Case study on ending child marriage in the Republic of Zambia
Acknowledgements

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Purpose of the case study

The purpose of this case study is to highlight a promising programme, service or approach that is supported by the UNFPA-UNICEF Global Programme to End Child Marriage and is contributing to delaying the age of child marriage in Zambia. It provides an outline of the work that is being done, and an analysis of its successes and challenges. The information presented is based on a documentary review and interviews with those involved and available. Its intended audience includes those working in the areas of research, programmes and policy to end child marriage in Zambia, in the region, and elsewhere, such as UNICEF, UNFPA, the Government of Zambia, donors, civil society organisations and academics.

The context of child marriage in Zambia

Child marriage is defined as a formal marriage or informal union that takes place before the age of 18. In many contexts, the practice has been shown to have profound physical, intellectual, psychological and emotional impacts, especially for girls. Children who are poor, live in rural areas and/or are out of school are disproportionately at risk of marrying young. Globally, the prevalence of child marriage has declined over the last decade, with the most progress seen in South Asia, especially among girls below 15 years of age. Nevertheless, in 2020 the total number of girls married before the age of 18 remained at approximately 12 million per year. Progress must be accelerated in order to meet the Sustainable Development Goal 5.3 of ending child marriage by 2030. Furthermore, recent and growing evidence from the COVID-19 pandemic suggests that some of the gains have been lost over the past year and thus an even greater investment is needed than earlier predicted.

In Zambia, the Marriage Act sets the legal minimum age of marriage at 21 years. However, a child can marry from the age of 16 with written consent from their legal guardian. According to the 2018 Zambia Demographic and Health Survey, 9% of women aged 25 to 49 years were first married by the age of 15, as compared with less than 1% of men. 29% of women aged 20-24 years reported being married by age 18, a slight drop from 31% in the 2014 Demographic and Health Survey. The median age at first marriage among women aged 25-49 years in urban areas is on average two years higher than in rural areas, and also increases in direct correlation with improved levels of education and wealth. As seen elsewhere in the world, the drivers of child marriage in Zambia include high levels of poverty, poor access to quality education, limited life choices, and a lack of access to sexual and reproductive health services.

Research conducted in 2015 showed that the most common unions in Zambia are peer marriages between girls (from the age of 12+) and boys (from the age of 14+). Children are ‘marrying’ children, often making the decision to do so with or without the consent and support of parents.
The UNFPA-UNICEF Global Programme to Eliminate Child Marriage in Zambia

In 2016, UNICEF, together with UNFPA, launched the Global Programme to End Child Marriage in twelve of the most high-prevalence countries, including Zambia. Working in three phases, the programme aims to address complex socio-cultural and structural factors that underpin the practice of child marriage with the goal of ending the practice by 2030, in line with the Sustainable Development Goal 5.3. Since it began in Zambia, the Global Programme has supported interventions across six wards in two pilot districts: Katete and Senanga.

By the end of phase I in late 2019, the Global Programme had supported 21,365 adolescents. 3,447 girls and 1,714 boys had received life skills interventions, over 30,000 community members had participated in community dialogues, and 278 head teachers and guidance and counselling teachers had been equipped with knowledge and skills to deliver personal, social, educational, vocational/career guidance and individual and group counselling and support. These teachers came from 126 primary schools and 13 secondary schools, covering 72 per cent of all schools in the two target districts. Katete now has 31 health facilities with adolescent friendly spaces, up from just 10 two years ago, whilst Senanga has 18 facilities with adolescent friendly services, up from 9 in 2018. More than 200 peer educators and approximately 100 health workers have been trained in adolescent health services and management of adolescent friendly spaces. More recently, as part of the Global Programme, UNICEF and UNFPA have been supporting the Community Welfare Assistance Committee (CWAC) government structure to conduct community case management with a specific focus on child marriage in Katete and Senanga. It is this government service that is profiled in this case study.

a These wards are Sibukali, Lumbe and Mata in Senanga, and Kapagulula, Chabvuka and Katula in Katete.
b All statistics and information in this paragraph were provided via interview with UNICEF staff, based on Zambia’s Global Programme to Accelerate Action to End Child Marriage Country Office Phase I Results Report (2016 – 2019).
According to the CWAC training manual, case management is defined "as an organised and accountable process of identifying, registering, jointly planning and coordinating access to services on behalf of identified clients (vulnerable children and adolescents and their families) to improve their wellbeing". The approach recognises that individuals are part of a wider family and community and therefore cannot be seen or supported in isolation. Community case management focuses on building on existing strengths in the individual, family and community. It aims to facilitate greater access to support and services in remote communities, linking vulnerable children and adolescents to community support mechanisms and appropriate direct services in their area.

Promising practice to delay the age of marriage

Community case management

The community-based case management approach that is being used to address child marriage in the two pilot districts is informed by the model used to engage communities in the USAID-funded SEEVCA project on HIV/AIDS prevention in 15 districts, which was initially developed by the Ministry of Community Development and Social Services in 2017. The approach depends on community-based frontline workers (CWACs) who understand their communities and are known and trusted by community members. It places an emphasis on traditional, locally appropriate and available support and services, and invests in community-level processes and mechanisms for protecting and supporting vulnerable children and adolescents. The approach focuses on prevention and early intervention services, which are critical to child and family welfare systems.

In early 2020, 140 individual CWACs (70 men and women from Katete and 70 from Senanga) received comprehensive training to strengthen their capacity to implement community level case management with a particular focus on understanding vulnerabilities that may push children into marriage and how to prevent and respond to such cases. In 2020, 938 cases were opened in Katete and 105 in Senanga. In all, 49 girls were prevented from marrying underage and 8 girls were re-entered into school after delivery.

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c SEEVCA (Service Efficiency and Effectiveness for Vulnerable Children and Adolescents) is a USAID-funded initiative that aims to strengthen child and family welfare services in Copperbelt and Lusaka provinces through a community-based case management system.

d CWACs are members of the community who were originally selected and trained to identify vulnerable families who were eligible to receive cash transfers under the Ministry of Social Welfare’s Social Cash Transfer programme. CWACs are volunteers and, as such, are not paid. They do receive incentives, as part of their role under the Social Cash Transfer programme.
CWACs are trained to look for early signs of vulnerability during home visits and are effective at identifying risks that could perpetuate or trigger child marriage, such as not attending in school. Because CWACs are part of the community, they understand the local context and dynamics and can easily tap into traditional community mechanisms, engaging people of influence, such as chiefs and religious leaders, to mediate with families. They also rely on extended family members, such as grandmothers, who traditionally play an important role in family decisions related to children’s wellbeing. CWACs take time to talk to vulnerable children, including those children who choose to marry, and their families, and help to identify solutions, disseminating information and linking families to locally available referral services including education, sexual and reproductive health, nutrition, psychosocial support, poverty reduction programmes, and other government or NGO services, as appropriate. A minimum of two to three house visits take place but there is no fixed timeframe on how long the support is provided. A case is closed once follow up and assessment show that a satisfactory solution has been found and adequate support has been provided. Community actors, such as teachers and traditional leaders, are also mobilised to share information and organise recreational activities. To complement this approach, UNFPA, in partnership with YWCA, empowers traditional leaders and those who lead initiation processes for girls and boys to act as agents of change. That these groups and individuals are widely respected enables them to share critical information with young people about issues that can impact decisions about marriage, such as sexual and reproductive health and gender based violence, among other topics.

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e Referrals can be made to the District Social Welfare Officers who can support a small number of vulnerable children with an education bursary. Schools are also sensitised about the re-entry policy for girls who have had babies to ensure that they are given every opportunity to return to school.

f The health programme works with peer educators who are often well placed to talk to young girls and boys about sexual and reproductive health concerns and services, including different types of available contraceptives, and offer advice and help more generally.
Where these approaches are not effective or a case is considered medium to high risk, CWACs may take the case to the Community Development Assistants. Statutory cases are escalated to District Social Welfare Officers who deal with cases that are criminal in nature, such as defilement and rape.

Training manuals and practical guidelines that reference child marriage as a risk for girls and boys have been developed to guide CWACs in their work, supported by UNICEF. These outline how to engage with children, especially girls, who may be forced to marry, may already be married or may want to get married. CWACs are encouraged to talk to the children and their parents to understand motivations for marrying, and discuss options for delaying an intended marriage. Options may include finding ways of keeping children in school or getting children back into school or other forms of learning such as life skills, livelihoods or skills training. The manuals also provide guidance on how to talk to parents and caregivers, as well as to children and adolescents, about the value of communication around sensitive issues, such as sexuality and physical changes in young adolescents, including menstruation.

Programme achievements

It is difficult at this early stage of the programme in Katete and Senanga to understand the full impact of the community case management approach on child marriage, given that it was introduced in 2020 and Covid-19 has meant that monitoring can only happen remotely. That said, the approach in itself has multiple positive aspects.

According to UNICEF staff, the crux of what makes community case management a success is the fact that CWACs are local to the community, they know the context and understand the dynamics and daily challenges that families and children face. They are trusted in the community because of their long-standing role as conduits for the social cash transfer programme. CWACs can therefore create strong relationships with families and community members. Their strength lies in the fact that they can talk to families. They adopt a non-punitive, non-judgemental approach so families do not feel threatened or judged. This unprejudiced attitude enables CWACs to interact with families openly, share information and identify potential solutions that can help delay marriage.

Social Welfare Officers in Katete and Senanga explained that the approach ensures a strong focus on prevention. Using respected community members as a trusted resource to intervene early, it is possible to address some of the underlying causes of child marriage, and avoid challenges escalating to the point where...
marriage becomes the only viable option. They work in a multi-sectoral manner ensuring that all relevant sectors are engaged as appropriate. The CWACs, Community Development Assistants, and District Social Welfare Officers are trained to do service mapping and then refer cases as appropriate to health facilities, schools and NGOs that provide specific services.

According to a Maestral/Precise Research Solutions report, a key strength of the community case management approach is its recognition of the value of traditional approaches to family support, including the role of traditional leadership, which CWACs use to address a range of child protection risks, including child marriage. Furthermore, a Principal Officer from the Ministry of Chiefs and Traditional Affairs noted that the traditional leadership is taking more responsibility to independently find solutions, such as Chiefs setting up Chiefdom Development Trust Funds to provide resources needed to keep some vulnerable girls in schools. Recognising the existing strengths of communities to find local solutions to the challenges they face is critical to ensuring the appropriateness of interventions. Building on existing structures that are in place across the country (both the traditional leadership and CWACs) should also benefit future scalability and the sustainability of the system.

The work undertaken by CWACs gives them standing in the community and a strong sense of personal pride that motivates and empowers them. As part of their work, they wear t-shirts emblazoned with anti-child marriage messages and proudly travel about on bicycles loaned to them by the programme.

CWACs are also appreciated by the District Social Welfare Officers who recognise that they themselves are understaffed and could not do their jobs without CWACs, whose networks and relationships enable them to tap into communities and disseminate needed information in an appropriate and timely manner. CWACs are largely volunteers, reflecting a programme structure that has several limitations.
Challenges faced and future directions for work to delay the age of marriage

Firstly, volunteers have differing levels of literacy and different capabilities, which means that it is difficult to ensure the same standard of work across and within the different communities. Because they are volunteers, individuals usually have other jobs, such as farming, which they have to prioritise at certain times of the year. In effect, CWACs working on community case management are asked to add an extra layer to the work they already do to support the social cash transfer programme, as well as juggle their own income-generating livelihoods.

Secondly, the community case management approach works on the assumption that a comprehensive package of services is available in the community. However, a lack of resources presents a number of challenges with respect to the functionality of service delivery, and the ultimate sustainability of the case management approach.

1/ CWACs are paid limited incentives, such as a small daily allowances and transport costs, which are often insufficient to enable their outreach activities to be effective.

2/ CWACs need to be re-trained regularly but resources are not always available to do so.

3/ Longer-term family strengthening approaches, such as poverty reduction programmes that can help to increase household income and better equip families, are inadequate and only reach a small number of households.

4/ There are insufficient numbers of secondary schools to cater for school-going children, and access and quality of those in place are often inadequate. Similarly, alternative pathways to learning are woefully lacking.

Thirdly, coordination between the different sectors has seen significant improvement over the years with more robust information sharing systems and referral mechanisms in place. However, according to UNICEF staff, meetings are still sporadic, and sectors are insufficiently informed about what other sectors are doing. This means that sectors and organisations risk working in isolation, which can lead to inefficiency in terms of resource allocation and duplication of efforts. Monitoring and evaluation systems as well as data capturing tools are also weak, which makes it difficult to collect data systematically and track progress.

Fourthly, Covid-19 has meant that it has been impossible to monitor in person the community case management approach and its results. All monitoring is currently done remotely by phone and email, which makes it very hard to gauge success. In addition, because of Covid-19, schools have been shut for long periods of time and there has been ongoing disruption. The result is that efforts to keep children in school who were at risk of dropping out, or whose re-entry into school had been earlier negotiated are seriously compromised.
The community case management approach has been tried and tested for a number of years and has shown promising results. Building on the successes of the SEEVCA work, UNICEF has rolled out a similar approach in Katete and Senanga with a focus on child marriage.

Despite much effort to make the process as simple as possible, community case management is still highly complex work with a need for relatively sophisticated forms for completion by community level volunteers. CWACs need to be supported with training and skills development to recognise and respond to various issues and vulnerabilities, not just one. Equally, more capacity is needed to ensure that prevention and response services focus on the family as a whole rather than solely on the individual child.

**Working with existing structures such as CWACs and the traditional leadership avoids creating parallel systems and is more likely to be successful because these individuals are themselves community members who are trusted as insiders.** In fact, relying on people from the community who understand context and dynamics and who are trusted has proven critical to success. Being in this position allows those seeking to support children and families to intervene early to prevent challenging situations from reaching crisis points. Similarly, it is essential to ensure that those who engage with vulnerable families do not have a pre-determined agenda and can remain open-minded and non-judgemental. Ensuring that a set of criteria is in place for the identification of CWAC volunteers is crucial to efforts to standardise the calibre of CWACs and to ensure that children are protected.

**A strong referral mechanism, based on a comprehensive mapping of services and community structures at district, ward and community level, is needed in order to create appropriate linkages to community mechanisms and formal services.** However, all supports and services – formal and informal – need to be adequately funded so that when referrals are made, there are programmes and structures that are able to respond effectively.

Looking ahead, **additional resources are needed to ensure greater sustainability of the community case management approach.** CWACs are the bedrock of the case management approach and therefore key to its success. Investment is needed in them, as well as in Community Development Officers and District Social Welfare Officers, to support their development and training, and basic incentives and transport costs are required in order that they can do their work more effectively.
Sources


