



## GRZ-UN Joint Programme on GBV Phase II

### MPTF 2022 Cumulative Annual Programme<sup>1</sup> Narrative Progress report

**Reporting Period: 1 January 2022– 31<sup>st</sup> December 2022**

<p><b>Programme Title and Project Number</b></p> <ul style="list-style-type: none"> <li>● <b>Programme Title:</b> GRZ-UN Joint Programme on Gender Based Violence in Zambia Phase II</li> <li>● Programme Number: 001124484/Output 0119404</li> <li>● MPTF Office Project Reference Number: 00119404</li> </ul>	<p><b>Country, Locality(s), Priority Area(s) / Strategic Results</b></p> <p><i>Country: Zambia</i></p> <p><i>Priority area/ strategic results – GBV Prevention and Response</i></p>
<p><b>Participating Organisation(s)</b></p> <ul style="list-style-type: none"> <li>● Organisations that have received direct funding from the MPTF Office under this programme</li> </ul> <p>International Labour Organization (ILO)            International Organization for Migration (IOM)            United Nations Development Programme (UNDP)            United Nations Population Fund (UNFPA)            United Nations Children’s Fund (UNICEF)</p>	<p><b>Implementing Partners</b></p> <p><i>Government/CSOs/NGOs</i>            Gender Division, Judiciary Department, National Prosecution Authority (NPA), Ministry of Health (MoH), Ministry of Community Development and Social Services (MCDSS), Ministry of Home Affairs and Internal Security (MoHAIS) Zambia Statistical Agency,            Women for Change, Chisomo Community Programme, National Legal Aid Clinic for Women (NLACW), Young Happy Healthy and Safe (YHHS), Young Women Christian Association (YWCA), Zambia Information Communications and Telecommunications Authority (ZICTA), Zambia Centre for Communication Programmes (ZCCP), Zambia Disability HIV/AIDS Human Rights Programme (ZAMDHARP), Zambia National Men’s Network for Gender and Development (ZNMNGD)</p>
<p><b>Programme/Project Cost (US\$)</b></p>	<p><b>Programme Duration</b></p>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

Total approved budget as per project document: US\$, 7,201,726

MPTF /JP Contribution<sup>2</sup>:

- *by Agency: Not applicable*

Agency Contribution

- *by Agency:*

Government Contribution

*In Kind Gender to quantify in-kind contribution.*

Space by Judiciary, technical support on design of the infrastructures for the FTCs.

Other Contributions (donors)

*Not applicable*

Overall Duration<sup>3</sup> (45 months)

Start Date 04.12.2019

Original End Date 31.12.2022

Current End date 30.09.2023

**Programme Assessment/Review/Mid-Term Eval.**

Assessment/Review – No

Mid-Term Evaluation Report - No

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<sup>2</sup>

<sup>3</sup> The duration of the Programme has been extended to 45 months from 36 months due to the No-Cost Extension

### List of Acronyms

BCC	: Behavioural Change and Communication
CBO	: Community Based Organisation
CEDAW	: Convention on the Elimination of All Forms of Discrimination Against Women
CPU	: Child Protection Unit
CSO	: Civil Society Organisation
CWACs	: Community Welfare Assistance Committees
EC	: Emergency Contraception
FTC	: Fast Track Court
GD	: Gender Division
GBV	: Gender Based Violence
GRZ	: Government of the Republic of Zambia
HMIS	: Health management Information System
HRC	: Human Rights Commission
ICB	: International Competitive Bidding
IEC	: Information, Education and Communication
IOM	: International Organization for Migration
ILO	: International Labour Organization
JP	: Joint Programme
LAZ	: Law Association of Zambia
MoCTA :	: Ministry of Chiefs and Traditional Affairs
MOH	: Ministry of Health (MoH)
MCDSS	: Ministry of Community Development and Social Services
MOHA	: Ministry of Home Affairs
MoJ	: Ministry of Justice
NHC	: Neighbourhood Health Committee (NHC)
NLACW	: National Legal Aid Clinic for Women
OSC	: One Stop Centres
PEP	: Post – Exposure Prophylaxis
PPE	: Personal Protective Equipment
PWD	: People with Disabilities
PQA	: Project Quality Assurance
SGBV	: Sexual Gender Based Violence
SRHR	: Sexual Reproductive Health and Rights
SBCC	: Social Behaviour Communication Change
STEM	: Science, Technology, Engineering and Mathematics
SASA	: Start, Awareness, Support and Action
TEVETA:	: Technical Educational Vocational and Entrepreneurship Authority
TWG	: Technical Working Group
UN	: United Nations
UNDP	: United Nations Development Programme
UNFPA :	: United Nations Population Fund
UNICEF	: United Nations Children’s Fund
VLOSC:	: Village Led One Stop Centre
VSU	: Victim Support Unit
WfC	: Women for Change
WHO	: World Health Organization
ZCCP	: Zambia Centre for Communications Programme
ZPS	: Zambia Police Service

## EXECUTIVE SUMMARY

The Phase II GRZ-UNJP-GBV focuses on *prevention and response of GBV cases* at national and sub-national levels. The response component includes four key elements, namely: Fast Track Courts (FTCs), One Stop Centres (OSCs), Shelters, and Village Led One Stop Centres (VLOSCs). These are 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, efficiently, and provide comprehensive services to GBV survivors.

There has been an increase in the number of GBV cases reported to the Zambia Police from 2012 to 2020. However, there was a slight decrease of cases reported from 26,370 in 2020 to 20,540 in 2021 due to COVID-19 restrictions that were an inhibitor to access to services.

An increase to 24,290<sup>4</sup> from 20,540 GBV cases in access to services was noted in 2022 due to the reduction in the number of COVID-19 cases and the relaxation of restrictions in service delivery chain.

The Project is on track in relation to achieving the targets for output indicators<sup>5</sup> on all the outcomes. Thirty-one (31) of the Thirty-four (34) indicators (91%) of the Project output indicators have either been met or exceeded.

The report highlights progress made towards achieving programme outputs and outcomes with cumulative results for the period January 2022 to 31 December 2022 against planned targets, lessons learned, challenges, mitigation measures, and risks. In the reporting period the programme developed minimum standards for VLOSC and supported the Government to finalise the Guidelines on Minimum Standards for Child Victims and Witnesses in the Justice Process, launched in June of 2022. As a result of the completion of seven (7) VLSCOs (Misolo, Chanje, Chamuka, Mukonchi, Maguya, Mumena, Mwase), as of December 31, 2022 a total of 925 individuals (655 female, 270 males)<sup>6</sup> accessed services related to psycho-social counselling, referrals and legal information from the Community Response Mechanisms.

During the reporting period, 461 female GBV survivors accessed specialised services from the Anti-GBV temporary shelters, supported by the project during the period under review. Support was also provided to the Ministry of Home Affairs and Internal Security to establish a Forensic DNA Laboratory at Levy Mwanawasa University Hospital in collaboration with the USA Government for the protection of rights and freedoms of victims of GBV. At the time of this report over 30 DNA forensic GBV related cases involving incest, rape, murder and child-swapping were processed. For example, there was a case of baby swap at Ndola Teaching Hospital, which was solved through a DNA test result that enabled the authorities to identify and reunite the baby with the biological mother.

The Programme finalised refurbishment of the three (3) Information Communication and Technology (ICT) hubs in Itezhi-tezhi, Chisamba and Chongwe and all of them are awaiting to be launched during 2023. In relation to child-friendly corner environments, all the 6 established FTCs were equipped with child-friendly supplies. Five OSCs were equipped with child-friendly supplies and child-friendly Information, Education and Communication (IEC) materials that were used to create child friendly corners. To support the practical use of these materials, a total of 411 practitioners from 15 districts were trained on child friendly procedures and the use of the supplied materials to interview children. The trained practitioners subsequently successfully supported 634 child victims of GBV to access treatment, counselling, and other social services. The materials are a vital resource for the practitioners

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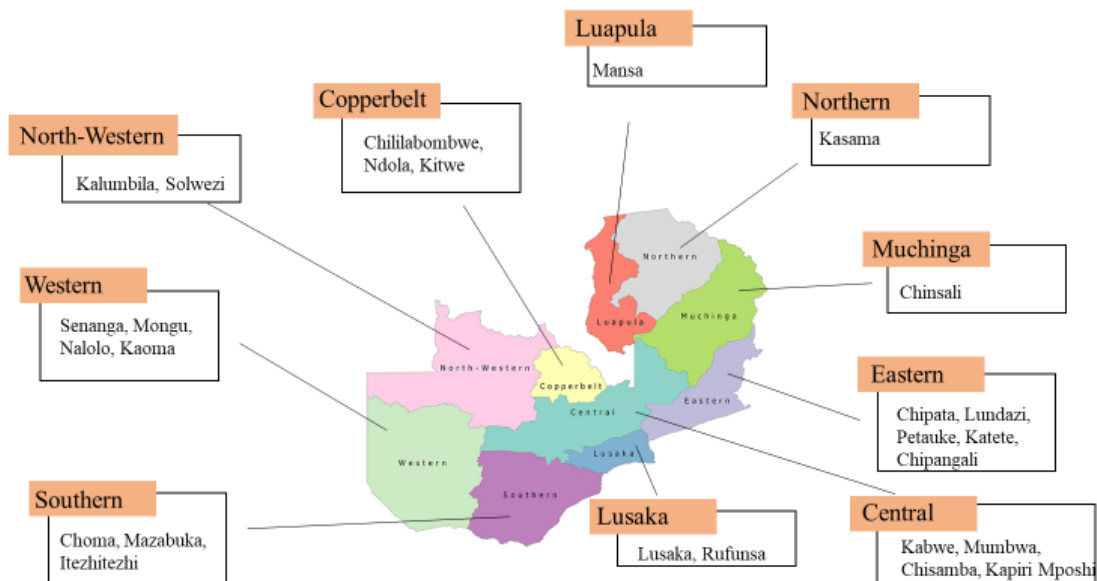
<sup>4</sup> Zambia Police Service Report (2022)

<sup>5</sup> Refer to the 2020-2022 Results Matrix Page 22

<sup>6</sup> Refer to the 2020-2022 Results Matrix Page 26 Output Indicator 1.1.8 Column IX

because they contain illustrations and messages unpacking the Guidelines on Minimum Standards for Child Victims and Witnesses in the Justice Process. Importantly, the guidelines informed the legislation, and the Children’s Code Act, of procedures to protect child victims/witnesses from secondary victimisation and guidance on statements from children used in judicial proceedings at the high level. This was achieved through high level lobbying and engagement with the Gender Division. The Programme was granted a No-Cost Extension for the period up to 30 September 2023 at the 5<sup>th</sup> Project Steering Committee meeting held on 14 December 2022 to facilitate completion of remaining activities, including construction of the Fast Track Courts and launches of various facilities. The total disbursement from donors to date is USD 6,716,385.00 while the cumulative Programme expenditure is USD 5,002,543.00.

### GRZ-UN JP on GBV Phase II - Geographical Coverage



### Coverage sites and Services Provided

Province	Districts	Services					
		FTC	SAFE SPACE	OSC	VLOSC	EE	Temporary GBV Shelter
Central	Chisamba						
	Kabwe						
	Kapiri Mposhi						

	Mumbwa						
Copperbelt	Chililabombwe						
	Kitwe						
	Ndola						
Eastern	Chipangali						
	Chipata						
	Katete						
	Lundazi						
	Petauke						
Luapula	Mansa						
Lusaka	Lusaka						
	Rufunsa						
Muchinga	Chinsali						
Northern	Kasama						
North Western	Kalumbila						
	Solwezi						
Southern	Choma						
	Mazabuka						
Western	Kaoma						

	Mongu						
	Nalolo						
	Senanga						

## I. Purpose

The GRZ-UN Joint Programme on GBV Phase II was developed to provide a coordinated, consolidated, linked, sustainable and, strengthened package of response services and prevention mechanisms at, national, sub-national and community level that addresses Gender Based Violence (GBV). In addition, the programme is aimed to support institutional transformation to facilitate the implementation of Zambia Anti GBV Act No. 1 of 2011 through the establishment of an integrated and multi-sectoral mechanism for its implementation. The annual narrative progress report provides a summary of information, data and indicative financial reports by the Programme.

The programme envisages a strengthened GBV prevention and response system linking community Village Led One Stop Centres (VLOSCs), economic and social empowerment initiatives and sub-national (health facility-based One Stop Centres (OSCs), Anti-GBV temporary shelters, GBV specialised courts - Fast Track Courts (FTCs’) services. OSCs and community response mechanisms are aimed at conducting outreach activities to promote the services and support prevention efforts. At the end of the programme, community and traditional leadership structures will be empowered to speak out against GBV and promote a culture of zero tolerance towards GBV.

The programme is implemented by various State and Non-State Actors and coordinated by the Gender Division (Former Ministry of Gender) in the Office of the President, with technical and financial support from five UN Agencies (ILO, IOM, UNDP, UNFPA, UNICEF) and Bilateral Cooperating Partners (Sweden and Ireland).

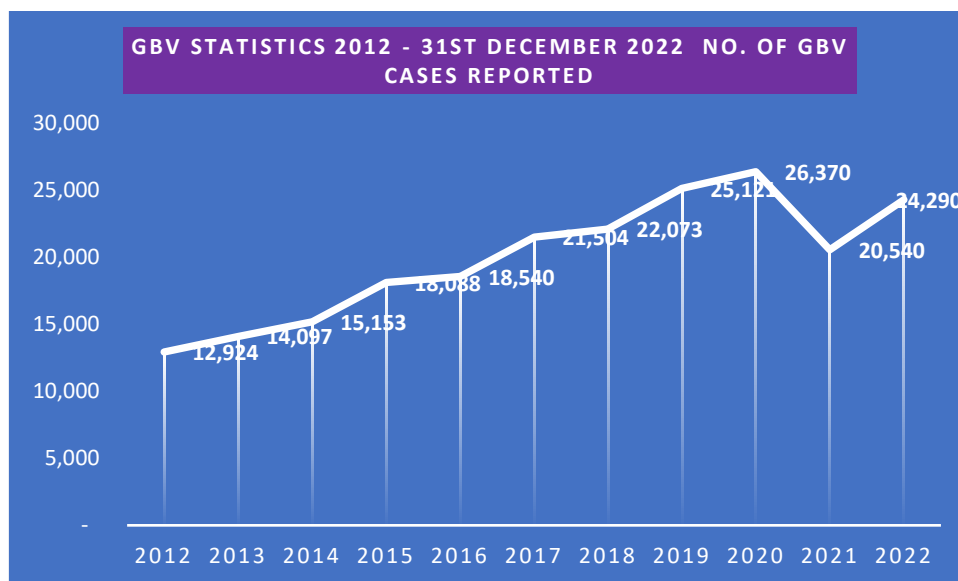
The programme contributes to two overall outcomes:

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

## II. RESULTS

Since December 2019, the GRZ-UN JP GBV II has implemented GBV related prevention and response interventions in line with the provisions of the Anti-GBV Act No. 1 of 2011 in a co-ordinated and multi-sectoral manner. Increased awareness on GBV, laws in place and support services for GBV survivors and their families have led to a continued increase in the number of cases reported to the police.

The graph below shows the changes in the incidences of GBV cases recorded across the country since 2012. The increase in incidences of GBV between 2012 to 2020 can be attributed to increased awareness, advocacy and confidence in service providers. The decline in reporting on GBV cases during 2021 may be attributed to COVID-19 restrictions which negatively affected access to services.



**Source:** Zambia Police Victim Support Unit (ZP-VSU) Statistics 2012- Dec 2022

### **Overview of the Programme Output Results under Outcomes 1 and 2**

The Programme has achieved 31 output indicator targets out of 34 representing 91% achievement. The remaining 3 output indicators are in progress and mainly relate to construction interventions.

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

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

A total of 246,048 (145,194 females and 100,854 males) direct beneficiaries were reached with various services including: GBV/COVID-19 information, health, psychosocial counselling, policing and legal services. The initial target was 10,000, but, the increase is attributed to the mass sensitizations. Out of the number stated earlier in terms of the breakdown, 11,493 (9511F and 1982M) were reached directly through health facilities, while 70,240 were reached by Zambia Police Service, and 3,174 (1,686 F, 1,484 M) were reached in Meheba and Mayukwayukwa refugee camps with psychosocial counselling services. The rest of the beneficiaries were reached through radio and other Social Behaviour Change Communication (SBCC) interventions. Post activity evaluations indicated that over 85% increase in knowledge about GBV and COVID-19. The increase in knowledge most likely contributed to increased reporting of cases.





*Figure 1 GBV survivor accessing services at a health clinic.*



*Figure 2. Psychosocial Counselor Mukubesa counselling a GBV child survivor at St Francis Hospital in Katete District UN/Zambia/2022*

In 2022, the programme, through the Ministry of Health improved five OSCs in Senanga, Solwezi, Chinsali, Lundazi and Katete districts into child friendly spaces. The spaces were equipped with child friendly materials. A total of 411 (M:160; F:251) frontline service providers were also trained on child sensitive, age-appropriate support. The trained service providers were drawn from the *Judiciary (Child Justice Forum), National Prosecution Authority, Ministry of Community Development and Social Welfare, Ministry of Health, Gender Division, Ministry of Education, the Ministry of Home Affairs*. The participants were also trained as Trainers of Trainees (ToT) on the minimum standards for child victims and witnesses and thereafter trained their counterparts at the district level. The materials, comprising of toys, storybooks, drawing kits, puzzles, stuffed animals, and child appropriate furniture are currently in use by children of different ages in the OSCs mentioned above. Animated Information, IEC posters and flipbooks (*that provide frontline workers at the OSC with vital tips on how to interview children that are victims and witnesses of GBV as well as guidance to the children on the information they share with the frontline officials on what they have experienced or witnessed*) have also contributed positively towards the creation of child friendly environment within the OSCs. The posters and the flipbooks also illustrate the various steps that the child may go through in the judicial process and who they would be talking to in each stage of the process in a child-friendly layout. The materials designed ensure protection and safety of the children receiving services at the OSC, while being attended to by a police

officer, health officer, a counsellor, medical personnel, and social workers who form the team of frontline service providers at the OSCs.

Additionally, the Ministry of Health held orientations for 10 (5F:5M) health workers at the OSCs on the use of the materials during their interaction with the children. Going forward, child friendly OSCs will in the long-term, help children to feel ready to express their feelings, share information that will be used to assist them and, for GBV cases that end up in court -prepare children to feel comfortable to share information without the fear of intimidation. By the end of 2022, a total of 634 GBV cases involving child victims and witnesses were handled by trained frontline officers from key institutions that interact with children. Some of the children that were interviewed during programme monitoring visits observed that they felt well treated, with the officials taking time to explain to them the processes they would be taken through and the expected outcome.



Figure 3 Child friendly Corner at OSC St. Francis Hospital in Katete District Zambia

In order to ensure standardized provision of comprehensive post-GBV care and services, the Programme in collaboration with the implementing partners including Government, civil society organisations, and communities supported the development of eight (8) sets of Guidelines against a target of one, which included the following:

1. Minimum Standards Guidelines for operationalizing the VLOSC.
2. Minimum Standards Guidelines for Anti-GBV Safe Shelters.
3. The Guidelines on Minimum Standards for Child Victims and Witnesses in the Judicial Justice Process .
4. The Guidance Note on case management for violence against children and GBV.
5. Minimum Standards on the use of the GBV Funds.
6. The Minimum Standards for One Stop Centers.

7. Gender Based Violence Training Manual for Local Court and Traditional Court Adjudicators
8. GBV modules for Zambia Police Service training curriculum

The above guidelines have provided standardization of service provision across facilities and services. There were more guidelines completed as others were already in the pipeline of which Government needed minimal support for finalization hence the over achievement.

In strengthening community response mechanisms, four (4) VLOSC were completed in 2022 (Chief Chamuka, Chief Mumena, Chief Mwase and Chief Chanje), bringing to a cumulative total of 7 VLOSCs (Chief Misolo, Chief Chanje, Chief Chamuka, Chief Mukonchi, Chief Maguya, Chief Mumena, Chief Mwase) out of the targeted nine (9) VLOSC. The Project is on course to complete VLOSCs in Chief Shakumbila (Mumbwa), Chief Nkula and Chief Bunda Bunda in 2023. The Programme partnered with Misolo community members to construct their own VLOSC structure with locally mobilised resources.

Following the establishment of the VLOSCs in 2020, a cumulative number of 925 (655 female and 270 male) GBV survivors have accessed services from the seven (7) centres. The services provided at the VLOSCs include legal information, psycho-social counselling, basic health services and referrals to ZP-VSU, health facilities and courts. During 2022, 614 (464 female, 150 male) GBV survivors and other risk groups received services from the centres. Some of the cases received at the VLOSCs included child marriage, physical violence (assault), economic violence, emotional/psychologic violence and teenage pregnancies.

### **Output 1.2 GBV survivors have increased access to safe shelter.**

During the reporting period, the programme continued working with local implementing partners and stakeholders to ensure availability of temporary shelter for GBV survivors in Chipata, Chongwe, Lusaka, Kabwe, Kaoma, Mongu, Lundazi and Solwezi districts.

In addition, the rehabilitation of the Kitwe temporary shelter for GBV survivors was completed, bringing the total number of shelters to 3 established of the planned target of 4. The number of shelters strengthened<sup>7</sup> (21) during the period 2020 to December 2022 was much higher than the planned target of 9 for up to the end of the Project. The increased number of temporary shelters for GBV survivors supported was due to increased demand for services during the COVID-19 pandemic.

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<sup>7</sup> Strengthening of the Anti-GBV temporary shelters includes two or more of the following services or interventions: construction/refurbishment of the physical infrastructure, provision of office accessories, provision of shelter supplies, capacity development, including providing training in business skills

During the period, the Programme provided supplies<sup>8</sup> to 21 shelters in order to ensure that the clients were given humane conditions during their stay in the shelters. Services provided in the safe shelters included medical aid, COVID testing, referrals, social services, psychosocial counselling, education support, legal advice, start-up capital and information as well as escort to courts and reintegration back into families when it was ascertained that the environment was safe.

A total number of 246 GBV survivors benefited from specialised services at the temporary shelters for GBV survivors in 2022, bringing the cumulative total from inception to 461. These included children that were defiled, trafficked, physically abused, raped as well as incest cases. Sexual abuse continued to be a huge problem among children. The provision of child friendly services for children affected by GBV was further strengthened through the finalisation of the statutory case management handbook and the thematic guidance note on prevention and response to GBV. A total of 20 social welfare offices were trained on the statutory case management procedures. The strengthened capacity on statutory case management contributed to successful support to a total of 102 (80 girls, 22 boys) children GBV survivors who were placed in alternative family care to prevent further harm and support their healing in a more caring and nurturing environment. The children were identified by the trained social welfare officers during their regular case management services in their respective districts. The social welfare officers carried out individual child needs assessment and subsequently came up with case management care plan that included the placement of these children in alternative family care arrangement. This goes to demonstrate the impact of the capacity building and the post training supportive supervision interventions that the UNJPGV has contributed to. These initiatives will be sustained beyond the UNJPGV programme because they are embedded in government systems and implemented by public service officers, thereby contributing to building the capacity of the child protection system in Zambia.

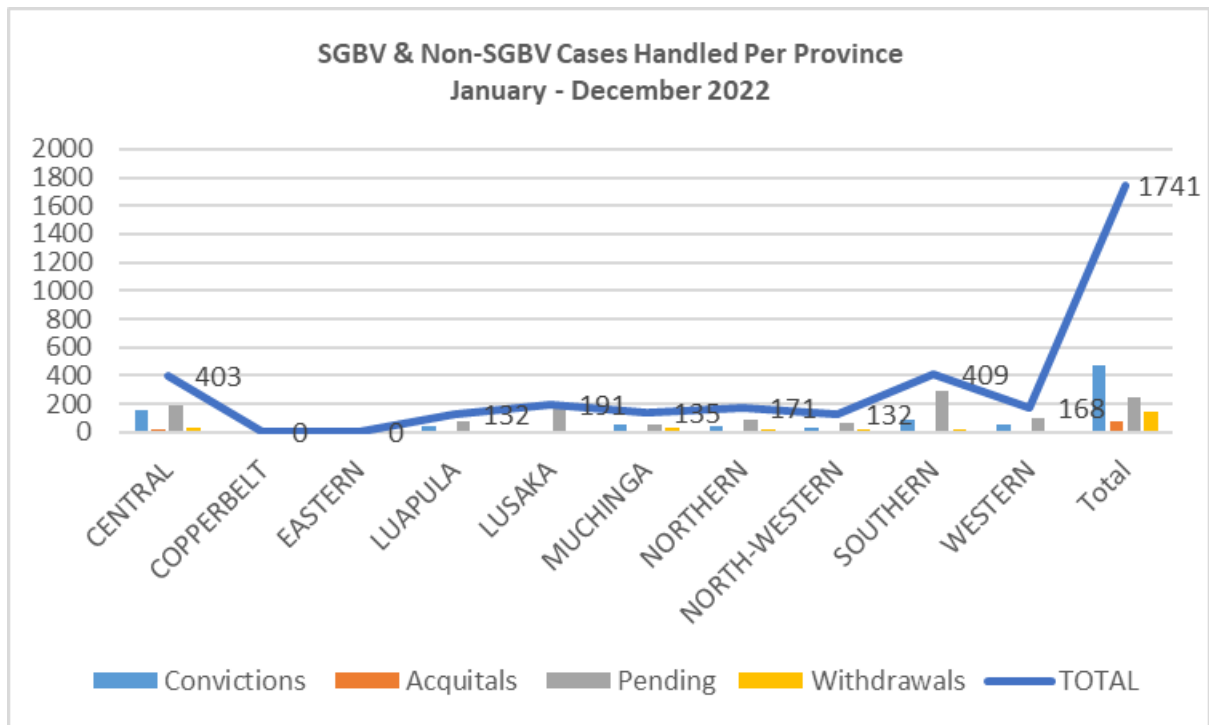
### **Output 1.3 Target districts have increased capacity to deliver quality legal services –**

The GRZ-UN JP GBV II in collaboration with the National Legal Aid Clinic for Women (NLACW) and the Young Women Christian Association (YWCA) provided a total number of 991 GBV survivors with legal services in the reporting period bringing the cumulative total to 2007 all-female since inception. Services provided included legal advice and legal representation before the courts. 127 cases were filed in the courts of law for various remedies which include; protection orders and occupation orders pursuant to the provisions of the Anti-GBV Act No. 1 of 2011. Of the cases reported 68% were cases of economic abuse (wilful neglect to provide necessities), 25% physical abuse and 7% were cases of sexual abuse such as rape and defilement cases.

#### **SGBV & Non-SGBV Cases Handled Per Province - January - December 2022**

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<sup>8</sup> Food, IEC materials, hygiene kits, PPEs, Vitamins etc.



**Source:** National Prosecution Authority - gender Based Crimes Department - March 2023

In addition to the progress made above, the programme, working with partners held a stakeholder consultative process to review and revise the GBV training manual for local court and traditional court adjudicators to align it with current legislation and international standards and good practices. Project monitoring reports highlighted that the revision of the GBV training manual has resulted in increased gender-sensitivity among adjudicators in order to uphold women and children’s rights.

In order to strengthen case management, the programme supported the establishment of the DNA Lab at Levy Mwanawasa University Teaching Hospital. The facility was partitioned to meet the conditions necessary to conduct DNA tests. The establishment of the DNA Lab at Levy Mwanawasa Hospital (including reagents for the laboratory) and the training of officers on DNA evidence collection and storage enhanced forensic results investigations of Gender Based Violence related cases. The support rendered to Zambia Police has contributed to the protection of rights and freedoms of victims of GBV and access to justice. As at the time of preparing this annual report 30 GBV related cases had been processed at the DNA lab including those involving incest, rape, child-swapping and murder.

In 2022, the Programme supported the Government to finalise the Guidelines on Minimum Standards for Child Victims and Witnesses in the Justice Process. The guidelines were developed for use by professionals that are responsible for interacting with and attending to child victims and witnesses of GBV at all points of the justice system. The professionals include the police, prosecutors, judicial

officers (judges, magistrates, court staff), social welfare officers, counsellors, health workers and civil society organisation staff. The guidelines equip the professionals and frontline workers with skills on providing services to children who come into conflict with the law and the justice system by ensuring their protection and child friendly services, such as tips on interviewing techniques that are age and gender appropriate and, above all, avoid the re-traumatisation of the child victims and witnesses. The overall aim is to promote the protection of children as opposed to punitive measures. Following the launch of these guidelines in July 2022, a total of 39 (M15/F24) government officials were trained as ToTs. The 39 ToT subsequently played a lead role in the rollout of the guidelines in 15 districts, reaching a total of 411 (160M, 251F) frontline officers from key institutions and Non-Governmental Organisations. Table 1 below shows the number of frontline officials trained by function.

Department/Institution	Male	Female	Total
Social Welfare Department	10	30	40
National Prosecution Authority	19	11	30
Judiciary	32	20	52
Drug Enforcement Commission	22	15	37
Zambia Police Services	55	35	90
Ministry of Education	13	20	33
Ministry of Health	20	24	44
Legal Aid Borad	22	15	37
Gender Division	2	0	2
Immigration Department	5	3	8
Zambia Correction Services	2	4	6
Department of Chiefs	2	0	2
Civil Society Organization	19	35	54
Total			411

The training enhanced the participants' understanding of the skills to use while interacting with and preparing child victims and witnesses for court proceedings. The guidelines are a useful reference tool in ensuring that child victims and witnesses are protected from secondary victimisation, discrimination, and privacy violations. They also assist the police, prosecution, and judiciary in obtaining a quality statement from the child, which in-turn helps ensure that the perpetrator is held to account and justice is met.

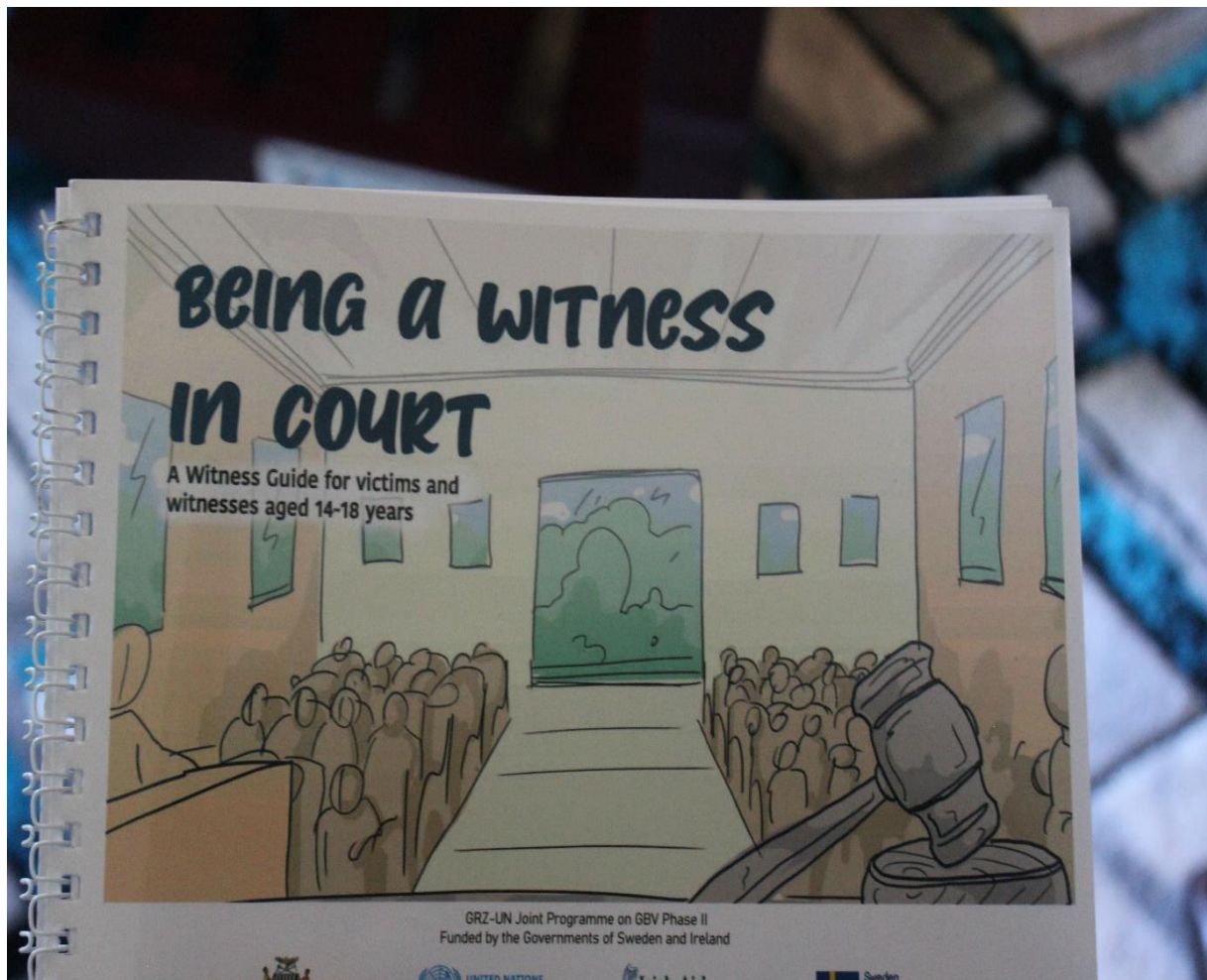
In addition to building the capacities of the frontline personnel, the UNJPGBV supported the judiciary to improve the child-friendliness<sup>9</sup> of 10 Fast-Track Courts (FTCs) to ensure children are protected and feel safe while attending court proceedings. To this end, child-friendly supplies were distributed to all the 10 FTCs, resulting in the set-up of child friendly corners within these courts. The supplies included toys, anatomical dolls, story books, drawing kits, puzzles, stuffed animals, and age-appropriate furniture among others. Additionally, materials on child-friendly IEC material (posters and flipbooks) with tips on child friendly interview procedures that make the child feel confident to share personal experiences without feeling re-traumatized were printed and distributed. Importantly, the materials not only contain tips for the frontline personnel but also tips for children to guide them on the issues they may consider and voluntarily disclose when sharing their story. The visual content of these messages was further improved through illustrations on how the set-up of a child friendly courtroom is designed to ensure a perpetrator does not get to see a child testifying. This set up is designed to protect the child and provide a conducive, non-intimidating environment for children appearing before the court as witnesses or victims. In essence, the guidance note explains the various steps of the justice process to the child in a way that the child understands. The supplies are therefore useful in safeguarding the interests of the child witnesses. The materials also assist the prosecutors in obtaining the best evidence from child witnesses by making them comfortable as they give their testimony. The piloting of the guidelines supported by the programme demonstrated to the frontline service providers how cases of child abuse can be implemented in a way that does not traumatise the child and that secures a quality statement.

The Gender Division's experience and exposure while implementing the joint programme enabled the Division to have sufficient evidence that successfully led to incorporation of provisions on the protection of child victims/witnesses into the Children's Code. Thanks to the submission made by Gender Division, the Children's Code now provides provisions of child victims/witness protection that are aligned to international standards. The Gender Division submission also resulted in the Children's Code provision that ensures that the evidence provided by a child is admissible in judicial proceedings, thereby overcoming a barrier where this evidence always required to be corroborated.

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<sup>9</sup> Child-friendliness in this context means availability of the following: trained and specialized staff working with children (mandatory), child-friendly designated rooms/space and child-friendly equipment, furniture, and toys, talking walls/child-friendly messages and guidelines on how to work with children (any one of these).





**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 economic empowerment services. –**

The ICT Hubs rehabilitated and established in Itezhi-tezhi, Chisamba and Chongwe have provided a networking platform for economic empowerment for women, girls and youth through access to the internet, the provision of computers and printers. The empowerment is being done through the business centres where the public can print and photocopy materials. Further, this has provided opportunities for networking that avails access to information on GBV services, e-learning, online markets, climate change, agriculture, finance and business training among others. Information on cyber security awareness was made readily available on the platform. This further equipped girls and women with the requisite knowledge and skills needed to address the risks of online exploitation and cyber-bullying they may come across during their online activities. During 2022, in collaboration with Science, Technology Engineering and Mathematics (STEM) Foundation empowered 576 girls with ICT knowledge, bringing the cumulative total to 1,031 (996 women and girls 35 males) <https://flic.kr/s/aHBqjzKKio>.

Out of 576 girls, 536 (496 women and 40 girls) were linked to entrepreneurship opportunities through ICT/STEM initiative.



*Figure 4 Girls' Empowerment through ICT*

In order to ensure access to information and increase agency and self-efficacy among girls and young women, the programme held a Girls in ICT Summit. This summit created awareness and provided information to enable participants make informed choices on Science Technology Engineering Mathematics (STEM) subjects and related occupations and technologies which are mostly male dominated. This is in order for them to become economically independent in future by being able to access the financially lucrative careers. In addition, 18 traditional leaders (17 males, 1 female) from Chongwe Zonal Chairpersons and Representatives from Busoli Royal Establishment were sensitised on the existence of the ICT Hubs. Follow up interventions with STEM are planned to establish how the girls have utilised the knowledge they acquired.

The project supported the replication of the Magwero (Eastern Province) mini ICT Hub for Mainstreaming Disability in GBV Interventions at Senanga School for the Deaf (Western Province), resulting in 210 PWDs (123 Boys and 87 Girls) reached with tailored GBV messages and information

on identification and reporting GBV cases <https://drive.google.com/file/d/12L-tjbFqjukbBWrqTvI3bHJg1P1CcSIQ/view?usp=sharing>

During the reporting period, 292 GBV survivors (277 females, 15 males) benefited from economic empowerment interventions through poultry, livestock management, mobile money transactions, trading in food and other services (out of a target of 500) bringing to a cumulative total of 1,493 (1,441 female, 52 males) since programme inception. This preceded the capacity development using the **GET Ahead** for Women in Enterprise Training Package and Resource Kits. The programme target will be reached in 2023.



*Figure 5A beneficiary engaging in poultry farming*

Due to the entrepreneurship development training, there was a general increase in household income levels from ZMW2,000.00 Kwacha (\$118.41) to ZMW 10,000.00 (\$ 592.10) in the households of the 552 women and 44 men (trained GBV survivors, those at risk and community members). This enabled the beneficiaries diversify the types of enterprises that they were engaged in ranging from general trading, maize buying, poultry, selling of goats, pigs and clothes and shoes. This was enhanced by the provision of enterprise start-up kits in the form of cash worth ZMW1, 040, 800.00 Kwacha (\$58,902.09) to the 596 beneficiaries of Economic Empowerment Interventions under the GRZ-UNJP on GBV Phase II. This translates to approximately K1.000 per beneficiary. As a result of this, beneficiaries have greater control over their lives, improved decision-making abilities, increased ability to meet basic needs, and

enabled them to break away from negative and abusive relationships. The 596 beneficiaries have also been investing profits made from their enterprises in their education, that of their children and are able to pay for fees charged at health facilities when accessing health services.

### **Formation of Savings Groups:**

To date, a total number of 63 savings and credit groups have been formed to improve enterprises, 21 of which were formed in 2022. The credit constraints are the high interest rates above 30% that are charged by formal banks, financial institutions and individual money lenders on loans. The beneficiaries' entrepreneurial skills have also been improved, there is wealth creation at community, household and individual levels and improvements in the culture of savings in selected project sites. The experience of belonging to savings and credit groups also showed a reduction in the occurrence of GBV cases as per anecdotal evidence through the monitoring visits.

### **Strengthening of Savings Groups:**

Economic empowerment interventions also contributed to building beneficiaries' resilience towards shocks as they could fall back on the savings and wealth created from the savings and credit groups and businesses. The Project also supported and strengthened 43 Savings and Credit Groups in 15 districts. Belonging to savings and credit groups has also removed the credit constraints that women faced in the communities.

For more information click here: <https://www.undp.org/zambia/gender-equality-and-womens-empowerment>



*Figure 6 Women's Economic Empowerment Savings Group in Senanga District*

The pre and post evaluations of the Gender +Entrepreneurship Together (GET) Ahead trainings undertaken had shown improvements in the way beneficiaries understand and handle gender-based violence cases. Further, they were able to acquire business management and entrepreneurship information through capacity development interventions.

In terms of small businesses, 194 beneficiaries have established small enterprises, and are engaged in different types of on-going businesses. This was a result of receiving enterprise start-up kits from the Joint Programme. Further, 852 (702 females, 60 males) beneficiaries are engaged in savings and credit groups.

In keeping with the principle of leaving no one behind, the Joint Programme, trained 17 (15 Females, 2 Males) Persons with Disabilities (PWD) in Chisamba and Kabwe in business development. Of these, 13 have physical disabilities, 2 are blind and 2 partially sighted to contribute to reducing their vulnerability to GBV. It is envisioned that these men and women who were capacitated will be less vulnerable to GBV because they are economically independent.

The beneficiaries are also sharing information with others in communities on the negative impacts of GBV on individuals and are champions in the fight against gender-based violence in their districts.

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

The Programme sensitised a total of 1,715 (1,025 males and 690 females) traditional leaders on GBV and COVID-19, bringing the cumulative total from inception to **4,417** (2,843 male, 1,574 females). As a result of the sensitizations the traditional leaders were able to challenge negative cultural practices.

The Programme engaged 33 chiefs (Eastern, Southern, Western, Northern, North-Western Provinces) and 1,084 traditional leaders resulting in the dissolution of 32 child marriages in the programme coverage area, and referrals of 12 cases of Intimate Partner Violence to relevant stakeholders for further action. A communique was signed by chiefs on zero tolerance to GBV resulting in strengthened and increased community response at ward, chiefdom levels. The chiefs further created referral links with religious leaders for counselling services to enable reintegration of GBV survivors to the communities from safe homes without fear of stigma and discrimination.

Four hundred and seventeen (417) traditional leaders and spouses who included (206 males, 211 females) were sensitized on GBV and COVID-19 prevention bringing the cumulative figure to 2,125 (1230 female and 895 male) from inception. The awareness raising resulted in traditional leaders and their spouses becoming change agents and advocating against GBV and child marriages. This has contributed to community members speaking openly against GBV and child marriage, how to prevent it and its implications. For example, community members in Chamuka, Mwase, Nkula, Chanje, Nyamphande, Mumena, Maguya, Kapichila and Kawaza chiefdoms have now committed to zero tolerance approach to GBV and child marriage.

A total of 623 (301 females, 322 males) religious leaders were reached with GBV and COVID-19 prevention and response information<sup>10</sup> during 2022, leading to a cumulative figure of 914 (556 females, 358 males) since Programme inception, exceeding the end of Programme target of 350. As a result of this capacity development religious leaders have added GBV as part of their messages in different gatherings.

In 2022, the Programme reached a total of 30,466 people (16,142 males and 14,324 females) with GBV and COVID-19 prevention and response messages through participation in community structures<sup>11</sup> sensitisations and policy dialogues. This brings the cumulative reach to 246,048 (145,194 females and

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<sup>10</sup>Capacity Development includes the following activities - staff multi-disciplinary training, on-site mentorship, provision of COVID-19 PPEs, development of guidelines, coordination meetings, provision of office accessories

<sup>11</sup> Community structures consist of Community Welfare Assistance Committees (CWACs) , Neighbourhood Health Committees (NHCs) Safe Motherhood Action Groups ( SMAGs) Community Crime Prevention Units( CCPUs) , Ward Development Committees ( WDC), Mens/ Boys Network, GBV/SEA Monitors, Anti GBV Task Forces, Community Child Protection , Multi Function Task Forces.

100,854 males) since inception, far exceeding the end of Programme target as per results matrix below. The high reach was achieved through existing community structures and mass sensitization through radio and other media. The high reach has resulted in broad dissemination of information on GBV and COVID-19 prevention and response services. It has also resulted in creating demand for the GBV information and services.

During the reporting period, traditional headmen, religious leaders and marriage counsellors conducted community dialogues for 42 community structures bringing the cumulative total of structures mobilised to 66, resulting in a total of one thousand and twenty-seven (1,027) people reached with GBV and COVID-19 messages from six (6) districts (Choma, Chipata, Chipangali, Rufunsa, Petauke and Kapiri Mposhi). The meetings have resulted in a strong campaign and collective voice to condemn parents who are in the habit of resolving GBV cases within the families and withdrawing cases once reported, as well as creating increased demand for sexual reproductive health and rights services.

A variety of male involvement strategies were used such as: men as change champions and agents of change, male counselling and guidance teachers in schools, systematic engagement of me and boys and formation of boys and men's networks.

Other interventions included awareness raising on GBV and COVID-19 prevention and response messages in schools, churches and communities.

The Programme also ensured continued discourse on GBV and COVID-19 during important events such as the Sixteen Days of Activism against Gender Based Violence, World AIDS Day, International Day of the Girl Child, International Women's Day, and Keep Zambia Clean.

Community outreach activities increased the number of people in communities engaged in gender-based violence prevention activities. The introduction and popularisation of the International Men's Day on the 19<sup>th</sup> of November 2022 in Chibombo District raised a lot of awareness among men and women on the positive roles that men can play to stop violence against women. The capacitation of male GBV focal point persons from the project target districts opened up new activities in the districts. In collaboration with the Zambia National Men's Network in Gender and Development (ZNMNGD) the Programme reached 3000 men and boys with messages related to men as agents of change.

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

To improve multisectoral co-ordination and demonstrate linkages among various service providers as above, the Programme undertook various coordination initiatives including 2 steering committee meetings, 7 joint monitoring missions bringing the cumulative total to 18 against the end of programme

target of 12. Due to the need for continued orientation of the implementing partners on results-based reporting, and pre-disbursement planning consultative meetings were held in April and October 2022 with various stakeholders and implementing partners. These meetings brought the total number of joint planning meetings held to 12 against an end of Programme target of 6.

Further, the Programme held three (3) coordination meetings through the Co-operating Partners Group on Gender (CPGG) in addition to bilateral and ad-hoc coordination meetings with Government and other Implementing Partners. Issues covered during the coordination meetings included: (i) the need to avoid duplication of efforts and conducting of joint field visits and launches; (ii) jointly developing GBV related minimum standard guidelines, and (iii) a joint capacity development plan for IPs.

In relation to strengthening coordination, the following meetings were held where the programme participated:

- ❖ The project has contributed to strengthened multi-sectoral coordination with Gender Division at the national level. This has improved GBV information sharing in a coordinated approach amongst Government, UN, USAID, EU, World Bank, Canada and CSOs. <https://www.undp.org/zambia/press-releases/undp-calls-continuity-quality-anti-gbv-services-amidst-covid-19-threats>
- ❖ The programme provided technical and financial support towards the review process of the Anti-Gender Based Violence Act No. 1 of 2011. The consultative meetings were convened by Gender Division. Zambia Law Development Commission (ZLDC) and the National Legal Aid Clinic for Women (NLACW) coordinated the input from various stakeholders who included government and CSOs.

## ANNEX 1



5th NCE PSC  
Minutes

### III) Evaluation, Best Practices and Lessons Learned

**Evaluation.** The Programme is due for a light touch Programme Assessment focusing on programming lessons and how to contribute to the programme evaluation. As at the time of preparing this report, the inception report for the Light Touch Assessment had been approved by the Assessment Committee.



## **Good Practices.**

I. Programme noted the use of solar power as energy for the community-based structures, savings and lending groups, involvement of other stakeholder such as church leaders in disseminating GBV information, male involvement in GBV programming as best practices.

II. Collaborating with the community structures and other stakeholders in all the project implementing sites to discuss traditional values that denounce GBV and uphold rights, while working against harmful traditional practices has been used by YHHS' as a good practice.

Some of the Project implementing partners such as the YWCA were able to sustain its activities by forming formidable partnerships at district level to support the running of the shelter, including a partnership with the Disaster Management and Mitigation Unit (DMMU) that supported the shelters with food.

III. Sustained engagement of men and boys enabled the programme to create a culture of zero tolerance towards GBV and Child Marriage at community level.

IV. Sustained engagement with women-led organisations to provide post-GBV services such as legal aid and temporary shelter services for GBV survivors.

## **Lessons Learned.**

1.0 Sustained involvement of local stakeholders in the implementation of activities enhances ownership, sustainability of program activities and brings greater impact. Similarly, engagement with high level government officials, Members of Parliament, traditional leaders, and spouses, has proved to be an effective tool for advocacy pertaining to legal and policy reforms as well as challenging the negative or harmful social and cultural gender norms.

2.0 That all subordinate courts should be provided with child friendly supplies because all of them handle GBV cases involving children.

3.0 To work through existing coordination mechanisms within the Government, like the Child Justice Forum, is efficient and serves its purpose. Through this means of coordinating and rolling out programmes, there has been clear demonstration of political will and engagement from key government line ministries and government institutions, resulting in high number of participants for activities in various field locations. The lesson learned highlights the need to take advantage of existing government mechanisms, to strengthen them through technical and financial support, with the aim of sustaining interventions with clear ownership by the Government.

## **Key Challenges Experienced with Project Implementation and Mitigation Measures**

The following table highlights the key challenges faced during the period under review:

<b>S/No</b>	<b>Challenge Description</b>	<b>Mitigation Measure</b>
1	Weak Coordination amongst co-operating partners, donors and implementing partners on gender and GBV.	The Project participates in Monthly GBV Technical Working Group, and Co-operating Partners on Gender Group (CPGG) coordination meetings
2	Limited availability of sign language interpreters affiliated to (Zambia Association of People Living with Disabilities) ZAPD in communication as well as limited GBV IEC and BCC materials for People Living with Disabilities (PWD)	Continuous engagement with the ZAPD on training of sign language and development of IEC materials
3	Volunteers cover long distances to facilitate community activities.	The Programme is supporting creation of zonal satellite centres in order to reduce the distance covered by volunteers, and procuring bicycles for eligible volunteers for ease of communication
4	Despite modest improvements, data collection and reporting by partners remains a huge challenge for most of the government institutions, affecting the coordination of services and support to the GBV.	The programme supported partners to develop a simplified data collection form that through Child Justice Forum, was distributed to partners in the target districts. The programme is supporting the monitoring of the use of this form and will share feedback during the programme review meeting.
5	Social welfare inspectors are critical in handling GBV cases, including involving child victims and witnesses, but are few in numbers, and often not available to attend to each case from the initial contact of the authorities until case closure. Many actors, including police, prosecution, and magistrates, call for the support of social welfare inspectors when dealing with cases involving children, as they possess the correct expertise to assess the child's protection and support needs.	The programme has contributed to strengthening capacities of community volunteers to support community level identification and referral of cases, while the social welfare inspectors and their assistants focus on statutory processes of managing cases. However, this does not take away the social welfare inspector's accountability role as they continue to provide supportive supervision to the community volunteers.

### **Key Risks:**

At national level the fluctuations of the foreign exchange rates to the Zambian Kwacha led to unpredictability in the Zambian Kwacha cover for contracts/purchase of goods and services, leading to rise in the cost of implementing activities.

At global level the on-going Russia-Ukraine war not only contributed to the rise in fuel costs and the subsequent spiral inflation but also to the Embassy of Sweden slightly delaying disbursement of SEK 50 million due to their commitment to support with the situation in Ukraine.

The foregoing developments, compounded with the UN pre-conditions for construction works, posed risks related to implementation and necessitated a request for a no-cost extension of the Project, to allow for smooth completion of the outstanding Project activities including construction of Fast Track Courts. On 14th December 2022, the programme held a Steering Committee meeting that approved the no-cost extension for the period 1 January to 30 September 2023. As a mitigation measure to the delayed construction of Fast Track Courts, the Programme will award bids to four (4) different contractors for speedy simultaneous construction.

The programme also provides Harmonized Approach to Cash Transfer (HACT) training to UN partner agency implementing partners. The HACT is one of the tools in the strategy that the UN has adopted to manage the risk at both programme and project level when working with Implementing Partners (IPs) and Responsible Parties (RPs).

(A full updated risk log for the Project during the implementing year is in Annex 2 below).

#### ANNEX 2



Offline Project Risk  
Register.docx

#### ANNEX 3



GRZ UN JP on GBV  
Phase II Local Implem

#### **IV) Qualitative assessment:**

The Programme Steering Committee (PSC) and the Pre-Disbursement (half-yearly coordination) meetings continued to provide the necessary policy, strategic direction and the required capacity development and quality assurance for implementation of the Programme. The 5<sup>th</sup> PSC held on 14<sup>th</sup> December 2022 approved a No-Cost Extension of the Project for up to 30 September 2023.

The total contributions from donors to date is USD 6,716,385.00 while the cumulative Programme expenditure is USD 5,002,543<sup>12</sup>. As the Programme enters the No-Cost Extension period of implementation, it is worth noting that the Programme is on track on achieving the end of Programme output targets in the Results Monitoring and Evaluation Framework. As of 31 December 2022, 31 out of the 34 (91%) of Programme output indicator targets in the Results Matrix (Refer to Section 10 of the report) were either on track or had exceeded the end of Programme targets. To ensure speedy delivery of the Fast Track Courts, a robust M&E mechanism has been put in place involving UNDP, Gender Division, and the Judiciary Department.

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<sup>12</sup> This amount is somewhat understated as is awaiting MPTF to publish the final figures for the year 2022

Continued coordination mechanisms through the UN Gender Theme Group and the Cooperating Partners Group on Gender (CPGG), the GBV Technical Working Group (GBV TWG) and bilateral coordination meetings with Government Implementing Partners and co-operating partners such as the EU, USAID and the World Bank has led to synergies in joint development and harmonisation of minimum gender related operational standards, research topics and policies such as the National Gender Policy, leading to cost-effective utilisation of resources.

## 10.0 2020 -2022 Results Matrix – Cumulative Results for Project Output indicators against End of Programme Targets

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020 (I)	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022) (II)	2020 Planned Target (III)	2020 Actual Output (IV)	2021 Planned Target (V)	2021 Actual Output (VI)	2022 Planned Target (VII)	Dec 2022 Actual Output (VIII)	Cumulative Actual Performance (2019 to Dec 2022) (IX)	Achievement- reasons for over/under performance (X)	Means of verification (XI)
<b>Output 1.1: Target districts have increased capacity to deliver coordinated GBV services. Output Indicator 1.1.1: # of hospital based OSC established</b>	10	1	0	0	0	0	1	0	0	Construction being finalised and will be completed in 2023.	Project Reports/Physical inspections
<b>Output Indicator 1.1.2: # of hospital based OSC strengthened<sup>15</sup> in the project districts</b>	0	3	0	10	1	5	2	5	20	MOH HQ provided supportive supervision and mentorship at facility level.	Project Reports
<b>Output Indicator 1.1.3 # of community structures conducting dialogues and info sessions on GBV services and prevention</b>	9	30	10	35	10	14	10	22	71	Exceeded EPT due to demand by community structures to emulate what the dialogues in other districts.	.Project reports
<b>Output Indicator 1.1.4: # of OSCs which are made child friendly<sup>16</sup></b>	4	4	0	0	0	0	4	5	5	Exceeded EPT. An extra OSC was targeted to	Project reports

<sup>13</sup> Cumulative values are collective annual Project output achievements since 2020 = 2020 actual output (Col. IV) + 2021 actual output (Col. VI) + Mid-2022 (Col. VIII) actual output

<sup>14</sup> EPT stands for End of Programme Target

<sup>15</sup>

<sup>16</sup> **Child-friendliness** in this context means availability of the following: trained and specialized staff working with children (mandatory), child-friendly designated rooms/space and child-friendly equipment, furniture, and toys, talking walls/child-friendly messages and guidelines on how to work with children (any one of these).

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022)	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	Dec 2022 Actual Output	Cumulative Total Performance (2019 to Dec 2022)	Achievement- reasons for over/under performance	Means of verification
	(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	(VIII)	(IX)	(X)	(XI)
										accommodate effects of the COVID-19 pandemic	
<b>Output Indicator 1.1.5:</b> # of service providers trained on multi-disciplinary GBV Guidelines (disaggregated by type of service provider and sex).	20	<b>1,515:</b> 390 paralegals,  30 doctors,  30 Nurses,  30 clinical officers  270 hospital based OSC staff, officers,  120 adjudicators,  30 prosecutors,	130 paralegals,  10 doctors  10 Nurses  10 Clinical officers  90 hospital based OSC staff, officers,  40 adjudicators,  10 prosecutors	N/A Indicator developed in Sept 2021	130 paralegals,  10 doctors  10 Nurses  10 Clinical officers  90 hospital based OSC staff, officers,  40 adjudicators,  10 prosecutors	<b>355 service providers (231 male 124 Female: 133 Male):</b>  60 paralegals 48 males, 12 females) 13 Doctors (8 males, 5 females) 20 Clinical Officers (13 males, 7 females) 12 Nurses (3 males, 9 females) Nurses	130 paralegals,  10 doctors  10 Nurses  10 Clinical officers  90 hospital based OSC staff, officers,  40 adjudicators,  10 prosecutors	<b>189 Service Providers (96 males, 93 females)</b>  0 paralegals  0 Doctors  0 Nurses  0 Clinical  88 Hospital Based OSC Staff  (30 males, 58 females)  35 Adjudicators (magistrat	<b>544 (327 males, 217 females)</b>  60 paralegals 48 males, 12 females)  13 Doctors (8 males, 5 females)  20 Clinical Officers (13 males, 7 females)  12 Nurses (3 males, 9 females)  88 Hospital Based OSC staff (30 males, 58 females)  35 Adjudicators (29 males, 6 females)  205 Prosecutors (145 males, 60 females)  67 Welfare Officers (34 males, 33 female)	The trainings did not meet the target due to lack of availability of service providers as demand for in-person services was high. The target will be met in 2023.	Project reports

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022)	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	Dec 2022 Actual Output	Cumulative Total Performance (2019 to Dec 2022)	Achievement- reasons for over/under performance	Means of verification
	(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	(VIII)	(IX)	(X)	(XI)
		615 Police officers	205 police officers		205 police officers	145 VSU police officers (112 male, 33 female); 19 prosecutors (12 males, 7 females) 67 Welfare Officers (34 males, 33 female) 2 magistrates (1 male, 1 female) 17 Shelter Managers (All female)	205 police officers	es, clerks of Court, Lawyers) (29 males, 6 females) 6 Prosecutors ( 4 males....2 females ) 60 Police Officers ( 33 males..... 27 females)	2 magistrates (1 male, 1 female) 17 Shelter Managers (All female)		
<b>Output Indicator 1.1.6: # of Minimum Standards and Guidelines developed for GBV service providers and facilities for</b>	0	1	0	N/A Indicator developed in Sept 2021	1	5	-	3	<b>8</b>	Exceeded EPT – There were more guidelines completed as others were already in the pipeline of which Government needed minimal support for	Project reports

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022)	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	Dec 2022 Actual Output	Cumulative Total Performance (2019 to Dec 2022)	Achievement- reasons for over/under performance	Means of verification
	(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	(VIII)	(IX)	(X)	(XI)
operationalization of VLOSC										finalization hence the over achievement.	
<b>Output Indicator 1.1.7:</b> # of Community Response Mechanisms (VLOSC) Established	13	9	0	0	3	3	6	4	7	On track – There was a loss to death of one Traditional Chief (Chief Nkula) hence the delay.	Project reports, handover ceremony photos
<b>Output Indicator 1.1.8:</b> # of people accessing services <sup>17</sup> at the Community Response Mechanisms (VLOSC) disaggregated by sex.	113 <sup>18</sup>	600	113	N/A Indicator developed in Sept 2021	110	311 (191 females, 120 males)	300	614 (464 female, 150 male)	925 (655 females, 270 males)	<u>Exceeded EPT.</u> There was high demand for services due to the newly launched 2 VLOSC in Chisamba and Kalumbila in addition to Kapiri and engagement by traditional leaders which has led to increased community mobilisation.	VLOSC Registers
<b>Output 1.2: GBV Survivors have increased access to Safe Shelters</b> <b>Output Indicator 1.2.1:</b> # of survivors that benefit from specialised services at the GBV shelters disaggregated by sex.	1676	380	139	74	141	141	100	246 female	461 female	Exceeding EPT. The Programme received the highest number of survivors due to increased referrals to the safe shelters and sensitizations on available services.	Registers
<b>Output Indicator 1.2.2:</b> # of Anti-GBV temporary	1	4	0	0	1	2	3	1	3	<u>On Track.</u> Government was working on minimum standards for temporary	Activity reports, Field reports

<sup>17</sup> Services to be accessed at the VLOSC include Legal information, psycho-social counselling, and basic health services.

<sup>18</sup> The figure is based on information obtained from Misolo



Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Results								Cumulative Actual Total Performance (2019 to Dec 2022) (IX)	Achievement- reasons for over/under performance (X)	Means of verification (XI)
	Base-line – Jan 2020 (I)	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022) (II)	2020 Planned Target (III)	2020 Actual Output (IV)	2021 Planned Target (V)	2021 Actual Output (VI)	2022 Planned Target (VII)	Dec 2022 Actual Output (VIII)			
shelters established for temporary housing of GBV survivors										shelters hence the delay. The activity will accelerate in 2023.	
<b>Output Indicator 1.2.3:</b> # of shelters strengthened for temporary housing of GBV survivors	0	9	2	7	4	8	3	6	21	Cumulative figure exceeded the Programme target. This was due to the need to increase functional shelters by way of providing supplies.	Project Reports
<b>Output Indicator 1.2.4:</b> # of child GBV survivors supported to access alternative care options <sup>19</sup> through case management disaggregated by sex.	348	229	88 (76 Girls, 12 Boys)	N/A Indicator developed in Sept 2021	91	179	50 (46 females, 4 males)	122	301 (277 female, 24 males)	<u>Exceeded Programme Target.</u> Child survivors were provided with GBV services to access alternative care through the case management systems. Shelters were able to accommodate more survivors due to provision of supplies.	Health facility reports, One Stop Centre Records and Registers, PEP Focal Point and Monitoring Visit Reports
<b>Output 1.3: Target districts have increased capacity to deliver quality legal services</b> <b>Output Indicator 1.3.1:</b> # of Fast Track Courts established	6	4	0	0	0	0	4	0	0	Due diligence going on before award of contract. Construction to start in March 2023	Project site inspection reports

<sup>19</sup> Alternative care options include kinship care, foster care, community-based care (including child-headed households), residential and independent or group living. Partners will also capture data on children who have been reintegrated with their birth family.

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020 <b>(I)</b>	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022) <b>(II)</b>	2020 Planned Target <b>(III)</b>	2020 Actual Output <b>(IV)</b>	2021 Planned Target <b>(V)</b>	2021 Actual Output <b>(VI)</b>	2022 Planned Target <b>(VII)</b>	Dec 2022 Actual Output <b>(VIII)</b>	Cumulative Actual Performance (2019 to Dec 2022) <b>(IX)</b>	Achievement- reasons for over/under performance <b>(X)</b>	Means of verification <b>(XI)</b>
<b>Output Indicator 1.3.2:</b> % of FTC that are operating in line with child friendly standards	0	100	0	0	60%	0	100%	10 of 10 (100%)	100%	<u>Achieved.</u>	Project records
<b>Output Indicator 1.3.3:</b> # of legal service providers trained <sup>20</sup>	9292	320	50 paralegals 15 prosecutors 10 adjudicators 10 social welfare officers 10 magistrates	486  N/A Indicators refined in Sept 2021	50 paralegals 20 prosecutors 25 adjudicators 20 social welfare officers 25 magistrates	538 legal services providers trained 10 paralegals 426 Prosecutors, 40 Adjudicators, 2 Social Welfare Officers	30 paralegals 15 prosecutors 15 adjudicators 10 social welfare officers 15 magistrates	(36) participants (26 male) and (10)	700 (506 males, 194 females)	The Project met all the targets for the legal service providers trained. The use of virtual means enabled an increased outreach,.	Training Reports.

<sup>20</sup> Training will mean capacity strengthening in the following: Multi-disciplinary Management of GBV, GBV Case Management, Best Interest Determination for Vulnerable Migrant Children, Human Rights and gender, handling of child Victims, TEVET paralegal training and witnesses and operationalization of VLOSCs.

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance			
	Base-line – Jan 2020 (I)	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022) (II)	2020 Planned Target (III)	2020 Actual Output (IV)	2021 Planned Target (V)	2021 Actual Output (VI)	2022 Planned Target (VII)	Dec 2022 Actual Output (VIII)	Cumulative Total Performance (2019 to Dec 2022) (IX)	Actual Performance (X)	Reasons for over/under performance (XI)	Means of verification (XII)
						60 Best Interest Determination Panel Members						
<b>Output Indicator 1.3.4:</b> # of GBV survivors provided with legal services disaggregated by sex.	1,200	2,000	1000	130	1500	611 clients (79 women, 532 children)	1,500	991 all-female	2007 all-female	Exceeded EPT. This intervention was accelerated in 2 <sup>nd</sup> Half 2022	Project reports.	
<b>Output Indicator 2.1.1:</b> # of GBV survivors and those at risk capacitated in business development disaggregated by sex.	4,500	500	0	569	350	516 (361 females, 37 males)	150	292 (277 females, 15 males)	1493 (1,441 females, 52 males)	Exceeded EPT. GET Ahead Training in Misolo and Rufunsa. Increased demand for economic empowerment knowledge by GBV survivors due to robust sensitisation campaigns	Training reports, Attendance Registers	
<b>Output Indicator 2.1.2:</b> # of GBV survivors and those at risk provided with enterprise (Income Generation Activities) start-up support	2,446	500	0	319	300	398 (361 females, 37 males)	200	224 (210 females, 14 males)	1057 (1013 females, 44 males)	Exceeded EPT. Increased demand for economic empowerment knowledge by GBV survivors due to robust sensitisation campaigns	Training reports, Attendance Registers	

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022)	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	Dec 2022 Actual Output	Cumulative Total Performance (2019 to Dec 2022)	Achievement- reasons for over/under performance	Means of verification
	(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	(VIII)	(IX)	(X)	(XI)
<b>Indicator 2.1.3:</b> # of GBV survivors and those at risk engaged in saving and credit groups disaggregated by sex.	0	500	0	0	350	398 (361 females, 37 males)	150	348 (287 females, 61 males)	852 (702 females, 60 males)	Exceeded EPT. In 2020 COVID-19 restrictions hampered these activities from taking place. Increased demand for economic empowerment knowledge by GBV survivors due to robust sensitisation campaigns	Training reports, Attendance Registers, List of members for Savings Groups Attendance list
<b>Indicator 2.1.4:</b> # of saving and credit groups supported to improve enterprises (Income Generating Activities)	0	33	0	0	20	42	13	21	63	Exceeded EPT. In 2020 COVID-19 restrictions hampered these activities from taking place. Increased demand by existing savings groups for support and strengthening	Training reports, Attendance Registers, List of members for Savings Groups Attendance list
<b>Indicator 2.1.5:</b> # of ICT Hubs established	0	3	0	0	0	0	3	3	3		Project/implementing partner reports

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	Base-line – Jan 2020	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022)	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	Dec 2022 Actual Output	Cumulative Actual Performance (2019 to Dec 2022)	Achievement- reasons for over/under performance	Means of verification
	(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	(VIII)	(IX)	(X)	(XI)
<b>Indicator 2.1.6:</b> # of women and girls capacitated with ICT knowledge	200	600	200	35	200	420	300	576 girls	1031 (996 women and girls 35 males)	Exceeded End of Programme Target. The use of virtual platforms for capacity building contributed to increased reach which included others such as sub-chiefs, head persons and indunas	Implementing Partner/Project Progress Reports
<b>Output 2.2 Community and traditional leadership structures have capacity to mobilise on GBV prevention</b> <b>Output Indicator 2.2.1:</b> # of traditional leaders <sup>21</sup> sensitised on GBV and COVID-19 disaggregated by sex.	0	4,213	1513	567.	1500	2,120 (1422 males, 698 females).	1,200	1715 (1025 males and 690 females)	4417 (2843 males, 1574 females)	<u>Exceeded End of Programme Target</u> due to robust sensitization sessions with traditional leaders and their Indunas.	Activity reports and attendance lists
<b>Output Indicator 2.2.2</b> # of spouses of traditional leaders <sup>22</sup> sensitised on GBV and COVID-19 disaggregated by sex.	30	1,500	500	N/A. Indicator was developed in Sept 2021	500 (New additional figure to the 500 in 2020)	1,708 (1,019 females, 689 males)	500	417 (206 males, 211 females)	2125 (1230 females and 895 males)	Exceeded EPT Engagement with chiefs' spouses at chiefdom level was cost-effective and contributed to increased reach	Attendance lists, Activity reports

<sup>21</sup> Chiefs, headmen, group leaders and sub chiefs.

<sup>22</sup> Chiefs, headmen, group leaders and sub chiefs.

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022)	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	Dec 2022 Actual Output	Cumulative Total Performance (2019 to Dec 2022)	Achievement- reasons for over/under performance	Means of verification
	(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	(VIII)	(IX)	(X)	(XI)
<b>Output Indicator 2.2.3</b> # religious leaders sensitised on GBV and COVID-19 disaggregated by sex.	40	350	100	N/A. Indicator was developed in Sept 2021	100 (New additional figure to the 100 in 2020)	281 (181 females, 100 males)	100	623 (301 females, 322 males)	904 (556 females, 358 males)	Exceeded EPT More demand for information by religious leaders contributed to increased reach	Attendance lists, Activity reports
<b>Output Indicator 2.2.4</b> # of political leaders <sup>23</sup> sensitised on GBV and COVID-19 disaggregated by sex.	0	120	0	N/A. Indicator was developed in Sept 2021	60	120 (80 females, 40 males)	60	116 (71 males 45 females)	236 (125 females 111 males)	Exceeded EPT The Project leveraged the orientation programmes of new office bearers and their willingness to receive more information.	Attendance lists, Activity reports
<b>Output Indicator 2.2.5:</b> # of people participating in community structures reached with GBV/COVID-19 prevention and response messages disaggregated by sex.	0	10,000	2,000	158,102	4000	54,863 (33,684 females, 20,999 males)	4,000	30,466 (16,142 males and 14,324 females)	246,048 (145,194 females and 100,854 males)	Exceeded EPT. Due to intensified mass-sensitizations. using physical meetings as well as radio, TV and virtual platforms increased the reach.	IP Reports

<sup>23</sup> Definition political leaders confined to civic leaders Councillors, Mayors, MPs.

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020 (I)	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022) (II)	2020 Planned Target (III)	2020 Actual Output (IV)	2021 Planned Target (V)	2021 Actual Output (VI)	2022 Planned Target (VII)	Dec 2022 Actual Output (VIII)	Cumulative Actual Total Performance (2019 to Dec 2022) (IX)	Achievement- reasons for over/under performance (X)	Means of verification (XI)
<b>Output Indicator 2.2.6</b> # community structures mobilised to challenge norms and cultural practices that sanction and perpetuate GBV and the low status of women and persons with disability.	0	30	0	N/A. Indicator was developed in Sept 2021	10	14	20	42	66	<u>Exceeded EPT.</u> There were more than 10 structures in the communities in need of capacity development to address negative cultural practices and norms. ZCCP: 3 - Neighbourhood health committee (NHC), Community Welfare Assistance Committee (CWAC), and Community Crime Prevention Units (CCPUs)	IP Reports
<b>Output 2.3. Improved multi-sectoral coordination and governance related to GBV prevention and response</b>  <b>Output Indicator 2.3.1:</b> # of district plans mainstreaming GBV <sup>24</sup> .	33	18	0	20	8	13	10		33	<u>Exceeded EPT.</u> This was due to presence of the Anti-GBV Task Force teams and the Districts Gender Sub-Committees and demand from districts for support on gender equality and gender mainstreaming	Activity reports

<sup>24</sup> Gender mainstreaming GBV will entail planning and budgeting for anti GBV interventions in the district development plan/Investment Framework.

Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020 (I)	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022) (II)	2020 Planned Target (III)	2020 Actual Output (IV)	2021 Planned Target (V)	2021 Actual Output (VI)	2022 Planned Target (VII)	Dec 2022 Actual Output (VIII)	Cumulative Total Performance (2019 to Dec 2022) (IX)	Achievement- reasons for over/under performance (X)	Means of verification (XI)
<b>Output Indicator 2.3.2:</b> # of policies/legal instruments/guidelines finalized <sup>25</sup>	0	9	2	2	3	6	4	1	9	Under achievement due to drafters that were not available. The activity will accelerate in 2023.	Programme partner reports
<b>Output Indicator 2.3.3:</b> # of service delivery points <sup>26</sup> tracking GBV data on an MIS.	1	6	0	2	2	2	3	0	5	The ZP-VSU and Judiciary Department await guidance from SMART Zambia on the Monitoring Evaluation Reporting and Tracking (MERT) System	TWG Co-ordination Meeting Minutes
<b>Output Indicator 2.3.4:</b> # of Steering Committee meetings held	0	6	2	2	3	1	3	2	5		Attendance List

<sup>25</sup> The policies, legal instruments and guidelines include: 1. Anti-GBV Act, 2. Minimum Standards and Operations for Shelters, 3. Guidelines for operationalization of the GBV Fund, 4. Minimum Standards and Operations for VLOSC, 5. ZP-VSU GBV Training Modules, 6. Prosecutors Handbook 7. Community Savings Groups Manual 8. Guidelines on the Protection of Child Victims and Witnesses 9. Gender Bench Book

<sup>26</sup> Service delivery points relate to places where survivors get services, such as ZP-VSU, Courts, VLOSC, Health facilities, NGOs, OSC etc.



Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 to December 2022 Planned Targets and Actual Outputs Results								Cumulative <sup>13</sup> GRZ-UN JP GBV II Project Performance		
	Base-line – Jan 2020 <b>(I)</b>	End of Programme Target (EPT <sup>14</sup> ) (31 Dec 2022) <b>(II)</b>	2020 Planned Target <b>(III)</b>	2020 Actual Output <b>(IV)</b>	2021 Planned Target <b>(V)</b>	2021 Actual Output <b>(VI)</b>	2022 Planned Target <b>(VII)</b>	Dec 2022 Actual Output <b>(VIII)</b>	Cumulative Actual Total Performance (2019 to Dec 2022) <b>(IX)</b>	Achievement- reasons for over/under performance <b>(X)</b>	Means of verification <b>(XI)</b>
<b>Output Indicator 2.3.5</b> # of Joint monitoring missions	0	12	4	2	4	10	4	7	18	Demand for joint learning visits by various stakeholders and government.	Mission reports  Activity reports
<b>Output Indicator 2.3.6</b> # of Joint planning and review meetings held	0	6	2	7	2	3	2	2	12	There was need for continued orientation of the IPS on results reporting.	Attendance Lists  BTOR  Minutes

## **VI) A Specific Story: How One-Stop Centers (OSC) for GBV are securing health and rights for women and girls.**

**Problem / Challenge faced:** Susan a 10-year old GBV survivor, was sexually abused by a 27-year old man of the same village, impregnated and forced into child marriage by her mother. Susan was taken to the Programme-supported Anti-GBV One Stop Centre in Solwezi.

**Results:** At the Solwezi One Stop Centre for GBV, Susan was able to receive counselling, medical and legal support from the OSC and the safe house managed by the Young Women Christian Association (YWCA), a Project implementing partner, while awaiting legal action for her case. Zambia Police worked together with YWCA and National Legal Aid Clinic for Women to ensure Susan was provided with the necessary services by relevant service providers.

*"I am happy that with support from the One Stop Centre, legal action was taken against the man who abused me, and I was protected from a forced child marriage by my mother. I now have a 4-months old baby girl and looking forward to returning to school. While staying at the shelter, I acquired valuable knowledge and skills. I learnt about my human rights and built my confidence to pursue my dreams. When I grow up, I want to be a nurse, so that I can provide medical support to other girls who may have suffered sexual abuse"* Susan highlights





**Programme Interventions: Photos:**



### **Brief description:**

Left: Susan, a 10-year of survivor of sexual abuse and child marriage, attending a psychosocial counselling session with a counsellor, as part of the process to help her recover emotionally

Right: Susan with her 4-month old baby at the YWCA managed shelter, where she was receiving care and support, as the process on re-integration into society was ongoing

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**Lessons learnt: Inspiring action for women and girls**

Susan shares a message to her peers: *“I would like to encourage other girls who may have experienced sexual abuse. Please don’t be afraid to speak up when you are sexually abused or forced into child marriage. Learn about your rights and seek help from other people such as neighbours or community leaders, even if your family is not supporting you. To parents, I urge you to speak to your children about sexual and gender based violence, so that we know what to do when we are faced with such challenges”*, Susan concludes.