



Government of the Republic of Zambia (GRZ)-United Nations (UN)
Joint Programme on Gender Based Violence Phase II
November 2019 – December 2022

Government of the Republic of Zambia (GRZ)-United Nations (UN) Joint Programme on Gender Based Violence Phase II

Joint Programme Objective: To contribute to strengthening GBV prevention and response systems in Zambia in line with provisions of the Anti-Gender Based Violence Act.

Joint Programme Outcomes:

Outcome 1: Increased access to and use of quality prevention and response services by persons at risk of GBV and survivors (including children and adolescents).

Outcome 2: GBV survivors, those at risk and communities are empowered to break the cycle of abuse.

<p>Programme Duration: 3 years</p> <p>Programme ID:</p> <p>Anticipated start/end dates: November 2019-December 2022</p> <p>Fund Management Option(s): Combination of Parallel and Pass through</p> <p>Managing or Administrative Agent: United Nations Development Programme (UNDP)</p>	<p>Total estimated budget*: USD6,711,169.01</p> <p>Out of Which:</p> <ol style="list-style-type: none"> Funded Budget: USD 6,500,000 Unfunded Budget: USD 211,169.01 <p><i>*Total estimated budget includes both programme costs and indirect support costs</i></p>
	<p>Sources of funded budget</p> <p>Government:</p> <p>ILO:</p> <p>IOM:</p> <p>UNDP:</p> <p>UNFPA:</p> <p>UNICEF:</p> <p>Ireland: €1,490,000.00</p> <p>Sweden: SEK 50,000,000.00</p>

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I. 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. The programme builds on and consolidates the gains made in the GRZ-UN Joint Programme Phase I (2012 - 2017). Phase I of this programme recorded significant results by providing support to GRZ implementation of the Anti GBV Act. The programme served to accelerate implementation of the provisions of the Act in four pillars of support: Health, Legal, Protection and Coordination. Under the health pillar, for example, significant achievements included training of over 1,000 health workers, revision of the training curriculum on clinical management of rape and supported the establishment of 4 hospital based One Stop Centres (OSCs), which culminated in 5,679 survivors of sexual violence receiving Post Exposure Prophylaxis (PEP).

Whereas Phase I of the GRZ-UNJP achieved significant successes, acceptance of gender-based violence¹ (GBV) in Zambia remains incredibly high in some parts of the country. Forty-three percent of women of childbearing age reported having experienced physical violence, while 17 percent had experienced sexual violence in their lifetime.² Building upon the previous GRZ-UNJP on Gender-Based Violence, which was completed in December 2017, the United Nations (UN) proposes a project to improve prevention of and response to GBV by strengthening existing institutional structures to provide a more consolidated package of services across fifteen districts in Zambia. The overall Phase II GRZ-UNJP focusses on *prevention and response* at sub-national and national level.

The response component includes four key elements, namely; Fast Track Courts (FTCs), One Stop Centres (OSCs), Shelters, and Village Led One Stop Centres (VLOSCs) as avenues for strengthening professional practice through capacity development of service providers such as police officers, social workers, medical workers and legal officers to respond effectively and efficiently to survivors of GBV. This will include an element of strengthening child friendly services for child survivors as well as best interests' determination³ for unaccompanied and separated child migrant victims of GBV. Strengthening response also has impact on prevention as communities see that violence and GBV is not acceptable and sanctions will be applied, which serves to discourage would be perpetrators.

The prevention component of the programme will include community engagement particularly with traditional leaders and community dialogues. Through this intervention, VLOSCs will play a role in continually sensitising the community on the need to report and support survivors of GBV as well as discouraging all forms of GBV from occurring, especially challenging social and cultural norms that perpetuate GBV. At national level, the programme will collaborate with other GBV stakeholders and programmes to support review and drafting of key legal documents, policies, frameworks, curricular and guidelines as needed. The programme will also strengthen the monitoring, evaluation, tracking and assessing the results of the interventions such as the fast track courts, coordination, shelters, VLOSC etc.

¹ The Zambia Anti-Gender Based Violence Act chapter I of 2011 defines gender-based violence (GBV) as any physical, mental, social or economic abuse that is meted against another on the basis of their gender.

² Zambia Demographic Health Survey (2013/2014)

³ A process undertaken by the state to establish the best course of action to take when a child (minor) has protection concerns which require the intervention of the state.

2. SITUATION ANALYSIS

2.1 GBV Prevalence

While real-time data on GBV prevalence in Zambia is limited, available sources demonstrate that GBV cases are still worryingly high. Records at the Victim Support Unit (VSU) of the Zambia Police Service show that reported GBV cases increased from 12,924 in 2012 to 14,097 in 2013; 15,153 in 2014; 18,088 in 2015 and 18,540 in 2016. The upward trend⁴ continued in 2017 and 2018 with 21,504 and 22,073 cases respectively. (Note: This Programme uses the Zambia Anti

United Nations Secretary General Antonio Guterres aptly stated “at its core, violence against women and girls is the manifestation of a profound lack of respect – a failure by men to recognise the inherent equality and dignity of women. It is an issue of fundamental human rights”.

Gender-Based Violence Act No. 1 of 2011 definition of gender-based violence (GBV) [which encompasses] “any physical, mental, social or economic abuse that is meted against another on the basis of their gender”. An accurate estimation of the extent of GBV is militated against by a culture of silence. However, the addition of a GBV module in the Zambia Demographic Health Survey (ZDHS, 2013-2014)⁵, by the Central Statistics Office (CSO), has allowed for better estimation of the extent and types of GBV.

2.2 Common Forms of GBV in Zambia

- **Intimate Partner Violence (IPV):** This is one of the most common forms of GBV where the abused spouse often either feels obliged or coerced to protect the abusive spouse. In developing countries like Zambia, a culture of acceptance and tolerance of IPV is pervasive, with most women under pressure to protect an abusive partner. Even those who decide to take action often get no or little support from family and society in general in standing up to the abuse. According to the ZDHS (2013-2014), 47 percent of ever-married women in the 15-49 years age group reported having experienced physical, sexual, and/or emotional intimate partner violence. Further, 10 percent of the sampled women reported experiencing violence during pregnancy.

These statistics show that GBV particularly domestic violence is a multi-faceted problem that cannot be ignored and therefore concerted effort to curb the vice is required from all stakeholders GRZ and the UN System inclusive.

- **Child Defilement:** Child defilement refers to carnal knowledge of a boy or girl under the age of 16. In 2018, the Victim Support Unit of the Zambia Police (ZPVSU) reports that 2,578 cases of child defilement were recorded. Out of this number, 2,574 cases were against girls and 4 cases on boys. This figure is not only alarming for a one-year period but also shows that girls are affected more than boys when it comes to child defilement. This situation begs for the UN System and other players to put efforts together to protect and empower the girl child from GBV.

⁴ Note: Further analytical/research work is required to determine the primary drivers of these trends. This is a key component of the Phase II programme.

⁵ <https://www.zamstats.gov.zm/index.php/publications/category/30-demography?download=745:2013-2014-zdhs-report>

- **Rape:** In Zambian law, rape is defined as: “Any person who has sex with a woman or girl, without her consent, or with her consent, if the consent is obtained by force or by means of threats or intimidation of any kind, or by fear of bodily harm, or by means of false representations as to the nature of the act, or, in the case of a married woman, by impersonating? her husband, is guilty of the felony termed ‘rape.’” The country recorded 540 cases of Rape translating to 2.4% of the reported cases of GBV in 2018. Of this number 536 were against women and 4 against men (ZPVSU 2018).
- **Sexual Harassment:** Sexual harassment can be defined as unwelcome and unwanted sexual advances, requests for sexual favours, and other verbal or physical contact of a sexual nature that creates a hostile or offensive environment⁶. It can also be a form of violence against women (and men, who can also be sexually harassed) and as discriminatory treatment. This form of GBV has potential to hinder women from enjoying their human rights and exploring their full potential.
- **Child Marriage:** According to the ZDHS 2013 -14, Zambia has a disproportionately high prevalence of child marriage and teenage pregnancies, with a reported 42 per cent of women aged 20 – 24 years married by their 18th birthday (UNFPA, 2012). The ZDHS, published in partnership with the Ministry of Health, the University Teaching Hospital, the Tropical Diseases Research Centre and the Department of Population Studies, found that child marriages were more common among girls than boys. About 17% of Zambian girls aged 15 to 19 are married, compared to only 1% of boys of the same age group (ZDHS, 2013/2014).

Other common forms of violence include harmful cultural practices such as wife inheritance and female genital mutilation. Human trafficking, particularly of women and girls is also a growing problem in the country. There are various layers of abuse which women experience during the process of trafficking. During periods of transfer, Victims of Trafficking (VoTs) frequently experience physical and psychological abuse as well as sexual harassment and exploitation.⁷

2.3 Challenges

Zambia continues to face challenges in addressing and arresting the scourge of GBV. Below are some of the known reasons that contribute to these challenges:

- **Acceptance of gender-based violence (GBV).** Violence occurs against a back drop of high societal acceptance of GBV as evidenced by accepting attitudes towards IPV. In the ZDHS⁸, almost half of the women interviewed justified women being beaten by a husband for various reasons including infidelity, burning food or not informing him of her whereabouts. For example, in North-Western Province, 55.7% of women (aged 15-49) believe that a man has the right to beat his wife and in Muchinga, this belief is held by 65% of women. The Zambia Demographic and Health Survey of

⁶ Anti-Gender Based Violence Act No. 1 of 2011

⁷ <http://www.iom.int/jahia/Jahia/pid/748> (13/11/08)

⁷ United Nations Development Fund for Women: Trafficking in Persons - A Gender and Rights Perspective: http://citoyen.onf.ca/extraits/media/trafficking_in_persons_UN.pdf (10/1/09)

⁸ Central Statistical Office, 2014 Zambia Demographic Health Survey

2013/2014 found that a large majority of women (85%) and men (69%) believed that a husband is justified in beating his wife for at least one reason. This means that women themselves believe more in the culture of wife battering than men do. This programme will work with other stakeholders to change mindsets of not only perpetrators but survivors as well.

- **Inadequate health seeking behaviour.** Help seeking behaviour by women who had experienced GBV was quite low with 62.7% and 42.1% of those who experienced sexual and physical violence respectively neither seeking help nor telling anyone of their ordeal. Amongst those that sought help, the major sources of help for sexual violations were own family (75%) and friends (15.8%). Very few sought help from formal institutions such as health workers (0.4%), police (2.4%), lawyer (1.3%) or social work organisation (1.3%). Furthermore, there is a high number of reported cases that are withdrawn from the police stations and the court system. In 2018, 49% of reported cases were withdrawn from various police stations. Hence significant efforts should be put in place to encourage help seeking and also strengthening confidence in formal systems of support.
- **Limited availability of comprehensive GBV services.** Services for GBV remain highly specialised and provided through vertical approaches which limit their availability for the most vulnerable and hard to reach populations.
- **Limited economic empowerment and independence of vulnerable women.** In Zambia, women and girls largely remain dependent on male incomes for survival limiting their ability to take action to either report or move away from violence especially where it is perpetrated by an intimate partner or other person, they are dependent on. In addition, without property rights, women have limited say in household decision-making, and no recourse to the assets during crises. Women's individual ownership of assets enables their economic empowerment and provides protection in the case of marital dissolution or abandonment. The importance of enabling economic empowerment of women was emphasized by the Commission on Human Rights in its Resolution 2003/45 on 'Elimination of violence against women, which referred to economic exploitation as a form of gender-based violence. The situation in Zambia as highlighted by the Labour Force Survey (2017) show that females are more economically dependent than males.
- **Cycle of Violence:** Boys and girls who have experienced and/or witnessed GBV are at greater risk of becoming victims and perpetrators of violence later in life. A 2010 Multi-Country study by the World Health Organisation (WHO) revealed that boys who grew up witnessing their fathers' abusing their mothers were three times more likely to become abusers themselves. Many children in Zambia are growing up in violent households within communities that enable perpetrators to commit GBV with impunity. Refugees and migrants are disproportionately affected by GBV, which is exacerbated by the conditions in the countries of origin, transit and destination. Unresolved trauma due to GBV amongst refugees has been found to contribute to incidences of substance abuse and mental disorders.

- **Socially entrenched harmful traditional practices** that perpetuate GBV such as child marriage. Much of GBV takes place in contexts where the violence is rationalised and normalised by society, with women sometimes being used as enforcers of their own abuse. For instance, it is the older women who often teach and inculcate in the girls and young women the value of tolerance to GBV.

At the centre of the violations of women and girls are the unequal power relations between men and women, negative cultural practices which permit the subordination of females to males and the culturally embedded sexual violence against women. The programme aims to address these aspects by working with traditional and local structures to create community response mechanisms as an entry point to breaking the silence on domestic violence and challenge social norms that make GBV acceptable.

A snapshot of key provincial level indicators is provided below (**Error! Reference source not found.**).

Table 1: Key indicators in ten Provinces (Percentages)

	Eastern	North-Western	Central	Northern	Copperbelt	Lusaka	Luapula	Southern	Muchinga	Western
GBV acceptance (f)	37.5	55.7	59.9	79.1	47.3	21.6	76.7	39.4	65.0	46.9
GBV acceptance (m)	22.9	26.0	27.3	48.6	32.6	16.8	49.7	43.8	46.1	33.8
Women 15-49 ever experienced physical violence	34.1	35.3	42.0	53.2	48.2	41.6	50.4	45	43.4	38.6
Experienced sexual violence	14.6	15.5	14.2	15.8	20.3	11.9	20.9	23.3	21.7	22.3
Never sought help or told anyone	28.3	37.5	35.4	61.0	39.2	42.8	41.3	45.5	50.0	32.2
Marital control by husband	32.8	33.1	32.5	37.8	42.2	31.9	46.9	34.9	33.1	40.1
Participation in decision-making*	52.5	77.4	70.7	76.3	85.5	88.3	79.2	67.2	61.2	70.6

*Participation in decisions related to a woman's own health care is used as a proxy for overall participation

These statistics show that GBV particularly domestic violence is a multi-faceted problem that cannot be ignored and therefore concerted effort to curb the vice is required from all stakeholders GRZ and UN System inclusive.

2.2 Legislative/ Policy Framework

Zambia has demonstrated commitment and political will to deal with Gender inequality and Gender Based Violence (GBV) at various levels. The country is a signatory to relevant international and regional instruments, including the UN CEDAW, the UN Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights, African Charter on the Rights of Women in Africa, the SADC Protocol on Gender and Development and ICGLR Instruments on Sexual Violence.

At national level, Government has developed and enacted several laws, policies and plans, including:

- The 7th National Development Plan Vol.1 and the Implementation Plan (Vol.2) which has a pillar on reducing developmental inequalities including but not limited to gender inequality. The 7NDP also gives strategic targets for women economic empowerment and other interventions that contribute towards gender equality. The UN System in Zambia contributed to the development of gender related indicators in the 7NDP.
- Gender Equity and Equality Act No. 22 of 2015 provides for penalties of the sexual harassment offence and prohibits gender discrimination across all sectors. It also provides for equal opportunities for men and women in terms of access to economic opportunities services.
- The Anti-Gender-Based Violence Act No. 1 of 2011 provides for the protection of GBV survivors, the constitution of the Anti-GBV Committee and the establishment of the Anti-GBV Fund. The Anti GBV Act also provides for the establishment of shelters and litigation by way of civil procedure in addition to the already existing criminal procedure.
- The Education Act No. 23 of 2011 provides for GBV protection of learners and teachers including prohibition of marriage of learners. The age of a child is defined as someone who is below 16.
- The Penal Code (Amendment) Act No. 15 of 2005 introduced the offence of sexual harassment and made indecent assault a felony. The amendment also created stiffer the penalties for other sexual offences such as Rape, Attempted Rape, Incest and Defilement to a period of not less than 15 years upon conviction. Currently, the Penal Code is being reviewed to align it with the Anti-GBV Act.
- The Anti-Human Trafficking Act No. 11 of 2008 proscribed trafficking of persons of either sex. It provides for medical care, psychological and legal assistance as well as family-tracing and skills-building/recreation for survivors – as well as shelters, safety, security and legal status.
- The National Long-Term Vision 2030 recognises GBV as a critical area of concern in the provision of domestic security, particularly in cases related to violation of girls' rights and its contribution to the spread of HIV/AIDS.
- The National Gender Policy of 2014 provides policy direction and strategies for the development sectors to ensure gender-responsive programming. The NGP vision is “to achieve full participation of both women and men in the development process at all levels in order to ensure sustainable development and attainment of equality and equity between the sexes”.

- The National Plan of Action to reduce HIV Infection among Women and Girls 2010–2014 with the goal to reduce women’s and girls’ vulnerability to HIV infection and mitigate the impact of HIV/AIDS at individual, household, community, institutional and national levels through sustained actions to strengthen women’s and girls’ fundamental human rights.
- The National HIV/ AIDS Strategic Framework (NASF) 2017 – 2021 recognises gender inequalities including GBV as one of the factors fuelling HIV transmission in the country and aims to reduce the impact of such violence on HIV transmission by promoting lifesaving access to post exposure prophylaxis as a key intervention in halting transmission of HIV between the perpetrator and victim of sexual violence.

Other initiatives include the Scorecard on Women, Girls, Gender Equality and HIV (the first ever in the region), which was developed in March 2011 to monitor the progress in reducing GBV and HIV infections resulting from sexual abuse of women/girls, and two communication strategies, one on GBV from 2009 and another on promotion of gender equality from 2010.

2.3 Summary of the Current Anti-GBV Responses

Currently, Zambia in partnership with various cooperating partners has continued to make progress in national strategic interventions to prevent GBV and protect and provide Post-GBV services for GBV survivors. GRZ is and remains the primary duty-bearer and is in the lead in terms of spearheading these efforts. There are currently two major programmes of support to the government on GBV, namely the EU funded GBV programme focusing on two provinces and the USAID funded STOP GBV programme which is spread over several districts country wide. The table below (Table 2) shows the geographic and programmatic spread between these two programmes of support and the proposed Phase II GRZ – UN Joint programme on GBV.

Table 2: Comparison of geographic and programmatic coverage by main programmes of support in Zambia

	Coverage	Services
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District	UN	EU	Stop GBV	FTC	Shelter	OSC	CRM	EE	IEC
Muchinga (Chinsali)	x			UN	UN	UN	UN	UN	UN
Northern (Kasama)	x	x		UN	EU	EU	EU	EU	EU
Luapula (Mansa)	x	x		UN	EU	EU	EU	EU	EU
Copperbelt (Chililabombwe)	x		-	N/A ⁹	UN	UN	UN	UN	UN
North Western (Kalumbila)	x		-	N/A	UN	UN	UN	UN	UN
North Western (Solwezi)	x		x	UN	SG	SG	SG	SG	SG
Western (Senanga, Mongu)	x		-	N/A	UN	UN	UN	UN	UN
Southern (Choma)	x			Exists	UN	Exists	UN	UN	UN
Lusaka (Lusaka)	x		x	Exists	exists	SG	SG	SG	SG
Central (Itezihitezi, Kabwe)	x		-	N/A	UN	UN	UN	UN	UN
Eastern (Lundazi)	x		-	N/A	UN	UN	UN	UN	UN
Mumbwa	x			N/A	UN	Exists	UN	UN	UN
Mazabuka	x			NA	UN	Exists	UN	UN	UN

Key: FTC – Fast track courts; OSC – One stop Centre; CRM – Community response mechanism; EE – Economic empowerment; IEC – Community awareness and education

During the inception phase, an in-depth national situation and needs assessment of GBV services will be conducted to determine gaps and priorities based on need in the target districts. Where services will be supported through another programme, the UN will strengthen coordination and synergies to ensure benefits accrue to all beneficiaries regardless of the programme supporting the intervention. Further, under the leadership of UNFPA, the programme will strengthen the operationalisation of the GBV referral pathway to ensure survivors are able to access the full spectrum of services as needed.

2.4 Prevailing GBV Gaps and Challenges

The programme ultimately responds to the national indicators of women’s empowerment and GBV, which are measured through the Demographic Health Survey. Men and women’s acceptance of GBV drives the epidemic and creates a culture of impunity and fuels the epidemic further. Zambia currently has very high levels of GBV acceptance by men and women which militates against prevention and response efforts. Those accepting of GBV are unlikely to report and seek help, thus the project through its various interventions intends to dispel the myths that perpetuate GBV acceptance, which will contribute towards reduction of prevalence of GBV and promote help seeking by survivors. The project community response mechanisms will contribute towards male involvement in GBV response and increasing women’s participation in decision making. Men as GBV champions are likely to challenge and speak out against harmful traditional and cultural norms and mores which perpetuate GBV including women’s domination by their partners and lack of decision-making authority in both the private and public spheres.

The programme will respond by strengthening access to and use of GBV services by survivors and groups at risk. Focus will be placed on prevention and response mechanisms in communities, strong linkages to coordinated district-level services, and improved service delivery at all levels. These services

⁹Fast track courts will be rolled out only in provincial capitals, hence in those districts that are not provincial capitals this activity will not be implemented

include community response mechanisms, FTCs, OSCs, shelter and economic and social empowerment promoting women's access to skills training, employment opportunities, and asset ownership.

The response mechanisms as developed thus far have insufficiently looked into the issues of child-friendliness and how to make sure all procedures are adapted to the age, cognitive development and vulnerabilities of a particular child. In other words, interviewing children by the authorities needs to take place in line with international standards for the protection of child victims/witnesses in criminal justice proceedings – from any initial dialogue with police authorities, through any investigative action taken by prosecutors to questioning that could take place as part of court procedures. In addition, any custody and care decision making needs to take place in line with the best interests of the child and UN Guidelines on Alternative Care whereby any forms of institutionalization of children, particularly younger children, are treated as measures of last resort. These aspects of child protection represent gaps in the Zambian system and will be addressed in project implementation.

3. STRATEGIES

3.1 Background/ context

Building upon the previous Government of the Republic of Zambia - United Nations Joint Programme (GRZ-UNJP) on Gender-Based Violence, which was completed in December 2017, the United Nations (UN) proposes a project across the fifteen districts country wide that will improve prevention of and response to GBV, by strengthening existing institutional structures to provide a consolidated package of services.

Thus, Phase II has been designed to (1) *strengthen and scale up best practices identified from the previous phase*; (2) *streamline joint programme operations to strengthen further the Delivering as One approach*; and (3) *minimise overlaps and duplication with other GBV bi or multi-lateral funded programmes* and (4) *strengthen community GBV response mechanisms and their linkages to the institutional structures*.

The UN will use its strong ties with the Government of the Republic of Zambia (GRZ) to strengthen access to and use of quality prevention and response services including health, legal, social welfare, economic empowerment and social protection of GBV survivors. This UNJP will consist of five UN agencies: United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), International Organization for Migration (IOM) and International Labour Organization (ILO). The United Nations Development Programme (UNDP) will lead and be the Administrative Agent for this Phase II UN Joint GBV Programme.

3.2 Lessons Learned

Key lessons from the Phase I Joint GBV Programme **Independent Evaluation Report (April 2017)**¹⁰ based on review of programme documents, interviews and discussions with key stakeholders including donors and government officials, Focus Group Discussions with communities and field observations include the following:

Programme Design: The evaluation report highlighted the importance of concentrating the whole menu of interventions in targeted districts than to spread the interventions in several districts where some of the interventions are not available. This would enable greater impact and effectiveness. In response, the Phase II is designed to focus on 15 target districts country wide, where a multiplicity of interventions will be implemented to minimise overlaps and duplication with other GBV bi or multi-lateral funded programmes, while strengthening synergies with various state and non-state led initiatives.

Multi-Sectoral Approach to GBV: In line with lessons from the evaluation report, Phase II recognises the importance of applying a multi-sectoral and coordinated approach in dealing with a multi-faceted phenomenon such as GBV. This includes leveraging of various comparative advantages, resources and skills under the UN Delivering as One Approach and through working with local actors. Phase II brings together five UN agencies and diverse national partners including Ministry of Gender (MoG), Ministry of Justice, Ministry of Health, Ministry of Home Affairs, Ministry of Chiefs and Traditional Affairs, Ministry of Community Development and Social Services, Central Statistical Office, Zambia Law Development Commission, YWCA, National Prosecutions Authority, National Legal Aid Clinic for Women, Southern African Institute for Policy and Research (SAIPAR) Young Happy Healthy and Safe, Zambia National Men's Network, ZICTA, Bongo Hive and other similar CSOs.

Working through existing structures: To enhance sustainability as recommended in the evaluation report, Phase II of the programme provides an opportunity to demonstrate the multiplier effect of addressing GBV through coordinated action across four pillars of response and support increased access to services. Results of this project will be disseminated at various levels, but with a focus on sharing at district and provincial level through the government District Development Coordination Committees (DDCCs) and the Provincial Development Coordination Committees (PDCC), the gender sub-committee, and those delivering critical services through the OSC and other service delivery points.

Working through traditional and religious leaders: Phase II will build on previous work with traditional leaders to address the social and gender norms underpinning Gender Based Violence including Domestic Violence as part of the prevention work. With support from the project, 288 chiefs signed a pledge to end GBV and promote gender equality and a resolution was made that all chiefs should not allow cleansing ceremonies and that they should facilitate women's access to land. In Phase II, the project will undertake targeted work with approximately 40 Chiefs and their spouses (covering all traditional leaders in the 15 targeted districts). This will include empowering these local leaders to speak out against GBV and promote a culture of zero tolerance towards GBV, collaborative work to address

¹⁰ The Final Evaluation Report of the Government of Zambia/UN Joint Programme on Gender Based Violence was prepared by George Zimbizi (Team Leader/International consultant) and national consultants (Sara Holsbrink and Nalukui Milapo), April 2017.

contradictions between traditional and statutory courts in dealing with GBV cases and full implementation of progressive by-laws.

Men's Involvement: Men's networks are key to changing social norms and attitudes in communities around GBV. Phase II will build on successes from the previous phase by exploring ways to sustain these networks beyond the programme. This may include determining cost-effective ways of linking these groups to respective traditional leaders, CBOs, hospital based OSCs for mentoring, training and other technical support services. Further, based on lessons from Phase I, the programme will strategically engage men via networks to break the notion that GBV is a private issue and that men are perpetrators only, by engaging them as a core part of prevention and response efforts.

GBV Specialized Courts and OSCs: In Phase I, GBV fast track courts were established in six provinces, namely: Lusaka, Eastern, Central, Western, Southern and Copperbelt. Whereas the GBV Fast Track courts are improving efficiencies in case disposal compared to conventional courts, the coverage in Phase I was not national. Phase II will scale-up these services to all provinces in Zambia. Based on recommendations from the evaluation, the project will not only advance institutional sustainability but also financial sustainability of the courts through engagement with relevant government departments to ensure maintenance of ICT equipment installed. Beyond this, the programme will conduct action research and develop knowledge products to inform improvements in the functionality of the courts and for cross-learning. The programme will explore various avenues of ensuring financial sustainability of OSCs. This may include deploying sustainable low-cost OSCs with potential for scale-up/replication. Ultimately, the programme will deepen access and utilization of this robust adjudication system and support linkages with other actors at various levels including community.

Cross-cutting issues: Phase I made positive strides in addressing the needs of women and children with disabilities. Phase II will explore other avenues of reaching and providing services to women and children with disabilities and other populations left behind who are vulnerable and at risk of GBV. This will include ensuring that OSC and other facilities are accessible and appropriate services are provided.

3.3 Proposed Joint Programme

Building upon the previous Government of the Republic of Zambia - United Nations Joint Programme (GRZ-UNJP) on Gender Based Violence, which was completed in December 2017, the United Nations (UN) proposes a project across the fifteen districts country wide that will improve prevention of and response to GBV, by strengthening existing institutional structures to provide a consolidated package of services.

Focus of the programme. While noting that all forms of GBV occur in Zambia, the programme will focus mainly on Domestic Violence (DV) as evidence points to this being the most common form in the country. Further, the Zambia Anti GBV Act (2011) provides for a broad definition of persons in a domestic relationship¹¹ to encompass those in private or public institutional care such as schools,

¹¹ <https://zambialaws.com/principal-legislation/anti-gender-based-violence-act>

refugee settlements, and will thus allow the programme to respond to domestic violence more broadly. While domestic violence affects both sexes and age groups, women and girls are disproportionately affected by this scourge and thus the programme will focus primarily on women and girls as primary targets while men and boys will be secondary targets.

This proposal will build upon gains made in Phase I, while also complementing other ongoing bilateral and multilateral partner-supported GBV initiatives, ensuring country-wide coverage of GBV programming. The European Union (EU) is supporting GBV projects covering Luapula and Northern Provinces. The United States Agency for International Development (USAID) and the Department for International Development (DFID) are funding a second phase of Stop GBV, which will cover select districts in the all the ten provinces. The GRZ-UN programme has chosen 15 districts, namely Chinsali, Kasama, Mansa, Chililabombwe, Kalumbila, Solwezi, Senanga, Choma, Lundazi, Lusaka, Itezehizehi, Mazabuka, Mongu, Kabwe and Mumbwa, of which six are provincial capitals (Kabwe, Mongu, Lusaka, Kasama, Mansa, Solwezi), where the programme will only focus on strengthening the GBV Fast Track Courts system and child friendliness of these facilities, which is neither covered by the EU nor STOP GBV programmes. A mapping has been conducted of the districts and functional coverage aspects of the EU and Stop GBV programmes to inform the district and programmatic coverage of this programme and minimise implementation overlaps.

Inception Phase

The Phase II GRZ-UN Joint GBV programme will adopt a 4 months Programme Inception Phase, effective from the date of signing the Agreement. The Inception Phase will allow for greater stakeholder concurrence and project 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 Phase II of the GRZ/UN Joint GBV programme.

Specific actions during the inception phase will include:

- Develop capacity building plan indicating the different organisations and type of training to be provided.
- Finalise an accountability framework amongst UN that outlines roles and responsibilities of all key actors (districts, provincial, national) and addresses weaknesses in internal management and control and project management and oversight.
- Agree and finalise joint contracts and implementing partner agreements
- Identify and formalise agreements with CSOs and areas/outputs they will work on and related budgets.
- Refine the UN Joint programme log-frame including an accompanying M & E framework and finalise the multi-year budget.
- Refine the theory of change based on lessons learnt during the inception phase.
- Conduct an in-depth situational analysis and needs assessment of GBV services in targeted districts will serve as the baseline and which will feed into the finalisation of the M & E framework.¹²
- Agree on research activities.

¹² The Phase II Joint GBV Programme will collaborate with other players – EU, USAID-STOP GBV, DfID

- Contribute to the development of SOPs for FTCs, OSCs and shelters with EU and STOP GBV to support sustainable implementation modalities in the UNJP
- Together with partners (CPs, IPs, GRZ) review and agree on corruption risks within the project and how the UN will work with implementing partners to prevent, detect and address corruption.
- 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.
- Agree on specific norms to be addressed.

Actions undertaken and refinements made to the project will be documented and shared with stakeholders in a brief report which will be incorporated in the annual narrative report.

With the Ministry of Gender as the coordination arm of the Phase II GBV Programme, and selected interventions spread across several relevant ministries and other spending agencies, the Inception Phase will be critical in further enhancing coordination. The work and coordination will be guided by the Seventh National Development Plan (7NDP), Gender Equity and Equality Act (GEEA), Anti-GBV Act No. 1 of 2011, National Child's Policy, among others. Although the GRZ is fully committed to expanding the availability of FTCs, Shelters, and the OSCs, there are no set annual targets for scale up. For purposes of this Phase II Joint GBV programme, targeting has been done based on the available resource envelop, evaluation report recommendations of the Phase I and the need as shown from the data available at district and provincial level. The intensive dialogue and joint planning to take place in the inception phase will be an opportunity to engage government on the possibility of developing national targets.

Theory of Change

Informed by its strategic approach, the Phase II GRZ/UN Joint GBV programme over a three-year period (including a four months' inception period) will be guided by a theory of change (Figure 1) that illustrates how prevalence of GBV can be reduced in Zambia in an integrated and systematic manner to ensure improved service provision and increased utilization by an empowered community. The Theory of Change identifies not only structural challenges but also solution pathways. The UN Joint Programme underscores the benefits of adopting a comprehensive approach including OSC, Fast Track Courts, VLOSC and Shelters at, national, provincial, district and community/family levels.

Further to the above, in operationalizing its theory of change, the Phase II GRZ/UN Joint GBV Programme will adopt phases of technical support and coordination, namely:

- Program Planning: Facilitate evidence-based prioritization and human rights-based approach to planning to ensure allocative and operational efficiency, as well as, inclusive participation.
- Program Implementation: Strengthen Quality Assurance and Quality Improvement for optimal delivery of high impact GBV services in all districts.
- Program Coordination: Enhance national coordination through the Ministry of Gender and other existing provincial, district and community structures.
- Programme monitoring for action: Sustained evidence-based monitoring for action through planning and implementation phases.

The Problem:

- *Highly entrenched patriarchal tendencies at community level perpetuate GBV due to the power imbalances between men and women and boys and girls.*
- *At personal level, there are high levels of tolerance of GBV by the survivors leading to a reluctance to report such incidents.*
- *Despite some types of GBV being classified as felonies in the penal code and carrying a high mandatory sentence, there is still high incidences of GBV such as defilement.*
- *Furthermore, despite progress made in providing comprehensive post-GBV services, the service delivery gap remains as many more people remain under-served especially in hard to reach areas due to a multiplicity of factors including the direct and indirect costs of accessing services*
- *Inequalities between men and women in terms of access to assets, resources and opportunities contribute to disempowerment of women and children and this makes them susceptible to abuse and violence.*

The programme aims to contribute to a reduction of GBV prevalence in the target districts through a two-pronged approach focusing on **(1) strengthening access and utilisation of GBV responsive services** and **(2) empowering GBV survivors, persons at risk and communities to break the cycle of abuse by challenging the culture of abuse and silence**. GBV survivors who access and utilise GBV services inclusive of health, protection and legal will be empowered through these services to seek

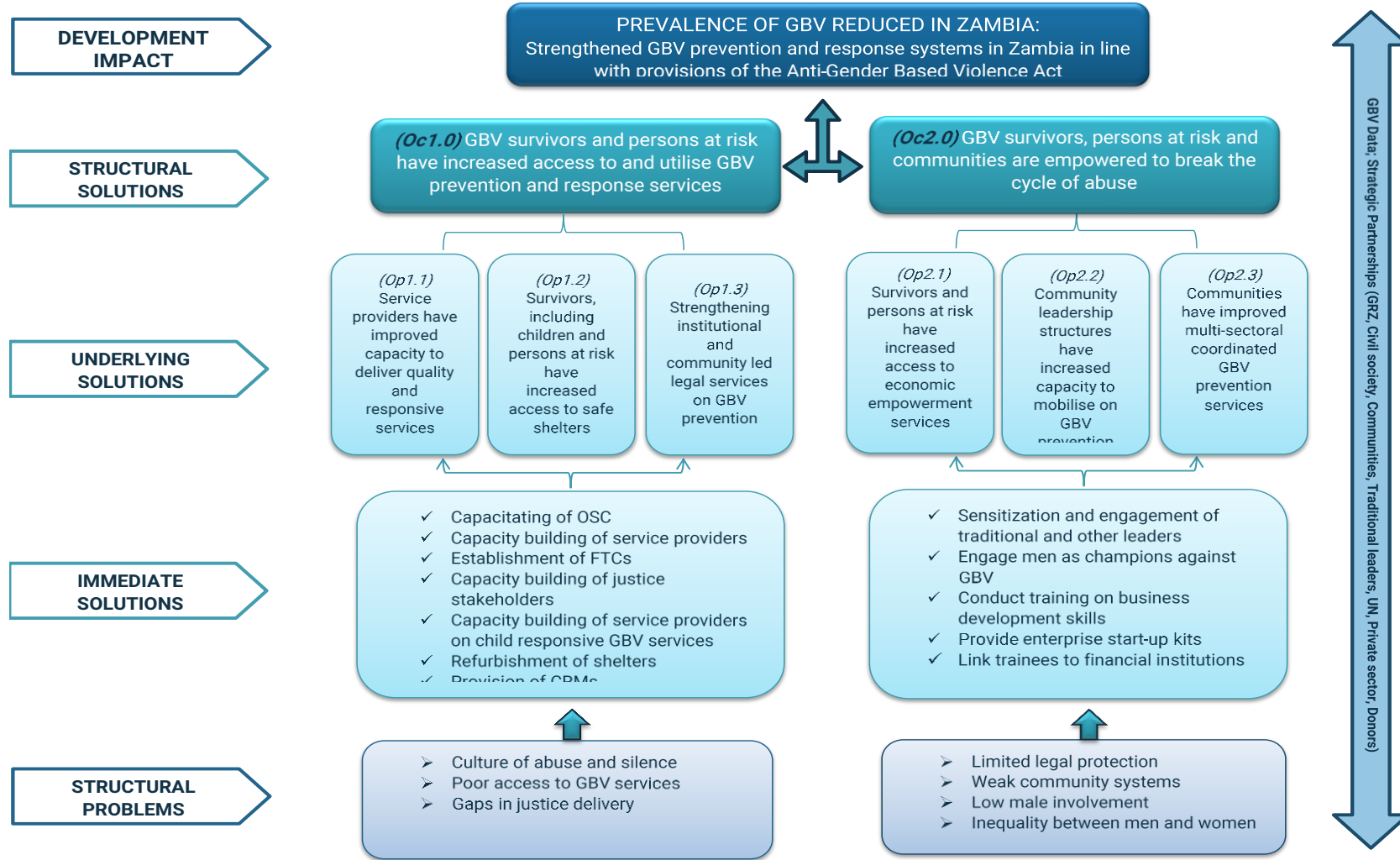
redress to prevent recurrence of GBV. In order to strengthen access to and utilisation of GBV responsive services the programme will directly support the strengthening the availability of protective shelters, establishment and equipping of OSC, both institutional and community led as well as strengthening legal services. To achieve this, the programme aims to ensure that there is at least one FTC in every provincial capital, ensure there is a hospital based OSC in every provincial capital, with access to a protective shelter to complement the OSC so that survivors can access a comprehensive package of services.

The institutional services will be complemented by strengthening of community led response mechanisms, namely the village led OSCs (VLOSCs). These VLOSCs serve as an entry point for community identification, response and referral of GBV cases. The VLOSCs will also be a strategic entry point towards engaging the communities to break the cycle of silence on GBV by establishing a peer mechanism of addressing GBV. A concerted and sustained response to GBV sends a strong message to would be abusers that there is zero tolerance towards GBV and thus would contribute to reduction of prevalence.

On the other hand, to contribute towards empowering survivors, persons at risk¹³ and communities to break the cycle of abuse, the programme will engage traditional and other opinion leaders to be champions against GBV, speak out against harmful traditional and cultural norms that perpetuate GBV, elevate GBV from being a private matter to the public space, by challenging the stigma and myths around GBV which militate against reporting of cases but also serve to justify GBV. Another component to contribute towards this prong on empowerment, will be economic empowerment. The programme will support the economic empowerment of GBV survivors, and persons at risk of GBV, who once so capacitated will have greater aptitude to break away from the cycle of abuse.

¹³ <http://isssasa.org.za/the-facts/who-is-most-at-risk-of-gbv>: Women and girls are more at risk than men or boys because of their low social status and the power imbalance between men and women. "At risk" is defined in this programme as people who are more likely to suffer from GBV due to their vulnerability including but not limited to gender, age, economic status, disability

FIGURE 1: THEORY OF CHANGE



Gender-Based Violence is a violation of human rights, which is an important entry point for tackling gender inequality. GBV reduction is furthermore a key to protect sexual and reproductive health and rights (SRHR) and reverse the spread of HIV. In addition, primary prevention strategies are key to ending domestic violence in adolescence and adulthood and protecting people from its effects. Many strategies to prevent Domestic Violence therefore see adolescence as a critical developmental period for the prevention of domestic violence in adulthood. The programme realizes the importance to assist survivors and their families and protect them from future harm. A comprehensive approach that simultaneously targets multiple risk and protective factors is critical to having a broad and sustained impact on Gender Based Violence.

The project will strategically mainstream special measures related to children in existing systems and processes. The approach will focus on securing child-friendliness of One Stop Centres and Fast Track Courts. In addition to the physical requirements, the project will work with police authorities, social workers, prosecution and judiciary to develop child friendly guidelines for child victims/witnesses and apply these in the selected pilot areas. Systems of mentoring and oversight will be put in place so as to make sure the guidelines can be further refined with inputs from practice.

3.4 Programme Approaches

3.4.1 Prevention and Response strategies

Use of efficient institutions and systems such as **One Stop Centers, GBV Shelters, Anti GBV Fast Track Courts and village led one stop centers** for survivors, which meets their rights to protection and access to services, are key strategies in this proposal. The programme will also strengthen the coordinated multi sectoral action to address GBV, which aims to deliver comprehensive services to survivors.

- a) **Men as agents of change against GBV (Male engagement):** Tools from Sonke Gender Justice, SASA (Raising Voices) and **Zambia National Men's Networks** or similar institutions will be used; men and boys will be engaged as potential survivors and as champions of change to foster positive masculinity that will challenge patriarchy and negative social and gender norms in order to create violence free communities. Through the engagement of boys and men it is anticipated that a conducive environment will be created for increased reporting of their GBV experiences.
- b) **Challenging norms and behaviours that perpetuate GBV: Engagement with traditional leaders:** The UNJP-GBV will work with **traditional leaders** to address the social and gender norms underpinning GBV as part of the prevention work. The strengthening and roll out of **Village Led One Stop Centers** will provide a platform for communities to champion local prevention and response interventions. **Community dialogue** for mindset change to transform communities towards a shift from looking at women as “victims” to “survivors” with

a focus on families, communities and institutions and to incorporate men and boys in the work. The dialogue at community level is of utmost importance, as are efforts to bridge the gap between law and practice and to end the impunity for GBV. Combined with upstream policy interventions and strengthened partnerships among national institutions, Village Led-One Stop Centres are critical in addressing the unique and persistent gaps in gender programming and in positioning Zambia to address key targets of SDG 5: gender equality and empower all women and girls. Emanating from traditional practices in select geographical locations, community-level centres embody collective local-level action. UNDP is leveraging these community structures to respond to high-levels of GBV by providing first-level support to survivors, outreach to communities and other prevention efforts. The Phase I Joint Programme on GBV established GBV Village Led One Stop Centers (VLOSCs) in 21 out of the 288 chiefdoms. In this Phase II Joint programme, the programme will roll-out to 6 chiefdoms. This suggests huge gap considering the number of chiefdoms in need of these GBV VLOSCs. The strengthening and roll out of **VLOSCs** will provide a platform for communities to champion local prevention and response interventions.

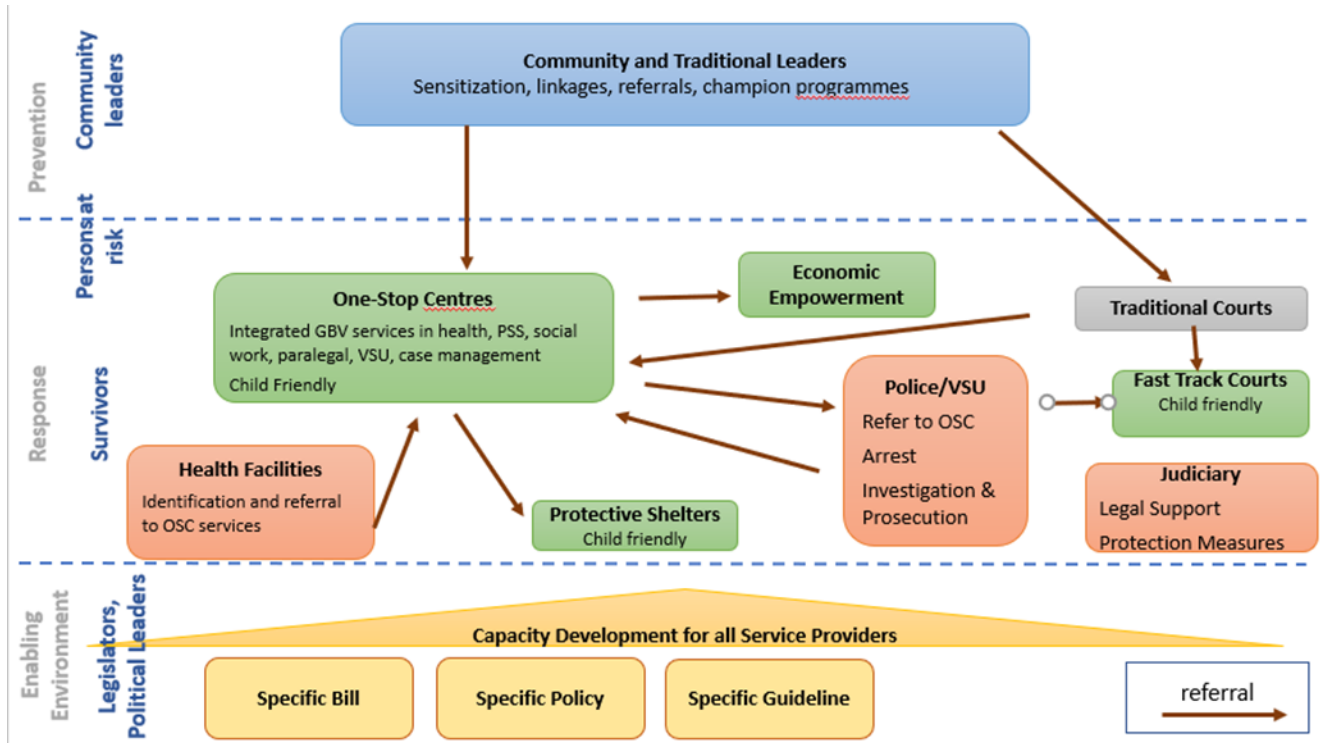
- c) **Women's economic empowerment:** Under the leadership of ILO, the programme will strengthen the economic empowerment of GBV survivors and other persons at risk of GBV to break the economic dependence on their abusive partners by survivors, which often militates against them acting to stop the abuse they experience. ILO will provide capacity building of survivors of GBV through vocational training. UNDP will support the strengthening of access to financial services, ensuring value addition as well as access to markets for their products.

- d) **Strengthening linkages to other sexual and reproductive health services:** GBV survivors often need access to other complimentary SRH services including family planning and HIV prevention and treatment services. UNFPA will lead the strengthening of these linkages through strengthening of GBV/ SRH and HIV service integration

- e) **Policy and capacity building support to state and non-state actors:** the programme will to the extent possible support national policy review and formulation to better streamline the GBV prevention and response sector, as well as providing evidence to inform such policy work. Further, a critical element of GBV prevention and response is strengthening capacity of service providers, who are critical in providing responsive services which inspire confidence in the users.

The programme is represented in the below graphic, which highlights how the various intervention components link together.

Figure 2: Prevention and response mechanisms supported through Joint Programme



3.4.2 Goal and Programme Objective

The Goal of the Phase II GRZ-UN Joint Programme is to contribute towards reduction of Gender-Based Violence (GBV) prevalence in Zambia.

Programme Objective: The 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 GBV. The programme envisages a strengthened GBV prevention and response system linking community (village-led One Stop Centres, economic and social empowerment initiatives, sub-national (One Stop Centres, shelters, GBV specialized courts – ‘Fast Track Courts’). One Stop Centres (OSCs) and community response mechanisms will also conduct outreach to communities and linkages to community structures to promote the services and support prevention efforts. 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.

Outcome

Activities proposed under the programme contribute to two overall outcomes:

- Outcome 1:** GBV survivors and persons (including children and adolescents) at risk have increased access to and utilise quality GBV prevention and response services
- Outcome 2:** GBV survivors, those at risk and communities are empowered to break the cycle of abuse.

Target groups

The programme proposes a comprehensive package of interventions implemented through multiple sectors, targeting those at risk of GBV as well as survivors of GBV. Intentional focus has been placed on targeting children and adolescents, people living with disability, people living with HIV and migrants as amongst the most vulnerable to GBV.

Target group 1: Those at risk of and survivors of GBV including girls and boys, women and men; proposed target: 18,000¹⁴. This target is based on the previous Joint GBV Programme and the DHS data.

This programme will improve demand and utilisation of integrated GBV services that meet global standards of care, provided by well-trained service providers who promote a survivor-centred approach. High quality, readily available services – such as those delivered through OSCs and community response mechanisms, when coupled with the presence of Fast Track Courts (FTCs) for rapid

¹⁴ This number is based on each district reaching 1,500 GBV survivors and persons at risk on average during the 3-year period. Based on current reported statistics of GBV survivors, each district reports about 250 cases annual, while the ZDHS 2014 shows that less than 50% of cases are reported, so assuming an additional 250 persons at risk in each district, equates to 500 survivors and persons at risk per district per year and 1,500 over 3 years.

adjudication of GBV cases, it is expected that these interventions will increase utilization of GBV services and reporting of associated incidents. Psychosocial support (PSS), access to social protection interventions, including safe spaces and economic and social empowerment will reduce the vulnerability of people at risk and will help survivors re-enter their communities and regain their dignity.

Selection Criteria: All persons at risk and survivors of GBV reached through community-based prevention and response mechanisms and service delivery systems in the targeted districts.

Needs: Services that are easily accessed, respectful and sensitive at various points of service delivery, improved support at community level without stigma.

Constraints: Often limited resources and decision-making power at household level, low self-esteem and lack of empowerment, few social protection programmes / income opportunities to support life outside of current situation, fear of stigma and retribution / isolation from community.

Target group 2: Paid, volunteer and traditional service providers: 200 refugees and migrants, 1,200 community volunteers, 130 Paralegals, 30 doctors, 90 hospital-based OSC professional staff, 60 District and Assistant District Social Welfare Officers, 50 judges, 200 Police Officers, 150 Multi-Function Taskforces (MFTs), 66 Best Interest Determination¹⁵ panellists, 40 Chiefs, 40 traditional leaders' spouses, 1,800 village headpersons.

Through investments in physical infrastructure upgrades/ refurbishments (including ensuring disability access), essential equipment, systems strengthening and workforce capacity strengthening, the programme will increase the ability of GRZ to deliver a critical integrated GBV service package, from the time of recording the case and providing medical treatment and social work response, through the process of adjudication and survivor protection, and referrals to services, including empowerment and shelter. Social workers, para social workers, health care providers, police, judiciary staff and informal sector representatives will have increased knowledge of GBV, which will help them to provide comprehensive and correct information and services to girls and boys, women and men, and to react to and support GBV survivors in line with human rights standards. As part of the community response mechanisms, community volunteers and chiefs and other traditional leaders will be capacitated to strengthen linkages and referrals to district level services and traditional courts and statutory courts.

Selection Criteria: All OSC staff and selected sector-based staff supporting GBV response; gender parity will be considered in staff selection for trainings; community volunteers and community (traditional) leadership in target districts.

Needs: Adequate resources, tools and information to provide required services, knowledge of content and sensitization on how to deliver services / content. Increased capacity to strengthen linkages between community level service providers.

Constraints: Inadequate resources and tools to deliver services, lack of comprehensive knowledge and practical skills in providing GBV support and services, role of community volunteers in leading referrals, pushback from community and other stakeholders on delivery of services. Challenges in dialogue and understanding between community leaders and parents, and young

¹⁵ Best Interest Determination is a process which is undertaken by the state to establish the best course of action to take when a child (minor) has protection concerns which require the intervention of the state. For instance, when unaccompanied and separated migrant children also experience GBV there is need to conduct a BID to arrive at a solution that does not expose them to further harm.

people, highly imbedded traditional beliefs that women are inferior and GBV is acceptable within and outside the home.

3.4.3 Description of Activities

Outcome I: GBV survivors and persons (including children and adolescents) at risk have increased access to and utilise quality GBV prevention and response services

Output I.1: Target districts have increased capacity to deliver coordinated GBV services (OSC)

The Phase II Joint GBV programme will increase capacity in the 15 targeted districts to deliver coordinated GBV services. The level of support will be based on assessment findings, which will be conducted during the inception phase. As shown in Figure 3, the programme envisages that the OSCs will be an entry point to identifying and linking survivors to a comprehensive package of services including health, shelter, empowerment and legal services.

UNFPA will support the identification and establishment of one (1) health facility-based One Stop Centre (OSC) in Chinsali, Muchinga and strengthen services in a further three OSCs. Based on assessment findings, existing structures will be refurbished and equipped to provide one stop GBV services. The OSC model optimizes a multi-sectoral approach to provide comprehensive services for survivors of GBV. The coordinated multi-sectoral model aims to increase survivor safety and perpetrator accountability by linking core services, including provision of health care and social work support, access to police and legal services, and culturally- and age-appropriate PSS services, all in a sensitive and highly confidential manner. The establishment of OSCs has proved to increase the number of survivors seeking access to appropriate and timely services and improved effectiveness of services offered¹⁶.

UNFPA will engage with the district authorities in Muchinga to select a site for the establishment of the new OSC and ensure commitments from GRZ to place full-time staff to operate the OSC in the long term. In the other fourteen existing OSCs, UNFPA will engage with existing GBV actors and MOH, MCDSS and ZP-VSU to assess the OSCs to determine what support is required. It is anticipated that support will include minor refurbishment, refresher training of OSC personnel, provision of support to conduct outreach in selected wards. Collaboration with STOP GBV II and other GBV service providers will help to avoid duplication of GBV services, including OSCs. At the start of the Phase II UN joint programme, an inception meeting with EU and STOP GBV partners will be convened to discuss operational modalities and to ensure that there is clear understanding of operational targets, delimitation of geographical coverage and clarity on sub national coordination mechanisms by implementing agents.

UNFPA will support the provision of medical supplies and equipment and train medical staff in medical response to GBV and medical-legal component of GBV in collaboration with Ministry of Health. Additionally, UNFPA will lead on developing the capacity of health care staff at facility level so that they can detect GBV where it is not obviously stated and refer the client to the OSC in addition to offering

¹⁶ Comprehensive Responses to Gender Based Violence in Low-Resource Settings: Lessons Learned from Implementation, Population Council, Zambia, 2010

post GBV care services as part of their routine health care services. Lessons learned from roll out of existing OSCs in Mansa and Chiengi (Luapula Province) and Kasama and Mporokoso (Northern Province) will be applied throughout the OSC expansion process. Issues of access for persons with disabilities will be included when considering refurbishment of OSCs.

These OSCs will be open 24 hours a day, be easily accessible for all survivors – including those with disabilities and with a special focus on supporting child survivors – and will offer services free of charge. The new OSC will be provided with a vehicle to ensure transport of survivors not able to reach the centres by themselves and to support outreach work. Support to maintenance of existing vehicles will be factored in for the other nine sites.

Quality of services will be ensured with capacity development for OSC service providers, using the government approved Multi-Disciplinary Guidelines. Feedback from the use of existing tools including SOPs, referral pathways, case management and IMS tools (data collection, data analysis and data sharing tools) and provide feedback to MOG to support national level revision of and finalisation of the GBV Minimum Package.

UNICEF will be responsible for developing national guidelines for protection of child victims and witnesses in criminal justice proceedings for police officers and social workers and these will become an integral part of the GBV minimum packages and trainings. UNICEF will contribute to ensuring OSCs are child-friendly and equipped with appropriate furniture, toys, age-disaggregated support kits as well as materials that can facilitate dialogue with children (drawings, cards, drawing materials and anatomical dolls).

There will be continuous mentoring and monitoring of OSC staff by Provincial MCDSS, MOH and VSU staff with technical support from UNICEF, UNFPA and UNDP. Capacity development of GRZ staff on paralegal and PSS skills will also be considered to support OSC operations; linkages to legal aid services will be made.

UNFPA, in collaboration with relevant actors including the University of Zambia (UNZA), UTH and relevant line ministries, will review and revise the existing GBV training on GBV counselling targeting health and social work professionals, including staff of OSC. The module/short course will include elements on the survivor-centred approach, GBV case management, psychological first aid and application of child friendly procedures and interview practices. In-service training will be held for the OSC health workers, social work professionals, and VSU OSC liaisons. By training existing staff, sustainability will be promoted as the staff will continue working when the program ends.

Linkages between Community Response Mechanisms (CRM) and OSC:

UNDP and IOM in collaboration with their civil society partners will support the establishment and strengthening of community response mechanisms, namely village led one stop centres, through which community action in prevention and response to GBV is initiated. The village led one stop centres will also be replicated in the refugee and resettlement communities by IOM. The village led one stop centres will take a lead role in GBV prevention, reporting of cases when they occur and providing first level support to survivors before linking them to higher levels of response. In collaboration with the National Legal Aid Clinic for Women (NLACW), UNDP will work to finalise and roll out the minimum standards

for the operationalisation of Community Response Mechanisms (village-led one stop centres) for GBV in these locations.

UNDP will provide capacity building to local government and UNFPA in collaboration with its civil society partner will provide capacity building to traditional leaders, to improve alignment and enforcement of specific by-laws that impact GBV, including sale of alcohol to minors and access to pornography by minors. UNFPA will mobilise and capacitate chiefs' spouses and traditional marriage counsellors. The training content will be harmonised and will focus on zero tolerance to GBV and challenging negative gender and social norms and other harmful practices through a gender and cultural transformative approach. Further, GBV prevention and protection will also be a major component.

To bridge the gap between district services and communities, UNDP, IOM and UNFPA will work with provincial and district level line ministries to support OSC staff and health care providers to conduct outreach to 1) promote the GBV services at district level – OSCs, Fast Track Courts, shelters and economic and social empowerment and other GBV services including the hotlines offered by Childline/Lifeline and ZPS; 2) Engage in GBV related dialogues with existing community structures such as SMAGs, CWAC, NHC, CCPU to capacitate them to continue dialogues challenging the acceptance of GBV within the community; 3) follow up with community volunteer structures so that referrals can be supported, follow-ups made to GBV survivors who have returned to the community and provide mentoring support to paraprofessional staff and community actors. Community volunteers will provide follow-up, conducting ongoing regular support for cases that have received services at the OSC. Professional staff will be informed of follow-up actions to ensure continuous care and safe reintegration in the community.

Output 1.2: GBV survivors have increased access to safe shelters and child victims of violence have care plans in place and access to family based appropriate alternative care settings.

To provide protective services for GBV survivors UNDP and IOM will work with GRZ to identify and establish and/ or renovate at least four GBV survivor's shelters¹⁷. IOM will focus on supporting shelter provision in resettlement areas whilst UNDP in collaboration with Young Women's Christian Association (YWCA) will support in non-humanitarian areas. The target for four was as result of the matrix done of where all GBV actors are implementing. These will be in areas where there is no other actor. These shelters will provide temporary accommodation for the protection and security of survivors as they proceed with health and protection related issues and through the adjudication process. The selection of the shelters to be refurbished will take into account demand, ability to reach a wide section of the population including persons with disabilities, people living with HIV, migrants, refugees and children as well as enhancing linkages to the OSCs and other empowerment initiatives. In order to enhance sustainability of the shelters, priority will be given to refurbishment of government run shelters with staff on government payroll and which receive funds for recurrent expenditures from the fiscus. Further, based on lessons learnt from phase I, the project will actively engage the private sector to partner in providing support to the shelter, whether as once off or recurrent support.

A sustainability plan will be discussed and agreed on for all the shelters supported by the project with clear action plans for support. The sustainability strategy/plan will also include close collaboration with MCDSS to find reintegration and relocation solutions for survivors hosted in the shelters (family or community based) to ensure that the shelter is only a short term, emergency solution.

Life skills development activities will be available around personal planning and linkages to economic empowerment programmes. UNICEF will support the social welfare system so that social workers support child survivors in preparing for court processes as well as in identifying appropriate family-based care solutions for children affected by GBV. This will be conducted through strengthening case management mechanisms at district level, including the use of risk assessment tools, best interests' assessments and determination. IOM will provide specialised support for ensuring appropriate decision-making and care for migrant children takes place through capacity building of stakeholders on Best Interests Determination for migrant children survivors of GBV. The programme will also support capacity development in the understanding of gender and GBV issues including PSEA, gender budgeting, advocacy, protection and lobbying for staff and implementing partners.

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

With UNDP in the lead, the Joint GBV programme will provide support to enhance efficient disposal of GBV cases and provide a court environment that is conducive to the emotional well-being of the survivor. A GBV specialised adjudication system which includes the Fast Track Courts has already been established in six provinces. The adjudication systems will serve as a strategic entry-point for enhancing accountability for GBV and for bridging the gap between the existing laws, policies and procedures and actual practice in responding to GBV cases. Successfully implemented in 6 provinces, UNDP in collaboration with NLACW and YWCA will expand this coverage by establishing standalone four other Fast Track Courts in Northern and Luapula (following discussion with the EU), North Western and Muchinga. Existing Fast Track Courts in Copperbelt, Southern, Western, Central and Eastern will be

¹⁷ Priority districts for establishment of shelters shown in Figure 1 above. At programme start, further discussion will be held with Ministries of Gender and Community Development and Social Services to agree on priorities and sustainability plans for each of the shelters to be supported.

assessed to identify areas of targeted support – such as infrastructure and specialized equipment – and to ensure sustainability. The establishment and strengthening of these fast track courts will be especially helpful in ensuring justice and a functional adjudication system across all ten provinces, for various communities including refugees who eventually leave the country in pursuit of durable solutions without accessing justice due to delays in court processes in finalising GBV cases.

In carrying out cases, the fast track court will have the flexibility in the language it uses, whether English or a local language or interpretation to other languages in the instance of cases involving refugees and migrants, to increase ease of reporting for GBV survivors, including children as well as sign language interpretation where needed for the hearing impaired. Additionally, UNICEF will support the development of guidelines for interviewing children (and these will be subsequently integrated into the GBV minimum packaged and general guidelines) and will be applied so as to support child survivors and ensure, any child appearing before the court will be familiarized with procedures and accompanied by parents, guardians, social workers is interviewed a limited number of times and in line with maturity and cognitive development using adapted materials and is supported to overcome any trauma the conversation may have caused. Separate waiting rooms within the courts for GBV survivors and witnesses will also be considered, and survivors will have the opportunity to present their evidence on-camera, via video link or behind protective screens to reduce the trauma associated with providing GBV testimony. All Fast Track Courts will be disability friendly and child friendliness will be ensured by UNICEF through child-friendly furniture, toys, age appropriate support-kits and supplies that can facilitate interviews with children including cards, drawings and drawing materials and anatomical dolls.

UNDP will continue its partnership with the National Legal Aid Clinic for Women (NLACW) to increase access to justice by GBV survivors. This partnership will help ensure that Adjudicators in customary (traditional and local) courts have the knowledge and skills to adjudicate GBV and refer civil cases, including familiarity with international human rights and women’s rights instruments. Previous collaboration between UNDP and NLACW included an assessment of gaps in the adjudication of cases by Local and Traditional Court Adjudicators to identify issues which led to unfavourable case outcomes that exacerbate GBV. Collective identification of sensitive and contentious issues connected to overlapping of jurisdiction between Traditional Leaders/courts and statutory courts surrounding issues of GBV was also reviewed. A training manual for Adjudicators as well as a Casebook was developed following this assessment and will be used as a key resource in strengthening traditional and statutory court justice delivery systems, defining the linkages between the two, and fostering collaboration on GBV cases. Together with NLACW, capacity development will be carried out to foster improved adjudication of cases aligned to national and international law, improved case management, increased legal and human rights knowledge, improved perception of the Local Courts, and strengthen and increase GBV referrals to statutory courts, as they are considered to better represent the interests of women.

UNDP will support enhancement of judicial experts’ capacities through specialized training on the handling of GBV cases and other related cases with sensitivity and respect for victims. Capacity development will also be done for registry staff to ensure efficient and speedy case flow management of GBV cases, as well as implementation of the monitoring mechanism for tracking the disposal of GBV cases.

Law-enforcement agencies such as Victim Support Unit (VSU), Child Protection Unit (CPU) and Police Prosecutor within the National Prosecution Authority (NPA) will be capacitated and resourced to

investigate, arrest and prosecute offenders. Further, the UN will collaborate with national and regional actors to strengthen male engagement in GBV prevention through innovative models such as the Sonke Gender Justice and the Zambia National Men's Network, which aims to put men as drivers of social change and challenge harmful masculine stereotypes which perpetuate domestic violence. Through this process, an assessment of gaps will be conducted to better understand current capacities surrounding investigative and prosecutorial procedures and tools in statutory and customary laws in handling GBV cases, development of training materials on investigative and prosecutorial skills for prosecutors and police and roll out of the training to prosecutors and police. UNICEF will develop training materials for applying international standards in child victim/witness protection which will be incorporated into the training packages and trainings implemented under the leadership of UNDP. Capacity development on understanding gender, GBV, gender budgeting, protection, human rights and PSEA will be conducted on relevant stakeholders' staff and their implementing partners. Specifically, training on gender and other related topics will be conducted for Irish Aid staff and their implementing partners.

The UN through UNDP will also advocate, in collaboration with other GBV actors, for full operationalization of the Anti-GBV Act within the ten Provinces, including the roll out of civil procedures such as Protection, Occupational and Maintenance Orders – legal tools that are designed to protect survivors and legally mandate that perpetrators take certain actions, such as maintaining a specific distance from survivor or providing financial support to survivors. These orders not only empower survivors, but also empower the chiefs with a legal basis to protect GBV survivors living in their communities by keeping perpetrators away from them.

Outcome 2: GBV survivors, those at-risk and communities are empowered to break the cycle of abuse

Output 2.1: GBV survivors and those at-risk access empowerment services including economic empowerment

Vulnerability and lack of empowerment are some of the key reasons for the persistence of GBV. In order to support GBV survivors and those at risk, especially women and young people, to increase their sense of independence from harmful relationships, ILO will provide capacity building of survivors of GBV through vocational training while UNDP will support the strengthening of access to financial services, ensuring value addition as well as access to markets for their products.

In Phase II of the GBV programme the UN will build upon successes from phase I whilst also incorporating existing empowerment systems that are in place and used by Government. The phase II of the GBV programme will therefore continue strengthening as well as support formation of savings groups which offer easy access to start-up capital for the survivors. In addition, business development support including mentorship to the survivors to ensure that their businesses and business practices improve to levels required by formal financial institutions will be done. This phase will also focus on developing the tracking system of income generating projects of GBV survivors to ensure continued monitoring by government even after the project closure. The evaluation highlighted the important role the savings groups play in enabling members to borrow and expand their business or diversify hence the focus to strengthen and scale up the work with savings groups in phase II. Survivors stated that being part of the savings group was liberating and that the economic independence they enjoyed changed the dynamics in their homes as their spouses no longer abused them (in cases of those married).

The UN will work with chiefs in linking survivors to entrepreneurial activities through existing structures such traditional leadership structures, Savings and credit groups and MCDSS structures. The program will also establish stronger linkages with government and non-government existing social protection programs and advocate to include GBV survivors in their targeting criteria.

The ILO will strengthen entrepreneurial management skills through capacity building, training resources, and mentorship that will enable the GBV survivors start or improve their enterprises. The intervention will work closely with OSCs as a referral mechanism for the GBV survivors. This component has a wide scope, ranging from illiterate micro-entrepreneurs to growth-oriented small and medium scale entrepreneurs. Identification of skills required among the target group and Business Development Services (BDS) providers (both public and private) will be undertaken. Using existing tools and methodologies such as Start and Improve Your Business (SIYB), Expand Your Business (EYB), and Gender and Entrepreneurship Together - (GET Ahead), business skills for the survivors and those at risk will be enhanced.

The UN will collaborate with public and private BDS providers, government line ministries and other district authorities to select sites, identify needs and deliver the trainings and or capacity building activities thus ensuring ownership and sustainability of project outcomes. The ILO will further support the Ministry of Gender to review and operationalise the tracking mechanism for income generating interventions. The tracking mechanism will enable the Ministry to effectively monitor project progress, improve decision making, and effective planning of economic empowerment interventions.

To address the low participation of women and girls in ICT, UNDP is working with the government, private sector and traditional leaders to establish ICT hubs which will provide mentorship, personal development skills, support in the creation of innovative ideas and enterprises, and encourage uptake and use of ICTs, especially by women and girls. This work will support innovation and impactful entrepreneurship of young people through provision of technical assistance, access to ICT and e-services for business development, mentorship and injection of risk capital to youth-led innovative and ambitious start-up companies in Zambia. The overall goal is to create opportunities and employment for youth, especially young women, through access to training and mentorship, risk capital, and ICT- based business acceleration for youth-led start-up companies/MSMEs that are innovative in nature and have a high degree of ambition. These hubs will be piloted in three or more communities whose leaders are key allies in the fight against Gender-Based Violence (GBV), such as Chisamba, Chongwe and Itezhi-Tezhi. UNDP will work with partners like Bongo Hive to ensure that these ICT hubs provide a mindset change to women and girls to come out of their situation empowered. Tools will be developed to track and link GBV survivors to empowerment programmes. These tools will also enable the identification of needs for survivors which will allow the programme to provide necessary interventions. These ICT hubs will be linked with the village led one stop centres and other GBV services.

The UN emphasizes making best use of the saving and credit function for the target groups to access financial literacy, business linkages, entrepreneurship and markets for entrepreneurs. The ILO will use its existing tools, including the MyCoop training manual, to form and strengthen saving and credit groups and cooperatives. It will also build synergy with various other actors in the market – including religious organizations, Non-Governmental Organizations, cooperative associations, formal financial institutions, chambers of commerce and industries to provide the business linkages and services to the saving and credit groups. The UN will also leverage on the work done by the GRZ's department of cooperatives.

To further ensure sustainability and acceptance of the training tools (financial and business) offered to GBV survivors, strong collaboration with financial and non-financial service providers in design and delivery of the trainings will be fostered. This is to ensure the graduands of the trainings meeting the private sector requirement to access financing services. Furthermore, the savings and credits groups will be facilitated to undertake value chain analysis as well as represent producers and other value chain players in accessing input and output markets.

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

Traditional and other community leaders are critical advocates for social norm change around GBV. Led by UNFPA, the UN will work in close collaboration with the provincial administration and civil society to reach key leadership structures within the selected districts. Special focus will be placed on chiefs and chiefs' spouses, religious leaders and political leaders as champions of change.

To ensure access to and links with traditional leaders at sub national level, UNFPA will leverage its current partnership with the Ministry of Chiefs and Traditional Affairs (MOCTA), to facilitate sub national level interactions and support engagement through the Provincial Chief's Councils and other traditional leadership structures operating in association with MOCTA. The Chief's Councils will be capacitated on gender norms, human rights and GBV in alignment with the Anti-Gender Based Violence Act No. 1 of 2011 and the Gender Equity and Equality Act No. 22 of 2015, using the already existing traditional leader's training manual and Traditional Leaders Engagement Strategy to support their work as anti-GBV champions. These activities will provide an opportunity for chief-to-chief learning in support of gender transformative attitude change and action.

Anti-GBV action plans will be developed by each traditional leader to chart a course for reducing GBV within their chieftdom, looking specifically at entry points within both their existing structures as well as ongoing work around ending child marriage. UNFPA / MOCTA will provide strategic support to help sustain this agenda. Technical assistance will also be provided directly to Provincial Chief's Councils to ensure that GBV is a standing agenda item within the schedule of semi-annual and annual meetings and that follow up actions are taken. Supportive activities will be tracked and documented at chieftdom level and be reported within DDCC meetings. UNFPA will also build on its work engaging with the First Lady and spouses of traditional leaders around child marriage to include GBV. Provincial level alignment on updated policies and guidance will also be included. The chiefs will also be engaged to challenge and transform harmful traditional cultural practices that perpetuate GBV and speak out against such practices and in line with their traditional sphere of influence, take a lead in ending such practices in their areas.

With UNFPA in the lead, UN and CSO partners including YWCA, Young, Healthy, Happy and Safe, will capacitate existing and active community structures and actors on the GBV Minimum Package, to disseminate information and facilitate interactions that challenge social norms on issues related to GBV within the community. The Community Conversations and Dialogues GBV Sensitization Package developed under the Stop GBV¹⁸ programme will also be utilized to help ensure culturally sensitive

¹⁸ STOP GBV is an USAID /DfID funded GBV programme. The first STOP GBV programme ended in 2017; a new STOP GBV started in 2019

dialogue. These structures may include CWACs, Safe Motherhood Action Groups (SMAGs), Community Development Assistants (CDAs), Community Health Assistants (CHAs), Disabled Persons Organizations (DPOs), Multi-Functional Task teams, Community Crime Prevention Units (CCPU), Community Police Officers and other active community groups.

UNFPA, in collaboration with YWCA, will engage traditional marriage counsellors as one of the key traditional community structures to challenge and change social norms. Support will be provided to review and update the informal pre-marital counselling curriculum used by marriage counsellors, so that it promotes the positive aspects of the training that foster gender equality and non-violence within relationships. Harmful teachings that contribute to GBV, such as the idea that a man shows his love by beating his wife, and that rape is acceptable within a marriage, will be replaced with positive messages about respect and equality. Furthermore, the programme will work with community structures to identify men who will be champions against GBV amongst their peers. These will be drawn from a cross section of men, who are willing to be equipped with skills to speak out against GBV.

Through its partners, the UN will use existing traditional platforms to support inter-generational discussions on GBV. This will help to bridge the generational gap that exists at community level and encourage positive socialization based on traditional values that have the potential to reduce GBV. The UN will support local and community radio to air programmes on GBV and link to dialogue and discussion groups led by community structures. Additionally, through the Safe Spaces programme and in collaboration with UNESCO, Ministry of Education and community structures, periodic outreach activities including both girls and boys will be held to motivate and engage young people. GBV activities, messaging and printed information will be provided alongside the events.

The UN working with the Ministry of Gender and relevant CSOs will also engage men as GBV prevention and response champions in their communities, through such structures and programmes as Men's Networks, Boys to Men and the HeforShe campaign. Further, the UN will collaborate with national and regional actors to strengthen male engagement in GBV prevention through innovative models such as the Sonke Gender Justice "One man can", which aims to put men as drivers of social change and challenge harmful masculine stereotypes which perpetuate domestic violence. Local Men's Network organisations will be part of this work.

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

Led by UNDP, the UN will leverage and build on its existing relationships with the national government and various line ministry headquarters located in Lusaka to support national policy formulation and implementation. High-level technical assistance to Ministry of Gender and the other Ministries referenced within this proposal will continue, including strengthened advocacy around GBV. The UN will continue its participation and support to GRZ national development processes, including those affiliated with the Seventh National Development Plan (7NDP), such as the 7NDP Cluster Advisory Groups and Technical Working Groups. The UN will actively engage with other GBV programme actors at the national, provincial and district level to ensure harmonised and consistent coordination and messaging at all levels and the sharing of research and learning to support policy and practice.

At provincial and district levels, the UNDP will focus on strengthening GRZ's ability to coordinate and manage GBV activities, to promote long term sustainability of the programme. Coordination will be led by UNDP as the lead Agency on the Joint Programme and will follow sub-national coordination structures as outlined in the 7NDP. At provincial and district levels, existing coordination mechanisms will be leveraged and under the guidance of provincial and district level planners, a focus will be placed on mainstreaming GBV through sector plans at district level to ensure that GBV is given an adequate focus. The UN will proactively engage with other GBV programmes and actors in the same province and nearby districts to ensure common approaches to coordination support.

The programme will imbed a strong outreach and learning agenda. To track progress of the consolidated package of services reaching and supporting survivors, a package of project monitoring tools will be developed to gauge activity and intervention progress, and data will be gathered on a regular basis through the relevant structures. The first set of data gathered will be considered the baseline. M&E tools will be in line with the Ministry of Gender M&E framework and support consistent and regular reporting to Cluster Advisory Groups of the 7NDP.

With a robust knowledge management approach, the program will ensure systematic documentation and development of case studies and other products to support sharing of effective practices in addressing GBV. The programme will explore and utilise various avenues to share effective practices in addressing GBV.

IOM will support the finalisation and utilisation of the draft IMS at the Zambia Police, to collect data on GBV survivors using services. As much as possible, and without duplicating IMS', a way of tracking of cases use of the consolidated services will be collected. Learning from this work will be shared at the national level with other GBV programme actors (EU SGBV and USAID/DFID Stop GBV) to inform strengthening of data policies in line ministries. Formal annual monitoring visits will be conducted to review intervention progress in a holistic manner. The UN will work with MOH, MCDSS, ZP, MLSS, MCTI and the Judiciary at Provincial and district level strengthen their capacity to review data and improve decision making and programming. A focus will be placed on review of data linked to GBV and tracking of this data.

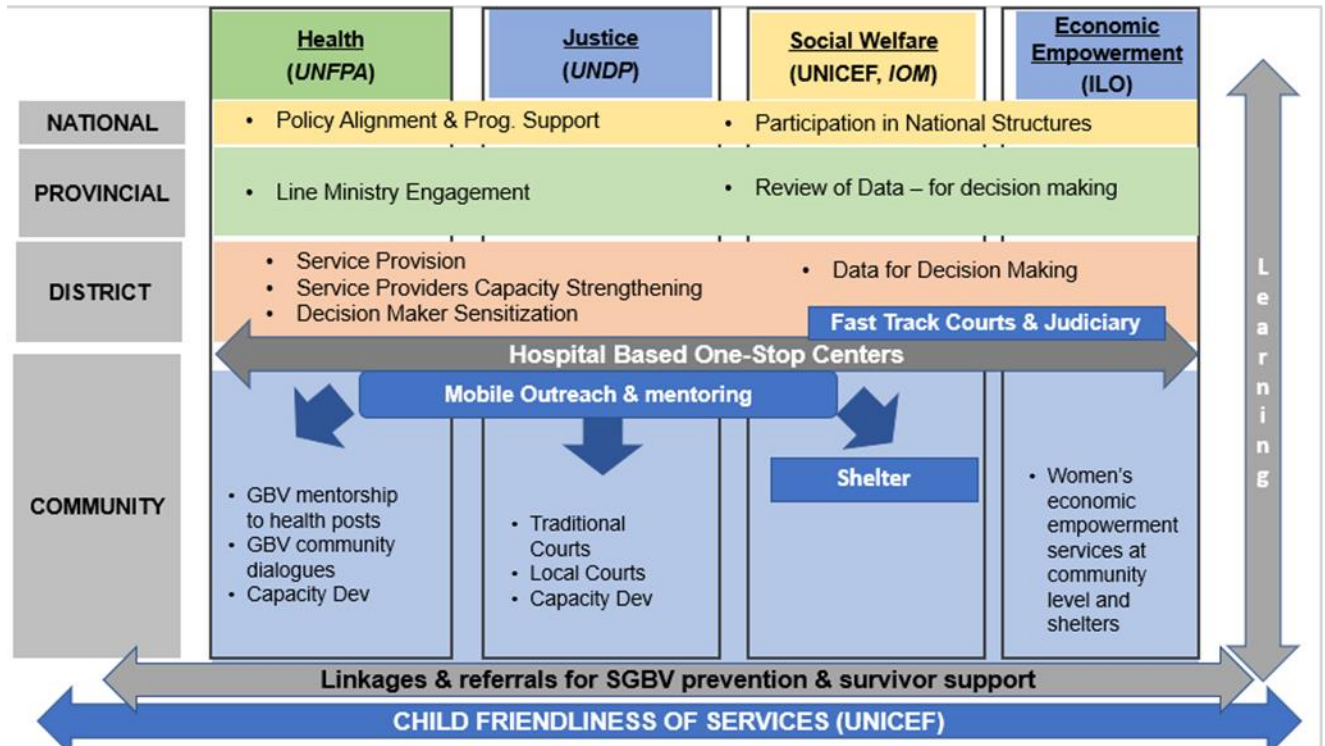
UNDP will guide project data which will be aggregated, analysed, and reviewed at quarterly UN Joint Implementation and Management team meetings to help guide and strengthen programming. The programme, working with Ministry of Gender will conduct a GBV baseline survey and an action plan to better guide programming.

3.4.4 IMPLEMENTATION MODALITIES

This programme will focus on a multi-sectoral, multi stakeholder effort to build and strengthen prevention and response capacities. The programme will concentrate on the sub-national level, primarily at district, with some interactions and support at the provincial and national levels. As the EU-supported programme contains a strong component on national-level Technical Assistance, the linkages to national level under this programme focus on alignment to and implementation of relevant policies and guidelines, participation in MoG led GBV coordination meetings involving all GBV actors, coordination mechanisms associated with the Seventh National Development Plan, and facilitation of information

flows horizontally and vertically. This programme will also engage with BBC Media Action to leverage their communications work under the EU SGBV programme. The graphic below provides a broad overview of how the programme is structured, with support provided across the health, education, justice, and economic empowerment and social services sectors defined at the various levels.

Figure 3: Structure of the Joint Programme



Sector presence at district and community level will be leveraged to promote convergence of information and integrated service-related interventions. In this way, community members will receive complementary messages from different avenues, thus reinforcing the content.

The actions will be implemented in 15 districts situated in all ten Provinces. The target districts will be the hub of the actions - including establishment or strengthening of CRM, OSC, Fast Track Court, shelter and economic empowerment services based on the findings of the situation assessment as the onset of the programme. The OSC will provide technical and logistical oversight through mobile outreach to communities and mentorship to sector workforce at ward/community level.

Capacity strengthening will be a focus of the programme, to ensure that those providing information and services are equipped with correct knowledge and the skills to deliver that content. Each sector will have a package of capacity strengthening activities that will be implemented. For some training activities, Trainings of Trainers (TOTs) will be conducted at provincial levels, and information disseminated through trainings and orientations down throughout the sector workforce. Other innovative methods, such as dedicated short courses may be incorporated to reach more providers in a cost-effective manner. The programme will draw on global best practices, tools, and models, as well as national level guidance to roll out the different training, orientation and sensitization packages. A hub and spoke model will be used by Ministries and their affiliated district level service providers to scale up programming that strengthens GBV prevention and response. This requires an increase in the availability of quality services, which includes both the availability of a service and the presence of staff with the correct capabilities to address GBV survivor needs.

The proposed intervention will run for 36 months. Time-bound plans for strengthening service delivery mechanisms will be agreed upon with implementers, and inputs and equipment required to support this process will be procured. As much as possible, all groundwork for implementation will occur in the first four months. Dedicated effort will be made to gain the buy-in of stakeholders and mechanisms that have the potential to carry certain programme components forward past the life of the programme and increase chance of sustainability. A programme exit and sustainability plan will be developed with GRZ by the end of year one.

The second half of year one, year two and the first half of year three of this programme will focus on intensive roll out of the complete intervention package through service delivery structures; mentoring of professionals and volunteers and M&E and evidence generation. The last half of year three will continue implementation and will focus on consolidating the exit and sustainability plan developed in year one to ensure full transition of various components to key stakeholders.

In keeping with the principle of leaving no one behind, gender and disability, hard to reach, refugees, migrants will be mainstreamed across all program interventions. This will be done through both prevention and service delivery activities so as to ensure inclusive and equitable prevention and service delivery interventions. Additionally, all infrastructure refurbishment will be disability friendly and gender and disability issues will be included in all capacity development interventions at both district and community level.

3.5 Sustainability of results

Programme sustainability beyond the current funding cycle will be integrated into all engagements and planning forums with key state and non-state actors from the onset. Having a clear exit strategy from the onset of interventions will enhance sustainability as stakeholders will be made aware of when the support will start and end and be supported throughout implementation to put in place measures beyond the programme funding. While a number of context specific strategies for sustainability will be employed, the programme will focus on building the capacity of the mandated state institutions to take over and continue any programme supported functions. For instance, the programme will ensure that any structures supported such as OSC, FTCs and shelters are to the greatest extent possible government institutions which are already or can be included in the national fiscus for any staffing and recurrent expenditure.

National led government leadership and accountability on programme implementation

The main principle in implementation includes securing a government-led programme from the very start, as this is central to securing sustainability. The Inception phase of programme implementation will allow for joint GRZ/UN planning, refining the M&E framework and supporting the development of national level targets and indicators.

The Phase II Government of the Republic of Zambia (GRZ)-United Nations (UN) Joint Programme on Gender Based Violence is premised on the solid partnership that the United Nations System and Government of the Republic of Zambia has built over the years. This partnership is key in sustainability of interventions because GRZ is and remains the primary duty bearer in prevention, protection and provision of post-GBV services. Sustainability strategies at community level will include working with existing structures that are present in the community such as traditional leaders, men's, women's youth groups. At district and service delivery level, all services will be provided by government through their institutions such as health facilities, schools, government fun shelters, courts, police stations and others which are already available at district level but require strengthening in most districts. For example, the OSCs will be based in health facilities with full-time GRZ staff rendering services. Government will also have full time staff at Ministry of Health Headquarters in Lusaka to oversee OSC operations country wide.

The other aspect of the programme is aimed at strengthening government capacity to provide services and to strengthen the communities' capacity as first protectors and first responders therefore sustainability will be through the means highlighted above. Capacity building will be done using government validated and approved curricula and guidelines.

The programme will ensure a sustainable Exit Strategy by agreeing with government counterparts on ensuring that staff at the OSC, FTCs and any other government institutions supported through the programme will be part of the government payroll. Further, the joint programme will develop a clear Exit strategy during the inception phase.

A. Coordinated Action through Local and District level Structures

This project provides an opportunity to demonstrate the multiplier effect of addressing GBV through coordinated action across four pillars of response and support increased access to services. Results of this project will be disseminated at various levels, but with a focus on sharing of best practices at provincial and district levels to share successes and failures with local structures and communities.

Given that this is a locally focused project, to truly foster ownership, the people affected should be those to celebrate the forward steps made. This may be done via community events, community radio, or other forms of local recognition together with traditional leaders. Results will be shared at district and provincial level through the DDCCs and PDCC, the gender sub-committee, and those delivering critical services through the OSC and other service delivery points. The UN Joint Implementation and Management Team will also be utilized to communicate information up to the national level GBV Steering Committee. The UN will use its reach and close relationship with MOG and other relevant line ministry headquarters in Lusaka, as well as their associated coordination mechanisms such as the Cluster Advisory Group (CAG) Technical Working Groups (TWGs), and sector based national TWGs to promote translation of these lessons into other localities within Zambia.

When it comes to the response side, where-ever possible, an effort has been made to rely on existing human infrastructure (police officers, social welfare officers, health workers, prosecution, and judiciary) but contribute through a) elements of restructuring; b) changing professional practice and securing accountability for professional practice to be implemented in line with international standards.

The proposed intervention is expected to reduce levels of GBV in the long term and improve utilization of services among GBV survivors. Anticipated impacts include:

B. Social / Community level

Social / community level: Within communities, families, and individuals, it is anticipated that attitudes towards GBV will begin to change and there will be increased reporting of GBV cases, ultimately leading to reductions in GBV cases as services are provided, perpetrators sanctioned, and this behaviour condemned by communities.

Support to GBV survivors will help to give them confidence in themselves, their communities, and the systems for dealing with GBV by demonstrating that the system is not only able to protect them, but also serve their needs in a sensitive manner. Further, as survivors who are living in situations where GBV is common, but are afraid to report the infractions, will see other GBV survivors successfully move through the system and they will be more likely to take steps to get out of their own harmful situation.

Supporting and strengthening existing community structures to understand their role in preventing and addressing GBV will provide the platform for community led action to challenge and condemn certain behaviours and receive / act upon / refer and follow up cases.

Intensive engagement of traditional leaders as champions against GBV will serve to ensure they are able to guide and support their people in making choices that reduce GBV practices. They will be able to leverage various formal mechanisms put into place through the programme to protect GBV survivors from future trauma and violence by having a legal basis to keep abusive partners away.

C. Technical level

Technical level: At a technical level, the capacities of technical people that contribute to both prevention and service providers will be strengthened through the development and dissemination of information and tools that reduce GBV and deal with issues facing survivors. Increased capacity among a

broad range of public service personnel, including health workers, police, social workers and para social workers and those working in the judiciary will increase overall understanding of GBV as a critical issue facing the local population, as well as how to handle related discussions and processes in a sensitive way that does not increase stigma to those affected. In order to ensure retention of knowledge and skills after capacity building programmes, follow-on support and education modules will be provided to staff through on and off-site mentorship programmes. Additional advocacy within the sectors and to Central Statistics Office will be conducted to include GBV related indicators into sector-based MIS systems, reducing costs and improving efficiency of data collection when compared to a stand-alone GBV MIS system.

D. Economic level

Economic level: Improved empowerment, as well as mutual respect and understanding within the household may open up additional income opportunities as couples together try to explore ways to make their lives better. Further, as these couples become parents, they may also place higher priority on educating their daughters, which contributes long term to the economic well-being of the household and community. Existing GRZ social assistance programmes with deliberate focus on women can help to underline the importance of the role of women in providing for their family (FSP, GEWEL, and SCT). To ensure sustainability of economic empowerment interventions provided by Department of Cooperatives, district agriculture offices, Zambia Congress of Trade Unions (ZCTU) and the private sector, actions at district level will be coordinated through the MCDSS and DDCCs.

E. Policy level:

Policy level: While this intervention largely targets sub-national structures, continuing support will be provided by the UN at national level through other mechanisms of support to reducing GBV. In this regard, capacity building of these institutions and organisations will be key to ensure the resources are efficiently used through provision of quality services with less duplication of efforts across partners.

F. Financial sustainability

Financial sustainability will be ensured by working with GRZ to develop a sustainability/exit plan from project onset outlining on-going support and funding of interventions, as well as maintenance of equipment and structures by Government beyond the project's duration. GRZ commitments to long term use of facilities selected for infrastructure-based interventions, including OSCs, Fast Track Courts, and shelters will be secured as a precondition for commencement of works. Day to day operations such as maintenance of vehicles and equipment will be done by government from the onset as a part of the initial agreement. Support to GRZ planning processes at provincial and district levels will be provided throughout the grant period and beyond to ensure embeddedness of these costs in the long term; the UN will work closely with the GBV steering committee at national level to advocate for appropriate public resource allocation so that districts and provinces have more resources to draw on. Additionally, activities will be implemented largely by GRZ staff already on payroll, and advocacy will be done with GRZ to create permanent positions on the Public Service Management Division staffing establishment for staff in new structures such as Fast Track Courts, survivor's shelter etc.

G. Institutional sustainability

Institutional sustainability will be fostered through a focus on local ownership from the start of the project. The Provincial Administrations will be involved in all phases of the project, from inception, to implementation, all the way through to handover, with intentional steps taken by the UN to foster ownership by GRZ of the work and ensure long term sustainability of the work. The sustainability plan referenced in the previous paragraph provides a clear indication of how GRZ will take ownership of the programme, including how long-term implementation will be supported through the involvement of relevant line Ministries. It will include a long-term engagement plan for NGOs, CSOs, FBOs and CBOs, with each party having a clear sense of their role and how to imbed sustainability within the project. Additionally, all capacity building activities conducted under this project will build on and link to trainings and sensitization activities planned / carried out outside of this programme for the benefit of this intervention to reduce duplication and ensure that implementers possess holistic knowledge in this area.

H. Policy level sustainability

Policy level sustainability will be promoted predominantly via the UN's ongoing partnership and support to GRZ on policy level issues linked to gender and GBV. Strong advocacy by the UN will continue via the CAGs and their sub-TWGs, not just within 7NDP Pillar: Reducing Inequalities and Vulnerabilities (where GBV and gender are located), but across the pillars given the multi-sectoral nature of addressing GBV. These key national level entry points will provide platforms for the UN to share information and best practices gathered through this programme and provide evidence-based inputs to shape legislation, guidelines, and other key strategic documents.

I. Environmental sustainability

Environmental sustainability will be considered throughout the course of the project, although few environmental impacts are anticipated given that this work focuses largely on individual and institutional knowledge and capacity development. Energy efficient and environmentally friendly materials and equipment will be used in the refurbishment of the shelters, OSCs and Fast Track Court. The vehicles assigned to the OSCs will be used in a coordinated manner that allows for simultaneous community outreach for multiple sectors, allowing for savings in fuel resulting from a reduced number of trips. Additionally, mentorship and monitoring activities will be conducted during these outreach activities, further reducing fuel emissions.

4. RESULTS FRAMEWORK

UNDAF (or other relevant framework) Outcome – GRZ-UN Sustainable Partnership Framework

Zambia–United Nations Sustainable Development Partnership Framework (2016-2021)

Pillar 1: Inclusive Social Development

Pillar 2: Environmentally Sustainable and Inclusive Economic Development

Pillar 3: Governance and Participation

Joint Programme Outcome (if different from UNDAF Outcome), including corresponding indicators and baselines,

1. GBV survivors and persons (including children and adolescents) at risk have increased access to and utilise quality GBV prevention and response services

% of women aged 15-49 who have ever experienced physical or sexual violence who sought help to stop the violence

% of eligible survivors receiving PEP within 72 hours

% of GBV survivors receiving legal assistance

% of survivors linked to hospital-based OSCs

Average number of days for a case to be disposed of before and through fast track courts

% of GBV cases resolved within 3 months before and through the Fast-Track Courts

2. GBV survivors, those at risk and communities are empowered to break the cycle of abuse.

% of GBV survivors and those at risk aged 15-49 taking up employment opportunities (Self/wage) (Disaggregated by age and sex)

%GBV survivors and those at-risk reporting increase in income

% of currently married women whose husbands make decisions about their health care for them

% of women/ men aged 15-49 who agree that a husband is justified in hitting or beating his wife for at least one reason.

JP Outputs (Give corresponding indicators and baseline)	Participating UN organization on-specific Outputs	Participating UN organization ¹⁹	Participating UN organization Corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
# of hospital-based OSC # of hospital-based OSC established / strengthened and functional in the project districts # community structures conducting dialogues and info sessions on GBV services and prevention # OSCs which are child friendly # of service providers trained on multi-disciplinary GBV Guidelines (disaggregated by type of service provider and sex)	Opt I.1 target districts have increasing capacity to deliver coordinated GBV services	UNFPA		Ministry of Gender Ministry of Health Zambia Police	A 1.1.1 Identify, assess, refurbish and equip 1 x One Stop Centres (OSCs) (UNFPA)	100,000	40,000	20,000	160,000
		UNFPA		MoH	A 1.1.2 Conduct mobile outreach to communities in order to raise awareness of existence of consolidated Provincial GBV package - OSCs, shelters, FTCs, economic empowerment services (UNFPA)	40,000	20,000	30,000	90,000
		UNFPA		MOCTA, MOH	A 1.1.3 Capacity strengthening of OSC staff, satellite health clinic workers, MFTs, CDAs and CWACs, VLOSC, using GBV guidelines and tools to ensure quality GBV service delivery, referrals and follow up and referral to social safety nets (UNICEF/UNFPA/IOM/UNDP)	10,000	60,000	40,000	110,000
		IOM		MCDSS, Department of Resettlement		30,000	25,000	20,000	75,000
		UNICEF		MOHA, MCDSS, Judiciary	A 1.1.4 National guidelines for protection of child victims and witnesses in criminal justice proceedings for police officers and social workers developed and included in GBV minimum standards	100,000	70,000	45,000	215,000

¹⁹ In cases of joints programmes using pooled fund management modalities, the Managing Agent is responsible/accountable for achieving all shared joint programme outputs. However, those participating UN organizations that have specific direct interest in a given joint programme output, and may be associated with the Managing Agent during the implementation, for example in reviews and agreed technical inputs, will also be indicated in this column.

JP Outputs (Give corresponding indicators and baseline)	Participating UN organization on-specific Outputs	Participating UN organization ¹⁹	Participating UN organization Corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
					trainings (at least 20 police and 20 DSOWs/As trained) and friendliness of 4 OSC (UNICEF).				
		UNDP		NLACW, MOCTA, ZCCP	A.1.1.5. Finalization of minimum standards for operationalization of village level GBV one stop centers (Community Response Mechanism) UNDP/NLACW.	25,000	20,500	0	45,500
		UNDP		YHHS, MOCTA	A.1.1.6 Establish Community Response Mechanism (village one-stop centres) leveraging informal support structures operating at community level to provide GBV information, referrals, data, follow up and strengthen access to medical, PSS, social work and single windows, and paralegal services - (UNDP/IOM/NLACW/YHHS/WfC)	50,000	50,000	0	100,000
		IOM		DoR; MCDSS		30,000	20,000	25,000	75,000
# of GBV survivors housed in project supported shelters # of shelters established/strengthened for temporary housing of GBV survivors # child GBV survivors supported to access alternative care options	Op1.2: GBV survivors have increased access to safe shelters	UNDP		YWCA, MCDSS	A.1.2.1 Establish four improved shelter facilities for temporary housing for GBV survivors (IOM/UNDP)	5,000	120,000	25,000	150,000
		IOM		MCDSS, Min of Youth		100,000	60,000	40,000	200,000
		IOM		MCDSS	A.1.2.2 Training of 66 BID panelists and roll out of BID guidelines for children on the move with SGBV and other protection needs (IOM)	15,000	0	15,000	30,000
		UNDP		YWCA/MCDSS	A.1.2.3 Training of 50 shelter service providers on Minimum Standards of Shelter Management (IOM/UNDP)	5,000	35,000	10,000	50,000
		IOM		MCDSS		0	15,000	10,000	25,000

JP Outputs (Give corresponding indicators and baseline)	Participating UN organization-specific Outputs	Participating UN organization ¹⁹	Participating UN organization Corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
through case management		UNICEF		MCDSS	A 1.2.4 Support introduction of case management for child survivors of GBV (including risk assessment, care plans and access to alternative family-based care for at least 50 child survivors) (UNICEF)	65,000	50,000	35,000	150,000
# of FTC established/strengthened and functional % of FTC that are operating in line with child friendly standards # of legal service providers trained # of GBV survivors provided with legal aid	Opt1.3: target districts have capacity to deliver quality legal services	UNDP		MoG, Judiciary ZCCP	A 1.3.1 Establish 4 GBV Fast Track courts A 1.3.5 Review and alignment of laws and curriculum to human rights standards and statutory law (UNDP)	410,000	610,000	0	1,020,000
		UNDP		MoG, Judiciary	A 1.3.2 Improve adjudication of civil GVB cases in traditional courts through capacity development in gender, human rights and statutory law	20,000	80,000	30,000	130,000
		UNDP		Judiciary	A 1.3.3 Improve adjudication of civil GBV cases in local and statutory courts through capacity development in gender, GBV, PSEA, human rights, protection, gender budgeting (UNDP)	30,000	60,000	50,000	140,000
		UNDP		Judiciary	A 1.3.4 Capacity strengthening of investigative and prosecutorial services/2 VSU offices prefabs (UNDP)	20,000	65,000	50,000	135,000
		UNDP		NPA, NLACW	A 1.3.5. Review and alignment of laws and curriculum to human rights standards and statutory law	30,000	75,000	50,000	155,000
		UNDP			A 1.3.6 Joint Mentorship Programme	0	65,000	0	65,000

JP Outputs (Give corresponding indicators and baseline)	Participating UN organization-specific Outputs	Participating UN organization ¹⁹	Participating UN organization Corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
					for justice service providers (UNDP)				
		UNDP			A 1.3.7 Capacity Development Workshops for Service Providers (local and subordinate court users) / capacity development in gender, GBV, PSEA, human rights and statutory law for staff and IPs (UNDP/IOM)	25,000	40,000	50,000	115,000
		UNICEF		MCDSS, judiciary	A 1.3.8 Support application of child-friendly procedures and provide child friendly interviewing supplies and equipment in 10 FTCs including Kabwe, Choma, Mongu (UNICEF)	95,000	65,000	50,000	210,000
Outcome 2- GBV survivors, those at risk and communities are empowered to break the cycle of abuse									
# of GBV survivors and those at risk capacitated in business development	Opt2.1: GBV survivors and those at-risk access economic empowerment services	ILO		MOG, MCDSS,	A 2.1.1 Conduct training and other capacity development support activities to target groups on the enterprise skills (ILO)	27,000	31,500	4,000	63,000
# of GBV survivors and those at risk provided with enterprise start-up support		ILO		MOG, MCDSS Ministry of Commerce	A 2.1.2 Support the trained individuals with the enterprise start up kits (financial/material) (ILO)	20,000	20,000	19,200	59,200
"# of GBV survivors and those at risk engaged in saving and credit groups		UNDP		MOG	A 2.1.3 Review and strengthen the tracking mechanism for income generating interventions (UNDP)	0	39,000	0	39,000
		ILO		MOG		0	0	0	0
		UNDP		MCDSS	A 2.1.4 Support formation and strengthen of savings and credit	25,000	50,000	20,000	95,000

JP Outputs (Give corresponding indicators and baseline)	Participating UN organization on-specific Outputs	Participating UN organization ¹⁹	Participating UN organization Corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
# of saving and credit groups (formal/informal) supported to start/improve"		ILO		MOG	groups and promote digital finance services (UNDP/ILO)	5,000	20,710	20,710	46,420
		UNDP		MOG, ZICTA	A 2.1.5 Establish and strengthen Empowerment and ICT Hubs for women and girls and link with VLOSCs and other GBV services (UNDP/ZICTA/MoG)	50,000	95,000	50,000	195,000
		ILO		Ministry of Gender	A.2.1.6 Develop a mechanism for identification of vulnerable survivors for support for economic empowerment (ILO/UNDP)	20,000	7,250	7,250	34,500
		UNDP		MOG	MCDSS/MoG/YWCA	0	35,000	0	35,000
# of traditional, religious, and political leaders and spouses sensitized on GBV # of people participating in community structures trained on GBV prevention (disaggregated by type of structure, age, and sex)	Opt2.2 Community and leadership structures have capacity to mobilize on GBV prevention	UNFPA		MoH, MOCTA	A 2.2.1 Mobilize traditional, religious, and political leaders, men, and teachers as Champions to challenge norms and cultural practices that sanction and perpetuate GBV and the low status of women (UNFPA/IOM))	50,000	50,000	30,000	130,000
		UNFPA		MoH, MOCTA	A 2.2.2 Engage spouses of traditional leaders to publicly oppose GBV and child marriage (UNFPA)	30,000	20,000	10,000	60,000
		UNFPA		MCDSS	A 2.2.3 Mobilize community structures to challenge norms and cultural practices that sanction and perpetuate GBV and the low status of women and persons with disability through sensitization/awareness raising (UNFPA/IOM/ZICTA/YHHS/WfC/N	10,000	0	0	10,000
		UNDP		MCDSS/ZC CP/YHHS		10,000	60,000	33,000	103,000
		IOM		MCDSS		7,000	8,000	0	15,000

JP Outputs (Give corresponding indicators and baseline)	Participating UN organization on-specific Outputs	Participating UN organization ¹⁹	Participating UN organization Corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
					LACW)				
# of district plans mainstreaming GBV. # of policies/guidelines finalized # of service delivery points tracking GBV data on an MIS	Opt 2.3: Improved multi sectoral coordination and governance related to GBV prevention and response	UNDP		MCDSS, MOG	A 2.3.1 Participate in coordination meetings at provincial and national levels (implementation level) (ALL)	13,000	0	0	13,000
		UNICEF				1,000	1,000	1,000	3,000
		UNFPA				1,000	3,000	4,000	8,000
		IOM				1,000	1,000	1,000	3,000
		ILO				3,000	0	0	3,000
		UNDP		MCDSS, MOG	A 2.3.2 Hold half yearly review meetings with partners at sub-national level (ALL at implementation level)	27,000	0	0	27,000
		UNICEF				4,000	4,000	4,000	12,000
		UNFPA				2,000	4,000	6,000	12,000
		IOM				4,000	4,000	4,000	12,000
		ILO				6,000	6,000	0	12,000
		UNDP/IOM		ZP-VSU	A.2.3.3 Support service delivery points to track GBV indicators (ZP - EoB, MOH, Justice, MCDSS) (ALL)	10,000	10,000	0	20,000
		IOM		40,000		50,000	10,000	100,000	
		UNDP			A 2.3.4 Support finalization and implementation of policies and guidelines related to GBV/conduct GBV Prevalence survey and develop Action Plan (ALL)	20,000	35,000	0	55,000
		UNDP			A 2.3.5 GRZ, UNJP Project technical implementation and steering committees hold midyear reviews and annual planning exercises, project monitoring (UNDP)	20,000	15,000	15,000	50,000
UNDP			A 2.3.6 Visibility actions including project launches (UNDP to lead)	60,000	60,000	40,000	160,000		
UNDP		MCDSS, MoG,	A. 2.3.7 M&E and documentation - learning (UNDP)	28,000	47,000	30,000	105,000		

JP Outputs (Give corresponding indicators and baseline)	Participating UN organization-specific Outputs	Participating UN organization ¹⁹	Participating UN organization Corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
		UNICEF		Department of Resettlement		6,000	4,000	10,000	20,000
		UNFPA			5,000	5,000	5,000	15,000	
		IOM			8,000	6,000	6,000	20,000	
		ILO			6,000	6,000	3,000	15,000	
						Programmable Costs Y1-Y3	Staff Costs 36 m	Indirect Cost (7%)	TOTAL
UN organization 1 UNFPA						595,000	150,000	52,150	797,150.00
UN organization 2 IOM						555,000	150,000	49,350	754,350.00
UN organization 3 UNDP						3,002,500	633,708.36	254,534.59 + 66,447 (AA)***	3,957,190.17
UN Organization 4 ILO						233,120	97,200	23,122.40	353,442.40
UN Organization 5 UNICEF						610,000	183,492	55,544.44	849,036.44
Total									6,711,169.01

* Resource allocation may be agreed at either output or indicative activity level.
*** Administrative Agent Fee 1%

5. Management and Coordination Arrangements

The overall responsibility for coordination of the programme rests with the Permanent Secretary of the Ministry of Gender (MoG). A programme Steering Committee will be established with representation of Permanent Secretaries from all implementing line ministries, Cooperating Partners funding the UNJP-GBV, the UN Resident Coordinator and all UN agencies that form part of the UNJP-GBV. The Permanent Secretary, Ministry of Gender, will chair the annual Steering Committee as in the Phase I JP GBV. The Committee will provide strategic oversight and review progress and make strategic decisions to support the effective and efficient implementation of the programme. In addition, the Steering Committee will also be making allocation decisions while UNDP as the lead UN agency will sign Fund Transfer Requests on behalf of the Steering Committee. The Steering Committee will include the following UN Agencies: UNDP, UNFPA, UNICEF, ILO and IOM while Ministry of Health, Home Affairs, Ministry of Justice, Ministry of Community Development and Social Services, Ministry of Chiefs and Traditional Affairs and the Judiciary will be the key Government partners.

The Director of the Gender Rights Protection Unit in the Ministry of Gender will be responsible for preparation of Steering Committee meetings and assume the role of Secretariat.

5.1 Programme Planning and Management

A Programme Implementation Committee shall be established, under the leadership of UNDP at operational level, with representation from all UN agencies and its implementing partners. This Committee will manage the implementation of the programme, ensure harmonised approaches and quality assurance. The terms of reference for the Programme Implementation Committee will be as follows:

- a) Provide technical guidance for effective implementation of the programme;
- b) Coordinate the implementation of the programme;
- c) Prepare terms of reference for impact evaluation;
- d) Coordinate the preparation of annual implementation plans by various key implementing agencies and partners; and
- e) Facilitate preparation of quarterly and annual progress reports.

At district level, under UNDP's leadership, the UNJP will ensure the programme is implemented in collaboration with the office of the DAO (District Administrative Officer) and the DDCC (District Development Coordination Committee) under the reducing inequality pillar.

Each agency, under the leadership of UNDP, is responsible for managing its respective work and is responsible and accountable for the resources entrusted to them both in achieving results and ensuring compliance with each Agency's policies, rules and regulations.

A. UN Joint Technical Team

The Lusaka-based Programme Coordinator within UNDP will work with government to support initial planning and gain agreement on key Memorandums of Understanding and ensure that prevention and service delivery actions are taking place in all districts as per implementation schedule. Additionally, the UN will implement downstream actions through Implementing Partners, some of whom may have district level staff, to foster systematic implementation of activities. For programme oversight, a Lusaka-based Joint Implementation and Management Team will be constituted and will be comprised of the programme coordinator and the technical staff from all participating UN agencies. The programme will also have UN Volunteers who will build capacity of the Provincial Development Coordinating Committees to ensure gender issues including GBV are well coordinated and reported on.

The project team, through **UNDP**, will be supported by the UN Multi Partner Trust Fund (MPTF) office, which will coordinate fund disbursements to all agencies through their headquarters as well as coordination of submission of both financial and narrative reports to the respective funding donors. The project team will also be supported by the UNDP Regional Office. Relevant staff, such as at Provincial and District, Project Officers, Finance, Gender Specialist and M&E staff will be supported by the Project.

IOM: Implementation of the programme interventions will be led by a migration health and protection programme officer with support from a programme assistant. Key tasks for the two will entail ensuring full implementation of all IOM led intervention to acceptable standards, report writing, monitoring as well as ongoing programme advocacy and stakeholder engagement. Programme implementation will also be supported by financial, procurement, quality assurance staff who are not directly funded through this funding mechanism.

UNFPA: Implementation of the programme interventions will be led by a gender Analyst, as well as a newly recruited UNV supported by technical staff at the national level country office under the overall technical supervision by the Assistant Representative and overall management of the deputy representative.

UNICEF: The implementation will be led by Chief of Child Protection who will lay a technical role to ensure procedures and professional practice are in line with international standards for a) protection of child victims/witnesses in criminal justice proceedings and b) protection and care decision making is carried in line with “best interests of the child” considerations, including prioritizing family-based solutions. Responsible for management oversight. The Child Protection Specialist will be responsible for quality and timely management of all outputs and activities. UNICEF staff from Programme Monitoring and Excellence will participate in designing and implementing monitoring plans. The Operations team will contribute to contracting consultants, organizing transport, purchase of supplies and conducting financial transactions in line with UN procedures. Other team members participating include: Child Protection Officer – Justice for Children and Child Protection Officer – National UNV Justice for Children.

ILO: the project officer will manage the day to day implementation of the empowerment component for the programme in collaboration with UNDP.

UN COMPARATIVE ADVANTAGES

UNICEF: Recognized as a leader in child protection, prevention and response to GBV and education, UNICEF will build on existing systems, structures and relationships to strengthen the child friendliness of court processes and OSCs including building the capacity of social welfare and police to manage cases involving children. UNICEF will leverage ongoing strengthening of case management processes at community level and for children in facilities to ensure child survivors of GBV receive appropriate safety, care and custody decisions.

UNFPA: UNFPA plays a global leadership role on GBV coordination in both humanitarian and mainstream development contexts. UNFPA will leverage its agency expertise and experience in Zambia in implementing GBV, SRHR and other relevant interventions to provide comprehensive and context specific programming and models. UNFPA has been working for a long time closely MOH and will leverage the current partnership to ensure systematic response to GBV in both Provinces. UNFPA has also been working with Ministry of Chiefs and Traditional Affairs especially on matters of ending child marriage and other wider GBV issues. In addition, UNFPA will continue collaborating with parliamentary committees to ensure that GBV issues continue to be top of the agenda in the legislature.

UNDP: Gender equality and empowerment of women and girls is at the heart of UNDP Programming. UNDP has been working towards gender equality, particularly in the area of strengthening governance institutions and supporting the development of gender responsive legal and regulatory frameworks for effective rights based and equitable approaches to development planning. UNDP supports fulfilment of women and girls' rights to fully participate and also benefit in the economic, social and political development of the country. UNDP also works to advocate for positive social norms and cultural practices to address patriarchy, GBV and access to justice. UNDP was the lead agency on the previous GRZ-UN Joint programme on GBV. UNDP will work closely with Ministry of Gender in delivering results on this project.

IOM: Works in areas of migration governance, providing support to key government structures to address the protection and human rights needs of people affected by migration and has been working in addressing GBV, including human trafficking. IOM works in complementarity with UNHCR to promote durable solutions to refugees. IOM works closely with regional economic commissions including Common Market for East and Southern Africa (COMESA) to address the nexus between trade and population mobility, with its attendant risks of GBV and sexual harassment amongst migrant and mobile workers including informal traders. IOM will work closely with the MCDSS and MHA in delivering on its area of assignment.

ILO: Economic empowerment especially for women is pivotal to the decent work agenda. The ILO through the Gender, Equality and Diversity (GED) branch focusses on issues related to equal opportunities and treatment for all women and men in the world of work, and eliminating discrimination based on gender, race, ethnicity, indigenous identity and disability. The ILO works with Governments, Employers and Workers to set labour standards, develop policies and devise programmes that promote

decent work for all women and men. The ILO encourages decent employment opportunities, promotes rights at work, enhance social protection, and strengthen dialogue on work-related issues. The organization has experience in economic empowerment programmes on skills and enterprise development, and gender equality. Past economic empowerment projects such as Women's Entrepreneurship Development and Gender Equality (WEDGE), Female and Male Operated Small enterprises (FAMOS Check), and Business Development Services (BDS) have been implemented and lessons learnt, and best practices have been incorporated in this project.

B. Communications and Visibility

A communications and visibility plan will be developed led by UNDP at the time of grant award to leverage the work of BBC Media Action under the EU GBV programme. Actions that are partially or completely funded through the programme will include information and communication activities aiming to raise awareness about the programme, highlight Ireland and Sweden financing of the activity and share the results of the support. Related activities will include online communication and visibility (websites, social media); events, inaugurations, field visits, public discussions, learning events and stakeholder meetings; press and media (press releases, press conferences, press visits), audio-visual material, photography and other productions (policy briefs, advisory notes), and communication and visibility in print (newsletters, leaflets, brochures, displays, etc.).

6. FUND MANAGEMENT ARRANGEMENTS

Fund management

The programme will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channelled for the programme through the AA. Each participating UN organization receiving funds through the pass-through would have to sign a standardized Memorandum of Understanding with the AA.

The Administrative Agent will:

- Establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds received from the donor(s) pursuant to the Administrative Arrangement. This Joint Programme Account will be administered by the Administrative Agent in accordance with the regulations, rules, directives and procedures applicable to it, including those relating to interest;
- Make disbursements to Participating UN Organizations from the Joint Programme Account based on instructions from the Steering Committee, in line with the budget set forth in the Joint Programme Document.

The Participating UN Organizations will:

- Assume full programmatic and financial responsibility and accountability for the funds disbursed by the AA.
- Establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

- Each UN organization is entitled to deduct their indirect costs on contributions received according to their own regulation and rules, taking into account the size and complexity of the programme. Each UN organization will deduct 7% as overhead costs of the total allocation received for the agency.

The MPTF Office will charge administrative agent fee of one per cent (1%) of the total contributions made to the Joint Programme.

The Convening Agency will consolidate narrative reports provided by the Participating United Nations Organizations. As per the MoU:

- Annual narrative progress report and the final narrative report, to be provided no later than three months (31 March) after the end of the calendar year.

The MPTF Office will:

- Prepare consolidated narrative and financial progress reports, based on the narrative consolidated report prepared by the Convening Agency and the financial statements/ reports submitted by each of the Participating UN Organizations in accordance with the timetable established in the MoU;
- Provide those consolidated reports to each donor that has contributed to the Joint Programme Account, as well as the Steering Committee, in accordance with the timetable established in the Administrative Arrangement.
- Provide the donors, Steering Committee and Participating Organizations with:
 - Certified annual financial statement (“Source and Use of Funds” as defined by UNDG guidelines) to be provided no later than five months (31 May) after the end of the calendar year;
 - Certified final financial statement (“Source and Use of Funds”) to be provided no later than seven months (31 July) of the year following the financial closing of the Joint Programme.

Budget Preparation - The Convening Agency will prepare an aggregated/consolidated budget, showing the budget components of each participating UN organization.

Accounting - Each UN organization will account for the income received to fund its programme components in accordance with its financial regulations and rules.

Admin Fees and Indirect Costs

- **Administrative Agent:** The AA (UNDP) shall be entitled to allocate one percent (1%) of the amount contributed by the donor, for its costs of performing the AA’s functions.
- **Participating UN Organizations:** Each UN organization participating in the joint programme will recover indirect costs in accordance with its financial regulations and rules and as documented in the Memorandum of Understanding signed with the AA.

Interest on funds - Interest will be administered in accordance with the financial regulations and rules of each UN organization and as documented in the Standard Administrative Arrangement signed with the donor.

The project team will also be supported by the UNDP Regional Office. Relevant staff, such as at Provincial and District, Project Officers, Finance, Gender Specialist and M&E staff will be supported by the Project. UN agencies will implement through GRZ, NGOs, as well non-state actors in line with UN policies and procedures. These include robust capacity assessments of Implementing Partners (IPs) and mandatory programme and financial monitoring that is in line with Harmonised Approach to Cash Transfers (HACT). Audits will be conducted for UN partners as per UN standard procedures. Further, in order to ensure that funds are utilised prudently and efficiently, fiduciary risk will be mitigated through the UN system robust policies and procedures. The programme will support capacity building of implementing partners on HACT and use it to conduct monitoring to prevent corruption, misuse of funds and fraud.

Audit

The implementation of the Joint Programme will be audited annually, using the UN National Execution Modality, by the Office of the Auditor General (OAG) or Private Audit Firms engaged by the OAG, or Private Audit Firms engaged by the UN System using common services endorsed by the OAG. Audit reports will be endorsed in consultation with CPs funding the Programme.

7. Monitoring, Evaluation and Reporting

A concise monitoring and evaluation plan for the programme will be developed during the inception phase with clear indicators and programmatic targets for all result levels against which programme performance will be measured. Further, joint programme monitoring tools will be developed for use by all programme partners to ensure uniformity of reporting. The programme will conduct a baseline analysis, mid-term and end of project evaluations to measure its performance against agreed evaluation criteria.

Monitoring: Table 2 below summarises the programme monitoring framework with attendant results, indicators and means of verification.

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<p>Oc 1. Increased access to and use of quality prevention and response services by persons at risk of GBV and survivors (including children and adolescents)</p>	<p>% of women aged 15-49 who have ever experienced physical or sexual violence who sought help to stop the violence % of eligible survivors receiving PEP within 72 hours % of GBV survivors receiving legal assistance²⁰ [baseline – 27%; Target – 30%] % of survivors linked to hospital-based OSCs Average number of days for a case to be disposed of before and through fast track courts % of GBV cases resolved within 3 months before and through the Fast-Track Courts</p>	<p>ZDHS TBC (UNFPA) TBC (UNDP) Project records; monitoring visits. TBC (UNDP) TBC (UNDP)</p>	<p>Surveys</p>	<p>UNFPA UNDP IOM UNICEF</p>	<p>Data for ZDHS will be conducted following the end of the project but will be analysed on time and will provide accurate data.</p> <p>Communities providing conducive environment to accessing services, aware of where to access services and traditional beliefs do not hinder access.</p> <p>Judiciary and other legal players will roll out the monitoring, reporting and evaluation framework for the efficiency of the fast track courts and necessary data shared with stakeholders</p> <p>Sectors willing to collaborate in the referral system.</p> <p>Judiciary will roll out the monitoring, reporting and evaluation framework for the efficiency of the fast track courts</p> <p>Judiciary will roll out the monitoring, reporting and evaluation framework for the efficiency of the fast track courts</p>

²⁰ The UNJP aims to ensure that the legal assistance system for GBV survivors remains sufficiently robust to sustain a minimum of 27% of new survivors that can access legal assistance year on year and also increase by at least 3%.

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
					courts Existing hospitals identify existing space/infrastructure for OSCs and refurbishment.
Op 1.1 Target districts have increased capacity to deliver coordinated GBV services	# of hospital-based OSC established / strengthened and functional in the project districts # community structures conducting dialogues and info sessions on GBV services and prevention # OSCs which are child friendly # of service providers trained on multi-disciplinary GBV Guidelines (disaggregated by type of service provider and sex)	Project records; monitoring visits. Project records; monitoring visits. Project records; monitoring visits. Project records; monitoring visits. Project records; monitoring visits.	Field Monitoring reports (Quarterly)	UNDP UNICEF UNFPA IOM	Government buy-in and staff made available.
Op 1.2 GBV survivors have increased access to safe shelters	# of GBV survivors housed in project supported shelters # of shelters established/strengthened for temporary housing of GBV survivors # child GBV survivors supported to access alternative care options through case management	project records project records case files	Project progress reports (Quarterly)	UNDP UNFPA IOM	Government buy in and staff made available to run the shelters
Op 1.3 Target districts have increased capacity to deliver quality legal services	# of FTC established/strengthened and functional % of FTC that are operating in line with child friendly standards # of legal service providers trained # of GBV survivors provided with legal aid	Police Records, Court Records, Prosecutions Authority Records Project records; monitoring visits.	Project progress reports (Quarterly)	UNDP UNICEF	Adequate staff assigned to run the FTCs once completed

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
		Legal Aid Records			
Oc 2. GBV survivors, those at risk and communities are empowered to break the cycle of abuse	% of GBV survivors and those at risk aged 15-49 taking up employment opportunities (Self/wage) (Disaggregated by age and sex) # of GBV survivors and those at risk provided with enterprise start-up support [baseline – 0; Target – 500] % of currently married women whose husbands make decisions about their health care for them % of women/ men aged 15-49 who agree that a husband is justified in hitting or beating his wife for at least one reason	Mid-line and end-line Mid-line and end-line ZDHS 2023/24 ZDHS 2023/24	Survey (Mid-term and end of programme) ZDHS Survey 2023/24	UNDP UNICEF UNFPA IOM ILO	Communities and their leaders challenge harmful norms and mores
Op 2.1 GBV survivors and those at-risk access economic empowerment services	# of GBV survivors and those at risk capacitated in business development # of GBV survivors and those at risk provided with enterprise start-up support "# of GBV survivors and those at risk engaged in saving and credit groups # of saving and credit groups (formal/informal) supported to start/improve"	Project records (activity report) Project records Project monitoring system	Annual reports (annually)	ILO UNDP	Survivors feel safe and empowered to access services in a timely manner.
Op 2.2 Community and traditional leadership structures have capacity to mobilise on GBV prevention	# of traditional, religious, and political leaders and spouses sensitized on GBV # of people participating in community structures trained on GBV prevention (disaggregated by type of structure, age, and sex)	project reports project reports	Annual reports (annually)	UNDP UNFPA	Community and traditional leaders embrace the challenge of championing GBV
Op 2.3. Improved multi-sectoral coordination and governance related to GBV prevention and response	# of district plans mainstreaming GBV # of policies/guidelines finalized # of service delivery points tracking GBV data on a MIS	District Development Plans Project monitoring system Project monitoring system	Annual reports (annually)	UNDP IOM	Government remains committed to leading national GBV prevention and response.

REPORTING

Each Participating UN Organization will prepare the following reports on its contribution in accordance with its financial rules and regulations:

- **Annual Narrative Reporting:** Annual narrative progress reports, to be provided no later than three months (31 March) after the end of the calendar year;
- **Financial Reporting:** Annual financial statements and reports as of 31 December with respect to the funds disbursed to it from the Joint Programme Account, to be provided no later than four months (30 April) after the end of the calendar year;
- **Final Reports:** Final narrative reports, after the completion of the activities in the Joint Programme Document and including the final year of the activities in the Joint Programme Document, to be provided no later than four months (30 April) of the year following the financial closing of the Joint Programme. The final report will give a summary of results and achievements compared to the goals and objectives of the Joint Programme;
- **Final Financial Reports:** Certified final financial statements and final financial reports after the completion of the activities in the Joint Programme Document and including the final year of the activities in the Joint Programme Document, to be provided no later than six months (30 June) of the year following the financial closing of the Joint Programme.

The Programme Coordinator will:

- Prepare the Consolidated Narrative Report based on the narrative progress reports received from the Participating UN organizations.

The Administrative Agent will:

- Prepare consolidated narrative and financial progress reports, based on the narrative consolidated report prepared by the Programme Coordinator and the financial statements/ reports submitted by each of the Participating UN Organizations;
- Provide those consolidated reports to each donor that has contributed to the Joint Programme Account, as well as the Steering Committee, in accordance with the timetable established in the Administrative Arrangement.
- Provide the donors, Steering Committee and Participating UN Organizations with:
 - Certified annual financial statement (“Source and Use of Funds” as defined by UNDG guidelines) to be provided no later than five months (31 May) after the end of the calendar year;
 - Certified final financial statement (“Source and Use of Funds”) to be provided no later than seven months (31 July) of the year following the financial closing of the Joint Programme.

Risk Management

Assumption	Risk / Type of Risk	Level / Impact	Mitigation Actions
GRZ is fully engaged and takes ownership of the programme from the outset	Limited resources for MoG to ensure the full coordination structure in GBV	Medium, High	Management and sustainability plan, engagement of GRZ from outset regarding HR requirements Continuous capacity development and technical support to MoG from the UN to coordinate the gender/GBV interventions
Project interventions remain viable post programme period	Limited state resources to sustain the interventions	Medium/ High	Engage non state actors in implementation
Programme implementation is completed within the proposed timeline.	Implementation delays may be experienced in the run up and post elections in 2021	Medium/ Medium	Plan to undertake activities that will not be disrupted during this time. Engage government counterparts on planning early to avoid election period disruptions
ZDHS will be conducted and will provide accurate data	ZDHS report will be finalized and circulated on time	Medium/Medium	UN's continued collaboration and technical support to Central Statistical Office
Methodology of mid-term and final evaluation does not vary significantly to demonstrate results	Measurement of indicators other than what is agreed upon which are mainly from previous ZDHS	Medium/Medium	UN's continued collaboration and technical support to Central Statistical Office
Survivors feel safe and empowered to access services in a timely manner. Communities providing conducive environment to accessing services, aware of where to access services and traditional beliefs do not hinder access	Limited understanding of survivor-centred service delivery and adherence to confidentiality protocols by community groups	Medium/High	Capacity development of service providers and community groups Confidentiality and survivor centred approach will be included in capacity development modules
Creation of demand for services beyond the capacity of service providers' ability to provide.	<ul style="list-style-type: none"> Survivors will lose confidence in the system 	Medium/High	Systematic capacity development with a cascade model including logistical support at district level and sustained community outreach programmes

Assumption	Risk / Type of Risk	Level / Impact	Mitigation Actions
			Continued strong messaging on provision of OSC
Provision of comprehensive services in one location supports all needs of survivors and those at risk	<ul style="list-style-type: none"> Fragmentation of services as referrals made to service providers individually 	Medium/High	Strengthen capacity building Make available GBV referral pathways and case management guidelines in all sites
Census of population and housing will not delay project implementation	<ul style="list-style-type: none"> National event that requires resources including staff 	High	High entail around census period and plan activities
Pre-during and after presidential elections will not delay project implementation	<ul style="list-style-type: none"> Political 	High	Reduce the number of activities around campaign and election time. High entail around the campaign and election time.

8. Legal Context or Basis of Relationship

The United Nations Sustainable Development Partnership Framework for the period 2016-2021, signed by the Government of the Republic of Zambia and the UN Country Team in Zambia, represents the basis for the activities of the agencies participating in this programme. This joint programme will contribute to the achievement of UNSDPF Pillar 3 **“Governance and Participation**. Results Area II- **“Human Rights and Justice”**

Specific UN agencies including UNDP participating in this programme will also implement activities using the parallel funding modality for activities funded by core resources and resources raised through Agency specific resource mobilization activities. For these activities, the legal basis will be the Standard Basic Assistance Agreement for UNDP, and cooperation and/or assistance agreements with the Government of the Republic of Zambia for other UN Agencies. The respective applicable basic and other agreements of each participating UN agency are as summarized in the table below.

Participating UN Agency	Agreement
UNDP	This Joint Programme Document shall be the instrument referred to as the Project Document in Article I of the Standard Basic Assistance Agreement between the Government of Zambia and the United Nations Development Programme, signed by the parties
UNICEF	The Basic Cooperation Agreement (BCA) between the Government of the Republic of Zambia (GRZ) and UNICEF establishes the relationship between GRZ and UNICEF. This Country Programme for the period 1 January 2016 to 31 December 2021 will be implemented in conformity with the BCA. The programmes and projects described in this document have been agreed jointly by GRZ and UNICEF.
ILO	Through the Decent Work Country Programme (DWCP), the ILO working with the tripartite and other partners to deliver the Decent Work Agenda in Zambia. The programme provides an avenue for the ILO to align technical support and resources around achievable set of priority outcomes by ILO in the country.
UNFPA	UNFPA Assistance to Zambia is subject to the provision of Standard Basic Assistance Agreement and the Exchange of letters signed between the United Nations and the Government of the Republic of Zambia in September 1996 and ratified by the Government of Zambia in May 2002. The UN SBAA and the above Letters constitute the legal basis for the relationship between the Government of Zambia and UNFPA.
IOM	IOM assistance to Zambia is subject to a cooperation agreement signed between the Government of the Republic of Zambia and the IOM in September 2010 on advancing migration governance within the country and constitute the legal basis for the relationship between the Government of Zambia and IOM.

As a standard required, The Implementing Partners/Executing Agency²¹ agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any

²¹Executing Agency in case of UNDP in countries with no signed Country Programme Action Plans

amounts provided by Participating UN organizations do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this programme document.

9. Work plans and budgets

The work plans will detail the activities to be carried out within the joint programme and the responsible implementing partners, timeframes and planned inputs from the participating UN organizations. The basis for all resource transfers to an implementing partner should be detailed in the work plans, agreed between the implementing partners and participating UN organizations. According to the Harmonized Approach to Cash Transfers (HACT), the work plan should be signed by the implementing partners receiving cash (except NGOs and CSOs). In case the implementation authority is delegated to a national/sub-national institution, the respective institution should be specified in the AWP. When partnering with NGOs CSOs, the participating UN organizations sign legal instruments in accordance with their procedures. Any additional management arrangements that may be set up by participating UN organizations to achieve results under their respective responsibility may be detailed in annexes as needed.

A revised work plan and budget will be produced subsequent to the decisions of the annual/regular reviews. The new work plan is approved in writing by the joint programme Steering Committee. The joint programme document need not be signed after each periodic review as long as there is written approval of it by all partners at or following the annual/regular review. However, any substantive change in the joint programme scope or change in financial allocations will require revision of the joint programme document and signature of all parties involved.

UN Joint Programme on GBV Annual workplan November 2019 – October 2020

Outcome										
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
										Year 1
JP Output 1: <i>Target districts have increased capacity to deliver coordinated GBV services (OSC)</i>										385,000.00
Output 1.1 Target districts have increased capacity to deliver coordinated GBV services.	UNFPA	A.1.1.1 Identify, assess, refurbish and equip 4 One Stop Centres (OSCs) - (UNFPA/ UNDP)	x	x	x	x	Ministry of Health	UNJP on GBV	Meeting costs for identification. Procurement	100,000.00
	UNFPA	A1.1.2 Conduct mobile outreach to communities in order to raise awareness of existence of OSCs and post-GBV services (UNFPA)		x	x	x	MoG, MoCTA	UNJP on GBV	Conferencing, transport, training materials	40,000.00
	UNFPA	A1.1.3 Capacity strengthening of OSC staff, satellite health clinic workers, MFTs, SMAGs, CDAs and CWACs using		x	x	x	MoH	UNJP on GBV	Conferencing, transport, training materials	10,000.00

	IOM	SGBV guidelines and tools to ensure quality GBV service delivery, referrals and follow up and referral to social safety nets - UNFPA/IOM			x	x	MCDSS, Department of Resettlement	UNJP on GBV	Conferencing, transport, training materials	30,000.00
	UNICEF	A 1.1.4 National guidelines for protection of child victims and witnesses in criminal justice proceedings for police officers and social workers developed and included in GBV minimum standards trainings (at least 20 police and 20 DSOWs/As trained) (UNICEF)	x	x	x	x	MOHA, MCDSS, Judiciary		Consultant, consultations, conferencing - validation; TOT	100,000.00
	UNDP	A.1.1.5 Finalisation of minimum standards for operationalisation of Village led one stop centers (Community Response Mechanism) - UNDP	X	x	x	x	MoCTA, NLACW, MoG, YHHS	UNJP on GBV	Consultant, Travel, Fuel, Validation, Printing	25,000.00
	UNDP	A.1.1.6 Establish community response mechanisms (village led one stop centres) leveraging informal support structures operating at community level to provide GBV information, referrals, data, follow up and strengthen access to medical, PSS, social work and single windows and paralegal services - UNDP/IOM	x	x	x	x	MoCTA, YHHS, NLACW, WfC, Plan Intl	UNJP on GBV	construction, furniture, computers, printers, solar system, stationary, communication tools, training material	50,000.00
	IOM			x	x	x	MCDSS, Department of Resettlement	UNJP on GBV	Conferencing, transport, training materials, equipment, stationary	30,000.00
JP Output 1.2: GBV survivors have increased access to safe shelters and child victims of violence have care plans in place and access to family based appropriate alternative care settings.										190,000.00

JP Output 1.2: <i>GBV survivors have increased access to safe shelters and child victims of violence have care plans in place and access to family based appropriate alternative care settings.</i>	UNDP	A 1.2.1 Establish improved shelter facilities for temporary housing for GBV survivors in 4 sites (MoG/IOM/UNDP/YWCA)	x	x	x	x	MoG, IOM, YWCA	UNJP on GBV	construction, furniture, equipment, supplies, solar system	5,000.00
	IOM			x	x	x		UNJP on GBV		100,000.00
	IOM	A.1.2.2 Training of 66 BID panellists and roll out of BID guidelines for children on the move with SGBV and other protection needs (IOM)			x	x	MCDSS	UNJP on GBV	Conferencing, transport, training materials	15,000.00
	UNDP	A.1.2.3 Training of 100 shelter service providers on Minimum Standards of Shelter Management and Gender budgeting, advocacy, lobbying, protection and reporting (IOM/UNDP)		x	x	x	MCDSS, YWCA, NLACW,	UNJP on GBV	Conference, DSA, Facilitation, Transport,	5,000.00
	IOM									-
	UNICEF	A 1.2.4 Support introduction of case management for child survivors of GBV (including risk assessment, care plans and access to alternative family-based care for at least 50 child survivors) (UNICEF)		x	x	x	MCDSS	UNJP on GBV	Consultant, consultations	65,000.00
<i>Output 1.3 Target districts have increased capacity to deliver quality legal services</i>										<i>630,000.</i>

<i>Output 1.3 Target districts have increased capacity to deliver quality legal services.</i>	UNDP	A 1.3.1 Establish and equip 4 GBV Fast Track courts (UNDP)	x	x	x	x	Judiciary, MOG	UNJP on GBV	Site analysis, court equipment, training, refurbishment/ construction	410,000
	UNDP	A 1.3.2 Improve adjudication of civil SGBV cases in traditional courts through capacity development in gender, human rights and statutory law (UNDP)	x	x	x	x	Judiciary, MOG, NLACW	UNJP on GBV	Conferencing, training cost, consultancy fees	20,000.00
	UNDP	A 1.3.3 Improve adjudication of civil SGBV cases in local and statutory courts through capacity development in gender, human rights and statutory law	x	x	x	x	Judiciary, MOG, NLACW	UNJP on GBV	Conferencing, training cost, consultancy fees, IEC, printing	30,000.00
	UNDP	A 1.3.4 Capacity strengthening of investigative and prosecutorial services (UNDP)		x	x	x	Judiciary, MOG, NPA, ZLDC	UNJP on GBV	Conferencing, training fees, transport, printing, validation	20,000.00
	UNDP	A 1.3.5 Review and alignment of laws and curriculum to human rights standards and statutory law (UNDP)		x	x	x	Judiciary, MoG, NPA, ZLDC	UNJP on GBV	Consultancy fees; legal drafter fees for Anti GBV Act, Penal Code, CPD, Review of Police curriculum, conferencing, transport, DSA	30,000.00
	UNDP	A 1.3.6 Joint Mentorship Programme for justice service providers (UNDP)		x	x	x	Judiciary	UNJP on GBV	Training, conferencing, facilitation fees, devp of Gender Bench Book, transport, printing	-

	UNDP	A 1.3.7 Capacity Development Workshops for Service Providers (local and subordinate court users) / capacity development for staff and IPs in gender, gender budgeting, protection, GBV, PSEA, human rights (UNDP)	x	x	x	x	Judiciary, NLACW, MoG, Irish Aid, YHHS	UNJP on GBV	Conferencing, DSA, Consultancy, Printing, Supplies, Devpt of Guidelines	25,000.00
	UNICEF	A 1.3.8 Support application of child-friendly procedures and provide child friendly interviewing supplies and equipment in 10 FTCs including Kabwe, Mongu, Choma (UNICEF)		x	x	x	MCDSS, judiciary	UNJP on GBV	consultancy fees, conferencing, transport	95,000.00
Oc 2. GBV survivors, those at risk and communities are empowered to break the cycle of abuse										147,500.00
<i>Op 2.1 GBV survivors and those at-risk access economic empowerment services.</i>	ILO	A 2.1.1 Conduct training and other capacity development support activities to target groups on the enterprise skills (ILO)	x	x	x	x	MCDSS	UNJP on GBV	Trainings and trainer fees, radio, and other visibility materials, exhibitions	27,500.00
	ILO	A 2.1.2 Support the trained individuals with the enterprise start up kits (financial/material) (ILO)	x	x	x	x	MCDSS, MoC	UNJP on GBV	Consultancy fee to review database, updating database/monitoring tools.	20,000.00
	UNDP	A.2.1.3. Review and Strengthen the tracking mechanism for income generating interventions	x	x	x	x	MCDSS, MoG,	UNJP on GBV	Consultancy, Conference, printing, DSA, fuel	-
	ILO						MCDSS, MoG,			
	ILO	A 2.1.4 Support formation and strengthen of savings	x	x	x	x	MCDSS, MoG,	UNJP on GBV	Training and mentoring	5,000.00

	UNDP	and credit groups									25,000.00
	UNDP	A 2.1.5 Establish and strengthen Empowerment and ICT Hubs for women and girls and link with VLOSCs and other GBV services	x	x	x	x	ZICTA, MoG, MoCTA	UNJP on GBV	Refurbishment / rehabilitation, development of training material, ICT equipment, furniture, equipment installation, training for hub managers and other users	50,000.00	
	UNDP	A.2.1.6 Develop a mechanism for identification of vulnerable survivors for support for economic empowerment (ILO/UNDP)	x	x	x	x	MCDSS, oG	UNJP on GBV	Consultant, conference, validation, testing, equipment, printing	-	
	ILO									20,000.00	
<i>Op 2.2 Community and traditional leadership structures have capacity to mobilise on GBV prevention</i>										107,000	
<i>Op 2.2 Community and traditional leadership structures have capacity to mobilise on GBV prevention.</i>	UNFPA	A 2.2.1 Mobilize traditional, religious, and political leaders, men, and teachers as Champions to challenge norms and cultural practices that sanction and perpetuate GBV and the low status of women (UNFPA/IOM))	x	x	x	x	MoH, MOCTA	UNJP on GBV	Community dialogue, IEC materials, transport, workshop	50,000.00	
	UNFPA	A 2.2.2 Engage spouses of traditional leaders to publicly oppose GBV and child marriage (UNFPA)	x	x	x	x	MoH, MOCTA	UNJP on GBV	Community dialogue, IEC materials, transport, workshop	30,000.00	
	UNFPA	A 2.2.3 Mobilize community structures to challenge norms and cultural practices that sanction and perpetuate						UNJP on GBV	conference, DSA, Facilitation, Transport, community dialogues	10,000.00	
	UNDP		x	x	x	x	MOCTA, YHHS, MoG, NLACW	UNJP on GBV	10,000.00		

	IOM	GBV and the low status of women and persons with disability		x	x	x	MCDSS	UNJP on GBV	Transport, IEC materials,	7,000.00
<i>Op 2.3. Improved multi-sectoral coordination and governance related to GBV prevention and response</i>										265,000.00
<i>Op 2.3. Improved multi-sectoral coordination and governance related to GBV prevention and response.</i>	UNDP	A 2.3.1 Participate in coordination meetings at provincial and national levels (implementation level) (ALL)	x	x	x	x	MoG	UNJP on GBV	Conference, refreshments, transport, fuel, stationary, printing	13,000.00
	UNICEF		x	x	x	x	MCDSS	UNJP on GBV	Transport, allowances	1,000.00
	UNFPA		x	x	x	x	MoH, MCDSS	UNJP on GBV	Transport, refreshments,	1,000.00
	IOM		x	x	x	x	MCDSS	UNJP on GBV	Transport, allowances	1,000.00
	ILO		x	x	x	x	MoG	UNJP on GBV	Transport, DSA, conference	3,000.00
	UNDP	A 2.3.2 Hold half yearly review meetings with partners at provincial and national levels (ALL at implementation level)	x	x	x	x	MoG	UNJP on GBV	Transport, DSA,	27,000.00
	UNICEF		x	x	x	x	MCDSS	UNJP on GBV	Transport	4,000.00
	UNFPA		x	x	x	x	MoG	UNJP on GBV	Transport, DSA, Conference	2,000.00
	IOM			x		x	MCDSS	UNJP on GBV	Transport, allowances	4,000.00
	ILO		x	x	x	x	MoG	UNJP on GBV		6,000.00
	UNDP	A.2.3.3 Support service delivery points to track GBV indicators (ZP - EoB, MOH, Justice, MCDSS) (ALL)	x	x	x	x	MoG	UNJP on GBV	conference, ICT equipment, installation,	10,000.00
	IOM		x	x	x	x	ZP - VSU	UNJP on GBV	Networking, training of users, DSA, transport, facilitator, consultative meetings,	40,000.00

	UNDP	A 2.3.4 Support finalization and implementation of policies and guidelines / GBV prevalence survey/action plan related to GBV	x	x	x	x	MOG, YHHS, ZLDC, MoG	UNJP on GBV	Consultants, Transport, Conference, DSA, validation, Printing, documentation	20,000.00
	UNDP	A 2.3.5 GRZ, UNJP Project technical implementation and Steering Committees hold mid-year reviews and annual planning exercises, project monitoring (UNDP)	x	x	x	x	MoG, Judiciary	UNJP on GBV	Transport, DSA, Printing,	20,000.00
	UNDP	A 2.3.6 Project Vehicles/Visibility actions including project launches (UNDP to lead)	x	x	x	x	MoG, Judiciary	UNJP on GBV	Vehicle, branding, IEC, validation, TV/Radio talk shows	60,000.00
	UNDP	A. 2.3.7 M&E (baseline, mid and end term evaluations) and documentation & learning (ALL)	x	x	x	x	MoG	UNJP on GBV	Consultants, Transport, Conference, DSA, validation, learning & documentation	28,000.00
	UNICEF		x	x	x	x		UNJP on GBV	2xhalf yearly review meetings (UNICEF participation) at sub-national level and coordination at provincial and national meetings	6,000.00
	UNFPA			X			MoH	UNJP on GBV	Transport, logistics, conference	5,000.00
	IOM			X	x	x	MCDSS, Department of Resettlement	UNJP on GBV	Transport, allowances, stationary,	8,000.00
	ILO			X			MCDSS	UNJP on GBV	Transport, Documentation	6,000.00

Total Planned Budget Activities	\$	1,724,500.00
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Summary of Year 1 funds requirements by agency

	Programmable Costs	Staff Costs	Indirect costs	Grand Total Year 1
Total UNFPA	248,000.00	59,803.20	21,546.22	329,349.42
Total IOM	235,000.00	50,000	19,950.00	298,959 .00
Total UNDP	883,000.00	228,768	77,823.77	1,189,591.77
Total ILO	87,500.00	32,400	8,393.00	128,293.00
Total UNICEF	271,000.00	61,164	23,251.48	355,415.48
	1,724,500.00	Grand Total		2,321,888

Signatures²²:

UN organization(s)	Implementing Partner(s)
<i>Name of Representative</i>	<i>Name of Head of Partner</i>
<i>Signature</i>	<i>Signature</i>
<i>Name of Organization</i>	<i>Name of Institution</i>
<i>Date</i>	<i>Date</i>

²² When CSOs/NGOs are designated Implementing Partners, they do not sign this Work Plan. Each participating UN Organization will follow its own procedures in signing Work Plans with CSOs/NGOs.