Government of the Republic of Zambia-United Nations Joint Programme on Gender Based Violence

Final Consolidated Programme Progress Narrative Report (2012 – 2017)

Programme Title and Project Number	**Country, Locality(s), Priority Area(s) / Strategic Results**
Programme Title: **GRZ-UN Joint Programme on GBV** Programme Number: 00083908 MPTF Office Project Reference Number: 00086414	*Country:* **ZAMBIA**
Participating Organization(s)	**Implementing Partners**
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) United Nations High Commission for Refugees	Ministry of Gender, Ministry of Home Affairs, Ministry of Community Development, Ministry of Health, Judiciary, Women and Law in Southern Africa, National Legal Aid Clinic for Women, Alliance for Youth Empowerment, Kasama & Mansa One Stop Centres, Zambia Law Development Commission, Mulangile Women Organisation, ZFAWB, Community for Human Development, Alliance for Young Entrepreneurs, Zambia National Women's Lobby Group, Women for Change, PPAZ and YWCA
Programme/Project Cost (US$)	**Programme Duration**
Total approved budget as per project document: **$ 15,570,000** MPTF /JP Contribution: Agency Contribution ILO **$ 50,000** IOM **$ 0** UNDP **$ 1,000,000** UNFPA **$ 500,000** UNHCR $ **10,000** UNICEF $ **1,033,386.40** WHO **$ 0** Government Contribution: **n/a** Other Contributions (donors) Sweden – $ 8,367,448 Ireland – $ 2,136,580 **Total: $ 10,504,028**	Overall Duration *(months):* **65** *Start Date:* ***31 /07/2012*** *Original End Date:* ***31/12/2016*** *Current End date:* ***31 / 12 / 2017*** Actual End date *(31.12.2018)* Have agency(ies) operationally closed the Programme in its(their) system Expected Financial Closure date: 31/10/2019
Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Evaluation Completed – **Yes.** ☐ Yes ☐ No Date: *20/02/2017* Evaluation Report - Attached ☐ Yes ☐ No **Date: *10/04/2017***	○ Name: **Shupe Makashinyi** ○ Title: Programme Coordinator ○ Participating Organization (Lead): **UNDP** ○ Email address: shupe.makashinyi@undp.org

Kaoma Drop in center for GBV Survivors, Western Province

List of Acronyms

CBO	: Community Based Organization
CEDAW	: Convention on the Elimination of All Forms of Discrimination Against Women
CPC	: Criminal Procedure Code
CSO	: Civil Society Organization
EC	: Emergency Contraception
GBV	: GBV
GRZ	: Government of the Republic of Zambia
HMIS	: Health management Information System
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 GBV
LAZ	: Law Association of Zambia
MoCTA	: Ministry of Chiefs and Traditional Affairs
MCDSS	: Ministry of Community Development and Social Services
MDG	: Millennium Development Goals
MGCD	: Ministry of Gender and Child Development
MoG	: Ministry of Gender
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
PC	: Penal Code
PEP	: Post – Exposure Prophylaxis
PLAN	: Plan International - Zambia
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 Fund
UNHCR	: United Nations High Commissioner for Refugees
VSU	: Victim Support Unit
WHO	: World Health Organization
ZCCP	: Zambia Center for Communications Programme
ZPS	: Zambia Police Service

EXECUTIVE SUMMARY

This final report of the United Nation – Government of the Republic of Zambia Joint Programme on Gender Based Violence (UN-GRZ JPGBV) covers the activities carried out in the final year of the programme (2017) as well as the cumulative results since inception, thereby covering the entire period of the fund (2012 – 2017).

In the final year of the Joint Programme, the Ministry of Gender's coordination mechanisms for programme implementation were further strengthened by the programme's interventions through the scaling up of community policing activities to s21 village-led-one-stop centres on GBV to bring services closer to the people. In addressing gender-based violence at community and village level the programme noted that the use of transformative approaches that engage men and boys are quite effective for challenging masculinity and harmful social norms.

The programme has also strengthened the Anti GBV Task Forces. These have provided for men and women to interact over matters of GBV prevention and response services. The programme successfully rolled out four more fast track courts in Chipata, Choma, Mongu and Ndola.

Gender Based Violence is a widespread human rights and development issue that transcends geography, class, culture, age, race and religion. The Anti Gender Based Violence Act No.1 of 2011 defines gender-based violence as "any physical, mental, social or economic abuse against a person because of that person's gender". There has been an increase in the number of cases reported to the Zambia Police from 12,924 in 2012; 14,097 in 2013; 15,153 in 2014; 18,088 in 2015; and 18,540 in 2016. The total number of GBV cases reported in 2017 is 21,504., which is an annual increase of 13.8% from the 2016 reported cases[1].

In Zambia gender-based violence includes physical violence e.g battery, defilement, sexual harassment, murder, rape, human trafficking, denial of resources and opportunities (depriving beneficiaries), child and forced marriage and harmful cultural practices. Child defilement is the mostly reported type of GBV. In 2017 there were a total of 2,279 child defilement cases reported country wide representing 10.6 % of the reported cases of which 9 were boys and 2,269 victims were girls. Lusaka province recorded the highest number of defilement cases with 1,093 cases translating to 48% of the reported defilement cases.

To strengthen case handling and management systems, the programme developed the capacity of law enforcement agencies. 50 statutory adjudicators were trained in GBV adjudicating skills, bringing the total number to 115 since inception. Further, 50 traditional leaders and customary court adjudicators were trained on adjudicating GBV cases in line with the provisions of CEDAW resulting in 369 being trained since programme inception.

At policy level, the programme supported the development of the National Plan of Action to End Child Marriage led by Ministry of Gender. The policy was launched in December 2017 by the Minister of Gender; a demonstration of Government's commitment to strengthen nationwide efforts to end child marriage.

[1] Zambia Police Service Victim Support Unit 2017 Report

1.0 BACKGROUND AND PURPOSE

The GRZ-UN Joint Programme on GBV 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 GBV Law (2011) through the establishment of an integrated and multi-sectoral mechanism for its implementation.

The programme is aimed at reducing GBV in Zambia through establishing an integrated and multi-sectoral mechanism for the implementation of the Anti-GBV Act. These results are expected to be achieved through the following four (4) interrelated outcomes;

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

The programme is implemented by various State and Non-State Agencies and coordinated by the Ministry of Gender with technical and financial support from Seven (7) UN Agencies (ILO, IOM, UNDP, UNFPA, UNICEF, UNHCR, WHO) and Bilateral Cooperating Partners (Sweden and Ireland). The programme's initial duration was three and half years from July 2012 to December 2016 but was granted a no cost extension to 31st December 2017

This consolidated Final Report for the GRZ-UN Joint Programme on Gender Based Violence in Zambia covers the period from 1 July 2012 to 31 December 2017. This report is in fulfilment of the reporting requirements set out in the Standard Administrative Arrangement (SAA) concluded with the Donor and the Memorandum of Understanding (MOU) signed by Participating UN Organizations and provides an assessment of the performance within the reference period. This 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 also 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. Progress on planned results for the period under review are as follows:

2.0 PROGRESS AGAINST PLANNED RESULTS

The GRZ-UN Joint Programme on GBV has contributed significantly to advancing and protecting women's rights in the country as evidenced by a continuous improvement in the Gender Inequality Index (GII) from 0.752 in 2010 to 0.627 in 2011, 0.617 in 2014, 0.627 in 2015, 0.587 in 2016 and 0.526 in 2017.

The programme has been the main vehicle for implementing the Anti-GBV Act of 2011 through enabling a coordinated and multi-sectoral response to GBV. Increased awareness on GBV, laws in place and support services for GBV survivors and their families have led to a continued increase in the

number of cases reported to the police from 12,924 in 2012 to 15,153 in 2014; 18,088 in 2015; and 18,540 in 2016 and 21,504 in 2017. This can be attributed to increased awareness in communities, and better provision of prosecutorial and support services to GBV survivors. This has however led to a huge backlog of cases as GBV cases take a long time to be concluded in conventional courts. This development has been addressed through the establishment of two pilot fast track and user-friendly courts in Lusaka and Kabwe, where cases take between 5 to 90 days to be concluded as opposed to 12 – 24 months or more in regular courts. The success of the fast track courts has motivated Government through Cooperating Partners' support to roll out GBV fast track and user-friendly courts to four other provinces (Southern, Copperbelt, Western and Eastern) in 2017.

The provision of specialized GBV services, including psychosocial support, health care, legal advice and protection were strengthened with the establishment of four GBV one stop centers, which are now providing multi-sectoral response to GBV in one location. Three OSCs were hospital based (Mporokoso, Kasama, Mansa), while one (Chiengi) was established in a MCDSS (Ministry of Community Development and Social Services) premises. The OSCs personnel was extensively trained in GBV services provision, the survivor centred approach and GBV Information management. Staff of OSCs conducted outreach and supported more than 200 community networks to conduct awareness raising on GBV and provide first aid response to GBV survivors and safe referral to OSC. Community networks sensitized on GBV also conducted outreach in schools to inform pupils about services available and risks of GBV

The programme noted that service providers are now able to identify, probe, codify and isolate GBV cases as opposed to treating all GBV cases as general assault. As a result, cases are now being referred accordingly, enabling survivors to receive appropriate services.

The above results have been achieved through direct and indirect contribution of the following results, at outcome level for the programme:

Outcome 1: GBV survivors have increased access to timely and appropriate health services

According to the Zambia Demographic Health Survey 2014, domestic violence contributes to poor health, insecurity and inadequate social mobilization. The Programme continued to make progress towards increasing access of GBV survivors to timely and appropriate health services. This was mainly through continued sensitizations in targeted districts with an understanding that GBV requires an integrated approach. The community sensitisation activities reached out to community members with messaging on PEP, EC, HTC and SRH service.

To provide holistic support to GBV survivors, the Programme established four one stop centres in Kasama, Mporokoso, Mansa and Chiengi where survivors could receive assistance including psychosocial support, specialized medical care (including clinical management of rape), legal counselling and protection services.

Apart from Chiengi where the OSC was established in a community hall of MCDSS (Ministry of Community Development and Social Services), in Kasama, Mporokoso and Mansa the OSCs where established in the hospitals. This has been proven to be a good practice to ensure that lifesaving health services are always available especially for emergency cases. Moreover, OSC in hospitals seemed to be more sustainable, as running costs of the centres can be included in the hospitable budget.

OSCs staff were extensively trained in GBV services provision, the survivor cantered approach and also in GBV safe and ethical data collection and information management. Since inception, 1563 helath professional were trained in GBV service provision (550 in 2017). The establishment of OSCs and the improved capacity of health services providers contributed to a substantial increase in the number of survivors seeking and receiving medical screening services. Since the beginning of the program, 9,843 survivors reported, sought and received medical support.
According to OSCs and hospitals and records, 11,231 survivors since inception accessed PEP (post exposure prophylaxis and emergency contraception, mostly as part of the clinical management of rape protocol.

In view of the closure of the programme the UN and government have ben engaging private sector to invest in GBV interventions. These efforts have resulted in Kansanshi Mines providing a house to provide shelter to GBV survivors.

As reported previously, DNA use for GBV cases is still very limited and the court proceedings are still heavily reliant on circumstantial evidence. Routine screening has continued to be given to survivors and appropriate action taken by care providers to suit various medical conditions.

Through sensitization campaigns, health workers are prioritizing GBV cases:

> *"We are excited as medical personnel for the the training of health workers on the management of GBV cases as we now know what to do, how to identify and who to refer cases to when faced with a GBV case"*
>
> (Dr. Jonathan Mwansa – Arthur Davison Children's Hospital).

Under this outcome, one GBV indicator measuring PEP administration was a part of the Health Information Management System (HIMS).

"The Joint GBV Programme has indeed built capacity of health workers in gender analytical skills and clinical management of GBV" Ms. Monica Mbewe – Chief Policy Analyst – Ministry of Health.

Outcome 2: GBV survivors have increased access to an efficient justice delivery system

The programme in 2017 through the Judiciary focused on building capacity of statutory and customary courts and law enforcement agencies to ensure increased access to an efficient justice delivery system for GBV survivors.

The programme further started the establishment of four more courts in Chipata, Choma, Mongu and Ndola, to be launched in 2018. This brings the total number to six of the GBV fast track courts.

To strengthen case handling and management systems, the programme continued to develop the capacity of law enforcement agencies. Over 1,500 Law Enforcement Officers, prosecutors, medical personnel, social workers and one stop center workers were trained in the management of GBV cases in their receptive centers and in preparing witnesses for the fast track courts.

The programme supported the training of 50 statutory adjudicators in GBV adjudicating skills for better GBV case management.

Overall, communities have demonstrated increased confidence in law enforcement agencies resulting in more GBV cases being reported.

The graph below provides a summary of GBV cases reported to the police and handled by the courts.

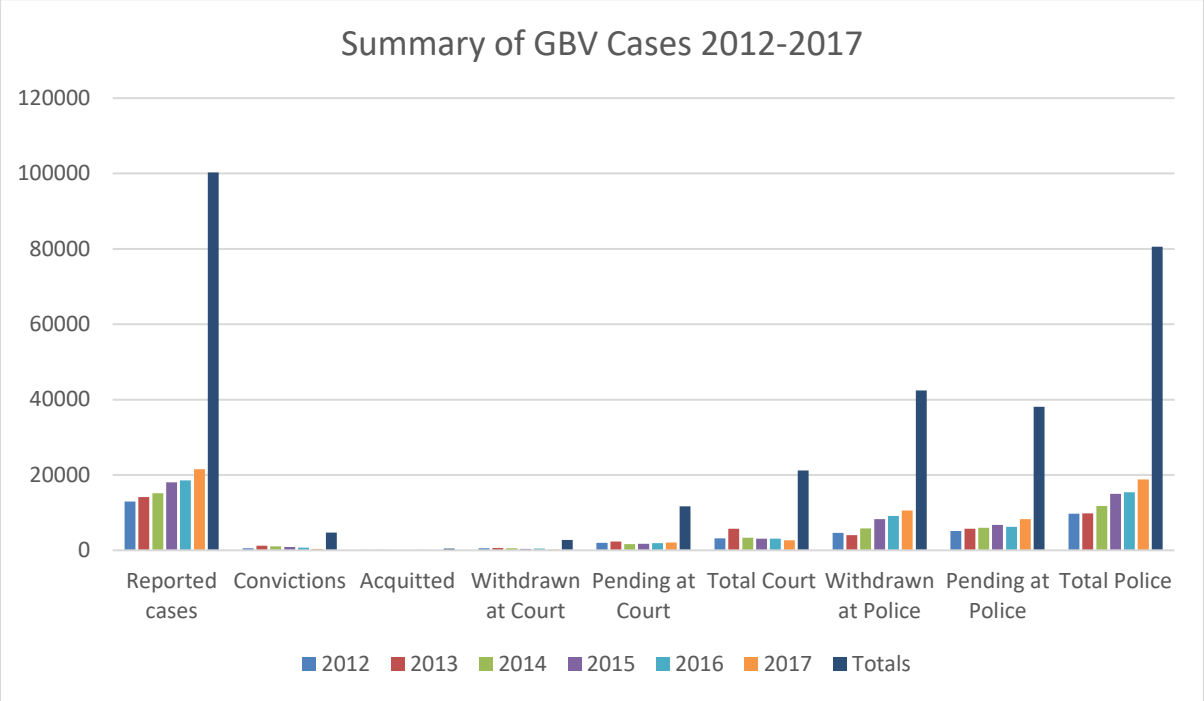

Figure 1: *Summary of GBV cases handled by police and courts;* ***Source****: Zambia Police Victim Support Unit*

As the above graph depicts, there has been a gradual increase in the number of cases reported to the police from 12,924 in 2012 to 15,153 in 2014; 18,088 in 2015; 18,540 in 2016 and 21,504 in 2017. This represents an increase of 2,964 in reported cases between 2016 to 2017. The police attributed this increase partly to the GBV awareness campaigns in the country that the joint programme has significantly contributed to. In the successor programme there is need to investigate this upswing to come up with tangible causes and lasting interventions.

Out of the reported cases in 2017, 2,696 cases representing 12.5% of the reported cases were taken to court resulting in 346 convictions, 45 acquittals, 209 withdraws while 2,094 cases are still pending in courts of law. On the other hand, 18,808 translating to 87.5% were not taken to court out of which 10,565 cases representing 49.1% were withdrawn at various police stations while 8,243 representing 38.3% are still pending under investigations.

The training of police and judiciary has improved their investigative and prosecution skills. Key skills gained include handling of evidence and an understanding of the multi-sectoral protocol on GBV. Under the programme, the number of GBV survivors that have received legal support during their

court cases in 2017 is 171 bringing the total number to 899 since inception. Of these taken to court, some were filed before the fast track courts for protection orders and other orders relating to economic relief. Some of the cases were referred to other institutions for other support services. Number of statutory adjudicators trained in GBV adjudicating skills is 50, bringing the total number to 115 since inception.

"We cannot ignore grave repurcations. We have lost lots of cases due to mishandling of evidence" Victim Support Officer – Zambia Police Kabwe.

The programme further supported a training of police officers in administration of justice for children; to carter for child victims of crime and child survivors. In total 130 officers, of which 80 were females were trained. Thus, bringing the total Number of prosecutors and police officers trained in investigative and prosecutorial skills to 937 trained since inception. In addition, the number of traditional leaders and customary court adjudicators trained on provisions of CEDAW in 2017 was 50 bringing the total number to 369 since inception.

The programme further supported the review of the police medical report. The new police medical report form (Form 32) was prepared to replace the previously used form that only allowed a medical practitioner, registered with a Government hospital, to sign the form and give expert evidence before court. The new medical form allows a cadre of medical personnel to sign the form, (midwife, registered nurse, clinical officer and Doctor) and it expands the provisions on specimens taken and protection of evidence. The new medical report is being used as the old one has been phased out. The advantage is that the victim does not need to wait for a long period to have the medical report certified in situations where there is no medical doctor available. This was a challenge in many parts of the country, especially in rural areas where health facilities are manned by nurses or clinical officers.

The programme held a consultative meeting for developing minimum standards for GBV prevention and protection services for village led one stop centers in Zambia. The aim for the development of the Minimum Standards is to provide a clear and practical guidance for the staff at the GBV One Stop Centre and all stakeholders concerned on how to facilitate multi-sectoral response services for GBV survivors. The Minimum Standards will be based on international standards and best practices. The Minimum Standards will help to strengthen existing health and protection services for GBV survivors.

Outcome 3: Survivors of GBV have increased access to protection and support services and economic empowerment activities.

To ensure that the OSCs were linked with community members and OSC services are known, GBV Community help desks were created with the support of OSC staff. Moreover, OSCs personnel conducted outreach at community level, engaging more than 700 community networks that were sensitized on GBV risks and on available GBV services and trained on community-based psycho-social support and basic counselling. Members of the networks became trusted 'focal points' within their community to whom survivors could report incident and seek first aid response and safe referral.

The networks also bring together key community stakeholders to discuss and strengthen available strategies in the response to GBV. Only in 2017, 1,500 GBV cases were reported by communities and

addressed by the police, and psychosocial counselling was provided to 310 individual GBV survivors through community sensitizations (of which 148 were males and 162 females). 101 cases were assisted in safe shelters while their cases were handled. One notable case that was identified and reported by a change agent involved the murder of a disabled pregnant woman by her husband during an incident of domestic violence. The case was taken to the magistrate court in Lusaka and the change agent will testify as a witness to the case.

Since the beginning of the project, community networks reached 85,799 people. The Programme identified and reported 219 GBV survivors through community networks and other partners. These survivors received services such as psychosocial counselling, medical and legal services while pursuing their cases. Of these, 101 were housed in the safe haven while their cases were being handled. In addition, a total of 38,745 people in surveyed communities were reached with information on GBV through mass sensitization, community dialogues, focus group discussions and school administration sensitisations, school debates, quizes and door to door campaigns, bringing the total number to 85,799 people reached. Awareness raising also included persons with disability; 132 deaf, 115 blind, 252 physically disabled and 16 mentally disabled. These sensitizations focussed on educating the communities on topics such as drug abuse, child marriage, child abuse/child labour, migration and health and SRHR issues affecting the communities. spouse abuse, and gender equality. 270 GBV cases were reported in schools, due to sensitization campaigns. All these were handled by the police and most of them ongoing. The programme also provided 500 solar lanterns to newly arrived vulnerable refugees in the Kenani transit center. Availability of lighting provides protection especially female and child headed households who are at heightened risk of GBV when the move outside their dwelling to fetch water or use common bathroom and toilet areas.

The sensitization campaigns also targeted schools and this contributed to increase the number of reported cases of GBV. Since the inception of the program 2,810 GBV where reported thanks to awareness raised. Some schools, such as Mawanda Primary School in Chief Nyamphande's chiefdom of Eastern Province managed to significantly decrease the average number of teen pregnancy per year during the duration of the program (from 13 to 5) mostly because of the consistent support offered by the school administration, the strengthening of guidance and counselling system, and the establishment of schools' clubs.

Furthermore, the programme supported 116 male champions who challenged negative cultural and social norms that perpetuate GBV. They also educate fellow men on the negative impact of gender-based violence.

In the framework of the program, 5,816 GBV survivors benefitted from training opportunities on financial literacy and on establishing income generating activities. These economic empowerment opportunities helped survivors accessing the labour market or setting up their own business and become able to provide for themselves and their families. From the program inception, 2,760 survivors successfully started various forms of income generating activities.

1,500 GBV cases were reported by communities and addressed by the police. One notable case that was identified and reported by a change agent involved the murder of a disabled pregnant woman by her husband during an incident of domestic violence. The case was taken to the magistrate court in

Lusaka and the change agent was to testify as a witness to the case. Psychosocial counselling was provided to 310 individual GBV survivors through community sensitizations of which 148 were males and 162 females.

The programme trained 90 GBV survivors in economic empowerment skills in 2017 to strengthen their businesses to alleviate poverty and contribute to the growth of household resources making GBV survivors self-sustaining. This brings the total number to 5,815 since inception. During the year, 323 GBV survivors started various forms of income generating activities, resulting in 2,769 since inception. However, this number could have been higher but for refugees shunning the loans for fear of losing out on preferred durable solutions, the prohibitive legal framework to conduct income generating activities by refugees and migrants, slow loan repayment and defaulters which had a negative impact on the revolving fund mechanism.

The program also supported awareness raising initiative to promote the use of the toll-free Lifeline/ChildLine to report GBV incidents and receive counselling and information. Thanks to these initiatives, the average number of calls received by Lifeline/Childline in a year reached 200,000.

For the benefiting of better reporting 55 police officers were trained on use of ICT equipment for Electronic Occurrence Book for data collection, storage and generate GBV. Human Trafficking reports.

The programme supported the identification and referral of eligible GBV survivors to receive public welfare assistance from the Ministry of Community Development and Social Services (MCDSS). In 2017, 30 GBV survivors received public welfare assistance from the Ministry.

The GRZ/UN joint program rehabilitated 2 shelters for GBV survivors and unaccompanied and at-risk children in Meheba refugee settlement to improve the security and safety. The rehabilitation works at the GBV adult shelter included improving security of the location, improving lighting and replacement of damaged roofing which had made some rooms inhabitable. A third shelter was established in Mayukwayukwa refugee settlement, which previously had no shelter. The programme also supported a 5-day training for 25 programme implementation staff on shelter management. The training was conducted by trainers from YWCA, using the national guidelines on shelter management. Following the training, staff made improvements to how they were managing their shelters, most notably on record keeping, restriction of entry into the shelter to enhance security and safety of the clients.

The programme also supported the development and pilot testing of an innovative “Smart community learning platform” whose aim is to use technology to deliver context specific knowledge on GBV to refugees, especially the youth who may shun community meetings and other gatherings where such information is disseminated. The platform is interactive and allows learners to post questions and test their knowledge on GBV as they go along.

A strategy is in place for tracking and monitoring income generating activities in Zambia. This strategy was launched in December 2017.

Outcome 4: Ministry of Gender has coordinated an effective, evidence based and multi-sectoral response to GBV

The Ministry of Gender continued to ensure an effective multisectoral response to GBV with programme support through ensuring the functionality of coordination mechanisms. The Ministry worked with the ten (10) Provincial Anti-GBV Task forces to establish sixteen (35) new District Anti-GBV Task Forces, bringing the total number of District Anti-GBV Task Forces established since programme inception to 45. Through these coordination mechanisms, the Ministry continues to promote a harmonised and standardised response through ensuring compliance to Multi-sectoral GBV Guidelines developed in 2014 and referral guidelines developed in 2015. In this reporting period, the MoG commenced the development of minimum standards for the operationalisation of village led one stop centers for GBV prevention and protection services.

The Chiefs have been equipped with skills and materials for disseminating information on GBV and adjudicating GBV in customary courts in line with the Anti-GBV Act, National Gender Policy and provisions of CEDAW and other relevant human rights treaties, conventions and protocols. A notable result has been the harmonisation of the minimum age for marriage to 18 for both statutory and customary courts and treating all defilement and assault type of GBV cases as criminal and ensuring they are handled by the police. 29 chiefs were reached in 2017 to support their efforts in disseminating information in line with the provisions in the simplified and translated Anti GBV Act. This brings the total number to 288 chiefs, covering all the chiefdoms in Zambia.

The programme also promoted standardised messaging on GBV through distribution of the Anti-GBV Act, including the simplified Acts that have also been translated into seven (7) local and three (3) foreign languages as well as braille for visually impaired persons.

The programme further supported the training of 66 GRZ and other stakeholders on Gender, GBV and migration issues, bringing the total number to 893 since inception.

To increase the effectiveness of the multi-sectoral response to GBV and VAC, strengthening of the Information Management System (IMS) was a focus area of support in 2017. The programme supported the development of the GBV Information Management System (GBV-IMS), which is now operational in 36 hospitals. The information collected includes geo-location in Zambia; age and gender of survivor; who referred the survivor to the service; and details about the incidence including type of violence, number of perpetrators and if perpetrator is known. This information is inputted at the OSC onto the GBV-IMS uploaded onto their computer. This then links to the server at national level. Information from the GBV-IMS is planned to be used by Central Statistical Office (CSO) to support national reporting about GBV. CSO is closely monitoring this system. A mini assessment of the operations of this development highlighted some challenges including limited IT equipment, limited internet access and limited skilled manpower to use the ICT equipment.

The program supported the technical committee consisting of MYSCD, University of Zambia, CSO, MCDSS, Save the Children, Centre for Disease Control (CDC) Atlanta and UNICEF to finalise the Violence Against Children Survey (VACS). The survey findings are the basis from which to develop a multi-sectoral conceptual framework for the prevention and response to Violence against Children (VAC) under which OSCs would be a key service.

3.0 PARTNERSHIPS

The programme worked closely with various stakeholders in prevention and response to GBV. These partners include among others:

- Zambia Centre for Communication Programme (ZCCP) which supported the Coordination of the Anti GBV forums.
- World Vision International on the GBV-IMS
- DFID supported the scaling up of the fast track courts
- USAID on the Ministry of Gender's Boy To Men Campaign.
- Plan International – Zambia
- Planned Parenthood Association of Zambia
- Ward Development Committees (WDCs)
- Great Lakes Refugee Women Association of Zambia (GRWAZ),
- Chainama Hills Hospital**:** Mental Health and Psychosocial Support (TOT) training as part of an integrated approach to SGBV management.

4.0 BEST PRACTICES

During the implementation of activities, the following best practices were identified:

- Working with the youth yielded more results in GBV awareness as they have less cultural barriers and are more receptive to change.
- Using existing community structures to mobilize and create awareness on GBV has proved to be effective in GBV management as these structures are already established and the communities are familiar with them.
- Empowerment of women through Own Savings Wealth (OSAWE) creation
- Periodic Multi-Functional Team review meetings bringing various actors together in GBV management provided an opportunity to share cases identified and provide solutions to some difficult cases
- Awareness campaigns with key messages targeted at hard to reach communities
- Empowering provinces and districts Anti GBV structures increase effectiveness and efficiency in programme execution.
- Involvement of local stakeholders in the implementation of activities enhances ownership, sustainability of program activities and brings greater impact
- Consistent collection of data from health facilities
- Presence of Gender Focal Point Persons aided in collection of relevant data
- Creation of male champions on GBV campaigns and mass sensitizations
- Establishing and strengthening community platforms that engage women and village members on awareness creation, care and support of survivors and other vulnerable children and women are cost effective, efficient, reliable and sustainable.
- Establishing OSCs in Health facilities is a more sustainable approach as the running costs of these centers can be included in the hospital budget.

5.0 CHALLENGES

The following were the challenges incurred during the period under review:

- Customary practices conflicting with anti-GBV messages. To counter this challenge traditional leaders are being involved to deal with negative traditional practices such as initiation ceremonies for under-age girls and early marriages
- Inadequate social service facilities and personnel especially in rural areas (police, health centres and formal courts) – the village led one stop centres and the trained customary adjudicators helped to address this.
- Inadequate girls' shelters to curb GBV/Early Child Marriage. Schools are being encouraged to provide safe boarding houses within school premises to girls from far places.
- Legal system protraction of cases leads to victims relocating to different places without a verdict. This is being addressed by the establishment of fast track courts.
- Due to the vastness of the country, the programme created demand for the services, which cannot reach everyone for now. To deal with this challenge the government and the UN are working towards collaborating with other cooperating partners such as the European Union, USAD and GIZ to ensure the gains on this programme are not lost.

6.0 LESSON LEARNED

- Access to accurate and relevant information is critical to effective decision-making.
- Lack of a comprehensive M&E plan results in data gaps;
- Building social cohesion amongst all stakeholders participating in the Programme for effective implementation,
- Savings and lending groups have become a good vehicle for raising start-up capital among GBV survivors who are not eligible to access finance from financial institutions.
- Effective coordination between the Ministry of Health and NGOs and Community Action Teams enabled prompt GBV case management.
- Village led one stop centres are an effective way of providing services and referrals for survivors at community level. It is a helpful structure in terms of assisting survivors who are in far flung parts of the country.
- Beneficiaries must be involved in the whole process of interventions for maximum impact.
- Integrating empowerment programmes in GBV reduced levels of women at risk and survivors from engaging in survival or transactional sexual relationships.
- The need to set up a rehabilitation programme for perpetrators was realized.
- Involvement of other stakeholder such as church leaders play a vital role in disseminating SGBV information
- Male involvement in GBV programming reduces tensions at community level, thereby reducing domestic violence against women
- Continued engagement with partners under the UNJP-GBV and other donor funded GBV Programmes has been crucial to align and ensure all donor funded programmes feed into the national framework and support Government objectives.

7.0 Assumptions:

1. The program assumed that Article 23 of the constitution will be repealed to avoid customary law conflicting with the statutory laws on personal matters such as marriage. However, this did not happen due to the failed referendum.

2. The established mechanism will not duplicate already established coordination mechanism for GBV mainstreaming. The Provincial and district coordination task forces established has complemented the already exiting gender subcommittee and are working in harmony

8.0 Cross cutting themes:

Even though the programme was focused on gender-based violence, gender equality as a thematic area was mainstreamed into the interventions especially in capacity building programmes for service providers. The service providers were made aware of gender concepts and this was a foundation for all other topics whether, legal, policing, medical or coordination.

Gender and Human Rights is at the enter of the Joint Programme on GBV with a focus on women and girls. The programme also promoted a mind-set change amongst women and girls to make them realise that empowerment comes from within themselves. The programme further incorporated information on GBV related service for People living with disability in all programme interventions. Disability was considered, ramps have been installed at all the six fast track courts. In addition, gender and human rights was mainstreamed through activities such as the 16 Days of Activism with the theme of **"Leave No One Behind: End Gender Based Violence Now!"**

At policy level, the programme supported the development and launch of the **National Action Plan for Ending Child Marriage (NPA-ECM)**, which was launched by the Minister of Gender In 2017.

9.0 Monitoring and Evaluation:

During the reporting period Ministry of Gender together with the UN Joint team conducted regular monitoring visits to track implementation of outputs systematically and measure the effectiveness of programme activities. Various tools were used which included quarterly reports, periodic field visits and regular review meetings with partners. The programme evaluation was concluded in February and in April 2017 findings were shared with stakeholders at a meeting convened by Ministry of Gender.

10.0 RESULTS BASED FRAMEWORK – GRZ-UN JP on GBV

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.

Indicator	**Consolidated Project Target Results**		2016 Status	**2017 Implementing Partner Performance**			**Cumulative Implementing Partner Performance**	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
1. % of citizens satisfied with the state of governance Proxy (Mo[3] Ibrahim score for participation and human rights)	49.5% (2008)	70%	68.4	N/A	govt could not be reported on as no follow up state of governance surveys since 2008 hence our reference to the Mo Ibrahim index were conducted	Could not be reported on as no follow up state of governance surveys since 2008 hence our reference to the Mo Ibrahim index were conducted	68.4	State of Governance Survey Reports Mo-Ibrahim Index Reports
2. Gender Inequality Index (GII)	0.752 (2012)	Not Specified	0.587	N/A[4]	0.526	Zambia has made significant progress in women participation in decision making levels which averaged 20% at Senior Management Levels in Government in 2014. Improvements	0.526	United Nations Development Programme Global Human Development Reports

[2] For status indicators in percentages, the cumulative status in the status of the indicator in the year of reporting
[3] The project management team has adopted a proxy indicator which is the more Ibrahim index for participation and human rights. The data to be updated once confirmed.
[4] There was no set target in national policy or other national documents such as the gender policy.

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
						have also been reported on access to maternal health services		
3. % of seats held by women in the national parliament	14%	30%	18.1%	30%	32%	This number has been fluctuating	32%[5]	National Assembly of Zambia website and Records.
4. Number[6] of Reported GBV cases taken to court	3186	No Target Set	16,764	No Target	2,696	The number of GBV cases convicted is still low compared to the number of reported because there are many cases being withdrawn and the lack of the necessary tools and equipment for prosecutors to gather strong evidence.	19,460	Zambia Police VSU reports
5. % of reported cases resulting in convictions (Proxy) Number of reported cases resulting in convictions	554		3699	N/A	346	Sensitization on GBV and available reporting networks	4,045	Zambia Police VSU reports
6. Average number of days taken to conclude a GBV case through the court system	No Baseline	90 days	180 Days to 365 Days	Not Specified	5-71 Days	This massive reduction in time to conclude a court case has been recorded in the two fast track courts established in Kabwe and Lusaka.	5-71 days	Judiciary and Court Records
7. % of GBV survivors who report having sought medical and screening services. (proxy) # of GBV survivors receiving medical and screening services	1.5%	4,863	5,679	2,500	4,164	Community health workers' involvement especially men in the communities contributed to these high numbers.	9,843	Implementing partner reports Signed medical reports by Resident Doctors at State Police GBV Client registers, Database Reports and client medical files

[5] This rate keeps fluctuating due to changes in government positions

[6] This indicator was added by the management team to help track cases taken to court but is only contained under outcome 2 in the project log-frame

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
8. % of health workers that comply with guidelines in the provision of medical and psychosocial services to GBV survivors (proxy) Number of health workers trained on guidelines in the provision of medical and psychosocial services to GBV survivors	0%	70%	1,013	400	550	Demand for the service	1,563	
9. Number of health workers trained on compliance on guidelines in the provision of medical and psychosocial services to GBV survivors	0	800	1,013	100	114	Positive collaboration with Ministry of Health	1,127	PMO, YWCA, PPAZ training reports
10.Pre-service curriculum for health staff revised to include management of GBV survivors	No	Yes	Yes (7 Curricula)[7]	0)	0	Target already achieved	7	Revised curriculum
11.Number of centers with specialized staff providing comprehensive services to GBV survivors	0	400	[8]292	8	20	These include health facilities where the trained personnel were derived	312	Health facility and One Stop Centre Reports
12. % of eligible GBV survivors receiving PEP and EC services	0%	100%	No National Data 5,121	3,500	6,110	Leveraging on national events made it possible to achieve beyond the target.	11,231	Health facility reports, One Stop Centre Records and Registers, PEP Focal Point and Monitoring Visit Reports

[7] The seven types of curricula that integrate GBV are: i) Certified Midwives, ii) Enrolled Nurses, iii) Enrolled Midwives, iv) Registered Nurses, v) Registered Midwives, vi) Clinical Officers, and vii) Comprehensive Sexuality Education.

[8] 270 health facilities in UNFPA supported areas and 22 in Mansa, Mporokoso and Kasama

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
(proxy) number of eligible GBV survivors receiving PEP and EC services	0	1,916						
13.GBV indicators incorporated into the HMIS	NO	Yes	No	2	1	Prolonged process involved resulted in under-performance	1	Project and Central Statistics Office Reports
14.Number of accurate and verifiable reports, timely submitted to MoG on GBV cases addressed by MoH	0	4	6	2	2	Need for strengthened accountability mechanism for Gender results in sector ministries to ensure compliance with reporting requirements	8	MoG Records, MoH provincial medical office Records
15.% of GBV cases addressed through the court systems (Proxy: number of cases taken to court)	32%	60%	16%[9] (3,099 GBV cases addressed through the courts in 2016)		2,696	High rate of case withdrawals and pending cases at police stations.	5,795	Zambia Police VSU Reports.
16. Backlog of GBV cases in formal courts (%)	53%[10]	10%	61%	20%	2,094 (pending)	GBV fast track courts only available in 2 districts.		Zambia Police VSU Reports.
17.% of customary courts that have adopted provisions of the CEDAW[11] (Proxy) number of traditional leaders and customary court	0	300	319	50	50	Two implementing partners were engaged and that resulted in increased capacity for delivery of trainings	369	Judgements and other Court Records ZNLACW and MoCTA Reports

[9] The high number of cases reported by the child line which reach up to 150,000 indicate that the actual cases in the country would well over 30,000 but many are not reported.
[10] 2012 ZP Reports
[11] The Programme Evaluation will assess this result

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
adjudicators trained on provisions of CEDAW								
18.Number of prosecutors and police officers trained in investigative and prosecutorial skills	0	1000	702	250	235	Demand for the skill	937	Reports by ZPS
19.Number of statutory adjudicators trained in GBV adjudicating skills	0	80	65	50	50	Demand for the skill	115	Report by Judiciary
20.Number of customary adjudicators trained in GBV adjudicating skills	0	300	319	0	0	Target already reached	319	Reports by ministry of Gender, WLSA and NLACW
21. Strategy for development of fast track courts developed	No	Strategy in place	Strategy in place	Strategy in place	0	Strategy in place	Strategy in place	MoG and Judiciary reports
22. Number of GBV survivors that have received legal support during their court cases.	0	Not specified	728	150	171	GBV survivors from refugee camps received legal representation from programme	899	Implementing Partner Progress Reports
23. Number of GBV fast track court established	0	4	2 GBV fast track courts established in Kabwe and Lusaka and the process of establishing 4 new fast track courts	2	0	Set up process longer than anticipated, setting up 4 more courts in progress - equipment secured, trainings for the court end users done, infrastructure in place and magistrates allocated. Awaiting the official launch to be held in first quarter of 2018.		Reports by Judiciary

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
			in four provinces has started.					
24. % of GBV survivors in targeted districts that have been housed in shelters while handling their cases (proxy number instead of %)	410	1,000	1,676	100	101	The refurbishment of three shelters in Meheba and Mayukwayukwa refugee camps increased capacity to handle the demand	1,677	IP Reports
25. % of GBV survivors that have received support from an institution while pursuing their cases	11%		30%	Not specified	219			IP Reports
26.% of reported GBV cases that have been withdrawn from court proceedings	17%	Not specified	2.3%	Not specified	7.8%	Despite the counselling given to survivors some cases were withdrawn due to pressure from family members.	7.8%	IP Reports
27. % (Number) of people in surveyed communities that have received information on GBV (Proxy: number of people reached)	51.7%	80%	47,054	15,000	38,745	This high reach was due to different mechanisms in place in the fight against GBV at all levels such as use of male champions, door to door sensitizations, use of school administrations, drama, debates, quizes and radio talk shows.	85,799	IP Reports

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
28. Number of male GBV champions participating in creation of awareness on GBV	400	5000	2,586	100	116	Integration of community action teams, traditional leaders, school administration and men's networks contributed to this result.	2,702	IP Reports
29. Number of organisations (Government, NGOs, CBOs, FBOs, and private) providing information on GBV	198	300	509	Not specified	36	The programme partnered with other orgnaisations such as FBOs, CBOs, Private Sector, Plan International – Zambia and community radio stations	545	MoG reports
30. Number of community networks established to respond to GBV	25	215	747	15	39	Involvement of traditional leadership	786	IP Reports
31. Number of GBV cases addressed by the police that have been reported by communities in targeted districts.	0	4500	3,250	1000	1500	3,750	3,400	VSU and IP report
32. Number of functional One Stop Centers (CRCs) handling GBV cases.	11	72	15	0	0	The resources were channelled to the establishment of community led one stop centers on gender-based violence.	4 hospital based one stop centres were rehabilitated/established.	OSC records MoG reports

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
							21 village led one stop centers were established for community policing, counselling and information sharing.	
33. Number of GBV survivors that have been accommodated in shelters while their cases are being handled.	410	1000	1,676	100	101	Community sensitizations on available services	1,777	Ministry of Gender reports IP reports
34. Number of eligible GBV survivors receiving public welfare assistance from Ministry of Community Devpt	0	Not Specified	177	Not specified	30	Limited resources could not accommodate all the identified cases in need of social welfare support.	207	Ministry of Gender reports IP reports
35. Number of GBV survivors receiving economic empowerment support services and resources	400	5700	6,500	100	209	Increased efforts in establishing linkages, some trainings and creation of savings and lending groups. However, some refugees shun IGAs	6,709	IP Reports

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
						or loans due to prohibitive legal frameworks.		
36. Number of GBV cases reported in schools	0	Not specified	2,540	Not specified	270	Increased sensitization and record keeping among school anti-GBV players	2,810	Ministry of Education reports/FAWEZA
37. Ministry of Education Curriculum for pupils, primary and secondary school teachers revised to include GBV issues.	No	Yes (3)	Yes (4)	0	0	Prolonged government processes	Yes	Ministry of Education reports
38. Education Act revised to include GBV	No (Education Act does not include GBV issues)	Yes (Education Act revised)	No	Yes	Yes		Yes	Ministry of Education reports
39. Number of GBV survivors referred to financial institutions who access business financial services	50	1200	1,526	0	0	The program surpassed its target, however majority of the GBV survivors do not meet the criteria to access credit due to unfavourable conditions offered by financial institutions.	1,526	IP Report

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
40. Number of GBV Survivors trained in economic empowerment	350	4500	5,725	50	90	Sensitisations and demand for the skill	5,815	IP reports
41. Number of GBV survivors that start an income generating activity	150	1000	2,446	50	323	This was due to awareness activities	2,769	IP reports
42. Availability of a strategy to track income generating projects	None	Strategy available	Work in progress	Strategy in place	Strategy in place	Strategy in place	Strategy in place	ILO report
43. %[12] of GBV survivors that have been referred among state and non-state actors providing support and protection services while pursuing their cases	10%	60%	Nil					
44. % of state and non-state partners participating in the implementation of the anti GBV Act that are complying with guidelines	0	100%	90%	Nil		Training of health workers on the GBV Management Guidelines		Ministry of Gender and MOH reports

[12] Data on this indicator is not available. The Programme Evaluation is expected to assess access to support and protection services

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
45. Amount of resources (cash and in kind) leveraged from state and non-state partners participating in the implementation of the programme	0	TBD	Nil[13]		$300,000	This was DfiD towards the establishment of the fast track courts	$300,000	
46. Simplified Anti GBV Act translated into the 7 local languages	No	Yes	Yes - Simplified Anti GBV Act translated into 7 main local languages	Yes	Yes -	Awareness activities also targeted refugee populations in Meheba, Mayukwayukwa, Lusaka and migrants in the project districts and the blind with the translation of the simplified Anti-GBV Act into Swahili, French, Kinyarwanda and braille.	Yes	MoG reports
47. Number of chiefs that disseminate information in line with the provisions in the simplified and translated Anti GBV Act	0	288	259	29	29	This number includes Indunas. The programme leveraged on the HeForShe Zambia Gender Equality Campaign that contributed to this result	288	MoG / Ministry of Chiefs reports
48. MoG has a costed operational plan for education and awareness raising for the Anti GBV Act	No	Yes	No	Yes	Yes	The process has started with the revision of the 2010-2015 Communications Strategy	Yes	MoG reports

[13] The Programme Evaluation is expected to assess the amount of resources

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
49. MoG has developed a costed plan for the implementation of the Anti GBV Act	No	Yes	Yes	Yes	Yes	Costed plan for the implementation of the Anti GBV Act in place	Yes	MoG reports
50. Number of GRZ and stakeholders trained on Gender, GBV and migration	0	600	727	50	66	There was demand for knowledge on GBV/Gender/migration	893	MoG reports
51. Availability of functional GBV Management information system (MIS)	No	Yes	No	Yes	Yes	GBV IMS piloted in 36 One Stop Centers	Yes	Zambia Police reports
52. National GBV baseline established	No	Yes	Yes	Yes	Yes		Yes	MoG reports
53. Number of GBV studies conducted	0	4	2	2	3	To be launched first quarter of 2018	5	MoG reports
54. National Anti GBV committee established	No	Yes	Yes	Yes	Yes	Yes	Anti GBV Committee established	MoG reports
55. Number of meetings of the Anti GBV committee held	0	16	13	4	4	Committee is functional and meets quarterly	17	MoG reports
56. Number of provincial AntiGBV task forces established and trained	0	10	10	0	0	Already achieved in previous reporting period	10	MoG reports

Indicator	Consolidated Project Target Results		2016 Status	2017 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2017	Actual Performance 2017	Achievement- reasons for over/under performance	[i2]Cumulative Actual Performance (2012 to 2017)	Means of verification
57. Number of district GBV task forces established and trained	0	50[14]	34	6	6	On-going, to be completed through working with the provincial anti GBV task forces.	41	MoG reports
58. Guidelines for referral of GBV cases developed	No	Yes	Yes	Yes	Yes		Yes	MoG reports
59 Number of GBV referral systems established at sub district level	10	150	139	10	15	.	154	MoG reports

[14] This target reduced to 50 from the earlier target at a Joint GRZ/UN review meeting to make the target more realistic