

**GRZ-UN Joint Programme on Gender Based Violence  
MPTF OFFICE GENERIC ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT**

<p align="center"><b>Programme Title and Project Number</b></p> <p>Programme Title: <b>GRZ-UN Joint Programme on Gender Based Violence</b>          Programme Number: 00083908          MPTF Office Project Reference Number: 00086414</p>	<p align="center"><b>Country, Locality(s), Priority Area(s) / Strategic Results</b></p> <p><i>Country:</i> <b>ZAMBIA</b></p>														
<p align="center"><b>Participating Organization(s)</b></p> <p>International Labour Organization (ILO)          International Organization for Migration (IOM)          United Nations Development Programme (UNDP)          United Nations Population Fund (UNFPA)          United Nations Children’s Fund (UNICEF)          World Health Organization (WHO)</p>	<p align="center"><b>Implementing Partners</b></p> <p>Ministry of Gender and Child Devtpt, Ministry of Community Development Mother and Child Health, Advocates of Hope, Africa Directions, Women and Law in Southern Africa, National Legal Aid for Women, Drug Enforcement Commission, Kasama One Stop Centre, Zambia Law Development Commission, PMO, Zambia Federation of Associations of Women in Business, Community for Human Development, Alliance for Young Entrepreneurs, Zambia National Women’s Lobby Group, Zambia Episcopal Conference and YWCA</p>														
<p align="center"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: <b>\$ 15,570,000</b>          MPTF /JP Contribution:          Agency Contribution</p> <table border="0"> <tr><td>ILO</td><td>\$ 50,000</td></tr> <tr><td>IOM</td><td>\$ 0</td></tr> <tr><td>UNDP</td><td>\$ 1,000,000</td></tr> <tr><td>UNFPA</td><td>\$ 500,000</td></tr> <tr><td>UNHCR</td><td>\$ 10,000</td></tr> <tr><td>UNICEF</td><td>\$ 1,033,386.40</td></tr> <tr><td>WHO</td><td>\$ 0</td></tr> </table> <p>Government Contribution: <b>n/a</b>          Other Contributions (donors)          Sweden – \$ 8,845,206          Ireland – \$ 1,760,335</p> <p><b>Total: \$ 10,605,562</b></p>	ILO	\$ 50,000	IOM	\$ 0	UNDP	\$ 1,000,000	UNFPA	\$ 500,000	UNHCR	\$ 10,000	UNICEF	\$ 1,033,386.40	WHO	\$ 0	<p align="center"><b>Programme Duration</b></p> <p>Overall Duration (<i>months</i>)      <b>53</b></p> <p><i>Start Date</i> <b>31 /07/2012</b></p> <p><i>Original End Date</i> <b>31/12/2016</b></p> <p><i>Current End date</i> <b>31/12/2016</b></p>
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<p align="center"><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Assessment/Review - if applicable <i>please attach</i>  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>   Date: <i>dd.mm.yyyy</i>          Mid-Term Evaluation Report <i>n/a</i>  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>   Date: <i>dd.mm.yyyy</i></p>	<p align="center"><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li>○ Name: <b>Dellia Mwale-Yerokun</b></li> <li>○ Title: Programme Analyst-Gender</li> <li>○ Participating Organization (Lead): <b>UNDP</b></li> <li>○ Email address: <a href="mailto:dellia.yerokun@undp.org">dellia.yerokun@undp.org</a></li> </ul>														

## List of Acronyms

CBO	: Community Based Organization
CSO	: Civil Society Organization
EC	: Emergency Contraception
GBV	: Gender Based Violence
GRZ	: Government of the Republic of Zambia
HIV	: Human Immunodeficiency Virus
HRC	: Human Rights Commission
IEC	: Information, Education and Communication
IOM	: International Organization for Migration
ILO	: International Labour Organisation
JP-GBV	: Joint Programme on Gender Based Violence
LAZ	: Law Association of Zambia
MCTA	: Ministry of Chiefs and Traditional Affairs
MCDSS	: Ministry of Community Development Mother and Child Health
MDG	: Millennium Development Goals
MGCD	: Ministry of Gender and Child Development
MOE	: Ministry of Education
MOHA	: Ministry of Home Affairs
MOJ	: Ministry of Justice
NLACW	: National Legal Aid Clinic for Women
OSAWE	: Own Savings for Assets and Wealth
PEP	: Post – Exposure Prophylaxis
PMO	: Provincial Medical Officer
SGBV	: Sexual Gender Based Violence
SRHR	: Sexual Reproductive Health and Rights
STI	: Sexually Transmitted Infection
UN	: United Nations
UNDAF	: United Nations Development Assistance Framework
UNDP	: United Nations Development Programme
UNFPA	: United Nations Population Fund
UNICEF	: United Nations Children’s Emergency Fund
VSU	: Victim Support Unit
WHO	: World Health Organization
ZPS	: Zambia Police Service

This Consolidated Annual Progress Report under the GRZ-UN Joint Programme on Gender Based Violence in Zambia covers the period from 1 January to 31 December, 2014. This report is in fulfillment of the reporting requirements set out in the Standard Administrative Arrangement (SAA) concluded with the Donor. In line with the Memorandum of Understanding (MOU) signed by Participating UN Organizations, the Annual Progress Report is consolidated based on information, data and financial statements submitted by Participating Organizations. It is neither an evaluation of the Joint Programme nor an assessment of the performance of the Participating Organizations. The report provides the Steering Committee with a comprehensive overview of achievements and challenges associated with the Joint Programme, enabling it to make strategic decisions and take corrective measures, where applicable.

## EXECUTIVE SUMMARY

During the reporting period the Joint Programme developed an accountability framework to guide the function of the 10 anti-Gender Based Violence Task Forces that have been established in 5 provinces: 5 at province and 5 at district levels. The development of this framework was done in consultation with other stakeholders including the Anti-Gender Based Violence Committee, CSOs and line ministries.

Coordination mechanisms for programme implementation was further strengthened through the formation of the village-led-one-stop-shops on Gender Based Violence and the training of various GBV response groups at village level. To increase network of support in the villages, 180 community-based care providers have been trained in community based psychosocial care and support services for Gender Based Violence survivors, while 60 community help desks were strengthened in Chipata, Mansa and Kasama districts.

As a result of the sensitizations conducted on the programme on the provisions of the Anti-Gender Based Violence Act No. 1 of 2011, the number of cases reported increased from 10,217 reported cases in 2013 to **15,153** in 2014 (Source: 2014 Zambia Police Report on GBV Statistics)

“Through the Joint Programme, Gender Based Violence has been recognized as a human rights issue that affects not only an individual but the family, the community and the nation at large” Chief Nymphande of the Nsenga People in Petauke, Eastern Province.

An important outcome of the Anti-Gender Based Violence advocacy campaign, which was supported by the Joint Programme, was the decision by the Ministry of Gender and Child Development to conduct Prison Mobile Clinics for female inmates. The prison mobile clinics proved to be an effective way of according access to justice to female inmates. Tangible results included the release of eight female inmates from the Mukobeko Maximum Prison during the 16 Days of Activism.

The programme supported 753 GBV survivors (576 female and 177 male) with entrepreneurship and financial skills, which led to 37 survivors registering their businesses with the Registrar of Societies. 240 beneficiaries opened bank accounts and accessed loans from lending institutions. 15 female GBV survivors were linked to the district councils in Lusaka Province and accessed land for productive purposes.

In order to realize timely response on the disposal of cases, the programme is in the process of purchasing

special Evidence Collection Vehicles for Zambia Police for the successful implementation of the fast track courts.

## **I. Purpose**

The GRZ-UN Joint Programme on Gender Based Violence was developed to support the Government of the Republic of Zambia to implement the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), with particular focus on the recommendations of violence against women that are contained in the July 2011 CEDAW concluding observations and the recommendations of the Report of the Special Rapporteur on violence against women , its causes and consequences (2010); and to support institutional transformation to facilitate the implementation of Zambia Anti Gender Based Violence Law (2011) through the establishment of an integrated and multi-sectoral mechanism for its implementation.

The expected outcomes are as follows:

- (i) Gender Based Violence survivors will have increased access to timely and appropriate health services;
- (ii) Gender Based Violence survivors will have increased access to an efficient justice delivery system;
- (iii) Gender Based Violence survivors will have increased access to protection and support services; and
- (iv) The Ministry of Gender and Child Development will have coordinated an effective, evidence-based and multi-sectoral response to Gender Based Violence in Zambia.

## **II. Results**

The Joint Programme on Gender Based Violence has contributed to greater community involvement towards the fight against Gender Based Violence as a result of improved networking among service providers at community, district and provincial levels through the formation of Anti Gender Based Violence task forces and the establishment of the community-led-mechanisms including *village-led-one-stop-shops on Gender Based Violence and men's networks*. With increased knowledge, communities now consider Gender Based Violence as a violation of women's and girls' rights.

### **Outcome 1: Health**

The Joint Programme on GBV has seen a total of 18 health workers trained on GBV and migration, which resulted in health providers' capacity being enhanced in providing comprehensive health services.

A health facility Institutional survey was conducted to review the status of GBV services in health facilities in 14 health centres based in Kabwe, Chipata, Lusaka, Nakonde, Kasama, Mazabuka and Mongu districts. The assessment examined the capacity of the health centres to offer treatment, care and support to GBV survivors – as part of the essential sexual and reproductive health package. This resulted in Emergency Contraceptive pills being included in the quantification and forecasting plans for family planning commodities for 2016 and 2017 national procurement plans.

In addition, the Ministry of Community Development Mother and Child Health (MCDMCH) senior programme officers were equipped with knowledge of gender concepts and gender mainstreaming for integration in planning and implementation of health services. This resulted in the improvement of capacity in responding to Gender Based Violence. Other outcomes included:

- Improved health seeking behaviour among women Gender Based Violence survivors from 2,800 women in 2013 to 3,010 in this reporting period.
- 1,500 women and girls accessing reproductive health services (PEP, Contraception, Ante-natal etc)
- HIV, STI and EC commodities available for GBV clients in One-Stop-Centres and facilities with coordinated response.
- 199 health care providers (99 males and 100 females) equipped with skills on how to identify, treat and offer multisectoral response to survivors of Gender Based Violence
- As a champion country for the Global “Action for Adolescent Girls” initiative, the programme supported interventions to protect adolescent girls both at risk and affected by violence in Southern, North-Western & Muchinga Provinces – reaching a total of 143 girls through safe spaces, contributing to reaching 17,000 young people aged 10 - 24 years with GBV information.
- 166 male community champions were identified by District Medical to serve as direct links between health facilities and rural communities.
- Increased engagement of traditional courts through 30 traditional leaders identified and trained to champion the prevention of violence against women and girls as it relates to Sexual and Reproductive Health and Rights (SRHR).

## **Outcome 2: Legal**

The programme supported the specialized and multisectoral training of 218 officers including police, health care providers, local magistrate judges and doctors to effectively and efficiently process GBV cases for the fast track courts under the auspices of the Zambia Law Development Commission. This has increased service providers’ capacity to investigate and prosecute reported cases of gender based violence, resulting in a total of 15,153 reported cases with 1,052 convictions in the reporting period.

A sensitization campaign reached 508 police officers (108 female and 400 male) in the provisions of the Anti-GBV Law. The programme also provided technical support to the development of a Zambia Police database for victim related offences including GBV and human trafficking. The database was developed during the reporting period and is set to be rolled out in 2015, during which period Zambia Police will then be able to provide statistics using this system.

The establishment of the village referral mechanisms on Gender Based Violence comprising girls, boys, women, men, traditional leaders, community police, health personnel, teachers and other key individuals enhanced the coordination of GBV response and reporting in communities.

The programme has since seen the completion of the review of the Civil Procedure Code, which is in line with the Anti-Gender Based Violence Law. In Zambia, the Criminal Procedure Code under section 8 promotes reconciliation between parties to a criminal case.

An important outcome of the Anti-Gender Based Violence advocacy campaign, which was supported by the programme, was the decision by the Ministry of Gender to conduct Prison Mobile Clinics. This resulted in eight female inmates with offences relating to Gender Based Violence receiving presidential pardon from Mukobeko Maximum Prison. Consultative meetings with Ministry of Gender and Child Development have been conducted to make this event an annual one in order to increase access to justice by inmates, as far as legal redress is concerned. This is in line with the Special Rapporteur on violence against women, its causes and consequences’ recommendations to take **“measures to strengthen the provision of legal aid to women who have been subjected to violence, including those charged with murder of the abuser”**.

Another immediate result included provision of nutrition to circumstantial children by the Zambia Prison Service and other Non-governmental Organisations as previously these children were not budgeted for by the prison service.

*“Do not abuse prisoners and their children, respect their fundamental rights. Corruption must be our worst enemy. It is an offence for any officer to solicit bribes from inmates with a view to recommending them for parole. Officers need to be disciplined and refrain from acts that tarnish the image of the service,”* said Mr. Chato (Zambia Commissioner of Prison Services).

Other results are as follows:

- Information on **Anti GBV Act accessible** to the visually impaired through provision of Braille version of the Act.
- **Fast track courts identified** in Kabwe and Lusaka- Equipment procured and roll out of capacity development for service providers of the fast track courts done
- **Rules of Court developed** – awaiting signing/launch
- Increased referrals between traditional courts, men’s network and One-Stop-Centers with over 200 cases reported from traditional leader to the police through the community structures.

### **Outcome 3: Social Protection**

Nine percent of the 640 GBV survivors through the various implementing partners received continuing psychosocial support while their cases were being processed. Cases involving migrants’ present challenges as the survivors sometimes do not want the issue to be reported to the police for fear of them and the perpetrator being deported for immigration violations. In addition, when GBV cases involve family or spouses the victim normally is reluctant to progress with the case as it either brings shame on the family, ridicule from family members or economic disempowerment.

A total of 167 male champions were trained. The male champions were drawn from the migrant, refugee and host communities. Through these male champions and other communication strategies a total of 21,671 people were reached with information on GBV, migration and human rights.

The programme identified four organisations to provide skills to enhance economic benefits to GBV survivors leading to the following:

- 830 GBV survivors (719 females) including refugee women engaging in sex work for survivors were trained on Gender and Entrepreneurship Together (GET Ahead), and business planning.
- 2,292 survivors received training on Own Saving and Wealth Creation and Gender and Entrepreneurship with the aim of economically empowering and helping them make informed decisions about their lives.
- Following the trainings, 67 GBV survivors were linked to micro lending institutions to access loans for start-up capital and 15 accessed land for productive purposes like poultry, piggery and cement making.
- 319 reached with financial literacy skills of which 223 were female. About quarter of these were children.
- 48 GBV survivors were supported to have increased access to income generating activities and micro-businesses through various business trainings. Plans are underway to link these to large corporations.
- The UN Joint programme has equipped 510 survivors to engage in decent employment through own businesses after being equipped with entrepreneurship skills and start-up capital.

- Conducted 313 radio discussions on SRH as it relates to GBV, reaching an estimated **5,300 people** through Sexual and Reproductive Health community and facility interventions.
- A National Costed Operational Plan for the implementation of the Anti-Gender Based Violence Act was developed resulting in five line ministries and spending agencies to allocate funds for gender and gender based violence mainstreaming.

Other notable outcomes included:

- Successful role-modelling of an initiative that uses safe spaces and traditional structures to address violence among adolescent girls reaching a total of 143 girls. The rationale for targeting adolescent girls under this programme is twofold. The first is that current ZDHS data indicates that 42% of girls are married by age 18; and secondly that majority of women who have experienced violence report intimate partners as perpetrators. It can therefore be concluded that close to half of Zambian adolescent girls are at risk of violence.
- Approximately 17,000 young people aged 10 - 24 years were reached with information on GBV and how it negatively impacts on young peoples' health including unintended pregnancies, HIV, fistula, and maternal mortality.
- 166 male community champions were identified by District Medical Offices to serve as direct links between health facilities and rural communities.
- Ministry of Community Development Mother and Child Health (MCDMCH) senior programme officers equipped with knowledge of gender concepts and gender mainstreaming for integration in planning and implementation of health services.
- HIV, STI and EC commodities available for GBV clients in one stop centres and the facilities with coordinates response facilities.
- Inclusion of GBV/VAC issues in the Education Act and the Education Curriculum.

#### **Outcome 4: Ministry of Gender and Child Development has coordinated an effective, evidence based and multi-sectoral response to Gender Based Violence**

Three thousand (3,000) copies of the simplified Anti GBV Act were produced in braille for the visually impaired. These booklets were distributed through institutions for the visually impaired persons to raise awareness on GBV under Zambian law. The principal of Magwero School for the Blind had this to say three months after the Braille version of the Act was donated to her school.

*“The girls at my school now have the courage to challenge us to escort them where to report cases of gender based violence. I am so glad that my students have access to the Law, whose provisions they deserve to enjoy.”*

Furthermore, the simplified Anti GBV Act was translated into ki-Swahili for migrant and refugee populations from East Africa. A total of 3,000 copies were produced and distributed through the refugee camps.

The programme provided technical support to the development of a database for victim related offences including GBV and human trafficking for the Zambia Police.

There was increased coordination due to the sensitisations in rural communities following the establishment of the village led one stop shops on Gender Based Violence and the community networks for men, women and youths.

Four joint monitoring visits to project sites to assess progress on implementation conducted.

MGCD conducted National Anti GBV Quarterly Fora to enhance coordination and response to GBV and Steering Committee meetings that resulted in the Secretary to the Cabinet taking a lead in weekly discussions with Permanent Secretaries on GBV and gender mainstreaming matters in the public sector.

The National Coordinating Committee against Gender Based Violence has strengthened the monitoring and coordination of the implementation of the Anti-Gender Based Violence Law at provincial and district levels through quarterly visits to the provinces. The coordinating office also conducted a national Anti GBV Forum whose objectives included, sharing of knowledge on the magnitude and implications of gender based violence, identify strategies on increased networking, strengthen networks for an improved and enhanced referral system and coordination mechanism and share best practices.

The programme also purchased seven Public Address Systems and twenty one computers for use by Zambia Police Victim Support Unit to strengthen their data dissemination and management.

### **Outputs:**

The main outputs on the UN Joint Programme in 2014 include:

- (i) the provision of comprehensive medical services in selected clinics and hospitals following a skills training to health service providers and provision of comprehensive medical services such as PEP, psychosocial counselling and emergency contraception.
- (ii) Increased access to justice through prison mobile clinics leading to the release of ten (10) inmates of which eight (08) were female.
- (iii) Established partnerships with two (02) financial institutions to provide access to capital for GBV survivors. Following the formalization of the partnerships the institutions conducted gender audits and adjusted their financial lending systems to be more accommodative of girls and women accessing loans.
- (iv) Establishment of anti-GBV district and provincial task forces for improved coordination of services, which resulted in increased reportage and uptake of medical and legal services. The development of the accountability framework led to greater community policing
- (v) Village led anti GBV policing structures were established to improve community prevention and reporting of GBV. A total of 59 cases were reported through these community policy structures.

The African Women's Economic Summit (AWES) hosted by Zambia was used as a platform to empower over 500 women with knowledge about maternal health risks associated with violence against women; including promotion of female condoms for dual protection against unintended pregnancy and HIV (most victims of sexual violence are at risk).

The Central Statistics Office (CSO) were supported to hold a consultative workshop which concluded that the harmonization of the data collection instruments workshop was a major step in the improvement of the GBV and VAC statistics in Zambia. The workshop recommended that institutions include standard variables, as outlined in the National Action Plan on GBV (2010-2014). This is to ensure that collected data is measurable and comparable.

Gender Based-Violence Community Support Groups have enhanced dialogue between men and women on marital issues in line with GBV and provided safe spaces for survivors to freely express themselves. These support groups have been strengthened by being linked to the Victim Support Unit under the Zambia

Police service and local health centers. A total number of 28 cases were reported after the help desks were established during the period October– November 2014 in one of the communities in Mansa.

- The various trainings provided an opportunity for Gender Based Violence survivors to openly talk about their experiences and share words of encouragement. For those that received business skills they are able to know when they are making profits or losses and are now capable of taking their children to school. Women have learnt the ills of GBV and some have gotten their girl children back from the illegal marriages and placed them back in school.
- Increased networking on GBV due to the formation of 10 Anti GBV Task Force teams working with the District Development Committees.

#### **Describe any delays in implementation, challenges, lessons learned & best practices:**

On best practice, the Joint Programme on Gender Based Violence will replicate the Prison Mobile Clinics to provide access to justice to female inmates in line with the Special Rapporteur on Violence against Women, its causes and consequences' recommendations to take **“measures to strengthen the provision of legal aid to women who have been subjected to violence, including those charged with murder of the abuser”**.

- The Ministry of Chiefs and Traditional Affairs is a key player that should be harnessed more to improve community level engagement on GBV.
- Comprehensive stakeholder consultations should be organized to ensure maximum appreciation and the involvement of the programme for quick implementation.
- Informing victims of available services such as shelters, medical treatment, legal, counseling, and right to lodge complaint leads to increased Gender Based Violence reporting, increased uptake of services and furthermore encourages survivors to take action to remove themselves from violent situations knowing there is a support system available for them.
- Ministry of Community Development Mother and Child Health (MCDMCH) has two departments directly dealing with gender, the Community Department is dealing with women's empowerment providing socio cash transfer and supporting construction of one stop Centre's while the MNCH department is addressing GBV. During the sensitization meeting the two departments agreed to jointly plan, implement and monitor gender/GBV work to ensure synergy and better results.

#### **Challenges included:**

- Trained Change Agents are sometimes limited in their ability to discharge their duties due to other personal and community demands placed on their time; shortage of incentives such as transport to reach their peers.
- Lack of Police and health posts in rural areas.
- Cultural and traditional practices conflicting with GBV messages.
- Girls boarding houses to curb Gender Based Violence/Early Child Marriage.
- Getting migrants on board as they fear reprisals from being openly identified as such in the community.
- Most of the one stop centres and shelters are located at either provincial or district hospitals, there is need that these are rolled out to remote health centres.
- Health facilities have shortages of personnel, making it difficult for them to respond to the special needs of survivors amidst other tasks.
- An observation by the Eastern Province Permanent Secretary was the influx of migrants, mainly from neighbouring Malawi into the town of Chipata, where they make a living through informal trade or unskilled work. However, some human rights violations were being noted amongst this group including

unfair dismissal without wages and GBV, especially amongst female migrants. In Chipata town, CHAMP identified 10 GBV cases amongst migrants, and these were referred to other service providers for further assistance.

The programme has learned that greater community involvement is what is needed to reduce Gender Based Violence as expressed by the Minister of Gender and Child Development:

***“No amount of laws, one stop centres and arrests can eliminate the scourge except through effective and consistent public awareness and advocacy aimed at attitude and behavioral change targeting the entire nation. Furthermore, laws and awareness programmes must be matched with empowerment programmes for the vulnerable in society”***

Hon. Nkandu Luo, Minister of Gender and Child development

### **Qualitative assessment:**

The Joint Programme has received a lot of support and attracted key stakeholders from policy makers, high level civil servants and heads of government entities like the police, Drug Enforcement, the Chief Justice, Attorney General and the Ministry of Education. All these have expressed a keen interest in ensuring that the intended results are attained.

The programme has continued to receive a lot of support from the highest civil service office of the Secretary to the Cabinet who continuously provides strategic direction and ensures that implementing agencies foster synergies and reduce overlap of activities.

Kasama One Stop Center reached 50 villages in different districts with GBV awareness messages, leading to a number of village heads demanding to be part of the change agents. Through the formation of the village led one stop shops on GBV, our implementing partner Women for Change noted an increased knowledge and a strengthened coordination among various players on GBV as the communities are now able to deal with the social, cultural and traditional issues that surround Gender Based Violence in our society.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

Outcome	Achieved Indicator Target	Reasons for Variance with Planned Target (if any)	Source of Verification
<p><b>Outcome 1:</b></p> <p><b>Health workers have appropriate knowledge and skills to provide medical services to Gender Based Violence/GBV survivors</b></p> <p><b>Key Result 1.1</b> MGCD and partners have migration sensitive Gender Based Violence tools and implementation plan in line with the provisions of the Anti-Gender Based Violence Law</p> <p><b>Indicator:</b> District tools and implementation plans incorporating migration <b>Baseline:</b> Nil <b>Planned Target: 6</b></p>	<ul style="list-style-type: none"> <li>- 30 health workers trained on guidelines for provision of medical and psychosocial services to GBV survivors.</li> <li>- 18 trained in GBV, HIV and migration</li> </ul>	<p>Trainings in Chipata and Mazabuka did not materialise due to conflicting programmes by health workers in those districts.</p>	<p>Planning meeting reports District plans</p>
<p><b>Output 1.1:</b> Trainees demonstrate new skills in mainstreaming migration in Gender Based Violence programming</p> <p><b>Indicator 1.1.1:</b> Proportion of trainees able to identify areas of migration mainstreaming in Gender Based Violence programming in post training assessment</p> <p><b>Baseline:</b> <b>Planned Target: 80%</b> <i>Output 1.1.2: ToT in the use of protocols and guidelines on GBV management</i></p>	<ul style="list-style-type: none"> <li>- 85% of the trainees able to identify areas of migration mainstreaming.</li> <li>- 20 Provincial Medical Officers and 60 health care providers trained in Gender and GBV.</li> <li>- 35 Health care providers oriented to Gender and GBV tools as TOTs.</li> </ul>	<p>The training attracted more participants than anticipated</p>	<p>Post training assessment reports</p>

<p><b>Output 1.1.4</b>  <i>Provide technical support and capacity building of Health care providers for use of GBV protocols and guidelines</i></p>	<ul style="list-style-type: none"> <li>- 210 Frontline health workers and VSU staff trained in management, care and support of survivors of GBV from various districts of Zambia.</li> <li>- 4,420 in total comprising 2,200 community care givers, 100 Men’s networks with 20 members in each group,</li> <li>- 60 GBV/VAC stakeholders comprising 32 men and 28 women, former survivors and Neighborhood Health Committees (NHCs) in three districts trained in the Anti-GBV Act.</li> <li>- 100 health workers trained in GBV and Anti GBV provisions.</li> </ul>		
<p><b>Output 1.2</b> MoH and partners have scaled up mechanisms for the provision of integrated medical and psychosocial services for Gender Based Violence survivors</p> <p><b>Indicator:</b> Number of Health centres with special units /staff providing comprehensive services to GBV survivors</p> <p><b>Baseline Target:</b></p> <p><b>Target:</b> 400 health centers</p>	<ul style="list-style-type: none"> <li>- 58 health centers capable of dealing with Gender Based Violence, HIV, STI and EC commodities available for GBV clients in One stop centres and in coordinated response facilities.</li> <li>- Emergency Contraceptive pills included in the quantification and forecasting plans for family planning commodities for 2016 and 2017 national procurement plans.</li> <li>- 250 medical, police and social welfare were trained in to specifically deal with GBV and VAC.</li> <li>- Revision of Health Sector Strategy on GBV by an independent consultant – to be validated and launched in 2015.</li> </ul>	<p>Two more centers to be established in Chiengi and Chinsali districts.</p>	<p>Workshop reports</p>

<p><b>1.2.1</b>  <i>Create awareness on the availability of integrated health services for GBV survivors</i>  Indicator  Baseline target  Planned Target:</p>	<ul style="list-style-type: none"> <li>- 5,000 people reached in twelve communities.</li> <li>- 2,830 survivors (98% women and girls and only 2% male) of GBV received timely and appropriate health services through the Mansa and Kasama One Stop Centres OSCs and Samfya General Hospital</li> </ul>	<p>Continuous awareness of health services for GBV/VAC survivors increases the uptake of available services</p>	<p>Monitoring Reports</p>
<p><b>1.2.2</b>  <i>Support the finalization of the GBV Indicator Survey</i>  Indicator  Baseline target:  Planned indicator 1 baseline</p>	<ul style="list-style-type: none"> <li>- Data collection completed in all the 172 districts and data analysis done.</li> </ul>		<p>Progress reports</p>
<p><b>1.2.3</b>  <i>Support the operationalization of GBV/VAC Hotline</i>  Indicator  Baseline target  Planned indicator</p>	<ul style="list-style-type: none"> <li>- Active toll free lines 933 and 116 for GBV and VAC respectively provide telephone services to GBV survivors as well as child survivors of violence</li> <li>- A total of 137,181 calls were received from adults and concerned children on the 933 gender based violence helpline. The helpline provides online and individual counselling as well as aiding in referrals and follow ups, meaning connecting people to appropriate referral partners and service providers.</li> </ul>		
<p>Output 1.8 Existence of Gender Based Violence case management guidelines  Baseline: 0  Planned Target: 1</p>			

<p>Number of Gender Based Violence survivors accessing services as part of a comprehensive SRH package. Baseline: 0 Planned Target: 300</p>	<ul style="list-style-type: none"> <li>- 450 health officers trained in comprehensive SRH package in Eastern, Lusaka, Mongu, Luapula, Muchinga and North-Western Province.</li> <li>- Emergency Contraceptive pills included in the quantification and forecasting plans for family planning commodities for 2016 and 2017 national procurement plans.</li> </ul>		<p>Activity reports</p>
<p><b>Outcome 2: Gender Based Violence survivors have increased access to an efficient justice delivery system</b></p> <p><b>Indicator:</b> % of reported Gender Based Violence case resulting in convictions <b>Baseline:</b> 10% (2008) <b>Planned Target:</b> 60% (2015)</p>	<ul style="list-style-type: none"> <li>- 15, 153 cases reported, with 1,052 convictions.</li> <li>- People at risk of gender based violence, their families and communities, currently show a substantial level of knowledge of what Gender Based Violence is and where to report</li> </ul>		<p>Review of reports</p> <p>Monitoring Visits Review of Court and VSU records</p>
<p><b>Output 2.1:</b> Public Prosecutors at Zambia Police have acquired investigative and prosecutorial skills and equipment for Gender Based Violence cases</p> <p><b>Indicator:</b> Number of prosecutors and police officers trained in investigative and prosecutorial skills and equipment for Gender Based Violence cases. <b>Baseline:</b> TBD <b>Planned Target:</b> 1,000</p>	<ul style="list-style-type: none"> <li>- 119 Public Prosecutors trained in prosecutorial skills.</li> <li>- 85 police officers (48 females and 37 males) trained on how to effectively and efficiently process GBV cases for the fast track courts.</li> <li>- 408 police officers (198 women) and 60 front desk officers (32 were female and 28 male) trained in the provisions of the GBV Act.</li> <li>- 550 Traditional leaders, chiefs, men, women, boys and girls, teachers reached with awareness raising activities in 7 districts.</li> </ul>		<p>Review of reports and Training attendance registers Monitoring Visits Review and steering committee meetings</p>
<p><b>Output 2.2:</b> Adjudicators in statutory and customary courts have acquired skills for adjudicating Gender Based Violence cases</p> <p><b>Indicator :</b> Number of statutory and customary adjudicators trained in adjudicating skills for</p>	<ul style="list-style-type: none"> <li>- An assessment of gaps in the adjudication of cases in the local courts was undertaken targeting 30 people comprising 10 Provincial Local Court Justices, 10 Local Court Justices from 10 provinces and 10 traditional chiefs</li> </ul>	<p>Training to be done first quarter of 2015</p>	<p>Review of reports and Training attendance registers</p>

<p>GENDER BASED VIOLENCE</p> <p><b>Baseline: 0</b></p> <p><b>Planned Target: 380</b> (300 customary and 80 statutory adjudicators)</p>	<p>representing the 10 provinces of Zambia.</p> <ul style="list-style-type: none"> <li>- Training Manual developed.</li> </ul>		<p>Review and steering committee meetings</p>
<p><b>Output 2.3:</b> MoJ has developed an appropriate and efficient legal system for Gender Based Violence survivors</p> <p><b>Indicator :</b> Strategy for development of fast track courts developed</p> <p><b>Baseline:</b> Fast track courts do not exist, nor a strategy for their development</p> <p><b>Planned Target: 10</b> (Provincial capitals)</p> <p><b>Indicator:</b> Number of female inmates receiving legal aid.</p> <p><b>Baseline:</b> Legal aid does not exist for female inmates</p> <p><b>Planned Target: 10</b></p>	<ul style="list-style-type: none"> <li>- Ongoing specialized training for the various fast track court service providers including public prosecutors, health personnel, and police.</li> <li>- Rules of Court developed, awaiting signing by Ministry of Justice.</li> <li>- 264 female inmates reached leading to the release of 10 inmates of which 8 were female from the Mukobeko Maximum Prison.</li> </ul>		<p>Review of reports and Training attendance registers</p> <p>Monitoring Visits</p> <p>Review and steering committee meetings</p>
<p><b>Objective 3: Survivors of Gender Based Violence have increased access to protection and support services:</b></p> <p><b>Indicator; Number of Gender Based Violence survivors housed in GBV shelters</b></p> <p><b>Baseline: TBD</b></p> <p><b>Planned Target: TBD</b></p>	<ul style="list-style-type: none"> <li>- 650 survivors housed in shelters across the country.</li> <li>- A total of 5,383 males and 14,520 females were reached with information on Gender Based Violence, migrants' rights and the Anti-Gender Based Violence Rights</li> <li>- 1,768 in-school children reached</li> <li>- 11 drama anti-GBV performances conducted.</li> <li>- 11 radio and 3 TV programmes on GBV and migration aired.</li> <li>- 400 pamphlets IEC materials produced</li> <li>- 880 survivors of GBV in Entrepreneurship using the GET Ahead package. 120 were male and 760 Female. All these have started doing small businesses which vary</li> </ul>		<p>Meeting reports</p> <p>Business plans</p>

	in nature.		
<b>Awareness raising among communities on GBV related rights</b> <b>Indicator:</b> 40 communities reached with awareness raising activities on GBV and VAC <b>Planned Target</b>	<ul style="list-style-type: none"> <li>- 120 communities in Northern, Luapula, Copperbelt and Eastern provinces. Specifically the districts reached were: Nakonde, Kasama, Chinsali, Mungwi, Muchinga, Kitwe, Kalulushi, Petauke, Nyimba, Chipata, Katete, Kabwe.</li> </ul>		
<b>3.1 MGCD, partners and communities equipped with skills and resources for creating awareness about GBV, negative social norms and cultural beliefs.</b> <b>Indicator:</b> 1 % of people in surveyed communities aged 18+ that have received information of GBV. <b>Baseline:</b> 51.7% <b>Target:</b> 80% <b>Indicator 2:</b> Number of male champions in creation of GBV awareness	<ul style="list-style-type: none"> <li>- Mapping exercise done.</li> </ul>		
<b>3.1.3</b> District and local stakeholders trained on GBV and migration	<ul style="list-style-type: none"> <li>- A total of 257 stakeholders (52% males) trained</li> <li>- 163 male champions trained in male involvement in awareness creation on GBV, resulting in 5,600 people reached with GBV messages.</li> </ul>		
<b>3.1.4</b> <b>Community Based Workers Trained in psychosocial support and counselling for GBV survivors.</b>	<ul style="list-style-type: none"> <li>- 88 Community Based Workers (CBWs) trained on psycho-social support and lay counselling resulting in 3,070 cases being attended to.</li> </ul>		

**Output 3.2** Communities targeted districts/sites have developed networks and coalitions for surveillance, support, referral and reporting of GENDER BASED VIOLENCE cases.

**Indicator 1:** Number of formalised networks and partnerships among Government, NGO, CBOs, FBOs and Private) providing information on GBV  
 Baseline target:0  
 Planned target:

Indicator: Number of community platforms and mechanism established / strengthened to respond to GBV in migration affected communities.  
**Baseline:** nil  
**Target:** Not set

**Indicator 2:** Number of GBV cases addressed by the police that have been reported by community members.  
**Baseline Target: 0**  
**Planned target: 20 Community networks and Help Desks**

- Ten (10) signed MOUs- one in each province.
- 147 community networks and 40 help desks created.
- Four forums were conducted by nationals and non-nationals that attracted 180 community leaders, among them 6 female GBV survivors trained in Human and Migrants’ Rights and Gender Based Violence to build better social cohesion.
- Activities to commemorate the 16 days of activism against violence against women were conducted bringing together refugees, migrants and the host communities. Strengthened GBV reporting systems at community level due to formation of 12 community forums established on GBV (Hope Support Groups).
- A total of 640 GBV cases reported through the community networks, 12 sexual and physical violence cases were referred to VSU, while the majority were dealt with through the community forums.

<p>Indicator 3: Training of community based care providers in the provision of community-based psychosocial care and support services for survivors and perpetrators of GBV.</p> <p>Indicator Baseline target Planned target.</p>	<ul style="list-style-type: none"> <li>- 147 community networks resulting into 2,940 community care workers trained. Out of these 1,400 were men and 1,540 were women.</li> </ul>		
<p><b>Output 3.3: Stakeholders implementing the Anti-GBV Act have established protection and support services for GBV survivors</b></p> <p><b>Indicator 1: No of functional Coordination Response Centres (CRCs)</b> <b>Baseline: 11</b> <b>Target: 1 in each district</b></p> <p><b>Indicator 2:</b> Number of GBV survivors that have been accommodated in shelters while their cases are being handled in court Target:</p> <p><b>Indicator3:</b> Number of GBV survivors adopted by the MOCDMCH to receive public welfare assistance <b>Baseline: Nil</b> <b>Target :Nil</b></p> <p><b>Indicator 4:</b> number of GBV survivors receiving economic empowerment</p>	<ul style="list-style-type: none"> <li>- 64 functional men’s Network desks operational and cases being reported to the main Drop in Centre and two One Stop Centres</li> <li>- 500 GBV survivors were accommodated in the shelter in Chipata and Mansa while their cases were being handled in court</li> <li>- 23 received further support through referral to the Social Welfare department in Mansa and registered under the Public Welfare Assistance programme. 8 children received bursaries and were enrolled in schools.</li> <li>- 2,292 GBV survivors received empowerment support.</li> </ul>		
<p><b>Output 3.4: MoESVTEC has implemented the GBV provisions in the revised Education Act</b></p> <p><b>Indicator 1: Number of GBV cases reported in schools</b> <b>Baseline: 0</b> <b>Target:</b> Revised Education Act with new GBV/VAC provisions</p>	<ul style="list-style-type: none"> <li>- 755 reported cases in schools</li> <li>- Conducted an assessment of gaps for the implementation of the GBV provisions in the revised Education Act.</li> </ul>		

<p><b>Output 3.5: GBV survivors have access to productive resources (Land, finance, capital)</b></p> <p><b>Indicator 1:</b> No of trained women  <b>Baseline:</b> 0  <b>Target:</b> 2,000</p>	<ul style="list-style-type: none"> <li>- 820 women trained in Own Savings for Assets and Wealth (OSAWE) creation in Muchinga and Northern Provinces.</li> </ul>		
<p><b>3.6</b>  Number of GBV survivors accessing income generating activities  <b>Indicator 1: % of GBV survivors accessing income generating activities</b>  <b>Baseline:</b> 0  <b>Planned Target:</b> 1000</p>	<ul style="list-style-type: none"> <li>• 2292 GBV survivors and vulnerable women trained and equipped with Gender and Entrepreneurship Together (GET-Ahead) skills to equip them with business management skills that would enable them to be more financially independent and thus at less risk of GBV</li> <li>• 573 have opened bank accounts, started their business and are currently saving.</li> </ul>	<p>Following the training, a number of survivors and vulnerable women still struggle to get start-up capital to initiate their business as most of them have no financial track records. Also, some of the migrants do not have adequate documentation.</p>	
<p><b>Outcome 4. : MGCD has coordinated an effective, evidence-based and multi-sectoral response to Gender Based Violence in Zambia</b></p> <p><b>Indicator:</b> % of GENDER BASED VIOLENCE survivors that have been referred among State and Non-State Actors providing support and protections services while pursuing their cases.  <b>Baseline:</b> TBD (baseline)  <b>Target:</b> TBD (After baseline)</p> <p><b>Indicator:</b>% of state and non-state partners participating in the implementation of the Anti-GENDER BASED VIOLENCE Law that are complying with guidelines.  <b>Baseline:</b> Zero (the developed guidelines have not been disseminated and new ones are yet to be</p>	<ul style="list-style-type: none"> <li>- 45 cases referred to various legal service providers for appropriate services such as Women and Law in Southern Africa, Planned Parenthood Association of Zambia, YWCA, National Legal Aid Clinic Women.</li> </ul>		<p>Review of reports</p> <p>Monitoring Visits</p> <p>Institutional Surveys.</p> <p>Review and steering committee meetings</p>

<p>developed as necessary)  <b>Target:</b> 100%</p> <p><b>Indicator:</b> Amount of resources (Cash and in-kind) leveraged from state and non-state partners participating in the implementation of the programme.  <b>Baseline:</b> ZMK Zero (0)  <b>Target:</b> 25% of total programme cost</p>	<ul style="list-style-type: none"> <li>- \$10,000 received from Zambia Centre for Communications Programmes on hosting the Anti-GBV Quarterly Forum</li> </ul>		
<p><b>Output 4.1:</b> MGCD and partners have developed tools and mechanisms for awareness raising and implementation of the Anti-GENDER BASED VIOLENCE Law</p> <p><b>Indicator:</b> MGCD and partners have developed and implemented a costed operational plan for education and creating awareness on the Anti-GENDER BASED VIOLENCE Law.  <b>Baseline:</b> The simplified Anti-GENDER BASED VIOLENCE Law has been developed and translated into 7 main local languages:  <b>Indicator:</b> % of State and Non-State Partners Institutions that correctly define their role according to the provisions of the Anti-GENDER BASED VIOLENCE Law.  <b>Baseline:</b> Zero (Education and awareness on the Law has not yet started and the guidelines developed so far have not yet been implemented)  <b>Target:</b> 100%</p>	<ul style="list-style-type: none"> <li>- IEC materials developed and disseminated at various traditional ceremonies and in schools.</li> <li>- Radio programmes were conducted to raise awareness on the Anti GBV Act and the provisions therein.</li> <li>- Costed Operational Plan developed and disseminated to all government Line Ministries and Spending Agencies.</li> <li>- The simplified version of the Anti-Gender Based Violence Law was translated into seven major local languages and into braille and Ki - Swahili.</li> <li>- The translated Act disseminated in Soft Copy.</li> </ul>		<p>Review of reports</p> <p>Monitoring Visits</p> <p>Institutional Surveys.</p> <p>Review and steering committee meetings</p> <p>Translated copies of the Anti-Gender Based Violence Law.</p>
<p><b>Output 4.2:</b> MGCD and partners have implemented and evidence-based and informed GRZ-UN Joint Programme on GENDER BASED VIOLENCE  <b>Indicator:</b> Number of assessments (including</p>	<p>Baseline: data collected in all the 172</p>		<p>Review of reports</p> <p>Monitoring Visits</p>

<p>operations research and evaluations) that have been conducted to inform the programme design, implementation and reporting.</p> <p><b>Baseline:</b> Zero</p> <p><b>Target:</b> 5 (One baseline, two evaluations/reviews, two (2) operations research and other assessments conducted.</p> <p><b>Indicator:</b> % of indicators in the programmes results and monitoring framework being reported on.</p> <p><b>Baseline:</b> TBD (At baseline phase)</p> <p><b>Target:</b> 100%</p>	<p>districts, awaiting analysis</p> <p>Completed the Costed Operational Plan for implementing the Anti GBV Act and disseminated.</p>		<p>Institutional Surveys.</p> <p>Review and steering committee meetings</p>
<p><b>Output4.3:</b> MGCD and partners have established national and district coordination mechanism for the implementation of the Anti-Gender Based Violence Law</p> <p><b>Indicator:</b> Number of functional national, provincial and district coordination units for GENDER BASED VIOLENCE cases established.</p> <p><b>Baseline:</b> Zero</p> <p><b>Target:</b> 1 National and at least each province and district has a coordination unit for GENDER BASED VIOLENCE cases</p>	<ul style="list-style-type: none"> <li>- 10 Anti GBV task forces established in 5 provinces: 5 at province and 5at district levels.</li> <li>- 5 PITC meetings held to plan and review progress on implementation.</li> <li>- 3 meetings for the Anti-Gender Based Violence Committee.</li> <li>- 2 Steering Committees held with the Weekly meeting with Secretary to the Cabinet.</li> <li>- 17 Anti GBV messages on TV, print and radio featuring Key Stakeholders.</li> <li>- Bicycles, mobile phones and 7 vehicles provided to the rural communities to enhance networking and responding to Gender Based Violence.</li> <li>- IOM provided technical support to the development of a database for victim related offences including GBV and human trafficking for the Zambia Police – Victim Support Unit.</li> </ul>	<p>Rolling out the anti-GBV task forces to the rest of the country in 2<sup>nd</sup> quarter of 2015</p>	<p>Review of reports</p> <p>Monitoring Visits</p> <p>Review and steering committee meetings</p>

<p><b>Output 4.4:</b> MGCD and partners have established a functional referral system for comprehensive and integrated services to GENDER BASED VIOLENCE survivors</p> <p><b>Indicator:</b> Number of formalised agreements for referrals of GENDER BASED VIOLENCE survivors among state and non-state actors established.</p> <p><b>Baseline:</b> TBD (At baseline phase)</p> <p><b>Target:</b> TBD (after baseline)</p>	<ul style="list-style-type: none"> <li>- Ministry of Gender has established a national referral mechanism to respond to Gender Based Violence. Over 60 help desks have been established in Chipata, Mansa and Kasama.</li> </ul>		<p>Review of reports</p> <p>Monitoring Visits</p> <p>Review and steering committee meetings</p>

### iii) A Specific Story

**Problem / Challenge faced:**

Clem is a 33 year old Rwandese woman who lives in one of Lusaka’s informal settlements. At the age of 13 she and her Hutu family fled Rwanda escaping from the genocide. However in the melee of escaping she was separated from her family on their way to Tanzania. She was “taken in” by another family and they travelled with her up to Tanzania. She stayed with this family for a while, still trying to establish the whereabouts of her family. To date she has not been able to establish what happened to her family. At the age of 15, her “new family” married her off to Mr Waku, a Tsutsi man, 31 years her senior. Together with her new husband they moved to Zambia where they sought refuge. They spent their first 2 years in one of the refugee camps but after that her husband decided to move to Lusaka for better economic opportunities.

Clem reports that their marriage has never been rosy from the start with constant beatings and sexual violence experienced in the hands of her husband, who would also withhold economic support from her and their three children. He also reportedly threatened to kill her if she ever tried to leave him. One day, a fellow Rwandese who knew of her ordeal in the hands of her husband, told her of an organisation (Mulangile Women Organisation – One of IOM’s IPs in the Joint UN Programme on GBV) who hold weekly community meetings on GBV in the local community hall and had reportedly been able to assist other victims in similar situations. He advised Clem to attend the meeting, which she did.

**Programme Interventions:**

On narrating her story to MWO, they counselled with her and advised her of her options. She was supported in reporting her case to the police, who opened a case against the husband. She was referred to a local shelter where she and her children stayed for a few weeks. She however, was forced to leave the shelter due to some misunderstanding. With nowhere to go, she was then sheltered by well-wishers for about two months while deciding her next course of action. Still determined to move away from the abusive situation, she was supported with a start-up loan to pursue a small business. She has since rented a place to live in with her children. Two months after starting her business, she is able to make enough money to pay her rent and feed her family.

**Result (if applicable):**

She is currently receiving assistance from Legal Aid Clinic for Women to ensure that the husband supports her and the children and does not pursue her to continue abusing her.

**Lessons Learned:**

Empowerment programmes should always be a part of anti- Gender Based Violence intervention.

### III. Other Assessments or Evaluations (if applicable)

During the trainings conducted, pre and post training assessments were conducted to gauge participants understanding of the information shared during the trainings. Two key questions were used to measure participants’ sentiments about migration and GBV: Prior to the trainings 76% of participants felt that nationals / local citizens tend to feel more powerful than migrants, making migrants targets of gender based violence as opposed to 92% in the post training assessments. Another questions evaluated participants perception of migrants vulnerability to GBV through the statement “Migrants are more likely to be victims of

gender based violence”, with 57% respondents affirming this statement prior to the trainings compared to 91% after the trainings.

#### **IV. Programmatic Revisions**

The production of IEC materials in braille was necessitated by strong representation from groups representing the visually impaired that they were being excluded from mainstream GBV programmes because most programming was done with sighted people in mind.

#### **V. Resources**

Programme Associate to assist management of the implementation of the Joint Programme was recruited and commenced work in April 2014. A driver has been recruited and will commence work in May, 2015.

The UN-GRZ Joint Programme donated 3 vehicles, 300 phones and 240 bicycles to the Ministry of Gender and Child Development and Misolo Village led One Stop Shop on Gender Based Violence respectively in order to scale up efforts to respond to Gender Based Violence at a cost of \$145,000.

The UN-GRZ Partnerships:

- Partnership with ZANACO and Investrust; provision of financial services
- Partnership with CAVMONT for provision of \$50,000 for microcredits to GBV survivors.
- Partnership with Bank of Zambia in training GBV survivors in financial services.

## **ANNEX A**

### **New Push to End Child Marriages in Zambia – One Village at a Time**

Agnes Lungu, 56, is full of remorse and still regrets the day she and her husband married off their 15 year-old daughter to a man they had chosen for her, so that they could get a bride price to help them solve the family's problems.

“I did not know about the harmful consequences of child marriage, and I feel very guilty I did this. It’s a wrong practice and nobody should do it,” she says.

Child marriages are scandalously common in Kakwiya, Agnes’ village in Zambia’s Eastern Province, where the practice is as high as 60 percent, accounting for the highest prevalence rate in the country. Child marriage is illegal in Zambia, but the laws are often ignored by communities where marrying children and adolescent girls is common practice.

United Nations data shows that Zambia has one of the highest child marriage rates in the world with 42% of women aged 20-24 years married before the age of 18 – a rate that has not evolved since 2002. The country remains among the top hotspots for the practice that robs girls of both education and childhood. Girls living in rural areas are at a higher risk of being married off at an early age, and those with no access to education are the most vulnerable.

To help address the issue, a United Nations Development Programme (UNDP)-led initiative is working with communities through three village-led One-Stop-Shops on Gender Based Violence to raise the awareness of girls, parents, teachers, and community leaders, the Zambia Police Victims Support Unit and policymakers about the health and rights implications of young girls getting into marriages.

The scheme is the result of a partnership between the UN Joint Team on Gender (ILO, IOM, UNFPA, UNICEF, WHO and led by UNDP) and the Government of Zambia with financial support from the governments of Sweden and Ireland. The USD15 million programme provides women reporting Gender Based Violence with increased access to timely and appropriate health services; an efficient justice delivery system; protection and support services.

Agnes is the leader of her rural female group, Women for Change and was among community-based paralegals (women and men) trained by the Misolo Community Gender Based Violence One-Stop Shop with support from UNDP. Through guidance and knowledge acquired from workshops, she dissolved her daughter’s marriage and brought her back to school.

Provided with bicycles, mobile phones and paralegal training, Agnes and her colleagues have set up neighbourhood watch committees, paralegal and counselling services, and a referral system for Gender Based Violence cases. They are now the driving force behind a campaign to prevent child marriage, which has been a long-standing tradition in their community.

Fanny Lungu, a Paralegal from Misolo Village, says that she already sees a significant reduction in child marriages since the establishment of the Misolo Community Gender Based Violence One Stop Shop. “We talk to families about different ways their girls can contribute to their livelihoods, so that marriage is not seen as the only option,” she says.

Fanny said a girl was almost married off by her parents at just 14 years old. With the girl's courage to report and protest against the attempted marriage, and the support of the One-Stop Shop, the young girl avoided that fate.

“Child marriage is one of the most pressing development challenges in Zambia. It robs girls of their childhood, denies them their rights to health and education, thereby limiting their opportunities, and leaving them vulnerable to physical, sexual and psychological abuse. We must all act to end a practice that threatens the lives and future of thousands of girls in the country,” says Janet Rogan, the UN Resident Coordinator and UNDP Resident Representative in Zambia.

Traditional leaders inside Zambia are now making it a point to ensure that child marriage, along with other issues surrounding the subject, are being brought out into public discussions during village gatherings. Chief Nyamphande of the Nsenga people in the Eastern Province, which includes Misolo village, says they are utilizing public gatherings as a platform to educate people in his chiefdom about the consequences for families who marry girls off at a young age.

So far, the initiative has prevented 20 child marriages and stopped dowry practices in a number of communities.

For women like Agnes and Fanny, the programme has had an immediate impact. “I am glad my daughter is back in school. I want her to complete school and have a better life,” says a beaming Agnes.

#### **Highlights:**

- Poor education is associated with the prevalence of child marriage in Zambia. 65% of women aged 20-24 with no education and 58% with primary education were married or in union at age 18, compared to only 17% of women with secondary education or higher.
- Once girls in Zambia are married, few of them (28.1%) use modern contraception in spite of their needs to space their childbearing time. Of the few using modern contraception, 55.8% have their demand for contraception satisfied.
- Zambian law forbids marriage below the age of 21, but many girls end up being married as young as 13 years. This is because of the current dual legal system in Zambia where customary law runs side by side with state law in matters of marriage, divorce and inheritance rights.

#### **Zambian Men Work to Change Attitudes and Confront Gender-Based Violence**

<http://www.zm.undp.org/content/zambia/en/home/ourwork/womenempowerment/successstories/zambian-men-work-to-change-attitudes-and-confront-gender-based-v/>

#### **New Push to Stem Child Marriages in Zambia – One Village at a Time**

<http://www.zm.undp.org/content/zambia/en/home/ourwork/womenempowerment/successstories/new-push-to-stem-child-marriages-in-zambia--one-village-at-a-tim/>