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Convention on the Rights of the Child

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Committee on the Rights of the Child
Ninetieth session

Summary record of the 2613th meeting
Held at the Palais Wilson, Geneva, on Tuesday, 24 May 2022, at 10 a.m.

Chair: Ms. Otani

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Combined fifth to seventh periodic reports of Zambia (*continued*)

The meeting was called to order at 10.05 a.m.

Consideration of reports of States parties (*continued*)

Combined fifth to seventh periodic reports of Zambia (*continued*) (CRC/C/ZMB/5-7; CRC/C/ZMB/QPR/5-7)

1. *At the invitation of the Chair, the delegation of Zambia joined the meeting.*

2. **The Chair** invited the delegation to continue replying to the questions raised by Committee members at the previous meeting.

3. **Ms. Moya** (Zambia) said that the Government, with the assistance of civil society, had undertaken consultations with children and incorporated their views into the National Development Plan, which itself included strategies and indicators on the participation of children in all matters concerning them.

4. **Mr. Mumba** (Zambia) said that the preferred approach to children who required alternative care was to place them with family members. If such an arrangement was not possible, they could be placed in foster care or adopted. Institutionalization was a last resort, and children in institutions benefited from ongoing efforts to trace family members or place them with foster or adoptive families.

5. **Ms. Museba** (Zambia) said that it was regrettable that no response had been given to the request of the Special Rapporteur on toxics and human rights to visit the country. Her Government was open to all such visits, without restriction, and would welcome the resubmission of the request.

6. **Ms. Moya** (Zambia) said that a framework for children's participation in matters concerning them was being established and that children had participated in the Government's ongoing legislative reviews, including the preparation of the bill containing a draft children's code. Their participation would be crucial to the code's implementation.

7. While more must be done to combat the sexual exploitation of children in the tourism industry, significant efforts in that regard were made through the National Prevention and Response Plan to Violence against Children. Zambia was a party to the Social Charter of the Common Market for Eastern and Southern Africa and abided by the Global Code of Ethics for Tourism, both of which addressed child sexual exploitation.

8. **Ms. Museba** (Zambia) said that although customary law was an accepted source of law in Zambia, work was under way to harmonize the legal age for marriage and to eradicate child marriage. There was consensus among traditional leaders to end child marriage, although it could not be formally prohibited in law until measures to eradicate it in practice had been identified.

9. **Ms. Moya** (Zambia) said that, when it was made law, the children's code would revolutionize the Government's actions in relation to children and would therefore require very significant technical expertise and an abundance of financial resources. The Government was consequently drawing on the expertise of its partners, and an effort would be made to capitalize on the expected adoption of the bill containing the draft code at the start of the 2023 budgeting cycle.

10. The bill incorporated the best practices set out in the Optional Protocol on the sale of children, child prostitution and child pornography and the Optional Protocol on the involvement of children in armed conflict, the ratification of which had not been delayed by work to adopt the bill; indeed, the ratification of those two instruments and the Optional Protocol on a communications procedure was expected in the coming months, once the Office of the Attorney General had issued its legal opinion.

11. A multisectoral approach, coordinated by the Ministry of Community Development and Social Services, was taken to the implementation of the National Child Policy and the National Plan of Action for Children in Zambia. The Department of Child Development acted as secretariat for the Policy and the Plan, streamlining, implementing and evaluating the measures identified by the National Coordinating Committee for Children. The Policy's four

key thematic areas – child survival, child development, child protection and child participation – were led by the relevant ministries.

12. Financial resources for birth registration were limited, and registration rates had fallen during the coronavirus disease (COVID-19) pandemic. In response, the authorities had adopted measures that made it possible to register births at health-care centres, satellite centres and during school enrolment. Awareness-raising campaigns had increased the public's understanding of the importance of registration, and the issuance of birth certificates had been decentralized. Grandparents' identity documents could be used to register the births of babies born to adolescent girls who did not have such documents.

13. **Ms. Museba** (Zambia) said that while child marriage was not expressly criminalized, it was addressed by provisions of the Penal Code, the Criminal Procedure Code and the Education Act; under the latter, it was a crime to remove a child from school for the sole purpose of marriage. Men who had sexual intercourse with a child were imprisoned for the crime of defilement. It was hoped that child marriage would be expressly criminalized through the ongoing harmonization of the country's laws.

14. **Mr. Haimbe** (Zambia) said that in marriages where one or both of the spouses were minors, it was the adults involved, not the children, who were held criminally responsible.

15. **Mr. Mumba** (Zambia) said that under the Juveniles Act, both spouses in marriages between children received social protection and guidance. If an adult had orchestrated the marriage, the judicial and social affairs systems determined, on a case-by-case basis, whether criminal prosecution or the involvement of social workers was more appropriate.

16. The Zambia Agency for Persons with Disabilities had been created to implement the National Disability Policy and the Persons with Disabilities Act, as well as to support organizations working in the area of disability. The Government, cognizant that much remained to be done to create better opportunities for persons with disabilities, had set up a national disability information management system. More than 35,000 persons with disabilities in all parts of the country were registered with the system.

17. Community-based rehabilitation and development initiatives, such as support groups, were in place, and in 2015 the country's first national disability survey had shown that around 7.2 per cent of the population had a disability. The results of that survey had been fed into data management systems and had informed government action, including a decision to give persons with disabilities twice as much in financial assistance as persons without disabilities. As a result, there had been an increase in the registration of children with disabilities.

18. Ten per cent of the teachers and health-care professionals recruited by the Government were required to have a disability or have received specialist disability training. A policy that made institutionalized children with disabilities ineligible for assistance programmes encouraged families and communities to care for their children with disabilities themselves. Institutions that provided care to children with disabilities were closely monitored.

19. **Mr. Silumesii** (Zambia) said that while there had been a decrease in child and infant mortality over the previous five years, the neonatal mortality rate had increased. In response, improvements had been made to medical equipment, and health-care workers had improved their ability to care for newborn children. Children's health was supported mainly though primary health care involving the community. The integrated management of childhood illnesses included clinics for children under 5 that offered, inter alia, routine vaccination and vitamin A supplements. A children's health week was observed twice a year.

20. A national programme for the elimination of malaria, a major public health challenge, focused on children under 5 and pregnant women and involved indoor residual spraying and the distribution of insecticide-treated nets. The recipients of the nets were shown how to use them. Information on malaria protection measures was distributed widely, including via radio broadcasts. Although the Government had not yet met its target of ensuring that all persons in Zambia had a health-care facility within five kilometres of their home, it had made significant improvements to the health-care infrastructure – for example, by constructing 650 health posts, mostly in rural areas, creating small hospitals able to perform minor surgery and opening the country's first specialist heart hospital.

21. The Government had recruited 25,000 of its initial target of 30,000 health-care workers, thereby enabling all health-care facilities to be staffed by at least one trained health-care professional. During the 2022 fiscal year, a further 11,200 trained health-care workers would be recruited to work in the public sector, and the necessary budgetary resources would be allocated to guarantee the continuity of those recruitment efforts. Nevertheless, budgetary restrictions hampered the recruitment of trained health-care workers.

22. Enrolment in health-care training institutions had increased significantly over the previous decade as a result of the proliferation of private institutions. The Nursing and Midwifery Council of Zambia monitored standards in all public and private institutions that provided nursing and midwifery training, ensured that a standard curriculum was followed, set standard examinations and licensed nurses and midwives.

23. Although progress had been made in reducing the rate of stunting among children, it remained, at 35 per cent, among the highest in southern Africa. Multisectoral initiatives to combat malnutrition promoted, for example, good agricultural practices and post-harvest management, thereby improving households' food security. The public was encouraged to consume nutritious, locally available food, and cooking demonstrations were organized for mothers. Particular attention was paid to nutrition during the first 1,000 days, and community nutrition groups had been set up. All nutrition-related activities were coordinated by the National Food and Nutrition Commission, and the establishment of a special committee of permanent secretaries on nutrition illustrated the strong political will to eradicate malnutrition. A review of a statutory instrument that regulated the marketing of food and other products aimed at infants and young children was at an advanced stage.

24. Adolescents received comprehensive, culturally sensitive and age-appropriate sex education in schools. Condoms were not distributed in schools, but adolescents could acquire them at health-care facilities, where adolescent-friendly spaces were being established.

25. **Ms. Moya** (Zambia) said that the draft children's code included provisions that addressed the rising substance abuse observed among adolescents and young adults. Dedicated education and rehabilitation departments had been set up within the Drug Enforcement Commission, although rehabilitation efforts were in their infancy, and rehabilitation centres did not yet offer comprehensive substance abuse programmes. Efforts had been made to engage local communities in rehabilitation programmes. Significant technical expertise and financial resources were required, particularly to address the mental health problems often associated with substance abuse.

26. **Mr. Silumesii** (Zambia) said that there were comprehensive guidelines on abortion. A robust programme to eliminate mother-to-child transmission of HIV had succeeded in reducing rates from 12 to 8 per cent, although more must be done in follow-up, particularly after the first year of the child's life. Children in Kabwe who had been exposed to high levels of lead were tested and treated at no charge.

27. **Ms. Moya** (Zambia) said that less than one third of the population entitled to early childhood education attended early childhood centres, and numbers had been falling even prior to the pandemic. Much remained to be done to improve the education provided by those centres.

28. The Government took measures under the Zambia Education Enhancement Project, which strengthened teacher training and improved learning materials, to lower dropout rates. Although the percentage of the State budget allocated to education had fallen to a low of 11.5 per cent in 2021, the new Administration was committed to increasing that allocation and providing free primary and secondary education, without discrimination.

29. The new Administration had done away with hidden costs at boarding schools and provided grants to facilitate vulnerable children's access to education. The Government partnered with the private sector to support boarding schools, and local communities, for which the schools were sources of income, helped by supplying them with food.

30. The policy on supporting adolescent mothers' return to school had been reviewed in 2010 to better address the issue of bullying and stigmatization. Adolescent mothers who wished to change school to make a fresh start were permitted to do so. At the same time, steps were taken to ensure that guidance and counselling units in schools took responsibility

for any cases of bullying of adolescent mothers. Although a large number of teenage girls had become pregnant during the pandemic, many of them had returned to school after giving birth.

31. The Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) project had been conducted most recently in 2012. Assessments carried out more recently had shown that the percentage of children who had acquired basic proficiency in reading and mathematics by the end of primary school remained very low.

32. **Mr. Haimbe** (Zambia) said that the Government placed a premium on education and intended to continue increasing the portion of the national budget that was allocated to the education sector.

33. **Ms. Aho** (Country Task Force) said that she would appreciate more information about the programme for the treatment of obstetric fistula, mental health care for children, including the number of child psychiatrists, and the situation with regard to breastfeeding. She would also like to know what steps were taken to ensure that pregnant women received three doses of intermittent presumptive treatment for malaria.

34. **Mr. Jaffé** said that he would be interested to know what proportion of the health workers who were being hired had received training in child health and child rights. He wondered whether any sociodemographic information about child and adolescent drug users was available and whether any studies had been carried out to identify the root causes of drug use among children and adolescents.

35. **Ms. Zara** said that she would like to know what was being done to increase enrolment in early childhood education in rural areas and to overcome budget constraints affecting early childhood education. She would also like to know what strategies were being developed to meet the needs of children who did not wish to pursue secondary education.

36. **Mr. Rodríguez Reyes** said that it was unclear whether the informed consent of the children or of their parents was required for operations on intersex children. He would be interested to know what non-legislative measures, such as awareness-raising, were being taken to counter corporal punishment and why condoms were not distributed in schools.

37. **Mr. Van Keirsbilck** said that he would welcome more information on the methodology and outcomes of the project that had been carried out to assess the impact of environmental problems on children. He would also like to know how many children with incarcerated parents were living in prisons, whether there were child-friendly areas in prisons for such children and what alternative care arrangements were available for such children.

The meeting was suspended at 11.35 a.m. and resumed at 11.55 a.m.

38. **Mr. Mumba** (Zambia) said that the Ministry of Community Development and Social Services worked closely with the immigration authorities to ensure that migrant children were identified and provided with the necessary care and protection. It had established satellite offices in border areas to that end. Migrant children who were in holding facilities had access to education on an equal basis with Zambian children. They could attend classes either on-site or at the nearest school.

39. **Ms. Museba** (Zambia) said that although Zambia did not have a specific law on statelessness, it was required by its Constitution to abide by the international instruments on statelessness to which it was a party – namely, the 1954 Convention relating to the Status of Stateless Persons. In addition, the Constitution provided for citizenship by birth and by registration, while the Refugees Act provided for registration as a refugee. The Citizenship of Zambia Act and the Births and Deaths Registration Act needed to be brought into line with the Convention.

40. **Mr. Mumba** (Zambia) said that there was no established procedure for determining the age of migrant children. As a general rule, the children themselves, or their parents or guardians, indicated their age upon arrival in Zambia. In some cases – for example, in the context of criminal proceedings – medical examinations were carried out for the purpose of age determination.

41. **Ms. Museba** (Zambia) said that the Government was firmly committed to expanding the provision of legal aid. To that end, it had adopted a revised law on legal aid that included provisions on children's rights. A specific unit that dealt with cases involving children had been set up within the Legal Aid Board. Under the new law, the budget allocated to the Board would continue to increase incrementally each year.

42. **Mr. Haimbe** (Zambia) said that the Board's current budget was 30 per cent larger than its previous budget. The Board assisted all persons in need of legal services, including children. The Government also worked with its cooperating partners to ensure access to justice through programmes such as the Enabling Access to Justice, Civil Society Participation and Transparency (EnACT) project.

43. **Mr. Mumba** (Zambia) said that the National Diversion Programme played a critical role in decongesting courts and keeping children out of the criminal justice system. It was being piloted in four districts and would be rolled out to several more in 2022. There were plans to create a specific budget line for diversion as of the 2023 budget cycle.

44. **Mr. Haimbe** (Zambia) said that the version of the children's code that was currently under consideration would establish the age of criminal responsibility as 14 years in all circumstances.

45. **Mr. Mumba** (Zambia) said that children and adults were separated in new and existing detention facilities and that minors in conflict with the law were granted bail where possible. The National Child Justice Forum, the district child protection committees and community volunteers ran awareness-raising programmes in a bid to prevent juvenile delinquency.

46. When it was made law, the children's code would enable children to give witness statements on camera or through an intermediary such as a social worker. That development would coincide with the professionalization of social workers under the Social Workers' Association of Zambia Act. A case management protocol had been introduced to address various social issues, including in the area of juvenile justice. One of the aims of the protocol was to encourage judges to make use of non-custodial measures in cases involving mothers of young children.

47. **Mr. Haimbe** (Zambia) said that, as part of the review of the Penal Code and the Criminal Procedure Code, the Zambia Law Development Commission had made proposals as to the offences that should carry custodial sentences. The question of how to deal with non-bailable offences had not yet been resolved. The establishment of the Family and Children's Court was a step towards the development of a child-friendly justice system.

48. **Mr. Mumba** (Zambia) said that measures to ensure that young children who were incarcerated with their mothers had access to early childhood education were currently under discussion.

49. **Mr. Silumesii** (Zambia) said that fistula surgery camps raised awareness of obstetric fistula in local communities; however, they were not a sustainable solution, as the costs of operating such camps were high and the treatment provided at the camps was often not provided in timely fashion. The Ministry of Health had launched a training programme for obstetricians so that fistula surgery could be performed at health centres in all provinces. Efforts had been made to address other factors that increased the risk of fistula, including early pregnancy and inadequate health care during labour.

50. The Chainama Hills College Hospital in Lusaka specialized in psychiatric care. Mental health-care services were available to some extent at the subdistrict, district and provincial levels. Additional investment and human resources were needed, however.

51. Women received presumptive antimalarial treatment with three doses of sulfadoxine-pyrimethamine during pregnancy. While a satisfactory proportion of women went to antenatal clinics, visits to such clinics during the first trimester still needed to be encouraged. The Ministry of Health had a robust programme in place to encourage mothers to breastfeed their children until they reached 6 months of age, and there were restrictions on the marketing of breast-milk substitutes.

52. Parental consent was required for surgery on children under 18 years of age. A broad consultation process, involving a range of stakeholders, including traditional and religious leaders and children themselves, had been initiated with a view to changing the age of consent for surgical operations on intersex children. The process was expected to conclude in the coming months.

53. **Ms. Moya** (Zambia) said that efforts were made to prevent the concentration of services and resources in urban areas and to ensure that they were more evenly available across the country. Mobile units went to remote areas to raise awareness of birth registration and to enable parents living in rural communities to register their children. The budget allocated to birth registration had for a long time been insufficient, but the Government had made a commitment to increase it on a yearly basis and was working with partners to obtain additional resources.

54. The education system provided academic and vocational pathways. Extra resources had been allocated to improve the vocational pathway and increase enrolment in vocational courses among children, especially girls, and the Ministry of Community Development and Social Services had set up community skills centres that provided opportunities for girls who had dropped out of academic education.

55. The Ministry of General Education had incorporated psychosocial counselling into the training programme for teachers, thus enabling them to act as counsellors. Part of their job was to raise students' awareness of the prohibition of corporal punishment. Schools supplied information on reproductive health and contraception and, where necessary, referred students to the Ministry of Health facilities from which they could obtain contraceptives.

56. **Mr. Haimbe** (Zambia) said that long distances between population centres made providing public services a challenge. The Government had begun to pursue a policy of decentralization in order to address disparities between urban and rural areas in terms of access to government services.

57. **Mr. Mumba** (Zambia) said that children whose mothers were incarcerated were placed in kinship care or foster care. Adoptive care was an option only when the parents had given their consent with a full understanding of the implications.

58. **Mr. Jaffé** said that, as he had noted previously, he wished to know how many health-care workers had received training on dealing with children's health issues and on children's rights.

59. **Ms. Skelton** (Country Task Force) said that she wondered whether the State party would consider allowing unaccompanied child migrants to be placed in foster care and migrant families to live in the community rather than be deprived of their liberty. If the Cabinet decided to raise the age of criminal responsibility to less than 14 years, it might wish to consider including a provision in the legislation stipulating that the age would be subject to review within a set time frame.

Ms. Aho said that she wished to know what the procedure was in cases where the grandparents of babies born to adolescent mothers lacked the official identification required for birth registration. She would be interested to hear whether the number of children orphaned due to HIV/AIDS had decreased, whether all such children had been placed in care and what had been done to address the lack of HIV screening for children under 2 years of age. She would appreciate an explanation of the measures that were taken to ensure that adolescents had effective access to contraceptives, since most were unlikely to go to health centres.

60. **Mr. Madi** (Coordinator, Country Task Force) said that the Committee commended the State party for the actions that it had taken to enhance the protection of children's rights. The Government would do well to ensure swift implementation of its planned laws and policies, especially those regarding the age of criminal responsibility and the recruitment of minors by the army, since children were at risk in the meantime.

61. **Mr. Haimbe** (Zambia) thanking the Committee, said that his Government was fully committed to implementing the Convention and would continue to do its best to address the Committee's concerns and protect the rights of children.

The meeting rose at 1 p.m.