

GRZ-UN Joint Programme on GBV

MPTF OFFICE GENERIC 2015 ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT

<p>Programme Title and Project Number</p> <p>Programme Title: GRZ-UN Joint Programme on GBV Programme Number: 00083908 MPTF Office Project Reference Number: 00086414</p>	<p>Country, Locality(s), Priority Area(s) / Strategic Results</p> <p>Country: ZAMBIA</p>														
<p>Participating Organization(s)</p> <p>International Labour Organization (ILO) International Organization for Migration (IOM) United Nations Development Programme (UNDP) United Nations Population Fund (UNFPA) United Nations Children’s Fund (UNICEF) World Health Organization (WHO)</p>	<p>Implementing Partners</p> <p>Ministry of Gender, Ministry of Community Development, Judiciary, Women and Law in Southern Africa, National Legal Aid Clinic for Women, Drug Enforcement Commission, Kasama One Stop Centre, Zambia Law Development Commission, PMO, Zambia Federation of Associations of Women in Business, Community for Human Development, Alliance for Young Entrepreneurs, Zambia National Women’s Lobby Group, Zambia Episcopal Conference, Women for Change and YWCA</p>														
<p>Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: \$ 15,570,000 MPTF /JP Contribution: Agency Contribution</p> <table border="0"> <tr><td>ILO</td><td>\$ 50,000</td></tr> <tr><td>IOM</td><td>\$ 0</td></tr> <tr><td>UNDP</td><td>\$ 1,000,000</td></tr> <tr><td>UNFPA</td><td>\$ 500,000</td></tr> <tr><td>UNHCR</td><td>\$ 10,000</td></tr> <tr><td>UNICEF</td><td>\$ 1,033,386.40</td></tr> <tr><td>WHO</td><td>\$ 0</td></tr> </table> <p>Government Contribution: n/a Other Contributions (donors) Sweden – \$ 8,631,279 Ireland – \$ 1,659,600</p> <p>Total: \$ 10,290,879</p>	ILO	\$ 50,000	IOM	\$ 0	UNDP	\$ 1,000,000	UNFPA	\$ 500,000	UNHCR	\$ 10,000	UNICEF	\$ 1,033,386.40	WHO	\$ 0	<p>Programme Duration</p> <p>Overall Duration (months) 53</p> <p>Start Date 31 /07/2012</p> <p>Original End Date 31/12/2016</p> <p>Current End date 31/12/2016</p>
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<p>Programme Assessment/Review/Mid-Term Eval.</p> <p>Assessment/Review - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i> Mid-Term Evaluation Report <i>n/a</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p>Report Submitted By</p> <ul style="list-style-type: none"> o Name: Dellia Mwale-Yerokun o Title: Programme Analyst-Gender o Participating Organization (Lead): UNDP o Email address: dellia.yerokun@undp.org 														



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
MCTA	: Ministry of Chiefs and Traditional Affairs
MCDSS	: Ministry of Community Development Mother and Child Health
MDG	: Millennium Development Goals
MGCD	: Ministry of Gender and Child Development
MOE	: Ministry of Education
MOHA	: Ministry of Home Affairs
MOJ	: Ministry of Justice
NLACW	: National Legal Aid Clinic for Women
OSAW	: Own Savings for Assets and Wealth
PC	: Penal Code
PEP	: Post – Exposure Prophylaxis
PMO	: Provincial Medical Officer
SGBV	: Sexual GBV
SRHR	: Sexual Reproductive Health and Rights
STI	: Sexually Transmitted Infection
UN	: United Nations
UNDAF	: United Nations Development Assistance Framework
UNDP	: United Nations Development Programme
UNFPA	: United Nations Population Fund
UNICEF	: United Nations Children’s Emergency Fund
VSU	: Victim Support Unit
WHO	: World Health Organization
ZCCP	: Zambia Center for Communications Programme
ZPS	: Zambia Police Service

This Consolidated Annual Progress Report under the GRZ-UN Joint Programme on Gender Based Violence in Zambia covers the period from 1 January to 31 December, 2015. This report is in fulfilment of the reporting requirements set out in the Standard Administrative Arrangement (SAA) concluded with the Donor. In line with the Memorandum of Understanding (MOU) signed by Participating UN Organizations, the Annual Progress Report is consolidated based on information, data and financial statements submitted by Participating Organizations. It is neither an evaluation of the Joint Programme nor an assessment of the performance of the Participating Organizations. The report provides the Steering Committee with a comprehensive overview of achievements and challenges associated with the Joint Programme, enabling it to make strategic decisions and take corrective measures, where applicable.

EXECUTIVE SUMMARY

During the reporting period, under the leadership of the Ministry of Gender, coordination mechanisms for programme implementation were further strengthened by the Joint Programme through the scaling up of village-led-one-stop on GBV (VLOSC on GBV) on community policing. Seven more village-led-one-stop-centers were established to curb GBV in seven chiefdoms, namely: Sandwe, Mumbi, Kalindawalo, Nyanje, Nalolo Mulobezi and Mwanjabanthu.

To further increase support to the villages, 310 prosecutors and police officers were trained in GBV prosecutorial skills to strengthen their capacities to support these communities address GBV in all the provinces. Zambia Police Men's networks were sensitized on issues of Gender equality and violence against women and girls in Petauke, Choma, Ndola, Nalolo, Nakonde, Kalomo, Livingstone, and Solwezi districts. In addition, 150 community-based care providers were trained in community based psychosocial care and support services for GBV survivors.

The programme support also identified and provided a range of services to survivors of GBV and strengthened protection systems for the at risk migrant and refugee communities. In 2015, a total of 4,500 GBV survivors were identified and supported by the programme partners. Survivors received services ranging from psychosocial support, shelter, medical and legal services. Among other services, survivors also received economic empowerment support from the programme, which included training and mentorship on business skills.

The GBV Training Manual to be used to train customary adjudicators to improve their adjudication of GBV cases was developed. The manual, informed by an earlier Gap Assessment Report, uses participatory and interactive strategies to engage the local court magistrates and traditional leaders with a bid to improve their skills in adjudicating GBV cases.

In addition, the programme in the period under review built capacity of over 120 local court and traditional court adjudicators to help them better handle various GBV cases.

On the health pillar, the programme strengthened the national capacity to deliver integrated health services to survivors of GBV through training of **154 health workers** on guidelines in the provision of medical and psychosocial services to GBV survivors.

The number of GBV cases reported nationwide increased from 10,217 reported cases in 2013 to **15,153** in 2014 to 18 088 cases in 2015. Source: 2014 Zambia Police Report on GBV Statistics. This increase could be attributed to the work of the UN/ GRZ joint programme and other national efforts in raising awareness on the Anti GBV Act No. 1 of 2011 and encouraging survivors to seek protection through the legal system, at community, district and national level.

An important outcome of the Anti-GBV advocacy campaign, which complimented the Joint GBV programme is the HeForShe Zambia Campaign on Gender Equality, which sensitized an additional 172 traditional leaders on issues of GBV led by Ministry of Chiefs and Traditional Affairs.

This is a contribution to the result as there are other players working on GBV. The programme is working in 14 (fourteen) districts....including Chipata, Kabwe, Petauke, Mazabuka, Choma, Livingstone, Solwezi, Zambezi, Mwinilunga, Mansa, Kasama, Nakonde, Chipata, Mazabuka and Lusaka

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 will have increased access to timely and appropriate health services;
- (ii) GBV survivors will have increased access to an efficient justice delivery system;
- (iii) GBV survivors will 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 the various State and Non-State Agencies and coordinated by the Ministry of Gender with technical and financial support from Six (6) UN Agencies (ILO, IOM, UNDP, UNFPA, UNICEF and WHO) and Bilateral Cooperating Partners (Sweden and Ireland). The programme has a duration of three and half years from July 2012 and is scheduled to end in December 2016.

This report covers the period from 1st January 2015 to 31st December 2015 and provides an assessment of the performance within the reference period. Progress on planned results for the period under review are as follows:

3.0 PROGRESS AGAINST PLANNED RESULTS

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

The Joint Programme has made progress towards increasing access of GBV survivors to timely and appropriate health services by:

i) Fostering Integration for SRH/HIV/GBV Programmes

The programme has designed and rolled-out integrated SRH/HIV/GBV services in **8 centers of excellence** in supported districts (Kaoma, Samfya, Milenge, Zambezi, Mufumbwe, Chavuma, Lukulu, Kalabo); as well as strengthened referral of GBV services in Solwezi district. In the reporting period, the programme strengthened the national capacity to deliver integrated health services to survivors of GBV through training of **211 health workers** on guidelines in the provision of medical and psychosocial services to GBV survivors. In collaboration with the General Nursing Council, the Joint Programme supported the **revision of 4 pre-and in service curriculum** (Enrolled Midwifery Curriculum, Registered Midwifery Curriculum, Direct Entry Midwifery Curriculum, and Enrolled Midwifery Bridging Curriculum) and development of the BSc Midwifery Curriculum - which now include guidelines for the management of gender-based violence. The programme finalized the SRH/HIV/GBV guidelines that provide standards and quality of care protocols. This has provided critical guidance in strengthening delivery of integrated services to poor and marginalized women and girls affected and at risk of GBV among others.

ii) Improving Access to Health Services for Survivors of Gender-Based Violence.

In collaboration with the Provincial Medical Office and the Young Women Christian Association of Zambia (YWCA), 2,837 GBV survivors received PEP and EC services as well as routine counselling on sexual and reproductive health and HIV in drop-in centers.

Mobile clinics provided an opportunity to reach out to more clients who could not access the services from the designated hospitals and clinics.

iii) Increased Community Mobilization Around Gender-Based Violence and Sexual & Reproductive Rights:

Of the 12,157 GBV survivors that received information on GBV, an estimated 5,830 women and girls at risk and affected by gender-based violence also received information on the linkages between gender-based violence (physical, sexual, emotional) and women's health. Of these female survivors, 2,380 were young girls and boys enrolled in safe spaces located in Lusaka, Mongu and Solwezi districts, as part of the national programme to end child marriage.

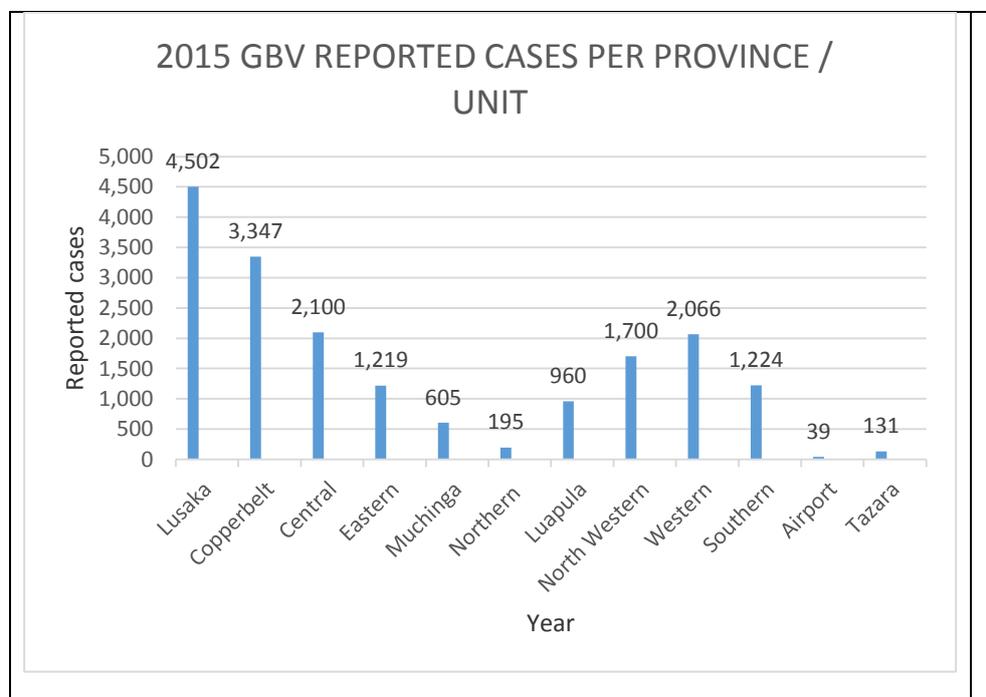
Outcome 2: GBV survivors have increased access to an efficient justice delivery system

In the period under review, the country recorded 18,088 reported GBV cases, compared to 15,153 recorded cases in 2014 and 10,217 GBV cases in 2013, an increase of 16.2% from the 2014 reported GBV cases. (Source: 2014 Zambia Police Report on GBV Statistics). This increase could be attributed to the work of the UN/ GRZ Joint Programme and other national efforts in raising awareness on the Anti GBV Act No. 1 of 2011 and encouraging survivors to seek protection through the legal system, at community, district and national level

Of the 18,088 reported GBV cases, 2,759 were cases of defilement out of which 2,752 were girls and only 7 boys. On these cases of defilement 835 cases were taken to court with 211 resulting in convictions while 574 are still pending in the courts of law country-wide for reasons ranging from poorly handled evidence to non-cooperating witnesses.

The number of convictions that were recorded in 2015 was at 846; (Source- Zambia Police), with some cases pending, acquitted or withdrawn. The Joint Programme on GBV has contributed to this through its support to capacity development of the Zambia Police Service in investigative and prosecutorial skills, training of adjudicators; and provision of equipment.

Despite continuous increase in GBV reported cases the past three years conviction remains low. This justifies the response through the establishment of the fast track courts. The recently established fast track GBV and user friendly courts recorded a total of twelve cases within the first one month with disposal period ranging from five days to thirty days.



The increase in GBV reported cases in the provinces with higher recorded cases could be due to enhanced collection of data, increased sensitization campaigns by the programme through Zambia Police and other stakeholders leading to many people appreciating their rights and reporting GBV cases. In addition there has been increased confidence in the enhanced capacities of police officers under Victim Support Unit in handling cases.

The programme has **supported the training of 310 prosecutors and police officers** in investigative and prosecutorial skills, to help increase convictions. These have enhanced the functioning of the newly established Fast Track Courts on GBV. The Kabwe Court has handled 12 GBV cases within one month of opening. Four of these were disposed of between 4-30 days. During the period under review the Joint programme **trained 65 statutory and 195 customary adjudicators** in adjudicating skills. It is hoped that through these trainings there will be a general improvement in the adjudication of cases by the courts and expanded access to justice by community members.

To further improve information management by Victim Support Unit of the Zambia Police, the programme supported the development of a database (Electronic occurrence book) for capturing police data on victim related crimes. The database has been designed and reviewed by the users, changes made and are due to be launched during the first quarter of 2016 and further rolled out to some pilot stations in country. The end users have also been trained.

Further, due to increased awareness strategies of GBV and human rights issues by the Joint GRZ-UN Programme, 119 GBV survivors received legal support during their court cases.

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

All the 4,500 cases of GBV identified and reported in the programme areas received various forms of institutional support while pursuing their cases. All survivors were provided with counselling services, while all cases of sexual violence also received medical services.

The programme has contributed towards the increase in numbers of male GBV champions participating in creation of awareness on GBV, there are currently **2,054 male champions in 2015 supported by this programme**. The HeForShe Zambia Gender Equality Campaign contributed to this result as the **campaign signed up over 1,000 senior male leaders** from various sectors to stand up against Gender inequality. The male champions took a stand against challenging negative masculinities that perpetuate GBV.

The Programme has also contributed to greater community involvement towards the fight against GBV as a result of improved networking among service providers at community, district and provincial levels through the formation of Anti GBV task forces and the establishment of the community-led-mechanisms including village-led-one-stop-shops on GBV and men's networks. With increased knowledge, communities now consider GBV as a violation of women's and girls' rights. This has resulted in 1,200 GBV cases that have been reported by communities, in selected district, and have been addressed by the police.

In order to contribute to strengthening the social protection of GBV survivors, the programme has supported interventions to increase access to income generating activities by GBV survivors. To this effect, by 2015, a total of 1,500 survivors had received economic empowerment services and resources. Some survivors started income generating activities. The types of projects ranged from small retail shops, food vending and selling of second hand clothes. The projects were initiated towards the end of the reporting period so it was not yet possible to assess their success.

Further, 12,157 GBV survivors received information on GBV through radio talk shows, door to door exercises, group and community dialogues, gender equality music campaigns and visits by trained change agents, edutainment during community wide campaigns.

Through the Child Abuse Campaign conducted in the Mayukwayukwa refugee camp and surrounding host communities, five girls who had dropped out of school were identified and assisted back to school to resume their studies. The programme took a keen interest and actively supported the case of a refugee woman who was raped by a police officer while in police custody to access health, psychosocial and legal services. At the time of the writing of the report judgment had been passed on the case and the perpetrator found guilty. He awaits sentencing at the high court.

In addition, the GBV hotline recorded 1,342 calls from both male and female callers. Callers were counselled, given information and referred to service providers at their nearest location based on need. It was *noted that most of the callers were male*, presumably because it gave them some anonymity. See figure below

No .	Type of GBV related calls	No. of calls	Male	Female
1	Alcohol and Substance Abuse	31	25	6
2	Human Trafficking	1	1	0
3	GBV & Marital / Relationship Problems	1,310	944	366
Total		1,342	970	372

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

The Programme has continued to support the strengthening of the Ministry of Gender to put in place a coordinated and effective evidence based multisectoral response to GBV by establishing four more Provincial Anti GBV Task Forces bringing the number to ten, thus one in each province.

The programme worked closely with Ministry of Gender and other stakeholders to strengthen coordination and management of GBV prevention and response efforts. The programme supported

the strengthening of three multisectoral task forces in the refugee communities. Given the protection needs of refugees, each of the camps has a multi sectoral task force which is a subcommittee of the district task force.

In order to strengthen greater understanding of migrants rights by key service providers, 380 (142 Females) stakeholders were trained on GBV, gender and migration. This training improved service providers' perceptions of migrants. In the pre-training test 74% of the trainees stated migrants increase crime in an area. While there was a significant change in perception following the training to 36%. However, even with this positive change in perception, there is still a high negative sentiment around migrants being associated with crime and thereby putting them at risk of violence.

Further, the programme in the period under review supported the conducting of the ***H-Well/Violence against Children Survey***, which was launched in November, 2015. H-Well provides vital data for all stakeholders in Zambia concerned with the wellbeing of children including: estimating the national prevalence of GBV: sexual, physical and emotional violence perpetrated against boys and girls; identifying risks and protective factors; and assessing the knowledge and utilization of medical, psychosocial, legal, and protective services available for children who have experienced violence.

Crucially the H-Well survey identifies the health and social consequences associated with violence against children, which have far reaching impacts on all development indicators including the Sustainable Development Goals, (SDGs) from improving health outcomes to economic prosperity. The Government of Zambia had this to say in view of the data from the survey:

“Violence against children in Zambia is a national social, economic, and public health issue, impacting on the quality of life of millions of children. The evidence shows that violence against children has both short and long term severe and in some instances irreversible effects. These effects are not only obvious to the victims, but to both families and communities and to our wider nation. It is an issue the Zambian government is not prepared to ignore”

The programme also supported the review and updating of the Ministry of Gender website to make it more informative and allow for addition of information on the women's empowerment fund that the ministry manages. The upgrades were due to be completed in the first quarter 2016.

4.0 PARTNERSHIPS

The project worked closely with various multi sectoral stakeholders who are involved in service provision on GBV and prevention efforts such as World Vision Zambia, Zambia Center for Communications Programme and Zambia Federation of Association of Women in Business. To reach more self-settled refugees in Lusaka, the programme collaborated closely with the Great Lakes Refugee Women Association, which is a gathering of refugee women resident in Zambia. While the association focusses of economic empowerment of its members, it also recognises the need to address

their socio cultural and GBV concerns and thus they embraced the opportunity to work with the programme to reach their members, and their families with information on GBV.

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

5.0 BEST PRACTICES

The following are the best practices identified in the implementation of the programme:

- Comprehensive stakeholder consultations should be organized to ensure maximum appreciation and the involvement of the programme for quick implementation.
- Informing victims of available services such as shelters, medical treatment, legal, counseling, and right to lodge complaint leads to increased GBV reporting, increased uptake of services and furthermore encourages survivors to take action to remove themselves from violent situations knowing there is a support system available for them.

6.0 CHALLENGES

The following were the challenges:

- Trained Change Agents are sometimes limited in their ability to discharge their duties due to other personal and community demands placed on their time. To help with this challenge **training of service providers and development of flow charts on GBV has commenced.**
- Lack of Police and health posts in rural areas.
- Cultural and traditional practices conflicting with GBV messages.
- Girls boarding houses to curb GBV/Early Child Marriage.
- Most of the one stop centres and shelters are located at either provincial or district hospitals, there is need that these are rolled out to remote health centres. The village led one stop centres on GBV have generated a lot of interest and appetite countrywide. The challenge is the financial capacity to respond to these.

7.0 LESSON LEARNED

It is important to build social cohesion amongst refugee, migrant and host communities to allay misconceptions that migrants fuel crime in the community.

Assumptions:

The socio political environment continued to be favourable for programming. The elections held at the beginning of 2015 did not unduly affect programming. Government continued to be supportive.

Cross cutting themes:

Gender and human rights were actively mainstreamed in the programme. This entailed ensuring equitable engagement of both men and women in addressing GBV, as well as engaging men as agents of change against GBV.

8.0 Monitoring and Evaluation:

During the reporting period, periodic project monitoring was undertaken. The first monitoring tool used were reports using agreed reporting templates and standard indicators of results. The implementing partners were required to submit quarterly reports, which allowed for monitoring of achievements against targets. Furthermore, periodic field visits were conducted by the UN Joint Programme. Field monitoring visits were also conducted by the cooperating partners to observe first hand in the field the programme results and challenges. During the year, two planning and review meetings were held with all the implementing partners. A training on results based management and reporting was conducted for all implementing partners to improve their understanding on project monitoring.

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		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)	2014 Status	Annual Target	Actual Performance	Achievement- reasons for over/under performance	Cumulative Actual Performance (2014 status + 2015)	Means of verification
1. % of citizens satisfied with the state of governance	49%	N/A	N/A	State of Governance Survey	59.5% ¹	Sensitization campaigns on duties of citizens to participate in democratic governance	59.5%	Mo Ibrahim Index
2. Gender Inequality index (GII)	0.752	Not specified	0.617	Not specified	To confirm with the HDR		To confirm	
3.% of seats held by women in the national parliament	14.7%		13.3%	Not specified	13.3%		13.3%	National Assembly report
4.Number of reported GBV cases taken to court	N/A	N/A	7,698		3,061	Sensitization campaigns making people more aware of their rights	10,759	Zambia Police reports

¹ This is the % of citizen's participation and enjoyment of human rights as stated by Mo Ibrahim Index 2015

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
5. Number of reported GBV cases resulting in convictions	N/A	Not specified	2,299		846	Withdrawal of cases and lack of evidence resulting in low convictions	3,145	Zambia Police reports
6. Average number of days taken to conclude a GBV case through the court system	N/A ²				12 days –for fast track court and several years in ordinary courts			
7. % of GBV survivors who report having sought medical and screening services	1.5%	5%	1.5%	5%	2,629 (2.8)	Sensitization campaigns on women’s rights	2.8%	Ministry of Gender reports/MoH
8. % of health workers that comply with guidelines in the provision of medical and psychosocial services to GBV survivors	0%	70%	24.8%	70%	38%			MoH
9. Number of health workers trained on guidelines in the provision of medical and psychosocial services to GBV survivors	245	800	486	200	211	There were overlapping commitments from MoH officials affecting attendance.	697	Ministry of Gender reports

² The data for this indicator is not currently available. The Programme Evaluation will assess the process on this indicator

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
10.Pre-service curriculum for health staff ³ revised to include management of GBV survivors	Curricular did not include GBV management	3	1	3	3	The target was met with cooperation of Ministry of Health/General Nursing Council	4	Ministry of Gender reports
11.Number of centers with specialized staff providing comprehensive services to GBV survivors	6	400 health facilities	254	100	196	There was high demand for comprehensive services to GBV survivors	450 ⁴⁵	Ministry of Gender reports/MoH
12.Number of eligible GBV survivors receiving PEP and EC ⁶ services	89	To be inserted after baseline	1,735	1,500	2,837		4,572	Ministry of Gender reports
13.GBV indicators incorporated into the HMIS	No GBV indicators in the HMIS	HMIS to include GBV Management	On-going	MoH to incorporate GBV indicators in HMIS	Forms now harmonized awaiting incorporation into HMIS		Forms now harmonized awaiting incorporation into HMIS	Ministry of Gender reports
14.Number of accurate and verifiable reports,	0	4	2	2	2		4	Ministry of Gender reports

³ Nurses midwives and doctors or clinical officers

⁴ One Stop Centers based in facilities

⁵ Data from facilities comes in numbers

⁶ Health facilities provide PEP and EC at once

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
timely submitted to MoG on GBV cases addressed by MoH								
15.% of GBV cases addressed through the court systems	25%	60%	26%	20%	16%		16%	Zambia Police
16.Backlog of GBV cases in formal courts (%)	To be inserted	10%	52%		To confirm with Judiciary/ZP		To confirm with Judiciary/ZP	Judiciary/Zambia Police
17.% of customary courts that have adopted provisions of the CEDAW	0	60%	To confirm with NLACW					Ministry of Gender reports
18.Number of prosecutors and police officers trained in investigative and prosecutorial skills	230	1000	372	250	310		682	Ministry of Gender reports
19.Number of statutory adjudicators trained in GBV adjudicating skills	0	80	0	80	65		65	Ministry of Gender reports
20.Number of customary adjudicators trained in GBV adjudicating skills	0	300	80	150	195		275	Ministry of Gender reports
21. Strategy for development of fast track courts developed	0	Strategy in place	Strategy developed	Strategy in place	Strategy developed		Strategy in place	Ministry of Gender reports/Judiciary

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
22. Number of GBV survivors that have received legal support during their court cases.	98	800	531	100	119	Increased awareness strategies of GBV and human rights issues by the Joint programme	650	Ministry of Gender reports
23. Number of GBV fast track court established	0	4	2	2	0	The training process for magistrates and other fast track court users took longer than expected	2	Ministry of Gender reports/Judiciary
24. % of GBV survivors in targeted districts that have been housed in shelters while handling their cases	160	5695	650	1000	147		697	Ministry of Gender reports
25. % of GBV survivors that have received support from an institution while pursuing their cases	1377	5830	6470	4000	4,500	All survivors who were identified through IPs in operational sites received institutional support.	10,970	Ministry of Gender reports
26. % of reported GBV cases that have been withdrawn from court proceedings	17%	Not specified	15%	Not specified	Check ZP crime statistics			Zambia Police reports

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
27. % (Number) of people in surveyed communities that have received information on GBV	51.7%	80%	21,671	15,000	12,157	Survey not done to find percentage	33,828 ⁷	Ministry of Gender reports
28. Number of male GBV champions participating in creation of awareness on GBV	400	5000	167	200	2054	The HeForShe Campaign on Gender Equality contributed to this result	2,221 ⁸	Ministry of Gender reports
29. Number of organisations (Government, NGOs, CBOs, FBOs, and private) providing information on GBV	198	300	317	150	116 ⁹	The strengthened coordination of anti GBV actors through the Quarterly Anti GBV Forum	433	Ministry of Gender Anti GBV Forum reports
30. Number of community networks established to respond to GBV	25	215	153		222		375	Ministry of Gender reports

⁷ Data comes in figures from implementing partners

⁸ This number includes 112 senior traditional leaders

⁹ Including the Great Lakes Refugee Women Association of Zambia

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
31. Number of GBV cases addressed by the police that have been reported by communities in targeted districts.	0	4500	3060	1000	1200	Strengthened community policing/response to GBV and awareness on human rights	3260	Zambia Police report/MoG
32. Number of functional One Stop Centers (CRCs) handling GBV cases.	11	72	16	10	6		22 ¹⁰	Ministry of Gender reports
33. Number of GBV survivors that have been accommodated in shelters while their cases are being handled.	410	1000	636	300	402		1,038	Ministry of Gender reports
34. Number of eligible GBV survivors receiving public welfare assistance from Ministry of Community Devpt	TBD	TBD	10	100	105	There is a high demand for welfare assistance	115	Ministry of Education reports/Ministry of Community Devept

¹⁰ This number includes the newly opened OSC in Mporokoso and Chiengi districts

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
35. Number of GBV survivors receiving economic empowerment support services and resources	400	5700	3670	1000	1500	The programme worked with financial institutions to build capacity on economic empowerment.	5,170	Ministry of Education reports
36. Number of GBV cases reported in schools	TBD	N/A	No data	N/A	2,359	Increased sensitization and record keeping among school anti-GBV players	2,359	Ministry of Education reports/MoG
37. Ministry of Education Curriculum for pupils, primary and secondary school teachers revised to include GBV issues.	Curriculum does not exist	3	2	2	2		4	Ministry of Education reports
38. Education Act revised to include GBV	Education Act does not include	Education Act revised	Work in progress	Act revised	On-going		ongoing	Ministry of Education reports

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
	e GBV issues							
39. Number of GBV survivors referred to financial institutions who access business financial services	50	1200	700	600	523	Most survivors (migrants, refugees) do not meet the criteria to access financial assistance	1,323	MoG reports
40. Number of GBV Survivors trained in economic empowerment	350	4500	3020	2000	1553	Training to be conducted in first quarter of 2016.	4,573	MoG reports
41. Number of GBV survivors that start an income generating activity	150	1000	1230	500	480	Some survivors struggled to access capital to start their business	1,710	MoG reports
42. Availability of a strategy to track income generating projects	None	Strategy available	None	Strategy in place	ongoing		Work in progress	MoG reports
43.. % ¹¹ of GBV survivors that have	10%	60%	Nil	TBD	Nil			

¹¹ 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		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
been referred among state and non state actors providing support and protection services while pursuing their cases								
44.. % of state and non state partners participating in the implementation of the anti GBV Act that are complying with guidelines	0	100%	Nil	Nil	Nill		Check with UNFPA	
45. Amount of resources (cash and in kind) leveraged from state and non state partners participating in the implementation of the programme	0	TBD						
46. Simplified Anti GBV Act translated into the 7 local languages	0	7	7 translations plus Swahili,	0	All done		7 translations plus Swahili, French, Kinyarwanda and	MoG reports

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
			French, Kinyarwanda, braille)					
			French, Kinyarwanda, braille)				braille for the refugee populations)	
47. Number of chiefs that disseminate information in line with the provisions in the simplified and translated Anti GBV Act	0	288	6	150	172	The programme leveraged on the HeForShe Zambia Gender Equality Campaign that contributed to this result	178	MoG / Ministry of Chiefs reports
48. MoG has a costed operational plan for education and awareness raising for the Anti GBV Act	0	1	0	0	0		0	MoG reports
49. MoG has developed a costed plan for the implementation of the Anti GBV Act	0	Costed plan in place	Costed plan in place	0	1		Costed plan for the implementation of the Anti GBV Act in place	MoG reports
50. Number of GRZ and stakeholders trained	0	600	377	350	380 ¹²	There was demand for knowledge on	727	MoG reports

¹² This number includes ninety-nine government personnel trained on GBV counselling

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
						GBV/Gender/migration		
on Gender, GBV and migration								
51. Availability of functional GBV Management information system (MIS)	0	1	0	1	Ongoing	Delays in licencing of users	Ongoing. Due to be finalised and rolled out to police stations in 2016.	Zambia Police reports
52. National GBV baseline established	0	1	1 ¹³		1	Quality Assurance		MoG reports
53. Number of GBV studies conducted	0	4	0	2	2		2	MoG reports
54. Anti GBV committee established	0	1	1	Done	1		Anti GBV Committee established	MoG reports
55. Number of meetings of the Anti GBV committee held	0	16	7	4	3	Ministry of Gender as secretariat had other equally important commitments	10	MoG reports
56. Number of provincial GBV task	0	10	6	4	4		10	MoG reports

¹³ To be submitted

Indicator	Consolidated Project Target Results		2015 Implementing Partner Performance				Cumulative Implementing Partner Performance	
forces established and trained								
57. Number of district GBV task forces established and trained	0	50 ¹⁴	5	15	13		18	MoG reports
58. Guidelines for referral of GBV cases developed	0	Guidelines in place	Guidelines in place	1	Guidelines in place		1- Guidelines in place	MoG reports
59. Number of GBV referral systems established at sub district level	10	150	124	15	15 ¹⁵	Established Anti GBV task forces at province level helped.	139	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

¹⁵ This figure includes the revision of 1 referral for 990 GBV hot line

RAPE INCIDENT OF A REFUGEE WOMAN IN MEHEBA POLICE CUSTODY

The survivor is a female Congolese widowed refugee who resides in Meheba Refugee Settlement. The survivor reported that on the 4th October 2015 she was arrested and detained at Meheba Police Station on charges related to assault. She further stated that there was no one else detained at the station except for a Police Officer who was detained there for unknown reasons but who was aided to escape by the perpetrator in the night after which the rape incident occurred in the night.

The survivor alleged that prior to the commission of the rape; the perpetrator proposed love to her and when she refused, he became angry and assaulted her while at the same time threatened to harm her or kill her with a gun after which he raped her repeatedly. The survivor escaped around 4.00am when she asked for permission to urinate. Wrapped in a Chitenge material and closely monitored by the perpetrator she went outside, but fled when she saw a stranger walking towards the police station leaving behind her clothing. She narrated her ordeal to another Congolese refugee family, where the wife assisted her with a clean wrap and then immediately escorted her to the Refugee Officer, to whom she narrated what transpired.

The Refugee Officer immediately referred the matter to the Ministry of Community Development, where the incident was quickly documented and the survivor was transported to Solwezi General Hospital for medical examination and treatment. Based on the report received the MCD Officer followed up the matter with Meheba Police where the incident occurred and the female Officer who was present confirmed the occurrence of the incident and further that the perpetrator who was in custody at Meheba Police Station had accepted the allegation that he had sex with the survivor although he claimed that it was consensual.

The matter was transferred to Solwezi Police Station and the magistrate's court where the perpetrator after taking plea was granted bail and returned to the camp. UNHCR then issued a letter of protest to the Inspector General of Police against the incident and the continued presence of the perpetrator in the settlement. However, during the course of the trial bail was revoked for reasons related to failure by the surety to continue to guarantee the presence of the perpetrator and was remanded in custody until the conclusion of the case.

The survivor with support from members of the GBV Community Action Teams, MCD, MHA staff and resources through the joint UN/GRZ Project was assisted to ensure that she had access to protection and psychosocial counselling, medical assistance, as well logistics to access justice given that the court sessions were being held 80km away from her residence. By the end of December 2015 the case was still not concluded in court.

[The Prosecution secured a conviction on 9th February 2016 on two counts, rape and aiding a prisoner to escape. The rape charge has been committed to the High Court for sentencing sometime between April and June 2016. Meanwhile there is reliable information that the matter will come up again on the 17th February 2016 for sentencing on the second count of aiding a prisoner to escape.

The diligent efforts from all stakeholders are highly appreciated in ensuring that survivors of GBV have access to justice and for conveying a concrete message that the country will not condone impunity for GBV including amongst law enforcement who are duty bound to protect and preserve law and order.