



GRZ-UN Joint Programme on GBV Phase II
MPTF ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 4 DECEMBER 2019 – 31 DECEMBER 2020

<p>Programme Title & Programme Number</p> <ul style="list-style-type: none"> • GRZ-UN Joint Programme on Gender Based Violence in Zambia Phase II in Zambia • Programme Number: 001124484 • Output Number: 0119404 • MPTF Office Programme Reference Number:³ ID - 00120438 	<p>Country, Locality(s), Priority Area(s) / Strategic Results²</p> <p>(if applicable) <i>Country/Region – Zambia</i></p> <p><i>Priority area/ strategic results - GBV Prevention and Response</i></p>
<p>Participating Organization(s)</p> <p>UNDP, UNFPA, UNICEF, ILO and IOM</p>	<p>Implementing Partners</p> <p>National counterparts (government, private, Non-governmental Organisations (NGOs) and international organisations.</p> <p>Ministry of Gender, Ministry of Justice, Judiciary, National Prosecution Authority, Ministry of Health, Ministry of Community Development and Social Services, Ministry of Home Affairs - Zambia Police-Victim Support Unit, Ministry of Chiefs and Traditional Affairs, Zambia Statistical Agency, Zambia Law Development Commission, Chisomo Community Programme, Women for Change, National Legal Aid Clinic for Women, Young Happy Healthy and Safe, Young Women Christian Association, ZICTA, Zambia Centre for Communication Programmes, Lifeline Childline Zambia, Zambia Disability-Human Rights Programme. Zambia National Men's Network.</p>
<p>Programme/Programme Cost (US\$)</p> <p>Total approved budget as per Programme document: \$6,711,169.01</p> <p>MPTF /JP Contribution⁴:</p> <ul style="list-style-type: none"> • by Agency: USD: 1,472,209 <p>Agency Contribution</p> <ul style="list-style-type: none"> • by Agency (if applicable) <p>Government Contribution</p>	<p>Programme Duration</p> <p>Overall Duration (<i>36 months</i>)</p> <p>Date JP document signed <i>28.11.2019</i></p> <p>Original End Date</p>

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

⁴ The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

(if applicable)		31.12.2022
Other Contributions (donors) (if applicable)		Current End date 31.12.2022
TOTAL:		
Programme Assessment/Review/Mid-Term Eval.	Report Submitted By	
Assessment/Review - if applicable <i>please attach</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: 11.04.2020	
Mid-Term Evaluation Report – if applicable please attach	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd.mm.yyyy	
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List of Acronyms

BID	: Best Interest Determination
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	: Gender-Based Violence
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
GRZ-UNJPGBV	: Joint Programme on Gender-Based Violence
LAZ	: Law Association of Zambia
MoCTA	: Ministry of Chiefs and Traditional Affairs
MCDSS	: Ministry of Community Development and Social Services
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
OSC	: One Stop Centre
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
UNDP	: United Nations Development Programme
UNFPA	: United Nations Population Fund
UNHCR	: United Nations High Commissioner for Refugees
UNICEF	: United Nations Children's Fund
VAC	: Violence Against Children
VLOSC	: Village Led One Stop Center
VSU	: Victim Support Unit
WHO	: World Health Organization
ZAMSTATS	: Zambia Statistical Agency
ZCCP	: Zambia Center for Communications Programme
ZPS	: Zambia Police Service

EXECUTIVE SUMMARY

This Government of Zambia-United Nations Joint Programme on Gender Based Violence (GRZ-UNJP-GBV) Phase II (2019-2022) is a multi-partner programme designed to reduce the prevalence of gender-based violence (GBV) in Zambia. Overall, the GRZ-UNJPGBV focusses on *prevention and response* at sub-national and national level. This report covers the period December 2019 to December 2020.

Overall, communities have demonstrated increased confidence in law enforcement agencies resulting in more GBV cases being reported. The programme has seen an increase in the number of cases reported to the police from 12,924 in 2012 to 14,097 in 2013; 15,153 in 2014; 18,088 in 2015; 18,540 in 2016 to 21,504 in 2017; 22,073 in 2018; 25,121 in 2019 to 26,370 in 2020.

The Local Project Appraisal Committee meeting took place on 25th November 2019 co-chaired by the then Permanent Secretary Dr. Auxillia Ponga and UN Resident Coordinator, Dr. Mar Coumba Gardio. During conceptualization, the programme identified the need for an inception phase as a means of galvanizing greater stakeholder concurrence and programme coherence through effective engagement approaches with government at national, provincial and district levels to validate, reprioritize and detail the government and UN components of the GRZ-UNJP-GBV.

The inception phase (see annex 1) was met with two main setbacks: The first was a series of gassing attacks across the country during the months of February and March 2020 and the other was the COVID-19 pandemic. However, in consultation with cooperating partners, some of the year one funds (\$693,000) were reprogrammed to incorporate COVID-19 interventions to ensure continuity of GBV services and to be relevant to the situation. Services supported included provision of safe shelters, legal services, GBV/COVID-19 inclusive sensitization and access to justice during COVID-19. Some funds were utilised for procurement of ICT equipment (computers, recorders, and iRecords) and Personal Protection Equipment (PPEs) for COVID-19.

Despite the challenges during this reporting period, the programme was able to successfully achieve the following:

- Provision of PsychoSocial Support (PSS) on GBV, Violence Against Children (VAC) and COVID-19 related issues to 39,825 people (17,178 children and 22,647 parents and primary caregivers in partnership with Lifeline Childline Zambia).
- Establishment of the GRZ-UNJPGBV programme Steering Committee co-chaired by the Permanent Secretary at the Ministry of Gender and the UN Resident Coordinator.
- 430/437 prosecutors (98 per cent) trained on a new *sexual violence prosecutors handbook* aimed at supporting the prosecution of sexual violence cases.
- Finalisation and endorsement of 2020 Annual Work Plans,
- Development of negative and gender cultural norms that impact on GBV. see annex 2
- Establishment of COVID-19 compliant markets:

I. Purpose

The GRZ-UNJPGBVII programme aims to provide a sustainable, consolidated, and linked package of response services and prevention mechanisms at community, sub-national and national level that address Gender-Based Violence (GBV). The programme envisages a strengthened GBV prevention and response system linking community (Village-led One Stop Centres, economic and social empowerment initiatives) and sub-national child friendly (One Stop Centres, shelters, GBV specialized courts – ‘Fast Track Courts’) services. One Stop Centres (OSCs) and community response mechanisms will also conduct outreach to communities and link to community structures to promote their services and support prevention efforts. At the end of the programme, community and traditional leadership structures will be empowered to speak out against GBV and promote a culture of zero tolerance towards GBV. Ultimately, strengthened response services will counter GBV and provide an element of prevention as communities see action being taken.

The programme contributes to two overall outcomes.

- i) GBV survivors and persons at risk (including children and adolescents) have increased access to and utilize quality GBV prevention and response services.
- ii) GBV survivors, those at risk and communities are empowered to break the cycle of abuse.

II. Results

Outcome 1: GBV Survivors and persons (including children and adolescents at risk have increased access to and utilize quality GBV prevention and response services

In almost all countries, high rates of mental and emotional distress due to COVID-19 are reported, with women reporting higher rates than men. Increases in unpaid care and domestic work, job and income loss, and increased gender-based violence⁵ may be some of the leading reasons for this increase⁶. Therefore, the programme implemented specific interventions that sought to promote gender responsive approaches to the fight against GBV and COVID-19 by addressing the negative impacts of the pandemic on women and girls such as an increase in gender based violence, increase in women’s burden of unpaid work, economic dis-empowerment of women and rise in gender gaps in employment. To address the negative impacts of the pandemic, the programme in collaboration with the Ministry of Gender and Ministry of Health focussed on strengthening One Stop Centers, safe houses and ensuring access to quality legal services as below.

The programme conducted provincial assessments of One Stop Centers in Muchinga and Central provinces, specifically in Nakonde and Mpika districts whose reports stated that some OSCs have outdated equipment and inadequate space. Arising from the assessment findings, support was provided to 10 OSCs (five in Muchinga, 3 in Lusaka, 1 in Chisamba, and 1 in Solwezi) through provision of ICT equipment and capacity development of OSC staff.

The programme has continued to strengthen the institutions, systems and strategies to prevent and respond to Gender Based Violence, including through provision of GBV, Violence Against Children and COVID-19 related trauma counselling and Psychosocial support to 39,825 people (17,178 children and

⁵ This data will only be confirmed after the Rapid Gender Assessment of COVID-19 is completed.

⁶ Committee for the Coordination of Statistical Activities. How COVID-19 is changing the world: a Statistical Perspective Volume II, 2020, page 46.

22,647 parents and primary care givers) who contacted Lifeline Childline Zambia toll-free numbers. Approximately 70 per cent of all cases received were from women and girls.

Support was also provided to the Young Women Christian Association (YWCA) to enhance GBV survivors' access to safe shelters. The selected 7 shelters namely: Lusaka Children in Crisis Centre, Chipata, Kitwe, Mongu, Chongwe, Mansa and Chipata were provided with logistical support in form of beddings, shelter equipment, dignity packs, COVID19 PPEs, new beddings, furniture, IEC materials and repatriation of GBV survivors to their permanent residences.

To ensure continued quality legal services, the programme strengthened capacity of the already established six Anti-GBV and user-friendly fast track court users in Chipata, Choma, Kabwe, Mongu, Ndola, Lusaka with ICT equipment and training on gender, and case management. The fully functioning six Fast-Track Courts have facilitated timely disposal of GBV cases at subordinate court level with some cases taking an average of 5 to 30 days to be disposed of⁷ as opposed to cases taking between 12 – 36 months in ordinary courts.

To strengthen case handling and management systems, the programme continued to develop the capacity of law enforcement agencies and other anti-GBV service providers. In collaboration with the Judiciary, National Legal Aid Clinic for Women (NLACW) and the National Prosecution Authority (NPA), Capacity development was provided to various service providers on GBV case management, gender equality, prosecutorial skills and awareness of available Anti-GBV services. A total of 486 participants, (300 males and 186 females) were trained to deliver quality legal services⁸. The training also focused on a new *sexual violence prosecutors handbook* aimed at supporting the prosecution of sexual violence cases. The trainings were informed by the gaps identified through the implementation of the established Anti-GBV Fast Track Courts in the two districts in 2017 and 2018 respectively. The results of a rapid test administered to participants showed that participants' knowledge levels had improved greatly and had better understanding of most of the GBV concepts after the trainings.

To ensure child friendliness of services, the programme drafted guidelines on the protection of child victims and witnesses through judicial proceedings, through a Technical Working Group (TWG) led by the Ministry of Gender (MoG) and the National Prosecution Authority (NPA). A zero draft of the foundational guidelines on statutory case management for social welfare officers is in place. This will be finalised in 2021 and guide the development of thematic guidance notes, including on Violence against children (VAC) which incorporates GBV.

Outcome 2: GBV Survivors, those at risk and Communities to break the cycle of abuse

Economic empowerment is a key driver for women's protection against GBV. The programme has supported the continuity of economic activities for female marketeers by establishing COVID-19 compliant markets (safe markets) in three areas of Lusaka, namely, Chilenge, Matero and Nyumba

⁷ Judiciary report 2020

⁸ The topics of the trainings included GBV concepts and norms; international, regional and national legal framework on GBV; causes and effects of GBV; salient provisions of the Anti-GBV Act; the Anti-GBV Court Rules, civil proceedings under the Anti GBV Act challenges and opportunities; GBV criminal proceedings; GBV prosecutorial techniques; dealing with child witnesses; medical forensic examination of SGBV cases; and orientation on the new ZP Form32. The topics were delivered through lectures, presentations, buzz groups and case studies.

Yanga in collaboration with UNDP's Accelerator Labs. These pilot sites will be progressively rolled out to some of COVID-19 epicenters in the country.

In addition, working in collaboration with the Department of Community Development in Chililabombwe, Chinsali, Choma, Itezhi-Tezhi, Kabwe, Kalumbila, Kasama, Lundazi, Mumbwa, Mongu, Solwezi, and Lusaka districts of Zambia, the joint programme identified, selected and trained 500 GBV survivors and those at risk in enterprise skills using the GET Ahead for Women in Enterprise, an ILO training tool. The training focused on gender equality, gender, sexuality, Gender Based Violence (GBV), Business Planning and how to network. A further 319 GBV survivors were supported with startup kits. A database that sits at Community Development was created to link trained survivors of GBV, and those at risk to other empowerment services under the Departments of Community Development, Social Welfare, Ministry of Agriculture and financial and non-financial service providers in the districts. The Department of Community Development in target districts is responsible for linking their clients to social protection programmes such as the Social Cash Transfer.

During the commemoration of 16 Days of Activism, the programme supported the Ministry of Gender to give a solidarity statement on violence against women. In addition, the programme through ZICTA held an ICT indaba⁹ in Ndola, providing an interactive platform to raise awareness on online Gender Based Violence and how girls and women can protect themselves against online abuse as well as how they can use ICTs responsibly.

The programme continued supporting inclusive sensitization campaigns on gender and negative cultural norms during which led some traditional leaders such as Chief Chanje to commission a GBV reporting centre at his Palace and a committee which will include Indunas, religious leaders, teachers, traditional counsellors, girls and boys.

To enhance coordination, two steering committee meetings and seven (07) joint stakeholder planning meetings were held. The programme also collaborated with GIZ/EU and USAID to jointly draft the GBV National Coordination framework mechanism to be chaired by the Minister of Gender, among other areas of commonality. The programme is undertaking two surveys, namely the GBVII baseline and the Rapid Gender Assessment, to be completed by May 2021. (see Annex 1). A documentary on GBV and COVID-19 is underway. This knowledge product will be shared once ready by mid-2021.

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

⁹ Workshop

Outputs:

During the reporting period, the programme progressed in implementing activities under the different outputs, details of which are provided below:

Output 1.1 Target districts have increased capacity to deliver coordinated GBV services

In response to COVID-19, the programme supported Lifeline Childline Zambia to ensure child and adult survivors report and seek Psychosocial support for GBV cases. This aligns to the original activity, to ensure child friendly services for child GBV cases. The programme financially supported 14 counsellors (10 in Lusaka and 4 in Mantapala) at Lifeline Childline Zambia and supported the upgrading of the software used by the call centre. As a result of the software upgrade, each counsellor on the toll-free line has a user ID which tracks the number of calls received or attended to every month by each counsellor. The figures provided in the report are those attended to by a GRZ-UNJPGBV-supported counsellor. In 2020, a total of 39,825 people (17,178 children and 22,647 parents and primary care givers) contacted the Lifeline Childline Zambia toll-free numbers and received GBV, Violence Against Children (VAC) and COVID-19 related trauma counselling and PSS by programme supported counsellors. Approximately 70 per cent of all cases received were from women and girls. The increase in the numbers of GBV reported cases could partly be attributed to the stress associated with lack of socio-economic support means for livelihoods due to restrictions on movement and stay at home measures implemented in response to the COVID-19 pandemic. Of the 39,825 calls, 4,747¹⁰ (1,443 girls, 698 boys, 1,648 women and 958 men) were referred to health centres, OSCs, CSOs such as YWCA, the DREAMS¹¹ programme and the Victim Support and Child Protection Units of the Zambia Police. Lifeline/Childline has its own internal case referral and follow up protocol for clients who made their initial contact with the call centre. Follow up on referral basis was limited due to the cost associated with the use of personal phones by individual counsellors.

In addition, the programme supported capacity development of 429 service providers on multi-disciplinary GBV Guidelines across various service providers (Magistrates, Social workers, Doctors, Nurses etc). Topics included Gender norms, GBV case management, Case handling, reporting and Preventing Sexual Exploitation and Abuse (PSEA)¹²

Following allegations at the end of 2020 of commercial sexual exploitation of women and girls in Lusaka, Livingstone, Ndola, Kitwe and Chilanga, funding was provided to the MCDSS to support training of social welfare officers and police to provide child sensitive assistance to survivors. The training included GBV case management, trafficking causes and consequences and supporting child victims and witnesses. A total of 35 people were trained - 10 District Social Welfare Officers, 10 police [Child Protection Unit and Victim Support Unit], 3 Provincial Social Welfare Officers and 6 provincial police officers, 6 facilitators/speakers from the Department of Social Welfare (DSW) and police at

¹⁰ The same time last year Childline/Lifeline referred and followed up a total of 1171 cases as compared to this year. This is a 34 per cent increase in the number of GBV cases referred and followed up (reasons could be more knowledge about the tollfree lines, more acceptance in reporting or possibly higher number of cases due to Covid 19).

¹¹ DREAMS = Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe. The DREAMS programme operates in urban settings only, providing beneficiaries with safe, confidential spaces to access a package of services tailored to their individual needs. These services include mentor-led safe spaces, gender-based violence care and support, HIV testing and counseling, family planning, pre-exposure prophylaxis, school scholarships, and economic strengthening. In addition, DREAMS work with sexual partners, parents, schools, and communities to strengthen the supportive networks necessary for young women to thrive.

¹² This GRZ.UNGBV Steering Committee held on 29th July was informed of PSEA training – See attached minutes

headquarter level. This brings the number of service providers trained on multidisciplinary guidelines to 464. Of these, thirty (16 male and 14 female) are service providers that sit in the Best Interest Determination (BID) panel. These include social workers, police and immigration officers. The training covered the Best Interests Process which includes Best Interests Assessments (BIA) and Best Interest Determination (BID) for vulnerable migrant children, including those subjected to GBV and human trafficking. Training Government officers promotes sustainability and increases capacity to promote the well-being and protection of migrant children.

Following this training, OSC staff reported feeling confident to integrate GBV services in their routine monthly outreach services and ability to engage different communities including traditional and religious groups on GBV-related issues.

Furthermore, in efforts to bring GBV services closer to the community, especially for communities that do not have health or police centers nearby the programme supported the establishment of two Village led One Stop Centers (VLOSC) (in Chief Chamuka and Chief Mumena) for GBV prevention and response, which will be launched in the second quarter of 2021. Apart from being an information hub the VLOSCs are an effective way of providing services and referrals for survivors at community level.

To ensure strengthened coordination at community level, the programme supported the creation of 35 community structures involving men and boys in Solwezi: Kimasala, Kiwama, Mulemba B, Mushitala, Highland, Zambia, Muzabula, Kawama and Savive on GBV. These groups meet regularly to discuss and challenge each other on negative cultural norms and encourage positive masculinity and also disseminate key anti-GBV messages via radio programmes.

Output 1.2 GBV survivors have increased access to safe shelter

In order to help with the increasing demand for safe shelters, four (4) more structures were jointly assessed in Mumbwa, Nakonde Lundazi and Chinsali for strengthening, and to identify buildings that can be used as shelters for GBV survivors, including joint assessment visits with the Ministry of Gender. Based on the results of the assessment, the programme provided technical and financial assistance that enabled various actions aimed at improving gender equality and women's empowerment. This included support to the Young Women Christian Association (YWCA) to enhance GBV survivors' access to safe shelters, and logistical support in form of beddings, shelter equipment, dignity packs, new beddings, furniture to seven (7) shelters namely: Lusaka Children in Crisis Centre, Chipata, Kitwe, Mongu, Chongwe, Mansa and Chipata.

The Programme further supported Seventy-Four (74) GBV survivors (including 29 cases related to child defilement, 10 trafficking cases, and child marriage and incest cases) with safe shelter. By the end of 2020, the programme had supported repatriation of 20 GBV survivors back to their families. In addition, the programme supported the finalization of Minimum Standards for Shelters of GBV victims and victims of trafficking which aim to improve the protection of victims by providing appropriate procedures and care services. The guidelines are due to be launched and disseminated in the first half of 2021. The programme further carried out sensitisation of GBV survivors and shelter owners on the

minimum standards for GBV shelters through radio and TV programmes, and empowered communities to speak about GBV issues that happen in their communities.

Output 1.3 Target districts have increased capacity to deliver quality legal services

To ensure continuous legal education, the programme supported training of Judiciary staff at the six (06) Fast-Track Courts in handling GBV cases. Court users including magistrates are now more confident in handling GBV cases due to the training they received. This has led to the FTC subordinate court officials record improved speed at which GBV cases were concluded and disposed of due to the establishment of FTCs. The provision of the witness rooms within the Fast-Track Courts have led to witnesses feeling more protected from their perpetrators whilst giving evidence in court.

The programme supported 130 GBV survivors with legal aid such as legal advice, civil and criminal litigation and alternative forms of dispute resolution mechanisms through the partners; National Legal Aid Clinic for Women, NPA, YWCA and the One Stop Centers. Joint monitoring visits were conducted to established Fast Track Courts (FTCs) in Chipata, Mongu, Choma and Ndola in collaboration with the Judiciary. One important outcome from this joint mission was the report that there is speedy handling of GBV cases and reduced time taken to dispose of GBV related cases. The programme heard that cases take as short as 5 days to 31 days to dispose of. However, some cases still do not get a successful ending due to lack of sufficient evidence.

The programme further procured ICT equipment for three courts (Solwezi, Chinsali and Mansa). The Judiciary has drafted the structural drawings for the additional courts and the process has begun to bring on board contractors for construction of the additional courts. Discussions are on-going with the Zambia Environmental Management Agency (ZEMA) to conduct physical visits to sites regarding social and environmental standards assessments in selected sites for fast-track courts, village led one stop centers and shelters.

To support delivery of quality child friendly legal services, the joint programme supported the creation of a technical working group co-led by MoG and NPA, TWG to develop the guidelines for Child Victims and Witnesses in judicial processes. The TWG includes 22 key government and non-governmental stakeholders working with children¹³ and had draft guidelines for Child Victims and Witnesses in judicial processes in place by the end of the year.

During the consultations to develop the aforementioned guidelines, changes in mindset became evident: key stakeholders moved away from focusing on the mandate or previous practice of their organisation or sector to thinking strategically about how to work within the law and structures that promote the best interests of the child and to make the judicial process more child-friendly. Whilst this takes time it is critical for buy-in so that existing practices can be changed, and indicative of systems change. Another crucial development was the recognition that current non child friendly practices, often negatively

¹³ Members include MoG, NPA, MoYSCD, MoCTA, MCDSS, MoGE, MoH, MoHA – CPU, VSU, MoJ, Child Justice Forum, Human Rights Commission, UpZambia, YWCA, IOM, UNDP, UNFPA, UNICEF.

impact on the collection of evidence, quality and detail of information provided, ability of child to continue in the judicial process, and ultimately the outcome of the case. Making judicial processes child-friendly will promote the realisation of the rights of the child and ensure successful management of a case throughout the judicial process and ultimately hold perpetrators accountable. Application of the guidelines in GRZ-UNJPGBV districts is expected to start in the middle of 2021.

In addition, the programme supported capacity development of 430 out of the 437 (98%) prosecutors in Zambia to use the Prosecutor's Handbook on Sexual Violence.¹⁴ Trainers included experts from University Teaching Hospital a psychologist and obstetrician-gynaecologist, Zambia Police - VSU and NPA. One highlight of the training was the focus and discussions on the psychological and emotional impact of violence on survivors, a subject which was new to most of the prosecutors. All prosecutors agreed on the importance of ensuring victims' access to PSS, which systematically should be part of trial preparations. Prosecutors noted from experience that survivors who do not receive proper care and support may provide less effective testimony, underscoring the need to ensure services in the interests of the victim but also to increase the likelihood of successful prosecution.

In terms of strengthening legislation, the programme supported the final review of the Anti GBV Act No.1 of 2011 to incorporate the Penal Code and Anti-GBV and User-Friendly Fast Track Courts in collaboration with Ministry of Justice, Ministry of Gender, Women and Law in Southern Africa, WilDAF and Zambia Law Development Commission. The validation, launch and handover will take place in 2021.

As part of the commemoration of the 16 days of Activism Against Gender-Based Violence under the global theme: "**Orange the World, Fund, Respond, Prevent, Collect**" the programme in collaboration with National Legal Aid Clinic for Women (NLACW), Judiciary, Zambia Police -Victim Support Unit and National Prosecution Authority (NPA) built capacity of 56 people (35 male; 21 female) consisting of Magistrates, Court Clerks, Lawyers, Social welfare workers and Prosecutors in Mongu and Choma districts to increase their capacity to deliver quality legal services¹⁵. The trainings were informed by the gaps identified through the implementation of the established Anti-GBV Fast Track Courts in the two districts in 2017 and 2018 respectively. The results of a pre-and post-test administered to participants showed that participants' knowledge levels had improved greatly and had better understanding most of the GBV concepts after the trainings.

Output 2.1 GBV Survivors and those at-risk access economic empowerment services

¹⁴ The Handbook was developed primarily through other funding (UNICEF funding related to PSEA). UNJP-GBV contributed through funding to support development of the training as well as the training of 437 prosecutors.

¹⁵ The topics of the trainings included GBV concepts and norms; international, regional and national legal framework on GBV; causes and effects of GBV; salient provisions of the Anti-GBV Act; the Anti-GBV Court Rules, civil proceedings under the Anti GBV Act challenges and opportunities; GBV criminal proceedings; GBV prosecutorial techniques; dealing with child witnesses; medical forensic examination of SGBV cases; and orientation on the new ZP Form32. The topics were delivered through lectures, presentations, buzz groups and case studies.

In efforts to empower GBV survivors and those at risk of GBV to access economic empowerment services, the GRZ-UNJP programme supported various interventions for the continuity of economic activities.

Recognizing possible negative socio-economic impact of COVID19 on women, the programme supported the establishment of COVID Compliant safe markets in three areas of Lusaka: Chilenge, Matero and Nyumba Yanga targeting 900 female marketeers to allow them to continue with their trading for their livelihoods. A total of 569 (69 female traders and youth volunteers in the three markets and 500 GBV survivors) were trained in GBV, COVID19 guidelines and business development skills.

These safe markets will be progressively rolled out to some other COVID-19 epicentres in the country. Sensitization on GBV and COVID-19 were conducted, and PPEs and water solutions (bore holes) provided to make the safe markets COVID19 compliant and safe. In addition, 319 GBV survivors were supported with enterprise start-up support.

In collaboration with Zambia Information and Communication Technology Authority (ZICTA), the programme facilitated use of ICT platforms to raise awareness to over 35 girls on online-GBV to protect themselves against online abuse as well as how they can use ICTs responsibly to discourage child marriages and help alleviate the financial dependence of females on their male counterparts. An ICT Indaba conducted in Ndola in the year under review saw the training of 35 girls from four districts on the Copperbelt. In addition, the programme sensitized 7,050 people on GBV and positive use of ICTs via community and national radio and TV stations. This number is based on radio and TV reach.

In addition, consultative meetings have been held with two chiefdoms (His Royal Highness Chief Chamuka and Her Royal Highness Chieftainess Muwezwa) and work is ongoing on the establishment of the rural ICT hubs.¹⁶ ICT equipment (computers, printers) for the rural ICT hubs has been procured. The hubs will be operationalized in 2021 with support from the Zambia Information and Communications Technology Authority (ZICTA).

Output 2.2 Community and traditional leadership structures have capacity to mobilise on GBV prevention.

The programme supported a total of 567 (325 males, 242 females) traditional, religious, and political leaders and traditional leaders' spouses with training and sensitization on GBV and COVID-19 prevention and response. These comprised 269 traditional leaders 158 spouses of traditional leaders, 85 religious leaders 30 religious leaders' spouses. The training also focused on Gender, Culture, Masculinity and Gender Based Violence. Participants came from Lundazi, Chipata, Magwero, Chief Chanje in Chipata, Kalumbila, Mazabuka, Chinsali and Solwezi resulting in improved coordination among various GBV players in their communities. This strengthened networking and creation of community and leadership structures on GBV and COVID19 prevention and response.

¹⁶ To address the low participation of women and girls in ICT, UNDP seeks to establish Rural ICT hubs which will provide mentorship, personal development skills, support in the creation of innovative ideas and enterprises, and encourage uptake and use of ICT's. These hubs will be piloted in three rural communities of Chisamba, Chongwe and Itezhi-Tezhi. Each hub will contain minimal equipment. This includes 20 computers, one server, connectivity infrastructure and supporting electrical infrastructure if needed.

The programme reached 158,102 people through participation in community structures. These were sensitized and trained on GBV/COVID-19 prevention and response. These comprised 99193 males and 58884 females including 42 people living with disability.

Output 2.3 Improved multi-sectoral coordination and governance related to GBV prevention and response

To improve coordination and strengthen governance structures, the programme supported the establishment of the GRZ-UNJPGBV Steering Committee, and joint Monitoring & Evaluation platform. The GRZ-UNJP Steering Committee has met twice since it was established. At the second GRZ-UNJP Steering Committee meeting in July 2020, co-chaired by the Permanent Secretary of the Ministry of Gender and the UN Resident Coordinator, the reprogrammed GRZ-UNJP work plan to incorporate COVID-19 interventions and the second tranche of funds in year one was approved. The Steering Committee also approved the virtual launch of the GRZ-UNJP.

Through Ministry of Gender the programme strengthened twenty districts with plans mainstreaming GBV. These included the 17 original project sites and the three additional ones due to the COVID-19 interventions.

In addition to the existing mechanisms on the GBV interventions, the programme supported i) COVID-19 coordination focusing on ensuring the continuation of social welfare service provision. This was chaired by MCDSS through the Protection Sector Group and its two subgroups: GBV and Child Protection ii) Technical Working Groups (TWG) for development of statutory case management guidelines iii) TWG for the development of guidelines for the protection of Child Victims and Witnesses through judicial proceedings. For the latter, a sub-group was created to develop and oversee the methodology for consultations with young people on the guidelines. These groups have been meeting through a mix of virtual and in-person meetings, shifting to virtual meetings when COVID-19 cases are more prevalent.

Further, in efforts to strengthen the legal framework, the Ministry of Gender and Ministry of Justice led the revision of the Anti-GBV Act No.1 of 2011 to align it to the Penal Code and to incorporate the Anti-GBV Fast Track Courts. The updated Anti-GBV Act is in draft form and is awaiting validation to be done in 2021.

The programme conducted 7 Joint stakeholders' planning and review meetings (hybrid – 3 physical and 4 virtual) that achieved, among others : 1) Development of Terms of Reference (ToR) to finalize the review of the Anti GBV Act No.1 of 2011; 2) The finalization of the inception phase plan that indicates roles and responsibilities for the various actions; 3) A finalized list of harmful norms to be addressed by the GRZ-UNJP programme; 4) Terms of Reference for conducting the GRZ-UNJP baseline and the Rapid Gender Assessment were finalized.; 5) The completion of a feasibility assessment on the Mumbwa district One Stop Center in Central Province.

The Programme further supported the finalization of the Information Management System (IMS) at the Zambia Police, to collect data on GBV survivors. In addition, a rapid technical assessment of the five proposed sites for GBV data delivery points by Zambia Police Service namely Solwezi, Ndola, Kabwe, Mongu and Livingstone was conducted as a gap analysis to better respond to the needs of Zambia Police in the deployment of their E-policing system.

In joining the rest of the world on the campaign on violence women, the programme supported the ministerial launch of the MoG led *16 days of gender activism* with the theme “Orange the World: Fund, Prevent, Respond, Collect”.

Describe any delays in implementation, challenges, lessons learned & best practices & Updated risk log (Risk log Annex 3):

Challenges:

The COVID-19 pandemic impacted on implementation, due to social distancing restrictions and prioritisation of COVID-19 prevention and response measures put in place. Within this context, the programme re-strategised the approach and implemented interventions using other modalities such as virtual platforms for meetings and toll-free lines and chats for providing PSS. The easing of the COVID-19 situation in the last quarter of 2020, resulted in some face-to-face meetings, and facilitated the development of the guidelines, such as the guidelines on Child Victims and Witnesses and statutory case management.

Due to Covid-19 guidelines, the number of participants had to be reduced to enable social distancing during workshops. As a mitigation measure, some coordination programmes were done virtually while contact activities such as trainings or orientations included components of Covid-19 prevention and supply of PPEs such as hand sanitizers, face masks and disinfectants.

Lessons Learnt and Best Practices and updated risk log

- Involvement of local stakeholders in the implementation of activities enhances ownership, sustainability of program activities and brings greater impact.
- The COVID-19 pandemic resulted in increased demand for on-line chat services, as children find these more accessible and interactive.
- COVID 19 has impacted on the socio-economic status of families resulting in reported cases of commercial sexual exploitation of women and girls in five districts – *highlighting the desperate situation some families are facing*. However, the need for external support for such types of situations, serves to stress the importance of social welfare systems strengthening. A strengthened social welfare system will ensure adequate human and financial resources, strong and clear policy/regulatory framework, inter-sectoral coordination and collaboration, which will enable rapid and effective response whenever such situations occur.
- COVID-19 has facilitated the building of new partnerships, especially focused on PSS for frontline workers that will ultimately ensure improved care and support for child survivors of

GBV. For example, Lifeline Childline Zambia has partnered with the Zambia Well Being Alliance which comprises the Psychology Association of Zambia for capacity development of its staff and with Strong Minds Zambia to whom Lifeline Childline Zambia is now referring clients who have been classified as suffering from anxiety and depression for further mental health support. Between July to October, Lifeline Childline referred 23 people (4 girls, 2 boys, 8 women, 9 men) of SEA to Strong Minds Zambia.

- Development of Terms of Reference by one agency and sharing with the other United Nations agencies for their review and endorsement. This ensures clarity amongst the United Nations joint partnership on the work being implemented and leveraging of different experiences and competencies.

Qualitative assessment:

Despite the COVID-19 pandemic which has impacted implementation, the programme has adapted activities and re-programmed resources to introduce new activities in line with outcomes and outputs to ensure there is continuity of services. During the reporting period, 39,825 children and adults have been reached through tollfree lines with Psychosocial Support (PSS) through partnership with other UN agencies and Lifeline Childline Zambia, of which 4,747 were referred to other services for additional support. Joint planning and review meeting with other cooperating partners (USAID, EU, and GIZ) were held to improve sub national response and coordination towards GBV.

Recommendations

- Need for continuous legal training.
- The Judiciary requested for a “waiting room” to avoid direct contact between survivor and alleged perpetrator and humiliation or threats to the survivor during court meetings. The Magistrates recommended that all magistrates are trained on GBV
- The District Social Welfare Officers (DSWOs) identified the need for police to contact the DSWO as soon as a case of a child victim of GBV is identified. The DSWO can then open a statutory case file and prepare the child and the parent for police interview and ensure it is aligned to the age maturity of the child, conduct a risk assessment before returning a child back to the family home or to identify appropriate temporary kinship care or foster care solutions (before considering placement in a residential setting). There is a need for the TWG working on the guidelines for *Child Victims and Witnesses* to consider concerns that a child’s statement in court may be influenced/manipulated by adults if the child is not “isolated” in a facility without visitation rights and to secure a solution that is in the best interests of the child and at the same time does not jeopardise the outcome of the judicial process.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Programme 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.

Results - Outcome and Output Indicators - Baseline/Actual/Planned Targets	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Outcome 1¹⁷ Indicator 1.1: % of women aged 15-49 who have ever experienced physical or sexual violence who sought help to stop the violence Baseline: Planned Target: Programme Target:	0	Data awaiting baseline	
Indicator 1.2: % of eligible survivors receiving PEP within 72 hours Baseline: Planned Target: Programme Target:		Data awaiting Baseline	
Indicator 1.3: % of GBV survivors receiving legal assistance Baseline: Planned Target: Programme Target:	0	Data awaiting baseline	
Indicator 1.4: # of survivors linked to hospital based OSCs Baseline: Planned Target: Programme Target:	4,747	No data on baseline and planned target	Life Childline reports

¹⁷ Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

Results - Outcome and Output Indicators - Baseline/Actual/Planned Targets	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Indicator 1.5: Average number of days for a case to be disposed of before and through fasts track courts Baseline: Planned Target: Programme Target:	5-30 days	Between 5 – 31 days. These vary from Fast Track Court (FTC) to FTC.	Judiciary records
Indicator 1.6: % of GBV cases resolved within 3 months before and through the Fast-Track Courts Baseline: Planned Target: Programme Target:	0	Data awaiting baseline	
Output 1.1 One Stop Centres Indicator 1.1.1: # of hospital based OSC established / strengthened and functional in the Programme districts Baseline: Planned Target: 10 Programme Target: 20	10 (2 village-led one-stop centers)	This work will be accelerated in 2021	Programme reports
Indicator 1.1.2: # of community structures conducting dialogues and info sessions on GBV services and prevention Baseline: To determine baseline Planned Target: 30 Programme Target: 100	35		Programme report
Indicator 1.1.3: # of OSCs which are child friendly Baseline: Planned Target: 4 Programme Target: 12	0	A draft list of child-friendly materials was developed and shared with the MoH OSC focal person. Feedback was given but concurrently the EU-funded GBV programme had developed minimum standards for OSCs.	Programme report

Results - Outcome and Output Indicators - Baseline/Actual/Planned Targets	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
		These were still being discussed in December. To support a “whole of government approach to GBV” and ensure that all GBV actors followed the same guidelines, the programme waited until the Procurement will take place in 2021.	
Indicator 1.1.4: # of service providers trained on multi-disciplinary GBV Guidelines (disaggregated by type of service provider and sex) Baseline: Planned Target: 500 Programme Target: 1,200	429		Programme activity reports
Output 1.2 Shelters Indicator 1.2.1: # of GBV survivors housed in Programme supported shelters Baseline: 45 Planned Target: 100 Programme Target: 350	74	Some people were initially not comfortable to come to the shelters due to COVID19 restrictions.	Programme/YWCA reports
Indicator 1.2.2: # of shelters established/strengthened for temporary housing of GBV survivors Baseline: Established: TBD Baseline: Strengthened Planned Target: 8 Programme Target: 10 strengthened and 3 established.	7 strengthened	COVID-19 restrictions slowed the establishing of new shelters 7 shelters strengthened.	Programme/YWCA Reports (IOM) Joint Assessment report by Ministry of Community Development and Social Services, UN and the Works Department.
Output 1.3 Target districts have increased capacity to deliver quality legal services	0 established 6 strengthened and	Ongoing – structural drawings in place Joint FTC site assessments	Programme reports

Results - Outcome and Output Indicators - Baseline/Actual/Planned Targets	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Indicator 1.3.1: # of FTC established/strengthened and functional Baseline: 6 Planned Target: 4 Programme Target: 10	functional	to take place in Q2 2021 6 strengthened	
Indicator 1.3.2: % of FTC that are operating in line with child friendly standards Baseline: 0 Planned Target: 4 Programme Target: 10	0	A draft list of materials was developed and shared with the FTC focal person at the Judiciary. Procurement will start in 2021.	Programme records
Indicator 1.3.3: # of legal service providers trained Baseline: To Be Determined Planned Target: 600 Programme Target: 1,800	486	Some participants were unable to travel due to COVID19 restrictions. Due to social distancing trainings could only be done in smaller groups by our partners.	Attendance registers
Indicator 1.3.4: # of GBV survivors provided with legal aid Baseline: TBD Planned Target: 150 Programme Target: 450	130	Some survivors were hindered due to COVID19 restrictions that affected some service provision	
Outcome 2¹⁸ Indicator 2.1: % of GBV survivors and those at risk aged 15-49 taking up employment opportunities (Self/wage) (Disaggregated by age and sex) Baseline: Planned Target: Programme Target	Data not available		
Indicator 2.2: % of GBV survivors and those at-risk reporting increase in income Baseline:	Data not available		

¹⁸ Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

Results - Outcome and Output Indicators - Baseline/Actual/Planned Targets	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Planned Target: Programme Target			
Indicator 2.3: % of currently married women whose husbands make decisions about their health care for them Baseline: Planned Target: Programme Target	Data not available		
Indicator 2.4: # of women/ men aged 15-49 who agree that a husband is justified in hitting or beating his wife for at least one reason. Baseline: Planned Target: Programme Target	Data not available		
Output 2.1: Economic Empowerment Indicator 2.1.1: # of GBV survivors and those at risk capacitated in business development Baseline: Planned Target: 500 Programme Target: 1500	569	Leveraging the willing participants at the three markets provided the opportunity to reach more women.	Training Reports Attendance lists
Indicator 2.1.2: # of GBV survivors and those at risk provided with enterprise start-up support Baseline: TBA Planned Target 650 Programme Target:	319	Beneficiaries needed to be trained before being given Start-Up kits and 400 have so far been trained to be given in 2021	GRZ-UNJPGBVIIreports
Indicator 2.1.3: # of GBV survivors and those at risk engaged in saving and credit groups Baseline: TBD Actual: 400 Planned Target: 450	0	COVID-19 restrictions could not allow this action to take place	Training reports Attendance lists
Indicator 2.1.4: # of saving and credit groups (formal/informal) supported to start/improve Baseline: TBD Planned Target: Programme Target: 600	0	COVID-19 restrictions could not allow this action to take place.	Training reports Minutes Registers of formed groups

Results - Outcome and Output Indicators - Baseline/Actual/Planned Targets	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Indicator 2.1.5: # of women and girls capacitated with ICT knowledge Baseline: To Be Determined Planned Target: 30 Programme Target: 1,000	35	The Indaba attracted five more girls due to the nature of the topic.	Project reports TV and radio station estimates
Output 2.2 Community and traditional leadership structures have capacity to mobilise on GBV prevention Indicator 2.2.1: # of traditional, religious, and political leaders and spouses sensitized on GBV Baseline: To Be Determined Planned Target: 500 Programme Target: 1,500	567	Increased demand for GBV/COVID19 prevention and response services stimulated by the programme. The training with 25 traditional leaders in Mazabuka accelerated the reach after they also held community dialogue with their subjects	Programme reports TV news clips
Indicator 2.2.2: # of people participating in community structures sensitized and trained on GBV/COVID-19 prevention and response Baseline: To Be Determined Planned Target: 100,000 Programme Target: 450,000	158,102	Leverage on national events (16 Days of Activism) made it possible to reach a bigger target	Programme reports Radio and TV stations listener and viewer coverage estimates
Output 2.3 Improved multi-sectoral coordination and governance related to GBV prevention and response Indicator 2.3.1: # of district plans mainstreaming GBV Baseline: 35 Planned Target: 10 Programme Target: 30	20	These are the initial 17 in the original GBVII districts. Three (3) were added due to COVID19 considerations	MoG reports
Indicator 2.3.2: # of policies/guidelines finalized Baseline: TBD Planned Target: 2 Programme Target: 6	2	Minimum standards for shelters in place. The Anti GBV Act No.1 of 2011 has incorporated the Fast Track & User-Friendly Courts Draft guidelines on protection of Child Victims and Witnesses	MoG reports and MCDSS reports

Results - Outcome and Output Indicators - Baseline/Actual/Planned Targets	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
		through judicial proceedings are in place. A zero draft of the foundational statutory case management guidelines are also in place and will include guidance notes for child victims/survivors of GBV/VAC.	
Indicator 2.3.3: # of service delivery points tracking GBV data on an MIS Baseline: Planned Target: 3 Programme Target 5	2	Zambia Police and Judiciary. Waiting for the rollout for the Fast Track Court Monitoring, Evaluation Reporting and Tracking system	Programme reports
Indicator 2.3.4: # of Steering Committee meetings held Baseline: 0 Planned target: 4 Programme Target: 12	2	2 Programme Steering Committees meetings	Programme reports
Indicator 2.3.5 # of Joint planning and review meetings held Baseline: 1 Planned Target: 4 Programme Target: 12	7	3 physical and 4 virtual. Virtual ones with challenges due to poor internet connectivity	Programme reports

ANNEX 1

Inception Phase Plan – Update

	Activities	Who	Deliverables	Due date was 2020	Status/comment new due date
1	Develop capacity building plan indicating the different organisations and type of training to be provided.	MoG and joint UN team	A capacity assessment report Capacity development plan	Dec 2020	May 2021- Work in progress
2	Finalise an accountability framework amongst UN that outlines roles and responsibilities of all key actors (districts, provincial, and national) and addresses weaknesses in internal management and control and project management and oversight.	MoG and UN team	Accountability Framework	Dec 2020	April 2021 work in progress.
3	Agree and finalize joint contracts and implementing partner agreements	UN agencies and partners	Signed contracts	July - 2020	Done. MoUs with Government and CSOs in place: Ministry of Gender, Judiciary, Ministry of Health Ministry of Chiefs & Traditional Affairs, Ministry of Home Affairs -Zambia Police – Victim Support Ministry of Community Development and Social Services, NPA, Zambia Center for Communications Programme, Lifeline Childline, Young Happy Health & Safe, Zambia Disability, Zambia Men's Network, ZICTA,

					Women for Change, National Legal Aid Clinic for Women, Chisomo Women's Programme, YWCA.
4	Identify and formalise agreements with CSOs and areas/outputs they will work on and related budgets.	MoG and UN	Formalize agreements	July 2020	Done
5	Refine the UN Joint programme log-frame including an accompanying M & E framework and finalise the multi-year budget.	MoG and UN	M&E framework	July 2020	May 2021. At the completion of the baseline.
6	Refine the theory of change based on lessons learnt during the inception phase.	MoG Refined ToC		Dec 2020	June 2021
7	Conduct an in-depth situational analysis and needs assessment of GBV services in targeted districts, which will serve as the baseline and which will feed into the finalization of the M & E framework TOR. ¹⁹	MoG and UNDP	GBV II Baseline	Dec 2020	May 2021 – work in progress
8	Agree on research activities.	MoG and partners	<u>List of research topics²⁰</u>	End of July	Done. See list attached.
9	Contribute to the development of SOPs for FTCs, OSCs and shelters with EU and STOP GBV to support sustainable implementation modalities in the UNJP	MoG and UN team (other partner also to contribute re. EU, GIZ, USAID)	<u>SOPs for FTCs, one stop centers shelters, and VLOSC.</u>	End of December.	Work in progress
10	Together with partners (CPs, IPs, and GRZ) review and agree on corruption risks within the project	GBV II joint team.	Framework on corruption prevention.	End of June 2020.	Done. Ministry of Gender provided guidance as well.

¹⁹ The Phase II Joint GBV Programme will collaborate with other players – EU, USAID-STOP GBV, DfID

²⁰ i. Investigating online bullying and effects it has on girls and women ii) Interrogating traditional and cultural norms focusing on the site districts iii) Study on the Mind of the GBV Perpetrator (drivers of GBV) iv) Mental Health & GBV v) Rapid Gender Assessment of COVID19

	and how the UN will work with implementing partners to prevent, detect and address corruption.				
11	Agree and assign agencies to provide Harmonized Approach to Cash Transfers (HACT) capacity building and monitoring to all project partners in their assigned districts to ensure compliance with UN anti-corruption and fraud guidelines.	UNDP	Guidance to mainstream HACT	End of June 2020	On-going.
12	Agree on specific gender and negative cultural norms to be addressed.	MoG and UN team, Other partners (EU, ZCCP, USAID to contribute)	<u>List of specific gender and negative cultural norms</u> ANNEX 2	End of June 2020.	Done – This was consultatively done with the leadership of Ministry of Gender and Ministry of Chiefs and Traditional Affairs. The list of specific norms will be validated in April 2021. Find it below.

ANNEX 2

Specific Negative Cultural Norms to be addressed by the Joint GRZ-UN Gender Based Violence Phase II Programme

The following (a-e) are cross cutting in the country, from anecdotal information. All the below will be subjected to a validation by various stakeholders led by the Ministry of Chiefs and Traditional Affairs.

- a. Sexual cleansing and widow inheritance
- b. Child marriage
- c. Polygamy (Southern, Eastern and Western)
- d. Abuse of herbs for sex boosters.
- e. Property grabbing

2. Lusaka & Copperbelt

- a. Patriarchal system
- b. Cultures where only men can own land and livestock
- c. Ownership of resources

3. Northwestern

- a. Initiation ceremony- supports male supremacy (after initiation for boys) and sexual intercourse with the girls as part of initiation
- b. Use of vulgar language and songs during initiation ceremonies.
- c. Practice of child marriage- skills testing
- d. Sexual cleansing and widow inheritance
- e. After the initiation ceremony, there is a practice of organised free sex

4. Luapula, Muchinga and Northern

- f. Patriarchal system
- g. Practice of child marriage – bride testing
- h. Wife battering as a sign of love
- i. Wife inheritance and sexual cleansing
- j. Use of vulgar language that perpetuate male dominancy

5. Western

- a. Land ownership mostly for male
- b. Marriage is not considered to be a binding relationship- women can leave easily

6. Eastern

- a. Girls initiation (Chinamwali) which supports practice of child marriage – bride testing (fisi)
- b. Boys initiation (Gule wa mukulu) promotes male supremacy and boys as young as 7yrs are taught about sex skills
- c. During traditional ceremony (gule wa mukulu), one cannot dance the nyau without going through initiation and is done at the graveyard for a month.
- d. After the initiation ceremony, there is a practice of organised free sex (Mambwe District)
- e. The professional sex testers
- f. Pulling of labia (female genital mutilation)
- g. Child labour e.g. cattle herding
- h. Polygamy (Tumbukas)
- i. Eloping
- j. Chidzelano- exchange of wives between male friends and women have no say.
- k. Kuponya mwana Kumalo (abuse on rights of a child) and exposes them to HIV infection.

7. Central & Southern Province

- a. Polygamy
- b. Eloping
- c. Wife inheritance and sexual cleansing

Research Topics, which the programme will undertake:

1. Rapid Gender Assessment of COVID19
2. Interrogating traditional and cultural norms (as above) focusing on the site districts
3. Mental Health and GBV
4. Effects of Online GBV and bullying

ANNEX3
OFFLINE RISK LOG

Project Title: Phase II Joint Programme on Gender-Based Violence in Zambia	Award ID: 001124484 Output ID: 00119404	Date: 23 rd December 2020
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#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
	<p>Enter a brief description of the risk</p> <p>(In Atlas, use the Description field. Note: this field cannot be modified after initial entry)</p>	<p>When was the risk first identified</p> <p>(In Atlas, select date. Note: date cannot be modified after initial entry)</p>	<p>Environmental</p> <p>Financial</p> <p>Operational</p> <p>Organizational</p> <p>Political</p> <p>Regulatory</p> <p>Strategic</p> <p>Other</p> <p>Subcategories for each risk type should be consulted to understand each risk type (see Deliverable Description for more information)</p> <p>(In Atlas, select from list)</p>	<p>Describe the potential effect on the project if this risk were to occur</p> <p>Enter probability on a scale from 1 (low) to 5 (high)</p> <p>P =</p> <p>Enter impact on a scale from 1 (low) to 5 (high)</p> <p>I =</p> <p>(in Atlas, use the Management Response box. This field can be modified at any time. Create separate boxes as necessary using "+", for instance to record</p>	<p>What actions have been taken/will be taken to counter this risk</p>	<p>Who has been appointed to keep an eye on this risk</p> <p>(in Atlas, use the Management Response box)</p> <p>(in Atlas, use the Management Response box. This field can be modified at any time. Create separate boxes as necessary using "+", for instance to record</p>	<p>Who submitted the risk</p> <p>(In Atlas, automatically recorded)</p>	<p>When was the status of the risk last checked</p> <p>(In Atlas, automatically recorded)</p>	<p>e.g. dead, reducing, increasing, no change</p> <p>(in Atlas, use the Management Response box)</p>

					<i>updates at different times)</i>				
1	Fragmentation of GBV services as referrals are made to service providers individually and directly	Feb 2020	Financial	Project results would not easily be achieved in a holistic manner P =2 I = 2	Strengthen capacity building towards robust coordination for GBV services Make available GBV referral pathways and case management guidelines in all sites.	Ministry of Gender / UN Joint Team	Programme Coordinator	December 2020	Under review
2	National events that require resources including staff such as the 2020 National Census of Population & Housing	2020	Other	Project targets would have to be reviewed P =2 I = 2	The joint team to hold planning meeting and share best practices to mitigate the risk	Ministry of Gender / UN Joint Team	The Joint GRZ/UN team	December 2020	To be reviewed
3	Implementation delays may be	2020	Political	Beneficiaries may not easily access services or attend	Reduce the number of activities	Ministry of Gender/UN Joint Team	Programme Coordinator	December 2020	Under review

	experience d in the run up and post elections in 2021			meetings due to disruptions that come with pre and election activities P = 3 I = 2	around campaign and election time. Plan to undertake activities that will not be disrupted during this time. Engage government counterparts on planning early to avoid election period disruptions.			
4	Limited resources for MoG to ensure the full coordination structure on GBV	2020	Financial/Strategic	The GBV Coordination structure would remain weak. P = 2 I = 2	Continuous capacity development and technical support to MoG from the UN to coordinate the gender/GB V interventions and Engage other donors (EU,	Ministry of Gender / UN Joint Team	Programme Coordinator	March 2020 Under review

					USAID, World Bank etc.) and non-state actors (Private Sector inc.) in resource mobilization.				
5	Creation of demand for services beyond the capacity of service providers' ability to provide.	2020	Organizational	Survivors will lose confidence in the system P=1 I = 2	Systematic capacity development with a cascade model including logistical support at district level and sustained community outreach programmes.	Ministry of Gender / UN Joint Team	Programme Coordinator	March 2020	To be reviewed
6	Implementation delays may be experienced due to the COVID-19 pandemic	February 2020	Operational	Some travel and group activities may not be conducted as scheduled. P = 3 I = 3	The Joint team will be exploring other modalities to do implementation and will work closely with relevant	Ministry of Gender / UN Joint Team	Programme Coordinator	December 2021	To be reviewed

					stakeholders to sensitise communities on the right response to COVID-19 and GBV				
7	The COVID-19 may exacerbate gender-based violence	February 2020	Strategic	As more women are involved in care-giving they may lose income but they also get stuck in abusive situations. P =3 I = 3	The Joint programme will ensure that COVID-19 response is gender-responsive and services prioritized in affected sites.	Ministry of Gender / UN Joint Team	Programme Coordinator	November 2020	To be reviewed
8	Limited understanding of survivor-centred service delivery and adherence to confidentiality protocols by community groups	2020			Capacity development of service providers and community groups Confidentiality and survivor centred approach will be included in capacity development modules	Ministry of Gender / UN Joint Team	Programme Coordinator	November 2020	To be reviewed

9	Measurement of indicators other than what is agreed upon which are mainly from previous ZDHS	2020	Strategic	P = 2 I = 2	UN's continued collaboration and technical support to Central Statistical Office	Ministry of Gender / UN Joint Team	Programme Coordinator	November 2020	To be reviewed
10	ZDHS report will be finalized and circulated on time.	2020	Strategic		UN's continued collaboration and technical support to ZAMSTATs	Ministry of Gender / UN Joint Team	Programme Coordinator	December 2020	Dead.

iii) A Specific Story (Optional) Find below two stories on the GRZ-UNJPGBV interventions

Story 1:

Problem / Challenge faced: Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

Story by Monde Muyoba Chizongo, Prosecutor

“The criminal setting in Zambia has shown that Zambia is battling with a high and increasing rate of GBV and more so SGBV. The numbers are particularly high for children. This means that, as a prosecutor I come in contact with a lot of children who have to go through a very tedious court process.



The need to adequately prepare victims of SGBV mentally for court in the recent past has been extremely challenging because of a lack of proper guidance on how it should be done. The task of interviewing and preparing for court is difficult, particularly when the party is a child, especially if s/he is a victim of violence in the home or sexual assault. Children have a different frame of reference than adults.

Programme Interventions: How was the problem or challenge addressed through the Programme interventions?

The challenge was addressed through the support by the GRZ-UNJP towards the development of the Prosecutors’ Manual. In addition, the programme supported the capacity development of prosecutors by way of training, as mentioned above.

Result (if applicable): Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

“The handbook is a very important tool for my career and the introduction of it has tremendously impacted my life as a prosecutor in a positive way. Its continued use will surely make a positive difference.”

“I noted that when I began to apply the guidance given in the handbook, the child witnesses I have so far encountered have shown more confidence in court as they were less anxious or fearful as opposed to the past. There was an enhancement in the discovery of truth and the child’s appearance of credibility. This has greatly improved the outcome of the cases dealt with and also children felt more protected...” Monde Muyoba Chizongo, Prosecutor

“For every case I prosecute, preparation is key. As the saying goes ‘**The progress of tomorrow is the preparation of today**’. I have learnt the importance of conducting pre-trial interviews, the steps in conducting pre-trial interviews and the key role it plays in pre-trial interviews. I have also learnt that when conducting a pre-trial interview,

“The handbook further enlightened me of the need to always contact a Social Welfare Officer who in turn contacts the child’s caregiver informing them about the interview. In cases where a child is at a place of safety, the Social Welfare Officer needs to contact the social worker at the place of safety to prepare the child. I learnt that the interview should take place in a child friendly environment where the child feels safe and comfortable

and to always use age-appropriate language"

Lessons Learned: What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

"I came to realise that a prosecutor who generally lacks emotional intelligence and is not necessarily child-oriented will treat a child witness/victim like any adult who understands the whole process, when in fact this is not the case"

"... the introduction of the handbook on SGBV has really taught me a lot and helped put things into perspective. For every case I prosecute, preparation is key. As the saying goes '**The progress of tomorrow is the preparation of today**'"

"Going forward, with the continued use of the handbook, I intend to improve my prosecutorial skills on SGBV by enhancing effective communication with the Witness Liaison Officers and the Social Welfare Officers. I will make it a point to understand and spend adequate time with a child in order to build trust and rapport..."

Story 2:

Problem / Challenge faced: Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

The problem experienced was the infliction of online gender-based violence on girls and women.

There has been a surge in all types of violence against women and girls, particularly cyber bullying in Zambia since the outbreak of COVID-19, with helplines in some places seeing a rise in calls.

"I felt powerless. I wanted to either quit or reduce my use of social media," Mwangala sighs.

Programme Interventions: How was the problem or challenge addressed through the Programme interventions?

The GRZ-UNJP GBV II Programme has put a spotlight on online GBV in Zambia through support to ZICTA by hosting a Girls In ICT Indaba that brought together 35 girls from four districts on the Copperbelt Province, namely Luanshya, Kitwe, Chililabombwe and Masaiti. The Girls' Indaba raised awareness on how girls can protect themselves against online abuse. The platform also offered girls an opportunity on how they can leverage on the use of ICT to effect transformational change and also be able to use ICTs for economic empowerment and financial independence to allow them not be trapped in abusive relationships but be able to fend for themselves.



Result (if applicable): Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

The ICT Indaba made the girls aware of the extent of online abuse and encouraged them to report any such cases.
“I did not know that one can report a case of online GBV to the police – now I know”
commented one of the participants.

Lessons Learned: What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

“From this Indaba, I will go back to school and inform my friends on the benefits of using ICT responsibly.”
In addition, participants learned from remarks made by UNDP Representative and Government officials on how girls and young women can leverage on the use of ICT to effect transformational change.

There is need for girls to be equipped with ICT equipment and link them to other anti GBV service providers and economic empowerment interventions.

III. Other Assessments or Evaluations (if applicable)

- Report on any assessments, evaluations or studies undertaken.

The GRZ-UN JP Gender Based Violence Phase II Baseline Study and the Rapid Gender Assessment of Covid-19 on Gender Equality are currently under way, and copies will be made available to MPTF, when ready.

IV. Programmatic Revisions (if applicable)

- Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.

With the advent of COVID-19 the JP UN GBV II underwent reprogramming to integrate COVID-19 interventions which still align with the programme outcomes and outputs

V. Resources (Optional)