



State of ECD in Lusaka and Chongwe

Baseline Findings

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Aim of the Study

Aim :To assess the state of ECD in Lusaka and Chongwe

Specific Objectives:

- Early childhood development outcomes
- Household caregiving practices
- Early childhood development services
- Structural and policy landscape



Study Findings

Aligned to Research Questions



Thematic area 1: Early Childhood Development Outcomes

What is the status of children aged 0-3 reaching their developmental milestones in all domains in Zambia?

How does this differ by vulnerability and type of settlement?

What is the status of children aged 4-6 in terms of school readiness and learning outcomes in Zambia?

How does this differ by vulnerability and type of settlement?

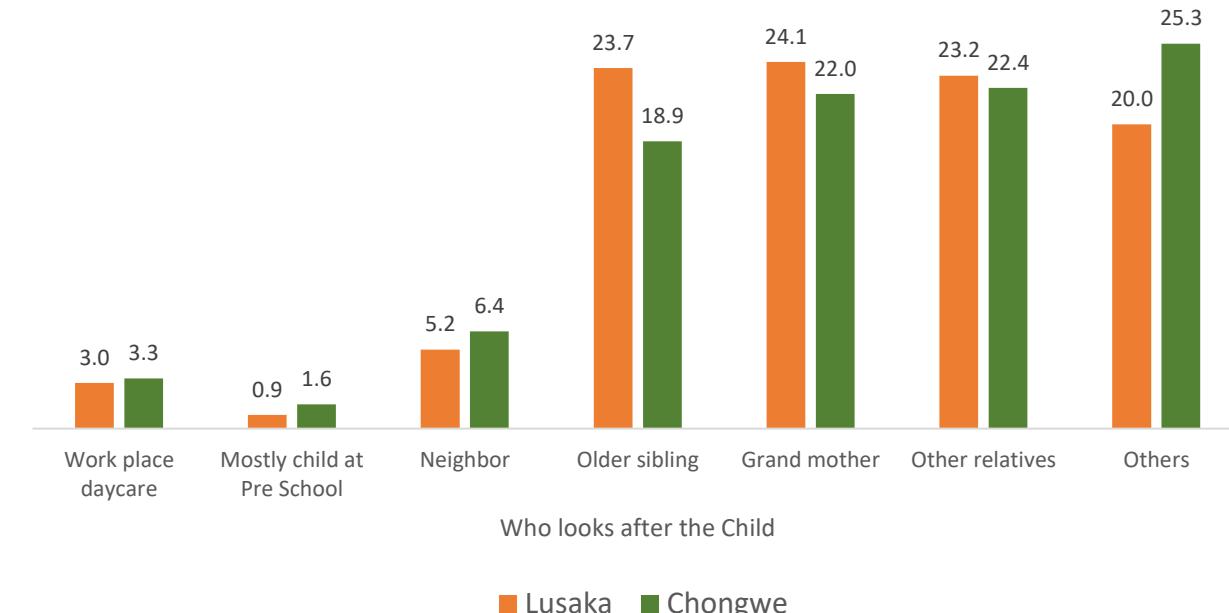


Selected Background Characteristics

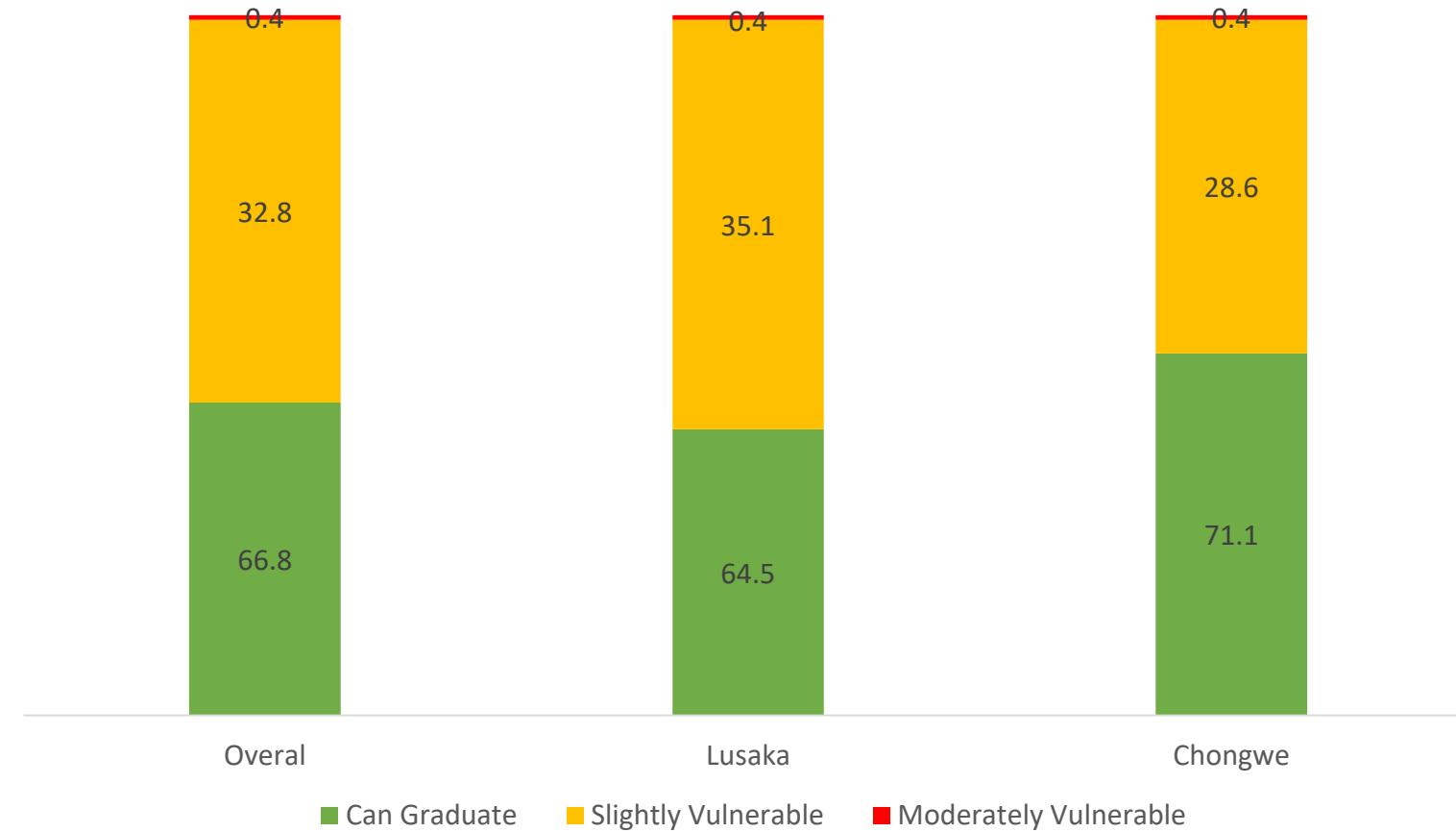
Number of Households, Number of Interviews, and Response Rate, State of ECD Zambia, 2024			
Result	District		Total
	Lusaka	Chongwe	
Household Interviews			
Household selected	999	539	1538
Sample Distribution			
Residence			
Low (Rural*)	420	247	667
Medium	464	227	691
High	115	65	180
Socioeconomic Classification			
Planned	579	292	871
Unplanned	420	247	667
Sex of Child			
Male	510	281	791
Female	483	258	741
Missing	6	-	6

* Only Chongwe district had rural Enumeration areas

Who looks after the child (0-3), Natural is away?



Household Vulnerability Status

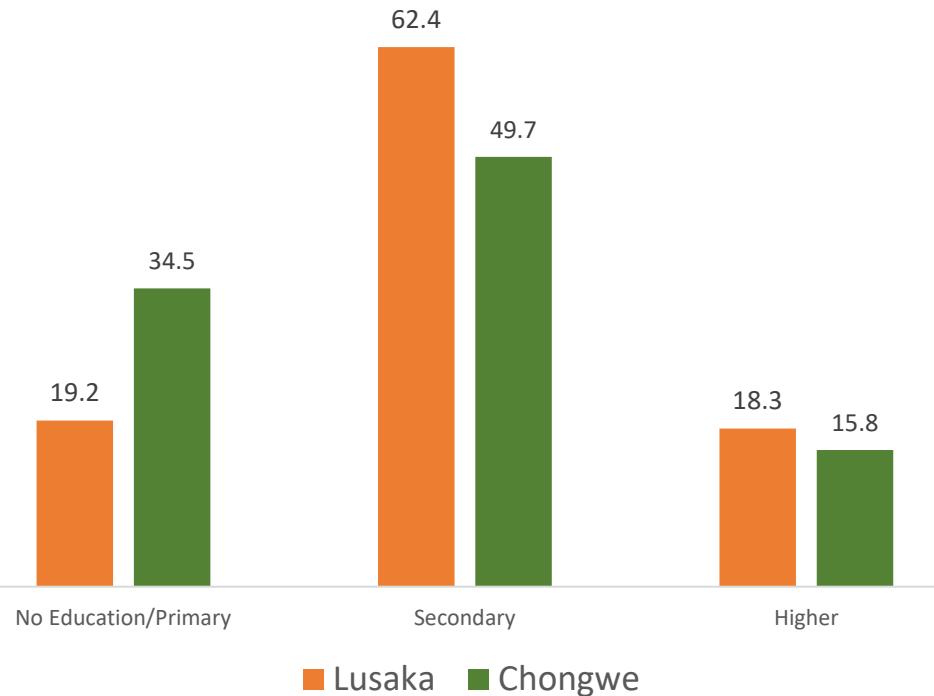


Vulnerability Status



Selected Background Characteristics

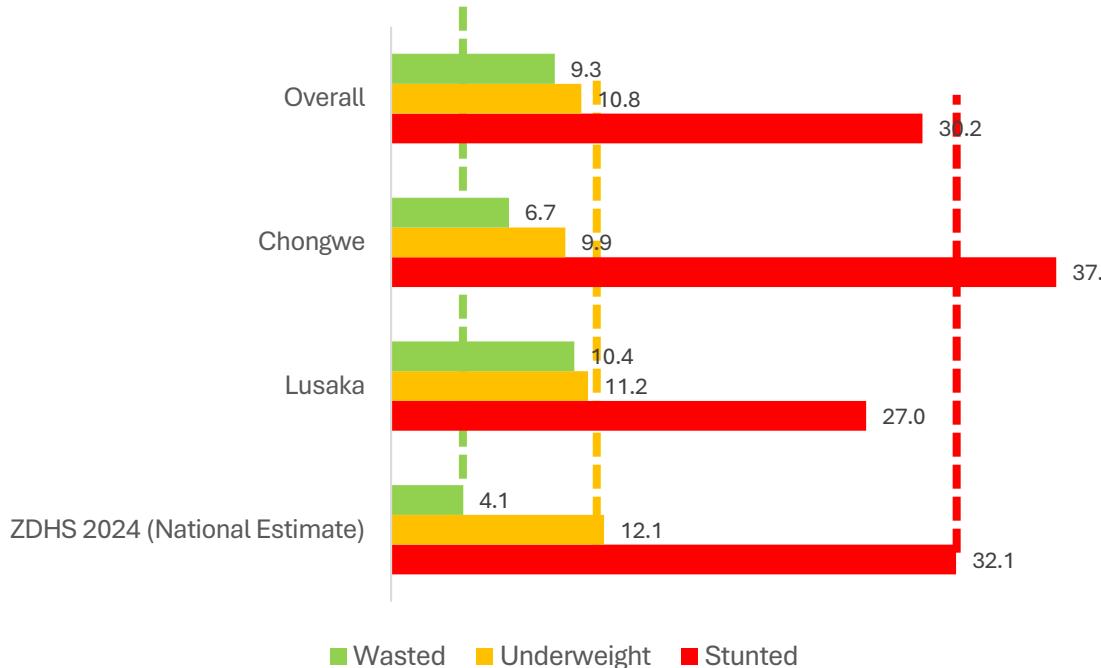
Caregiver's Level of Education



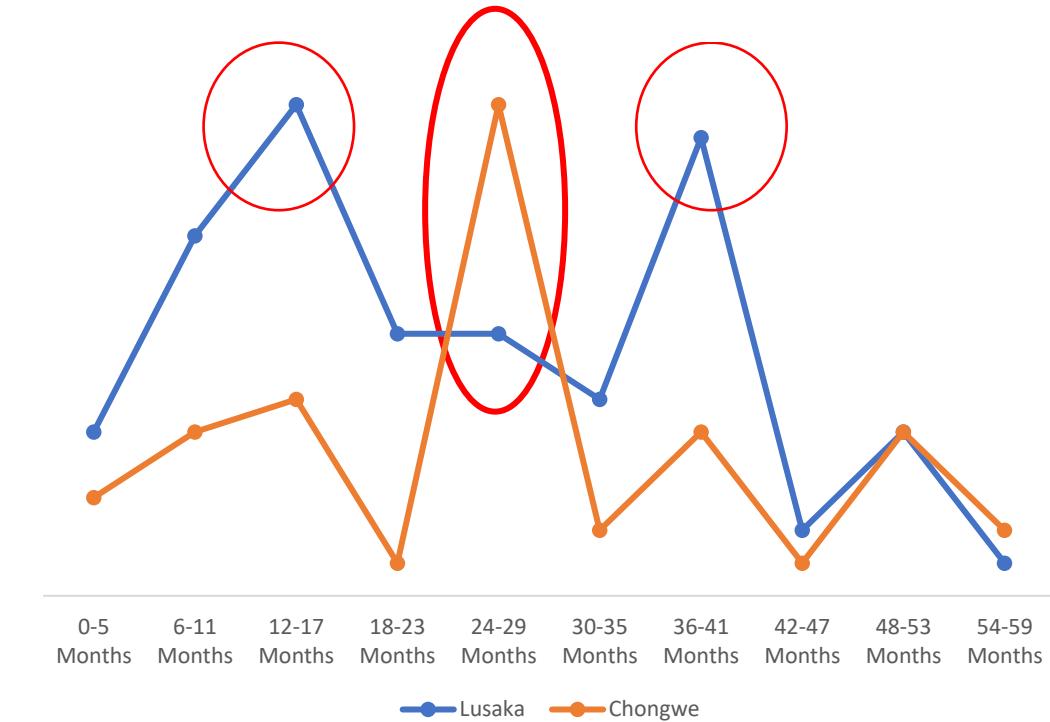
Child's Age in Months



Child Nutrition Assessment (Children Under 5)

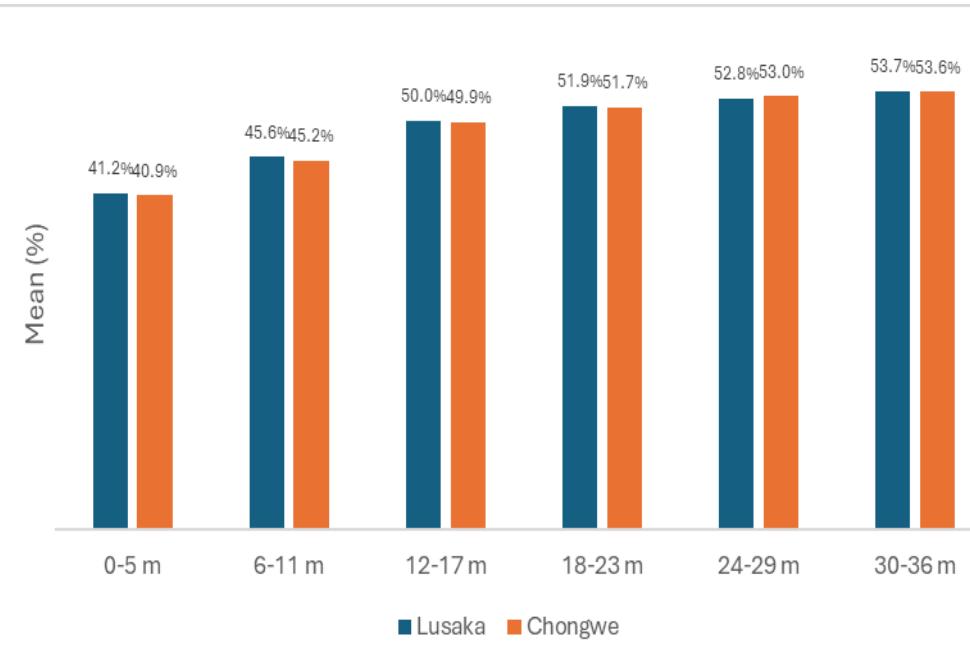


Nutritional status of children by age

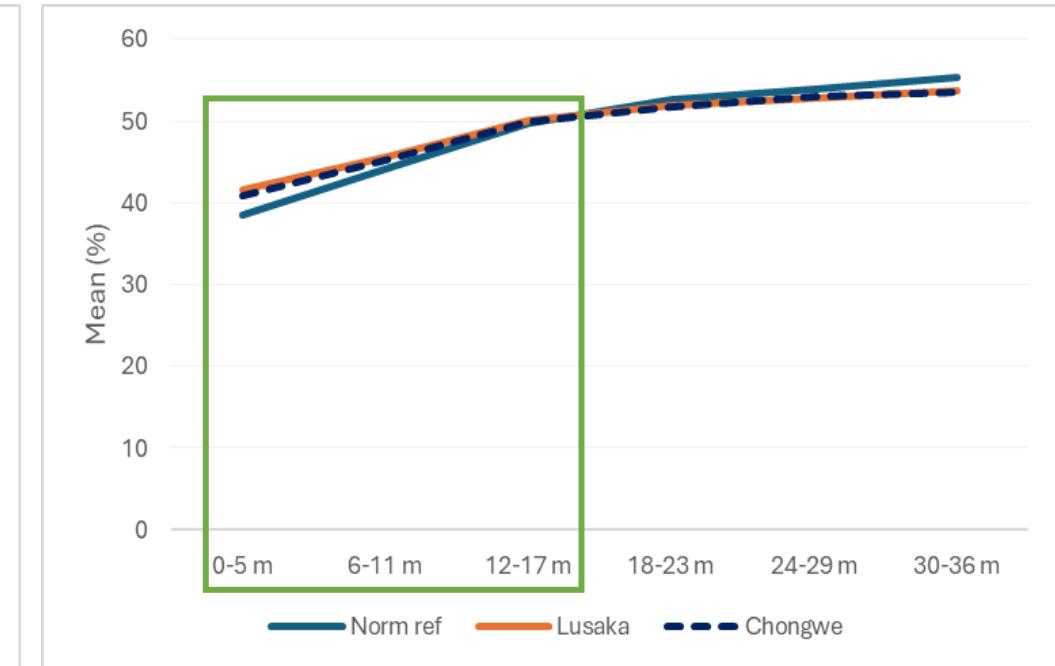


Nutritional status of children, Percentage
below -2 SD²

Child Development Outcome



Normative developmental trajectory (mean scores)



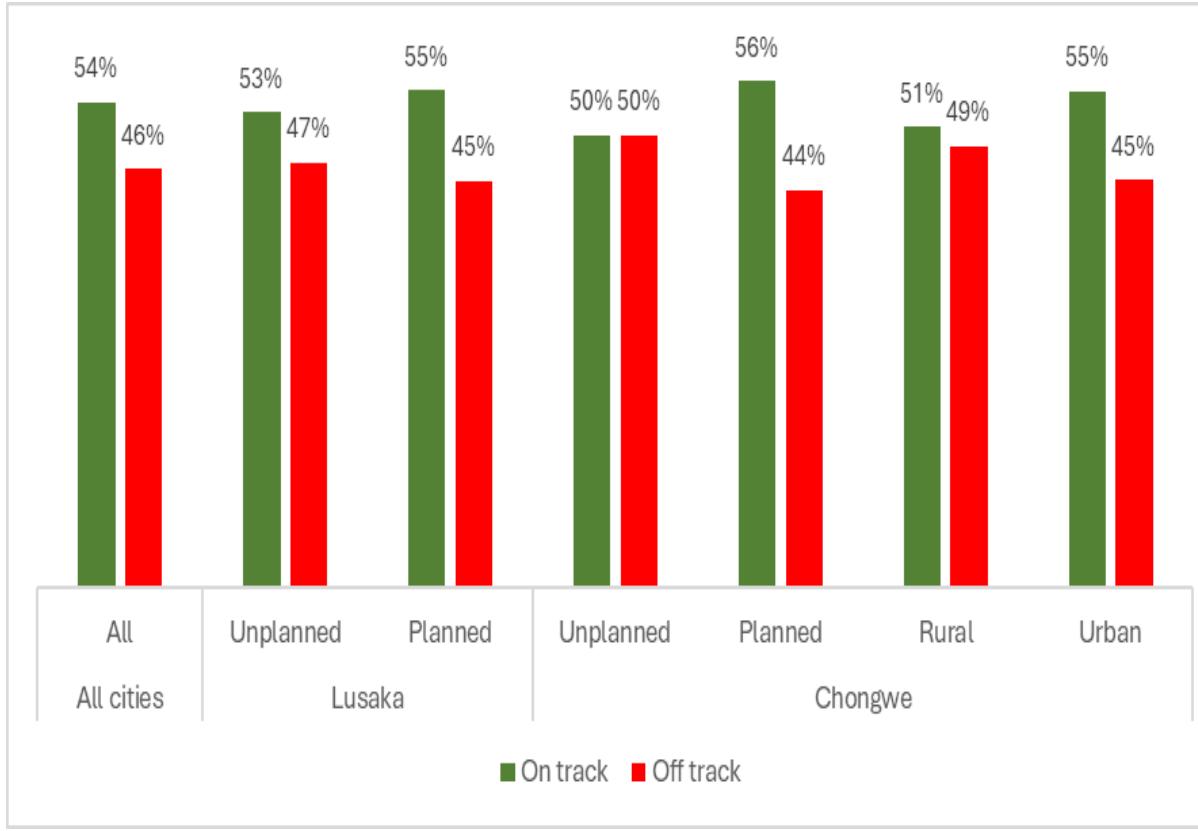
< 0.05 across all ages except 12-17 for Chongwe and norm reference

Child Development Outcomes by Settlement Type

Age	Norm	Lusaka	Mean (%)	P	Chongwe	Mean (%)	P
0-5	38.6±9.5	Unplanned	41.04±1.90	<0.001	Unplanned	40.54±2.01	<0.001
		Planned	41.24±1.66	<0.001	Planned	41.36±1.60	<0.001
6-11	44.2±8.8	Unplanned	45.81±1.43	<0.001	Unplanned	45.00±1.15	<0.001
		Planned	45.43±1.38	<0.001	Planned	45.32±1.47	<0.001
12-17	49.7±8.1	Unplanned	50.01±1.46	>0.05	Unplanned	50.72±1.43	>0.05
		Planned	50.05±1.54	>0.05	Planned	49.36±1.37	>0.05
18-22	52.1±7.9	Unplanned	51.80±1.12	>0.05	Unplanned	51.73±1.08	>0.05
		Planned	51.90±1.07	>0.05	Planned	51.70±0.96	>0.05
24-29	54.0±7.6	Unplanned	52.72±0.83	<0.001	Unplanned	53.10±0.91	<0.001
		Planned	52.86±0.61	<0.001	Planned	52.98±0.81	<0.001
30-36	55.3±7.5	Unplanned	53.44±0.61	<0.001	Unplanned	53.46±0.40	<0.001
		Planned	53.88±0.66	<0.001	Planned	53.69±0.51	<0.001



Proportion of Children Developmentally on Track



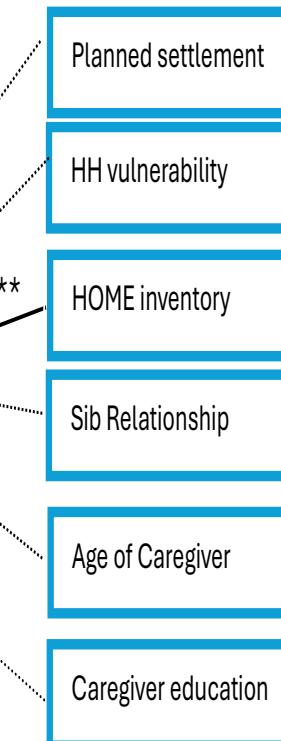
Predictors of Child Development



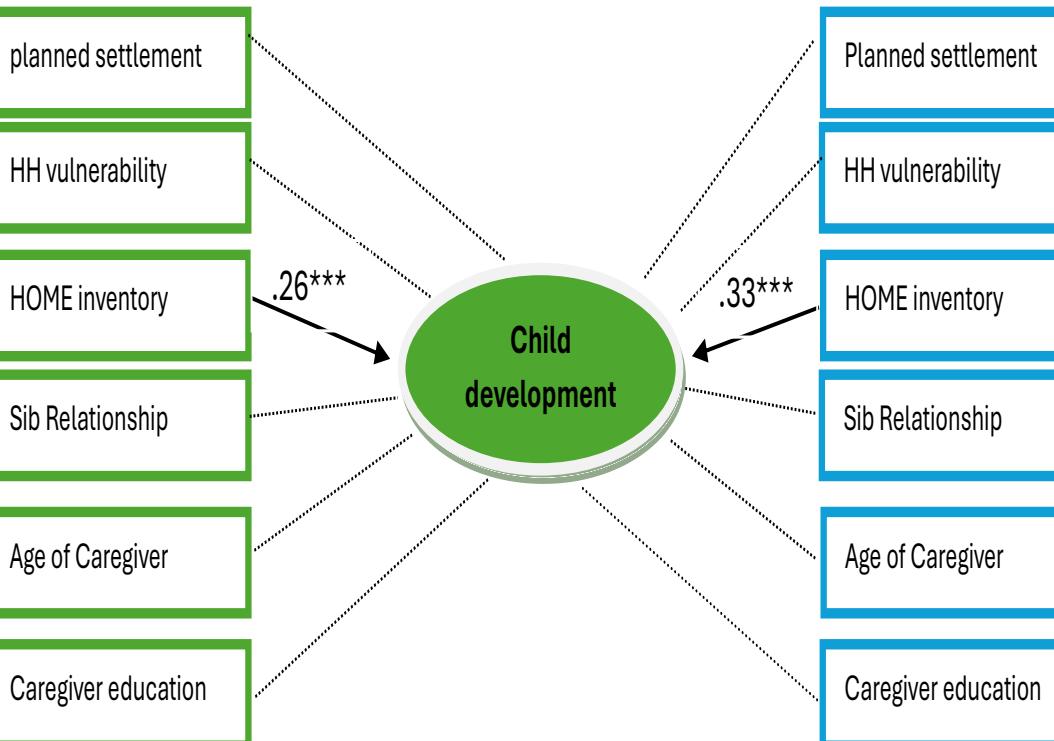
Lusaka City



Chongwe City



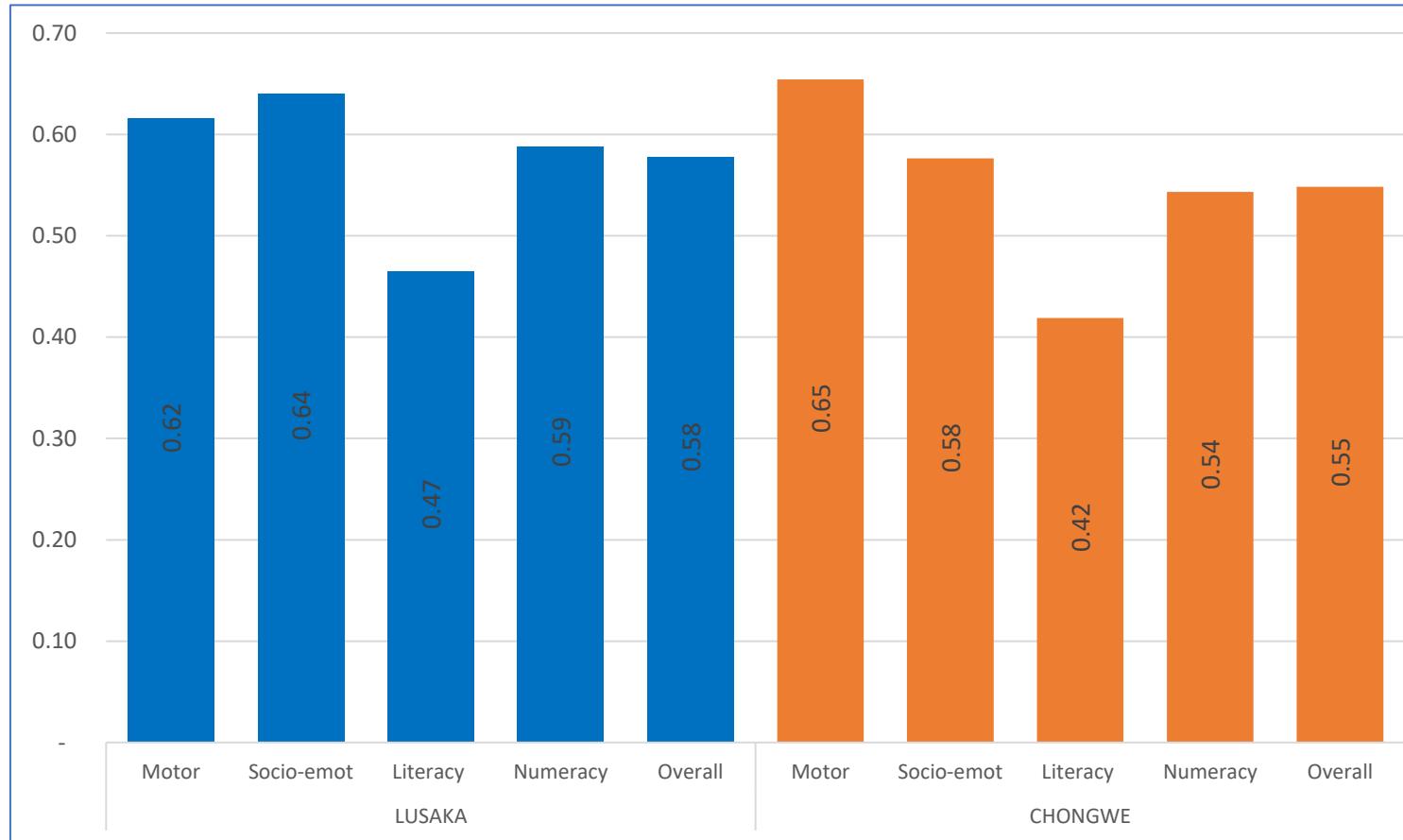
Child
development



HOME Dimension	CREDI score Lusaka	CREDI score Chongwe
Discipline & structure	.243***	.245***
Organization of home	-.067	-.091
Learning materials	.276***	.210***
Childcare & involvement	.196***	.196***
Variety of stimulating environment	-.178***	-.137*
Responsive parenting	.271***	.266***
HOME total	.256***	.242**

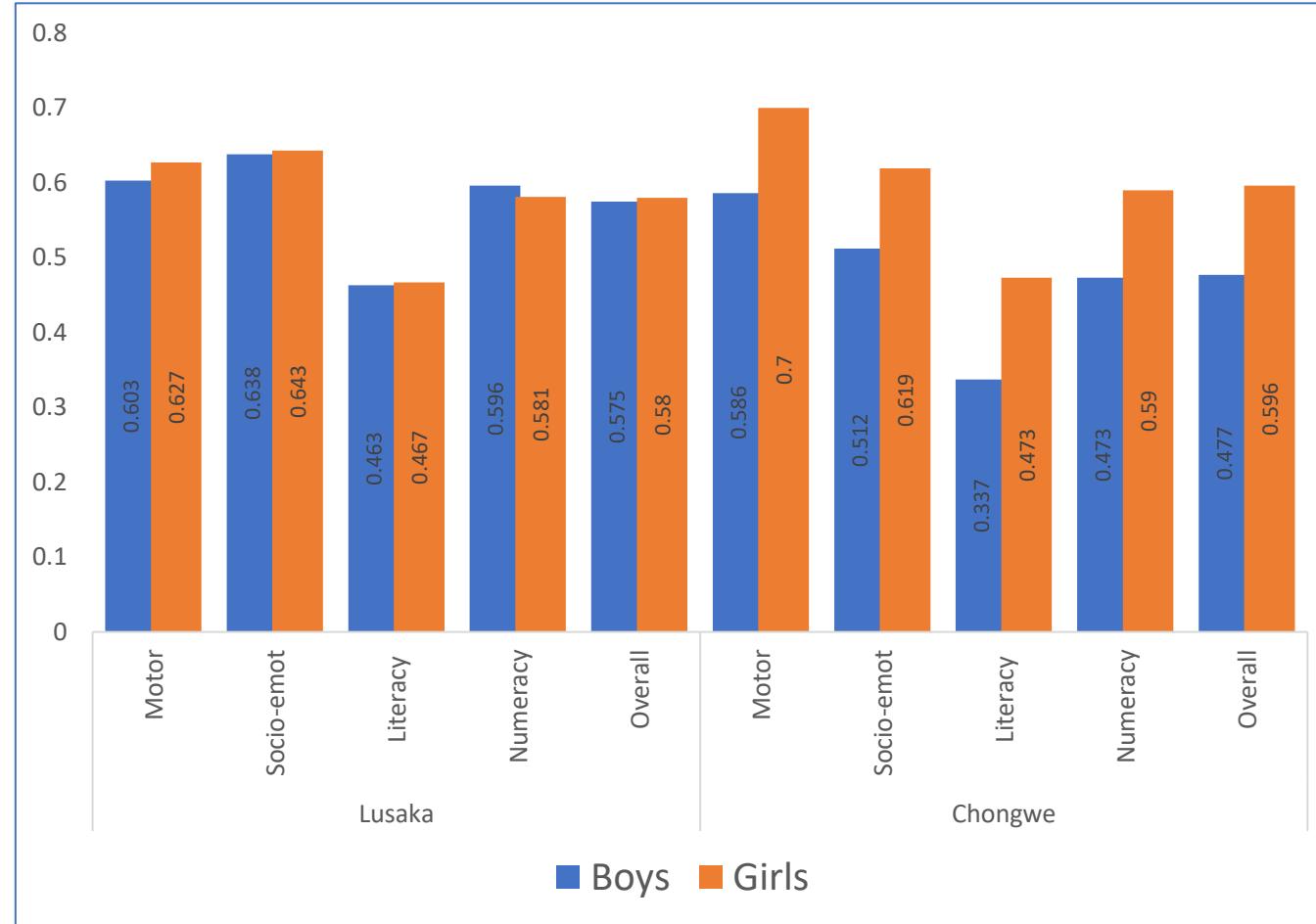


School Readiness: Are Our Children School Ready?



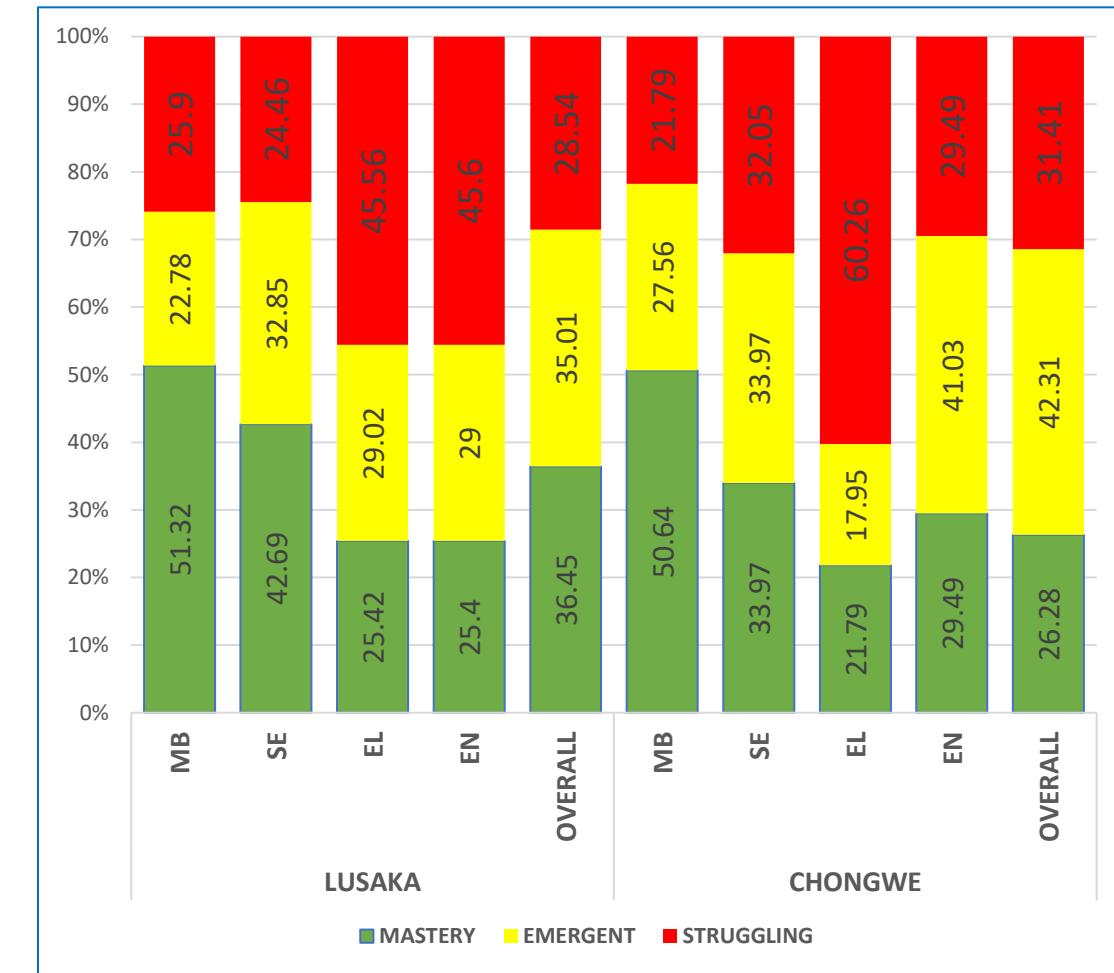
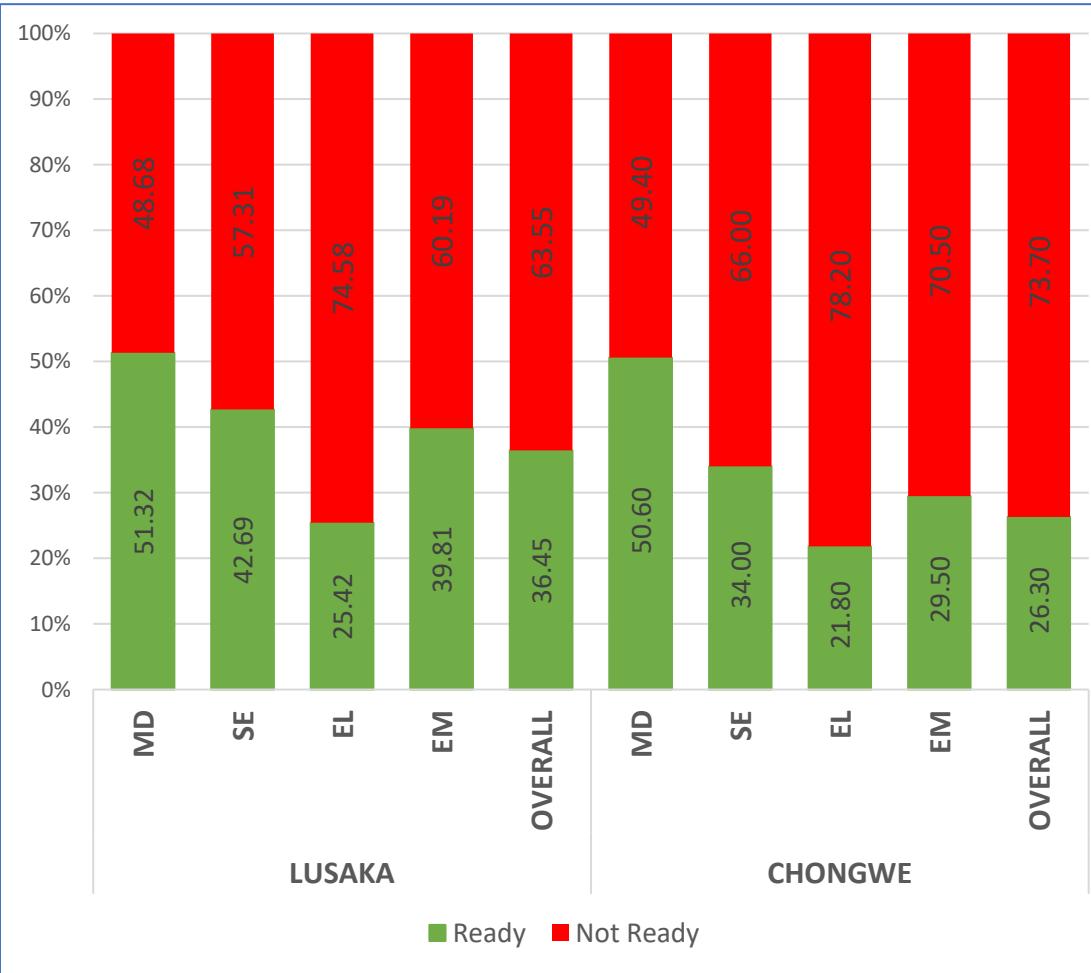


IDEA Performance by City by Gender



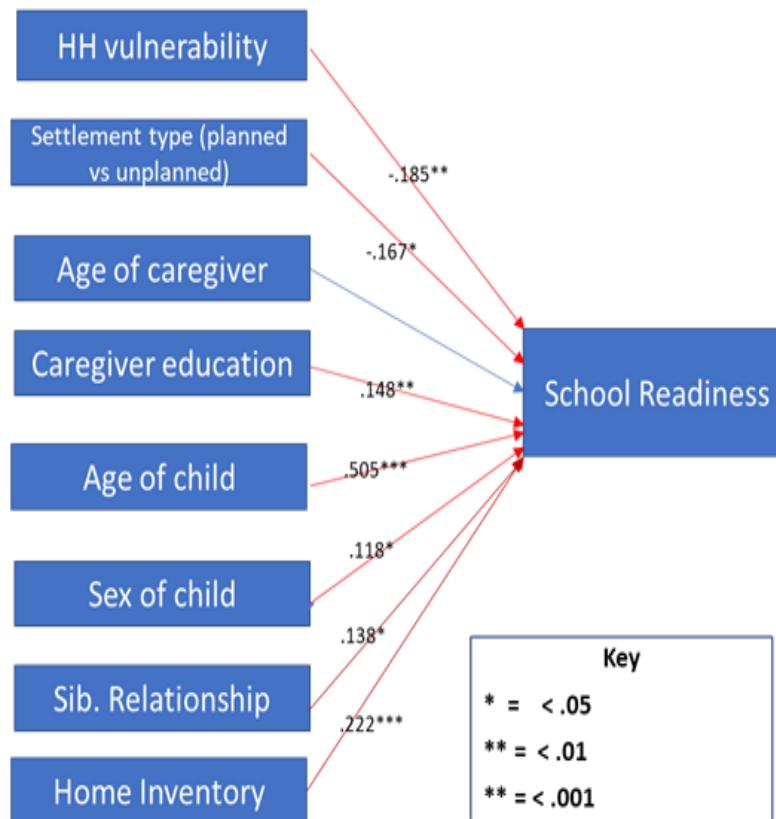
School Readiness

(Ready vs Not Ready) (Mastery vs Emergent vs Struggling)

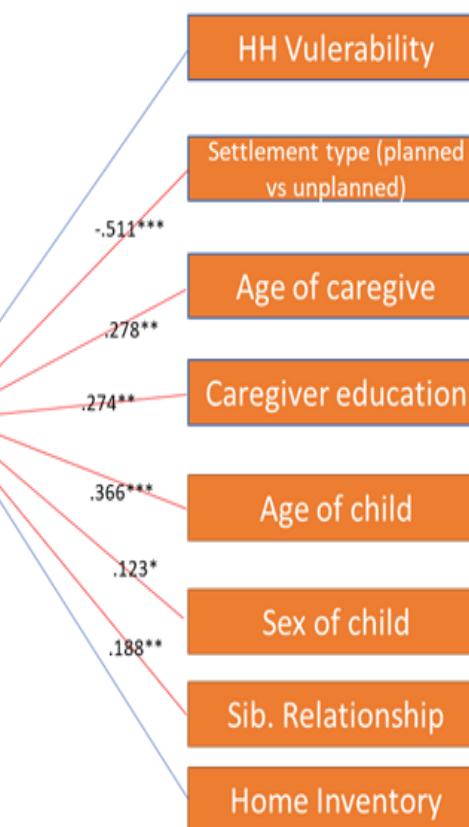


Predictors of School Readiness

LUSAKA



CHONGWE





Thematic area 2: Household Caregiving Practices

1. What is the status of 0-3-year-old children's parental and caregivers' knowledge, attitudes, behaviours, and practices that promote or hinder children's development and learning in Zambia?
2. To what extent is responsive parenting practiced at home?
3. What do Zambian households consider to be, nurturing care and early stimulation of children?
4. To what extent do caregivers practice responsive social protection and ensure child safeguarding in Zambia?
5. What proportion of children experience psychological aggression or physical punishment in Zambia?
6. How can nurturing care be promoted among parents and caregivers in Zambia?
7. How do socio-economic factors impact caregiving practices and child development outcomes?



Caregiver Knowledge on Child Development

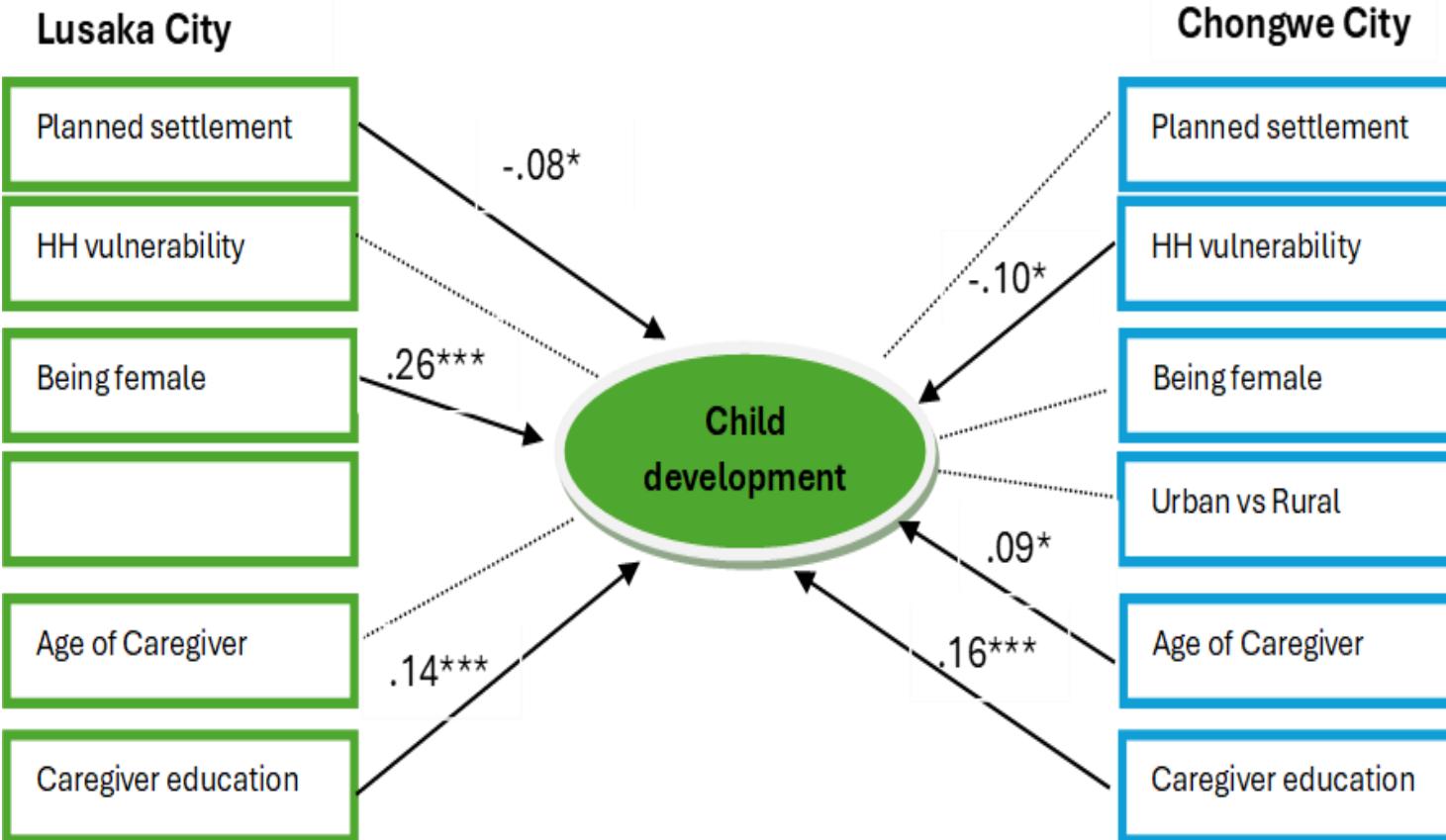
Caregiving Practices by Settlement Type and Districts (Max score 40)

	Lusaka City			Chongwe City					
	Planned	Unplanned	P	Planned	Unplanned	P	Rural	Urban	P
Mn	19.99	20.35	>0.05	20.22	19.76	>0.05	19.71	20.25	>0.05
SD	5.95	5.89		5.41	6.24		6.28	5.38	

Example of Knowledge Domains

Knowledge Domains	No.	%	Chongwe	Lusaka	Sig
When child's brain begins to develop and learn	752	49	45.3	51.2	.001
When children begin to see	225	14.7	14.7	14.7	
When children begin to follow a moving person or toy, with their eyes	564	30.3	31.7	29.5	
When children begin to make sounds in response to someone talking to them	183	12	13.2	11.3	
When children begin to smile socially e.g. to another person	359	23.4	26.7	21.7	.025
When children begin to say single meaningful words	796	52	52.7	51.6	
When children begin to play imaginary play	483	31.5	31.8	31.2	

Predictors of Caregiver Knowledge of Child Development



Early Parenting Attitudes and Beliefs

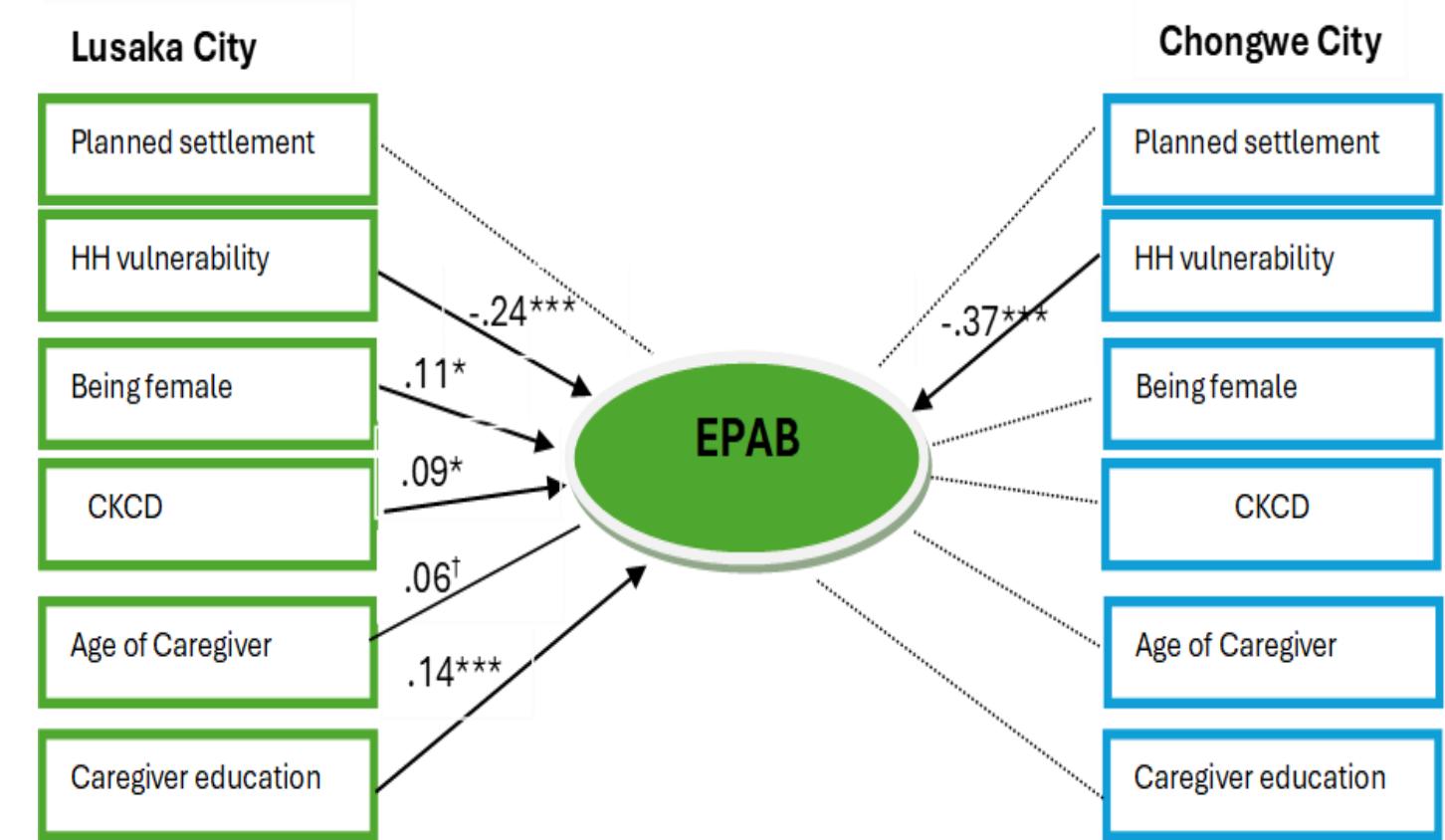
Early Parenting Attitudes and Beliefs by Settlement Type (Max possible score 96)

City	Settlement	Affection & attachment	Early learning	Rules and respect	EPAB
All	All	23.14±4.31	23.47±4.33	25.56±3.96	72.16±10.24
Lusaka	Unplanned	22.92±3.63	23.05±4.02	25.79±3.82	71.76±9.22
	Planned	23.51±3.61	24.41±4.44	26.07±3.68	73.99±9.54
	P	<0.01	<0.001	>0.05	<0.001
Chongwe	Unplanned	23.15±3.02	22.98±4.17	25.28±3.64	71.41±8.70
	Planned	22.54±3.94	22.61±4.33	24.41±4.66	69.57±10.78
	P	<0.05	>0.05	<0.01	<0.01

Location Chongwe	Affection & attachment	Early learning	Rules and respect	EPAB
Rural	23.20±3.01	23.0±4.20	25.26±4.64	71.46±8.75
Urban	22.52±3.93	22.59±4.30	24.45±4.64	69.56±10.71
	<0.05	>0.05	<0.05	<0.05



Predictors of Caregiver Knowledge of Child Development



Caregiving Practices – HOME environment

Responsiveness – degree to which a caregiver is attuned and responds to the physical and emotional needs of a child

Acceptance - covers discipline and rules practiced by a caregiver

Organization - degrees of organization in relation to child's routine, safety and caregiver structure

Involvement – measure quality of caregiver-child interaction and stimulation

Variety -captures diverse, frequency and enrichment of child's daily experiences





HOME Environment Dimensions by Settlement Type, Lusaka and Chongwe (Max score 58)

Dimension	All	Lusaka			Chongwe		
		Unplanned	Planned	P	Unplanned	Planned	P
Acceptance	1.69±.99	1.67±.99	1.67±.95	ns	1.66±1.03	1.75±1.75	ns
Organisation	6.78±1.65	6.77±1.67	6.65±1.67	ns	6.99±1.69	6.86±1.68	ns
Learning materials	2.57±2.63	2.08±2.27	2.77±2.65	***	1.84±2.26	3.51±3.00	***
Involvement	2.32±1.51	2.37±1.44	2.21±1.60	ns	2.16±1.36	2.59±1.51	***
Variety	10.81±1.60	10.55±1.46	10.92±1.66	***	10.91±1.62	10.87±1.58	ns
Responsiveness	8.43±2.73	8.41±2.67	8.45±2.70	ns	8.17±2.87	8.61±2.76	*
HOME score	32.59±6.36	32.59±6.36	31.85±5.69	*	31.74±6.15	34.18±6.52	***





Dimension	All	Chongwe			P
		Rural	Urban		
Acceptance	$1.69 \pm .99$	1.66 ± 1.03	1.75 ± 1.04		ns
Organisation	6.78 ± 1.65	6.97 ± 1.70	6.88 ± 1.67		ns
Learning materials	2.57 ± 2.63	1.97 ± 2.45	3.53 ± 2.99		***
Involvement	2.32 ± 1.51	2.16 ± 1.37	2.58 ± 1.51		***
Variety	10.81 ± 1.60	10.89 ± 1.63	10.78 ± 1.58		***
Responsiveness	8.43 ± 2.73	8.20 ± 2.88	8.58 ± 2.75		ns
HOME score	32.59 ± 6.36	31.67 ± 6.17	34.20 ± 6.48		***



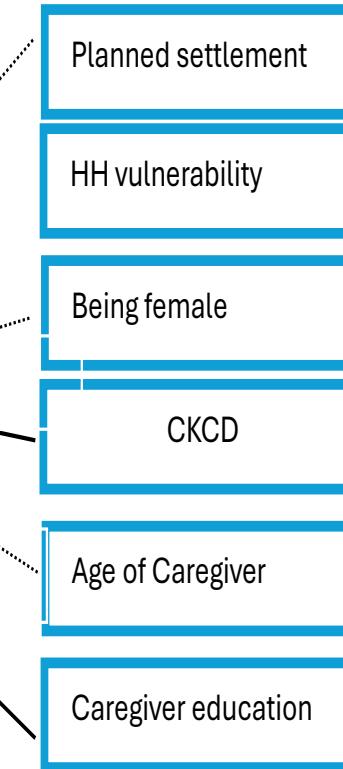
Credit: UNICEF Zambia

Predictors of a Positive HOME environment

Lusaka City



Chongwe City





Responsive Parenting

Responsiveness indicator	Lusaka		Chongwe	
	Unplanned	Planned	Unplanned	Planned
Mother spontaneously talks to child	317(75.5)	447(77.3)	189(76.3)	233(79.8)
Mother verbally responds to child	307(73.1)	435(75.3)	179(72.5)	215(73.6)
Mother tells child names of objects or visiting person	176(41.9)	246(42.6)	104(42.1)	151(55.7)
Mother's speech distinct, clear and audible to child	398(94.8)	537(92.9)	322(93.9)	270(92.5)
Mother talks more about child	247(58.8)	371(64.2)	122(49.4)	180(61.6)
Mother permits child to play freely	331(78.8)	437(75.6)	195(78.9)	219(75)
Mother spontaneously praises the child	268(63.8)	360(62.3)	151(61.1)	195(66.6)
Mother's voice conveys positive feeling	383(91.2)	526(91)	223(90.3)	262(89.7)
Mother cares, strokes head or kisses	197(46.9)	317(54.8)	112(45.3)	152(52)
Mother positively responds to child praises by others	315(75)	411(71.1)	168(68)	198(67.8)
Mother makes effort to provide play objects	194(46.2)	252(43.6)	107(43.30	161(55.1)





Limited access to structured early stimulation opportunities

“There are no proper play areas or learning centres for children under five.” – FGD, Lusaka

Male

“We don’t have play parks for children; the only one we had is no longer operational.” – In-depth interview, Chongwe WDC.

Perceptions of Caregivers on Early Stimulation

Reliance on informal and home-based learning

“Children play with balls, stones, and handmade toys.” – FGD, Lusaka High-Cost Female

Cultural Beliefs and economic constraints

“Some parents believe their children are still young and do not need to go to school.” - Lusaka WDC

Converging views on stimulation

“Using local materials like tree trunks, sand, and tires can create affordable and sustainable play areas.” – Key informant

“Integrating child-friendly spaces in health centres could improve early stimulation.” – Key informant

- “As a network, we support integrated ECD platforms that provide early stimulation, nutrition support, and caregiver education.” – Key informant*

Responsive Social Protection and Safeguarding

Variables	All n(%)	Lusaka		P	Chongwe		P
		Unplanned	Planned		Unplanned	Planned	
HH receives social protection services	204(13.3)	38(9%)	58(10%)	>0.05	89(36%)	7(7.2%)	<0.01
Who supports you:							
Government	189(12.3)	34(90%)	53(91.4%)	>0.05	84(94.4%)	20(95.2%)	>0.05
Community groups	10(0.7)	2(5%)	5(8.6%)	>0.05	2(2.2%)	1(4.8%)	>0.05
NGO	5(0.3)	2(5%)			3(3.5%)		
Availability of social protection services (legal aid, SCT, helpline)	305(19.8)	73(17.4%)	108(18.7%)	>0.05	41(16.6%)	86(29.5%)	<0.001
HHs covered under insurance	523 (34.1)	261 (45.6)	87 (20.8)	<0.01	138 (47.3)	36 (14.6)	<0.01
Consider neighbourhood unsafe for children	493(32.2)	238(56.7%)	367(63.5%)	<0.05	213(86.2%)	223(76.4%)	<0.01
Finds neighbourhood roads unsafe	262(17.1)	86(47.3%)	139(65.9%)	<0.01	11(32.4%)	28(40.6%)	>0.05
Finds neighbourhood physical environment unsafe	342(22.3)	145(79.7%)	132(62.6)	<0.001	17(50%)	50(72.5%)	<0.05
Find neighbourhood social environment unsafe	340(22.2)	135(74.2%)	148(70.1%)	>0.05	17(50%)	42(60.9)	>0.05
Support road closure (certain roads and times)	815(53.2)	125(61.2%)	354(61.2)	>0.05	74(30%)	133(45.5%)	<0.001
Want to see more effort in create safe environment	1472(96)	403(96%)	566(97.8%)	>0.05	241(97.6%)	268(91.8%)	<0.01



Psychological Aggression or Physical Punishment

Type of Psychological Aggression	Type of Settlement		Overall
	Unplanned	Planned	
Repeated physical abuse	8.4%	5.4%	7.0%
Withheld a meal to punish	7.8%	5.8%	6.9%
Involved in Child Labor	3.1%	2.2%	2.9%
Family separation (ran away, chased)/Neglected	5.0%	3.8%	4.5%
Sexually abused, defiled, raped, forced	2.5%	2.2%	2.4%
Stigmatized/ discriminated due to illness, disability or otherwise	1.7%	4.5%	3.0%
Using abusive words	17.6%	10.9%	14.4%
Has no birth certificate	50.7%	62.3%	56.1%
In contact/conflict with the law	3.3%	2.9%	3.1%
Are there any children in this household who are withdrawn or consistently sad, unhappy or depressed, not able to participate in daily activities including playing with friends and family	11.4%	5.4%	7.9%

Type of Psychological Aggression	Type of Settlement		Residence		Overall
	Unplanned	Planned	Rural	Urban	
Repeated physical abuse	2.6%	7.8%	2.7%	7.5%	5.5%
Withheld a meal to punish	5.8%	8.8%	5.4%	9.0%	7.5%
Involved in Child Labor	2.6%	3.1%	2.7%	3.0%	2.9%
Family separation (ran away, chased)/Neglected	3.9%	7.3%	3.4%	7.5%	5.8%
Sexually abused, defiled, raped, forced	1.3%	3.1%	1.4%	3.0%	2.3%
Stigmatized/ discriminated due to illness, disability or otherwise	4.6%	2.6%	4.8%	2.5%	3.5%
Using abusive words	10.4%	15.5%	10.9%	15.0%	13.3%
Has no birth certificate	66.9%	47.2%	66.7%	48.0%	55.9%
In contact/conflict with the law	2.0%	4.7%	2.0%	4.5%	3.5%
Are there any children in this household who are withdrawn or consistently sad, unhappy or depressed, not able to participate in daily activities including playing with friends and family	8.5%	8.9%	8.7%	8.8%	8.7%



Positive Parenting and Discipline Practiced at Household Level



Indicators	All	Lusaka		P	Chongwe		P
		Unplanned	Planned		Unplanned	Planned	
Mother shouts at child	201(13.1%)	48(11.4%)	82(14.2%)	>0.05	22(8.9%)	49(16.8%)	<0.01
Mother complains about child and says bad things	114(7.4%)	27(6.4%)	39(6.7%)	>0.05	15(6.1%)	33(11.3%)	<0.05
Mother hits, pushes or shakes child	78(5.1%)	17(4%)	29(5%)	>0.05	9(3.6%)	23(7.9%)	<0.05
Gives physical punishment or denies food	394(25.7%)	125(29.8%)	150(26%)	>0.05	65(26.3%)	56(19.2%)	<0.05
Mother threatens punishment or criticize child	145(9.5%)	38(9%)	46(8%)	>0.05	28(11.3%)	33(11.3%)	>0.05
Mother restricts or interferes with child activities	277(18.1%)	68(16.2%)	110(19%)	>0.05	49(19.8%)	50(17.1%)	>0.05

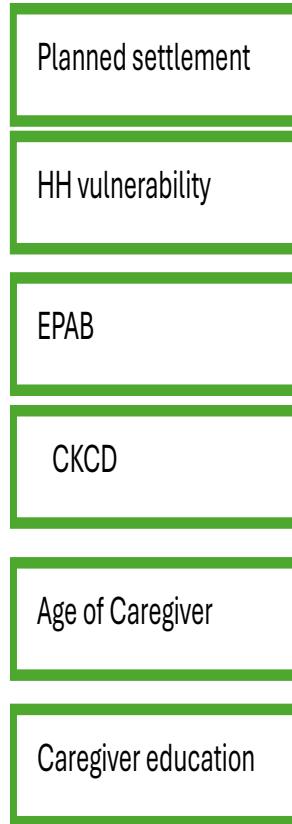
Positive Parenting and Discipline Practiced at Household Level

Indicators	All	Chongwe		P
		Rural	Urban	
Mother shouts at child	201(13.1%)	21(8.7%)	50(16.8%)	<0.01
Mother complains about child and says bad things	114(7.4%)	14(5.8%)	34(11.4%)	<.05
Mother hits, pushes or shakes child	78(5.1%)	9(3.7%)	23(7.7%)	<.05
Gives physical punishment or denies food	394(25.7%)	61(25.2%)	60(20.2%)	<.05
Mother threatens punishment or criticize child	145(9.5%)	27(11.2%)	34(11.4%)	>0.05
Mother restricts or interferes with child activities	277(18.1%)	49(20.2%)	50(16.2%)	>0.05

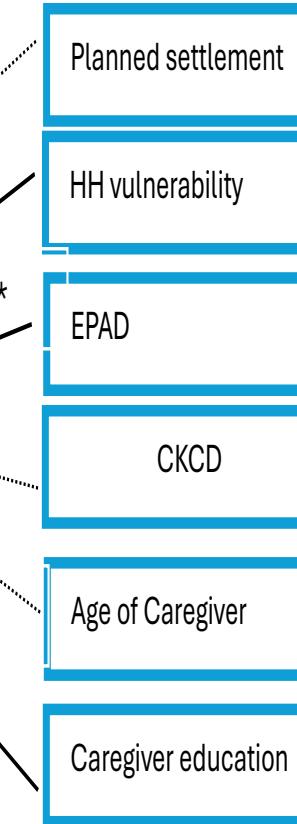


Predictors of Positive Parenting and Discipline

Lusaka City



Chongwe City



Barriers to Positive Parenting

Variables	All n (%)	Lusaka		P	Chongwe		P
		Planned	Unplanned		Planned	Unplanned	
Caregivers aware of parenting program/coaching	400(26.1)	135(23.4)	108(25.7)	>0.05	71 (24.3)	86(34.8)	<0.01
Availability of parenting programs/coaching in community	270(17.6)	61(16.3)	83 (19.8)	>0.05	207(16)	62(25.6)	<0.01
Currently in parenting/coaching program	207(13.5)	68 (11.8)	61 (14.5)	>0.05	31(10.6)	47(19.0)	<0.05
Importance of parenting/coaching programs	1265(82.5)	470(81.3)	364 (86.7)	<0.05	217(74.3)	217(87.9)	<0.05
Want to participate in parenting programs	1,111(87.6)	396(84.3)	325(89.3)	<0.05	188(86.6)	202(93.1)	<0.01



“Men are discouraged from caregiving due to cultural beliefs.” FGD

“We do not have structured parental coaching programs, but we need them.” - WDC



Perception of Nurturing Care

Responsive Caregiving

“Men rarely help with caregiving... it’s considered a woman’s duty.” – FGD Female, Lusaka.

“We do not have structured parental coaching programs, but we need them.”
– Ward Development Committee, Chongwe.

Early Learning Opportunities

“There are no proper play areas or learning centers for children under five.”
– FGD Male, Lusaka.

“Children learn through songs, stories, and cartoons like Cocomelon.” – FGD Female, Lusaka.



Health and nutrition

“Exclusive breastfeeding is difficult because mothers return to work early.” – FGD Male, Lusaka.

“Children mostly eat nshima... we can’t always provide balanced meals because of financial challenges.” – FGD Male, Chongwe.

“Most parents don’t take children for immunizations and growth monitoring” - WDC

Safety and Security

“Children often play near dangerous areas like roads and drains.” – FGD Female, Lusaka



How can Nurturing Care be Promoted among Parents and Caregivers?

Ecological System	Factors Promoting Nurturing Care in ECD
Microsystem (Direct Interactions)	<ul style="list-style-type: none">• Parental Training & Coaching• Male Involvement in Childcare• Responsive Parenting & Play-Based Learning
Mesosystem (Connections Between Settings)	<ul style="list-style-type: none">• Integrating Nurturing Care into Health Services• Strengthening Community Childcare Support Networks
Exosystem (Indirect Influences on Caregivers)	<ul style="list-style-type: none">• Expanding Access to Affordable ECD Services• Enhancing School Feeding & Nutrition• Programs• Encouraging Workplace & Market-Based Childcare
Macrosystem (Societal & Policy-Level Factors)	<ul style="list-style-type: none">• Challenging Harmful Cultural Norms• Developing & Enforcing ECD Policies• Strengthening Government & Donor Investment
Chronosystem (Changes Over Time)	<ul style="list-style-type: none">• Adapting to Societal Changes





Thematic area 3: Early Childhood Development Services

What is the status of ECD service provision in Zambia?

Who are the primary ECD service providers in Zambia and who comprises providers' ECD workforce?



ECE Quality (84 ECE Centres Observed)

Domain	All	Lusaka		P	Chongwe		P
		Unplanned	Planned		Unplanned	Planned	
Learning	2.93±0.58 (1.38-3.74)	2.17±.43	2.51±.65	<0.01	2.50±.22	2.35±.55	>0.05
Classroom interactions and approaches	3.11±0.61 (1.56-4.00)	2.89±.67	3.24±.55	<0.001	2.93±.41	3.10±.67	>0.05
Physical environment	3.35±0.63 (1.50-4.00)	3.02±.59	3.61±.42	<0.05	3.17±.76	3.23±.77	>0.05
Overall ECE quality	2.95±0.5 (1.59-3.29)	2.69±.46	3.14±.43	<0.01	2.78±.28	2.90±.59	>0.05

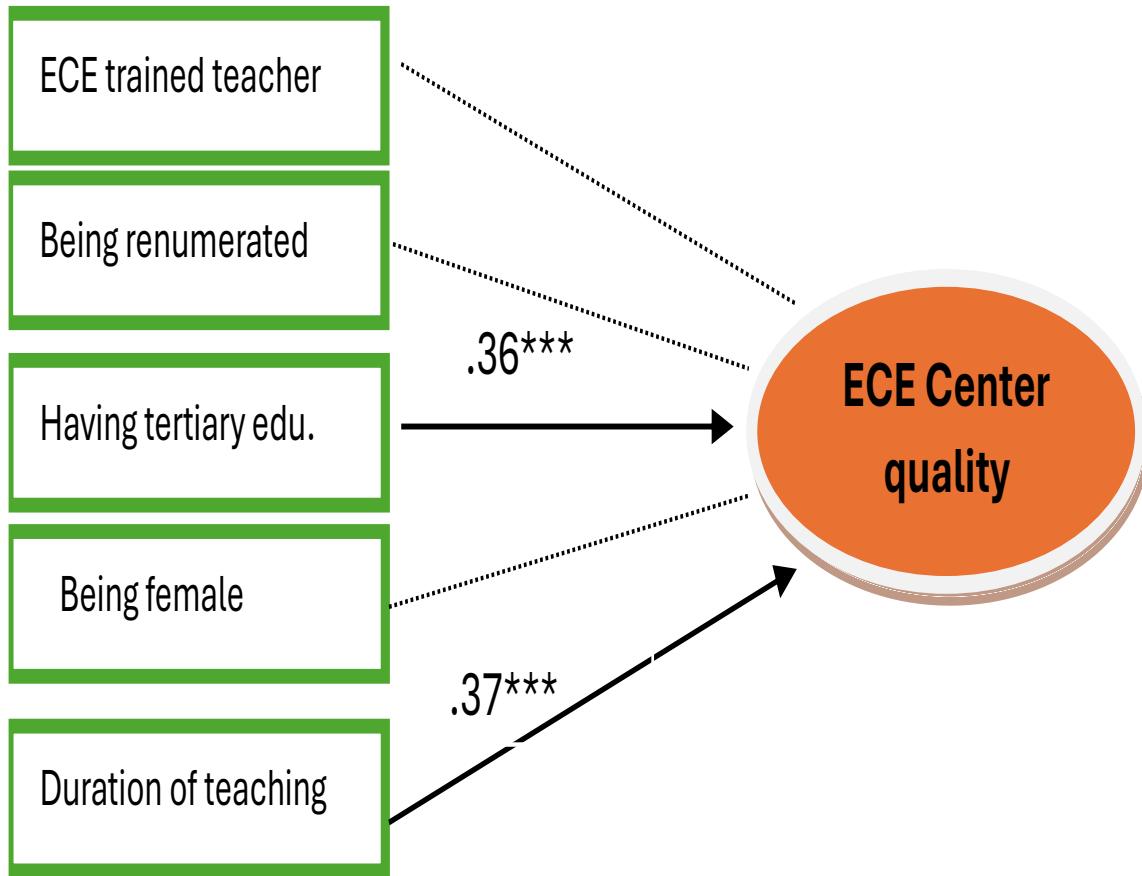


Quality by Ownership



Domain	All	Ownership			P
		Community	Government	Private	
Learning	2.93 ± 0.58 (1.38-3.74)	1.88 ± 0.37 (1.38-2.75)	2.43 ± 0.46 (1.50-3.38)	2.49 ± 0.64 (1.38-3.75)	<0.001
Classroom interactions and approaches	3.11 ± 0.61 (1.56-4.00)	2.55 ± 0.72 (1.56-3.44)	3.17 ± 0.59 (2.00-4.00)	3.21 ± 0.53 (1.89-4.00)	<0.01
Physical environment	3.35 ± 0.63 (1.50-4.00)	2.55 ± 0.66 (1.50-3.67)	3.28 ± 0.56 (1.83-4.00)	3.63 ± 0.43 (2.33-4.00)	<0.001
Overall ECD quality	2.95 ± 0.51 (1.59-3.29)	2.32 ± 0.49 (1.59-2.94)	2.96 ± 0.42 (1.93-3.55)	3.13 ± 0.45 (1.98-3.92)	<0.001

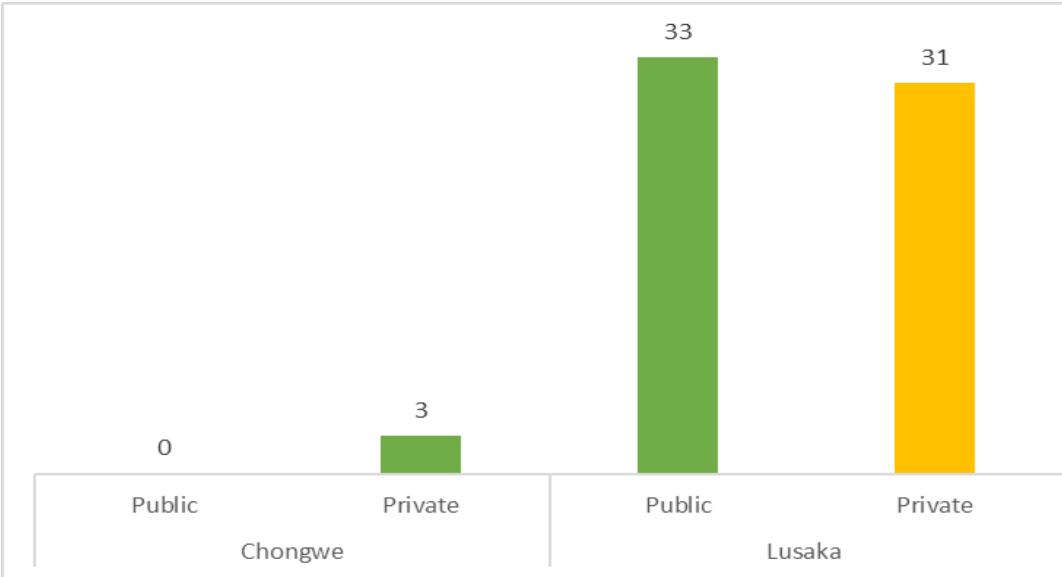
Teacher Characteristics that Predictor ECE Centre Quality





Quality of existing ECD Services

Play and Recreational Facilities



Lusaka

- 9 under lease
- 2 functional





Variables	All n(%)	Lusaka		P	Chongwe		P
		Unplanned	Planned		Unplanned	Planned	
Safe age-appropriate play facilities	515(33.6)	120(28.6)	213(36.9)	<0.01	54(21.9)	133(45.5)	<0.001
Pay play facilities	529(34.5)	147(35)	209(36.2)	>0.05	45(18.2)	132(45.2)	<0.001
Aware of importance of play	1333(86.7)	360(85.7)	512(88.6)	>0.05	221(89.5)	240(82.2)	<0.05
Knowledge of importance of play:							
i. Fosters play	589(44.2)	167(46.4)	227(44.3)	>0.05	95(43)	100(41.7)	>0.05
ii. Fosters collaboration	633(47.5)	159(44.2)	259(50.6)	>0.05	91(41.2)	124(51.7)	<0.05
iii. Learning & exploration							
iv. Exercising	960(72)	247(68.6)	365(71.3)	>0.05	159(71.9)	189(78.8)	>0.05
v. Build socioemot.skills	802(60.2)	210(58.3)	304(58.3)	>0.05	132(59.7)	157(65.4)	>0.05
vi. Builds motor skills	723(54.2)	172(47.8)	203(60.4)	<0.05	104(47.1)	122(50.8)	>0.05
	536(40.2)	136(37.8)	212(41.4)	>0.05	80(36.2)	108(45)	>0.05
Need for more play parks/recreational	1421(92.7)	389(92.6)	552(95.5)	>0.05	227(91.9)	257(88)	>0.05
Willing to pay recreation facilities	1011(65.9)	292(69.5)	368(63.7)	>0.05	133(53.8)	224(76.7)	<0.001
Available public green space	246(16)	42(10)	107(17.6)	<0.001	33(13.4)	70(24)	<0.01
Usage of play and green spaces:							
Regularly	96(6.4)	17(4)	46(8)	<0.01	5(2)	28(9.6)	<0.001
Occasionally	224(14.6)	52(12.4)	94(16.2)		17(6.9)	63(21.6)	
Rarely	273(17.8)	76(18)	115(19.9)		30(12.2)	54(18.5)	
Never	938(61.2)	275(65.6)	323(55.9)		195(78.9)	147(50.3)	





ECD Caregiver workforce

Vertical

Policy & Coordination

- Alliance & Technical Work Group
- National ECD Coordinators
- National ECD Multisectoral Committee
- National Child Protection Committee

Implementation & Governance

- District Child Protection Committee
- District Development Committees
- Local Councils
- Government Ministries (Health, Education, CDSS, Local Govt, Home Affairs, Legal, Agriculture)

Support and Advocacy

- INGOs
- NGO and CSO

Horizontal

Community-Based Actors (Support & Advocacy)

- Ward Development Committees
- Faith Structures
- Child Protection Committees
- Community-Based Organizations (CBOs)

Direct Caregivers & Service Providers

- Teachers
 - Health Workers
 - Government Community Workers
 - Child Care Facilities
 - ECD Centres

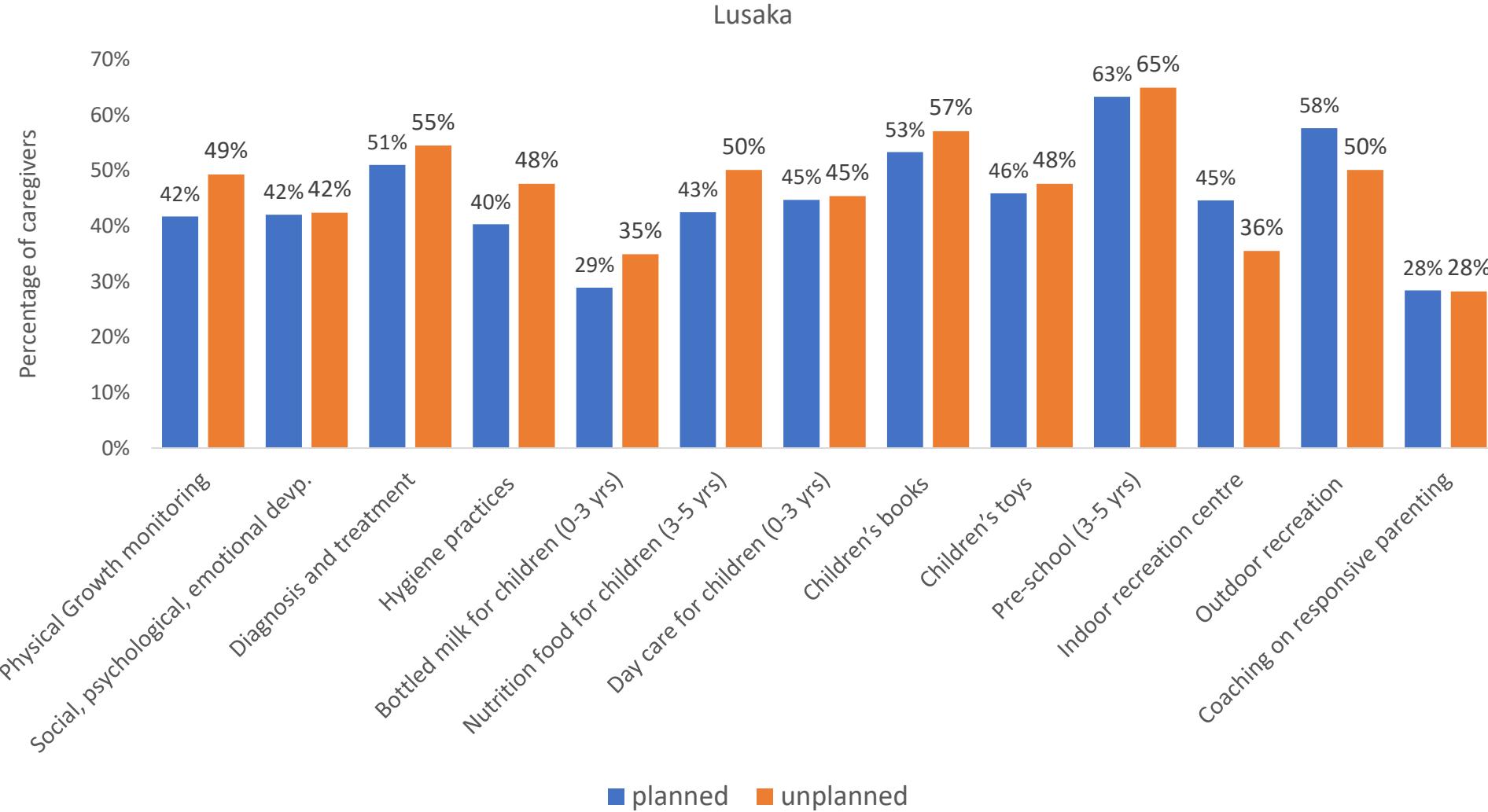
Family & Household Support System

- Parents/Guardians
- Siblings
- Extended Family
- Community-Based Volunteers (CBVs)



Willingness to Pay for ECD Services -Lusaka

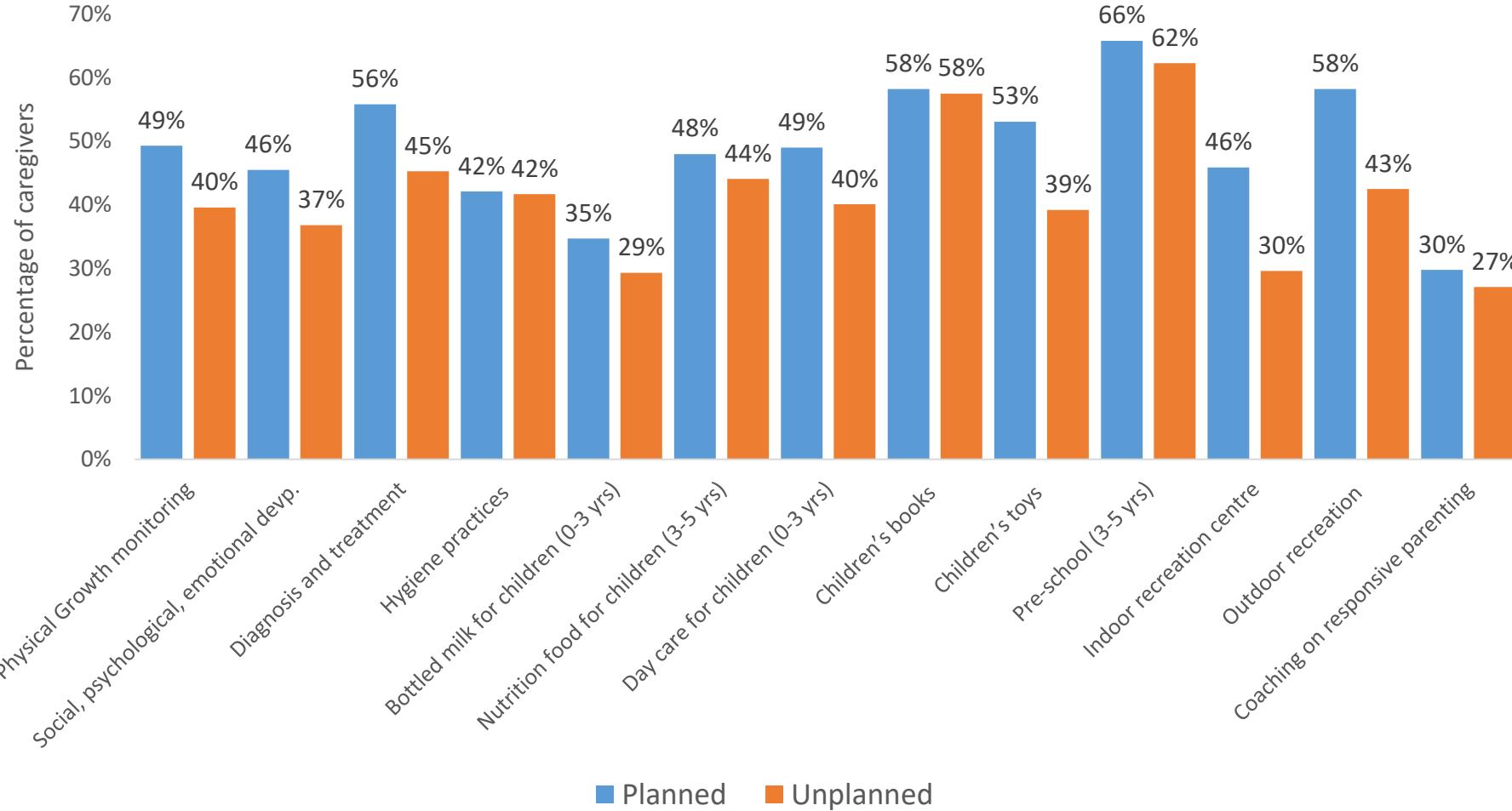
Descriptives -Willingness to Pay





Willingness to Pay for ECD Services -Chongwe

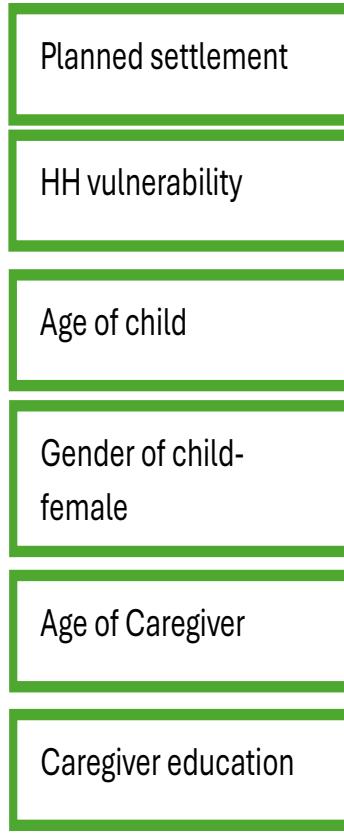
Descriptives -Willingness to Pay



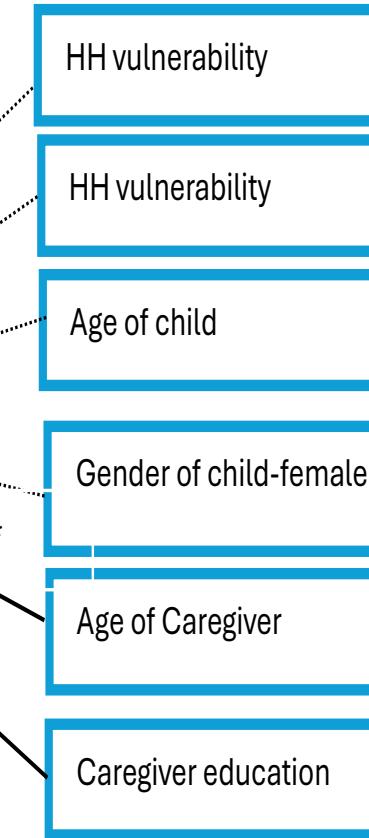


Predictors of Willingness to Pay for ECD Services

Lusaka City



Chongwe City





Thematic 4: Structural and Policy Landscape

What is the policy and regulatory landscape of ECD in Zambia? How does this interact with the wider country policy ecosystem (if applicable)?



How do these policies and regulations serve as either barriers or enablers of ECD programming?



How is coordination of ECD done at the multisectoral level?



Thematic Area	Policy Name
Overall Child Wellbeing	National Child Policy
Early Childhood Education	ECE Policy and Policy Implementation Plan (PIP)
	Curriculum and Implementation Guidelines
	ECE Standard Guidelines and Assessment
	Advocacy, Sensitization and Community Mobilization
	School Health and Nutrition Policy (2006)
	Monitoring and Evaluation
	The National WinS Strategy Zambia (2019-2030)
Health	National Health Strategic Plan (NHSP)
	Zambia National Health Policy
	Essential Newborn Care Guidelines
	Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection
	Zambia Family Planning Guidelines and Protocols
	Health Sector Monitoring and Evaluation Framework (NHSP 2022-2026)
	Community-Based Volunteers' Integrated Care Handbook
	Guidelines for Health Data: Access, Sharing and Use
Nutrition	Food-Based Dietary Guidelines
	An Investment Framework for Nutrition in Zambia: Reducing Stunting and Other Forms of Child Malnutrition (2015)
	Guidelines for the Implementation of the School Health and Nutrition Programme (2011)
Play and Recreation	The Local Government Act (2019)
	Constitution of Zambia (Amendment of 2016)
Social and Child Protection	National Volunteer Policy
	The Minimum Standards for Child Care Facilities
	Child Safeguarding Policy
	Children's Code Act of 2022
	UN Convention on the Rights of Children
	National Civil Registration and Vital Statistics Strategy

Policy Landscape & Ecosystem



DRAFT UNIFYING POLICY

National Multisectoral
Early Childhood
Development Policy





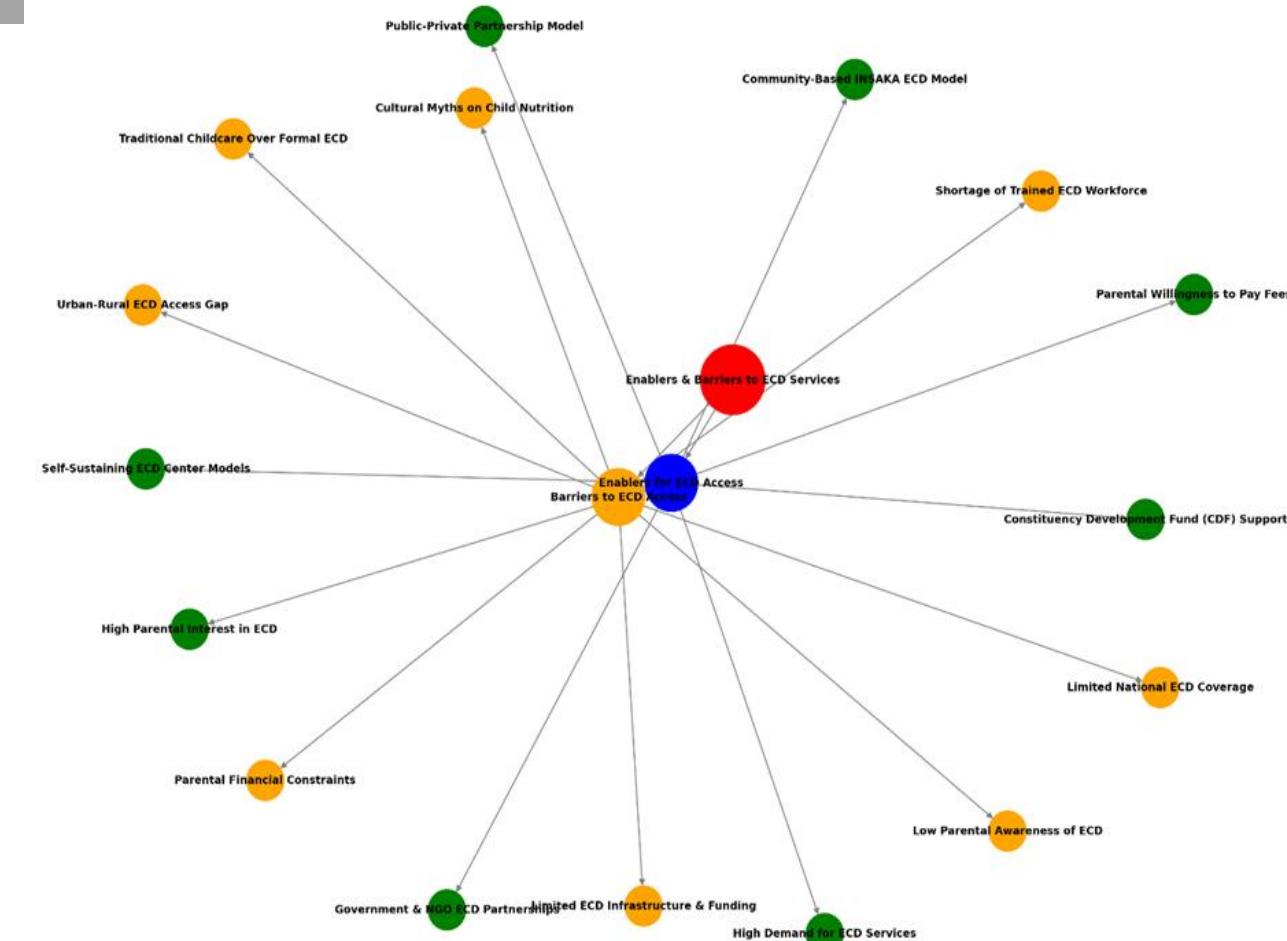
Ecosystem influence on ECD

Enablers and Barriers

Support integrated and holistic ECD services provision

Implemented in unintegrated manner

Need for National Multisectoral Early Childhood Development Policy





Coordination of ECD done at the multisectoral level

- ECD Multisectoral Coordination Committees
 - National
 - Provincial
 - District
- Composition
 - Government ministries and CSO
- Enforcement
 - Not act parliament
 - No guiding policy

Challenges:

- Lack of Unified ECD Policy
- Weak Multisectoral Coordination
- Fragmentation of ECD Implementation
- Sectoral Silos in ECD Planning
- Limited Local ECD Committees
- Uncoordinated NGO Efforts



Recommendations

Proposed Evidence Based Recommendations



Early Childhood Development Outcomes

Prioritize developmental support for children especially after 17 months: Tailor interventions to focus on the critical drop in development scores observed after 17 months of age by intensifying stimulation and responsive caregiving during this window while maintaining momentum for the 1000 critical days.

Integrate developmental screening into routine child health visits: Ensure regular developmental assessments in child delivery services to identify at-risk children early and guide targeted support.

Expand direct school readiness programs: Increase structured ECD programs for children aged 3–6 to promote early cognitive, motor, and socio-emotional skills, particularly in underserved areas.

Invest in interventions targeting stunting and undernutrition: Design nutrition-sensitive ECD programs—such as feeding schemes, parenting education on infant diets, and micronutrient supplementation—especially for children under five, where stunting affects up to 38% in Chongwe.

Strengthen household-level awareness of child milestones: Develop community-based caregiver education campaigns to increase recognition of developmental milestones and the importance of early intervention.



Household Caregiving Practices

Promote responsive caregiving: Train and support parents and secondary caregivers (siblings, grandmothers, neighbors) on positive parenting and stimulation using home-based learning materials.

Caregiver education on child development: Provide simplified parenting materials and community support programs for caregivers with limited knowledge on child development.

Promote positive discipline methods: Scale up parenting programs that teach alternatives to physical and psychological punishment, especially in unplanned and rural settlements where such practices are more prevalent.

Leverage fathers' provider role for caregiving awareness: Engage fathers in ECD messaging to expand their role beyond economic provision to include stimulation and interaction with children.

Support informal caregivers: Recognize the role of siblings and extended family in childcare by creating community-based learning hubs or playgroups that engage these caregivers.

Early Childhood Development Services

Increase access in low-income and rural areas: Construct low-cost, community-run ECD centers with support from local government and NGOs, prioritizing underserved areas.

Improve quality of ECD centers: Sustain providing training for ECD teachers and caregivers, ensuring centers meet minimum standards for learning materials, safety, and stimulation.

Play and recreational facilities: Construct play and recreational facilities in communities using locally available and sustainable materials. Designate ECD week in which various activities that support ECD will be championed and implemented using a community driven approach.

Establish workplace-linked daycare programs: Incentivize employers to offer or co-fund ECD centers as part of workplace benefits, particularly in urban settings.

Structural and Policy Landscape

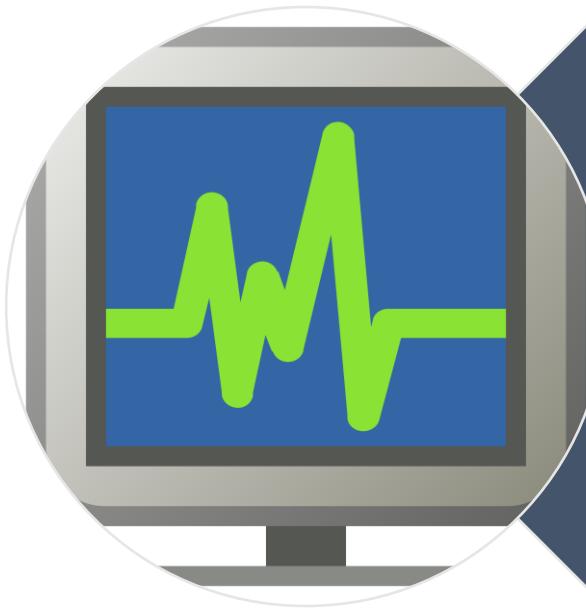
Strengthen multisectoral coordination: Institutionalize inter-ministerial ECD coordination at national and city levels, integrating health, education, nutrition, child protection, and local governance.

Increase public funding for ECD: Advocate for increased ECD-specific budget allocations, particularly for children under 3 years, whose funding is currently disproportionately low.

Decentralize ECD policy implementation: Empower local governments with funds and technical support to operationalize ECD policies tailored to local needs and vulnerabilities.

Monitor policy enforcement: Strengthen accountability and enforcement of child protection laws (e.g., Children's Code Act 2022) and ECE policies across all settlements.

Support policy integration and data systems: Develop an integrated ECD information system that tracks service coverage, workforce training, and child outcomes from 0- 6 years to inform planning and evaluation.



Interventions

Proposed Interventions

Child Stimulation Programs

Why: The most alarming finding is the sharp drop in developmental scores after 17 months, despite good performance in earlier months.

Intervention: A home-based caregiver support kit for children 0 –36 months, implemented through community health workers or other volunteers.



- **Contents:** Locally made toys (rattles, stacking cups, dolls from cloth), story cards, a milestone tracker with visuals, and play-based routines.
- **Approach:** Trained community volunteers offer monthly household visits or group play sessions.

Parenting Corners in Markets & Clinics

Why: Caregivers, especially mothers, are **engaged in economic activity** and leave children with others. Knowledge about development is low.



Intervention: Set up “ECD parenting corners” in markets, health clinics, and churches where caregivers already go.

- **Package:** Parenting flashcards, breastfeeding tips, storytelling sessions, and demonstrations on stimulation using recycled materials.
- **Facilitators:** Trained peer mothers or retired and Inservice nurses.



Community Play Spaces Using Local Materials

Why: Most children lack access to functional play spaces, especially in low-income and rural areas.

Intervention: “**One Park, One Ward**” initiative using community land and local materials.



Impact: Supports physical and cognitive development, encourages unstructured play, and creates safe communal spaces.

- **Materials:** Used tires, sand, wooden logs, bamboo, old nets, and mud bricks.
- **Community-owned:** Through WDC ,youth groups and local artisans design and build, with training and seed grants.



Early Childhood Week

Why: ECD Week will be a city-wide campaign to support children in their first 1,000 days—the most critical period for brain and body development. Many families lack access to quality early childhood services, and efforts are often fragmented. This week can bring together communities, sectors, and leaders together to raise awareness, celebrate local solutions, and drive action for our youngest citizens.



Impact: ECD Week will boost caregiver knowledge and engagement, spark community-led actions like play spaces and storytelling, and raise visibility for ECD investment. It will strengthen collaboration across sectors and generate grassroots insights to inform future policy and programs.

Caregiver “Stimulators” Initiative

Why: Many children are cared for by secondary caregivers such as older siblings, who are currently unsupported. Intervention: Peer-designed curriculum for 12 -18-year-old siblings called “**Big Sibling, Big Role.**”

Impact: Recognizes and equips a hidden workforce of caregivers while strengthening sibling bonds and child stimulation.



- **Features:** Simple guides and visual tools to help them engage younger siblings in songs, counting, drawing, storytelling.
- **Method:** Delivered community health worker or community action groups.



Caregiver Cooking Circles with Nutrition Nudges

Why: High stunting rates (30% overall; 38% in Chongwe) linked to poor feeding knowledge, despite high willingness to learn. Intervention: **“Healthy Bellies, Happy Brains”** circles—small group sessions using local foods and recipes.



Impact: Tackles nutrition and caregiver education simultaneously using cultural norms of communal food preparation.

- **Method:** Demonstrations by local women on affordable locally available nutritious food, handwashing, responsive feeding.
- **Link to ECD:** Include ECD milestone talk during cooking.



Cross-Cutting and Scaling Features

 Integrated with faith-based, community and council structures

 Delivered through peer-led, group-based models

 Grounded in place-based realities (planned/unplanned, urban/rural)

 Designed to be **cost-neutral or low-cost**, leveraging locally available materials and skills

 Involve different government ministries and departments

 Integrate participatory monitoring and evaluation systems