



Government of the Republic of Zambia – United Nations Joint Programme on GBV Phase II

(GRZ-UN JP GBVII) Final Narrative Report

Reporting Period: 4 December 2019 – 31 March 2024



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Programme Title and Project Number	Country, Locality(s), Priority Area(s) / Strategic Results
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Participating Organisation(s)	Implementing Partners
<ul style="list-style-type: none"> Organisations that have received direct funding from the MPTF Office under this programme. <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>Cooperating Partners: Governments of Sweden and Ireland</p>	<p><i>Government/CSOs/NGOs</i> Gender Division, Ministry of Justice (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), Ministry of Local Government and Rural Development, Zambia Statistical Agency, Women for Change, Chisomo Community Programme (CCP), 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>
Programme/Project Cost (US\$)	Programme Duration
<p>Total approved budget as per project document: USD 6,711,169.01</p> <p>MPTF /JP Contribution:</p> <ul style="list-style-type: none"> <i>by Agency (if applicable) Not applicable</i> <p>Agency Contribution</p> <ul style="list-style-type: none"> <i>by Agency (if applicable)</i> <p>Government Contribution (If applicable) Space by Judiciary, technical support on design of the infrastructures for the FTCs. Other Contributions (donors) (If applicable) Not applicable</p>	<p>Overall Duration¹ (52 months)</p> <p>Start Date 04.12.2019</p> <p>Original End Date 31.12.2022</p> <p>Current End date 31.03.2024</p>

¹ The duration of the Programme has been extended to 52 months from 36 months to enable completion of construction works and launches

Programme Assessment/Review/Mid-Term Eval.	Report Submitted By
Light Touch Assessment – Attached as Annex 2 <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No Date: 30.06. 2023 End-Term Evaluation Report – (Attached) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: 05.2024	<ul style="list-style-type: none"> ○ Name: Shupe Makashinyi ○ Title: Programme Coordinator ○ Participating Organisation (Lead): United Nations Development Programme (UNDP) ○ Email address: shupe.makashinyi@undp.org

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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
MOHAIS	: Ministry of Home Affairs and Internal Security
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 Government of the Republic of Zambia (GRZ)–United Nations Joint Programme on Gender-Based Violence Phase II (GRZ-UNJP-GBV II) focused on strengthening GBV prevention and response mechanisms at both national and sub-national levels. The response component encompassed four key elements: Anti-GBV & User-Friendly Fast Track Courts (FTCs), One Stop Centres (OSCs), Temporary Safe Shelters, and Village Led One Stop Centres (VLOSCs). These initiatives aimed to enhance professional practices through capacity development of service providers, including police officers, social workers, medical personnel, and legal officers, ensuring effective and comprehensive services for GBV survivors.

This final report consolidates the annual reports of GRZ-UNJP-GBV II from 2020 to 2024, detailing significant progress aligned with the Project Implementation Plan. It reflects on the implementation environment, highlighting opportunities, key results and achievements, good practices, lessons learned, challenges, mitigation measures, and risks. Additionally, it provides an update on the cumulative progress and substantial contributions of the project to GBV prevention and response at various levels since its inception in 2020.

Between 2020 and 2023, reported GBV cases to the Victim Support Unit (VSU) of the Zambia Police Service (ZPS) increased from 26,370 to 42,965, marking a 63% rise.

Since 2020, the Programme has supported the Government in finalizing policies, guidelines, and legal instruments, including the Guidelines on Minimum Standards for Child Victims and Witnesses in the Judicial Justice Process, GBV modules for the Zambia Police Service training curriculum, ZP Form 32 (Police-Medical form), and the Anti-GBV Act No. 1 of 2011. These efforts have led to strengthened coordination and harmonized policies and guidelines, facilitating the effective implementation of the programme.

The establishment of nine VLOSCs has enabled 4,411 beneficiaries (3,195 females and 1,216 males) to access services such as psychosocial counseling, referrals, economic empowerment, and legal information through Community Response Mechanisms by 30 June 2024.

During implementation period, the project supported 716 female GBV survivors (475 adults and 241 children) with specialized services from temporary safe shelters. Additionally, support was provided to the Ministry of Home Affairs and Internal Security to establish and launch a Forensic DNA Laboratory at Levy Mwanawasa University Hospital in Lusaka. By the project's completion, 115 cases had been analyzed at the laboratory, with 47 resolved and 68 undergoing analyses during the review period.

In terms of legal services, 3,707 GBV survivors (3,605 females and 102 males) received assistance during the 2019–2024 period. Furthermore, four User-Friendly Fast Track Courts were established in Kasama, Mansa, Chinsali, and Solwezi, equipped with child-friendly supplies and Information, Education, and Communication (IEC) materials.

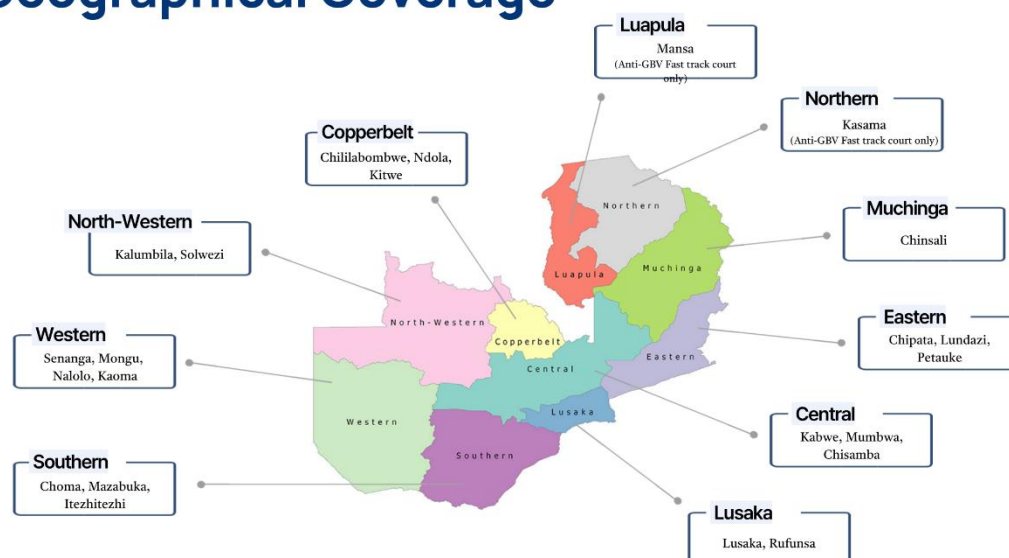
To enhance Information and Communication Technology (ICT) knowledge among women, girls, and boys, the project supported the establishment of ICT Hubs in Itezhi-Tezhi District, Chongwe Primary School, and Chisamba. To date, 1,581 women and girls and 35 boys have acquired ICT knowledge and skills through these hubs.

The Programme received two No-Cost Extensions during the 5th and 6th Project Steering Committee meetings to facilitate the completion of construction-related activities and finalize pending interventions, including Anti-GBV and User-Friendly Fast Track Courts, VLOSCs, and temporary safe shelters.

Financially, the total donor contribution at the end of the programme amounted to USD 7,201,735.00, with USD 7,137,846.00 transferred to Participating UN Organizations (PUNOs). A detailed expenditure report is available in Section 6.1 of this report - to be confirmed when the MPTFO Financial report is released.

1.0

Geographical Coverage



GBV II Coverage Area
Services Provided.pdf

2.0 Programme Background and Purpose

The Government of the Republic of Zambia (GRZ)–United Nations Joint Programme on Gender-Based Violence (GRZ-UN JP GBV) Phase II (2019–2024) was designed as a multi-sectoral and integrated response to address the persistent and complex challenge of gender-based violence (GBV) in Zambia. Building on the gains and lessons learned from Phase I (2012–2017), Phase II aimed to consolidate, coordinate, and scale up effective GBV prevention and response strategies at national, sub-national, and community levels.

The overarching goal of the Programme was to contribute to the implementation of the Anti-Gender-Based Violence Act No. 1 of 2011 through a comprehensive, survivor-centered, and sustainable multi-stakeholder approach. The Programme supported institutional reforms, systems strengthening, and the delivery of accessible, quality services for GBV prevention and survivor support.

The Joint Programme operationalised an ecosystem of services and interventions through:

- One Stop Centres (OSCs) and Village-Led One Stop Centres (VLOSCs) for integrated health, legal, psychosocial, and referral services.
- Temporary Safe Shelters providing refuge and specialised care for GBV survivors.
- User-Friendly Fast Track Courts (FTCs) to expedite GBV case resolution and improve access to justice.
- Community mobilisation and capacity building, including empowerment of traditional and local leadership structures, promotion of zero tolerance for GBV, and expansion of economic empowerment activities, particularly for women and girls.

The Programme's implementation was led by the Gender Division under the Office of the President, in partnership with five United Nations agencies: ILO, IOM, UNDP, UNFPA, and UNICEF, and financially supported by the Governments of Sweden and Ireland. It also engaged a broad range of state and non-state actors, including civil society organisations, community-based structures, and traditional leaders.

The programme pursued two key outcomes:

1. Enhanced access to and utilisation of quality GBV prevention and response services by survivors and persons at risk, including children and adolescents.
2. Empowered individuals and communities to challenge social norms, report abuse, and break the cycle of GBV through increased awareness, protection, and resilience-building.

The annual progress reports and final evaluation indicate significant strides in service delivery, policy alignment, capacity development, and survivor access to justice and support. However, challenges remained, particularly in coordination, sustainability, and addressing persistent sociocultural barriers. As a flagship collaboration between the GRZ and the UN, the Programme has laid a strong foundation for sustained anti-GBV efforts in Zambia and offers a scalable model for integrated and rights-based GBV programming.

3.0 Progress Against Planned Results

The report offers a comprehensive account of the Programme's progress against planned targets. It captures notable achievements, good practices, lessons learned, and challenges encountered during implementation, alongside key mitigation strategies.

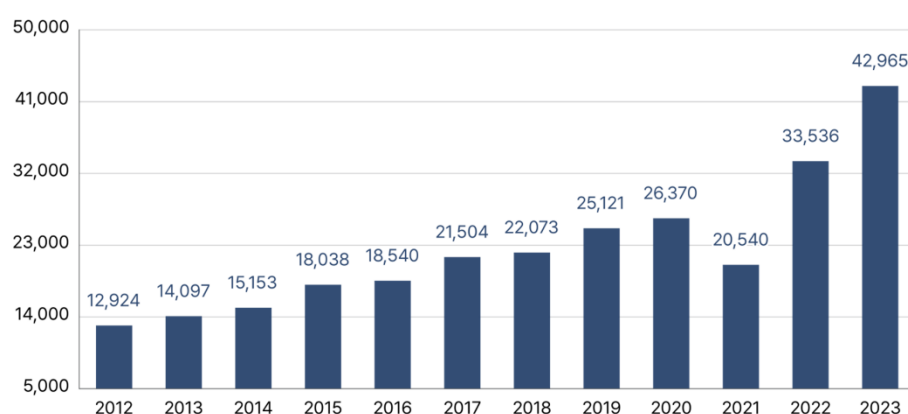
Since its inception in December 2019, the Programme has successfully delivered a wide range of GBV prevention and response interventions in alignment with the Anti-GBV Act No. 1 of 2011. These efforts were implemented in a coordinated, multi-sectoral approach involving government ministries, United Nations agencies, civil society organizations, traditional leaders, and community-based structures.

One of the key indicators of impact has been the continued increase in GBV cases reported to the Zambia Police Service, particularly through the Victim Support Unit (VSU). While the rising numbers may initially suggest worsening GBV prevalence, they also reflect heightened community awareness, improved confidence in service delivery systems, and greater public understanding of GBV laws and reporting mechanisms—all outcomes closely linked to Programme advocacy, outreach, and survivor-centered service provision.

This trend is corroborated by the final evaluation findings, which noted that from 2020 to 2023, GBV case reporting rose significantly demonstrating the Programme’s effectiveness in breaking the silence surrounding GBV and reinforcing public trust in available support mechanisms.

The graph below illustrates the upward trend in reported GBV cases between 2012 and 2023, a period marked by increasingly robust legal frameworks, strengthened referral systems, expanded service delivery points such as One Stop Centres (OSCs), Village-Led OSCs (VLOSCs), and Anti-GBV Fast Track Courts (FTCs), as well as community-based empowerment and sensitization efforts. It is worth noting that the Zambia Police Service did not have this kind of GBV statistics comparison analysis as below before the GBV Phase I interventions.

Comparison Analysis of GBV Cases: 2012 to 2023



GRZ-UN Joint Programme Phase I (2012 – 2017)

GRZ-UN Joint Programme Phase II (2019 – 2023)

Source: Zambia Police Service Victim Support Unit (ZPS-VSU) Statistics, Lusaka 2012- Dec 2023

Overview of the Programme Output Results under Outcomes 1 and 2

3.1 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: Increased Capacity of Target Districts to Deliver Coordinated GBV Services

The programme significantly exceeded its original target of reaching 10,000 individuals, ultimately delivering integrated gender-based violence (GBV) services to 253,195 direct beneficiaries (148,558 females and 104,637 males). This substantial increase was driven by mass sensitization campaigns and strategic partnerships with key service providers.

Key results include:

- **Enhanced Service Access:**
 - 11,493 individuals (9,511 female; 1,982 male) accessed GBV-related services directly through health facilities.
 - 70,240 individuals received support through the Zambia Police Service.
 - 3,174 refugees (1,686 female; 1,484 male) in Meheba and Mayukwayukwa camps received psychosocial counselling.
 - The remaining beneficiaries were reached via Social Behaviour Change Communication (SBCC) platforms, including radio.
- **Improved GBV and COVID-19 Awareness:**

Post-intervention evaluations revealed an 85% increase in knowledge related to GBV and COVID-19 prevention, contributing to a notable rise in case reporting.
- **Community Empowerment and Social Norms Shift:**

Through 97 structured community dialogues facilitated by traditional and religious leaders, marriage counsellors, and local committees (e.g., Safe Motherhood, CWACs, CCPU), communities demonstrated improved capacity to identify, discuss, and act on GBV issues. These efforts strengthened social and economic support mechanisms for survivors and significantly improved community-level GBV reporting rates.
- **Strengthened One Stop Centre (OSC) Response:**

The program equipped OSCs in Chinsali, Senanga, Katete, Lundazi, and Solwezi with child-friendly supplies, enhancing service delivery for child survivors. A vehicle procured for Chinsali district is now facilitating mobile GBV outreach and improving access to essential services, including health, policing, and legal aid for survivors and witnesses.
- **Integrated Service Provision for Survivors:**

By June 2024, 9,144 GBV survivors (8,011 female; 1,133 male) accessed comprehensive support at OSCs across project districts. (This result did not have a performance indicator in the results framework).
- **Child-Centered Justice Response:**

A total of 3,782 child GBV cases (2,282 girls; 1,500 boys) received psychosocial support and court escort services from trained frontline officers. These interventions, guided by the Minimum Standards for Child Victims and Witnesses in the Justice Process, have accelerated the recovery and rehabilitation of child survivors. This was not an unanticipated result.

- **Institutional Collaboration:**

The results were achieved through effective coordination among the Ministry of Health, Zambia Police Service, Ministry of Community Development and Social Services, Gender Division, National Prosecutions Authority, and Cabinet Office across all governance levels.

The project has demonstrably strengthened the capacity of target districts to provide coordinated, survivor-centered GBV services. Increased awareness, access to services, and community engagement have led to higher case identification, improved survivor support, and enhanced protection mechanisms, laying a strong foundation for sustainable GBV prevention and response.



Figure 1. A mural at a facility based One Stop Centre depicting different service provided at the OSC.

Strengthened Multi-Sectoral Coordination Yields Tangible Results in GBV Prevention and Response.

1. Coordinated Action Leads to the Rescue and Reintegration of Girls at Risk of Child Marriage

By March 2024, a coordinated multi-sectoral intervention involving Traditional Leadership, the Zambia Police Service, Community Neighbourhood Health Watch, the Ministry of Education, and the Ministry of Community Development and Social Services (MCDSS) led to the successful rescue of five girls (three from Misolo and two from Rufunsa) from early and forced marriages. All five girls were reintegrated into the formal school system, safeguarding their rights and future prospects. This decisive action reaffirmed local commitment to ending child marriage and protecting the rights of adolescent girls.

2. Legal Accountability Strengthened in Targeted Communities

Legal proceedings were initiated against all five perpetrators, each from within the girls' respective communities. Four cases are currently active in court, while law enforcement agencies continue efforts to apprehend one suspect still at large. These actions have reinforced the credibility of local justice mechanisms, increased community trust in formal institutions, and served as a deterrent against GBV and child marriage.

3. Village-Led One Stop Centres (VLOSCs) Strengthen Coordination and Service Delivery

The Programme strengthened coordination at the community, district, and national levels through the operationalization of Village-Led One Stop Centres (VLOSCs). These centres now conduct monthly anti-GBV coordination meetings, feeding into the national GBV Technical Working Group through districts GBV Task Forces and Gender Coordination Committees. This structure has improved case referral systems, shortened response times, and enhanced survivor-centered service provision at the grassroots level.

In collaboration with the Ministry of Local Government and Rural Development and Civil Society Organisations (CSOs), the Programme established nine (9) VLOSCs by March 2024 across the following chiefdoms:

- Chief Nkula
- Chief Mwase
- Chief Chanje
- Chief Maguya
- Chief Chamuka
- Chief Mumena
- Chief Shakumbila
- Chief Munkonchi
- Chief Bundabunda

These centres now function as decentralized hubs for GBV prevention and response, providing accessible health, legal, psychosocial, and protective services for survivors, particularly women and girls. This community-based infrastructure has improved early detection and reporting of GBV cases and deepened community ownership and accountability in addressing violence.

The Programme has delivered measurable results in GBV prevention and response by strengthening multi-sectoral collaboration, enhancing legal accountability, and decentralizing survivor support services. These results underscore the transformative potential of community-led, integrated interventions in protecting vulnerable populations and building resilient, gender-responsive systems for the long term.



Above: The former President of Zambia, His Excellency, Mr. Edgar Chagwa Lungu plants a tree with the United Nations Resident Co-ordinator, Dr. Coumba Mar Gardio to launch the Chamuka VLOSC at Chamuka in Chisamba district, 3 May 2021.



Chief Mumena commissioning a Village Led One Stop Centre with the Irish Ambassador, Bronagh Carr in December 2021.

VLOSCs Drive Increased Access to GBV Services and Community Awareness

By 2024, the establishment of Village-Led One Stop Centres (VLOSCs) resulted in a cumulative total of 4,411 individuals (3,195 females and 1,216 males), comprising both GBV survivors and community champions, accessing essential services. These included psychosocial counselling, basic health care, legal information, economic empowerment support, and referrals to the Victim Support Unit (VSU), health facilities, and the justice system.

The VLOSC model has decentralized GBV services, making them more accessible and responsive at the community level. As a result, survivors are now receiving timelier, multi-sectoral support, while communities have demonstrated increased awareness and proactive engagement in GBV prevention

and response. This has led to a noticeable shift in community attitudes, improved case reporting, and stronger local ownership of survivor protection and empowerment initiatives.

Below: United Nations Resident Co-ordinator, Beatrice Mutali, Senior Chief Nkula, Kate O'Donnell, Embassy of Ireland and Matthews Chilekwa - Muchinga Province Deputy Permanent Secretary at the launch of the Chief Nkula Village Led One-Stop Centre In Muchinga Province





Above His Royal Highness Chief Chanje of Chipangali District, Beauty Undi Phiri - Eastern Province Deputy Permanent Secretary and UNDP Deputy Resident Representative, Ethel Bangwayo officiating at the launch of the Village Led One Stop Centre in Chipangali.

Capacity of VLOSC Volunteers Significantly Enhanced Through Targeted Training

A pre- and post-training evaluation of 123 Village-Led One Stop Centre (VLOSC) volunteers (63 males and 60 females) revealed a marked improvement in knowledge and skills related to GBV prevention and survivor support, with average competency levels increasing from 30% to 60%. This progress followed an intensive training initiative conducted across six chiefdoms: Nkula, Munkonchi, Bundabunda, Shakumbila, Chanje, and Maguya.

The training was implemented in close partnership with the National Legal Aid Clinic for Women (NLACW), Women for Change, Young Happy Healthy and Safe (YHHS), the Ministry of Community Development and Social Services (MCDSS), Zambia Police Service (ZPS), National Prosecution Authority (NPA), and the Judiciary.

The curriculum covered key topics including GBV concepts, legal and policy frameworks, health protocols, referral pathways, and survivor-centered support services. Emphasis was placed on community collaboration and ethical conduct, equipping volunteers to serve as effective first responders and advocates for GBV prevention at the community level.

Strengthened Policy Frameworks and Coordination for GBV Response

To enhance coordination and ensure consistency in service delivery, the programme provided strategic support toward the development, review, finalization, and operationalization of key national guidelines and policy tools. These frameworks have contributed to standardizing GBV prevention and response mechanisms across all levels, ensuring that service providers adhere to quality benchmarks.

The documents include:

Guidelines/Standards-

1. Minimum Standards Guidelines for Operationalizing Village-Led One Stop Centres (VLOSCs) – providing a structured approach for community-level GBV service delivery.
2. Minimum Standards Guidelines for Trafficked Persons and Anti-GBV Safe Shelters – ensuring survivor safety, dignity, and holistic care in safe spaces.
3. Guidelines on Minimum Standards for Child Victims and Witnesses in the Justice Process – strengthening child protection and promoting child-sensitive judicial procedures.
4. Guidance Note on Case Management for Violence Against Children and GBV – improving inter-agency coordination and survivor-centered case handling. These tools have been adopted and are actively being used by frontline workers, thereby improving the quality, consistency, and coordination of services provided to GBV survivors nationwide.
5. Minimum Standards on the use of the GBV Funds.
6. The Minimum Standards for One Stop Centers.

Training Manuals / Curriculum.

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

Policies and Legal Reforms

9. Medical-Legal ZP Form 32 (Police-Medical form).
10. A study on the Effects of Online Gender-Based Violence on Women and Girls
11. The Anti-GBV Act No. 1 of 2011
12. Rapid Assessment of the Impact of COVID 19 on Women and Girls.

Standardization of Service Delivery

Following the September 2023 launch of the *Minimum Norms and Standards for Temporary Safe Shelters for GBV Survivors and Victims of Trafficking*, a total of 23 staff (15 female, 8 male) were trained to ensure compliance in the treatment and management of GBV survivors and Victims of Trafficking (VoTs). The rollout of these revised guidelines has resulted in standardized and improved quality of service delivery across all shelters.



Figure 4: Launch of the Minimum Norms and Standards for Temporary Safe Shelters –28 Sep 2023

3.1.2 Output 1.2 GBV survivors have increased access to safe shelter.

Strengthening Access to Safe Shelters and Services for GBV Survivors and Child Victims

In collaboration with the Ministry of Community Development and Social Services, Chisomo Community Programme, YWCA, National Legal Aid Clinic for Women, and the Zambia Police Service, the programme successfully supported 716 individuals (all women and children) to access temporary safe shelters across eight districts: Chipata, Chongwe, Lusaka, Kabwe, Kitwe, Mongu, Lundazi, and Solwezi.

To ensure humane and dignified conditions for all clients during their stay, shelters provided a comprehensive package of services including:

- Medical aid and referrals
- Social welfare support
- Psychosocial counselling
- Educational support
- Legal advice
- Start-up capital
- Court escort services
- Reintegration support where safety was confirmed

Infrastructure Expansion and Improved Access

The rehabilitation of the Mumbwa temporary safe shelter in 2024 increased the total number of operational shelters to three out of the planned four, thereby enhancing geographic access to safe shelter for Gender-Based Violence (GBV) survivors.

Child Protection and Alternative Care

A total of 120 child GBV survivors (80 girls and 40 boys) were successfully placed in alternative family care. These children received targeted psychosocial counselling and court preparedness

support, facilitated by 20 trained Social Welfare Officers. This initiative significantly contributed to improved protection and recovery outcomes for affected children.

Capacity Strengthening

The training of 20 Social Welfare Officers in statutory case management increased the programme's cumulative total of trained personnel to 421 officers (357 female, 64 male) since inception. These skills are now institutionalized within existing government systems, ensuring sustainability and continuity beyond the lifespan of the programme.



Community engagement meeting at Chief Maguya's palace facilitated by Mrs. Banda from Department of Chiefs and Traditional Affairs in collaboration with YHHS, GBV II implementing partner

3.1.3 Output 1.3: Target Districts Demonstrate Increased Capacity to Deliver Quality Legal Services

The Programme strengthened access to justice for 3,707 Gender-Based Violence (GBV) survivors (3,605 female, 102 male) through partnerships with the National Legal Aid Clinic for Women (NLACW), Women for Change, and the Young Women Christian Association (YWCA). Survivors benefited from a comprehensive range of legal services, including legal advice, legal information, and legal representation before the Anti-GBV and User-Friendly Fast Track Courts (FTCs) and other courts of law.

Enhancing Child-Friendly Justice Systems

To promote a safer, more protective environment for child survivors participating in court proceedings, the Programme collaborated with the National Prosecutions Authority and supported the Judiciary Department to enhance the child-friendliness of 10 Anti-GBV FTCs located in Chipata, Choma, Kabwe, Mongu, Solwezi, Mansa, Kasama, Chinsali, Lusaka, and Ndola.

As a result, child-friendly supplies were procured and distributed to all 10 courts, leading to the establishment of child-friendly corners within each facility. These designated spaces were designed to reduce trauma, foster a sense of safety, and create a non-intimidating environment for children appearing as witnesses or survivors. The initiative has contributed to safeguarding the rights and well-being of child participants, while also supporting the justice system to meet child protection standards. Through these interventions, the Programme has contributed to increased institutional capacity to deliver survivor-centred, gender-sensitive, and child-protective legal services across targeted districts. The child-friendly materials also contributed to improving the quality of evidence gathered from child witnesses by creating a more comfortable and supportive environment. This has enabled prosecutors to obtain more accurate and reliable testimony, thereby strengthening the prosecution of GBV cases involving children.

Since its commissioning in 2023, the Forensic DNA Laboratory at Levy Mwanawasa University Teaching Hospital has analysed a cumulative total of 145 cases, with 115 cases processed in the current reporting period. Of these, 47 cases have been resolved, while 68 remain under analysis. The operationalization of the DNA Laboratory represents a critical milestone in enhancing the capacity of the justice system to rely on scientific, evidence-based prosecution. It significantly reduces the risk of genuine cases being dismissed due to insufficient forensic evidence, thereby increasing the likelihood of justice for survivors.



Above: L-R: Minister of Home Affairs and Internal Security Hon Jack Mwimbu, United States Ambassador to Zambia Michael C. Gonzales, UN Resident Coordinator- Beatrice Mutali, Inspector General of the Zambia Police Service- Graphel C. Musamba at the launch of the Forensic DNA Laboratory at Levy Mwanawasa University Teaching Hospital, Lusaka, Zambia.

Fast Track Courts Expand Access to Survivor-Centred Justice

The construction of four Anti-GBV User-Friendly Fast Track Courts (FTCs) in Chinsali, Kasama, Mansa, and Solwezi was successfully completed in June 2024, representing a major milestone in advancing survivor-centred justice under the GRZ-UN Joint Programme on GBV Phase II. These courts were officially launched through high-level ceremonies led by Participating UN Organizations (PUNOs) and senior Government officials, including Chief Justice Dr. Mumba Malila, UN Zambia Resident Coordinator Ms. Beatrice Mutali, and UNDP Resident Representative Dr. James Wakiaga.

Each court was fully equipped with state-of-the-art Information and Communications Technology (ICT) systems to enhance real-time case tracking, improve data management, and reduce delays in court processes. The facilities and ICT infrastructure were formally handed over to the Government with full title and ownership, reinforcing national ownership and sustainability of justice sector reforms.

As a result of these investments, the judiciary's geographic reach and operational capacity to adjudicate GBV cases has significantly improved. Survivors, particularly women and children—now benefit from trauma-informed, survivor-friendly environments that reduce secondary victimization and expedite access to legal redress. This has led to more responsive, transparent, and accountable justice outcomes across the four provinces.



UNDP RR – James Wakiaga, Lady Justice Anessie Banda-Bobo (Ministry of Justice Judiciary Department), and Deputy Head of Mission – Embassy of Ireland - Ms. Kate O'Donnell at the launch of the Kasama Child-Friendly Anti-GBV Fast Track Court.

Accelerated Justice Delivery for GBV Cases

The establishment of the Anti-GBV Fast Track Courts (FTCs) has significantly contributed to the expedited handling of GBV-related cases, marking a transformative shift in the justice delivery system. Through the Project, strategic coordination and partnerships were strengthened among key institutions, including the Zambia Police Service, the National Prosecution Authority (NPA), the Judiciary, and other security agencies to improve GBV case detection, reporting, and prosecution. These strengthened linkages facilitated enhanced case flow management, raised community awareness, and improved survivor confidence in reporting GBV. As a direct result, the turnaround time for GBV case processing has dramatically decreased. According to anecdotal evidence from the Judiciary Department, GBV-related cases were processed within 3 to 7 days in 2023, a significant improvement compared to the pre-2018 average of up to 3 years.

This progress demonstrates the effectiveness of integrated justice sector reforms in ensuring timely, survivor-sensitive, and rights-based responses to GBV, while also reinforcing public trust in the formal justice system. Below is a testimony of how the fast-track courts have enhanced justice delivery. (Also watch a documentary on the link below in the Annex)

“ We had one criminal matter related to assaulting and occasioning of bodily harm. The Court (FTC) dealt with this matter in one day – the witnesses and defence lawyers came forward to hear the case.... and judgement was passed the same day... This is evidence that with the advent of GBV Fast Track Courts, GBV cases are dealt with expeditiously.....” KALIFANO MANYEPA... Principal Resident Magistrate, Mongu, Western Province, December 2023.



Above: ZPS, Swedish Ambassador, DIG Alita Mbahwe, UNDP DRR and GIZ Rep at the launch of the revised ZPS training Curriculum

3.2.1 Output 2.1: GBV Survivors and At-Risk Individuals Access Economic Empowerment Services.

The rehabilitation of ICT Hubs in Itzhi-tezhi, Chisamba, and Chongwe has significantly expanded economic empowerment opportunities for women, girls, and youth. These hubs serve as digital business centres, offering access to the internet, computers, and printers, thereby enabling the public to engage in small-scale income-generating activities such as printing and photocopying services.

Beyond income generation, the ICT hubs function as information and learning platforms, facilitating access to critical resources on GBV services, e-learning, online markets, climate change, agriculture, finance, and business training. By making cybersecurity awareness content readily available, the hubs have also played a crucial role in equipping girls and women with the knowledge and skills to navigate online spaces safely, helping mitigate risks of cyberbullying and online exploitation.

Since project inception in 2019, and in partnership with the Science, Technology, Engineering and Mathematics (STEM) Foundation, a cumulative total of 1,581 individuals (1,546 women and girls; 35 males) have been empowered with ICT knowledge and skills. Of these, 536 participants (496 women and 40 girls) were successfully linked to entrepreneurship opportunities, contributing to their economic independence and resilience against GBV risks.

These interventions have not only enhanced digital inclusion but have also strengthened the economic agency and self-reliance of GBV survivors and those at risk, thereby contributing to broader GBV prevention and response efforts.



Deputy Head of Mission -Embassy of Ireland, Ms. Kate O'Donnell delivering remarks on behalf of the donors at the Launch of Solwezi Anti-GBV Fast Track Court, North-Western Province.

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

ICT Hubs Empower Rural Women and Girls Through Digital Skills and Online Safety Training

In alignment with UN mandates on strategic innovation and digital transformation, the Programme empowered a total of 550 new beneficiaries (515 female, 35 male) with critical Information and Communications Technology (ICT) skills through established ICT Hubs in Itezhi-tezhi, Chisamba, and Chongwe Primary School. This brought the cumulative total of individuals reached to 1,581 (1,546 female, 35 male), with a strong focus on rural women and girls.

The ICT Hubs served as vital platforms for digital inclusion, offering access to the internet and basic computer services that enhanced learning, economic participation, and community networking. Women and girls gained not only digital literacy but also practical tools to pursue entrepreneurship, education, and access to online services.

In addition, the Programme incorporated online safety training, equipping beneficiaries with skills to identify and report cyber threats, including online gender-based violence (OGBV), exploitation, abuse, and cyberbullying. Participants learned to recognize harmful online behaviors and their broader impact on individuals and communities, fostering safer and more informed digital engagement.

These targeted digital interventions have contributed to increased digital agency among rural women and girls, promoting economic empowerment, resilience, and protection in online spaces.



Above: A group of women and girls gather at the Itezhi-Itzhi ICT Hub for an interactive lesson designed to empower them with essential digital skills



Figure 9: ICT Training for women and girls at Chisamba Primary School in Chisamba district

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.

Increased incomes and household resilience through women and girls' empowerment

To contribute to reducing the vulnerability to GBV and in line with the 8NDP anchored on leaving No One Behind, the Programme capacitated with business skills 11 all females Persons with Disabilities (PWD) in Rufunsa and Magwero in business development skills. Of the 11, 6 had physical disabilities, 3 blind and 2 deaf. The project also 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-tjbFqjukbBWqrqTvI3bHJg1P1CcSIQ/view?usp=sharing>

A cumulative total of 1,493 GBV survivors and champions (1,441 female, 52 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) This was preceded with a capacity development using the *GET Ahead* for Women in Enterprise Training Package and Resource Kits. The pre and post evaluations of the Gender +Entrepreneurship Together (GET) Ahead trainings undertaken had shown improvements in the way beneficiaries understood and handled gender-based violence cases. Further, beneficiaries were able to acquire business management and entrepreneurship information through capacity development interventions.

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 Programme. 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 66 savings and credit groups have been formed to improve enterprise development and increase financial inclusion among GBV survivors and those at risk. A key access to credit constraint are high interest rates above 30% charged by formal banks, financial institutions and individual money lenders on loans. The beneficiaries' entrepreneurial skills have also been improved, facilitating wealth creation at community, household and individual levels and improvements in the culture of savings in targeted 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.

Below: Chamulimba savings group of Rufunsa district sharing K84, 000.00 from their savings



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>



Women's Economic Empowerment Savings Group in Senanga District

Following the training of GBV survivors in business skill and disbursement of start-up toolkits, women have started to own businesses in tailoring, poultry and vegetable farming, mobile money vending and selling used clothes. Women have also shown resilience and improved their business enterprise leveraging the economic empowerment trainings conducted in 2021 and 2022. The beneficiaries' entrepreneurial skills have also been improved as there is wealth creation at community, household and individual levels and improvements in the culture of savings in selected project sites.

The Lusaka Dorcus Women's Savings Group supported with business skills resulted in the group's first share-out of ZMW 31,000, to increase to ZMW 80,000 and their membership increasing from 20 to 25 women.

"We were very blank when we started our businesses...." recalls Ba Nakulu Mpundu ... "Now our businesses have grown due to the business knowledge and enterprise skills imparted to us by the UN Joint GBV Programme. The growth in businesses have also helped improve our marriage relationships with our spouses and have made us less abused..." she concludes.



Figure 11: The Lusaka based Kamwala Dorcas Women Savings Group after the profit share-out.

Increased Community Mobilization and Response

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

The Programme sensitised a cumulative total of 5,390 (3397 male, 1993 females) traditional leaders from inception on GBV and COVID-19. A cumulative total of 4,500 (2622 females and 1,878 males) spouses of traditional leaders were sensitized on GBV and COVID-19 prevention from Project inception. As a result of the sensitizations the traditional leaders were able to challenge negative cultural practices. Service provision continued beyond the programme target of 1,500 without additional funding.

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.

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.

During the period 2019-2024, the Programme reached a cumulative total of 253,195 (148,558 females and 104,637 males) with GBV and COVID-19 prevention and response messages through participation

in community structures² sensitisations and policy dialogues. 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.

Through the Joint Programme on Gender-Based Violence (GBV), engaging men and boys as key allies in the prevention of GBV yielded significant results. Community dialogues, school-based mentorship initiatives, and male-led advocacy campaigns through the project partner, the Zambia National Men's Network for Gender and Development have contributed to shifting harmful gender norms and promoting positive masculinity. These efforts have increased awareness among men and boys about their role in ending violence, resulting in greater support for survivors and active participation in challenging cultural practices that perpetuate GBV.

Men and Boys as victims of Gender-Based Violence:

Additionally, the project has recognized that men and boys can also be victims of GBV. To this end, it has ensured their protection through targeted sensitization efforts, inclusive survivor support services, and safe reporting mechanisms accessible to all genders. The inclusion of male-focused interventions has strengthened community resilience and fostered a more holistic and equitable response to GBV

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

The programme facilitated use of electronic tools and systems (usage of laptops and software to report and manage data efficiently) by the Zambia Police. This intervention has resulted in improved VSU's ability to better manage GBV cases. Specifically, two Information and Communications Technology (ICT) technical trainings were conducted in the reporting period.

Further, the Programme facilitated and participated in monthly 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. The result of these was a Joint Capacity Development Plan led by Gender Division.

The project and its partners have 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, FCDO, World Bank, Canada and CSOs.

4.0 Evaluations, Good Practices, Lessons Learned and Selected Knowledge Products

Evaluations.

Light Touch Assessment. The Programme underwent a Light Touch Assessment during 2023. Some of the key recommendations of the Light Touch Assessment were that:

- (i) That there is need to (a) document the various components of the programs national and community level multi-sectoral Anti GBV response into a model and publicize it for (a) buy in

² 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.

by other key stakeholders and (b) resource mobilization directed at funding agencies to increase the volumes of funding and allow the program to upscale and roll out its successes.

- (ii) That Village Led One Stop Centre (VLOSC) structures should be linked to relevant Government organs such as the Ministry of Commerce, and the Area Members of Parliaments to facilitate access to Constituency Development Fund to enable GBV survivors continue to receive economic empowerment, psychosocial and other services from a human rights perspective. Linking the centres to government support will ensure their sustainability in terms of provision of other services such as maintenance and repair costs.

End of Project Evaluation.

The Project underwent an end of Project evaluation which was concluded in June 2024. The findings and recommendations for the end of Project evaluation will be used to inform future programming (Copy of the final Evaluation Report Attached hereto)

Good Practices.

1. Continuity of service provision with use of innovative online technologies - a case in point is the Judiciary Department authorities who have continued to hold virtual court sessions even after the COVID-19 outbreak period.
2. 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.
3. 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 as a good practice.
4. *Partnerships and Co-ordination.* 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. Similarly, holding of bilateral meetings with donors on programme complementarity with other co-operating partners through the GBV National Technical Working Group for improved co-ordination of GBV related issues proved to have synergistic effects.
5. Male engagement to prevent and respond but also to provide safe spaces for men and boys who fall victim to GBV.
6. The in-kind contribution by community members to build the One Stop Centers has been a transformative initiative. Some communities in Shakumbila and Bunda Bunda chiefdoms contributed building materials such as blocks, showcasing a tangible commitment to the success of the program. The community's involvement in the construction process has fostered a sense of ownership, pride, unity and collaboration among community members.

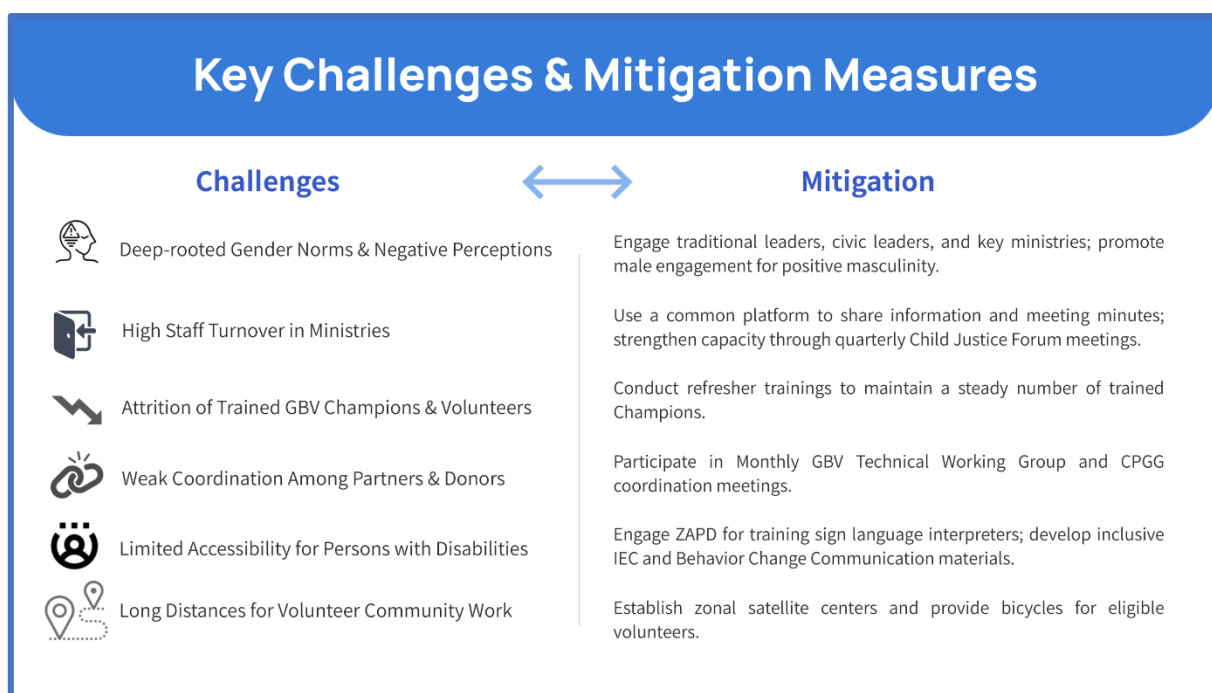
Lessons Learned.

1. Sustained involvement of traditional leaders and local stakeholders in the implementation of activities enhances ownership, sustainability of program activities and brings greater impact. Similarly, engagement with high level government officials,
2. Subordinate courts should be provided with child friendly supplies because all of them handle GBV cases involving children.
3. Engagement with ‘gate-keepers’ 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.
4. Socio-economic factors play a major role in perpetuating gender inequality
5. Access to ICTs enables women to access markets for their produce/and services.
6. That men and boys can also be victims of gender-based violence and targeted interventions must be supported.

Key Learnings

- 1 Community-Led Approaches Work
- 2 Multi-Sectoral Coordination is Critical
- 3 Economic Empowerment is a Game-Changer
- 4 Engaging Men and Boys & Not Leaving Boys and Men Behind is critical
- 5 Leveraging Digital & Alternative Energy Solutions





6.0 Qualitative Assessment

The Programme Steering Committees (PSCs) and regular biannual coordination meetings continued to play a vital role in providing strategic leadership, policy direction, capacity development, and quality assurance throughout the implementation of the GRZ–UN JP GBV Phase II Programme.

The 5th PSC, convened on 14th December 2022, approved a No-Cost Extension of the Programme until 30th September 2023. Subsequently, the 6th PSC, held on 12th September 2023, endorsed a second No-Cost Extension up to 30th June 2024, primarily to facilitate the completion of outstanding construction works, which were reported at approximately 56% completion at the time.

As a result of these extensions, the Programme successfully finalised and launched several critical infrastructure components in June 2024, including:

- Village-Led One Stop Centres (VLOSCs)
- ICT Hubs to support digital inclusion and disability mainstreaming
- User-Friendly Anti-GBV Fast Track Courts

These developments marked a significant milestone in enhancing access to justice, survivor support, and community-level GBV prevention.

Ongoing coordination through platforms such as the UN Gender Theme Group, the Cooperating Partners Group on Gender (CPGG), the National GBV Technical Working Group (GBV TWG), and bilateral meetings with key stakeholders—including the Government of Zambia, EU, USAID, and the World Bank—helped foster synergy, harmonization, and resource optimization.

These collaborative engagements contributed to the joint development and alignment of key policy instruments and operational frameworks, such as the National Gender Policy and minimum operational standards for gender-related interventions. This not only enhanced programme coherence but also promoted cost-effective resource utilization, improved governance, and strengthened transparency and accountability across all implementation levels.

Cross-Cutting Issues

The independent final evaluation of the GRZ–UN Joint Programme on Gender-Based Violence Phase II (2019–2024) confirms that the Programme actively integrated key cross-cutting principles throughout its planning and implementation stages. These included human rights, gender equality, disability inclusion, environmental sustainability, and the overarching commitment to “Leave No One Behind” (LNOB).

According to the evaluation, principles such as human rights, gender equality, disability inclusion, and LNOB were not only acknowledged but were extensively applied across various programme components. These principles were operationalized through targeted interventions, inclusive service delivery, and participatory engagement with vulnerable and marginalized populations.

A notable example of disability inclusion was the replication of the Magwero mini ICT Hub (originally established in Eastern Province) at Senanga School for the Deaf in Western Province. This initiative focused on mainstreaming disability within GBV prevention and response efforts. Through this intervention, 210 persons with disabilities (PWDs) including 123 boys and 87 girls were reached with tailored GBV messaging and accessible information on how to identify and report GBV cases.

This inclusive approach not only expanded the Programme’s reach to vulnerable groups but also demonstrated a commitment to equitable access to information and services, ensuring that children and adolescents with disabilities are not left behind in national GBV prevention efforts. <https://drive.google.com/file/d/12L-tjbFqjukbBWqrTvI3bHJg1P1CcSIQ/view?usp=sharing>

6.1 GRZ-UN JP GBV II 2019-2024 Financial Report

The Joint Programme on Gender-Based Violence in Zambia is possible thanks to the efforts of the Government of Ireland and Sweden. Since 2019 together they have contributed \$7,201,735.

Table shows Net Funded Amount and Reported Expenditures by Participating Organization, as of 31 December 2024 (in US Dollars) <https://mptf.undp.org>

Participating Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years up to 31-Dec-2023	Financial Year Jan-Dec-2024	Cumulative	
ILO	400,939	348,448	348,448	-	348,448	100.00
IOM	873,300	754,350	733,662	20,689	754,350	100.00
UNDP	4,383,868	4,383,868	3,454,998	699,314	4,154,312	94.76
UNFPA	797,150	797,150	771,797	23,322	795,119	99.75
UNICEF	952,612	849,036	842,815	6,220	849,036	100.00
Grand Total	7,407,869	7,132,853	6,151,720	749,545	6,901,265	96.75

2020 –March 2024 Results Matrix - Cumulative Results for the Project Output Indicators against End of Programme Targets															
Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 - 2024 Planned Targets and Actual Outputs												Cumulative GRZ-UN JP GBV II Project Performance		
	Baseline January 2020	End of Programme (EPT) Target	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	2022 Actual Output	2023 Planned Target	2023 Actual Output	2024 Panned Target	2024 Actual Output	202-2024 Cumulative Actual Total Performance	Achievement - Reasons for over-under performance	Means of Verification
Output 1.1: Target districts have increased capacity to deliver coordinated GBV services. Output Indicator 1.1.1: # of hospital based OSC established	10	1	0	0	0	0	1	0	1	1	1	1	1		Project Reports/Physical inspections
Output Indicator 1.1.2: # of hospital based OSC strengthened 15 in the project districts	0	3	0	10	1	5	2	5	0	0	3	20	20	MOH HQ provided supportive supervision and mentorship at facility level.	Project Reports
Output Indicator 1.1.3 # of community structures conducting dialogues and info sessions on GBV services and prevention	9	30	10	35	10	14	10	22	0	8	0	79	79	Exceeded due to demand by community structures.	.Project reports
Output Indicator 1.1.4: # of OSCs which are made child friendly	4	4	0	0	0	0	4	5	4	4	4	1	5	Due to the demand from clients in the OSC.	Project reports
Output Indicator 1.1.5: # of service providers trained on multi-disciplinary GBV Guidelines (disaggregated by type of service provider and sex).	20	1485 - 390 paralegals; 30 doctors; 30 Nurses; 30 Clinical Officers; 270 Hospital Based One Centre Staff; 20 Adjudicators	130 paralegals, 10 doctors, 10 nurses, 10 clinical officers, 90 hospital based One Stop Centre staff, 40 adjudicators, 10 prosecutors	Not Applicable. Indicator was developed in 2021	130 paralegals, 10 doctors, 10 nurses, 10 clinical officers, 90 hospital based One Stop Centre staff, 40 adjudicators, 10 prosecutors	355 service providers (231 male 124 Female: 133 Male): 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 One Stop Centre staff, 40 adjudicators, 10 prosecutors	189 Service Providers (96 males, 93 females) 0 paralegals 0 Doctors 0 Nurses 0 Clinical officers 88 Hospital Based OSC Staff (30 males, 58 females) 35	653 Nurses 30 female; 50 Clinical officers (10 female, 40 male); Hospital Based One Stop Centres 163 - (105 males, 58 females); 39 Clerks of Court (14 female, 25 male); 275 prosecutors (120 male, 155 females)	627 94 female nurses; 40 clinical officers (12 female, 40 male); 90 Hospital Based One Stop Centre staff (58 male, 32 female); 39 Clerks of Court (14 female, 25 male); 302 prosecutors (175 male, 127 female); 480 police officer (305 males, and 175 females)	0	0	1503 (831 females, 672 males) 60 paralegals (48 male 12 female); 13 Doctors (8 males, 5 female); 60 Clinical Officers (41 males, 19 female); 193 Hospital Based staff (88 male, 105 female); 35 adjudicators (29 male, 6 female); 327 prosecutors (163 males, 164 females); 685 police officers (450 males, 235 females)	Over-achievement is due to demand by other Anti-GBV service providers such as court clerks, prosecutors and police officers	Project Reports
Output Indicator 1.1.6: # of Minimum Standards and Guidelines developed for GBV service providers and facilities for	0	1	0	N/A Indicator developed in Sept 2021	1	5	-	3	3	5	3	5	13	Government requested support to launch other Guidelines that were in the pipeline.	Project Reports
Output Indicator 1.1.7: # of Community Response Mechanisms (VLOSC) Established	13	9	0	0	3	1	6	1	5	4	3	3	9		Project Reports

2020 –March 2024 Results Matrix - Cumulative Results for the Project Output Indicators against End of Programme Targets															
Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 - 2024 Planned Targets and Actual Outputs												Cumulative GRZ-UN JP GBV II Project Performance		
	Baseline January 2020	End of Programme (EPT) Target	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	2022 Actual Output	2023 Planned Target	2023 Actual Output	2024 Panned Target	2024 Actual Output	202-2024 Cumulative Actual Total Performance	Achievement - Reasons for over-under performance	Means of Verification
Output Indicator 1.1.8: # of people accessing services at the Community Response Mechanisms (VLOSC) disaggregated by sex.	11318	600	113	N/A Indicator developed in Sept 2021	110	311	300	1641 (1512 female, 129 males)	0	2470 (1765 females, 705 males)	0	2470 (1766 females, 705 males)	4411 (3195 females, 1216 males)	The over-achievement was due to engagement with traditional leaders	IP Reports
Output 1.2: GBV Survivors have increased access to Safe Shelters Output. Indicator 1.2.1: # of survivors that benefit from specialised services at the GBV shelters disaggregated by sex.	1676	380	139	74	141	141	100	246 All females	0	255 (169 female, 86 children)	0	255 (169 females, 86 children)	716 (475 adults, 241 children)	Even though this target was already achieved, the safe shelters continued to provide services for the survivors. The Programme received the highest number of survivors due to increased referrals to the safe shelters and sensitizations on available services.	Anti-GBV Shelter Registers
Output Indicator 1.2.2 # of temporary Anti-GBV shelters established for temporary housing of GBV survivors	1	4	0	0	1	2	3	1	2	1	2	1	3	The End of Programme target was revised from 4 to 3	Project Reports
Output Indicator 1.2.3: # of shelters strengthened for temporary housing of GBV survivors	0	9	2	7	4	8	3	6	0	1	0	1	22	This was due to the need to increase functional shelters by way of providing supplies	Project Reports
Output Indicator 1.2.4: # of child GBV survivors supported to access alternative care options19 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)	242 GBV survivors (202 girls 40 boys)	0	219 (155 female, 64 boys)	0	219 female, (155 boys) 64	421 (357 female, 64 boys)	Child survivors were provided with GBV services through access to alternative care through case management. Shelters were able to accommodate more survivors due to the provision of supplies	Project Reports
Output 1.3: Target districts have increased capacity to deliver quality legal services. Output Indicator 1.3.1 # of Fast Track Courts established	6	4	0	0	0	0	4	0	4	0	4	4	4	Both construction and launches of the Fast Track Courts were concluded in June 2024	Project site inspection reports
Output Indicator 1.3.2: % of FTC that are operating in line with child friendly standards	0	100	0	0	60%	0	100%	10 of 10 (100%)	10	10	100%	100%	100%		Project Court Records

2020 –March 2024 Results Matrix - Cumulative Results for the Project Output Indicators against End of Programme Targets															
Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 - 2024 Planned Targets and Actual Outputs												Cumulative GRZ-UN JP GBV II Project Performance		
	Baseline January 2020	End of Programme (EPT) Target	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	2022 Actual Output	2023 Planned Target	2023 Actual Output	2024 Panned Target	2024 Actual Output	202-2024 Cumulative Actual Total Performance	Achievement - Reasons for over-under performance	Means of Verification
Output Indicator 1.3.3: # of legal service providers trained	9292	320	50 paralegal s, 15 prosecutors 10 adjudicators, 10 social welfare officers, 10 magistrates	486 N/A Indicators refined in Sept 2021	50 paralegal s, 15 prosecutors 10 adjudicators, 10 social welfare officers, 10 magistrates	538 legal service s providers trained 10 paralegals 426 Prosecutors, 40 Adjucators, 2 Social Welfare Officers	30 paralegal s, 15 prosecutors 15 adjudicators 10 social welfare officers 15 magistrates es	36) participants (26 male) and (10)	0	0	0	0	700 (506 males, 194 females)	The use of virtual means enabled an increased outreach The Project met all the targets for the legal service providers trained.	Project Reports
Output Indicator 1.3.4: # of GBV survivors provided with legal services disaggregated by sex.	1,200	2,000	1000		1500	611 clients(79 women, 532 children)	1,500	1950 all- female	0	1,016 (914 female, 102 male		1016 (914 female, 102 male)	3707 (3605 female, 102 male)	Over-achievement is due to increased awareness	Project Reports
Output Indicator 2.1.1: # of GBV survivors and those at risk capacitated in business development disaggregated by sex.	4,500	500	0		350	516 (261 females, 155 males)	150	292 (277 females, 15 females)	0	0	0	0	1493 (1411 females, 52 males)	GET Ahead training in Misolo and Rufunsa led to increased demand for economic empowerment	Training reports, attendance registers
Output Indicator 2.1.2: # of GBV survivors and those at risk provided with enterprise (Income Generation Activities) start- up support	2,446	500	0		300	398 (361 females,37 males)	200	224 (210 females, 14 males)	0	0	0	0	1057 (1013 females, 44 males)	Increased demand for economic empowerment knowledge by GBV survivors	Training reports, Attendance Lists
Indicator 2.1.3: # of GBV survivors and those at risk engaged in saving and credit groups disaggregated by sex.	0	500	0		350	398 (361 females,37 males)	150	348 (287 females, 61 males)	0	0	0	0	852 (702 females, 60 males)	Increased demand for economic empowerment knowledge by GBV survivors	Training Activity Reports, Attendance Lists Project Reports
Indicator 2.1.4: # of saving and credit groups supported to improve enterprises (Income Generating Activities)	0	33	0	0	20	42	13	21	0	3	0	3	66	Increased demand by existing savings groups supporting strengthening.	Training reports, Attendance Lists
Indicator 2.1.5: # of ICT Hubs established	0	3	0	0	0	0	0	3	3	0	2	2	3		Implementing Partner Reports
Indicator 2.1.6: # of women and girls capacitated with ICT knowledge	200	600	200	35	200	420	300	576 girls	0	550 (515 female, 35 male)		550 female, 515 male)	1,581 (1,546 female, 35 male)	Strategic set-up of ICT hubs in schools increased the reach of in-school and out-of-school women and girls	IP project Reports
Output Indicator 2.2 Community and traditional leadership structures have capacity to mobilise on GBV prevention Output Indicator 2.2.1: # of traditional leaders sensitised on GBV and COVID-19 disaggregated by sex.	0	4,213	1513	567	1500	2120 (1422 males, 698 females)	1200	1715 (1025 males and 690 males)	0	953 (419 females, 554 males)		953 (419 females, 554 males)	5390 (3397 males, 1993 females)	Due to robust sensitization sessions with traditional leaders and their Indunas outreach increased.	Activity Reports and Attendance Lists

2020 –March 2024 Results Matrix - Cumulative Results for the Project Output Indicators against End of Programme Targets															
Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 - 2024 Planned Targets and Actual Outputs												Cumulative GRZ-UN JP GBV II Project Performance		
	Baseline January 2020	End of Programme (EPT) Target	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	2022 Actual Output	2023 Planned Target	2023 Actual Output	2024 Panned Target	2024 Actual Output	202-2024 Cumulative Actual Total Performance	Achievement - Reasons for over-under performance	Means of Verification
Output Indicator 2.2.2: # of spouses of traditional leaders sensitised on GBV and COVID-19 disaggregated by sex.	30	1,500	500	N/A Indicator developed in Sept 2021	500 (New additional figure to the 500 in 2020)	1708 (1019 females, 689 males)	500	417 (206 females, 211 females)	0	2375 (1392 females, 983 males)	0	2375 (1392 females, 983 males)	4500 (2622 females, 1878 males)	Engagement with chiefs' spouses at chiefdom level was cost-effective and led to higher outreach	IP Reports
Output Indicator 2.2.3 # religious leaders sensitised on GBV and COVID-19 disaggregated by sex.	40	350	100	N/A Indicator developed in Sept 2021	100. New additional figure to the 100 in 2020	281 (181 females and 100 males)	100	623 (301 females, 322 males)	0	390 (214 males, 174 females)	0	390 (214 males, 174 females)	1294 (572 females, 732 males)	More demand for information by religious leaders led to increased outreach	Attendance lists, Activity reports
Output Indicator 2.2.4 # of political leaders sensitised on GBV and COVID-19 disaggregated by sex.	0	120	0	N/A Indicator developed in Sept 2021	60	120 (80 females, 40 males)	60	116 (71 males, 45 females)	0	155 (85 males 70 females)	0	155 (85 males 70 females)	391 (195 females, 196 males)	The Project leveraged the orientation programmes of new office bearers and their willingness to receive more information.	Attendance Lists reports
Output Indicator 2.2.5: # of people participating in community structures reached with GBV/COVID-19 prevention and response messages disaggregated by sex.	0	10000	2000	160,804 (63,663 male & 97,141 females)	4000	54,863 (33,684 females, 20,999 males)	4000	30,466 (16,142 males and 14,324 females)	0	7302 (3469 females, 3833 males)	0	0	253 195 (148, 558 females, 104,637 males)	Due to intensified mass-sensitizations, using physical meetings as well as radio, TV and virtual	IP Reports
Output Indicator 2.2.6 # 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	Not Applicable. Indicator was developed in 2021	10	14	20	42	0	41	0	41	97	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
Output 2.3. Improved multi-sectoral coordination and governance related to GBV prevention and response Output Indicator 2.3.1: # of district plans mainstreaming GBV	33	18	0	20	8	13	10		0	0	0	0	33	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

2020 –March 2024 Results Matrix - Cumulative Results for the Project Output Indicators against End of Programme Targets															
Indicator	Consolidated GRZ-UN JP GBV II Project - 2020 - 2024 Planned Targets and Actual Outputs												Cumulative GRZ-UN JP GBV II Project Performance		
	Baseline January 2020	End of Programme (EPT) Target	2020 Planned Target	2020 Actual Output	2021 Planned Target	2021 Actual Output	2022 Planned Target	2022 Actual Output	2023 Planned Target	2023 Actual Output	2024 Panned Target	2024 Actual Output	202-2024 Cumulative Actual Total Performance	Achievement - Reasons for over-under performance	Means of Verification
Output Indicator 2.3.2: # of policies/legal instruments/guidelines finalized	0	9	2	2	3	6	4	4	0	5	0	5	14		Programme reports
Output Indicator 2.3.3: # of service delivery points tracking GBV data on an MIS.	1	6	0	2	2	2	3	0	0	0	0	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 Committee minutes
Output Indicator 2.3.4: # of Steering Committee	0	6	2	2	3	1	3	2	2	2	0	0	7		PSC Minutes, Project Reports
Output Indicator 2.3.5: # of Joint monitoring missions	0	12	4	2	4	10	4	7	2	5	0	0	23	Demand for joint learning visits by stakeholders	BTORs, Project Reports
Output Indicator 2.3.6: # of Joint planning and review meetings held	0	6	2	7	2	3	2	4	2	2	0	0	16	There was need for continued orientation of the IPs on results reporting and acceleration of implementation	Attendance lists, Minutes, BTORs

7.0 Specific Stories:

7.1 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

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.

7.2 Elizabeth – Economic Empowerment

Problem / Challenge faced:



In Fisako village, under Chief Maguya's Chieftdom in Chipata, lives Elizabeth, a mother of three who was a survivor of gender-based violence at the hands of her husband. Elizabeth was economically vulnerable as she was entirely dependent on her husband.

Elizabeth said:

“I was always insulted and beaten by my husband whenever I asked for money to buy food or clothes for the children. As I did not know where to report I suffered in silence knowing I could not report to my family as this would bring shame as per our culture you cannot just tell people certain marriage issues...”

Programme Interventions:

Economic Empowerment.

The Project working with a local NGO- Young Happy Healthy and Safe (YHHS) identified Elizabeth through their regular community engagements in Maguya village. When she was assessed, Elizabeth was counselled and underwent entrepreneurship training with the other beneficiaries.

Following the business training, Elizabeth was given a startup capital of ZMW 1,500, which she invested in Chitenge business. She also joined a village banking group, which after six months she was able to turn her life around.

Result:

Through good financial management, her capital grew to ZMW 7,000, enabling her to expand her business into thrift shop selling locally known as "Salaula." Elizabeth now turned Entrepreneur is financially independent and has earned the respect of her husband.

Now financially independent, Elizabeth supports her family, can purchase farming inputs, and ensures her children have all they need for school. Recognizing her commitment, the Project adopted Elizabeth as an official Anti GBV champion. She was further trained in psycho-social support, and now inspires others, raising awareness about GBV and encouraging women to stand up for themselves.

Lessons Learned:

Elizabeth's story is a powerful demonstration of the impact of targeted interventions of the project, turning survivors into champions of change. In Fisako Village, her resilience shines as a light of hope, creating a path towards a future which is free of GBV.

7.3 IMPACTFULL STORY OF GRACE MUMBA OF KALUMBILA DISTRICT IN NORTHWESTERN ZAMBIA

Grace Mumba is a grade 9 drop out who was married but later she was divorced whilst on the Copperbelt Province of Zambia. In addition to the caregiving responsibility, she is the main household provider with two children.

Whilst on the Copperbelt Province, she used to be physically and psychologically abused by the husband. This began when she had the second child with him. She said, the husband would disappear for a month without leaving any food and money for rent and mostly they were threatened to be evicted from their home due to non-payment. Most of the times she used to be helped by her neighbours in terms of food. She was later divorced in 2019.

After getting divorced, she decided to follow her parents in Kalumbila district of North-Western Province in 2020. Her parents are not in formal employment, therefore, their living conditions are not very good.

In 2021, she was later identified by a Community Development Assistant (CDA) under Manyama Sub-Center in Kalumbila District in the Ministry of Community Development and Social Services (MCDSS) as a Gender Based Violence (GBV) survivor due to reasons mentioned earlier. After being identified, she was put under the project called Government of the Republic of Zambia (GRZ) – United Nations joint programme on GBV phase II through International Labour Organization (ILO) which is generously funded by the governments of Sweden and Ireland. The project had sixty (60) GBV survivors, those at risk and community members from Kalumbila district that were provided with

trainings and other capacity development activities (community savings groups (CSG) and GET Ahead Trainings), enterprise start-up kits, mentorship in Savings and Credit Groups.

After she underwent the trainings for 2 weeks together with other GBV survivors those at risk and community members, she was later empowered with a start -up kit of ZMW 2,000. She later started her business of selling rice which she buys from Meheba refugee settlement within the district which she gives customers on credit and later gets her money at the month end. She has also ventured into the selling of assorted vegetables and small dried fish.



Above left: Grace Mumba at her business stand conducting her business

Grace Mumba and other Fifteen beneficiaries later formed a Community Savings Group (CSG) within her community together with other GBV survivors that were trained in CSG and included some other community members in their group. This is where she does her savings when she makes her profit from her business, and she gets small loans every month to grow her business. She said in future she wants to be a major supplier of rice and poultry products not only in her community but also to the mines as she lives near one of the biggest mines in Zambia by the name of Lumwana.

She has said that her livelihood has improved ever since she was given the start-up kit because her children have started attending school as they never used to do so and also that she is able to take care not only her children but also her parents and siblings in terms of feeding, clothing and education.



Picture above: Grace Mumba posing in front of her school

With the introduction of free education by the Government through the Ministry of Education, she has enrolled herself in grade 9 at Manyama Primary School in Kalumbila District. After conducting her business in the morning, in the afternoon she goes to attend class. She said that after she obtains her grade 12 certificate, she would like to pursue nursing as a career.

ANNEXES

Annex 1.0 - : Evaluation Reports: GRZ-UN GBV II Light Touch Assessment & Final Evaluation Reports



Final 30.06.2023
GBV II Light Touch A



FINAL END TERM
EVALUATION REPORT1

Annex 2:0 – Project Risk Register




GBVII Project Risk
Register.docx

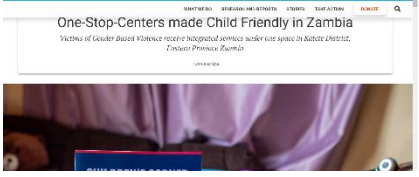


Annex 3.0 – Lessons Learned Report



Lessons Learned GBV II 2020-24

Annex 4.0 Links to visibility material and other products.

Graphics	Links
	<p>https://drive.google.com/file/d/1f1SkjfV5zgqH-aTY017xopxHz83jarO2/view GRZ-UN JP GBV II Results, Good Practices & lesson Learned</p> <p>https://drive.google.com/drive/folders/1r0yE5gV6P3rK92gSFWAqKJbkmHVbp_XY GRZ-UN JP Knowledge Management Products</p> <p>https://twitter.com/unicefzambia/status/1649049625855401985?s=20</p> <p>https://www.instagram.com/p/CrSZ2HZN0xP/</p> <p>https://www.youtube.com/watch?v=oipUGsYDNzY&pp=ygUNdW5pY2VmIHphbWJpYQ%3D%3D</p> <p>https://m.facebook.com/story.php?story_fbid=pfbid02kBYdH1N7XcAApPLPTBk5pFwK7ckmRhAgQoBjPec49F4viyP1edeFHdK22554a8vZl&id=100064552035358&mibextid=Nif5oz</p> <p>https://drive.google.com/drive/folders/1wP5scRcBz6ctJLCLOFGlcAzNbjRONc4S?usp=sharing</p> <p>https://drive.google.com/file/d/1JkLaB6c7dDY-HUmJzUunOm4BxVnics8Y/view?usp=sharing</p>
<p>Anti GBV Act proposed amendments developed by the Zambia Law Development Commission, Gender Division and Partners.</p>	<p>https://youtu.be/S3h3vBgd-go?si=aLWCq2NPcA8SUJiB</p>

	https://www.unicef.org/zambia/stories/one-stop-centers-made-child-friendly-zambia
	https://twitter.com/unicefzambia/status/1646778577793187841?s=20 https://www.instagram.com/p/CrAifbEt3aT/?utm_source=ig_web_copy_link https://m.facebook.com/story.php?story_fbid=pfbid02obyqqFicNnkvbNAyfMWev4YK9e78xHJ9aX27m4FPaFCAVgS2277SVUgXiP4FN4Xal&id=100064552035358&mibextid=Nif5oz
<p>Women's Economic Empowerment Savings Group</p>	https://www.undp.org/zambia/gender-equality-and-womens-empowerment - https://drive.google.com/file/d/12L-tjbFqjukbBWqrTvI3bHJg1P1CcSIQ/view?usp=sharing
	https://www.instagram.com/p/CkQC5zRM7pr/?utm_source=ig_web_copy_link https://twitter.com/unicefzambia/status/1585907832297095169?s=20
<p>ZNBC: Launch of ICT Hubs</p>	Tech Hubs to be established in Itezhi-Tezhi, Chisamba, Chongwe ~ (znbc.co.zm)
<p>Launch of Chinsali Hospital -based One Stop Center.</p>	https://www.youtube.com/watch?v=dxvrJBzCK0Y at 21.38 minute (ZANIS News)