GRZ-UN Joint Programme on GBV

MPTF OFFICE GENERIC 2016 ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT

Programme Title and Project Number	**Country, Locality(s), Priority Area(s) / Strategic Results**
Programme Title: **GRZ-UN Joint Programme on GBV** Programme Number: 00083908 MPTF Office Project Reference Number: 00086414	*Country:* **ZAMBIA**
Participating Organization(s)	**Implementing Partners**
International Labour Organization (ILO) International Organization for Migration (IOM) United Nations Development Programme (UNDP) United Nations Population Fund (UNFPA) United Nations Children's Fund (UNICEF) World Health Organization (WHO) United Nations High Commission for Refugees	Ministry of Gender, Ministry of Community Development, Ministry of Health, Judiciary, Women and Law in Southern Africa, National Legal Aid Clinic for Women, Alliance for Youth Empowerment, Drug Enforcement Commission, Kasama & Mansa One Stop Centres, Zambia Law Development Commission, Mulangile Women Organisation, ZFAWB, Community for Human Development, Alliance for Young Entrepreneurs, Zambia National Women's Lobby Group, Women for Change, PPAZ and YWCA
Programme/Project Cost (US$)	**Programme Duration**
Total approved budget as per project document: **$ 15,570,000** MPTF /JP Contribution: Agency Contribution ILO **$ 50,000** IOM **$ 0** UNDP **$ 1,000,000** UNFPA **$ 500,000** UNHCR **$ 10,000** UNICEF **$ 1,033,386.40** WHO **$ 0** Government Contribution: **n/a** Other Contributions (donors) Sweden – $ 8,367,448 Ireland – $ 2,136,580 **Total: $ 10,504,028**	Overall Duration *(months):* **65** *Start Date:* ***31 /07/2012*** *Original End Date:* ***31/12/2016*** *Current End date:* ***31/12/2017***
Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Assessment/Review - if applicable *please attach* ☐ Yes ■ **No** Date: *dd.mm.yyyy* Mid-Term Evaluation Report *n/a* ☐ Yes ■ ***No*** Date: *dd.mm.yyyy*	○ Name: **Shupe Makashinyi** ○ Title: Programme Coordinator ○ Participating Organization (Lead): **UNDP** ○ Email address: shupe.makashinyi@undp.org

Kabwe Fast Track & User Friendly Court on GBV, Central Province, Zambia

List of Acronyms

CBO	: Community Based Organization
CEDAW	: Convention on the Elimination of All Forms of Discrimination Against Women
CPC	: Criminal Procedure Code
CSO	: Civil Society Organization
EC	: Emergency Contraception
GBV	: GBV
GRZ	: Government of the Republic of Zambia
HMIS	: Health management Information System
HIV	: Human Immunodeficiency Virus
HRC	: Human Rights Commission
IEC	: Information, Education and Communication
IOM	: International Organization for Migration
ILO	: International Labour Organisation
JP-GBV	: Joint Programme on GBV
LAZ	: Law Association of Zambia
MoCTA	: Ministry of Chiefs and Traditional Affairs
MCDSS	: Ministry of Community Development and Social Services
MDG	: Millennium Development Goals
MGCD	: Ministry of Gender and Child Development
MoG	: Ministry of Gender
MoE	: Ministry of Education
MOHA	: Ministry of Home Affairs
MoJ	: Ministry of Justice
NLACW	: National Legal Aid Clinic for Women
OSAWE	: Own Savings for Assets and Wealth
PC	: Penal Code
PEP	: Post – Exposure Prophylaxis
PMO	: Provincial Medical Officer
SGBV	: Sexual Gender Based Violence
SRHR	: Sexual Reproductive Health and Rights
STI	: Sexually Transmitted Infection
UN	: United Nations
UNDAF	: United Nations Development Assistance Framework
UNDP	: United Nations Development Programme
UNFPA	: United Nations Population Fund
UNICEF	: United Nations Children's Emergency Fund
VSU	: Victim Support Unit
WHO	: World Health Organization
ZCCP	: Zambia Center for Communications Programme
ZPS	: Zambia Police Service
UNHCR	: United Nations High Commissioner for Refugees

EXECUTIVE SUMMARY

During the reporting period, under the leadership of the Ministry of Gender, coordination mechanisms for programme implementation were further strengthened by the Joint Programme through the scaling up of village-led-one-stop centres on GBV (VLOSC on GBV) on community policing and the men's networks. The programme has established 6 more village led shops on GBV bringing services closer to the community especially for communities that do not have health or police centers nearby. This brings the number to 13 in total.

The programme has seen an increase in the number of cases reported to the police from 12,924 in 2012 to 15,153 in 2014; 18,088 in 2015; and 18,540 in 2016. This represents a 44% increase in reported cases from 2012 to 2016. (*Source: 2014 Zambia Police Report on GBV Statistics)*. This increase could be attributed to the work of the UN/ GRZ joint programme and other national efforts in raising awareness on the Anti GBV Act No. 1 of 2011 and encouraging survivors to seek protection through the legal system, at community, district and national levels.

To strengthen case handling and management systems, the programme continued to develop the capacity of law enforcement agencies. Twenty (20) Law Enforcement Officers were trained in prosecutorial and investigative skills bringing the total trained since programme inception to 702. Further, 44 traditional leaders and customary court adjudicators were trained on adjudicating GBV cases in line with the provisions of CEDAW resulting in 319 being trained since programme inception.

At policy level, the National Guidelines for SRH/HIV/GBV Service Integration were signed & launched by the Minister of Health in March 2016: a demonstration of Government's commitment to strengthen nationwide health response to GBV.

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

In addition, 2,390 clients in the reporting period sought routine screening and medical services, bringing the total number to 5,679 since inception.

In order to support information dissemination to both service providers and survivors, the programme also developed flow-charts for clinical management of GBV, which are now available in target facilities.

The programme is working in 16 (sixteen) districts including Chipata, Kabwe, Petauke, Mazabuka, Choma, Livingstone, Solwezi, Zambezi, Mwinilunga, Mansa, Kaoma, Kasama, Nakonde, Chipata, Mazabuka and Lusaka.

An important outcome of the Anti-GBV advocacy campaign, which complimented the Joint GBV programme is the Boys To Men coordinated by the Ministry of Gender, which contributed to the number of boys and men receiving information on GBV.

Among other services, survivors also received economic empowerment support from the programme, which included training and mentorship on business skills.

1.0 BACKGROUND AND PURPOSE

The GRZ-UN Joint Programme on GBV was developed to support the Government of the Republic of Zambia to implement the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), with particular focus on the recommendations of violence against women that are contained in the July 2011 CEDAW concluding observations and the recommendations of the Report of the Special Rapporteur on violence against women , its causes and consequences (2010); and to support institutional transformation to facilitate the implementation of Zambia Anti GBV Law (2011) through the establishment of an integrated and multi-sectoral mechanism for its implementation.

The programme is aimed at reducing GBV in Zambia through establishing an integrated and multi-sectoral mechanism for the implementation of the Anti-GBV Act. These results are expected to be achieved through the following four (4) interrelated outcomes;

(i) GBV survivors have increased access to timely and appropriate health services;
(ii) GBV survivors have increased access to an efficient justice delivery system;
(iii) GBV survivors have increased access to protection and support services
(iv) The Ministry of Gender will have coordinated an effective, evidence-based and multi-sectoral response to GBV in Zambia.

The programme is implemented by various State and Non-State Agencies and coordinated by the Ministry of Gender with technical and financial support from Seven (7) UN Agencies (ILO, IOM, UNDP, UNFPA, UNICEF, UNHCR and WHO) and Bilateral Cooperating Partners (Sweden and Ireland). The programme's initial duration was three and half years from July 2012 to December 2016 but was granted a no cost extension to 31st December 2017

This consolidated Annual Progress Report for the GRZ-UN Joint Programme on Gender Based Violence in Zambia covers the period from 1 January to 31 December, 2016. This report is in fulfilment of the reporting requirements set out in the Standard Administrative Arrangement (SAA) concluded with the Donor and the Memorandum of Understanding (MOU) signed by Participating UN Organizations and provides an assessment of the performance within the reference period. The Annual Progress Report is consolidated based on information, data and financial statements submitted by Participating Organizations. It is neither an evaluation of the Joint Programme nor an assessment of the performance of the Participating Organizations. The report also provides the Steering Committee with a comprehensive overview of achievements and challenges associated with the Joint Programme, enabling it to make strategic decisions and take corrective measures, where applicable. Progress on planned results for the period under review are as follows:

2.0 PROGRESS AGAINST PLANNED RESULTS

The GRZ-UN Joint Programme on GBV has contributed significantly to advancing and protecting women's rights in the country as evidenced by a continuous improvement in the Gender Inequality Index (GII) from 0.752 in 2010 to 0.627 in 2011, 0.617 in 2014, 0.627 in 2015 and 0.587 in 2016. The main drivers of this improvement are progress in maternal health and women participation in the labour force. The maternal mortality ratio (deaths per 100,000 births) declined from 830 in 2010 to 470 in 2011, 440 in 2014 and 280 in 2015 while women's participation in the labour force increased

from 60.4% in 2010 to 68.4% in 2014 and 73.1% in 2015. The differences in participation levels in the labour force between men and women reduced from 18.3% (60.4% Female, 78.7% Male) in 2011 to 12.5% (73.1% Female, 85.6% Male) in 2015.

The programme has also been the main vehicle for implementing the Anti-GBV Act of 2011 through enabling a coordinated and multi-sectoral response to GBV. 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 from 12,924 in 2012 to 15,153 in 2014; 18,088 in 2015; and 18,540 in 2016. During the same period, the percentage of reported cases withdrawn has declined from 17% in 2012 to 13% in 2015 and 2.3% in 2016. This can be attributed to increased awareness in communities, and better provision of prosecutorial and support services to GBV survivors. This has however led to a huge backlog of cases as GBV cases take a long time to be concluded in conventional courts. This development has been addressed through the establishment of two pilot fast track and user-friendly courts in Lusaka and Kabwe, which dealt with 224 cases, out of which 85 were concluded within 5 - 30 days as compared to 6 -24 months in the conventional court system. The success of the fast track courts has motivated Government through Cooperating Partners' support to roll out GBV fast track and user-friendly courts to four other provinces (Southern, Copperbelt, Western and Eastern) in 2017.

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

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

The Joint Programme continued to make progress towards increasing access of GBV survivors to timely and appropriate health services. This was mainly through continued master (Trainer of Trainers -TOTs) trainings on medical guidelines and procedures for handling GBV cases, and involvement of community health workers in service provision, referrals and sensitisation activities. Through partnerships with the Young Women Christian Association (YWCA) and Centre for Disease Control (CDC), a total of 237 health workers were trained during the period under review bringing the total number of Ministry of Health staff trained to 1,013 since programme inception. This enabled an additional 102 health facilities to commence the provision of comprehensive and tailor made services for GBV survivors in 2016 and bringing the total number of health facilities providing such services to 292 countrywide. These services were also provided at one-stop centres, mainly at provincial hospitals. With this programme support, two new one stop centres were established in Mporokoso and Chiengi for provision of comprehensive services in an efficient and cost effective manner.

Through the above interventions, the programme enabled a total of 2,390 GBV survivors to access medical and screening services bringing the total number receiving such services to 5,679 since programme inception. Further, 1,759 GBV survivors received Post-Exposure Prophilaxis (PEP) and Emergency Contraceptives (EC) through the 292 health facilities supported by the programme. This support contributed significantly to health and safety of GBV survivors and enabled the collection and preservation of evidence, including the provision of medical reports to support the pursuance of cases in court. It should be noted that DNA use for GBV cases is still very limited now and the court proceedings are still heavily reliant on circumstantial evidence.

The programme has now made health personnel prioritise GBV cases:

> *"Before training we treated GBV cases as any other case. Sometimes survivors would wait here for two days wanting to see a doctor because they were not accorded priority. Now when a GBV case comes to the OSC, I leave whatever I am doing to make sure that the survivor receives medical attention immediately. This mindset has come from the training*" (Dr., Kasama Hospital).

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

The programme in 2016 through the Judiciary focussed on building capacity of statutory and customary courts and law enforcement agencies to ensure increased access to an efficient justice delivery system for GBV survivors. A key result in this area was the operationalisation of the first two pilot GBV fast track and user-friendly courts, which handled 224 cases and demonstrated increased efficiency with the reduction in the average time for conclusion of GBV cases from 6 – 24 months to within 5-30 days. The longest case took 71 days in the Kabwe court.

Kabwe Fast Track Court GBV Cases Disposal analysis:

> *Between 2016 and February 2017, the fast track court had handled a total of 68 GBV cases. Out of these cases, 52 cases (or 76%) had been disposed of by the time of the evaluation. Of the cases that had been disposed of, 38 cases (or 73%) were disposed of within 30 days of court receipt while only 27% went beyond 30 days. Some of the cases were disposed of in one day while the longest case took 71 days to be disposed.*

The success of the GBV fast track courts established with financial support from Sweden and Ireland attracted additional resources from DFID for procurement of equipment in the roll-out of GBV fast track courts to four additional provinces.

To strengthen case handling and management systems, the programme continued to develop the capacity of law enforcement agencies. Twenty (20) Law Enforcement Officers were trained in prosecutorial and investigative skills bringing the total trained since programme inception to 702. Further, 44 traditional leaders and customary court adjudicators were trained on adjudicating GBV cases in line with the provisions of CEDAW resulting in 319 being trained since programme inception. The trainings resulted in the harmonisation of processes in terms of mandates of statutory and customary courts as well as harmonising customary practices with international human rights standards and abolition of harmful traditional practices. There is also increased collaboration between

customary and statutory court adjudicators and increased referrals of GBV cases from customary courts to statutory courts.

Overall, communities have demonstrated increased confidence in law enforcement agencies resulting in more GBV cases being reported.

The graph below provides a summary of GBV cases reported to the police and handled by the courts.

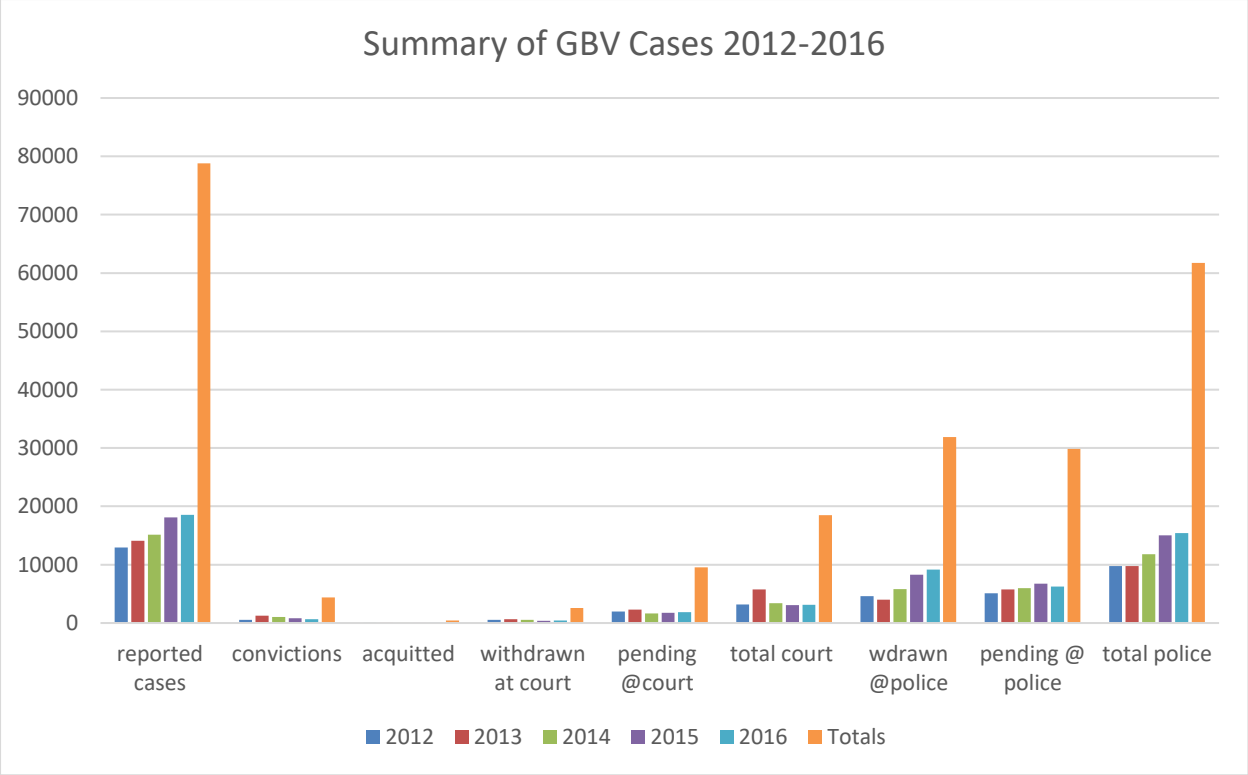

Figure 1: *Summary of GBV cases handled by police and courts*; **Source**: Zambia Police Victim Support Unit

As the above graph depicts, there has been a gradual increase in the number of cases reported to the police from 12,924 in 2012 to 15,153 in 2014; 18,088 in 2015; and 18,540 in 2016. This represents a 44% increase in reported cases from 2012 to 2016. The police attributed this increase partly to the GBV awareness campaigns in the country that the joint programme has significantly contributed to. The withdrawal of cases at police has continued increasing as seen in the chaabove. Going forward this needs investigating to come up with tangible causes and lasting interventions.

The training of police and judiciary has improved their investigative and prosecution skills. Key skills gained include handling of evidence and an understanding of the multi-sectoral protocol on GBV.

"It's no longer business as usual because we now know how to handle GBV survivors in a more sensitive manner than we used to do. They used to be afraid to come and report because they were afraid of us, our approach was not sensitive to their situation and we treated them as if they are criminals. Now we

*have a better understanding that is why they now find it easy to come here and report because they know they will be counselled and listen to in privacy" (*VSU Officer, Choma).

Unfortunately, the backlog of GBV cases in courts, especially the non-fast track courts has continued to increase from 53% in 2012 to 57% in 2015 and 61% in 2016 necessitating the need for more GBV fast track and user friendly courts.

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

The UN Joint Programme on GBV supported 1,330 GBV survivors to access protection and economic empowerment services in 2016. These beneficiaries included 638 who were accommodated in shelters and 62 that were taken up by MCDSS on public welfare assistance programmes. A total of 1,152 were trained on entrepreneurship and business management out of which 203 were provided with financial resources and linked to financial service providers, and 736 started Income Generating Activities (IGAs) in 2016. The total number of survivors that accessed these services since programme inception reached 12,300 in 2016.

> *" for a poor person, any movement from having nothing to having even a little thing as bread is growth" (FGD, Livingstone)*

The extent of accessibility to support services for GBV survivors at national level is difficult to determine due to the absence of national surveys and other nation-wide data collection measures. However, within the programme sites, this data has been consistently collected and indicates that 14% of GBV survivors supported were housed in shelters while pursuing their cases and 47% were trained on economic empowerment and 20% started IGAs with the programme's support. The above results indicate that there are very limited spaces for shelters for GBV survivors national wide with the main providers of these spaces being YWCA and MCDSS. However, Government has already embarked on a programme for constructing shelters under the MCDSS and the Ministry of Gender has also developed minimum standards for shelters to help standardise the quality of support services provided by these shelters. This is also being done to respond to the recommendations of the costed plan for the implementation of the Anti-GBV Act which was developed by the programme in 2014. The programme also supported the development of protection orders by the Judiciary to ensure protection of GBV survivors without housing them in shelters and ensure perpetrators were still responsible for the economic needs of survivors.

Within the programme sites, the uptake of support services has been high due to awareness creation on GBV and available support services. Awareness activities conducted in 2016 reached 13,226 people and this was mainly through campaigns that targeted individuals utilising 2,586 male champions trained by the programme and 747 networks (OSAWE, Village Led One Stop Centres and Mens' Networks). This was seen to be a more effective method than the mass campaigns that have been used in the past. This also resulted in increased involvement of community members in reporting GBV cases and helping survivors access services. A total of 190 GBV cases were reported by communities

to the police and since programme inception, 3,250 GBV cases have been reported by community members.

> *"I had married off my daughter, not knowing that it is a form of GBV, but after awareness I have gone and retrieved her, now she is back in school" (mother in Misolo village, Petauke).*
>
> *"We used to think that being beaten by your husband is normal, but we have realized it is a form of abuse which should be reported to the police" (FGD, Pwata, Chipata)*

To further enhance service provision to GBV survivors, the programme continued to support the operations of Mansa and Kasama One-Stop centres. The programme also supported the establishment of Mporokoso and Chiengi One Stop Centres in 2016. With increased access to support services, the proportion of reported GBV cases withdrawn from court proceedings has reduced from 17% in 2012 to 2.3% by end of 2016. This is also due to the increased confidence people have in the Judiciary and its systems, including the introduction of fast track courts.

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

The Ministry of Gender continued to ensure an effective multisectoral response to GBV with programme support through ensuring the functionality of coordination mechanisms. The National Anti-GBV Committee held three (3) meetings in 2016 and comprises 66 organisations which include Government Ministries, Quasi-Government Organisations and Non-State Organisations. The MoG also worked with the ten (10) Provincial Anti-GBV Task forces to establish sixteen (16) new District Anti-GBV Task Forces, bringing the total number of District Anti-GBV Task Forces established since programme inception to 34. Through these coordination mechanisms, the Ministry continues to promote a harmonised and standardised response through ensuring compliance to Multi-sectoral GBV Guidelines developed in 2014 and referral guidelines developed in 2015. In 2014, the MoG commenced the development of minimum standards for shelters for GBV survivors.

With programme support, the MoG also promoted standardised messaging on GBV through distribution of the Anti-GBV Act, including the simplified Acts that have also been translated into seven (7) local and three (3) foreign languages as well as braille for visually impaired persons. The programme also reached 81 chiefs through trainings and sensitization activities, including the HeForShe campaigns that were coordinated through the programme with additional resources from UNDP. Overall the programme has worked with 259 chiefs out of 288 chiefs since inception. The Chiefs have been equipped with skills and materials for disseminating information on GBV and adjudicating GBV in customary courts in line with the Anti-GBV Act, National Gender Policy and provisions of CEDAW and other relevant human rights treaties, conventions and protocols. A notable result has been the harmonisation of the minimum age for marriage to 18 for both statutory and customary courts and treating all defilement and assault type of GBV cases as criminal and ensuring they are handled by the police.

The programme also supported the MoG to generate evidence for the multisectoral GBV response with the finalisation of a GBV baseline, which mainly focused on intimate partner violence. There are two (2) studies which were initiated during the review period with programme support: i) the economic cost of GBV and ii) What is on the mind of the perpetrator.

3.0 PARTNERSHIPS

During the period under review the program collaborated effectively with various stakeholders working towards providing increased access to health, protection, support services and an efficient justice delivery system. These partners include among others.

- Zambia Centre for Communication Programme (ZCCP) which supported the Coordination of the Anti GBV forums.
- World Vision International supported the Ministry of Gender to develop the Minimum standards for shelters
- DFID supported the scaling up of the fast track courts
- USAID on the Ministry of Gender's Boy To Men Campaign.

The programme also continued to receive support from the office of the Secretary to the Cabinet who continued to provide strategic direction and ensured that implementing agencies foster synergies and reduce overlap of activities.

4.0 BEST PRACTICES

During the implementation of activities, the following best practices were identified:

- Awareness campaigns that targeted individuals through networks such as OSAWE, Village Led One Stop Centres and Mens' Networks in Chipata, Kasama, Petauke, Sinda, Mporokoso and Katete proved to be a more effective method than the mass campaigns that have been used in the past.
- Regular review meetings with all implementing partners lead to a well-coordinated implementation of Programme activities.
- Empowering provinces and districts increases effectiveness and efficiency in programme execution.
- Involvement of local stakeholders in the implementation of activities enhances ownership, sustainability of program activities and brings greater impact,

5.0 CHALLENGES

The following were the challenges incurred during the period under review:

- Customary practices conflicting with anti-GBV messages. To counter this challenge traditional leaders are being involved to deal with unwanted traditional practices such as initiation ceremonies for under-age girls and early marriages

- Sparse settlement pattern in some areas of the Programme affecting service delivery. In particular, long distances to health services limiting timely access to various health services such as psychosocial counselling, legal education and PEP and EC services after the recommended 72 hours. This was largely addressed by setting up the village led one stop centres whose aim is to bring GBV services as close as possible to the people.
- Programme implementation affected by General elections. – The programme revised its plans to ensure that during the pre election campaign period partners focussed on activities that did not draw attention in the community such as trainings, one to one outreaches and not mass gatherings.
- Inadequate social service facilities and personnel especially in rural areas (police, health centres and formal courts) – the village led one stop centres and the trained customary adjudicators helped to address this.
- Inadequate girls' shelters to curb GBV/Early Child Marriage. Schools are being encouraged to provide safe boarding houses within school premises to girls from far places.
- Most health facilities lack infrastructure and capacity, to function as model for comprehensive service provision sites. – despite this, health workers have been trained and capacitated to provide as comprehensive a service under the available conditions.
- 2016 being an election year made it difficult to reach the targets for training law enforcement agencies and other actors who were involved in many electoral related events. – some of these targets will be met in 2017 (no cost extension).

6.0 LESSON LEARNED

- Access to accurate and relevant information is critical to effective decision-making.
- Lack of a comprehensive M&E plan results in data gaps;
- It is important to build social cohesion amongst all stakeholders participating in the Programme for effective implementation,
- Savings and lending groups have become a good vehicle for raising start-up capital among GBV survivors who are not eligible to access finance from financial institutions.
- Sensitization in the communities increases the number of cases to be reported to VSU and mitigated upon through health and legal services.
- Effective coordination between the Ministry of Health and NGOs and Community Action Teams enabled prompt GBV case management. However, there was need for better coordination of support among partners in different pillars to offer comprehensive GBV services.
- Village led one stop centres are an effective way of providing services and referrals for survivors at community level. It is a helpful structure in terms of assisting survivors who are in far flung parts of the country.

7.0 Assumptions:

1. The program assumed that Article 23 of the constitution will be repealed to avoid customary law conflicting with the statutory laws on personal matters such as marriage. However, this did not happen due to the failed referendum. The Project however will continue working with traditional leaders.

2. The project also assumed that Government will be willing and has resources for establishment of fast track courts. Due to Government's limited resources only two were established and now in the with additional resources from Cooperating Partners fast track courts will be rolled out to other four provinces.

3. The established mechanism will not duplicate already established coordination mechanism for GBV mainstreaming. The Provincial and district coordination task forces established has complemented the already exiting gender subcommittee and are working in harmony

8.0 Cross cutting themes:

The programme also promoted a mind-set change amongst women and girls to make them realise that empowerment comes from within themselves. The programme further incorporated information on GBV related service for People living with disability in all programme interventions. Disability was considered, for example a ramp was installed at the Kabwe court when the Fast Track Courts were established while this was not the case previously.

9.0 Monitoring and Evaluation:

During the reporting period Ministry of Gender together with the seven UN agencies conducted regular monitoring visits to track implementation of outputs systematically, and measure the effectiveness of programme activities. Various tools were used which included quarterly reports, periodic field visits and regular review meetings with partners. The process for conducting the programme evaluation was also initiated during the period under review. The programme evaluation was commissioned and the process completed so far includes the validation of the final terms of reference.

10.0 RESULTS BASED FRAMEWORK – GRZ-UN JP on GBV

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document/ AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

Indicator	**Consolidated Project Target Results**		2015 Status	**2016 Implementing Partner Performance**			**Cumulative Implementing Partner Performance**	
	Base-line	End of Programme Target (2016)		Annual Target 2016	Actual Performance 2016	Achievement- reasons for over/under performance	[1]Cumulative Actual Performance (2012 to 2016)	Means of verification
1. % of citizens satisfied with the state of governance Proxy (Mo[2] Ibrahim score for participation and human rights)	49.5% (2008)	70%	59.1	N/A	68.4 govt could not be reported on as no follow up state of governance surveys since 2008 hence our reference to the Mo Ibrahim index were conducted	Could not be reported on as no follow up state of governance surveys since 2008 hence our reference to the Mo Ibrahim index were conducted	68.4	State of Governance Survey Reports Mo-Ibrahim Index Reports
2. Gender Inequality Index (GII)	0.752 (2012)	Not Specified	0.627	N/A[3]	0.587	Zambia has made significant progress in women participation in decision making levels which averaged 20% at Senior Management Levels in Government in 2014. Improvements	0.587	United Nations Development Programme Global Human Development Reports

[1] For status indicators in percentages, the cumulative status in the status of the indicator in the year of reporting
[2] The project management team has adopted a proxy indicator which is the more Ibrahim index for participation and human rights. The data to be updated once confirmed.
[3] There was no set target in national policy or other national documents such as the gender policy.

Indicator	Consolidated Project Target Results		2015 Status	2016 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2016	Actual Performance 2016	Achievement- reasons for over/under performance	[1]Cumulative Actual Performance (2012 to 2016)	Means of verification
						have also been reported on access to maternal health services		
3. % of seats held by women in the national parliament	14%	30%	13.6%	30%	18.1%	This was mainly attributed to the Count-Her-In-Strategy which support women standing in elective positions in the 2016 general elections. The UN also conducted a HeForShe campaign in 9 provinces after launching in Lusaka	18.1%	National Assembly of Zambia website and Records.
4. Number[4] of Reported GBV cases taken to court	3186	No Target Set	15,376	No Target	1,388[5]	The number of GBV cases convicted is still low compared to the number of reported because there are many cases being withdrawn and the lack of the necessary tools and equipment for prosecutors to gather strong evidence.	1,6764	Zambia Police VSU reports
5. % of reported cases resulting in convictions (Proxy) Number of reported cases resulting in convictions	554		3699	N/A	3949[6]	The continued performance on this indicator if because of increasing number of cases reported amidst many challenges to prosecute these cases which include, the withdraw of cases, weakness of evidence provided and inadequate human resource capacity to quickly address these cases.	5%	Zambia Police VSU reports
6. Average number of days taken to conclude	No Baseline	No Target Set	180 Days to 365 Days	Not Specified	5-30 Days	This massive reduction in time to conclude a court case has been	5-30 Days	Judiciary and Court Records and Reports

[4] This indicator was added by the management team to help track cases taken to court but is only contained under outcome 2 in the project log-frame
[5] 2016 data is only for 1st and 2nd quarter
[6] Data is only for 1st and 2 quarter

Indicator	Consolidated Project Target Results		2015 Status	2016 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2016	Actual Performance 2016	Achievement- reasons for over/under performance	[1]Cumulative Actual Performance (2012 to 2016)	Means of verification
a GBV case through the court system						recorded in the two fast track courts established in Kabwe and Lusaka.		
7. % of GBV survivors who report having sought medical and screening services. (proxy) # of GBV survivors receiving medical and screening services	1.5%	4,863	3,289	1,000	2,390	Mobile clinics conducted in communities provided an opportunity to reach out to more clients who could not access the services from the designated hospitals and clinics. Couple with timely response and availability of medical staff Areas recording drop in cases reported between 2015 and 2016 due to increased sensitisation on GBV.	5,679	Implementing partner reports Signed medical reports by Resident Doctors at State Police GBV Client registers, Database Reports and client medical files
8. % of health workers that comply with guidelines in the provision of medical and psychosocial services to GBV survivors (proxy) Number of health workers trained on guidelines in the provision of medical and psychosocial services to GBV survivors	0%	70%	24.8%	70%	38%	TOT conducted by ministry of gender in 2015 enable cascading of trainings at provincial level and through supporting the Provincial Medical Offices, YWCA and PPAZ to conduct the trainings	1,013 (to be converted to %	No agreed programme level monitoring framework for compliance among health staff Implementing Partner training reports
9. Number of health workers trained on guidelines in the provision of medical and psychosocial services to GBV survivors	0	800	776	181	237	TOT conducted by ministry of gender in 2015 enable cascading of trainings at provincial level.	1,013	PMO, YWCA, PPAZ training reports

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	Base-line	End of Programme Target (2016)		Annual Target 2016	Actual Performance 2016	Achievement- reasons for over/under performance	[1]Cumulative Actual Performance (2012 to 2016)	Means of verification
10.Pre-service curriculum for health staff revised to include management of GBV survivors	No	Yes	Yes (3 Curricula)	Yes (4 Curricula)	Yes (4 Curricula)	The curricular for midwives, CSE, for in/out of school, enrolled nurses, clinical officers	Yes (7 Curricula)[7]	Revised curriculum
11.Number of centers with specialized staff providing comprehensive services to GBV survivors	0	400	190	102	102	These include health facilities where the trained personnel were derived	[8]292	Health facility and One Stop Centre Reports
12. % of eligible GBV survivors receiving PEP and EC services (proxy) number of eligible GBV survivors receiving PEP and EC services	0% 0	100% 1,916	No National Data 3,362	100% 200	[9]No National Data 1,759	Leverage on national events made it possible to reach a bigger target	5,121	Health facility reports, One Stop Centre Records and Registers, PEP Focal Point and Monitoring Visit Reports
13.GBV indicators incorporated into the HMIS	NO	Yes	No	No	No	Despite sustained advocacy in collaboration with WHO, HIMS still does not capture GBV data. However, MoH has developed separate tools to enable the collection of disaggregated data on GBV, which are currently being rolled out to health facilities. National Planning has developed a monthly Monitoring system web	No	Project and Central Statistics Office Reports

[7] The seven types of curricula that integrate GBV are: i) Certified Midwives, ii) Enrolled Nurses, iii) Enrolled Midwives, iv) Registered Nurses, v) Registered Midwives, vi) Clinical Officers, and vii) Comprehensive Sexuality Education.

[8] 270 health facilities in UNFPA supported areas and 22 in Mansa, Mporokoso and Kasama

[9] In Kasama, only 179 of the eligible 618 GBV survivors received PEC and EC services representing an access rate of only 29%

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						based to capture national indicators allocated to every ministry		
14.Number of accurate and verifiable reports, timely submitted to MoG on GBV cases addressed by MoH	0	4	4	2	2	Need for strengthened accountability mechanism for Gender results in sector ministries to ensure compliance with reporting requirements	6	MoG Records, MoH provincial medical office Records
15.% of GBV cases addressed through the court systems	32%	60%	17%	20%	16%	Continued increase in cases being reported, high rate of case withdraws and pending cases at police stations.[10]	16%[11] (3,099 GBV cases addressed through the courts in 2016)	Zambia Police VSU Reports.
16. Backlog of GBV cases in formal courts (%)	53%[12]	10%	57%	20%	61%	GBV fast track courts only available in 2 districts.	61% (1877 cases pending)	Zambia Police VSU Reports.
17.% of customary courts that have adopted provisions of the CEDAW[13] (Proxy) number of traditional leaders and customary court adjudicators trained on provisions of CEDAW	0 0	60% 300	No Data 275 customary adjudicators trained [14]	60% 25	No Data 44	Two implementing partners were engaged and that resulted in increased capacity for delivery of trainings	No Data 319	Judgements and other Court Records ZNLACW and MoCTA Reports

[10] An average of 40% of cases reported were recorded to be pending and withdrawn at police stations between 2012 and 2016.
[11] The high number of cases reported by the child line which reach up to 150,000 indicate that the actual cases in the country would well over 30,000 but many are not reported.
[12] 2012 ZP Reports
[13] The Programme Evaluation will assess this result
[14] Statistic not available, however, some chiefdoms recorded positives results.

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	Base-line	End of Programme Target (2016)		Annual Target 2016	Actual Performance 2016	Achievement- reasons for over/under performance	[1]Cumulative Actual Performance (2012 to 2016)	Means of verification
18.Number of prosecutors and police officers trained in investigative and prosecutorial skills	0	1000	682	250	20	Disruption by elections, likely to be achieved	702	Reports by ZPS
19.Number of statutory adjudicators trained in GBV adjudicating skills	0	80	65	20	0	Disruption by elections; likely to be achieved	65	Report by Judiciary
20.Number of customary adjudicators trained in GBV adjudicating skills	0	300	275	25	44	Two implementing partners were engaged and that resulted in increased capacity for delivery	319	Reports by ministry of Gender, WLSA and NLACW
21. Strategy for development of fast track courts developed	No	Strategy in place	Strategy in place	Strategy in place	Strategy in place and implemented with operationalisation of 2 fast track courts[15] and the process of establishing 4 additional courts has started.		Strategy in place and implemented with operationalisation of 2 fast track courts and the process of establishing 4 additional courts has started.	MoG and Judiciary reports
22. Number of GBV survivors that have received legal support during their court cases.	0	Not specified	650	150	78	Limited number of service providers	728	Judgements and other Court records.

[15] The two fast track courts have so handled 224 cases in 2016 and reduced the average time for handling GBV cases from 6 months to 1 year to 5-30 Days.

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								Implementing Partner Progress Reports
23. Number of GBV fast track court established	0	4	2	2	0	Set up process longer than anticipated, setting up 4 more courts in process - equipment secured, and sites identified.	2 GBV fast track courts established in Kabwe and Lusaka and the process of establishing 4 new fast track courts in four provinces has started. Equipment already procured.	Reports by Judiciary
24. % of GBV survivors in targeted districts that have been housed in shelters while handling their cases (proxy number instead of %)	410	1,000	1038	300	638	Limited availability of space in shelters	1,676	IP Reports
25. % of GBV survivors that have received support from an institution while pursuing their cases	11%		23%	Not specified	30%		30%	IP Reports
26.% of reported GBV cases that have been withdrawn from court proceedings	17%	Not specified	13%	Not specified	2.3%	Awareness and support provided, institutional capacity and transformation	2.3%	IP Reports

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	Base-line	End of Programme Target (2016)		Annual Target 2016	Actual Performance 2016	Achievement- reasons for over/under performance	[1]Cumulative Actual Performance (2012 to 2016)	Means of verification
27. % (Number) of people in surveyed communities that have received information on GBV	51.7%	80%	33,828	15,000	13,226	Increased support from stakeholders such as school administration due to the effective strategies used by the programme to engage them, use of door to door to campaign, male champions.	47,054	IP Reports
28. Number of male GBV champions participating in creation of awareness on GBV	400	5000	2,221	200	365	Support from school administration contributed to the increase in awareness activities on GBV	2,586	IP Reports
29. Number of organisations (Government, NGOs, CBOs, FBOs, and private) providing information on GBV	198	300	433	Not specified	76	The programme partnered with other orgnaisations such as FBOs, Plan International and community radio stations	509	MoG reports
30. Number of community networks established to respond to GBV	25	215	375	205	372	Continued anti GBV sensitisations in communities Setting up of safe spaces for girls in schools and creation on saving and leading groups in communities. These include village led one stop centers with zonal satellite, men's networks.	747	IP Reports

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31. Number of GBV cases addressed by the police that have been reported by communities in targeted districts.	0	4500	3060	1000	190	Late contribution to the Indicator	3,250	VSU and IP report
32. Number of functional One Stop Centers (CRCs) handling GBV cases.	11	72	13	2	2	The resources were channelled to the establishment of community led one stop centers on gender based violence.	15	MoG reports
33. Number of GBV survivors that have been accommodated in shelters while their cases are being handled.	410	1000	1,038	300	638	There was high demand due to sensitizations on GBV support services.	1,676	Ministry of Gender reports IP reports
34. Number of eligible GBV survivors receiving public welfare assistance from Ministry of Community Devpt	0	Not Specified	115	Not specified	62		177	Ministry of Gender reports IP reports

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35. Number of GBV survivors receiving economic empowerment support services and resources	400	5700	5,170	1000	1,330	Increased efforts in establishing linkages, some trainings and creation of savings and lending groups	6,500	IP Reports
36. Number of GBV cases reported in schools	0	Not specified	2,359	Not specified	181	Increased sensitization and record keeping among school anti-GBV players	2,540	Ministry of Education reports/FAWEZA
37. Ministry of Education Curriculum for pupils, primary and secondary school teachers revised to include GBV issues.	No	Yes (3)	Yes (2)	Yes (2)	Yes (2)		Yes (4)	Ministry of Education reports
38. Education Act revised to include GBV	No (Education Act does not include GBV issues)	Yes (Education Act revised)	No	Yes	Yes			Ministry of Education reports
39. Number of GBV survivors referred to financial institutions who access business financial services	50	1200	1,323	600	203	The program surpassed its target, however majority of the GBV survivors do not meet the criteria to access credit due to unfavourable	1,526	IP Report

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						conditions offered by financial institutions especially in 2016.		
40. Number of GBV Survivors trained in economic empowerment	350	4500	4,573	2000	1,152	This was because of more partnership creation and overwhelming response from targeted communities due to awareness activities	5,725	IP reports
41. Number of GBV survivors that start an income generating activity	150	1000	1,710	500	736	This was due to awareness activities	2,446	IP reports
42. Availability of a strategy to track income generating projects	None	Strategy available	None	Strategy in place	Consultant started work	The process to develop Terms of reference took long	Work in progress	ILO report
43. %[16] of GBV survivors that have been referred among state and non-state actors providing support and protection services while pursuing their cases	10%	60%	Nil					
44. % of state and non-state partners participating in the implementation of the anti	0	100%	Nil	Nil	90%	Training of health workers on the GBV Management Guidelines	90%	Ministry of Gender and MOH reports

[16] Data on this indicator is not available. The Programme Evaluation is expected to assess access to support and protection services

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GBV Act that are complying with guidelines								
45. Amount of resources (cash and in kind) leveraged from state and non-state partners participating in the implementation of the programme	0	TBD	Nil[17]					
46. Simplified Anti GBV Act translated into the 7 local languages	No	Yes	Yes - Simplified Anti GBV Act translated into 7 main local languages including translations into Swahili, French, Kinyarwanda and braille). These have	Yes	Yes -	Awareness activities also targeted refugee populations in Meheba, Mayukwayukwa, Lusaka and migrants in the project districts and the blind with the translation of the simplified Anti-GBV Act into Swahili, French, Kinyarwanda and braille.	Yes	MoG reports

[17] The Programme Evaluation is expected to assess the amount of resources

Indicator	Consolidated Project Target Results		2015 Status	2016 Implementing Partner Performance			Cumulative Implementing Partner Performance	
	Base-line	End of Programme Target (2016)		Annual Target 2016	Actual Performance 2016	Achievement- reasons for over/under performance	[1]Cumulative Actual Performance (2012 to 2016)	Means of verification
			been printed and disseminated					
47. Number of chiefs that disseminate information in line with the provisions in the simplified and translated Anti GBV Act	0	288	178	150	81	This number includes Indunas. The programme leveraged on the HeForShe Zambia Gender Equality Campaign that contributed to this result	259	MoG / Ministry of Chiefs reports
48. MoG has a costed operational plan for education and awareness raising for the Anti GBV Act	No	Yes	No	Yes	No	The process has started with the revision of the 2010-2015 Communications Strategy	No	MoG reports
49. MoG has developed a costed plan for the implementation of the Anti GBV Act	No	Yes	Yes	Yes	Yes	Costed plan for the implementation of the Anti GBV Act in place	Yes	MoG reports
50. Number of GRZ and stakeholders trained on Gender, GBV and migration	0	600	727	0	0[18]	There was demand for knowledge on GBV/Gender/migration	727	MoG reports

[18] No activities were planned for the year as target had already been surpassed.

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51. Availability of functional GBV Management information system (MIS)	No	Yes	No	Yes	No	Ongoing. Due to be finalised and rolled out to police stations in 2017.	No	Zambia Police reports
52. National GBV baseline established	No	Yes	No	Yes	Yes		Yes	MoG reports
53. Number of GBV studies conducted	0	4	2	2	0	Studies will be completed by June, 2017	2	MoG reports
54. National Anti GBV committee established	No	Yes	Yes	Yes	Yes	Yes	Anti GBV Committee established	MoG reports
55. Number of meetings of the Anti GBV committee held	0	16	10	4	3	Committee is functional and meets quarterly	13	MoG reports
56. Number of provincial AntiGBV task forces established and trained	0	10	10	0	0	Already achieved in previous reporting period	10	MoG reports
57. Number of district GBV task forces established and trained	0	50[19]	18	50	16	On-going, to be completed through working with the provincial anti GBV task forces.	34	MoG reports
58. Guidelines for referral of GBV cases developed	No	Yes	Yes	Yes	Yes		Yes	MoG reports

[19] This target reduced to 50 from the earlier target at a Joint GRZ/UN review meeting to make the target more realistic

Indicator	**Consolidated Project Target Results**		2015 Status	**2016 Implementing Partner Performance**			**Cumulative Implementing Partner Performance**	
	Base-line	End of Programme Target (2016)		Annual Target 2016	Actual Performance 2016	Achievement- reasons for over/under performance	[1]Cumulative Actual Performance (2012 to 2016)	Means of verification
59 Number of GBV referral systems established at sub district level	10	150	139	0	0	The election period slowed down the activities, the target will be achieved in the no cost extension period.	139	MoG reports