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# ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACHPRRWA</td>
<td>African Charter on Human and Peoples Rights on the Rights of Women</td>
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<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>AU</td>
<td>Africa Union</td>
</tr>
<tr>
<td>BDPfA</td>
<td>Beijing Declaration and Platform for Action</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all Forms of Discrimination against Women</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus</td>
</tr>
<tr>
<td>CSO</td>
<td>civil society organization</td>
</tr>
<tr>
<td>DDCC</td>
<td>District Development Coordinating Committee</td>
</tr>
<tr>
<td>DEVAW</td>
<td>Declaration on the Elimination of Violence Against Women</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>DREAMS</td>
<td>Determined Resilient Empowered AIDS-free Mentored and Safe Women</td>
</tr>
<tr>
<td>EnACT</td>
<td>Enabling Access to Justice, Civil Society Participation and Transparency</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>FGD</td>
<td>focus group discussion</td>
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<tr>
<td>GBV</td>
<td>gender-based violence</td>
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<tr>
<td>GEEA</td>
<td>Gender Equity and Equality Act</td>
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<td>GEWEL</td>
<td>Girls Education and Women’s Empowerment Livelihood</td>
</tr>
<tr>
<td>GII</td>
<td>Gender Inequality Index</td>
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<tr>
<td>GRM</td>
<td>grievance redress mechanism</td>
</tr>
<tr>
<td>GRZ</td>
<td>Government of the Republic of Zambia</td>
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<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>IDA</td>
<td>International Development Assistance</td>
</tr>
<tr>
<td>IEC</td>
<td>information, education, communication</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>IMIS</td>
<td>integrated management information system</td>
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<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>ISSB</td>
<td>Institutional Strengthening and Systems Building</td>
</tr>
<tr>
<td>J-IC</td>
<td>Join-In-Circuit</td>
</tr>
<tr>
<td>KGS</td>
<td>Keeping Girls in School</td>
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<tr>
<td>KII</td>
<td>key informant interview</td>
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<tr>
<td>MCDSS</td>
<td>Ministry of Community Development and Social Services</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>NASF</td>
<td>National HIV and AIDS Strategic Framework</td>
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<tr>
<td>NDP</td>
<td>National Development Plan</td>
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<tr>
<td>NGOs</td>
<td>nongovernmental organizations</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>NLACW</td>
<td>National Legal Aid Clinic for Women</td>
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<tr>
<td>NPA</td>
<td>National Prosecution Authority</td>
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<tr>
<td>OSC</td>
<td>One Stop Centre</td>
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<tr>
<td>PDCC</td>
<td>Provincial Development Coordinating Committee</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PPE</td>
<td>personal protective equipment</td>
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<tr>
<td>SADC</td>
<td>Southern Africa Development Committee</td>
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<tr>
<td>SCT</td>
<td>Social Cash Transfer</td>
</tr>
<tr>
<td>SDGEA</td>
<td>Solemn Declaration on Gender Equality in Africa</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SEA</td>
<td>sexual exploitation and abuse</td>
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<tr>
<td>SGBV</td>
<td>sexual and gender-based violence</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Cooperation Agency</td>
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<tr>
<td>SOPS</td>
<td>standard operating procedures</td>
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<tr>
<td>SRH</td>
<td>sexual reproductive health</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
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<tr>
<td>SWL</td>
<td>Support Women’s Livelihood Initiative</td>
</tr>
<tr>
<td>UDHR</td>
<td>Unilateral Declaration of Human Rights</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VAW</td>
<td>violence against women</td>
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<tr>
<td>VLOSC</td>
<td>Village One Stop Centre</td>
</tr>
<tr>
<td>VSU</td>
<td>Victim Support Unit</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WILDAF</td>
<td>Women in Law and Development in Africa</td>
</tr>
<tr>
<td>WLSA</td>
<td>Women in Law in Southern Africa</td>
</tr>
<tr>
<td>YWCA</td>
<td>Young Women’s Christian Association</td>
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<tr>
<td>ZAMSTATS</td>
<td>Zambia Statistical Agency</td>
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<tr>
<td>ZCCP</td>
<td>Zambia Centre for Communications Programme</td>
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<tr>
<td>ZDHS</td>
<td>Zambia Demographics and Health Survey</td>
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</tbody>
</table>

*All dollar amounts are US dollars unless otherwise indicated.*
EXECUTIVE SUMMARY

Objectives
The objective of this assessment was to provide background information on GBV issues, policies, programming, and gaps in Zambia, for the purpose of assisting the World Bank (WB) in a) considering how to directly support efforts to address GBV in Zambia; b) informing strategies for integrating attention to GBV in development programming; and c) understanding the extent of existing GBV response and prevention programming.

In addition to providing an overview of data on the scope of GBV in Zambia, the assessment investigated legislative and policy protections related to GBV; systems and coordination mechanisms in place for addressing GBV in Zambia; and GBV response and prevention programming. Based on input from key stakeholders, as well as a desk review, the assessment identified and analyzed key gaps across these areas and concluded with several recommendations for the WB to consider in order to assist in addressing them.

Methodology
The report is informed by a desk review as well as by key informant interviews (KIIs) and focus group discussions (FGDs) undertaken January—March 2022, followed by data analysis and report writing from April—June 2022. The desk review focused primarily on the prevalence of GBV and the legal and policy environment in Zambia. The research team conducted consultations with key government and nongovernmental officials involved in GBV prevention and mitigation, to understand their perspectives and priorities. Focus group discussions were held with community members across all provinces of Zambia.

Key Findings

<table>
<thead>
<tr>
<th>Area of Investigation</th>
<th>Progress</th>
<th>Key Gaps</th>
</tr>
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<tbody>
<tr>
<td>GBV Legislation and Policy Framework</td>
<td>▪ Enabling policy and legal frameworks that have domesticated key international and regional instruments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Specific GBV law</td>
<td>▪ The current GBV legal framework has gaps as well as conflicting provisions predisposing women and girls to various forms of GBV.</td>
</tr>
<tr>
<td></td>
<td>▪ Gender policy and various guidelines still being developed</td>
<td>▪ Fragmented approaches to GBV programming because of slow progress in revising and finalizing the National Gender Policy and the expiration of the GBV National Action Plan (NAP) in 2013.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Poor enforcement of laws and allocation of resources for operationalizing GBV legal provisions.</td>
</tr>
</tbody>
</table>
### GBV Systems and Coordination
- Gender Division anchored under the Office of the President with mandate to coordinate GBV
- Revised Gender Division structure provides for staff at provincial level
- Resumption of gender/GBV coordination meetings with technical support from cooperating partners
- The low frequency of holding coordination and technical working group meetings (especially over the 12 months preceding this assessment) has contributed to fragmented programming and needs to be reversed.
- Absence of a coordinated approach to training on GBV is resulting in various stakeholders applying different training standards; guidelines developed across different programs needs to be addressed.
- Weak national-level GBV information management system (IMS) providing poor monitoring and evaluation of ongoing interventions and thereby jeopardizing GBV data quality.

### GBV Response and Programming
- A range of GBV prevention and response programs are being implemented across the country, including women’s economic strengthening interventions
- Holistic GBV case management services being provided under models such as the hospital-based One Stop Centres (OSCs) and Village Led One Stop Centres (VLOSCs) and temporary protective shelters for GBV survivors in some districts run by Ministry of Community Development and Social Services (MCDSS) and nongovernmental organizations (NGOs)
- Availability of counseling services backed by legislation provided by Victim Support Unit (VSU), NGOs and other health facilities including availability of toll-free lines for reporting GBV and accessing services
- Fast Track Courts have been established in six provincial districts (Chipata, Choma, Kabwe, Kasama, Ndola and Lusaka)
- Existence of interventions tackling social norms by various stakeholders including traditional leaders, men and boys, and NGOs
- Inadequate funding for sustained primary prevention to tackle the existing negative social norms such as high acceptance of GBV as well as poor help-seeking behaviors among GBV survivors.
- Limited interventions to address economic vulnerability among GBV survivors.
- The OSCs, VLOSCs and temporary protective shelters for GBV survivors are not widely spread, found only in limited locations where GBV projects are being implemented.
- The fast-track courts are found in only six provincial capitals thereby rendering this service inaccessible to many GBV survivors. Four more are being constructed (Solwezi, Mansa, Mpika and Mongu).
- Poor funding to VSUs to enable prompt response to GBV as per their mandate in the Anti GBV Act, 2011.
- Inadequate capacity for provision of quality survivor centered GBV services within sectors (health, psychosocial, security, justice), and among service providers, e.g., prosecutors, health personnel.
Gender-Based Violence Assessment in Zambia

Recommendations

Legislation and Policies
1. Support efforts to review and harmonize GBV legislation by leveraging ongoing legal and policy reform processes that aim to align provisions of the Anti GBV Act with the Penal Code in order to enhance access to justice for GBV survivors.
2. Provide technical support to the Gender Division to finalize revision of the 2014 National Gender Policy and the GBV NAP, finalize and launch guidelines for establishing Village Led One Stop Centres (VLOSCs), and operation of national GBV protective shelters.
3. Support Ministry of Community Development and Social Services (MCDSS) to establish mechanisms for operationalizing the Anti GBV Fund and establishment of the Anti GBV Committee under the Gender Division.

Systems and Coordination
1. Financial investment in the Gender Division to enable implementation of the approved staffing structure at provincial level for effective GBV coordination.
2. Support efforts to revamp national GBV coordination mechanisms and convening of GBV Technical Working Groups (TWGs) at all levels (national, provincial, and district/community) to enhance GBV information sharing, planning, and harmonization of key GBV guidelines and training manuals to strengthen GBV referral pathways, feedback mechanisms, and standard operation procedures.¹
3. Support Zambia Statistics Agency (ZAMSTATS) to strengthen and roll out the existing GBV IMS to enhance collection of quality holistic data nationwide.

Response and Prevention
1. Increase investment in primary prevention mechanisms that tackle negative cultural and social norms, and attitudes and practices that accept and normalize GBV using evidence-based programming and support to community-based organizations to implement efficient survivor-centered GBV interventions at community level.
2. Ensure a holistic approach to design and implementation of programs across sectors through integration of life skills for women and girls as a strategy for reducing vulnerability to GBV. Good practice and lessons learnt from the Girls Education and Women’s Empowerment Livelihood (GEWEL) project could be scaled up.
3. Increase funding allocation that supports national response to GBV to ensure that services provided through GBV protective shelters, Chiefdom-based VLOSCs, hospital-based OSCs, and fast-track courts are standardized and made more accessible to GBV survivors at all levels; and support enhancing the capacity of VSU to enable it to discharge its mandate of responding promptly to GBV cases and ensure it has adequate, conducive office space for conducting counselling.
4. Support the capacity building of GBV service providers from the health, psychosocial support, legal, and security sectors to enhance access to quality post-GBV case management and justice services.

¹Experience from ongoing WB-financed projects would be useful resources for strengthening GBV coordination mechanism through standard application of GBV risk identification, mitigation, and response in programming.
1.0 | BACKGROUND TO GENDER-BASED VIOLENCE ASSESSMENT

1.1 Purpose

The objective of this assessment is to provide background information on GBV issues, policies, programming, and gaps in Zambia, for the purpose of assisting the WB in a) considering how to directly support efforts to address GBV in Zambia; b) informing strategies for integrating attention to GBV in development programming; and c) understanding the extent of existing GBV response programming. This will not only allow the WB to focus its support for GBV programming more strategically (beyond a project-to-project basis) in order to maximize investment, but also assist in understanding the nature and extent of GBV services that can be made available to survivors of SEA and/or sexual harassment (SH) in WB-funded infrastructure and development projects.²

More specifically, the assessment investigates:

- Existing data on the scope of different types of GBV in Zambia
- Legislative and policy protections related to GBV
- Key leadership, coordination, and institutional arrangements and mechanisms in place for addressing GBV in Zambia
- GBV response programming, specifically focusing on the multi-sectoral model of response (i.e., health, psychosocial, legal/justice and security sectors) as well as community structures; and
- GBV prevention programming, including social norms work with communities.

The assessment analyses key gaps across these areas of investigation based on input from key stakeholders as well as the desk review and concludes with several recommendations for WB to consider in its work helping to strengthen the prevention of and response to GBV in Zambia. The assessment also spotlights the multi-donor funded GRZ-UN Joint Programme on GBV with a focus on drawing lessons from its implementation and identifying opportunities for taking forward key components relevant to WB.

1.2 Methodology

The report is informed by a desk review and stakeholder consultations undertaken January—March 2022 followed by data analysis and report writing conducted from April—June 2022.

1.2.1 Desk Review

Consisting of legislation, policies, research reports, and other literature obtained online and through consultation with experts in Zambia, the desk review focused primarily on GBV prevalence and the legal and policy environment in Zambia. A review of violence statistics from the Zambia police and Zambia Statistics Agency was also conducted.

²This assessment does not focus on SEA or SH in WB-funded projects. Nevertheless, recognizing that survivor care and support is a key responsibility of any SEA/SH action plan, the information in this report can be used as a reference for projects to understand availability of and gaps in GBV services in Zambia.
1.2.2 Stakeholder Consultations

Stakeholder consultations were conducted with a total of 231 participants (116 female and 115 male). Figure 1 shows the number of participants per district.

![Figure 1: Representation of Respondent per Province by Sex](image)

The stakeholders were drawn from all 10 provinces in Zambia; in each province, a rural and urban district were selected, thereby ensuring the assessment had national reach and targeted both rural and urban areas (See table 1). Provincial capitals were selected to represent the urban districts and the rural districts were selected based on the proximity to the provincial capital in order to manage logistics.

### Table 1 Geographic Coverage

<table>
<thead>
<tr>
<th>Province</th>
<th>Urban Districts</th>
<th>Rural District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>Kabwe</td>
<td>Mumbwa</td>
</tr>
<tr>
<td>Copperbelt</td>
<td>Kitwe</td>
<td>Kalulushi</td>
</tr>
<tr>
<td>Eastern</td>
<td>Chipata</td>
<td>Kalalite</td>
</tr>
<tr>
<td>Luapula</td>
<td>Mansa</td>
<td>Chipili</td>
</tr>
<tr>
<td>Lusaka</td>
<td>Lusaka</td>
<td>Chongwe</td>
</tr>
<tr>
<td>Muchinga</td>
<td>Mpika</td>
<td>Isoka</td>
</tr>
<tr>
<td>Northern</td>
<td>Kasama</td>
<td>Luwingu</td>
</tr>
<tr>
<td>North Western</td>
<td>Solwezi</td>
<td>Mufumbwe</td>
</tr>
<tr>
<td>Southern</td>
<td>Choma</td>
<td>Monze</td>
</tr>
<tr>
<td>Western</td>
<td>Mongu</td>
<td>Senanga</td>
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</tbody>
</table>

Consultations were conducted using a mixed data collection and analysis method to ensure triangulation of results through FDGs, KII, and community members. A team of 18 enumerators were trained virtually on the data collection tools and oriented on ethical considerations to adhere to during the data collection process. Box 1 comprises a summary of the stakeholder consultations. Interviews were conducted through telephone and online platforms such as Zoom to alleviate risk of COVID-19. In limited instances, face-to-face interviews were conducted, in full compliance with the Ministry of Health (MoH)'s COVID-19 guidelines.
Box 1 Summary of Stakeholder Consultations

**Key informant interviews**: Interviews were conducted with 120 key informants (63 female and 57 male) representing relevant government ministries, private sector, local NGOs working in the health, legal/security, social protection, education, infrastructure and energy sectors, and cooperating partners drawn from the UN, international NGOs, and embassies. Key among the stakeholders interviewed were representatives of the following:

- Ministry of Home Affairs (Zambia Police Victim Support Unit)
- Ministry of Community Development and Social Services
- Gender Division
- National Prosecution Authority
- Ministry of Higher Education
- Ministry of General Education
- Ministry of Health
- Judiciary
- Traditional leaders
- UNFPA
- UNICEF
- Swedish Embassy
- Embassy of Ireland
- Embassy of Norway
- USAID
- GIZ
- EU
- World Bank Projects (Kariba Dam Rehabilitation Project, Improved Rural Connectivity Project and Road Development Agency)
- NGOs (such as NGOCC, YWCA, WfC, ZCCP, NLACW, ZNWL, ZNMN, Childline/Helpline)

*Source: Original content for this publication.*

**Interviews with community leaders and advocates**: At the community level, 79 individuals were interviewed (38 female and 41 male) representing community leaders, community advocates, and other community members across the research sites.

**Focus Group Discussions**: Four FGDs were conducted with mixed-sex groups in four districts representing two urban and two rural locations across the north, south, east and western provinces of Zambia (Katete, Monze, Kasama and Mongu) with eight participants each, for a total of 32 participants (15 female and 17 male). The FGDs were comprised of representatives from women’s groups, district GBV focal points, men’s networks, persons with disability, young women, and members of civil society organizations dealing in GBV. The FGDs were facilitated by a trained enumerator who primarily focused on questions of service availability, accessibility, and quality.
1.3 Ethical Considerations

The assessment complied with internationally and nationally recognized standards for researching violence against women and girls. Respondents were informed of the purpose and nature of the study, asked if they were willing to proceed with the interview and/or FGD, and of their right to withdraw from the research at any point. Principles of voluntary participation, do no harm, confidentiality, objectivity, and informed consent were adhered to throughout the data collection process. The respondents were not asked if they had directly experienced GBV; all enumerators were oriented on the ethical guidelines.

1.4 Limitations

Due to the COVID-19 situation at the time of the assessment, data was collected via telephone or virtual platforms such as Zoom. This data collection modality brought challenges including poor network connectivity and delayed or no response to interview appointments from respondents who could only be contacted via email to secure availability. Some interviews were interrupted repeatedly as some respondents had to attend to other matters. Travel restrictions also hindered travel to project sites and limited the number of FGDs. Given the limited number of FGDs, a decision was taken at the inception phase to hold mixed-sex group discussions. This may have limited some discussion amongst participants, although the primary focus of the FGDs was on service delivery.
2.0 | GENDER AND DEVELOPMENT

2.1 Development Context

Zambia is a large landlocked country located in the center of southern Africa. It shares a border with eight countries (Angola, Botswana, Democratic Republic of Congo, Malawi, Mozambique, Namibia, Tanzania, and Zimbabwe) and has an estimated population of 17.9 million.³

Zambia is classified as a lower middle-income country and has one of the world’s youngest populations by median age.⁴ In recent years, Zambia has faced significant economic challenges characterized by limited GDP growth, high poverty rates (28 percent for urban areas and 76.6 percent for rural areas), and increasing economic inequality between the rich and poor, females and males.⁵ ⁶ High fertility rates and rapid population growth are expected to continue as the large youth population enters reproductive age, and these trends will likely put even more pressure on the demand for jobs, health care, and other social services.⁷ Meanwhile, the economic effects of COVID-19 continue to contribute to high inflation rates and a volatile global market for copper, one of Zambia’s major exports.⁸

2.2 Gender Inequality

Despite progressive provisions on gender and GBV in international, regional, and national legislation, gender inequalities continue to be significant in Zambia. The gender profile for Zambia shows that women constitute just over half of the country’s population (50.5 percent)⁹ and are over-represented among those in poverty, representing 56.7 percent of the country’s poor.¹⁰ Zambia ranks 146 out of 189 countries on the 2020 UN Gender Inequality Index (GII) and 56 out of 156 countries on the 2021 Global Gender Gap Index.¹¹ ¹²

Long-standing gender inequality and patriarchal tendencies impact human and socio-economic development in Zambia. The power imbalances between women and men have resulted in women having fewer opportunities to participate in key decision-making positions and less access to productive resources. This has resulted in low female representation in formal employment, poor access to social services, and high levels of teen pregnancy, child marriage, and intimate partner violence (IPV). Over 90 percent of women in rural areas are employed in the informal agricultural sector, and 45 percent of employed women are unpaid family workers (compared to 16.1 percent of men).¹³ Participation of women in decision-making positions remains very low with the most recent parliament consisting of just 15.4 percent women.¹⁴

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¹⁴Electoral Commission of Zambia.
Gender-Based Violence Assessment in Zambia

Gender equality is a precondition for advancing development and reducing poverty in Zambia, and GBV has been acknowledged as both a cause and consequence of gender inequality. The promotion of gender equality and the empowerment of women are therefore necessary steps to combat poverty and stimulate sustainable economic development.

A comprehensive overview of gender inequalities is contained in a gender assessment study commissioned by the World Bank. This study highlights inequalities as reflected across key areas of human endowments; access to economic opportunities; women ownership and control over assets and voice and agency.
The term ‘GBV’ is most commonly used to underscore how systemic inequality between men and women acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. These acts of violence harm the physical, mental, emotional and social wellbeing of victims and their families, impoverish communities, and reinforce other forms of violence throughout societies.

While gender inequality is always at the root of GBV, there exist other contributing factors which may exacerbate this risk in Zambia. In addition to negative cultural and social norms which uphold unequal power between men and women, KIs and FDGs identified poverty, alcohol and substance abuse, extra marital affairs, poor communication skills, and the rise of digital technologies as key contributing factors to GBV in Zambia. As an individual from Lusaka Province stated, “People drink a lot of beer, and this is what is causing the levels of violence. Next time the government closes bars, they should also close the shebeens on the compounds.”

The number of reported cases of GBV has trended upwards since 2011. This increase in reported cases (see figure 2) may reflect increased reporting as result of community sensitization campaigns and/or a rise in the incidence of GBV related to growing inequality and weak economic growth. The reduction in reported cases in 2021 may be attributed to the lockdown measures introduced during the COVID. In either case, the widespread prevalence of GBV in Zambia is a serious challenge, and during the launch of the 2021 commemoration of the 16 Days of Activism Against GBV, Her Honour the Vice President of Zambia, W.K. Mutale Nalumango, expressed government’s concern with the high gender inequalities and the high number of cases of GBV in the country.

Figure 2 Trends in GBV Reporting

Source: VSU 2021.
Note: The decline in reporting in 2020 reflects the onset of the COVID-19 pandemic.

Section 3.1 describes the scope and prevalence of GBV in Zambia across the female life cycle. It draws on a range of sources, including the Zambia Demographic and Health Survey

16“Keynote address by the Vice President at the launch of the 2021 “16 Days of Activism against GBV.”
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(ZDHS 2018), data from the Zambia Police Victim Support Unit (VSU), and responses from KIIs and FDGs conducted for this assessment. It addresses child sexual abuse, harmful traditional practices, child marriage, physical violence, sexual violence, and IPV.

3.1 Existing Data

Box 2 Key Evidence on GBV

Of women and girls in Zambia:
- 20.3 percent experience child sexual abuse prior to age 18, and 28.3 percent of girls who have ever had sexual intercourse report that their first sexual encounter was unwanted
- 39 percent are married by age 18
- 36 percent of all women and 52 percent of divorced, separated, or widowed women 15-49 have experienced physical violence since age 15
- 14 percent of all women 15-49 in Zambia have experienced sexual violence
- 47 percent of ever-married women 15-49 have experienced physical, emotional, or sexual violence by a husband/partner; and
- 46 percent of women and 26 percent men in Zambia age 15-49 agree that it is sometimes justified for a husband to beat his wife.

Source: VAC 2014; ZDHS 2018

Child Sexual Abuse: According to the 2014 Violence Against Children in Zambia Survey (VACS), 20.3 percent of girls in Zambia experienced sexual abuse prior to age 18 with the most common form of sexual abuse reported being forced sex. Of those who experienced sexual abuse, 28.4 percent of girls experienced their first incident of abuse at age 13 or younger, and 28.3 percent of girls who have ever had sexual intercourse reported that their first sexual encounter was unwanted. The perpetrators of sexual abuse among female respondents include a spouse/romantic partner (33.8 percent), friend (19.4 percent), neighbor (18.8 percent), classmate (11.1 percent), stranger (10.6 percent), and family member (7.1 percent).

Figure 3 Median Age at First Marriage by Region and Urbanicity

Source: ZDHS 2018.
Note: Less than 50 percent of men in 25 - 50 age cohort in urban areas and in Copperbelt and Lusaka have been married therefore 25 is a lower bound for the median age at first marriage.

These findings are supported by data from the 2021 VSU annual report on GBV which indicates that there were 4,115 reported cases of GBV against girls, including 2,238 cases of child defilement. However, child sexual abuse is often underreported, and survey research by Chitundu et al. (2018) suggests that this may be further exacerbated in Zambia due to fears of family and community breakdown, relationships between victims and the perpetrators, and inadequate services by police.

Harmful Traditional Practices: Adolescent girls in Zambia may also be subjected to various harmful cultural rituals as a part of their transition to adulthood. One such custom is ‘chinamwali’, an initiation ritual historically practiced by members of the Chewa tribe in Zambia. During chinamwali, adolescent girls spend multiple weeks learning about manners that women must observe such as respect for adults, dress code, and hygiene during menstruation, as well as expectations for sex and childbearing. During this period, girls do not attend school, and the initiation process culminates with a test of the girl's sexual skills by a man designated by the girl’s family known as the ‘afisi’.

Child Marriage: Child marriage is highly prevalent in Zambia. According to the Zambia Demographics and Health Survey (ZDHS) 2018, 9 percent of women aged 25 to 49 were married by age 15 and 39 percent were married by age 18. Many of these marriages involve significant age gaps as only 4.4 percent of men in the 15 to 19 age group were married.

Source: ZDHS 2018.
Gender-Based Violence Assessment in Zambia

married by age 15 and 39 percent were married by age 18. Many of these marriages involve significant age gaps as only 4.4 percent of men in the same age cohort were married by age 18 and 14 percent by age 20 respectively. Nationally, the median age at first marriage is 19.1 years for women and 24.4 years for men, and it varies according to region and urbanicity as shown in figure 3.

Physical Violence: Of all women (single, ever married, divorced) aged 15-49, 36 percent have experienced physical violence since age 15. Women in rural areas are more likely to have experienced physical violence than women in urban areas (37 percent and 34 percent respectively), and the percent of women who have ever experienced physical violence is highest among divorced, separated, or widowed women at 52 percent. In 2021, 10,049 cases of physical violence were reported to the Zambia police VSU by women and girls, making up 77.9 percent of total reported cases of physical violence in Zambia. Figures 4 and 5 below show the prevalence of physical violence by region and marital status.

Figure 4 Prevalence of Physical Violence by Region

Note: By region, percentage of women 15-49 who have experienced physical violence since age 15.

Figure 5 Prevalence of Physical Violence by Marital Status

Note: Percentage of women 15-49 who have experienced physical violence since age 15 by marital status.

22 ZDHS (2018), 67.
23 ZDHS (2018), 68.
24 ZDHS (2018), 313.
Sexual Violence: Fourteen percent of all women (single, ever-marriage, divorced) age 15-49 have experienced sexual violence in Zambia. Women in rural areas are more likely to have experienced sexual violence than women in urban areas (15 percent and 13 percent respectively), and the percentage of women who have experienced sexual violence varies significantly by region from 6 percent in North Western Province to 24 percent in Muchinga. Figures 6 and 7 below show the prevalence of sexual violence by region and marital status.

![Prevalence of Sexual Violence by Region](image)

Note: Percentage of women 15-49 who have ever experienced sexual violence by region.

![Prevalence of Sexual Violence by Marital Status](image)

Note: Percentage of women 15-49 who have ever experienced sexual violence by marital status.

Intimate Partner Violence: Of ever-married women age 15-49, 49 percent have experienced any form of physical, emotional, or sexual violence by a husband/partner; 39 percent have experienced physical violence, 32 percent have experienced emotional violence; and 16 percent experienced sexual violence. The prevalence of IPV is the same on average in urban and rural areas but varies according to region from 17.9 percent in North Western Province to 46.3 percent in Muchinga. Figure 8 shows the prevalence of physical, emotional, or sexual violence by a husband/partner in the past 12 months.

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26ZDHS (2018), 313.
27ZDHS (2018), 315.
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Figure 8 Prevalence of Types of IPV by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Any type of violence</th>
<th>Physical violence</th>
<th>Emotional violence</th>
<th>Sexual violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>23%</td>
<td>25%</td>
<td>46%</td>
<td>44%</td>
</tr>
<tr>
<td>Copperbelt</td>
<td>35%</td>
<td>28%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Eastern</td>
<td>33%</td>
<td>30%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Luapula</td>
<td>38%</td>
<td>25%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Lusaka</td>
<td>25%</td>
<td>28%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Muchinga</td>
<td>46%</td>
<td>28%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Northern</td>
<td>30%</td>
<td>28%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>North Western</td>
<td>18%</td>
<td>28%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Southern</td>
<td>44%</td>
<td>28%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Western</td>
<td>30%</td>
<td>28%</td>
<td>30%</td>
<td>33%</td>
</tr>
</tbody>
</table>


Note: Percentage of ever-married women who have experienced emotional, physical, or sexual violence by any husband/partner in the past 12 months by region.

While all forms of IPV remain underreported, 2021 data from the Zambia police VSU is broadly consistent with the finding from the ZDHS (2018), indicating that there were 10,049 reported cases of physical abuse, 918 reported cases of emotional abuse, and 3,083 cases of sexual abuse. VSU also reports 3,481 cases of economic abuse which constitute about 20 percent of all reported GBV cases in Zambia.29

IPV is perpetuated by negative cultural and social norms which endorse husband’s violence against their wives. Forty-six percent of women and 26 percent men in Zambia age 15-49 agree that it is sometimes justified for a husband to beat his wife, and 45 percent of girls and 36 percent of boys ages 13–17 accepted one or more justifications for spousal violence.30 31 The 2018 ZDHS also finds a clear correlation between the experience of physical, emotional, or sexual violence and husband’s alcohol use. Women whose husbands get drunk very often are 50 percentage points more likely to experience any form of spousal violence when compared with women whose husbands do not drink or never get drunk (84 percent versus 34 percent).32

3.2 GBV and COVID-19

Globally, the COVID-19 pandemic has led to a sharp rise in GBV cases due to job loss, school closures, and lockdown measures.33 Reports from Lifeline/Childline in Zambia showed that the demand for toll-free services increased dramatically since the onset of the pandemic from the monthly average of 12,000 calls to 40,000 calls.34 In 2020, Lifeline/Childline Zambia recorded 62,439 GBV cases compared to 15,613 recorded in 2019, showing an increase of 300 percent.

In KIIs and FDGs conducted for this assessment, 86 percent of respondents perceived that there has been an increase of GBV cases after the onset of COVID-19 while only 8 percent felt there was no increase and 6 percent were not sure. The increase in GBV cases was attributed

30ZDHS (2018), 288.
32ZDHS (2018), 317.
34Keynote address by the Vice President during the launch of the 202116 Days of Activism against GBV.
to stress within families brought on by stay-at-home measures and job losses. According to one key informant:

“People find relief when they are away from home. When they were forced to stay home due to the lockdown measures, tempers were flaring over very little issues. The young children were also at a higher risk of being abused in homes when the schools closed and they had to stay at home.” (FGD participant, Lusaka Province)

A number of key informants added that they believed many cases of GBV have gone unreported due to disruptions in GBV services. Community participants indicated that there may have been reluctance among some survivors to access health services for fear of contracting COVID-19 at the health facilities and noted the need for greater personal protective equipment (PPE) at GBV service provision sites. Many key informants emphasized the need for further research to ascertain the true nature and extent of the impact of COVID-19 on GBV and the importance of continued GBV awareness-raising and service delivery through digital platforms during future emergencies.
Zambia has a progressive legislative and policy framework for promoting gender equality and addressing GBV. In line with the Ratification of International Agreements Act of 2016, Zambia has domesticated several international and regional human rights instruments on gender and GBV. However, there are several challenges that hinder effective implementation of the legal and policy framework. These include inadequate institutional capacity, poor funding, inadequate capacity and personnel to enforce laws and low awareness of the policy and legal framework among others. The following section briefly describes some of the most important pieces of relevant legislation.

4.1 Legislative Framework

4.1.1 The Zambian Constitution

Article 11 of the Zambian Constitution guarantees fundamental individual rights and freedoms without discrimination on the basis of race, place of origin, political opinion, color, creed, sex, or marital status; Article 23 prohibits any law which discriminates on the basis of the same characteristics. However, Article 23(4)(c) provides an exception to the non-discrimination clause for the application of personal law on matters such as marriage, divorce, and devolution of property. These are areas where women and girls are particularly vulnerable to forms of GBV such as property grabbing and child marriage, weakening these otherwise progressive provisions in the Zambian Constitution.

4.1.2 The Penal Code CAP 87 of the Laws of Zambia

The Penal Code Act is the main law under which perpetrators of GBV may be charged with a criminal offense in Zambia. This law has undergone several amendments such as the Amendment Act No. 15 of 2005, which set a minimum sentence of 15 years for anyone convicted of child defilement and a minimum sentence of 20 years for human trafficking; and Amendment Act No. 2 of 2011, which provides for a minimum sentence of 15 years for anyone convicted of rape. However, other changes to the Penal Code Act have not been as progressive. Amendment Act No. 2 of 2011 also establishes a defense for the charge of child defilement if the perpetrator reasonably believed that the victim was 16 years old or above. This clause limits the progress Zambia has made in protecting children from sexual abuse.

4.1.3 The Anti-GBV Act No. 1 (2011)

The Anti-GBV Act was the first piece of legislation that defined GBV in Zambia: “Any physical, mental, social or economic abuse against a person because of that person’s gender, and includes (a) violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to the person, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life; and (b) actual or threatened physical, mental, social or economic abuse that occurs in a domestic relationship.”
Its interpretation is somewhat broad, based on ‘gender’ rather than gender discrimination of females in the context of patriarchy as GBV is articulated in DEVAW, for example. Nevertheless, the Anti-GBV act recognizes the need for specialized attention to violence against women and girls. It provides for the protection of GBV survivors and established the Anti-GBV Committee and Anti-GBV Fund. Importantly, Section 2(2) of this law states that the provisions of this law shall prevail if there are any inconsistencies with the provisions of another written law except for the Constitution. This law also allows any person or institution with information about GBV to report the matter to the police in the district where the offender or victim reside, where the incident of GBV occurred, where the victim is temporarily staying, or where it is convenient for the person filing the complaint.

While the Anti-GBV Act provides for GBV prevention and response mechanisms, this law has not been fully implemented. The Anti-GBV Committee established under this Act is non-functional, the Anti-GBV Fund has not been set up, and scaling up of GBV protective shelters by relevant ministries has not been adequately addressed. Additionally, some of the offences in the Anti-GBV Act (such as emotional and psychological abuse), are not explicitly provided for in the Penal Code, making it difficult to pursue legal action against offenders.

4.1.4 The Gender Equity and Equality Act No. 22 (2015)

The Gender Equity and Equality Act (GEEA) domesticated most of the international and regional human rights instruments on gender, including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Beijing Declaration and Platform for Action (BDPA), the Maputo Protocol, and the Southern African Development Community (SADC) Protocol on Gender and Development. The GEEA prohibits sexual harassment and harmful social, cultural, and religious practices, and provides for the elimination of all forms of discrimination against women. Section 6(1) of the GEEA provides for the establishment of the Gender Equity and Equality Commission whose key functions include ensuring the mainstreaming of gender, and monitoring, investigating, and advising on issues concerning gender equity and equality.

However, since its enactment in 2015, the GEEA has not been fully implemented. The Gender Equity and Equality Commission (GEEC) which was constitutionally established and provided for under this Act has not been operationalized to date. The chief barriers to implementation include limited funding and a lack of clarity among key stakeholders as to the role of the GEEC in relation to the Gender Division (see more information about coordination in the next section). Without a functioning GEEC, the mandate of the commission cannot be discharged and institutions not complying with the GEEA will remain unchecked.

4.1.5 The Education Act, No. 23 (2011)

Section 18 of the Education Act prohibits (a) a learner who is a child entering into any form of marriage, (b) any person marrying or marrying off a learner who is a child, and (c) any person

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preventing or stopping a learner who is a child from attending school for the purpose of marrying or marrying off the learner. However, it does not however provide for children who are not students, thereby rendering children who are not in school unprotected under this law.

4.1.6 The Marriage Act, CAP 50 of the Laws of Zambia (1918)

The Marriage Act prohibits the marriage of anyone below the age of 16 under Section 34(1); under Section 17, parental consent is required for marriages in which one or both parties are below the age of 21. Thus, child marriage is permitted for 16 and 17-year-olds, and special exemptions may also be made by a judge for children below the age of 16 if it is deemed that the circumstances of the marriage are not contrary to public interest.

4.1.7 R. v. Chinjamba (1949)

Judicial precedent also plays an important role in Zambia’s legal framework on GBV. In the case of R. v. Chinjamba, it was held that a man cannot be convicted of having unlawful carnal knowledge of a girl under the age of 16 if they are legally married. This ruling remains in effect today.39

4.1.8 The Anti-Human Trafficking Act No. 11 (2008)

The Anti-Human Trafficking Act provides for the prohibition, prevention, and prosecution of human trafficking and domesticates the UN Protocol to prevent, suppress, and punish human trafficking. Despite having the Act, human trafficking for labor and sexual exploitation has increasingly been recognized as an issue that requires urgent attention. Zambia remains both a source country from which victims are recruited as well as a transit country through which traffickers transport their victims enroute to other destinations. Girls aged 16 and above remain more vulnerable than their male counterparts. Government has established an Inter-Ministerial National Steering Committee and is also collaborating with anti-human trafficking stakeholders to strengthen response. Established so far is a 24-hour 990 toll-free counter-trafficking talk-line covering all 10 provinces in Zambia.40

4.2 Policy Framework

4.2.1 The National Gender Policy (2014)

The National Gender Policy of 2014 aims to achieve gender equality through the redress of existing gender imbalances. It seeks to ensure equal opportunities for women and men to actively participate to their fullest ability in society and equitably benefit from national development.41 The National Gender Policy also includes multiple measures to address GBV, such as community sensitization efforts, management skills trainings for GBV service providers, increased facilities for the provision of services to GBV survivors (One Stop Centres, safe houses, shelters, and drug rehabilitation centers), and programs to engage men and boys in GBV prevention.42

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40 Gender Status Report 2017-19, 82.
Currently, Zambia does not have an operational National Action Plan (NAP) on GBV. The previous NAP, developed for the period 2008 – 2013, expired.

4.2.2 The Eighth National Development Plan (2022-2026)

The Eighth National Development Plan (8NDP) provides an overview of Zambia’s strategy for sustainable development of the period 2022-2026 and provides for eradication of poverty and inequality among its strategic development areas. Specifically, the 8NDP highlights government’s intention to prioritize interventions to tackle GBV, teenage pregnancies, child abuse, and violence as part of its development outcomes.  

4.3 Key Opportunities in Legislation and Policies

The current legislative and policy framework presents several key opportunities for addressing GBV by eliminating gaps in national legislation, such as in the Marriage Act and Education Act, and ensuring the full implementation of existing policies. The following outlines some of these opportunities.

At the time of assessment, Zambia is in the process of reviewing the Anti-GBV Act, the Penal Code Act, the outdated NAP, and the 8NDP. This presents an opportunity to address many of the gaps identified above, e.g., by ensuring an emphasis on a gender-equitable distribution of financial resources in the 8NDP and establishing an operational NAP with clear indicators, interventions, and an effective and robust monitoring and evaluation framework. Additionally, current efforts to reform the Zambian Constitution present an opportunity to include economic, social, and cultural rights and eliminate personal law domain exceptions to the non-discrimination clause.

The specific allocation of funds for survivors of GBV and victims of trafficking in both the Anti-GBV Act and Anti-Human Trafficking Act is an opportunity to lobby the government and other stakeholders to funnel appropriate resources towards these funds and provide much-needed assistance to those affected by GBV and human trafficking. If successful, these efforts have the potential to significantly improve the lives of GBV survivors and help mitigate the compounding effects of poverty and violence on women and girls in Zambia.

Existing legislative and policy frameworks present opportunities for improving public awareness and access to justice. Despite many of the gaps in Zambia’s legislative framework, the country benefits from a generally progressive legal system and clear prohibitions against many types of GBV. Interviews conducted for this assessment showed that most key informants are aware of many of the laws and policies that address GBV in Zambia. Community members tended to have less knowledge of specific legal instruments. This suggests potential value in making laws and policies more accessible through their simplification and translation into local languages.

43 8NDP, SS.
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Summary: Key Gaps in the Legal and Policy Framework

- The current GBV legal framework has gaps as well as containing conflicting provisions thereby predisposing women and girls to various forms of GBV.

- Slow progress in revising and finalizing the National Gender Policy and the new GBV National Action Plan (NAP) is resulting in fragmented approaches to GBV programming.

- Poor enforcement of laws and allocation of resources for operationalizing GBV legal provisions has led to some key legal provisions such as the Anti GBV Committee and Anti GBV fund not being operationalized.

However, it must be noted that policy and legislative processes pass through a number of stages and take time to be finalized. Therefore, the identified gaps in the current policy and legal framework may take time to be addressed.
5.0 | GBV SYSTEMS AND COORDINATION MECHANISMS

GBV coordination is essential to bring together a wide range of stakeholders from different sectors and establish a clear implementation strategy for addressing the issue. According to the Southern Africa Development Community (SADC), “Partnerships are critical to coordination and leveraging resources, identifying and building on best practices, scaling up promising interventions, discussing lessons learnt and challenges, conducting research and ensuring duplication is avoided.”44 This section discusses national and subnational systems in place for GBV coordination in Zambia and identifies key gaps and opportunities in coordination and information gathering.

5.1 National Systems and Coordination

Prior to August 2021, the coordination of all GBV interventions and oversight of GBV-related policies and laws was mandated to the Ministry of Gender. The Ministry was in turn led by a cabinet minister responsible for advancing the gender agenda in cabinet meetings and in the Zambian parliament. GBV coordination meetings and technical working groups (TWGs) at the national level were convened by the Ministry of Gender with support from cooperating partners, including the UN (under the GRZ-UN Joint Programme on GBV), and GIZ (under the Natwampane project). Participants to these meetings included relevant government ministries, the judiciary, the National Prosecution Authority (NPA), UN Agencies and I/NGOs addressing GBV. These meetings provided a forum for planning and information sharing on various implementing partners’ activities, GBV legislative and policy issues, GBV research findings, and opportunities for funding of GBV interventions.

The GBV coordination meetings were scheduled to be held quarterly but reportedly lost momentum and, as of August 2021, national Ministry of Gender GBV coordination mechanisms were not active. In lieu of these national ministry meetings, some GBV programmes convened their own coordinating meetings. Key informants for this assessment also indicated that line ministries, UN and I/NGO representatives did meet at that national level monthly, if not under this umbrella. At the regional and local levels, gender development committees established under the Provincial Development Coordinating Committees (PDCCs) and District Development Coordinating Committees (DDCCs) were designated to address gender issues.

After the change in government in August 2021, the Gender Ministry was dissolved per GAZETTE Notice No. 1123 and reconstituted as the Gender Division with the full mandate of the former Ministry but anchored under the Office of the President. The Gender Division inherited the staffing challenges that the Ministry faced and continues to rely on the PDCCs and DDCCs for local GBV and gender coordination. Without the physical presence of staff from the Gender Division at provincial and district levels, awareness of and participation in GBV coordination by the Gender Division is limited.

Several key informants reflected that dissolving the Gender Ministry and creating the Gender Division was a positive step forward because the Division is within the President’s Office, which is the highest political office. However, other interviewees expressed the opinion that the Gender Division will not have much influence as it does not have a cabinet minister

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to represent the interests of the Division. Some key informants also felt that the President may be too busy to effectively represent the interests of the Gender Division during Cabinet meetings. This may affect the GBV coordination capacity of the Gender Division. Furthermore, key mechanisms for addressing GBV noted above, such as the Anti-GBV Fund, Anti-GBV Committee, and the Gender Commission have not yet been operationalized.

**Staffing in the Gender Division remains a challenge as it is only at national level.** At the time of this assessment, a technical person had been seconded to the Gender Division by cooperating partners to build the Gender Division’s GBV coordination capacity, although there was no tangible trickle-down effect to lower structures. Not surprisingly, the role of the Gender Division as a GBV coordinating body is not very well understood at the subnational level. Only partners to the Gender Division who were interviewed for this assessment appeared to understand that the Gender Division is responsible for GBV coordination. Other key informants were not clear on who coordinates GBV in Zambia, pointing out community coordinating structures and some NGOs as being responsible for GBV coordination in Zambia. This suggests the need to strengthen the Gender Division’s role in leading GBV coordination from the national to district levels.

**Perceptions about the effectiveness of GBV coordination varied among key informants.** Approximately one-third stated that GBV coordination at national level was ineffective, and one-quarter said it was barely effective. In contrast, one-fifth said it was effective, and around 5 percent said it was very effective (See figure 9). Furthermore, the understanding of the national coordinating mechanisms varied among the respondents, with community respondents at the district level tending to reference community coordinating mechanisms.

**Figure 9 KII Perceptions of Effectiveness of National GBV Coordination Mechanism**

Approximately one-third stated that GBV coordination at national level was ineffective, and one-quarter said it was barely effective. In contrast, one-fifth said it was effective, and around 5 percent said it was very effective (See figure 9). Furthermore, the understanding of the national coordinating mechanisms varied among the respondents, with community respondents at the district level tending to reference community coordinating mechanisms.

Source: Original figure for publications

**Zambia does not currently have a national information management administrative system for GBV data.** The USAID-funded Stop GBV Phase 1 (2012-2018) project began a process to develop a national GBV information management system, but it was not completed. ZAMSTATS (formerly called Central Statistics Office (CSO)) is the sole designated entity responsible for the publication of official statistics in Zambia. This institution conducts prevalence surveys on GBV as part of the ZDHS every four years with the last survey conducted in 2018. Key informants for this assessment noted that data from the prevalence surveys was very accessible as it could be obtained through the Zambia Demographics and Health Survey (ZDHS) reports.
Nor does Zambia have a repository of GBV resources and tools. The European Union (EU) is reportedly supporting the development of information management hubs where partners can share their GBV documents for harmonization and utilization. In these hubs, all project and program documents would be made available for reference to create uniformity and to avoid duplication.

5.2 Subnational Systems

At province and district levels, GBV coordination is through the PDCCs and DDCCs because the Gender Division does not have staff at these levels. These structures address a wide array of developmental issues and, as such, GBV coordination may not be prioritized. Lack of dedicated staff from the Gender Division at the provincial and district also limits awareness of the mandate of the Gender Division regarding GBV coordination.

Perceptions from key informants were that GBV coordination is driven by donors at the national level, with no similar coordination at lower levels, most especially in the rural areas. Lack of coordination was felt to contribute to limited mapping of GBV providers, as well as weak communication between key sectors engaged in GBV response.

Data on GBV at the subnational level is available through quarterly announcements of GBV statistics by VSU. However, information on GBV through the VSU is difficult to get at any other time. Other institutions and organizations providing GBV services such as the Ministry of Health and I/NGOs such as Young Women’s Christian Association (YWCA), Zambia Centre for Communication Program (ZCCP, OSCs, VLOSCs, Women and Law in Southern Africa (WLSA), National Legal Aid Clinic for Women (NLACW), Childline/Helpline, and Women and in Law and Development in Africa (WiLDAF) collect data on reported cases, but these statistics tend to be shared internally rather than at the subnational or national level.

Summary: Key Gaps in Systems and Coordination

- Inadequate staffing in the Gender Division has compromised the effectiveness of GBV coordination. Lack of staffing at provincial and district levels has further affected the existence and effectiveness of subnational coordination.

- Lack of clear linkages between the various GBV coordination levels has affected coordination in so far as there are no clearly established channels for information flow on GBV issues and interventions.

- Irregular GBV coordination meetings mean that stakeholders lack an information-sharing platform to build and/or strengthen partnerships, reduce duplication of efforts, and enhance efficient use of resources for maximum results.

- Because Zambia does not have a national statistical repository for GBV outside of the DHS, statistics recorded by GBV service providers may be duplicated, and are also challenging to obtain without direct communication with specific providers.
5.3 Key Opportunities in Systems and Coordination

- **The restructuring of the Gender Division** presents an opportunity to establish a dedicated department for effective coordination at the national and subnational levels.

- **The ongoing process to review the GBV NAP** is another opportunity for improving GBV coordination. Having a NAP will help the country better coordinate GBV interventions as the NAP will contain indicators to which all the GBV programs in Zambia will be expected to contribute.

- **Establishing a national GBV information management system** will help to enhance GBV data management for decision making, reduce on double counting, and coordinate safe and ethical data-sharing among various GBV service providers.

- **The information management hubs being supported by the EU** represent an opportunity to develop a national document reference platform.
6.0 | GBV RESPONSE AND PREVENTION PROGRAMMING

This section summarizes some of the core elements of GBV response and prevention programming in Zambia. It focuses primarily on initiatives carried out by the Zambian government and its civil society partners in accordance with the legislative and policy frameworks outlined in Section 4 with the goal of providing a starting point for the WB to engage with additional national partners. The summary is not meant to be exhaustive but rather to provide a general overview of the major structures in place providing services for GBV survivors and reducing the level of GBV in Zambia.

6.1 GBV Response and Referral Pathways

The 2011 National Guidelines for the Multidisciplinary Management of survivors of GBV in Zambia developed by the Republic of Zambia through the Gender in Development Division (GIDD) outlines guidelines for responding to GBV by the police, legal, health and psychosocial support sectors. Furthermore, referral pathways have been developed by various organisations which outline protocols for GBV case management and information about GBV service providers. The Gender Division has developed a national electronic dashboard that provides information on available GBV services and contact persons. The information below summarizes the key activities and gaps related to addressing GBV across these sectors, as well as the referral pathways for services.

6.1.2 Health Sector Response

With support from various implementing partners, the Zambian government is taking the lead in the health response to GBV through the Ministry of Health. GBV health service providers are trained on the health response module outlined in the National Guidelines for the Multidisciplinary Management of Survivors of GBV in Zambia (National GBV Guidelines), which details how a physical examination should be conducted, history taking, collecting evidence among other steps.

GBV health services are provided through OSCs located in hospital facilities. This model of response combines a package of multi-sectoral services for GBV survivors including health, legal, justice, counselling, psychosocial support, protection and long-term prevention of recurrence of GBV to survivors. Key stakeholders supporting the delivery and coordination of GBV services include the Zambia Police Service; Ministries of Health, Ministry of Community Development and Social Services; and national and local NGOs.

At the time of the assessment, there were 54 OSCs supported by the USAID-funded Stop GBV II project and the EU-funded Natwampane Project (See table 2).

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46Launched One Stop Centre is a key node in protecting GBV victims in resettlement schemes | UNDP in Zambia.
47Note: Information on the number of OSCs supported by the GRZ-UN Joint Programme Phase II was not available at the time of the assessment.
Table 2 One Stop Centres

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Supporting Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>Kabwe, Mumbwa, Kapiri, Chibombo</td>
<td>Stop GBV II</td>
</tr>
<tr>
<td>Copperbelt</td>
<td>Ndola, Luanshya, Chingola, Kitwe, Mufulira, Masaiti*, Kalulushi*</td>
<td>Stop GBV II</td>
</tr>
<tr>
<td>Eastern</td>
<td>Nyimba, Katete, Chipata</td>
<td>Stop GBV II</td>
</tr>
<tr>
<td>Luapula</td>
<td>Mansa, Samfya, Chipili, Chifunabuli, Milenge, Lunga</td>
<td>Stop GBV II</td>
</tr>
<tr>
<td>Lusaka</td>
<td>Lusaka (Mutendere, Ngombe, Chawama), Chongwe, Kafue</td>
<td>Stop GBV II</td>
</tr>
<tr>
<td>Muchinga</td>
<td>Mpika, Nakonde</td>
<td>Stop GBV II</td>
</tr>
<tr>
<td>Northern</td>
<td>Kasama, Mungwi, Mpulungu, Mbala, Natwampane</td>
<td></td>
</tr>
<tr>
<td>North Western</td>
<td>Solwezi</td>
<td>Stop GBV II</td>
</tr>
<tr>
<td>Southern</td>
<td>Livingstone, Kalomo, Choma, Monze, Mazabuka</td>
<td>Stop GBV II</td>
</tr>
<tr>
<td>Western</td>
<td>Mongu, Seseke</td>
<td>Stop GBV II</td>
</tr>
</tbody>
</table>

Source: J. Mtonga, personal communication, April 13, 2022.

Note: * = Opening Soon

Key informants raised concerns about how the Ministry of Health would sustain these OSCs beyond the lifespan of the donor-funded projects. An example was given of the 11 OSCs that had been established during the Stop GBV Phase 1 project, which mostly stopped functioning, and were then resuscitated under the Stop GBV Phase 2 project. Related concerns were raised about the limited funding from government, as this has implications on the long-term sustainability of the OSCs.

Key Gaps in the Health Sector Response

- **Stockouts of essential commodities.** Availability of essential commodities for responding to sexual abuse victims in preventing HIV, Hepatitis B, STIs, pregnancy and forensics evidence collection for sexual violence is a challenge due to stockouts. This compromises the quality of care provided to GBV survivors.

- **Lack of specialized equipment to conduct physical examination of GBV survivors.** This may impact medical findings to be used as evidence if the matter is taken to court for prosecution.

- **Inadequate trained health personnel in specialized services.** The Ministry of Health has inadequate personnel who are trained in specialized service provision for management of GBV survivors. This may result in poor case management of GBV survivors.

- **Insufficient OSCs.** Zambia has 116 districts with only 54 OSCs in 37 districts only. This means that this critical service is not available to many people in the remaining 62 districts.

- **Distance to OSCs.** The OSCs are located at health facilities usually in the central business district. This makes the OSCs inaccessible to people living in the outskirts of the district
who must travel long distances to access the OSC services. People may feel discouraged to access these services due to the long distances which may require them to spend money on transport.

6.1.3 Psychosocial Sector Response

The National GBV Guidelines provide guidance on psychosocial care for survivors. Social workers under the Department of Social Welfare of the Ministry of Community Development and Social Services (MCDSS) are designated to conduct assessments for survivor safety as well as for children before they appear in court and link survivors to support services such as counselling and temporary shelter. The number of social workers is reportedly not adequate for the magnitude of cases, such that some children may appear in court without assessments or without the company of the social worker. This leads to delays in processing legal cases involving children.

Aside from the central role of the social workers, there are many other elements to the national psychosocial response, summarized below.

Shelters for GBV Survivors: The mandate to provide shelters for women fleeing abusive environments rests with the MCDSS, as provided under section 24 of Anti GBV Act No. 1 of 2011. The Anti GBV Act provides for GBV case management to be provided with protective shelter and mandates the MCDSS to provide guidelines for minimum standards of care that survivors accessing shelter should receive, including counselling, rehabilitation services, and reintegration back into families and communities among others. At the time of this assessment, the minimum standard guidelines were still in draft form at the MCDSS.

A concern shared by many key informants is that scaling up of the shelters for GBV survivors by the MCDSS has been slow. At the time of the assessment, the Ministry has only three government-run shelters in Chipata (Eastern Province), Mansa (Luapula Province), and Chongwe (Lusaka Province). Two other shelters located in Sesheke (Western Province) and Mungwi (Northern Province) are yet to be officially opened, with two others located in Kaoma (Western Province) and Chinsali (Muchinga Province) under construction and scheduled to be completed by December 2022.

MCDSS also collaborates with NGOs such as YWCA to provide additional shelter services. YWCA has two GBV shelters in Lusaka (Lusaka Province) and one each in Chipata (Eastern Province), Mongu and Kaoma (Western Province), Kasama (Northern Province), Kitwe (Copperbelt Province) and Solwezi (North-Western Province).

Counselling services for GBV Survivors: The Anti GBV Act No. 1 of 2011 recognizes counseling as a core element of GBV response. In Zambia, the VSU is mandated to provide counseling to GBV survivors and perpetrators. In 2021, VSU provided counselling to 13,045 (7,822 survivors and 5,223 perpetrators) out of the 20,540 reported cases of GBV. However, participants in the stakeholder consultations raised concerns over the quality of counseling being provided be the VSU given that they have inadequate office space which is not conducive to conducting counseling in line with the counseling ethics of privacy and confidentiality.

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48Section 36 provides that at the request of a complainant, such a matter shall be referred to be settled by any alternative dispute resolution mechanism and both the complainant and offender can be referred for counselling.

49Section 53 of the Zambia Police Amendment Act No. 14 of 1999.
Several other institutions providing counselling services to GBV survivors include:

- **YWCA**, which provides all types of counseling to GBV survivors through its drop-in centers found in the 53 districts spread across Zambia’s ten provinces.

- **Childline/Helpline Zambia**, which provides telephone counselling through toll free numbers 116 (child helpline) and 933 (helpline) throughout Zambia.

- **Zambia Men’s Network**, which focuses on counseling male survivors of violence and male perpetrators in Lusaka province.

- **Chainama College of Health Sciences**, which provides counselling for mental health and drug related issues at its facilities in Lusaka district and,

- Ministry of Health through the OSC located in 37 districts across Zambia’s ten provinces.

Key informants noted that although there are organizations providing counseling services, these services were not readily accessible in communities and rural areas, and people travel long distances to access them.

**Survivor Networks:** With the support of **A Safer Zambia (ASAZA) Project**, survivors organized healing workshops and retreats, participated in community outreach, and were supported in applying for an economic empowerment grant from World Vision’s Empowerment, Respect and Equality Programme. This observation was also expressed by a key informant from Eastern Province: “Some of these groups have even evolved into savings groups so that they can improve themselves economically.”

**Key Gaps in the Psychosocial Support Response**

- **Inadequate number of social workers:** Despite the critical role social workers play in GBV case management, the department of social welfare has a limited number of social workers. This compromises the quality of support that they can provide to GBV survivors.

- **Inadequate shelters.** The mandate of MCDSS to ensure a country-wide spread of GBV shelters has not been achieved.

- **Inadequate counseling services for GBV survivors.** The current counseling facilities are inadequate to cater to the magnitude of the problem in Zambia and some of the counseling services, especially the VSU facilities, may not meet the required standard due to inadequate office space for providing such services.

- **Inadequate spread of VLOSCs.** This community-level structure is not available in all the Chiefdoms in Zambia.

6.1.4 Legal/Justice

The Judiciary in Zambia comprises various court systems, with the local court at the bottom and the Supreme and Constitutional Courts being the highest courts. The Magistrate Court is

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the court of first instance for GBV offences. Section 7 of the Criminal Procedure Code Chapter 88 of the laws of Zambia empowers Resident and Principal Magistrates to provide sentences up to nine years. Any GBV cases that have a minimum sentence above this threshold (such as defilement whose minimum sentence is 15 years) are referred to the High Court for sentencing.

**Fast Track Courts for GBV have enhanced access to justice.** GBV Fast Track Courts have been established in six provincial capitals: Kabwe, Lusaka, Choma, Ndola, Kasama, and Chipata. At the time of the assessment, four more Fast Track Courts were in the process of being established in Mpika (Muchinga Province), Solwezi (North Western Province), Mongu (Western Province) and Mansa (Luapula Province). The Fast Track Courts aim at expediting GBV cases by reducing the time that cases take to reach the courts. Delays arising from adjournments (which is the order the day in the regular courts), are not as significant an issue in the Fast Track Courts, although some key informants noted the courts are not easily accessible to many people because they are only located in provincial capitals. The Fast Track Courts are being supported by the GRZ-UN Joint Programme. During the peak of the COVID-19 pandemic in Zambia, these courts were supported in operating virtually through the provision of equipment such as computers, internet modems, and recorders to enhance data capture and recording.

**Traditional courts are anchored under the chiefdoms and presided upon by the Chief in the area or by a person designated by the Chief.** With the training that traditional leaders have received, they channel GBV cases outside their mandate to the police, OSCs or the courts. This has helped people to access GBV services within the Chiefdoms and also deters would-be offenders because they are aware that if they are caught, the traditional leader would take action. However, some key informants reported that Chiefs may lack training in human rights and GBV, so they sometimes hear cases that are supposed to be referred to the Zambia Police. One key informant proposed traditional courts should be absorbed in the structure of the VLOSCs.

**In terms of prosecutors, the National Prosecution Authority Act No. 34 of 2010 mandates the National Prosecution Authority (NPA) to implement an effective prosecution mechanism so as to maintain the rule of law, protect citizens against crime, and contribute to fair and equitable criminal justice.** The NPA is responsible for prosecuting all GBV cases in the courts of law. One key informant from Lusaka stated that on average, NPA receives 250 GBV cases on a monthly basis, although only very few cases have resulted in convictions. This can be attributed to lack of evidence for securing convictions due to incomplete files in terms of missing supporting documents.\(^{51}\)

**Section 15 of the NPA Act establishes a witness protection fund which is supposed to meet costs for transporting witnesses to and from Court and counselling services for GBV survivors.** However, there is limited money in this fund. Capacity among the prosecutors under NPA is also quite low. Key informants noted that in most cases, the NPA was absent from capacity building interventions because the focus was the Zambia Police and the Judiciary. To address this gap, the GRZ-UN Joint Programme Phase II has assisted NPA in developing a prosecutor’s handbook.

**In 2021, the Legal Aid Act No. 1 of 2021 was enacted to support the provision of paralegal services.** This Act recognizes the role of paralegals in the provision of legal advice and, subject

\(^{51}\)The Gender Status Report 2017-19, 83-84.
to acquiring the qualifications determined by the Board, provides for their registration. Paralegals provide free legal advice and are easily accessible by the people because they operate at community level and in the courts.

**Key informants supported the legal recognition of paralegals.** Some noted that in places where police stations and courts are not available, paralegals assist communities to access the basic legal services through these desks.

**There are some NGOs providing legal services to enhance access to justice for GBV survivors.** These include NLACW, WLSA, and WiLDAF. These organizations also help GBV survivors seek civil remedies in the courts of law for divorce and protection orders, among others.

**Key Gaps in the Legal/Justice Response Sector**

- **Inadequate spread of Magistrate Courts.** Some areas do not have Magistrate Courts and survivors are required to travel to other districts to access the court system.

- **Inadequate GBV Fast Track Courts.** Fast Track Courts in provincial capitals are not easily accessible by people in rural areas due to distance and cost of travel.

- **Inadequate capacity among the NPA prosecutors.** Focus of most capacity building in the recent past has been the Zambia Police and the Judiciary. The NPA has been left out of training.

- **Inadequate funding for the Witness Protection Fund.** Witnesses who are not able to meet the costs of travel to attend court sessions may not be available to provide their testimonies to the courts even when required to do so.

**6.1.5 Security/Police Response**

The Zambia Police Amendment Act\(^{52}\) provides for the establishment of a VSU at all stations whose functions include provision of professional counselling to victims of crime and to offenders. The VSU receive complaints of GBV and are compelled to act promptly to a request by any person for assistance, including offering protection as the circumstances of the case of the person who made the report requires, even if the person reporting is not the victim of the GBV.

The VSU works in collaboration with other departments such as the Criminal Investigations Department (CID) and the NPA. However, the VSU is absent in some rural areas and people must travel long distance to report cases to the VSU, which can be a disincentive to reporting. **Frequent staff transfer from the VSUs is affecting the unit as it is losing trained staff.** Furthermore, the VSU has inadequate resources such as vehicles for mobility when following up on cases and computers for proper storage of information, among others.

During the assessment consultations, a village headperson from Lusaka Province lamented, *“The police station and clinic are all very far away and people have to walk about 30 km to access these services. Most people report cases to me, but I also face challenges when I have to refer cases to the police due to lack of transport.”*

\(^{52}\)No. 14 of 1999. Section 53 (1).
Further concerns were expressed by some interviewees about the high number of cases that are withdrawn from the VSU. One respondent from Copperbelt Province noted, “We hear about the many cases that are reported but only a handful of such cases go to court.” In 2021, out of 20,467, only 3,467 cases were taken to court.53

Key Gaps in the Security/Police Response

- **Office space** in the VSUs is inadequate to provide privacy and confidentiality when cases are being reported and in the provision of counseling as per the mandate of the VSU.
- **Frequent staff transfer from the VSUs**, resulting in the unit losing trained staff.
- **Inadequate resources** such as vehicles for mobility when following up on cases and computers for proper storage of information among others.
- **VSU services are not widespread.** In most rural areas far from the town center, VSU is not available.
- **VSU lacks transport to respond to GBV cases.** VSU officers may ask survivors to provide transport for their matter to be followed up.
- **Poor collection of GBV evidence at the VSUs** is due to lack of appropriate forensics equipment.

6.1.6 Referral Pathways

In a multidisciplinary response, a referral system links the survivors to a range of services required for effective case management. In Zambia, GBV referral pathways exist mostly based on specific projects. Each project has its own referral pathway and partners in its area of operation. It is however not clear how these referral pathways link to each other and to any national-level referral system, although some partners within the various project referral pathways operate at the national level.

Key institutions that are part of the referral pathways for various projects include:

- **Security Sector (Police)**
  - Zambia Police VSU
- **Psychosocial Support Sector**
  - Ministry of Community Development and Social Services
  - Gender Division
  - NGOs such as YWCA, WfC, Childline/Helpline Zambia, World Vision, ZCCP
  - Traditional Leaders
  - VLOSs
- **Health Sector**
  - Ministry of Health
  - Hospital-based One Stop Centres

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53 VSU 2021 Annual Statistics.
Gender-Based Violence Assessment in Zambia

- **Legal and Justice Sector**
  - Ministry of Justice
  - National Prosecution Authority
  - Judiciary (Courts)
  - NGOs such as NLACW, WLSA and WiLDAF

However, information about referral pathways remains unknown to some stakeholders interviewed, as indicated by 19 percent of individual respondents in this assessment who had no idea of the existence of structures and platforms to address the needs of GBV survivors. Some respondents indicated that village headmen, who are sometimes the first point of contact for GBV in rural areas, had little knowledge on how to handle and refer cases of GBV.

### 6.2 GBV Prevention Programming in Zambia

**Ending GBV requires sustained efforts to tackle the root causes of gender inequality.** In addition to the programs that include a prevention component, Zambia has implemented other initiatives specifically targeted at GBV prevention, using strategies ranging from legal protective orders to economic empowerment initiatives. An overview of these prevention activities and approaches follows.

#### 6.2.1 Protective Orders

Section 13 of the Anti-GBV Act No. 1 provides for the issuance of GBV protection orders to prohibit an individual who may be at risk of committing an act of IPV from coming within 100 meters of the applicant or contacting them in any way. The protective orders last for a period of 12 months and may be extended and include additional provisions for child support payments, the relocation of the applicant to a shelter provided by the Ministry of Social Welfare, and/or the removal of firearms from the respondent.

#### 6.2.2 Working with Traditional Leaders

Traditional leaders are key players in changing negative cultural norms, behaviors, attitudes, and practices that perpetuate GBV. Bylaws prohibiting harmful traditional practices and GBV have been developed and are being implemented in most chiefdoms as a result of sensitization efforts. Traditional leaders who have worked to prevent GBV in their communities include Chief Madzimawe (Eastern Province), Chiefs Mwewa, Chisunka and Mabumba (Luapula Province), Chief Chamuka (Central Province), and Chief Mumena (North-Western Province). Some of these leaders have even taken steps to reintegrated child brides back into school. Most of these interventions are being implemented through the GRZ/UN Joint programme on GBV phase II, USAID Stop GBV project phase II and Natwampane projects covering all the provinces in Zambia.

A majority of key informants interviewed for this assessment felt that traditional leaders are important champions in the fight against GBV and child marriage in Zambia. Many noted that most traditional leaders have been trained on GBV and are equipped with information to enable them to effectively address GBV in their chiefdoms. Key informants were of the opinion that chiefs in general are aware of what cases they can handle and those they need to refer to the police.
6.2.3 Engaging Men and Boys

Men and boys are critical in addressing GBV, and several organizations in Zambia are working to engage men and boys as change agents. Examples include the USAID Stop GBV Project and the Zambia National Men’s Network (ZNMN) (see section 6.3 for more information about these initiatives). These interventions use sports, in Saka meetings, campfires, and awareness campaigns as mobilization strategies. Innovative campaigns such as He4She, I Care About Her, and the Good Husband Campaign have been implemented by the government in collaboration with the UN and local NGOs to promote men’s action to end men’s violence against women and achieve gender equality.

6.2.4 Raising Awareness of GBV

Interventions currently undertaken by the Zambian government to raise awareness of GBV in Zambia range from community dialogues to dramatic performances and information, education, and communication (IEC) campaigns distributed via pamphlets, radio, and television in English or an appropriate local language. Community action groups are also working at grassroots levels to raise awareness on GBV. They are community structures comprised of volunteers trained on GBV issues who conduct GBV awareness-raising efforts and facilitate access by GBV survivors to service providers.

The Strengthening Girls Rights Program, implemented with support from GIZ, seeks to raise awareness on GBV among youth. It applies a multifaceted approach to ensure that young people have access to quality, youth-friendly information and services for the prevention of HIV/AIDS, teenage pregnancies, and GBV. At the institutional level, the program supports the integration of the Join-In-Circuit (J-IC) in the education and health sectors, an interactive method that enables young people to discuss and learn about HIV/AIDS, healthy relationships, and sexuality in an open atmosphere. While this intervention was only mentioned by a few respondents, it has been evaluated and shown positive results in equipping young people with knowledge and skills on GBV and related topics.

Although widespread awareness-raising campaigns on GBV have not been found to be particularly effective in changing social norms, they are useful for equipping people with an understanding of the types and causes of GBV and what to do if they experience or witness an act of violence. Key informants and FGD participants in this assessment agreed that community sensitization is an important intervention for GBV prevention and response, and interviewees highlighted the need to create platforms where citizens can discuss GBV issues. An example was ActionAid Zambia, whose interventions included capacity building for young girls and women and linking them to existing community structures to report cases of GBV.

However, key informants recognized that alongside awareness raising, it is important to build out social norms work that can be scaled up and sustained over longer periods of time to support behavior change. Stakeholders felt that community structures lacked capacity and therefore needed to be strengthened so that they can increase their efficiency and effectiveness in conducting GBV awareness and undertaking transformative social norms work.

54 Care About Her: Building a movement of champions in Zambia to end violence against women and girls (openrepository.com)
55 Times of Zambia | Good husband campaign timely
56 https://gender-works.giz.de
6.2.5 Tackling Social Norms

Organizations like ZCCP, YWCA, Sport in Action (SIA) are using SASA! to tackle negative cultural and social norms as a way of preventing GBV. SASA! is an evidence-based community mobilization approach to prevent violence against women. Developed with a combination of theory, practice and relentless optimism, SASA! encourages communities around the world to personally and collectively use our power to create safe, violence-free communities for women.

In addition to SASA, tools from Sonke Gender Justice are being used in engaging men and boys to foster positive masculinity and challenge patriarchy and negative social and gender norms to create violence free communities.

Box 3: GBV Evidence Based programme

SASA! which means “now” in Kiswahili, is an evidence-based community mobilization approach to prevent violence against women and is divided into four phases – Start, Awareness, Support and Action. In 2012, the SASA! Study demonstrated that SASA! could help create community-level change, realizing its vision of safer communities for women by decreasing women’s risk of experiencing physical violence from their male partners by 52 percent. It was developed with a combination of theory, practice and relentless optimism. SASA! encourages communities around the world to personally and collectively use our power to create safe, violence-free communities for women.

Raising Voices, Kampala, Uganda

6.2.6 Women’s Economic Empowerment

Many programs led by international and national NGOs and the Zambian government have sought to use economic empowerment to reduce women and girls’ vulnerability to GBV, including the Girls Education and Women’s Empowerment and Livelihoods (GEWEL) project funded by the WB, SIDA, and DFID; the GRZ-UN Joint Programme; the Natwampane Project funded by the EU; and other efforts led by national NGOs such as the NGOCC, YWCA, District Women’s Associations, and Women for Change (WfC) among others. Examples of approaches used by these projects are summarized in box 8. (See section 6.3 for further description of specific projects.)

Box 8 Examples of Economic Empowerment Approaches

- **Savings groups**: Women are trained in savings using the village banking model and assisted to form savings groups. In some instances, these groups are given funds to start the savings, while others use their own resources.
- **Training in entrepreneurship and business start-ups**: Women and youth groups in both rural and urban areas are trained in entrepreneurial skills and linked to institutions providing start-up capital.
- **Training in vocational skills**: Trainings in vocational skills such as tailoring and knitting are provided to women and youth, and, in some cases, participants are provided with sewing and knitting machines to enable them to start their own business.
- **Support with livestock and farm inputs**: Women and youth groups are provided with livestock such as chickens, goats, and pigs to provide opportunities for income generation in rural communities.
- **Pass on the gift**: The “pass on the gift” model is used to empower communities to build economic self-sufficiency by cascading a gift from one person to another. It begins by giving a group of individuals a herd of cows or goats, and when these multiply, the initial beneficiaries identify other people in their community to give a gift of livestock.

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57CreatingChangeSeriesNo.4.RaisingVoicesZCCP;une2017.pdf
58The SASA! Approach (raisingvoices.org)
The recent approach to fiscal decentralization is another policy opportunity that will create a more direct interface for women and youth to engage in efforts to address GBV. Given that the low socio-economic status of women has been identified as a contributing factor to GBV, the heightened focus on the Constituency Development Fund (CDF) agenda and capacity-building mechanisms for local actors will open up more spaces for women to pursue economic empowerment opportunities. This in turn can help shift harmful social norms and enable women to act on a local level to address GBV in their communities.

Key informants and FGD participants expressed concern that although economic empowerment is critical to addressing GBV, initiatives focused on this area are not widespread in Zambia and only a minority of women and girls are able to benefit. One FGD participant from Western Province reflected, “For GBV to be effectively addressed, women’s empowerment activities should be taken seriously and expanded to reach more vulnerable women.”

6.2.7 Child-Friendly Spaces for Building Life Skills

In collaboration with local NGOs, the Zambian government is implementing a child-friendly space model to help adolescents and young people reduce their vulnerability to GBV and HIV/AIDS, access sexual and reproductive health (SRH) services, and make informed choices regarding the day-to-day challenges they face. Child-friendly spaces are female-only and male-only spaces that are created to enable young people to discuss issues affecting them without fear of being judged. A child-friendly space provides opportunities to develop life skills such as decision-making, negotiation, goal setting, and self-esteem.

Organizations using this model include the YWCA supported by UNFPA under the Ending Child Marriage project, the GEWEL project, and the USAID DREAMS project. Key informants reported that this intervention is relatively uncommon—and apparently not operating in some regions despite the important role child-friendly spaces can play in building social assert adolescents.

6.3 Additional GBV Programs

Summarized below are some wide scale projects currently or recently implemented on GBV. These typically have both prevention and response components, and some are implemented at the national level, and/or support national-level initiatives.

Village One Stop Centres (VLOSCs): In Zambia, four VLOSCs have been established at the chiefdom level by the National Legal Aid Clinic for Women (NLACW) under the GRZ-UN Joint Programme on GBV Phase II. The VLOSCs are being used for GBV response and prevention. Staff of the VLOSCs play a role of sensitizing the community on the need to report and to support survivors of GBV. They also facilitate awareness-raising discouraging all forms of GBV from occurring, challenging social and cultural norms that perpetuate GBV.

In terms of survivor support, VLOSCs provide basic legal advice, basic first aid, and help link survivors to other services such as courts for protection orders, temporary shelters, etc. They also support community policing to help apprehend perpetrators. Guidelines for establishing the VLOSCs have been developed, led by NLACW. These guide how to form VLOSCs, what services should be provided, qualifications for volunteer service providers, how to report and

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It is not clear whether there are additional VLOSC beyond the four established through the GRZ-UN Joint Programme.

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how to ensure a holistic approach in addressing GBV at chiefdom level. At the time of the assessment, the guidelines had been validated and were waiting for final approval and launch. Models of the VLOSCs can be found in Chief Chamuka’s chiefdom (Chibombo, Central Province) and Chief Mumena’s chiefdom (Solwezi, North-Western Province). Stakeholder consultations emphasized the importance of the VLOSCs in communities as a first line of reporting and accessing GBV services as they are easily accessible by GBV survivors within their communities.

The GRZ-UN Joint Programme on GBV Phase II (2019 – 2022): This program is funded by the embassies of Ireland and Sweden and is being implemented jointly by the Zambian Government (GRZ), UN Agencies (UNFPA, UNICEF, IOM, ILO led by UNFPA) and local NGOs in 15 districts. The project aims to strengthen GBV prevention and response systems at subnational and national levels in line with provisions of the Anti-GBV Act No. 1 of 2011. The total estimated budget is $6.7M. The response component of the GRZ-UN Joint Programme is comprised of four elements (Fast Track Courts, One Stop Centres, shelters, and Village-Led One Stop Centres) that enhance the professional capacities of service providers like police officers, social workers, medical staff, and legal officers to provide effective and efficient post GBV case and support services. Lessons learned from this project and those identified in the GRZ/UN Joint programme Phase 1 evaluation are highlighted in box 10.

Box 10 Key Lessons from the GRZ-UN Joint Programme on GBV Phase II

Key informants noted that the interventions implemented under this program greatly helped to address GBV. The following key lessons learnt from the program were highlighted:

- **Working with Government is critical for sustainability.** The program was coordinated by the Ministry of Gender (now Gender Division) and worked with key government ministries and departments such as the Ministry of Health which anchored the OSCs, VSU, Judiciary for implementing the Fast Track Courts among others.
- **Mapping of GBV services and partners is a good practice to help reduce duplication of effort.** A stakeholder mapping was conducted prior to commencement of the program.
- **Using a multisectoral approach to programming is important in ensuring that various stakeholders bring their comparative advantages to addressing GBV.** The program worked with various sectors which include social, legal/security and health.
- **Working with traditional leaders is critical in tackling negative cultural norms.** Traditional leaders are custodians of custom and their active engagement in addressing GBV can help bring about the desired changes in cultural and social norms.
- **Establishing VLOSCs is a key strategy in taking holistic GBV services to communities for easy access of services.** The partnerships with traditional leaders in implementing this intervention will ensure sustainability.
- **Establishment of Fast Track Courts enhances access to justice, ensuring the speedy disposal of GBV cases in areas where these courts are available.**
- **Engaging men and boys is critical to changing negative masculinity that perpetuates GBV.** Statistics show that men and boys are the majority of perpetrators of GBV and therefore targeting them with behavior and attitudinal change can help to reduce the perpetuation of GBV and groom boys to embrace respectful, non-violent behaviors.
- **Provision of GBV protective shelters is a key response to post GBV case management.** These provide a temporal refuge and therapeutic services to GBV survivors as their cases are being dealt with.
- **Provision of Economic Support to GBV Survivors:** Since economic vulnerability is one of the key drivers of GBV, this intervention is critical to break the dependency syndrome and cyclical poverty among vulnerable women.

63https://www.bing.com/ck/a
Stop GBV II Project (2018 – 2023): This project is funded by USAID and PEPFAR with a budget of $17M and is being implemented by ZCCP. It aims at cultivating healthy male involvement in gender issues and provide technical support to community based GBV services, including One Stop Centres. Consortium partners for the new phase include the Women in Law and Development in Africa and Lifeline/Childline Zambia and the project partners with GRZ, traditional and religious leaders, and other key entities across 16 districts to provide community based GBV prevention and response services. The project is currently supporting 28 OCS in 25 districts and is in the process of establishing 2 more in Masaiti and Kalulushi districts in the Copperbelt province.

GEWEL Project (2015 – 2020): Funded by the World Bank (IDA), SIDA and DFID, this project supported government to implement the Girls Education and Women’s Empowerment and Livelihoods (GEWEL) project through the Ministry of Community Development, Ministry of Higher Education and the Ministry of Gender now called the Gender Division. As a flagship social protection project, the GEWEL Project had three main components: Supporting Women’s Livelihoods (SWL); Keeping Girls in School (KGS); and Institutional Strengthening and Systems Building (ISSB). Some of the activities under these components included support to community savings group initiatives, training in life skills, financial inclusion, regular and predictable cash transfers through the government’s Social Cash Transfer (SCT) Program, mentoring and peer learning support.64

Linking to the fight against GBV, it is envisaged that raising the socio-economic status of women and girls through the GEWEL Project’s livelihood and education support would have a bearing on empowering women and girls through building their capacities on human rights and resilience in productive activities and hence reducing their vulnerability to perpetrators of violence. According to one key informant from Lusaka Province: “A lot of girls have been able to stay in school because of the support from this project. The combination of the school support and support towards livelihoods is a very empowering approach.”

Natwampane Project (2019 – 2023): This is a five year 23.9M EU-funded project being implemented in all the districts in Northern and Luapula Provinces. The implementing partners are World Vision and Norwegian Church Aid, Lifeline/Childline Zambia and BBC Media. The overall objective of the Natwampane Programme is to reduce levels of GBV in Zambia. The specific objectives are to change beliefs, attitudes, and practices about GBV and to improve access to support services for survivors. The project is supporting 24 OSCs in all the 24 districts in Luapula and Northern provinces. Technical assistance has been provided to the Gender Division to help to strengthen the institutional and policy capacities of the Zambian Government for GBV prevention and service delivery to GBV survivors and to support the multi-sectoral coordinated response of the Zambian government.65

Strengthening Girls Rights (2020 – 2022): This project is being implemented with support from GIZ in Southern Province. It applies a multifaceted approach to ensure that young people have access to quality, youth-friendly information and services for the prevention of HIV, teenage pregnancies and GBV. This intervention started off as an HIV program but integrated GBV in the second phase. At the institutional level, the program supports the integration of the Join-In-Circuit (J-IC) in the education and health sectors. The J-IC is an interactive method that enables young people to discuss and learn about AIDS, love, and sexuality in an open atmosphere. It has proven to be a powerful tool for empowering young people with knowledge and skills to protect themselves. To make sure that the J-IC is made available to many more young people, it will be integrated into trainings for teachers and health care workers. It is a project that was evaluated and showed very positive results.66

65EEAS Launch of the Natwampane Project can be found at https://www.eeas.europa.eu
6.4 Key Opportunities in Response and Prevention Programming

6.4.1 Key Opportunities in Response

- The need to ensure survivors have access to places of safety is an opportunity for MCDSS to garner support to operationalize its mandate of scaling up GBV shelters countrywide. This should go hand-in-hand with increasing the number of social workers.
- The legal provision in the Anti GBV Act providing for referring GBV survivors and perpetrators for counseling is an opportunity for seeking support for the scaling up of counseling services.
- Engagement of traditional leaders in addressing GBV is an opportunity for collaboration in scaling up VLOSCs to all chiefdoms.
- Inadequate resources to ensure availability of essential commodities, equipment, and specialized staff to provide an effective GBV health response is an opportunity for institutions supporting the Ministry of Health to address.
- Availability of health facilities in all districts in Zambia is an opportunity for scaling up the hospital-based OSCs so that their services can be made more accessible to people in the communities.
- Fast Track Courts are showing positive results in facilitating legal justice for GBV survivors, although this is still limited and provides an opportunity for scaling up.
- The Prosecutor’s handbook that has been developed under the NPA promises to be a useful tool to facilitate better centered approaches to legal justice for GBV survivors but requires support to ensure prosecutors are trained on the use of the manual.
- Availability of police posts even at community level is an opportunity to scale up the VVSU services to make this service more accessible to community members.
- The duty bestowed upon the VSU to respond promptly to reports of GBV is an opportunity for well-wishers to support VSU with transport and other logistics to strengthen their response.
- The focus of GBV stakeholders on enhancing access to justice for GBV survivors is an opportunity for NPA to strengthen support for the Witness Protection Fund.

6.4.2 Key Opportunities in Prevention

The low help-seeking behavior among GBV survivors in Zambia is an opportunity to increase awareness raising on GBV in communities to influence their attitudes on breaking the silence on GBV and seeking help when affected.

Socially entrenched harmful traditional practices that perpetuate GBV such as child marriage are an opportunity for engaging traditional leaders who are custodians of custom.

Men being the major perpetrators of GBV in Zambia is an opportunity for engaging them in change interventions that promote positive use of their masculinity and embracing non-violent behaviors.

Leveraging the enhanced awareness about GBV in communities is an opportunity as it will be easier to sustain the awareness and dialogue within communities.
7.0 | RECOMMENDATIONS

Informed by the findings from this assessment, this section provides recommendations organized in line with the key focus areas: legislation and policies; systems and coordination; and GBV response and prevention programming. The recommendations offer key considerations for how the government, with support from the WB and other key stakeholders, can support GBV efforts to holistically address GBV in Zambia.

7.1 Legislation and Policies

1. Support efforts to review and harmonize GBV legislation by leveraging ongoing legal and policy reform processes that aim to align provisions of the Anti GBV Act with the Penal Code in order to enhance access to justice for GBV survivors.

2. Provide technical support to the Gender Division to finalize revision of the 2014 National Gender Policy, finalise and cost the GBV NAP, finalize and launch guidelines for establishing VLOSCs and operation of national GBV protective shelters.

3. Support MCDSS to establish mechanisms for operationalizing the Anti GBV Fund and establishment of the Anti-GBV Committee under the Gender Division.

7.2 Systems and Coordination

1. Financial investment in the Gender Division to enable implementation of the approved staffing structure at provincial level for effective GBV coordination.

2. Support efforts to revamp national GBV coordination mechanisms and convening of GBV TWGs at all levels (national, provincial and district/community) to enhance GBV information sharing, planning, and harmonization of key GBV guidelines and training manuals to strengthen GBV referral pathways, feedback mechanisms and standard operation procedures.67

3. Support ZAMSTATS to strengthen and roll out the existing GBV information management system to enhance timely collection of quality and holistic data nationwide.

7.3 Prevention and Response

1. Increase investment in primary prevention mechanisms that tackle negative cultural and social norms, attitudes, and practices that accept and normalize GBV using evidence-based programming and support to community-based organizations to implement efficient survivor-centered GBV interventions at community level.

2. Ensure a holistic approach in design and implementation of programmes across sectors through integration of life skills for women and girls as a strategy for reducing vulnerability to GBV. Good practice and lessons learnt from the GEWEL project could be scaled up.

67Experience from ongoing WB-financed projects would be useful resources for strengthening GBV coordination mechanism through standard application of GBV risk identification, mitigation and response in programming.
3. Increase funding allocation that supports national response to GBV to ensure that trained personnel, essential commodities and equipment for GBV case management are available and that services provided through GBV protective shelters, Chiefdom based VLOSCs, Hospital based OSCs fast-track courts are standardized and made more accessible to GBV survivors at all levels especially in areas with high GBV prevalence; and the capacity of VSU is enhanced to enable it to discharge its mandate of responding promptly to GBV cases and also has adequate and conducive office space for conducting counselling.

4. Support capacity building of GBV service providers from the health, psychosocial support, legal and security sectors to enhance access to quality post GBV case management and justice services.

5. Government should ensure adequate budget allocation towards GBV programmes to reduce over dependence on external actors in order to enhance ownership and sustainability of the programmes.
Appendix 1: Glossary of Terms

Child Marriage
Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child.68

Cooperating Partners
An intergovernmental or a nongovernmental organization or other body or entity that associates itself with providing funding and technical support to gender-based violence (GBV) interventions.69

Cultural and Social Norms
Informal rules and shared expectations that distinguish expected behavior on the basis of culture and one’s socialization. Norms are held in place through social rewards for people who conform to them.70

Empowerment
The process of enhancing an individual’s or group’s capacity to make purposive choices and to transform those choices into desired actions and outcomes.71

Gender
Refers to the socially constructed and learned attributes and opportunities associated with being male and female, and the socio-cultural relationships between women and men, and girls and boys, as well as the relations between different groups of women and different groups of men. These attributes, opportunities, and relationships are socially constructed and learned through socialization processes.72

Gender Analysis
Refers to a systematic gathering and examination of information on gender differences and social relations to identify, understand, and redress inequities based on gender.73

Gender-Based Violence
Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. The United Nations Declaration on the Elimination of Violence against Women (DEVAW) defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women.”74

Gender Equality
The equal rights, responsibilities, and opportunities of women and men and girls and boys. Gender equality implies that the interests, needs, and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men.75

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68Child marriage | UNICEF
73Ibid.
75Zambia’s National Gender Policy, 2014.
Harmful Traditional Practices
Harmful traditional practices are those practices that are harmful to the health or well-being of individuals or groups of individuals that are sanctioned by society or by religion.\textsuperscript{1} These practices include but are not limited to female genital mutilation (FGM) and child marriage.\textsuperscript{76}

Intimate Partner Violence
This is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner which occurs in all settings and among all socioeconomic, religious and cultural groups.\textsuperscript{77}

Physical Violence
Physical violence is the intentional use of physical force, used with the potential for causing harm, injury, disability or death. This includes, but is not limited to: scratching, pushing, shoving, grabbing, biting, choking, shaking, slapping, punching, hitting, burning, use of a weapon, and use of restraint or one’s body against another person.\textsuperscript{78}

Sexual Violence
Refers to any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms.\textsuperscript{79}

Gender Equity
The equivalence in life outcomes for women and men, recognizing their different needs and interests, and requiring a redistribution of power and resources.\textsuperscript{80}

Gender Inequality
Gender inequality is the social phenomenon in which men and women are not treated equally. The treatment may arise from distinctions regarding biology, psychology, or cultural norms prevalent in the society and include differential access to resources and limited access to, and control over, factors of production and employment.

Gender Inequality Index
Gender inequality index reflects gender inequality along three dimensions: i) reproductive health; ii) parliamentary representation and educational attainment for empowerment, and iii) labor force participation for the labor market.\textsuperscript{81} It is the general situation of women’s marginalization, reflected in their exclusion from both access to resources and participating in influencing all aspects of human endeavor in their lived environment.

Gender Mainstreaming
A strategy that aims to bring about gender equality and advance women’s rights by building gender capacity and accountability in all aspects of an organization’s policies and activities, thereby contributing to a profound organizational transformation.\textsuperscript{82}

\textsuperscript{76}Harmful practices | UNICEF
\textsuperscript{77}WHO_RHR_12.36_eng.pdf
\textsuperscript{78}What is violence? – Understand – SaferSpaces
\textsuperscript{79}Violence against women (who.int)
\textsuperscript{80}Ibid.
\textsuperscript{81}Ibid.
Country Gender Profile83
Provides data and analysis on differences between women and men in their assigned gender roles, socio-economic positions, needs, participation rates, access to resources, control of assets, decision-making powers, individual freedoms, and human right conditions.

Patriarchy
The concept of an unequal gender relationship in which men are considered superior to women.84

Sexual Abuse
Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.85

Sexual Exploitation
Any actual or attempted abuse of people in a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.86

Sexual Harassment
Any unwelcome sexual advance, request for sexual favor or other verbal, non-verbal, or physical conduct of a sexual nature which unreasonably interferes with work, alters or is made a condition of employment, or creates an intimidating, hostile, or offensive environment.87

Sexual Violence
Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.88 Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

Vulnerability
Refers to the state of being considered weak or to be rendered insecure, or to be exposed to possibility of risk, attack, harm, criticism, or hurt.89

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83GBS_1.2.pdf (itcilo.org) Retrieved May 29, 2022.
86Ibid.