. Project Effectiveness

Overview of the Results Framework

To understand the extent to which objectives have been achieved (project effectiveness), a brief assessment of the results framework is necessary. The results framework of the project is both logical and systematic in terms of the manner it is presented. Furthermore, detailed guidelines and tools were developed to support the implementation of the project. Worthwhile to note is the Strategic Planning monitoring Evaluation and Learning (SPmEL) tool, as well as the Quality Benchmark tool, which were developed and used to assess and monitor the achievements and progress of the project, respectively. These tools were specifically developed and used because of the nature of the project whose outputs and outcomes are variables not easy to measure as they are of qualitative nature. It is the opinion of the evaluator that the results based management approach that was used provided adequate tools for measuring results.

At strategic goal level ("Children in Zambia benefit from improved child focused national legislation, policies and budgets that comply with the CRC and the ACRWC"), two outcomes are assessed and the findings discussed below:

3.1.1. Outcome 1.1: Children in Zambia benefit from the enactment and enforcement of improved child focused legislation, policies and plans to ensure fulfillment of the children's rights

The results, based on a review of literature and the interviews of the implementing partners showed that MPs supported the development of Child Code Bill and national budget allocations to health and education. The 2016 amended constitution equally has provisions that are child friendly and this is partly due to the continuous advocacy by SCI's implementing partners. The challenge however with this and all other similar policy advocacy developments is that it is difficult to attribute exclusively to the partners any successes scored given that there are often several other actors outside of the project. It is also not always easy to achieve the ultimate desired outcome in the short period of project implementation, which was 3 years in this case.

3.1.1.1. Policy Makers within Zambia increasingly apply the CRC into policy making, planning and budgeting.

SCI carried out trainings for various groups in order to build their capacity to engage on issues of CRG and Child Protection. For policy makers, SCI trained 25 MPs in 2014 in children's rights framework (international and regional) and the role of legislators in promoting, respecting, protecting and fulfilment of children's rights at national and constituency levels. The target was to train MPs annually but this was not achieved due to constant changes in the composition of the PCC committee members, but engagement with members was continuous throughout project implementation. As a result, the Children's Code bill was finalised and ready to go to cabinet by end of 2016 (SCI Indicator Tracking Table, 2016).

SCI and partners also participated and contributed in the compilation of the Children's Code Bill and drafting of the National Child Policy despite joining the process when it already commenced. Nonetheless, their contribution was noteworthy considering the contributions and input provided in the remaining period in which SCI's participated. It is clear that SCI was every instrumental in starting the process in the first place and the conception of the two pieces of legislation can be attributed to them.

In partnership with ZCEA, MNCRD, members of the Zambian Child Rights Forum and other stakeholders, SCI carried out advocacy work to lobby for the approval of the revised National Child Policy, which was drafted and validated in 2014, and participated in the development of its implementation plan, the National Plan of Action (NPA). It is clear from the evaluation that SCI and its partners played a major role in expediting the process of

tabling the bill in parliament and its subsequent approval in 2015 through their direct engagement of the MPs and other policy makers and by creating understanding of CRG among them.

During the constitutional review process in 2016, the project worked with MPs from the Caucus Committee on Children's Rights to champion child rights with the aim to provide a platform and channel to link CSOs to the constitutional review process and facilitate the domestication of laws and monitoring government commitments to the implementation of the treaties on child rights.

The advocacy actions mentioned above resulted in the tabling of the Child Rights Bill in parliament in addition to the drafting of a number of other legislation that promotes and protects children's rights including the National Social Protection and the National Budgeting and Early Childhood policies.

The right to participation and opinion were recognised in the 2016 amended constitution and a working definition of who a child is was included in the amended bill of rights, which was one of the advocacy points of the CRG project. The latter is particularly momentous in relation to the effort to ban child marriages which has been one of the top issues negatively affecting the girl child, especially in rural Zambia and was also key to the implementation of the Juvenile Act had it been approved.

Furthermore, the project through ZCEA led the development, compilation and submission of shadow child focused reports to the Universal Periodic Review (UPR) process under the UN Human Rights Council. And ZCEA with support from SCI was involved in the audit and review of all child related pieces of legislation, including the National Social Protection, national budgeting and the early childhood policies, to make them more responsive to children's needs, as well as being instrumental in the inclusion of a whole section on children's rights in the 2016 failed referendum.

SCI also contributed to the development of the 2017 – 2021 (5 Year) Seventh National Development Plan (7NDP) to ensure that Zambia develops a strategy that reflects some of the provisions and principles of the CRC. The 7NDP outlines long term sector plans for the period 2017 to 2021 and sets out guidelines for all sectors on priorities for this period.

Other related outcomes from advocacy actions include the inclusion of the child headed households in the 2017 social cash transfer programme, and the inclusion of more than 100 child specific budget items in the 2017 budget from 56 in 2014. In 2017 alone, 4 programmes under nutrition, 3 under child protection and 4 under social protection were introduced to the budget, all of which were part of the submissions made by the Child Budget Network led by ZCEA. Meanwhile, the progress in relation to the enactment of the child rights bill has been modest and is work in progress. Although the Children's Act (Children's Code Bill) was not enacted at the end of the project, several milestones were recorded including the fact that it was already validated by all stakeholders, the established level of interaction between SCI and government institutions such as the HRC, Ministry of Justice and many others, the inclusion of the whole section on children's rights in the expanded bill of rights, the establishment of a working definition of a "child" enshrined in the constitution and many other milestones.

3.1.1.2. The Human Rights Commission, and more specifically the Office of the Commissioner for Children, independently monitors and reports child rights violations

The Office of the Commissioner for Children was established in 2008 with support from SCI. One of the reported outcomes of the project interventions between 2013 and 2016 was that there was generally more acceptance of the office as an integral part of the HRC. This recognition and acceptance was both by the HRC officers and the government. All the Officers attached to this office have since been placed on government payroll, whereas previously they were paid by the SCI Project. This is also a key milestone in the sustainability of the project's outcomes.

Both the HRC officer and SCI staff interviewed attributed these outcomes to the fact that SCI first built the capacity of HRC staff and other relevant government officers (CRP training annually, trained in special M&E for CRP), and also to SCI's approach in engaging government and quasi-government institutions. The continuous inclusion of the Police Service, the Judiciary, Zambia Law Development Centre (ZLDC) and other stakeholders created common understanding of the CRG issues in Zambia and the roles that each stakeholder had to play to ensure children continue to enjoy their rights.

The establishment, and finally acceptance of the office is one key outcome in the cumulative milestones that can be directly attributed to SCI's interventions. SCI uses dialogue as its advocacy approach by first establishing an understanding of the issues at hand. In their engagement with the HRC, SCI provided financial and technical resources as well as built the capacity of all concerned staff to articulate issues of CRG.

Furthermore, as part of their mandate, the HRC monitors the child rights situation, conduct public hearings on child rights violations in the country and submits reports accordingly. During project implementation, the HRC was financially supported by SCI to carry out this function, particularly with the monitoring, investigating and reporting on child rights violations. Reports were produced annually as per target, published and shared with relevant stakeholders.

3.1.1.3. Child justice referral system delivers more and higher quality legal assistance/representation for children and youth

The ACJ project staff interviewed by the team reported that they spent significant time identifying, supporting and advocating for children who find themselves in contact with the law. Social and education workers, sometimes referred to as counsellors, in the townships and districts reported that they were to some extent assisted by the project, allowing them to facilitate service delivery more efficiently. The service delivery mainly focused on advocating for child friendly courts (the application of best practices in administering justice or handling cases involving children), advocacy prison visits and case tracking (monitoring).

The counsellor (trained by ACJ) interviewed by the evaluation team, in Mushili Township, in Ndola district, was eager to talk about her work with children who come into contact with the law. There was a clear concern for the wellbeing of children, for their rights and for justice. They mentioned, for instance, the need for funds to support these children and the need to help them get back into school.

The end of project evaluation assessed that the project was making positive steps towards adequately addressing issues affecting children coming into contact with the law. Responses from two beneficiaries and law enforcement officers (Police and Correctional Services Officers) indicated that needs of the children coming into contact with the law were being raised by the project. Some of the positives highlighted were as follows;

- i. Establishment of child friendly courts, though not fully functional at the end of the project because structures were not yet established; and,
- ii. Adoption of some of the best practices in the administration of children's cases such as having a parent/guardian present in court during trial and the magistrates not wearing the white wigs and only allowing relatives during hearings.

The positive scores of the project can also be validated by children and community members' response to the project interventions as evidenced by the increase in the number of cases being referred to ACJ by authorities and parents. This is clearly demonstrated in the case of the ACJ office in Ndola who have now been involved and handled over 42 cases involving juveniles in collaboration with the police and the Prisons Correctional Services; a rare case in the previous years before the project.

3.1.1.4. Outcome 1.2: Civil Society and the Private Sector in Zambia are change agents for children's rights through their advocacy, monitoring, and promotion of children's rights.

With regards to this outcome, the main desired changes were with regards to the targeted three policies that incorporate children's rights which SCI was expected to support. It also had a private sector component in form of working with private companies that were expected to incorporate the Child Rights and Business Principles (CRBPs) in their Corporate Social Responsibility (CSR) work. The overall findings point to success in having a child protection policy developed. Other than that, a total of four private companies were engaged and submitted their policies for review as initial process to incorporate CRBPs. Two of these companies have since developed own action plans to incorporate CRBP number 10.

3.1.1.5. Civil Society has strengthened its functional capacities to become sustainable advocates of children rights

To hold duty-bearers to account at all levels and strengthening the national child rights framework requires a strong, active and well established child rights civil society. The need to develop the capacity of child rights civil society in Zambia was one of the significant outputs in the results framework for the project. While the civil society organizations under this project cannot be said to have reached the desired level of capacity in terms of effectiveness of operations, significant efforts appear to have gone into this process. For instance, progress was made in developing the capacities of the majority of the CSOs sub granted under the project. More specifically, evident change was observed in the following three organizations, namely: ACJ, MNCRD and ZCEA. On the other hand, the Zambia Chamber of Small and Medium Business Associations (ZCSMBA) experienced a number of challenges that included high staff turnover and governance issues at institutional level. The following are specific improvements that the review was able to identify:

- i. Over the years, ZCEA has shown a progression of improvement of its profile through chairing the Child Development Pillar under the National Coordinating Committee on Children, whose secretariat is under the Ministry of Youth, Sport and Child Development. The institution has also made significant representation at the international scene on forums such the UN child and human rights reviews. Locally, the institution's capacity was built to an extent that it is now able to train district and community level structures such as the Community Welfare Assistance Committees (CWACs). One such training conducted is the community child rights monitoring and accountability mechanisms; were ZCEA trained and supported CWACs in 6 communities in all 3 constituencies of Petauke.
- ii. Similarly, ACJ, a child advocacy organization, at inception did not have suitable office accommodation nor skilled trained staff in child Justice. Upon signing the agreement with SCI, ACJ managed to secure office space where the secretariat is currently situated. The organization also received training from SCI, and now government engages and consults with the institution in a number of cases pertaining to child justice.
- iii. With support from SCI, MNCRD was able to support further certain activities which included influencing district councils to elect and accommodate effective Junior Mayors through the Local Government Association of Zambia (LGAZ), child dialogue forums, radio programmes, media monitoring, the setting up and running of the flagship Children's News Agency (CNA) and the *Junior Reporters* magazine.
- iv. The recognition of the three organizations and related networks in child rights work by all stakeholders, as indicated by their participation in many government initiated processes and their influence on policy formulation, is a clear indication that the project was seeking to build their capacity to remain functionally relevant to sustain advocacy work on children's rights.

3.1.1.6. Improved Civil Society Coordination and Capacity to meaningfully participate in holding the Government to account on the fulfillment of children rights

During the project period, SCI built the capacity of its implementing partners and, to a very large extent, targeted government officials in relevant departments such as the Police, Correctional Services and the Judiciary. SCI also linked the partners with duty bearers and service providers for support.

This capacity was evident in the demonstrated ability to work together in networks and coalitions on important child rights issues. The strengthened capacity of the Child Budget Network and the Child Rights Forum led by ZCEA, and the Child Justice Forum led by ACJ, was a clear demonstration of the capacity of CSOs to work together even when they did not receive grants from SCI.

The level and quality of collaboration was demonstrated during activities such as budget analysis, drafting and submission of recommendations to parliament; on campaigns such as the "Leaving no child behind" campaign; policy briefs, media programmes, community sensitisations, all advocacy activities and capacity building activities. This evaluation established that, especially in advocacy related activities, almost all member organisations of these networks participated.

ZCEA also reported that there was great improvement in participation between 2015 and 2016 by network members after they were capacity built to understand fully the CRP. Capacity building activities were effective in strengthening and growing the membership of the networks. Based on the initial partners' organizational capacity assessments, it is clear that substantial capacities were built for the various partners and stakeholders to significantly contribute to the overall undertaking of the CRG in Zambia. For example, the way they engaged government in reviewing a number of legislation affecting children's rights, coupled with the amplified voices of advocacy on CRG at different forums.

3.1.1.7. Private sector in Zambia increasingly incorporates the Children Rights and Business Principles into their operations

The project did not perform well in this area. Out of the 14 private companies that were initially recruited, only 2 companies were verified to have undertaken the project activities. The two said companies were Chambala Enterprises in Chambishi and Chimsoro Group of Companies (Chimsoro Milling and Kapiri Glass). Chambala Enterprises, a family owned business showed a lot of enthusiasm during the interview, despite only attending the initial meeting to introduce the program. There was no follow up by the ZCSMBA, as it was also facing its own internal challenges. The case was the same with Chimsoro Milling and Kapiri Glass; the companies were facing liquidity problems at the verge of closure. Therefore, it became very difficult for the management to implement the project activities because of the challenges they were facing.

While the desired outcome would be for private companies to wholly embrace the concept of incorporating the Children Rights and Business Principles (CRBP) into their operations, the two entities visited and interviewed clearly made effort to implement up to varying extents. Unfortunately, their limited capacity in understanding the process and the technicalities of CRG proved to be a major challenge to score any meaningful success. This is mostly attributed to the fact that the companies did not receive any further support in capacity building apart from attending the initial introductory meeting which was organized by ZCSMBA.

3.1.2. Other Project Effectiveness Related Issues

3.1.2.1. Raising Awareness among the General Public

The public awareness-raising and communications was undertaken both at local and national level. This included the use of and interaction with media, special events, social media, and published material and training efforts. SCI and its partner, MNCRD systematically brought children representatives on board to contribute to awareness raising, advocacy efforts, promotion of child participation and monitoring the legally binding treaties the country is signatory to through the media. In 2017, MNCRD engaged the media to empower them with skills on increased and ethical reporting on children in an effort to increase the awareness and understanding levels of media on children rights and child protection. Therefore, their participation can help to highlight the plight of children. It was not possible to assess the reach of radio programs, or the CRG knowledge acquired through these sensitizations by community members in Ndola, Kitwe and Lusaka.

Community members interviewed in Petauke however were not sure of the governance component of the project and could not articulate CRG issues. ZCEA reported that the project was still in its infancy in the district (implementation only started in June 2016) and only the Child Protection component was implemented. The evaluators did not get a response on why the project was implemented late in Petauke.

3.1.2.2. Involvement of Children

Through the project, representation of children in key high profile meetings was facilitated. These included representation on the International Children Peace Prize, under the auspices of the United Nations. Another platform emanating from the project activities is the Junior Mayor program which aims at bringing down leadership to children. A total of 16 children from the network are involved in the Junior Mayor program.

Children in Lusaka, Petauke and on the Copperbelt were involved in radio programs on key CRG issues during the course of the project. It was clear from the FGDs that the children were very articulate on CRG, particularly those from Lusaka and the Copperbelt, such that they were able to quote provisions of the CRC and African Charter and link these directly to some of the challenges they encounter in enjoying their rights. Children in rural

areas in Petauke, unlike their counterparts in Lusaka, could not articulate issues of CRG, but could state their rights and interpret them to their context.

Apart from the children that participated in the programs directly, it was not possible to evaluate how many children listened to radio/TV programs and therefore how they were impacted by the project.

3.3. Project Relevance

3.3.1. Relevance to the Zambian Policy Context

Although significant stages have been undertaken to enhance Zambian child rights governance, the national coordination and implementation of child rights laws and policies have been inadequate. This project, which focuses on child rights governance, is highly relevant in this context. It is in line with government's laws, commitments, policies and practices such as the CRC and the ACRWC.

The CRG Project has been highly relevant to the general child rights needs in Zambia specifically because the majority of children in Zambia do not enjoy all the rights enshrined in the Convention of the Rights of the Child and the project aims to address this.⁴

Some of the problematic legal and policy areas that the project sought to address included the following;

- i. "Child" not defined in Zambian context (no legal definition)
- ii. The non-recognition of children's rights in the constitution
- iii. Non- domestication of the two conventions that Zambia is signed to, i.e. the CRC and ACRWC
- iv. National budgets not being responsive to children's needs i.e. child blind budgets

3.3.2. Relevance to the Target Groups

There is little doubt in any context that children's rights are human rights. The children interviewed for this evaluation along with other stakeholders all pointed out the primacy of ensuring that children are not only protected but that they actively participate, as equal citizens in the governance of the country. It was not surprising therefore that the children interviewed expressed their desire to participate in making decisions that affects them. They observed that they want to participate in budgeting, opening up spaces for participation, and holding leaders accountable, etc. Furthermore, they want to be recognised as rights holders. These are all aspects which the project aimed to address.

3.4. Project Efficiency

3.4.1. Use of Financial and Human Resources

The way SCI has monitored and reported on the project shows consistency and competency. SCI has established a comprehensive set of tools to support the partner level reporting. Reports have been of good quality. It is evident that SCI's planning has taken into consideration and adapted to changing needs and opportunities. The failed referendum is one example that was not foreseen at the time that the project document was drafted. However, SCI has managed to bring this highly relevant work into the mainstream of the project.

In the aspect of financial management, interviews and observation show that SCI has stable financial administration systems in place. The evaluators however were not provided with requested financial records needed to make a firm assessment of funds allocation and utilisation.

However, as a funder, SCI has demonstrated the courage to detect and address financial malpractice. SCI dealt with the issue expediently. The organisation conducted audits of the partners' books of accounts regularly and performed financial controls of its implementing partners. Of the four CSOs implementing partners that SC has worked with during the lifespan of the project, relations with one had to be terminated due to mismanagement of funds.

⁴ https://www.unicef.org/zambia/5109_8462.html

At management and program level, the human resources are particularly competent being individuals who have been involved in child rights issues for many years and in different settings. It is safe to say that SC human resources are adequate and equal to the task.

3.4.2. Management of Implementing Partners

It is clear that the capacity of SCI partners has been systematically built with the aim of ensuring successful implementation of the project. SC has thus undertaken organisational assessments of the partners and built their capacity in financial management; advocacy and communication as well as M&E and the use of different project-specific tools and approaches. It has also conducted training aimed at ensuring better and timely reporting on activities conducted. All partners reported that feedback was given timely on project related concerns, which facilitated resolution of problems before they escalated and also fostered mutual agreements on the way forward.

While the picture looks good, during the evaluation, the team learnt of some dissatisfaction among some partners who felt that certain processes during the life of the project were not handled well. One distinct example was the project closeout process. Some of the IPs felt that it was not done in the spirit of partnership and continued good will.

3.5. Project Impact

In evaluating impact, this evaluation answers the following questions: Does the development intervention contribute to reaching higher level development objectives (preferably, overall objective)? What is the impact or effect of the intervention in proportion to the overall situation of the target group or those effected?

Some of the outcomes from the CRG project implementation had already started impacting the child. These include:

- i. The acceptance of the office of the Commissioner for Children at the HRC which is a clear sign of permanence of the project outcomes. This level of impact will contribute reaching higher level development objectives.
- ii. Children are able to clearly articulate CRG related issues, such as quoting the provisions of the CRC and the African Charter, as evidenced by the children that worked with MNCRD (those that participated in the FGDs) and are already participating in CRG at various levels. Examples of participation include:

- One child sits on AU Advisory Board as a children's representative
- One child on UN Population Fund
- In 2017, one child wrote a letter to the President of Zambia about child participation in parliament, which was part of the President's opening speech for this current sitting of parliament
- One child reporter has been shortlisted to represent Zambia at the International Children's Peace Prize competition, a UN program by Kidrights.org
- Participation in advocacy actions, e.g. during the failed referendum in 2016. Children advocated for its adoption through radio programs and general community sensitizations
- The introduction of the program called "Junior Mayor", where children participate in district council decision making (bringing leadership to their level)
- Establishment of the Child Parliament – one child had the opportunity to present a communique in parliament

- iii. Implementation of the best practices in handling cases of children who come in contact with the law has led to child/juvenile cases being expedited, most cases being opted for diversion rather than incarceration/detention.

It was not possible to assess the impacts of the expanded child specific budget items since this was not part of the scope of the evaluation. It is clear that the project outcomes have led to impacts that contribute to the overall goal of the CRG project.

3.5. Project Sustainability

The findings on the sustainability of the project's effects presents a mixed picture. SCI's approach to sustainability was to build the capacity of IPs and networks to continue engaging on CRG beyond the project period. It was clear from this evaluation that this was achieved to a greater extent as evidenced from the level of articulation of CRG issues by partners, collaboration through functional networks, the ability by ZCEA, ACJ and MNCRD to coordinate this collaboration, the linkages established at local, national, regional and international levels and ability of IPs to engage government at every level.

At the national level the project contributed to definite progress at the policy level reform. Numerous important steps towards an improved child rights governance system were made. The advocacy for adoption of improved CRG related policies and legislature was to ensure permanence of SCI's work and ensuring children in Zambia continue to enjoy their rights. One major setback was the 2016 amended constitution. The proposed constitution was subjected to a nationwide referendum in the August 2016 general elections and there were positive indications that it will be voted for by the majority in the country, however the referendum failed to go through, thus failing the proposed Child Rights Bill. While the new constitution constitutes a milestone for child rights in Zambia, efforts will be required with respect to harmonisation of laws, policies and practices.

On the other hand, the awareness raising effort of the project will have a level of sustainability, but the raised awareness has yet to reach the masses and trigger public debate on child rights that can gather its own momentum. There is also need to track progress on this in order to ensure the masses are really being reached

At IP and network level however, it was not very clear what their sustainability plans were, as all the implementing partners indicated that they did not have sustainability or exit plans. ZCEA and MNCRD indicated that their sustainability plans were incorporated in approaches to project implementation, including building the capacity of local structures such as the CWACs in Petauke. In the case of MNCRD, they observed that they were developing innovative ways of raising resources locally to continue their work with both the children and the communities. For the CWACs in Petauke however, it was very clear that they would not be able to continue with community sensitisations after the project as they complained about lack of means of transport such as bicycles for them to reach far off areas. This was the same for most of the children in the rural areas of Petauke as they were mostly older and likely to go to different secondary schools, thereby leaving a vacuum.

The effects achieved by the project at lower levels in Lusaka and Copperbelt provinces are very likely to be sustainable. These include the effects of the project on children who have participated in Child programs, such as the Junior Mayor. An estimated 75% of children who participated in the programme, have gained important skills, knowledge, self-esteem and perspectives that they can benefit from in many years to come. The evaluation team met some children for whom the MNCRD helped them find their voice and became a vehicle for new found activism.

However, it was very clear that only the children that participated directly through being members of CNAs, Junior Mayors or as child advocates were the only ones that were very articulate on CRG. This was evident from the children in Petauke's rural areas. This could lead to project outcomes not being so sustainable in the long term since MNCRD in particular, continues to use the same approach of recruiting only those that may "qualify" to participate directly, yet these do not have any programmes in their communities or schools to ensure knowledge transfer and sustainability. Also, the fact that these children are paid transport and lunch allowances means that in the absence of donor funds, MNCRD would not be able to facilitate these trainings for children, hence the need to promote community initiatives by the children themselves.

4. CHILD PROTECTION EVALUATION FINDINGS

4.1. Demographic Characteristics

Table 4 shows the demographic information of the children and young people who participated in quantitative interviews on child protection thematic areas. A total of 242 respondents answered the questions on child protection thematic area from 7 districts. Majority of the respondents (97.1%) were in school with only about 3.0% being out of school. 51.9% were male and 48.1% female. The mean age was 16 years with the youngest aged 10 and the eldest 27 years, most (48.8%) of whom fall in the age group 15-19. Most of the respondents (97.1%) were single, 2.5% were married representing with 2 (or 0.4%) respondents cohabiting or living together with someone but not married.

Table 5: Number and Percent Distribution of Respondents by Demographic Characteristics

Background characteristics	Number	Percent
By Respondent Type		
School going	235	97.1
None school going	7	3.0
By Sex		
Male	125	51.9
Female	117	48.1
By Age		
10-14	85	35.1
15-19	118	48.8
20-24	37	15.3
25-29	2	0.8
By Marital Status		
Single	234	97.1
Married	6	2.5
Divorced	0	0.0
Widowed	0	0.0
Living together but not married (cohabiting)	2	0.4
Total	242	100.0

4.2. Project relevance and effectiveness

This section starts by presenting results on the extent to which the various indicators under the child protection thematic area were met. The major goal of the child protection thematic areas was to have fewer children in Zambia victims of physical and psychological violence, harassment and discrimination at home, in schools and in their communities. The discussion has been organized around the major key evaluation questions.

4.2.1. Inter-sectoral government and civil society coordination

It was observed from the findings of the evaluation that the key outcomes under the project objective of promoting coordination were achieved as central inter-sectoral government and civil society coordination of the service delivery to prevent and monitor violence against children were achieved. The District Child Protection Committees (DCPCs) were developed or strengthened in all the project sites. The Social Welfare Department is the secretariat for the DCPC. Save the Children International (SCI) in Zambia in collaboration with Ministry of Gender and Child Development, Ministry of Community Development and Social Welfare (MCDSW), Central Statistical Office (CSO), Centres for Disease Control and Prevention (CDC) and Unicef further developed a commitment document in 2016 for key government sectors and other institutions to address, prevent and monitor violence against children at the district and community levels (2016 SIDA Local Child Rights Report_22 02 17); "We have a committee that consists of different stakeholders. We have a common goal which is to

promote child rights and each one knows their role. For example, others provide skills, others sensitize. We do it in a holistic way” (KII).

Key stakeholders involved in child protection at district level included the Judiciary, ZICTA, Immigration Department, Correctional Services, Media, Churches, business community, ZESCO, Victim Support Unit (VSU), parliamentarians, NGOs, Ministries of Chiefs and Traditional Affairs, Community Development (Social welfare department), Labour, Health (One Stop Centre), Education and Gender. These institutions provide different but complimentary services. The VSU provides security to affected individuals. Social welfare and other NGOs often provide safe places, counselling services and represent children in court, and conduct referrals to another organizations. NGOs further conduct outreach activities on child protection which include sensitizing people on Gender Based Violence (GBV). ZICTA facilitated (116) toll free helpline with Airtel, MTN, and Zamtel. The One Stop Centres (OSCs) are vital in providing health services to affected children without having them to queue up. Immigration Department manages child trafficking issues while churches and business community have been providing necessities such as food and counselling. The schools and health facilities have been helping with counselling and screening and treatment of STIs among victims in the case of abuse. Overall, all IP respondents reported that the coordination process had improved overtime; *“The coordination of various stakeholders is good. For example, the Zambia Police could bring a car, Social Welfare would contribute fuel, the radio station would say we have a platform, and the NGOs would be the facilitator” (KII).*

4.2.2. National Child Protection system supports community child protection

To further strengthen inter-sectoral government and civil society coordination, a National Child Protection system that supports community child protection was also put in place. SCI worked with the Ministries of Gender and Child Development to review and restructure the National OVC Steering Committee (NOVCSC) into the National Coordinating Committee for Children (NCCC) in 2015 (2016 SIDA Local Child Rights Report_22 02 17). Prior to this, in 2013, the Child Help Line Directory of Service Providers which consists of 127 different partners was developed in collaboration with Lifeline/ChildLine Zambia and Unicef. In addition, a national database with data on children issues/rights was also established and is situated in the Department of Child Development. Responses from KIIs showed that this process helped strengthen the DCPCs’ ability to make evidence based decisions; *“When we were starting, they did not have a data base for them to track the cases, - through us we were able to come up with monthly and quarterly reporting templates so that they can capture the child cases” (KII).*

4.2.3. Engagement of Parliamentarian Committees

The evaluation also aimed at ascertaining whether Parliamentarian Committees have been engaged on the importance of a legislative environment which supports children’s rights. It was reported that that Parliamentary Committees were engaged through presentations and advocacy meetings on child protection. It was stated that this engagement improved the parliamentarian’s appreciation and support of child protection matters. SCI further collaborated with the Zambia Law Development Commission to advocate among the parliamentarian criminalization of child marriages. Additional policy makers that were engaged were the District Commissioner’s office, councillors and DEBs office; *“As Panos, we also went to the Parliament to make presentation highlighting issues emanating from the districts” (KII).*

4.2.4. Community-based child protection support systems

The evaluation also aimed to ascertain the number of community child protection systems that have been established and are functional. Overall, the project performed well as it met its planned outcome of enhancing rural based child protection structures. Community Child Protection Committees (CCPCs) were developed or strengthened and are functional in all the project district areas. In the district, it was reported that the CCPCs conduct referrals, raise awareness on child rights, and ensure that communities take part in creating a protective environment for children; *“The child protection structures at district and community levels were either not existing or were dormant. For the places where they were not existing, we had to form them and where there were dormant, the project revamped them” (KII).* The CCPCs closely work with the community ward assistant committees (CWACs) and child rights clubs (CRCs) in schools and the community; *“We have community welfare assistance committee structures. These act more like the whistle blowers or our eyes on the ground” (KII).*

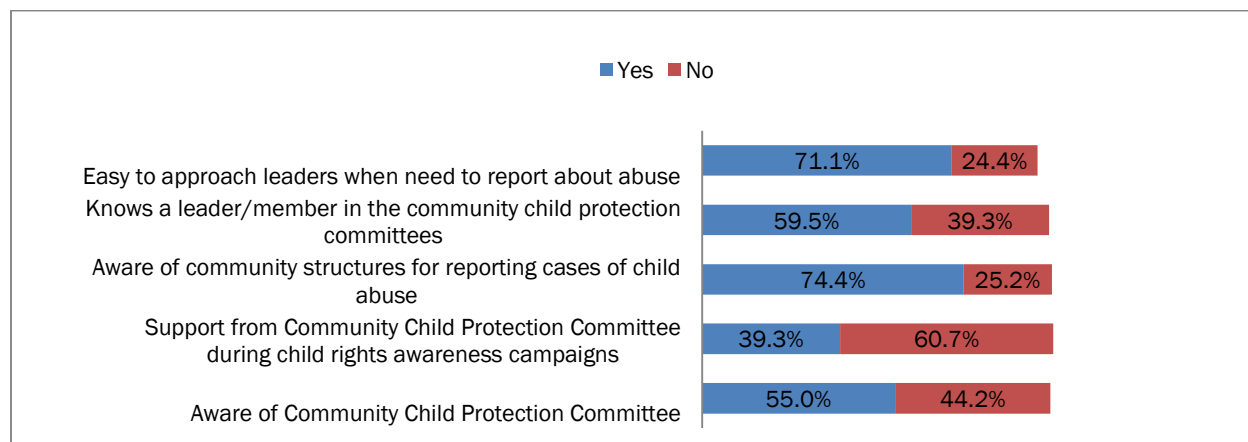
Working with the Zambia Civic Education Association (ZCEA), SC also facilitated the consolidation process of the draft Violence against Children (VAC) prevention and monitoring guidelines. It was reported that such measures increased DCPC membership and performance of the DCPCs.

The development of the community structures improved participation of children in child protection issues by providing participation space. Many respondents (77%) reported having heard about child protection clubs and 59% participated in child protection clubs in the community. Further, 96% of those who participated benefitted from the clubs. In the school setting, 46% of respondents reported participating in these clubs and 99% of them found the clubs beneficial.

Involvement of traditional leaders also helped in enhancing community structures. For example, a statement of commitment was signed by 6 traditional and religious leaders during a National Conference for Traditional and Religious Leaders held on the 1st – 2nd September 2016 in Kabwe committing to zero tolerance to child rights violations in their various chiefdoms; *“Engaging traditional leaders, religious leaders and other stakeholders in one meeting was relevant in coordinating child protection activities and the conference ended up with what they called a communique”* (KII).

The creation of the community structures was vital as it promoted options where people could report abuse. Remarkably, 75% of the respondents were aware of community structures where they could report cases of child abuse, with about 60% of the respondents knowing a leader or member of the community child protection committees. Further, 71% of the respondents described the leaders as easy to approach when they needed to report about abuse (Figure 1).

Figure 1: Child Protection Systems (Community-Based Support Systems)



Furthermore, the community system was enhanced through the development of 45 Rural Child Protection structures also known as Radio Listening Clubs (RLCs) in 2014 which was supported by PANOS Institute for Southern Africa. These radio programmes featured various stakeholders working on child protection matters in the DCPC and communities including children and youth. Programs that were produced and aired on radio included juvenile justice, early marriages, forced labour, ill treatment at work, school dropout and re-entry policy, teenage pregnancies, as well as child trafficking.

The clubs were classified as relevant in all the FGDs. Further, quantitative results show that 51% of the respondents reported that the community radio listening clubs were useful in creating awareness of where to report the abuse cases. However only few respondents (19%) participated in community radio program on child rights while 24.7% of the respondents belonged to community radio listening clubs on preventing abuse against children. This low membership raises sustainability concerns.

4.2.5. Child Protection System and referral processes

The evaluation also examined the number of communities with standard referral mechanisms for child protection between community (civil society actors) and child protection duty bearers that were developed and operational. Of the total 242 respondents, 69% were oriented on how to report a child abuse case, and 45.9% were aware of the standard referral procedures. However, only 18% and 12% reported being engaged in drafting child abuse reporting standards and referral standards, respectively (Table 5).

Table 6: Child Protection Systems (Child-driven support systems)

Indicator:	Response		
	Yes	No	No response
Oriented on how to report a child abuse case	69.4%	29.3%	1.2%
Aware of the standard referral procedures that have been developed	45.9%	53.3%	0.8%
Engaged in developing and drafting child abuse reporting standards	18.2%	78.1%	3.7%
Engaged in developing and drafting referral standards	12.0%	82.6%	5.4%
It is important for children to participate in child rights awareness raising	90.5%	9.5%	0.0%

Notes: ^a Don't know, n=29 or 12.0%; ^b Don't know, n=1 or 0.4%

4.2.6. Training and awareness on protection against violence and abuse

The evaluation further assessed the outcomes of the training in child rights violations provided to helpline and ascertained the effectiveness of the referral system. Regarding training, parents and project implementers were trained in unsafe migration, inclusion of children with disabilities, child protection policies, referrals mechanism, handling of cases and child rights; “Yes, I have been trained in child rights and prevention of violence against children at a workshop that I attended. It was beneficial because we were trained not to put the blame on the child or the victim” (FGD with parents). Many children and young people (70%) were exposed to training on child protection against child abuse, 92.9% were trained in children’s rights and 88.2% in child protection. Most of the respondents (92%) reported that the training of children on protection against violence and abuse was helpful. The trainings were provided by Save the Children, Lifeline Zambia, SAfAIDS, PANOS and ZCEA (Table 6).

Table 7: Training of children on protection against violence and abuse

	Response		
	Yes	No	No response
I. Trained on protection against child abuse(n=242)	70.3%	21.9%	7.9%
II. Areas covered during the training:	Yes	No	Not Sure
(a) Children's rights (n=170)	92.9%	5.9%	1.2%
(b) Child protection (n=170)	88.2%	10.6%	1.2%
(d) Child rights advocacy (n=170)	46.5%	31.2%	3.5%
	Yes	No	No response
III. Training on child protection against violence and abuse helpful (n=242)	91.8%	7.7%	0.6%

4.2.7. Prevention of violence against children

Evaluation results show that the project performed well in relation to the outcome of having communities and children in the project sites being better able to prevent and address violence against children. Due to sensitizations and training, more than half knew of the children and young people where to report abuse as 63% were aware of the Child Help line (116). Of these 63% respondents, many (85%) knew how to use the Child helpline (116). Furthermore, of the 28% who experienced some form of abuse, 70% reported using the helpline. Lack of a phone was one of major challenges to reporting abuse as only 33% reported that the phones placed in schools were helpful towards reporting issues of child abuse and child rights.

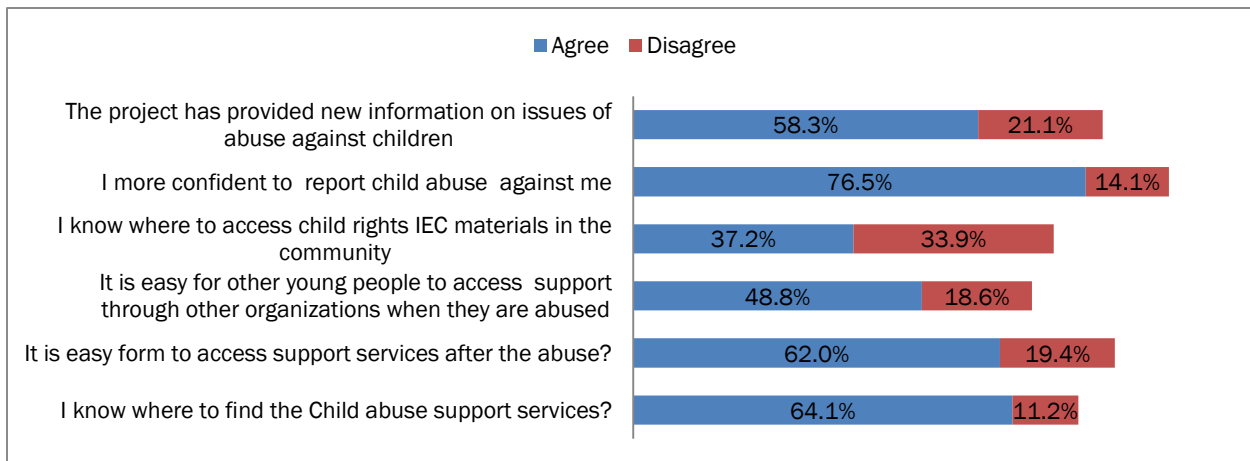
Due to the training, 73% of the respondents reported that the project had improved their knowledge about child rights while 70% reported that it had improved their knowledge on their responsibilities towards child rights. Further, about 91% of the respondents thought it was important for children to participate in child rights awareness raising.

4.2.8. Use of helpline

The evaluation also ascertained the number of child victims of abuse receiving counselling from the child helpline after being sensitized. Overall, the project scored well on its outcome of referral process as development of the national Child Helpline improved provision of counselling and referral services to children. For example, compared to 93,404 cases that were recorded in 2015, an increased number of 127,082 cases were recorded in 2016. 2,963 cases were referred to Young Women Christian Association (YWCA), FAWEZA, WiLSA, VSU, OSCs and Department of Social Welfare for services (SIDA_Local Child Rights Report_22 02 17). KIIs showed that several children use the line on a monthly basis; *“The counselors pick up the calls and deal with the problem or make the appropriate referrals. Referrals go up to 9000 monthly”* (KII). From the reports, it was noted that the referral cases recorded by Lifeline/ChildLine Zambia during the period 2014 – 2016 were as follows 2013: 14,199; 2014: 30,180; 2015: 3,338; and 2016: 2,963. To enhance operations, 27 staff were trained in case handling and recording of cases while two staff were trained in Child Rights violations investigations and in doing referrals (SIDA_Local Child Rights Report_22 02 17).

Most community members in the FGDs were aware of the referral mechanisms and they reported that the referral process had improved over time. However, project implementers complained of lack of feedback in some cases. Quantitative interviews also showed that more people (64%) agreed knowing where to access child abuse support services (Figure 2). Most of the respondents (62%) agreed that it was easy for them to access support services on child rights and prevention after the abuse. Because of the training and improved system, 76% agreed that they were now more confident to report child abuse against them.

Figure 2: Access to child rights and prevention of abuse



The referral process was functional and 23% of the respondents reported having ever been referred to or taken to other organization for child abuse services. The organizations and or individuals who made the referrals was SCI, Lifeline Zambia, SAfAIDS, ZCEA, parents, teachers, health workers religious/community leaders and police. All of those who were referred completed referral process and they found the referral useful; *“My uncle used to beat me. The VSU came and talked to him, and things are fine now”* (FGD with children).

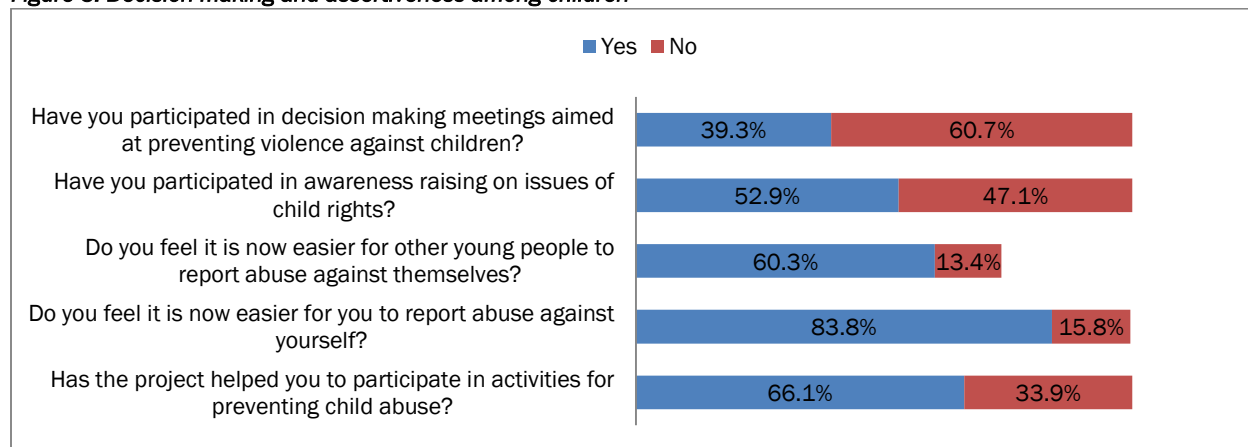
4.3. Project impact

Another evaluation objective was to determine the extent to which the project under the child protection thematic area has achieved its impact (change) in reducing number of children who are victims of physical and psychological violence, harassment and discrimination at home, in schools and in their communities. Closely related to this objective was ascertaining the percentage of children who understand violence and abuse, know how to protect themselves and are empowered to call for action to prevent violence and abuse against them.

The project significantly triggered positive changes in the context as majority of the respondents (84%) felt that it was now easier for them to report abuse against them. In addition, over 90% of the respondents now think

that it is important for children to participate in child rights awareness raising. More (66%) also reported that the project has helped them to participate in activities for preventing child abuse. The project also improved people's confidence and interest in raising awareness about child rights. Thus about 53% of the respondents reported that they had participated in awareness raising on issues of child rights, while about 39% of the respondents have participated in decision making meetings aimed at preventing violence against children (Figure 3). Many reported willingness to delay marriage with the average preferred age of getting married among respondents who stated that they were single being 27 years.

Figure 3: Decision making and assertiveness among children



Due to this project, nearly half (48.4%) of the respondents agreed that there has been a reduction in incidences of child abuse in the community as follows (Table 7): child marriage (48.4%), defilement against children (50.4%), rape against children (50.0%), sexual harassment against children (46.3%), physical abuse (corporal punishment) against children (45.9%), and discrimination against children (46.3%).

Table 8: Decision making and assertiveness among children

Reduction in incidences of child abuse in the community (Area)	Agree	Disagree	I don't know
(a) Child Marriage	48.4%	32.6%	16.9%
(b) Defilement against children	50.4%	24.4%	21.1%
(c) Rape against children	50.0%	24.4%	21.1%
(d) Sexual Harassment against children	46.3%	29.3%	20.7%
(e) Physical abuse (corporal punishment) against children	45.9%	31.0%	18.6%
(f) Discrimination against children	46.3%	30.2%	19.8%

Note: ^a Don't know (n=1 or 0.4)

4.4. Efficiency in implementation of child protection activities

Evaluation findings show that the project implementation process was efficient as the project had a lean management with a flat administrative hierarchy represented at the SC in Lusaka. This management process worked for quick decision-making and effective participation of the staff. The project implementation process was decentralised with different partners implementing different components of the project based on an organisation's area of expertise and local presence of the partners in the sites. This approach was efficient as SC did not have to build new offices in the sites nor conduct site mapping. Project efficiency was also attained through a cascaded approach to training, which involved the trained individuals orienting others in communities on the issues that they had been trained in; "We used a horizontal approach, we identified a few representatives or leaders, trained them and thereafter they would go back to the radio stations in their district and train their colleagues" (KII). This approach saved the project costs as it would have been very expensive had the project decided to organise all stakeholders including community members for trainings.

4.5. Sustainability of children protection activities

Many of the project activities were classified as sustainable. Factors that would shape sustainability included use of government structures to deliver child protections activities, integration of project activities into the existing community structures such as the CWACs and CCPCs. Capacity building of different stakeholders (NGOs, journalists, community leaders, parents and children) in child protection would also enable these institutions to deliver the activities beyond the scope of the project. Development and strengthening of community structures such as clubs in schools and communities would facilitate integration of the child protections activities within the local structures. Furthermore, the development of committees at district and national level as well as systems such as referral processes and forms would ensure continued delivery of child protection services beyond the scope of the project.

5. HIV/AIDS THEMATIC AREA EVALUATION FINDINGS

5.1. Demographic Characteristics of Respondents

Table 8 shows the demographic information of the children and young people who participated in quantitative interviews on the HIV/AIDS thematic area. A total of 280 respondents answered the questions on HIV/AIDS thematic area from 7 districts. Majority of the respondents (84.9%) were in school with only about 15.1% being out of school. Further, 34.3% were male and 65.7% female. The mean age for the respondents was 16 years with the youngest aged 10 and the eldest 25 years, most (46.4%) of whom fall in the age group 15-19. The majority (98.6%) were single and 0.4% were married.

Table 9: Number and Percent Distribution of Respondents by Demographic Characteristics

Background characteristics	Number	Percent
By Respondent Type		
School going	236	84.9
None school going	42	15.1
By Sex		
Male	96	34.3
Female	184	65.7
By Age		
10-14	80	28.6
15-19	130	46.4
20-24	63	22.5
25-29	7	2.5
By Marital Status		
Single	276	98.6
Married	1	0.4
Divorced	0	0.0
Widowed	0	0.0
Living together but not married (cohabiting)	3	1.1
Total	280	100.0

5.2. Effectiveness

5.2.1. Civil society organizations and integration of sexuality and gender approaches

The overall project goal of the HIV&AIDS project was that children aged 8-18 years have access to quality age appropriate SRH and HIV prevention information in supported project sites. One of the evaluation objectives in achieving this goal was to establish the number of partners that have mainstreamed CSE in their programming. The project successfully met its outcome on mainstreaming process as it exceeded the target of having three civil society organizations integrating sexuality and gender approaches as SAfAIDS, Sport in Action (SIA), NZP+ Latkings and Zambia Centre for Communication Programmes (ZCCP) successfully conducted the integration process. Furthermore, SCI met its outcome on facilitating national health policies and programmes that ensure children's access to age appropriate SRH & HIV prevention information and services as reading books on Comprehensive Sexuality Education for Grades 5-12 were successfully rolled out by the Government of the Republic of Zambia. Teachers were also trained as trainers of trainers in Comprehensive Sexuality Education (CSE). Furthermore, SCI participated in developing new advocacy messages on adolescent SRHR and HIV during the National HIV/AIDS symposium. In 2016, SC also participated in developing a policy brief entitled Adolescent Age of Consent on Family Planning in Zambia in August 2016.

Further, the project ensured that more than three targeted civil society organizations in project sites had improved their capacity to develop and deliver quality and age adapted Comprehensive Sexual Education and HIV prevention education. This was achieved through provision of mentorship and technical support to NZP+,

SIA, Latkings and ZCCCP in form of advice on the importance of mainstreaming gender and how to mobilize external resource mobilization. This support led to successful mobilization of funds from USAID under the DREAMS initiative. Further, SCI partners discussed CSE on national television and radio advocacy program as well as conducted trainings in CSE, SRH, Life Skills and HIV and AIDS. In addition, Latkings signed a Memorandum of Understanding with DEC which resulted into the two institutions working closely in delivering CSE and HIV prevention in a more effective manner. DEC has since sensitized 8,345 (4,812 boys and 3,533 girls) children on CSE.

5.2.2. Acceptance and demand for Comprehensive Sexuality Education

The second evaluation objective was to ascertain the extent to which CSE has been accepted among political, traditional, religious leaders, caregivers and health care providers in the project sites. Qualitative interviews with headmen and other community leaders showed that the project has facilitated the process of increasing acceptance and demand for CSE for children in target communities. Overall, the project exceeded its set target for the output on training 300 change agents as 390 (202 males and 188 females) which included teachers, nurses, and religious leaders and traditional leaders were trained in CSE, and they are currently promoting CSE and HIV education in schools and communities. In addition, a National Technical Committee on SRHR was constituted in November 2016 to address gaps in the provision of SRHR. Latkings facilitated the formation of community based parent advocacy committees that are used as dialogue platforms for CSE. For instance, 10 community based parent advocacy committees were formed across Lusaka city and Chingola district. In all schools, CSE was discussed. Traditional leaders in Chongwe and Chibombo districts also held village based quarterly meetings where issues related to child marriages were part of the agenda.

The use of locally relevant strategies also influenced the adoption of CSE. One strategy which has been used in Chibombo district by SIA is the appointment of a specific contact/ link person dealing with youth reproductive health issues at the health facility. This approach has promoted access and uptake of reproductive health issues among young people as the young people are aware that these people understand their needs, and are ready to link them to relevant services at the health facility; *“We placed some youths in some health facilities to help the young people access SRH services at the facilities. We have noted some improvement as they young people do not feel stigmatised”* (KII).

Integrating CSE and child protection messages into sport was another strategy that enhanced uptake of CSE among young people. Integrating CSE into sport was effective as young people found the participatory sports activities very interesting; *“They like it because they have fun while learning sexuality issues. For example, if they commit a foul when paying football, we stop the game and discuss what kind sex problem or abuse the foul is and what they can do to address it”* (KII).

Debates between parents and children on sensitive topics which were organised within the community on sexuality helped reduce cultural barriers to communication between the parents and children. It was reported that having participated in the debates, the parents found it easier to discuss some of sensitive issues with their children at home; *“The debates were good, they pushed us into opening up and being able to discuss with our children many issues that we used to consider us taboo”* (FGD with parents).

5.2.3. Training of Children and Young People

The evaluation also aimed to ascertain the extent to which the project had increased HIV, STI knowledge among young people aged 8-18 and 19-24. Overall, the project significantly increased knowledge levels among the target group.

5.2.3.1. Knowledge of SRH and STI for children (Aged 10-14)

Table 9 shows that majority (about 96%) of the respondents were trained in HIV/AIDS and STI by SCI, Lifeline Zambia, ZCEA, SafAIDS, SIA, SAZA and teachers. The training resulted into increased knowledge. For example, most of the respondents agreed that children can get HIV and STIs from infected parents (95.8%), if they have sex with HIV/STI infected people (88.7%), if they use sharp objects used by HIV infected people (95.8%), and if they have sex with STI infected people (87.3%). About 86% of the respondents agreed that abstaining from sexual intercourse is a way to prevent pregnancy. Slightly more than 60% of the respondents agreed that having

just one sex partner, using contraceptive, and using a condom every time they have sex are ways to prevent pregnancy (Table 9).

Table 10: Knowledge of SRH and STI for Children aged 10-14

Indicator:	Response		
	Yes	No	No response
Trained in HIV/AIDS and STI (n=71)	95.8%	4.2%	0.0%
Means to reduce chances of getting HIV:	Agree	Disagree	Don't know
(a) Abstaining from sexual intercourse (n=71)	80.3%	12.7%	7.0%
(b) Having just one uninfected sex partner who has no other sex partners (n=71)	71.8%	15.5%	12.7%
(c) Avoid sharing sharp instruments such as razor blades (n=71)	80.3%	15.5%	4.2%
(d) Using a condom every time they have sex (n=71)	71.8%	23.9%	4.2%
Ways to prevent pregnancy:	Agree	Disagree	Don't know
(a) Abstaining from sexual intercourse (n=71)	85.9%	9.9%	4.2%
(b) Having just one sex partner (n=71)	60.6%	35.2%	4.2%
(c) Using contraceptive (n=70)	62.9%	28.6%	8.6%
(d) Using a condom every time they have sex (n=70)	64.3%	31.4%	4.3%

5.2.3.2. Knowledge of SRH and STI among youths (15-24)

Like the case of children aged 10-14, knowledge levels on SRH and STIs among youths aged 15-24 were also very good. Most of the respondents (90%) agreed that abstaining from sexual intercourse and avoiding sharing sharp instruments such as razor blades reduces chances of getting HIV. Over 80% of the respondents reported that traditional medicines cannot cure HIV and 80.5% were aware of their rights to confidential HIV counseling. Many agreed that abstaining from sexual intercourse (91.2%), using contraception (72.3%), and using a condom every time they have sex (78.5%) are ways to prevent pregnancy. Further, 91.8% reported that HIV/AIDS and STI can affect the health of young girls and boys respectively (Table 10).

Table 11: Knowledge of SRH and STI among youth aged 15-24

Indicator:	Responses		
	Yes	No	No response
Trained in HIV/AIDS and STIs (n=209)	81.8%	16.3%	1.9%
Means to reduce chances of getting HIV:	Agree	Disagree	Don't know
(a) Abstaining from sexual intercourse, n=206	90.3%	3.9%	5.8%
(b) Having just one uninfected sex partner who has no other sex partners n=205	67.8%	26.3%	5.9%
(c) Avoid sharing sharp instruments such as razor blades, n=205	89.8%	7.8%	2.4%
(d) Using a condom every time they have sex, n=204	74.5%	21.1%	4.4%
	Yes	No	Not sure
Traditional medicines can cure HIV, n=206	9.7%	81.1%	9.2%
Awareness of right to confidential HIV counseling, n=205	80.5%	10.2%	9.3%
Girl or a boy can avoid getting or giving pregnancy by correctly using condoms when having sex n=206	66.5%	29.1%	4.4%
Ways to prevent pregnancy:	Agree	Disagree	Don't know
(a) Abstaining from sexual intercourse, n=204	91.2%	6.4%	2.5%
(b) Having just one sex partner, n=203	37.9%	57.6%	4.4%
(c) Using contraceptive, n=206	72.3%	19.9%	7.8%
(d) Using a condom every time they have sex, n=205	78.5%	17.1%	4.4%
Is it possible that a girl gets pregnant with the first sexual intercourse? n=206	73.3%	17.0%	9.7%
HIV/AIDS and STIs can affect the health of young girls and boys, n=206	91.8%	6.3%	1.9%

5.2.3.3. Attitude regarding HIV/ STIs (10-14)

The change in the knowledge levels positively influenced attitude among the children. Table 11 shows that about 65% of the respondents stated that it was true that decision making on preventing teenage pregnancies and HIV

and STI activities was the responsibility of young people like themselves. Slightly over half (about 59% and 62%) of the respondents responded affirmatively to the statements that 'I know that I can also participate in planning processes about sexuality within families' and 'I know that I can also participate in planning processes about sexuality in schools,' respectively. Interestingly, over 80% of the respondents knew that children have the right to say NO to any form of abuse such as sexual harassment compared to only 18% who did not know (Table 11).

Table 12: Attitude regarding HIV and STIs

Statements:	True	False	Don't Know
Decision making on preventing Teenage pregnancies is the responsibility of young people like me (n=71)	64.8%	33.8%	1.4%
Decision making on HIV and STI activities is also the responsibility of young people like you (n=71)	64.8%	26.8%	8.5%
Can participate in planning processes about sexuality within families (n=71)	59.2%	31.0%	9.9%
Can participate in planning processes about sexuality in schools (n=71)	62.0%	33.8%	4.2%
Children have the right to say NO to any form of abuse such as sexual harassment (n=71)	81.7%	18.3%	0.0%

Furthermore, most of the respondents (about 69%) responded to affirmative that children can make decisions about preventing HIV and STIs, with all (100%) of the respondents agreeing that they are able to report any sexual abuses. Most of them stated that they can report sexual abuse and child rights violations to parents (81.4%), grandparents (77.1%), uncles/aunties (81.4%), and neighbor(s), health workers (72.9%), brothers/sisters and teachers (66.2%). The willingness by many children to report to parents indicates the good relationship and trust between the children and their parents (Table 12).

Table 13: Attitude about HIV/AIDS decision making and adolescent's assertiveness among children

Indicator:	Response		
	True	False	Don't know
Children can make decisions about preventing HIV and STIs (n=71)	69.0%	18.3%	12.7%
Ability to report any sexual abuses (n=71)	100.0%	0.0%	0.0%
Who should children report to about sexual abuse and child rights violation: (n=71)	Yes	No	Not sure
(a) Parents	81.4%	17.1%	1.4%
(b) Grand parents	77.1%	18.6%	4.3%
(c) Uncles/Aunties	81.4%	14.3%	4.3%
(d) Brother/Sisters	66.2%	32.4%	1.4%
(e) Teachers	66.2%	31.0%	2.8%
(f) Police	69.0%	25.4%	5.6%
(g) Social welfare	36.6%	31.0%	32.4%
(h) Community/Religious Leaders	42.3%	35.2%	22.5%
(i) Health workers	72.9%	22.9%	4.3%
(j) Others (e.g. neighbors), n=1	100.0%	0.0%	0.0%

5.2.3.4. Attitude regarding STIs and HIV (Aged 15-24)

Like the case of children, the change in the knowledge levels positively influenced attitude among the 15-24-year-old group. About 75% and 76% of the respondents responded affirmatively to the statement that 'decision making on preventing pregnancies and early marriage is the responsibility of young people like me' and that 'decision making on HIV and STI activities is also the responsibility of young people like me,' respectively. Further, 86.5% knew that they can make important decisions about their sexual choices, 80.8% reported that young people can participate in planning while 78.4% stated that they could participate in decision making processes about sexuality in communities (and in schools). The majority said that they have the right to say NO to any form of abuse such as sexual harassment (93.2%), as displayed in Table 13.

Table 14: Attitude regarding STIs and HIV among the 15-24 years olds

Indicators:	Responses		
	True	False	Not sure
Decision making on preventing pregnancies and early marriage is the responsibility of young people like me, n=208	74.5%	21.2%	4.3%
Decision making on HIV and STI activities is also the responsibility of young people like me, n=208	76.0%	16.4%	7.7%
Children/ young people can make important decisions about my sexual choices n=208	86.5%	10.1%	3.4%
Able to participate in planning and decision-making processes about sexuality within families n=208	69.7%	18.3%	12.0%
Children/young people can participate in planning and decision-making processes about sexuality in schools n=208	78.4%	17.8%	3.9%
Children/ young people can participate in planning and decision-making processes about sexuality in communities n=208	80.8%	15.4%	3.9%
Children/ young people have the right to say NO to any form of abuse such as sexual harassment, n=208	93.2%	4.8%	1.9%

Table 14 shows that slightly over 50% of the respondents reported that they were able to talk to their parents/guardians about sexual relationships while 80% think that young people should not engage in sexual relationships before marriage. About 45% of the respondents think that family planning is useful to the health of young people. Remarkably, many respondents think that adolescents can make decisions about preventing HIV and STI (81.3%) and that young people should report any sexual abuse to other people (92.3%), particularly their parents, grandparents, teachers, police, and health workers (Table 14).

Table 15: Attitudes about HIV/AIDS decision making and adolescent's assertiveness

Indicators:	Responses		
	Yes	No	Not sure
Young people can talk to your parents/guardians about sexual relationships, n=208	54.3%	41.8%	3.9%
Young people should engage in sexual relationship before marriage, n=208	14.4%	83.2%	2.4%
Family planning is useful to the health of young people, n=207	45.4%	50.7%	3.9%
Adolescents of your age can make decisions about preventing HIV and STIs, n=208	81.3%	12.5%	6.3%
Young people should report any sexual abuse to other people, n=207	92.3%	5.8%	1.9%
Who should children report to about sexual abuse and child rights violation:	Yes	No	Not sure
(a) Parents, n=203	88.7%	7.9%	3.5%
(b) Grandparents, n=202	81.7%	13.4%	5.0%
(c) Uncles/Aunties, n=200	76.5%	18.0%	5.5%
(d) Brothers/Sisters, n=201	73.1%	21.4%	5.5%
(e) Teachers, n=200	78.0%	17.0%	5.0%
(f) Police, n=204	90.7%	6.4%	2.9%
(g) Social welfare, n=200	68.0%	20.5%	11.5%
(h) Religious/Community leaders, n=200	65.0%	25.5%	9.5%
(i) Health workers, n=201	80.6%	14.9%	4.5%

5.3. Project impact on Sexual Behaviour

Significant progress was made regarding meeting the project outcome of increasing the number of children in project sites that can protect themselves from HIV, including STIs and unwanted pregnancies. Results showed that 23,625 (10,830 boys and 10,569) young people voluntarily tested for HIV. Of those that underwent HIV Testing 212 adolescents (91 boys 121 girls) were found to be HIV positive (0.9%). There was an increase in access to condoms over the project period. In 2016 a total of 8,012 adolescents collected 52,000 condoms compared to 2015, when a total of 15,000 male condoms were collected by 3,500 adolescents. In terms of pregnancy testing, 517 girls were screened out of which 11 girls were pregnant representing the incidence rate of 2%.

In addition, the project progressed well with regard to meeting the target of increasing children's intention to seek safer sex practices and be able to reject major myths and misconceptions about sex, sexuality and HIV&AIDS. SCI in collaboration with its partners ZCCP, Latkings and SAfAIDS sensitized 72,610 children on HIV, STIs and SRHR by 2016 thus exceeding the output target of reaching 8,000 children. The children participated in community, district and national CSE activities through school based clubs, Young4Real clubs, youth friendly corners, radio listening clubs, WhatsApp group and Facebook.

5.3.1. Practice - Experiences and feeling about HIV/AIDS and STIs (Aged 10-14)

The third evaluation objective aimed at ascertaining the percentage of project participants (adolescents and young people) adopting safer sex practices in preventing unwanted pregnancies, STIs and HIV. The increased knowledge and good attitude translated into positive behavior. Many children and young people feel confident, have increased self-esteem, and good communication skills; *"From the debates on SRH issues, I gained confidence to talk about issues of pregnancy, STIs and even HIV with parents. We talk freely"* (FGD, youths). Most of the respondents (about 72%) stated that they could talk to their parents/guardians about HIV/AIDS. About 89% of the respondents reported that children should not engage in sexual relationships while 32.4% of the respondents think that children cannot get HIV and STIs (Table 15).

Table 16: Experiences and feeling about HIV/AIDS and STIs among children

Indicators:	Response		
	Yes	No	Not sure
Can talk to my parents/guardians about HIV/AIDS (n=71)	71.8%	26.8%	1.4%
Children should engage in sexual relationships (n=71)	8.5%	88.7%	2.8%
Children can get HIV and STIs (n=71)	63.4%	32.4%	4.2%

The training increased awareness and confidence levels among children and young people to access SRH services. About 51% and 36% of the respondents indicated accessing HIV/AIDS and STI awareness in schools and community, respectively. Nearly half (about 45%) of the respondents indicated having been counseled for HIV/AIDS, with about 31% testing for HIV, about 17% counseled for STIs, and about 11% testing or screening for STIs (Table 16).

About 33% of the respondents reported being referred to or taken to other organizations for SRH/HIV services. Community/civil leaders such parents (56.5%), uncles/aunties (38.3%), and teachers (44.4%) participated in making the referrals in addition to the NGOs. Of those that were referred, 90% reported completing the referral to other service providers with over 80% reporting that the referral was useful towards their HIV/AIDS, SRHR and STI needs.

Table 17: Practices regarding sexual behavior among children

Indicators:	Response		
	Yes	No	No response
I participate in any HIV/AIDS and STI activities, n=71	70.4%	29.6%	0.0%
Counseling, testing or screening for HIV/AIDS and STIs	Yes	No	Not sure
(a) Counseled for HIV/AIDS, n=71	45.1%	50.7%	4.2%
(b) Tested for HIV, n=71	31.0%	66.2%	2.8%
(c) Counseled for STIs, n=71	16.9%	83.1%	0.0%
(d) Tested/screened for STIs, n=71	11.3%	81.7%	7.0%

Very few people (5.6%) were in a sexual relationship with about 3% indicating that they have had sexual intercourse in the past 12 months preceding the survey. The 3.0% reported using birth control pills, condoms, and injectable (e.g. Depo-Provera). The training also increased their self-esteem with regard to participation in

HIV/AIDS activities as 70% reported participating in HIV/AIDS and STI activities; “I have joined the drama group and I lead the sensitization activities in the community” (FGD with children).

5.3.2. Practices regarding Sexual Behaviour (Aged 15-24)

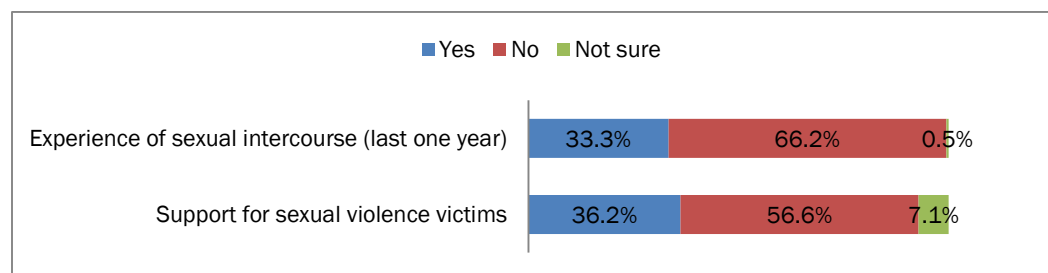
Like the case of children, the increased knowledge and good attitude translated into positive behavior for those aged 15-24. Less than half (36%) were in sexual relationships (Table 17). About 66% and 77% of the respondents reported that they had been counseled for HIV/AIDS and tested for HIV, respectively, with about 44% also counseled for STI and 38.5% testing or screening for STIs. More than 70% of the respondents reported encouraging their colleagues to go for HIV/STI counseling and testing. Notably, about 72% of the respondents have participated in HIV/AIDS and STI activities, with about 40% of them reporting being in some leadership positions for youth led HIV/STI activities. Most of the respondents (84.4%, 77.5%) reported that the activities of the project had helped them to change how they view issues of HIV/SRH, have had access to posters or books on SRHR and HIV and listened to radio programs on HIV/AIDS, respectively: (30.4%), family planning education (43.8%), condoms (48.0%), and support for sexual violence victims (36.2%).

Table 18: Practices regarding Sexual behavior among the 15-24 years old youth

Indicators:	Responses		
	Yes	No	No response
Are you in any sexual relationship?, n=207	35.3%	64.7%	0.0%
Have you ever had sexual intercourse?, n=205	43.4%	56.6%	0.0%
Counseling, testing or screening for HIV/AIDS and STI	Yes	No	Not sure
(a) Counseled for HIV/AIDS, n=206	65.5%	29.1%	5.3%
(b) Tested for HIV, n=207	76.8%	20.3%	2.9%
(c) Counseled for STI, n=201	44.3%	49.8%	6.0%
(d) Tested/screened for STIs, n=200	38.5%	57.5%	4.0%
	Yes	No	No response
Was the counselling or testing for HIV/AIDS or STI useful towards your life?, n=209	76.6%	13.9%	9.6%
HIV and STI services	Yes	No	Not sure
(a) Contraceptives, n=201	30.4%	62.7%	7.0%
(b) Family planning education, n=201	43.8%	51.7%	4.5%
(c) Condoms, n=202	48.0%	46.5%	5.5%
(d) Contraceptive counseling, n=130	41.5%	54.6%	3.9%
(e) SRHR awareness methods, n=199	40.7%	50.3%	9.1%
(f) STI Screening, n=199	32.2%	62.8%	5.0%
(g) VCT, n=204	50.5%	41.2%	8.3%
(h) ART programme/support, n=198	28.8%	66.2%	5.1%
(i) Male circumcision, n=72	51.4%	44.4%	4.2%

Over the past two (2) years, many young people were not involved in any sexual relationships (70.1%). As shown in the Figure below, similarly, many young people did not have any sexual experience in the last year (66.2%).

Figure 4: 15 - 24 years old respondent's sexual experiences



Nearly half (50%) or more of the respondents reported accessing HIV and STI services from public health facility or staff (67.6%), youth centre (59.3%), and fellow youth i.e. youth friendly corner or community (48.5%) while less than half (50%) accessed HIV and STI services from private health facility or staff (40.5%), traditional healer (community) (16.8%), and through the school or teacher (44.5%).

Table 18 shows that about 22% of the respondents have been abused or have their rights violated and that 96% of these people reported abuse cases conducted on them. The project also triggered collective community action as 30.6% respondents were able to report some form of sexual abuses cases conducted on their colleagues. Interestingly, 64.1% and 71.3% of the respondents reported participating in conducting health programs for young people in their schools or community and reported that activities of the project had helped them to change how they view issues of SRH, respectively.

Table 19: Practices - Decision making and assertiveness (15-24 years old)

Indicators:	Responses		
	Yes	No	No response
Have been abused or my rights have been violated, <i>n</i> =209	21.5%	77.0%	1.4%
In the past one (1) year, have encouraged my colleagues to go for HIV/STI counselling and testing, <i>n</i> =209	71.8%	27.8%	0.5%
Participated in any HIV/AIDS and STI activities, <i>n</i> =209	72.3%	25.8%	1.9%
Have been in leadership position for youth led HIV/STI activities, <i>n</i> =209	39.7%	57.9%	2.4%
Have participated in conducting health programs for young people in my school or community, <i>n</i> =209	64.1%	35.4%	0.5%
Activities on this project helped me to change how I view issues of SRH, <i>n</i> =209	71.3%	27.3%	1.4%

5.4. Efficiency in implementing HIV/AIDS activities

Project implementation process was efficient as the project had a lean management system with a flat administrative hierarchy which facilitated quick decision-making and effective participation of the staff. The use of volunteers to coordinate or implement some activities was classified as cost effective as more money would have been spent if full time project staff would have been engaged instead. Training a few people in the community and tasking them to train others at community level helped save some financial resources in contrast to inviting many community members to town for the trainings. Furthermore, embedding SRH in local games was cost effective as they did not have pay for materials for conducting such games.

5.5. Sustainability of HIV/ AIDS activities

Evaluation results showed that the HIV/AIDS activities were sustainable. Sustainability was possible because the activities were integrated into government structures as well as existing community structures such as One Stop Centers. Furthermore, the use of traditional or local games to deliver SRH messages was sustainable as such process were simple to use by the local community and also compatible with the existing local practices and culture. Capacity building of different stakeholders and organizations in CSE would also enable these institutions to deliver the activities beyond the scope of the project. Placing of youths in the health facilities to link children and young people to reproductive health services would continue facilitating uptake of reproductive health services in the community.

5. LESSONS LEARNT FROM THE CHILD RIGHTS PROGRAM

Very important lessons were learnt in the implementation of the Child Rights Program. From the design point of view, the need from on the onset to work closely with all stakeholders yielded good results. Findings of the evaluation have shown that working collaboratively with key government ministries helps to internalize the acceptance of processes and outcomes of the Child Rights Program. This is clearly evident in the case of the HRC and the formation of the Office of the Commissioner for Children where initially the Child Right Program supported the commission in many aspects including paying of salaries for some of the staff that was working on the project. But this was later taken on by the government by adding these officers on the government payroll. Another lesson learnt from the evaluation is that identification of government officers for training should be done in collaboration with the employer – government. This is because they would be able to identify relevant and key officers to receive training and these in turn act as champions of interventions, such as the Magistrates, Police Officers and Officers from the Zambia Correctional Services.

The use of none confrontational advocacy approaches builds good relationships and rapport with the authorities and providing joint advocacy among CSOs helps to amplify the voice of citizens and sustain reforms. This was evident from the good relationship enjoyed by the project staff and the MPs (Caucasus Committee on Children's rights). Nevertheless, a lesson learnt is that advocacy should be well timed in an unpredictable political environment. This is particularly true in the case of the failed Referendum which had several progressive provisions but failed because it was perceived as partisan during an election year. Furthermore, the Bill of Rights could not be pushed further during the election period as the organization would have been perceived as being partisan. It was therefore prudent for the Child Rights Program to time certain advocacy activities so that it did not fall into conflict with any party which was either pro or against the enactment of the Bill of Rights through the Referendum. It was also learnt from this evaluation that providing joint advocacy helps to sustain legal reforms i.e. partners working together for the common goal to lobby government in accelerating reforms in legal laws that affect children's welfare.

Another lesson learnt was that engaging children/young people in decision making process and implementing child protection activities enhances their ability to own, support and advance child protection initiatives. Further, integrating child protection messages into sport is an efficient strategy of reaching out to young people because of its mass approach to information coverage and also participatory process; and use of helpline to report child abuse facilitates increase in reporting of cases due to confidentiality linked to usage of such facilities. However, considering that not all schools have phones that children can use to call the toll-free line (and that most children do not have access to mobile phones), it is important that schools should consider buying phones and dedicating such phones to reporting child abuse cases. Although radio campaigns have been vital in broadening coverage of child protection awareness, there is need to compliment the messages by increasing funding towards transportation for outreach activities in distant places. Further, development and strengthening of community structures such as CCPCs and OSCs facilitated collective action towards promoting CSE and child welfare by providing leadership, support, resources and space for collective action. Building capacity of stakeholders (such as children, parents, NGOs and Government) in child protection issues promotes reporting of cases due to increased awareness in the rights of the children and youth. Engagement of traditional leaders in supporting child protection facilitates uptake of such messages as their involvement enhances the legitimacy of the project activities.

It was learnt that the process of change especially at community level with regard to support by parents towards CSE is ongoing, and has not reached the optimal level as behavior change takes time. Some parents or guardians are still of the view that giving children information on sexuality as well as on access to contraceptive methods would only promote promiscuity among young people. There is need for more support towards implementation of awareness activities to support uptake of CSE; *"The community's attitude has not really changed because some parents do not condone seeing their children collecting contraceptives and this shows that they are somehow against the giving of contraceptives as it is seen to be contributing to sexual indulgence"* (KII). A child added that *"We are not allowed by our parents to access these services being offered"* (FGD with children).

The evaluation also learnt that having a specific contact/ link person dealing with youth reproductive health issues helps in promoting access and uptake of reproductive health issues among young people as they feel more confident and free to access such services when they are intended to by someone of their age. Also, the integrating of CSE messages into sport is an efficient strategy of reaching out to children and young people

because its mass approach to information coverage and also participatory process. This is because not only will children and young people interact through sporting activities, but it also provides them an opportunity to learn and discuss issues surrounding CSE and help to adopt positive sexual behaviour. Further, the evaluation learnt that intersectoral collaboration in providing SRH services facilitates comprehensive response to the needs of the children and young people as the organizations are able to compliment / leverage each other's strengths. Debates between parents and children on sensitive topics such as sexuality helped reduce cultural barriers to communication as the debates provided a platform which triggered discussions to continue beyond the events into the family or home settings.

Another lesson learnt from the evaluation is that SCI drawing on its solid organisation-wide experience and strong technical capacity, should consider its functional role as that of a facilitator of child rights processes and active partner of local CSOs. Further, SCI should aim to develop and nurture the capacity of Zambia's child rights movement. It was also learnt that continuous project monitoring especially in Petauke district was not consistently done. Individual community members reported to have interacted with ZCEA staff only once or twice, while only one community out of the 3 sampled remembered a visit by SCI. This could be attributed to the short implementation period in the district, but also to the fact that visibility of both SCI and ZCEA to the communities was quite low. Monitoring of project activities was thus done via review meetings. These review meetings organised by ZCEA and attended by CWAC members mostly, who were basically an extension of implementers on the ground. It did not involve assessing levels of knowledge in the communities, neither were community leaders involved. Therefore,

It was also learnt that the MNCRD approach to engagement of children is more of an exclusive club in which only children with certain capacities is able to join. This is a good approach in promoting leadership and mentorship, but the children do not have any initiatives of their own in the communities where they come from, and only a few actively engage other children on CR in their schools. It is important to mentor a few but equally important to build their capacity to engage fellow youths, create engagement platforms for more youths in order for them to create a movement of CR activists not just at MNCRD level but also in schools and communities. MNCRD's work in Petauke through Explorer's Radio station, was carried out in total isolation from ZCEA's work in rural communities. Although children from one of the sampled communities participated in the radio programmes, they were unaware that it was the CRG project they were working on with ZCEA. The lesson learnt from this is that since organisations implementing different components of the same project should collaborate closely in order to maximise impacts and leverage resources.

6. PROJECT LIMITATIONS AND CHALLENGES

Project implementation challenges included:

- i. Late disbursement of funds to IPs affected efficiency and timely achievement of objectives as implementation had to be done within a short period of time. Limited financial and human resources also hindered reaching of distant places within the target districts especially on child protection messages. However, the use of the radio stations tried to mitigate this challenge although Radios for use in Radio Listening Clubs were also limited. The limited number of radios also hindered formation of more RLCs, hence a larger population could not be reached.
- ii. The evaluation also found that there were reduction in budget allocations to partners. Almost all partners, with the exception of the HRC, reported to have had their budgets reduced, not just once but a few times. Therefore, to accommodate the reduced budget, the IPs indicated that they had to reduce the scope of work. MNCRD and ACJ for example, had to reduce the target districts from 4 to 2 each. When SCI was approached by the evaluation team to explain why this was the case, a response was not provided in time before the completion of the evaluation.
- iii. The two presidential elections in 2015 and 2016 led to delays in project implementation of some activities. Given the nature of advocacy work undertaken by the project, it proved impossible to continue working without being perceived to be partisan. As a result some activities had to be put on hold until the political atmosphere was calmer. MNCRD attributed the failure of the referendum in 2016 to this fact. Awareness meetings about the extended Bill of Rights for instance were likely to be considered political and IPs risked losing credibility.
- iv. The limited engagement of children in developing referral guidelines and processes contributed to inadequate awareness of such guidelines among the children. In line this, the evaluation found that few children were involved in the school management committees as well as in child protection clubs and

radio clubs. This reduced the voice of children in decision and planning processes at school and community levels.

- v. Concerns by parents that lessons on child rights would make children unmanageable affected the implementation process of child protection activities; *“Most parents think we are spoiling the children. They say these rights are making them have no say on their children. They say that they can’t even tell the children about what time to go back home. But we remind them that where someone’s rights end is where the other person’s rights begin”* (KII).
- vi. Some community members did not report child abuse to law enforcement agencies for fear of victimization by the relatives of the offender: *“The main challenge has been that some of the people fear to report cases because they do not want to be witnesses”*. There are inadequate spaces or safe homes for children who have been abused within the home or community setting.
- vii. Dominant cultural practices provided a fertile environment for pregnancies among children and youths; *“For example in rural areas they have these entertainments like ‘gule wamukulu’ (the traditional dance for the males for the Cewa tribe of Eastern Province). The dance happens the night. Late night socializations are the ones that lead to teenage pregnancies and early pregnancies”* (KII).
- viii. Some of the health facilities are not yet adolescent responsive. This lack of responsiveness has affected the delivery and accessibility of SRH services by adolescents; *“Health workers are quite selective as to who to offer services to, for example, adolescents are usually turned down that they need parental consent”* (FGD with young people). Limited family planning methods: *“Sometimes when you go to the clinic, they would rather choose what to offer to you instead of what you want, for example, when you want contraceptives they would rather give you tablets instead of injectable ones and some people are too forgetful and so it turns out not to work”* (FGD with young people).
- ix. Policy limitations about accessibility of condoms in schools; *“In schools, due to their policies, condom distribution is not allowed and yet the children are being taught on how to use condoms without the children being provided with the services”* (FGD with young people).
- x. Prohibitive church doctrines: *“usually people hesitate to learn CSE saying it’s against the teachings of the church. On the other hand, religious leaders and some churches such as New Apostolic, Jehovah’s witness, Zion and Seventh Day Adventist are against it (CSE teaching). These churches say that sexuality education promotes immorality”* (FGD with young people).

7. CONCLUSIONS AND RECOMMENDATIONS

7.1. Conclusions

The Child Rights Program was a necessary intervention that successfully pooled resources at the national and local level in Zambia. The greatest successes being seen at national level than at local level. The CRG Project was a desirable undertaking that has successfully tested some ground breaking strategies in engaging children in governance issues and in the process achieved noteworthy results. At the national level, SCI's methodical and strategic approach to advocacy was evidently of good quality. Recognition for ensuring that child rights are included in the amended 2016 constitution is due to the different actors in the Zambian child rights community – including the ZCEA of which SCI supported. SCI's notable contributions to this result include securing children's participation; ensuring that children's voices have been heard, and; lobbying and following up with MPs throughout the process. SCI's capacity building of and relations with the media has been beneficial for the child rights movement and effective in terms of improving the media coverage of child rights to inform and influence the national debate. A sustainable and effective child rights governance system requires efforts to strengthening of the local child rights CSOs so that the child rights movement can actively hold duty-bearers to account regularly at all levels. The Zambian civil society child rights actors are in particular need of this support. Strengthening Zambian civil society requires time, risk-taking, perseverance and a long-term perspective. While the level of articulation of and participation in CRG issues was very high in urban areas, children in rural areas could only talk about their rights and how they relate to their context. It was evident that the component of CRG was not implemented in Petauke district. Levels of collaboration were very high in Lusaka. ZECA led CRG activities in 2 networks namely, the Child Budget Network and the Child Rights Network, both of them comprising many CSOs involved in CRG work.

Through the CP thematic area many children and young people reported improved confidence, increased self-esteem, and good communication skills with the friends and parents. Further, children and young people were empowered with knowledge about their rights, they wanted to go to school and would not enter marriage or become pregnant at an early age. The evaluation also documented increased social or collective action towards addressing child abuse for example child labour, early marriage and pregnancy. The involvement of traditional leaders has helped in legitimizing the activities. The Child Rights Program also strengthened district child protection committees and availability of data on child protection issues has improved decision making and responsiveness towards child protection matters. Further, the development of the national coordinating structure and helpline has facilitated referral processes of the affected children. However, despite these many positive outcomes, challenges remain about increased participation of children in the design and implementation of children protection guidelines or activities and participation in radio programs. Furthermore, there is need for broad participation of children in decision making structures in schools and communities.

The HIV/AIDS thematic area of the Child Rights Program was effectively implemented as positive changes were noted among children and young people. There was increased SRH knowledge, self-confidence, self-esteem, as well as positive decision making and communication skills regarding sexuality issues. The skills were imparted using participatory approaches such as sports and drama. The enhanced SRH knowledge and life skills and confidence made the children and young people to believe in themselves, avoid early pregnancy and marriage and participate in social games aimed at promoting CSE. There has been increased collective action towards addressing early marriage and pregnancy as well as availability of SRH services.

7.2. Recommendations

From the findings of the evaluation, the following are the recommendations;

1. Given the complex network of actors that SCI tries to influence through its work and given the non-linear reality of advocacy and awareness-raising, outcome mapping may serve SCI in its planning, monitoring and evaluation of results since it places people at the centre; defines outcomes as changes in behaviour; and, helps measure contribution to complex change processes;
2. SCI should develop clear and systematic strategies to raise awareness and foster champions for child rights in local (particularly rural) communities. This would involve targeting parents, community leaders, religious leaders and school authorities. This should also involve the promotion of positive discipline. The efforts should be sensitive to ethnic differences and potential discriminatory practices in communities and adapted approaches accordingly.

3. SCI and IP organisations should address the problem of attrition of the trained volunteers involved in anaging child protection activities at community level by empowering the clubs with income generating activities.
4. SCI and IP organisations should lobby for more representation of children in school management committees and village councils. Such representation will help advance the welfare of children. Participation in child protection clubs and radio clubs should also be enhanced.
5. Increased program credibility is vital in enhancing uptake and adoption of project activities at community level. Therefore, SCI and IP organisations Project Officers should involve government officials such as Councilors and/or Members of Parliament in community outreach activities to promote program credibility or legitimacy at community level.
6. The project's effort at local government level represents a systematic and consistent approach to developing and strengthening viable child rights systems at the local level. The work has been challenging and while important progress has been achieved, government should deliberately put measures so that considerable commitment is guaranteed from local authorities to ensure sustained results.
7. Government should facilitate private sector interest in child rights. And the private sector should take interest and deliberate steps to engage SCI and government to solicit technical support in the implementation of Child Rights and Business Principles.
8. Although there is evidence of government beginning to take its commitments seriously, child rights organizations (including CSOs) need to continue to exert pressure on the government by monitoring the child rights situation in the country and presenting the evidence to government.
9. Organizations and institutions should develop policy statements that require participation of young people in designing and validating all the activities that affect them. This will facilitate ownership of project activities.
10. Strengthen adolescent responsive health systems by placing trained young people in all health facilities who should link the adolescents to the health facilities and services, follow-up on the referral cases and provide feedback on the referral processes.
11. SCI and ZCEA should take measures to improve their visibility in target communities not only in name but also in terms of physically monitoring activities on the ground and getting views from the beneficiaries. M&E activities should involve community members, children and traditional leaders for them to get understanding of what exactly the project intends to achieve.

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