



United Nations  
Z A M B I A

Country : Zambia

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

**Joint Programme Goal:** To contribute to the reduction of Gender-Based Violence (GBV) in Zambia.

**Joint Programme Objective:** To establish an integrated and multi-sectoral mechanism for the implementation of the Anti-GBV Act.

**Joint Programme Outcomes:**

- Outcome 1: GBV survivors have increased access to timely and appropriate health services;
- Outcome 2: GBV survivors have increased access to an efficient justice delivery system;
- Outcome 3: GBV survivors have increased access to protection and support services; and
- Outcome 4: GCDD has coordinated an affective, evidence-based and multi-sectoral response to GBV in Zambia.

**National Executing Agency:** Ministry of Finance and National Planning

**Implementing Partner:** Gender and Child Development Division

**Other Partners:** MoJ, MoESVTEC, MoH, MoCTI, MoHA, MoIBL, MoCDMCH, MoAL, MoCTA, Judiciary, HRC, DEC, ZLDC, CEEC, ZDA, NGOCC, Women for Change, Gender Links , Equality Now, Camfed, Africa Directions, YWCA, House of Chiefs and NAZ.

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	<b>UNICEF</b> US\$1,033,386.40
	<b>WHO</b>
	<b>Government</b>
	<b>Others</b> In kind
	US\$xxx

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## List of Acronyms

AGDI	Africa Gender Development Index
CBO	Community-Based Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEEC	Citizens Economic Empowerment Commission
CP	Cooperating Partner
CPU	Child Protection Unit
CRC	Coordinated Response Centre
CSO	Civil Society Organisation
CYP	Commonwealth Youth Programme
DEC	Drug Enforcement Commission
DHS	Demographic Health Survey
EC	Emergency Contraceptive
ECZ	Electoral Commission of Zambia
FBO	Faith-Based Organisation
FAWEZA	Forum for African Women Educationalists of Zambia
GBV	Gender-Based Violence
GCDD	Gender and Child Development Division
GRZ	Government of the Republic of Zambia
HACT	Harmonised Approach to Cash Transfers
HDR	Human Development Report
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HRC	Human Rights Commission
ICGLR	International Conference on the Great Lakes Region
JP-GBV	Joint Programme on Gender-Based Violence
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoAL	Ministry of Agriculture and Livestock
MoCDMCH	Ministry of Community Development, Mother and Child Health Services
MoCTA	Ministry of Chiefs and Traditional Affairs
MoCTI	Ministry of Commerce, Trade and Industry
MoESVTEC	Ministry of Education, Science, Vocational Training and Early Childhood
MoFNP	Ministry of Finance and National Planning
MoHA	Ministry of Home Affairs
MoIBL	Ministry of Information, Broadcasting and Labour
MoJ	Ministry of Justice
MoLNREP	Ministry of Land, Natural Resources and Environmental Protection
MoU	Memorandum of Understanding
NAZ	National Assembly of Zambia
NDP	National Development Plan
NGO	Non-Governmental Organisation
NGOCC	Non-Governmental Organisations' Coordinating Council
NIPA	National Institute of Public Administration
PEP	Post-Exposure Prophylaxis
PF	Patriotic Front
SADC	Southern African Development Community
SAG	Sector Advisory Group
SMEs	Small and Medium Enterprises

SNDP	Sixth National Development Plan
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNZA	University of Zambia
VSU	Victim Support Unit
WFP	World Food Programme
WHO	World Health Organisation
YWCA	Young Women's Christian Association
ZDA	Zambia Development Agency
ZDHS	Zambia Demographic and Health Survey
ZLDC	Zambia Law Development Commission
ZPS	Zambia Police Service

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## 1. Executive Summary

The GRZ-UN Joint Programme on Gender-Based Violence is developed to support the Government of the Republic of Zambia (GRZ) in implementing the provisions of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), with particular focus on the recommendations on violence against women that are contained in the July 2011 CEDAW concluding observations and the recommendations of the Special Rapporteur on Violence against women, its causes and consequences; and to support institutional transformation to facilitate the implementation of Zambia's Anti-GBV Act.

This Joint Programme is guided by Zambia's Sixth National Development Plan 2011-2015, which recognises gender as a cross-cutting issue, and in this regard outlines three objectives for the gender sector, including: 1) To develop gender-responsive policies and legal framework; 2) to enhance capacity of women to participate in development; and 3) to strengthen institutional capacities for effective gender mainstreaming.

Within the UN context, the Joint Programme will contribute to the achievement of UNDAF Outcome 5 (Targeted Government institutions ensure human rights-based and gender-responsive policies, frameworks and services by 2015) and UN Country Programme Outcome 5.2 (Reduced legal and cultural barriers to gender equality by 2015). In this regard, the Joint Programme is the main mechanism for achieving Country Programme Output 5.2.2 (Statutory and customary law-makers, enforcement agencies and adjudicators with skills, resources and mechanisms to implement CEDAW provisions).

The goal of the Joint Programme is to contribute to the reduction of GBV in Zambia. The overall objective of the Joint Programme is to establish an integrated and multi-sectoral mechanism for the implementation of the Anti-GBV Act, and will be attained through the following interrelated specific objectives:

1. To increase the health sector's involvement in addressing GBV in Zambia;
2. To establish appropriate justice/legal systems to effectively implement the Anti-GBV Act;
3. To scale up social protection systems for prevention and management of GBV, including integrated approaches to economic empowerment of GBV survivors; and
4. To establish an effective coordination mechanisms for an integrated GBV response in Zambia.

The specific objectives also form the pillars of the Joint Programme and structure its response along the lines of priority areas, namely health, legal, socio-economic and coordination (the Gender and Child Development Division).

Similarly, the Joint Programme has four outcomes, which focus on strengthening the capacity of Government and stakeholders to establish an integrated and multi-sectoral mechanism for the implementation of the Anti-GBV Act, including ensuring that GBV survivors have increased access to timely and appropriate health services (Outcome 1); an efficient justice delivery system (Outcome 2); and protection and support services (Outcome 3); as well as that GCDD has coordinated an effective, evidence-based and multi-sectoral response to GBV in Zambia (Outcome 4).

National partners include GCDD, MoJ, MoESVTEC, MoH, MoCTI, MoHA, MoIBL, MoCDMCH, MoAL, MoCTA, Judiciary, HRC, DEC, ZLDC, CEEC, ZDA, NGOCC, Women for Change, Camfed, Africa Directions, Gender Links, Equality Now, YWCA, House of Chiefs and NAZ.

## 2. Situation Analysis

### 2.1 GBV in Zambia

The United Nations Universal Declaration of Human Rights (1948) explicitly states: "Everyone has the right to life, liberty and security of person". This means that men and women, boys and girls have the right to live, and to live in freedom and safety.

Gender Based-Violence (GBV) is a violation of human rights. In Zambia, GBV is defined in the Anti-Gender-Based Violence Act of 2011 as 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.

Violence has lifelong implications on its survivors and is therefore an obstacle to the achievement of the objectives of equality, development and peace. In Zambia, GBV has been recognised as an economic, human rights and health issue with serious and far-reaching consequences, and has thus been included as a module in the latest Zambia Demographic and Health Survey (ZDHS) from 2007.

A number of factors have been identified as drivers of GBV in Zambia, including the following:

- The gendered nature of society, which places a higher value on males than females, leading to a general disregard for women/girls and their rights as human beings.
- Economic empowerment: Women lack access to and control over economic resources in the form of land, personal property, wages and credit; and economic dependency and poverty contribute towards increasing gender inequalities.
- Drug and alcohol abuse: According to the 2007 ZDHS, women whose husbands are often drunk are more likely to suffer from physical or sexual violence than women whose husbands do not drink (70% versus 39%).
- Myths and misconceptions, which form the basis for practice, such as 'virgin cure' for HIV/AIDS and the ritual of sexually cleansing a widow of a dead spouse's ghost.

### 2.2 GBV Prevalence and Forms

GBV cases are on the increase in Zambia, from 8,261 in 2009 to 8,467 in 2010<sup>1</sup> – with the 2007 ZDHS showing that women in urban areas are more likely than their rural counterparts to report ever having experienced both physical violence (50% versus 44%) and sexual violence (23% versus 18%). Similarly, urban women are more likely than rural

<sup>1</sup> The Victim Support Unit, Zambia Police.

women to have ever initiated physical violence against their husband/partner (14% compared with 8%).

**Physical violence** is the most frequently reported GBV form in Zambia. According to the 2007 ZDHS, almost half (47%) of women have experienced physical violence at some point since the age of 15. Considering that the country's population comprises 51% of women, physical violence is a serious constraint to letting this segment of the population participate actively in and contribute to the nation's development.

**Sexual violence** occurs in the form of defilement, incest, sexual harassment and rape. The number of defilement cases has continued to rise with 2,340 reported in 2010.<sup>2</sup> Reported cases of rape increased from 198 in 2001 to 216 in 2005,<sup>3</sup> while 17.7% of urban females and 13.7% of rural females have reported having experienced forced sex.<sup>4</sup> The most common perpetrators of forced sex are husbands or live-in partners (67.5%), but the concept of rape within marriage is not widely understood nor spoken about. By province, the percentage of women who have experienced sexual violence is highest in North-Western (29%) and Copperbelt (28%) Provinces, and lowest in Eastern Province (12%).

**Sexual harassment** is another but under-reported form of GBV. In 2010, only 4 cases were reported to the VSU. Sexual harassment includes unwelcome physical contacts and advances, sexually coloured remarks, showing pornography and sexual demands, whether by words or actions. Such conduct can be humiliating and may constitute a health and safety problem. It is also discriminatory when a woman's objection would disadvantage her in connection with employment, or create a hostile working environment.

**Emotional and psychological abuse** occurs where there is a pattern of degrading or humiliating conduct, and may result from acts such as cursing, ridicule, name-calling, threats, exhibition of obsessive possessiveness or GBV committed in the presence of children. The latter was only criminalised recently in the Anti-GBV Act of 2011.

In December 1999, Zambia recorded its first court case for **trafficking** of young girls for commercial sex, but by 2010 the number of human trafficking cases recorded by the VSU had risen to 13, confirming the existence of trafficking in Zambia.

### 2.3 GBV Response in Zambia

Zambia has demonstrated commitment and political will to deal with GBV at various levels.

#### **Legal and Policy Measures:**

The country is a signatory to relevant international and regional instruments, including the UN CEDAW, the UN Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights, African Charter on the Rights of Women in Africa, the SADC Protocol on Gender and Development and ICGLR Instruments on Sexual Violence.

Furthermore, Zambia is a signatory to the UN Millennium Declaration, which established eight Millennium Development Goals (MDGs), including MDG 3 (promoting gender equality and empowerment of women).

<sup>2</sup> ICGLR Zambia's Country report on Sexual and Gender Based Violence, October 2011.

<sup>3</sup> Gender in Development Division Technical Report, 2006.

<sup>4</sup> Zambia Sexual Behaviour Survey, 2005.

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

- The Anti-Gender-Based Violence Act of 2011 provides for the protection of GBV survivors, the constitution of the Anti-GBV Committee and the establishment of the Anti-GBV Fund.
- The Education Act of 2011 provides for GBV protection of employees, teachers and learners at educational institutions as well as the establishing mechanisms for dealing with GBV cases.
- The Penal Code (Amendment) Act No. 15 of 2005 introduced the offence of sexual harassment and made indecent assault a felony. Currently, the Penal Code is being reviewed to align it with the Anti-GBV Act.
- The Anti-Human Trafficking Act of 2008 proscribed trafficking of persons of either sex. It provides for medical care, psychological and legal assistance as well as family-tracing and skills-building/recreation for survivors – as well as shelters, safety, security and legal status.
- The National Long-Term Vision 2030 recognises GBV as a critical area of concern in the provision of domestic security, particularly in cases related to violation of girls' rights and its contribution to the spread of HIV/AIDS.
- The National Gender Policy of 2000 provides policy direction and strategies for the development sectors to ensure gender-responsive programming. The NGP vision is "to achieve full participation of both women and men in the development process at all levels in order to ensure sustainable development and attainment of equality and equity between the sexes".
- The National Action Plan on Gender-Based Violence 2010–2014 with the goal to eliminate GBV in a holistic, systematic, complementary and comprehensive manner through a multi-sectoral and multi-dimensional approach, and to provide appropriate care and services to GBV survivors.
- The National Plan of Action to reduce HIV Infection among Women and Girls 2010–2014 with the goal to reduce women's and girls' vulnerability to HIV infection and mitigate the impact of HIV/AIDS at individual, household, community, institutional and national levels through sustained actions to strengthen women's and girls' fundamental human rights.

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

Finally, Zambia has developed a National Gender Monitoring and Evaluation Plan 2011–2015, which aims at providing mechanisms through which the performance of the implementation of gender and development programmes will be measured.

### **Institutional and Administrative Measures:**

The implementation of all national gender-related legislation, policies and programmes is coordinated and monitored by the Gender and Child Development Division (GCDD).

The Ministry of Health (MoH) is responsible for health care in Zambia. However, medical services such as PEP and emergency contraceptives, which could help mitigate the impact of sexual abuse, are not readily accessible to GBV survivors, more so in rural areas. Under the Health Professions Act of 2009, the MoH is also responsible for providing medical reports required for the prosecution of GBV cases.

Under the Anti-GBV Act of 2011, the Ministry of Community Development, Mother and Child Health is responsible for the establishment of shelters for GBV victims throughout Zambia, but there are currently inadequate safe houses for women and children fleeing from abusive environments, resulting in many GBV court cases being withdrawn because of interference from the perpetrators.

The Judiciary of Zambia is an independent arm of Government. Its core functions are to administer justice through resolving disputes between individuals and between State and individuals; interpret the constitution and the laws of Zambia; promote the rule of law and contribute to the maintenance of order in society; safeguard the constitution and uphold democratic principles; and protect human rights of individuals and groups.

According to the VSU, the number of reported GBV cases undergoing court proceedings has increased from 20% in 2008 to 32% in 2010; leaving the majority outside the court system.

One reason is that the Police, which act as Public Prosecutors in subordinate courts, tend to encourage GBV survivors to resolve cases through other means such as family discussions. The duality of the normative framework, predominantly statutory and customary law, enforced by a formal court system and traditional courts presided over by village headpersons, respectively, also contributes to a high withdrawal rate for GBV cases. Lengthy and costly procedures in the formal court system make its informal counterpart more attractive, especially in rural areas, where local courts are highly accessed and appreciated by communities. Yet, while statutory law imposes criminal sanctions on GBV, customary law views such acts as actionable wrongs for which damages are payable.

Limited knowledge of the legal system and about legal aid also prevents GBV survivors from accessing justice. Low awareness of GBV and human rights hinders people from asserting themselves and claiming their rights. Another problem is that some GBV survivors withdraw their cases for fear of losing their source of livelihood in the event that the perpetrator is given a custodial sentence.

Under the Ministry of Home Affairs, another two specialised institutions have been set up to address issues of GBV, namely:

- The Victim Support Unit (VSU), which was established through the Zambia Police (Amendment) Act No. 14 of 1999 to ensure effective prevention, investigation and excellent service delivery when dealing with GBV and in particular with femicide, property grabbing, spouse battering and sexual abuse of girls.
- The Child Protection Unit (CPU), which also falls under the Zambia Police, is mandated to prosecute offenders of child abuse together with the Ministry of Community Development, Mother and Child Health. It also has the mandate to investigate all crimes committed against children by conducting objective forensic examinations and preparing child witnesses before court proceedings.

However, law-enforcement agencies such as the VSU and CPU lack adequate resources to investigate, arrest and prosecute offenders as well as special equipment for forensic evidence collection, testing and support, especially important in the case of sexual violence. This has contributed to creating a perception that prosecution involves additional trauma without necessarily achieving sanctions; a perception which is justified by low conviction rates.

Other relevant institutions include the Human Rights Commission, which has a broad mandate to promote and protect human rights, and the Zambia Law Development Commission, which makes recommendations for incorporating socio-political values into legislation, and revises and reforms the law in Zambia.

Informal structures comprise the Gender Based Violence Partnership Forum, the Gender Forum and the Women Parliamentary Caucus.

Finally, efforts to combat GBV are supported by Civil Society Organisations (CSOs). Their role is important as they have a greater outreach and influence over local communities than Government. A key partner has been the Non-Governmental Organisations' Coordinating Council (NGOCC); an affiliation of nearly 75 NGOs and CBOs that primarily work to improve the lives of women and girls in Zambia.

### **3. Strategies, including Lessons Learned and the Joint Programme**

#### **3.1 Context**

The GRZ-UN Joint Programme on GBV is guided by Zambia's Sixth National Development Plan (SNDP) 2011-2015, which recognises gender as a cross-cutting issue, and in this regard outlines three objectives for the gender sector, including: 1) To develop gender responsive policies and legal framework; 2) to enhance capacity of women to participate in development; and 3) to strengthen institutional capacities for effective gender mainstreaming.

The Joint Programme is developed to support the GRZ implementing the provisions of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), with particular focus on the recommendations on violence against women that are contained in the July 2011 CEDAW concluding observations and the recommendations of the Special Rapporteur on Violence against women, its causes and consequences; and to support institutional transformation to facilitate the implementation of Zambia's Anti-Gender-Based Violence Act.

It will also contribute to the attainment of MDG 3 (promoting gender equality and empowerment of women).

#### **3.2 Lessons Learned**

The impediment to the full realisation of women's rights in Zambia has been largely due to the maintenance of Article 23(4) d, e and f in the Constitution, which allows customary law to override statutory law in matters of personal law, which often deals with issues of marriage. Advocacy and lobbying through multi-sectoral stakeholder engagement has proved to be an effective way of ensuring that the desired change in laws, policies, attitudes, practices and institutional arrangements are brought about. The current constitutional review process initiated by the PF government provides the country with an opportunity to ensure that there are specific provisions in the new Constitution to protect the rights of women, by firstly removing Article 23(4).

The establishment of the Victim Support Unit, which has led to an increase in the number of reported GBV cases, has demonstrated that the existence of specialised GBV units strengthens the response.

Engaging men as change agents will help building a generation of gender-sensitive men, and enhance GBV prevention activities. When violence is being denounced by men; the typical perpetrators, it can go a long way in facilitating change of mindsets and behaviour, both amongst women and men.

The establishment of district-based Coordinated Response Centres (CRCs) for GBV has proven instrumental as well. A stand-alone model (private setting) is less traumatic for survivors and more flexible in terms of space than a hospital-based one, but it lacks access to 24-hour medical staff and additional services such as PEP, EC and ARVs. A hospital, however, may be shunned due to fear of stigmatisation, restricted use of space, overcrowding and other reasons. In addition, CRCs can play a coordinating role with other

service providers such as Police, health care, shelters and GBV survivor support groups. This is accomplished through the establishment of advisory councils and service provider networks which reduce duplication of efforts and minimise gaps and challenges.

### 3.3 The Joint Programme

The UN is seeking to increase joint programming and pooling of resources to enhance the effectiveness of its interventions in developing countries, and to ensure that combined resources are put to best use. In recent years, the UN system has seen a number of reforms introduced to improve UN coordination, effectiveness and efficiency in supporting national goals and reducing costs for governments. Among these reforms is the harmonisation of country programme cycles, the introduction of the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), including the UNDAF Results Matrix and the Joint UNDAF evaluation.

This Joint Programme therefore brings together six UN Agencies; namely ILO, IOM, UNDP, UNFPA, UNICEF and WHO. National partners comprise GCDD, MoJ, MoESVTEC, MoH, MoCTI, MoHA, MoIBL, MoCDMCH, MoAL, MoCTA, Judiciary, HRC, DEC, ZLDC, CEEC, ZDA, NGOCC, Women for Change, Camfed, Africa Directions, YWCA, House of Chiefs and NAZ.

In line with the SNDP, the GRZ-UN Joint Programme on GBV will contribute to the implementation of UNDAF 2011-2015 Outcome 5 (Targeted Government institutions ensure human rights-based and gender-responsive policies, frameworks and services by 2015). This will be done through augmenting national gender diagnostic capacities, creation of appropriate empowerment interventions (especially targeted at women) and enabling the collection of sex disaggregated data.

The Joint Programme will furthermore contribute to the UN Country Programme Outcome 5.2 (Reduced legal and cultural barriers to gender equality by 2015) - and is the main mechanism for achieving Country Programme Output 5.2.2 (Statutory and customary law-makers, enforcement agencies and adjudicators with skills, resources and mechanisms to implement CEDAW provisions).

The Joint Programme has the following goal and objective:

**Joint Programme Goal:** To contribute to the reduction of GBV in Zambia.

**Joint Programme Objective:** To establish an integrated and multi-sectoral mechanism for the implementation of the Anti-GBV Act.

The objective will be achieved through the following interrelated specific objectives:

1. To increase the health sector's involvement in addressing GBV in Zambia;
2. To establish appropriate justice/legal systems to effectively implement the Anti-GBV Act;
3. To scale up social protection systems for prevention and management of GBV, including integrated approaches to economic empowerment of GBV survivors; and
4. To establish an effective coordination mechanisms for an integrated GBV response in Zambia.



The specific objectives also form the pillars of the Joint Programme and structure its response along the lines of priority areas, namely health, legal, socio-economic and coordination (GCDD). See Annex 1 for a budgetary breakdown of the four pillars.

The strategic approach of simultaneously addressing legal and policy frameworks; working through national systems to build institutional capacities to scale up best practices, improving old systems or developing new ones whenever necessary; ensuring an effective coordination mechanism; and engaging communities and stakeholders, provides the necessary conditions for the **sustainability** of the Joint Programme.

### 3.4 Programme Strategies

The Joint Programme will address GBV through strategies that will achieve a holistic, systematic and multi-sectoral approach to curb factors that drive GBV. The strategies will ensure that all outlined plans and programmes promote strong partnerships between Government, national partners and the UN. Informed by lessons learned from previously implemented GBV programmes, the Joint Programme will apply the following main strategies:

**Legal and Policy Review:** This strategy will ensure the reforming, strengthening and implementation of relevant laws and policies to include measures at the broadest level to ensure women/girl's rights are recognised and protected. This will include the domestication of relevant international instruments and regulation of customary law. Institutions will be reviewed to ensure compatibility with anti-GBV Act enforcement and accountability aspects.

**Capacity Development and Service Provision:** Capacity development will be targeted at skills building and learning, using a combination of trainings such as training of trainers and cross-sectoral training to provide a comprehensive and effective response to GBV. This strategy will provide GBV survivors with immediate care, protection, relief and rehabilitation through a comprehensive package including expansion, renovation and improvement of the existing shelter systems.

**Advocacy and Communication:** This will allow a cross-section of stakeholders to become aware of their legal and human rights and the impact of GBV. It will include community mobilisation programmes that are expected to help change violence-related attitudes and behaviours and promote more equitable relationships between men and women. This strategy will also engage young men through men's networks and other fora as potential change agents to undertake activities that help to shift obstructive cultural attitudes.

**Research and Data Generation:** This strategy will streamline data collection and analysis to be focused on 10 or less GBV categories - to ensure that incidence data is recorded in a comprehensive and consistent manner. This strategy will also strengthen and support existing mechanisms for gathering, processing and sharing GBV statistics.

**Coordination, Partnership and Networking:** This will seek to strengthen and harmonise relations and information-sharing among the main Programme implementing agencies and stakeholders. Zambia has an affluence of women's NGOs and CBOs and networking with these will be important as women and girls constitute most GBV survivors. It will further strengthen referrals and collaboration between GBV service providers to reduce duplication of efforts, minimise gaps and challenges. Finally, it will result in an effective and sustainable Joint Programme.

### 3.5 Cross-cutting Issues

There are four main cross-cutting issues central to the Joint Programme:

#### **HIV:**

Programmes such as this can be made more effective by recognising the link with HIV. A growing body of evidence suggests that HIV programmes should be taken into account by GBV strategies whenever the opportunity arises, for instance by incorporating HIV messages and components. Health responses to GBV should also provide compassionate emergency medical examination and treatment for survivors including the provision of post-exposure prophylaxis for HIV and emergency contraception where supported by Government.

#### **Youth:**

Youth represents an ideal opportunity for GBV prevention, as adolescence is a time in life when attitudes and beliefs are being formed. It is easier to change norms for gender equity and violence by targeting young rather than older men, especially, before their attitudes and behaviours become deeply ingrained. In addition, there is an urgent need to improve the institutional response to girls and young women who experience, in particular, sexual violence.

#### **Women's Empowerment:**

Studies suggest that norms about gender and the acceptability of violence greatly influence prevalence of GBV. For example, DHS data for various countries show that men and women believe that husbands are justified in beating their wives if they disobey them and/or refuse sex. Even in settings without such open support for violence against women, society often blames and stigmatises the female victims rather than male perpetrators. These beliefs prevent service providers from offering appropriate assistance to survivors. They also prevent women from seeking help from family, friends and other community members. The result is that women are not able to fully participate either as agents or beneficiaries of development. This Programme will therefore seek to promote a mindsets change amongst women and girls to make them realise that empowerment comes from within themselves, supported by capacity-building programmes for educational and economic empowerment.

#### **Women and Children with Disabilities:**

Women and children with disabilities are more vulnerable to GBV and experience very particular forms of violence and abuse. Because of stigmatisation of disability and the resultant social isolation, women and children with disabilities may endure GBV for longer periods of time and have difficulties accessing GBV information and services. Increasing their access to information and GBV-related services should be incorporated throughout this Programme's interventions. Furthermore, there is need for increased disability awareness and integration of training across all Government, NGOs and other implementing partners to improve their response to disabled GBV survivors.

### 3.6 Sustainability of Results

This Joint Programme acknowledges that addressing discrepancies between customary and statutory laws is the most important first step for addressing GBV in a sustainable manner. In addition, it is premised on the fact that many State and non-State organisations already were providing services for GBV survivors before the Anti-GBV Act was passed. However, these services were provided in an uncoordinated manner without focusing on GBV survivors' special needs for court cases being pursued in a safe, secure and supportive

environment. In this regard, the Joint Programme's advocacy activities will lobby Government to fully implement the Anti-GBV Act, including providing adequate resources and ensuring full staff complements for key national institutions supporting GBV survivors. Capacity building of these institutions will be key to ensuring that resources are efficiently used through provision of quality services with less duplication of efforts across partners.

The Joint Programme is also designed to strengthen coordination and referral mechanisms for services provided to GBV survivors by setting up appropriate accountability systems for key organisations and their staff. With respect to the long-term sustainability, the Joint Programme will raise awareness on human rights and the Ant-GBV Act, and integrate GBV issues into the curriculum of the Ministry of Education, Science, Vocational Training and Early Childhood. These responses will contribute to the reduction in the incidence of GBV cases over time. It is hoped that by establishing workable models in areas of Zambia with the highest prevalence of GBV, Government can then gradually scale up and replicate them in other parts of the country.

## 4. Results Framework

The GRZ-UN Joint Programme on GBV has a long-term goal of reducing GBV in Zambia, consistent with the UNDAF 2011-2015 Outcome 5, through which the UN seeks to collectively contribute to ensuring that targeted Government institutions provide human rights-based and gender-responsive policies, frameworks and services by 2015.

When this Joint Programme has been achieved, it is furthermore expected that there will be a reduction in legal and cultural barriers to gender equality, in line with the UN Country Programme Outcome 5.2.

The similarity in the Joint Programme's overall objective and the UN Country Programme Output 5.2.2 entails that the Joint Programme will be the means through which the UN will deliver this output. This will be made possible through the following specific Programme outcomes:

- Outcome 1: GBV survivors have increased access to timely and appropriate health services;
- Outcome 2: GBV survivors have increased access to an efficient justice delivery system;
- Outcome 3: GBV survivors have increased access to protection and support services; and
- Outcome 4: GCDD has coordinated an affective, evidence-based and multi-sectoral response to GBV in Zambia.

The GCDD will have the overall responsibility for coordinating the implementation of the Joint Programme outcomes, supported by the lead UN Agency for each outcome. The identified line ministries will lead the implementation of the outcomes, although they may delegate the responsibility of implementing some of the activities to other line ministries or CSOs, again with support from relevant UN Agencies.

The four outcomes will be attained through achievements of corresponding sets of outputs and activities as specified in the Results Framework below.

**TABLE 1: Results Framework**

UNDAF Outcome 5: Empowered, Resilient and Sustainable Communities (Inhabitants' Based) and Gender-Equitable Policies, Frameworks and Services by 2015										
CP Outcome 5.2: Realized Health/Cultural Benefits to gender equality (V777)5										
CP Output 5.2.2: Skilled health workers, enforcement agencies and judiciary, with skills, resources and mechanisms to implement GBV protocols (3P-GBV Objective) to reduce, manage and monitor violence against women and girls (V777)5										
3P-GBV outputs	Lead UN Agency	Participating UN Agency	Lead IP	Other IPs	Activities for each output	Resource Allocation (US\$) and timeframe				
						Y1	Y2	Y3	Y4	Total
<b>Outcome 1: GBV survivors have increased access to timely and appropriate health services</b>										
1.1. Health workers have appropriate knowledge and skills to provide medical services to GBV survivors	UNFPA	WHO, UNICEF			Dissemination, review and development of protocols and guidelines for screening, managing and referring GBV cases in health facilities and VSUs	30,000		45,000	15,000	90,000
	UNFPA	WHO, UNICEF	GCDD, MoH, MoHA, MoCDMCH NGOs		Training of trainers in use of protocols and guidelines for screening, counselling and managing GBV cases	60,000		40,000		100,000
	UNFPA	WHO, UNICEF	MoH, MoCDMCH	VSU, GCDD	Training of health workers in use of protocols and guidelines for screening, counselling and managing GBV cases	90,000	360,000	270,000		720,000
	IOM				Training of health workers in gender and migration and HIV curriculum		130,000	130,000		260,000
	UNFPA	WHO, UNICEF	MoH	GCDD	Review of pre- and in-service curriculum to include GBV and psychosocial counselling		55,000	15,000		70,000

UNDAF Outcome 5: Targeted interventions improve young women's and girls' reproductive health, family life and equality		CP Outcome 5.2: Improved legal and cultural norms to gender equality by 2015		CP Output 5.2.2: Statutory Frameworks, policies, strategies and standards with clear, enforceable mechanisms to institutionalise GBV provision (JP: GBV Objective: 6) established in integrated child health and family planning services by 2015		JP: GBV outputs		Activities for each output		Resource Allocation (US\$) and timeframe				
Lead UN Agency	Participating UN Agency	Lead IP	Other IPs	Activities for each output	Y1	Y2	Y3	Y4	Total					
UNFPA	WHO, UNICEF	MoH	GCDD	Development and operationalisation of policies related to GBV in the health sector		100,000	30,000	30,000	160,000					
WHO	UNICEF, UNFPA	GCDD, MoH, MoHA, MoCDMCH Population Council, CJF, NGOs		Institutional review of existing health facilities	45,000				45,000					
WHO	UNICEF, UNFPA	MoH		Development and implementation of a strategy for scaling up of integrated health services in health facilities	150,000	150,000	150,000	150,000	600,000					
WHO	UNICEF, UNFPA	MoH		Provision of HIV PEP, STI prophylaxis, ECs and counselling services in health facilities										
UNICEF	UNFPA	MoH, GCDD, MoCDMCH		Create awareness on the availability of integrated health services for GBV survivors	50,000	50,000	50,000	50,000	200,000					

UNDAE Outcome 5: Timely, credible, corroborated and quality-based evidence, policies, frameworks and services by 2015										
CP Outcome 5.2: Reduced fear and other barriers to gender equality by 2015										
CP Output 5.2.2: Statutory and/or policy law-makers, government agencies and advocates with the resources and mechanisms to implement relevant provisions (JP-GBV Objective: To establish an institutional and multi-sectoral mechanism for the implementation of the Anti-GBV Act)										
JP-GBV outputs	Lead UN Agency	Participating UN Agency	Lead IP	Other IPs	Activities for each output	Resource Allocation (US\$) and timeframe				Total
						Y1	Y2	Y3	Y4	
1.3. MoH has established systems for generating, and reporting accurate, timely and reliable data on health-related GBV issues	UNFPA	UNICEF	GCDD, MoH		Conduct an assessment of HMIS and identify existing gaps	45,000				45,000
	WHO	UNFPA, UNICEF	MoH		Advocate for inclusion of GBV data into HMIS	10,000	10,000		10,000	30,000
<b>Outcome 2: GBV survivors have increased access to an efficient justice delivery system</b>										
2.1. Public prosecutors at MoJ and ZPS have acquired investigative and prosecutorial skills and equipment for GBV cases	UNDP				Undertake an assessment of gaps in investigative and prosecutorial procedures and tools in statutory and customary laws in handling GBV cases	50,000				50,000
		UNICEF	MoHA	MoHA, MoH, ZLDC, MoJ, YWCA	Development of training materials on investigative and prosecutorial skills for prosecutors	50,000	20,000	20,000		90,000
		UNICEF	MoHA, GCDD	MoHA, MoH, ZLDC, MoJ, YWCA	Training of prosecutors in investigative and prosecutorial skills for GBV cases, including handling child survivors	100,000	100,000	50,000	50,000	300,000

UNDAF Outcome 5: Empowered government institutions, culture change, improved justice and greater protection of rights of women and girls

CP Outcome 5.2: A culture of gender equality and women's rights is established

CP Output 5.2.2: Statutory and customary law makers, education providers, health care providers, police, judiciary, and other institutions are empowered to enforce GBV laws

JP-GBV objectives to establish an integrated and multi-sectoral mechanism for the prevention, protection, prosecution, and support of GBV cases

JP-GBV outputs	Lead UN Agency	Participating UN Agency	Lead JP	Other IPs	Activities for each output	Resource Allocation (US\$) and timeframe				
						Y1	Y2	Y3	Y4	Total
2.2. Adjudicators in statutory and customary courts have acquired skills for adjudicating GBV cases	UNDP	UNFPA	MoH, MoHA	MoHA, MoH, ZLDC, MoJ	Support the provision of forensic equipment for effective investigation of GBV cases	500,000	500,000	500,000		1,500,000
	UNICEF	UNDP	MoHA	MoHA, ZLDC, MoJ, Equality Now	Consultancy to determine gaps in adjudicating procedures/tools in statutory and customary courts in handling GBV cases	50,000				50,000
	UNDP	UNICEF	MoHA	ZLDC, MoJ, MoHA	Development of training materials for adjudicating GBV cases		50,000	90,000	30,000	170,000
	UNDP	UNICEF	MoHA	MoHA, ZLDC, MoJ	Conducting trainings for Judges, Magistrates and Customary Court Adjudicators	100,000	100,000	130,000	100,000	430,000
2.3. MoJ has developed an appropriate and efficient legal system for GBV survivors	UNDP	UNICEF	NGOs, ZLDC		Advocate for the revision of the penal code to provide stiffer penalties for GBV offenses such as marital rape, sexual cleansing, defilement	50,000	50,000	50,000	40,000	190,000
	UNICEF	UNDP	ZLDC	NIPA, ZLDC, MoHA	Development of guidelines for provision of legal aid to survivors of GBV		80,000			80,000



UNDAF Outcome 5: Targeted, government-led UN Women-supported legal reforms, legislative frameworks and services by 2015

CP Outcome 5.2: Gender legal and cultural reform – Institutional capacity by 2015

CP Output 5.2.2: Statutory and customary law-makers, enforcement agencies, and scholars with skills, resources and mechanisms to implement CEJAW provisions (JP-GBV Objectives) establish an integrated and multi-sectoral mechanism for the implementation of the Anti-GVA Act

JP-GBV outputs	Lead UN Agency	Participating UN Agency	Lead IP	Other IPs	Activities for each output					Total
					Y1	Y2	Y3	Y4	Y5	
JP-GBV outputs	UNICEF	UNDP	NIPA	NIPA, ZLDC, MoHA	Training of stakeholder organisations on guidelines for provision of legal aid			50,000	25,000	75,000
	UNDP	UNICEF	MoHA	NIPA	Advocacy for establishment of appropriate legal system with legal aid support, fast-track courts and compensation for survivors	25,000				25,000
	UNDP	UNDP, UNICEF	MoHA	NIPA, ZLDC, MoJ	Development of strategy and implementation plan for fast-track courts	100,000	100,000	100,000	100,000	400,000
<b>Outcome 3. Survivors of GBV have increased access to protection and support services</b>										
3.1. GCDD, partners and communities equipped with skills and resources for creating awareness about GBV and negative social norms and cultural beliefs	UNICEF	UNDP, UNEFA, IOM	GCDD	MoCDMCH	Development and implementation of the operational plan for the National Gender Communication Strategy	150,000	100,000	100,000	100,000	450,000
	UNICEF	UNDP, ILO, IOM	GCDD	MoCDMCH, NGOs	Development and implementation of guidelines for reviewing communication messages and media adverts	70,000	50,000	50,000	100,000	270,000
	IOM		MoHA	MoCDMCH, ZLDC, NGOs	Training of change agents and community action teams with focus on men	260,000	140,000	110,000	90,000	600,000

UNDAF Outcome 5: Targeted Government institutions are upholding rights based on gender equality, especially for women and girls		CP Outcome S2: Targeted Government institutions are upholding rights based on gender equality					CP Outcome S2: Targeted Government institutions are upholding rights based on gender equality				
3.2. Communities in targeted districts/sites have developed networks and coalitions for surveillance, support, referral and reporting of GBV cases	Lead UN Agency	Participating UN Agency	Lead IP	Other IPs	Activities for each output					Total	
					Y1	Y2	Y3	Y4	Y5		
	UNICEF	UNFPA, IOM, ILO, UNDP	MoHA	MoCDMCH, ZLDC, NGOs	Awareness raising among communities on GBV-related rights	180,000	180,000	120,000	120,000	600,000	
	UNICEF	UNFPA, UNDP, IOM, ILO	GCDD, MoCDMCH	MoH, MoCDMCH, NGOs	Conduct community mobilisation and stakeholder mapping exercise of GBV cases and services	55,000		55,000		110,000	
	UNFPA	UNOP, UNICEF	MoH	MoHA, NGOs	Development and implementation of guidelines/SOPs for surveillance, referral and reporting GBV cases	100,000	200,000	150,000	50,000	500,000	
	UNICEF	IOM	Chainama College, GCDD	UNZA, MoHA, MoCDMCH, YWCA, Camfed, Africa Directions	Training of community-based care providers in provision of community-based psychosocial care and support services for survivors and perpetrators of GBV	200,000	160,000	160,000	50,000	570,000	
	UNICEF	UNFPA	Chainama College	UNZA, MoHA, MoCDMCH, YWCA, Camfed, Africa Directions	Development of a toll-free line for GBV information, call and complaints centres	80,000	50,000	50,000	50,000	230,000	

**UNDAF Outcome 5:** Targeted, coordinated, institutional, systemic human rights, human and gender justice, freedom, participation, empowerment and progress by 2015.

**CP Outcome 5.2:** Protected, respected, and cultural autonomy, to gender equality by 2015.

**CP Output 5.2.2:** Statutory and regulatory law, means, enforceable, agreements, and a national with skills, resources and mechanisms to implement CEDAW provisions (3P-GBV Objectives). To establish an integrated and multi-sectoral mechanism for the implementation of UN Anti-GBV Act.

3P-GBV outputs	Lead UN Agency	Participating UN Agency	Lead IP	Other IPs	Activities for each output					Total
					Y1	Y2	Y3	Y4	Y5	
3.3. Stakeholders implementing the Anti-GBV Act have established protection and support services for GBV survivors	UNICEF	UNFPA, IOM	GCDO	UNZA, MoHA, MoCDMCH, YWCA, Camfed, Africa Directions	Development of a strategy and a costed operational plan for scaling up protection and support services for GBV survivors	150,000	100,000	100,000	100,000	450,000
	UNICEF	UNFPA	MoCDMCH	MoHA	Establishment of protection and support centres	250,000	250,000	250,000	250,000	1,000,000
3.4. MoESVTEC has implemented the GBV provisions in the revised Education Act	UNICEF	UNESCO	MoESVTEC	MoHA, MoH, Camfed, FAWEZA	Conduct an assessment of gaps for the implementation of GBV provisions in the revised Education Act	50,000				50,000
	UNICEF	UNESCO	MoESVTEC	MoHA, MoH, Camfed, FAWEZA	Development of a strategy and a costed operational plan for implementation of GBV provisions in the revised Education Act and the CEDAW recommendation on Zero tolerance to violence, sexual abuse and harassment in schools	50,000	50,000	50,000	50,000	200,000
	UNICEF	UNESCO	MoESVTEC	MoHA, MoH, Camfed, FAWEZA	Revision of the education curriculum to include GBV issues	100,000	50,000			150,000

UNDAF Outcome 5: Forward Government institutions ensure formal multi-benefit and gender-responsive policies, programmes and services up 2015

CP Outcome 5.2: Improved legal and cultural barriers to gender equality by 2017

CP Output 5.2.2: Survivors and vulnerable women with skills, resources and mechanisms to apply for GBV prevention, GP-GBV Objective: To establish organisations and mechanisms for the implementation of the Anti-GBV Act

JP-GBV outputs	Lead UN Agency	Participating UN Agency	Lead JP	Other JPs	Activities for each output	Resource Allocation (US\$) and timeframe				
						Y1	Y2	Y3	Y4	Total
3.5. GBV survivors have access to productive resources (land, finance, capital)	ILO	UNICEF, UNDP	GCDD	MoNREP, MoCDMDH, MoCTI, NGOs	Identify organisations that provide skills to enhance economic benefits to GBV survivors	50,000	50,000	50,000	50,000	200,000
	UNICEF	ILO	GCDD	Camfed, Africa Directions, YWCA, DEC, MoCDMCH, MoH, MoHA	Train 4,500 GBV survivors and vulnerable girls and boys in business planning, development and management (entrepreneurship skills)	200,000	200,000	200,000	100,000	700,000
3.6. GBV survivors have increased access to income-generating activities and decent work	UNICEF	ILO	GCDD	Camfed, Africa Directions, YWCA, DEC, MoCDMCH, MoH, MoHA, Gender Links	Link SMEs to large corporations	50,000	30,000	30,000	20,000	130,000
	UNICEF	ILO	GCDD	Camfed, Africa Directions, YWCA, DEC, MoCDMCH, MoH, MoHA, Gender Links	Promote 1,000 survivors in a period of three years to access employment	30,000	30,000	20,000	20,000	100,000
	UNICEF	ILO	GCDD	Camfed, Africa Directions, YWCA, DEC, MoCDMCH, MoH, MoHA, Gender Links	Support facilitation of access to markets, including business linkages to large companies through ZDA	40,000	30,000	30,000	30,000	130,000

UNDAF Outcome 5: Strengthened government leadership, ensure human rights, services and services, policies, framework and services by 2015										
CP Outcome 5.2: Reduced legal and cultural barriers to gender equality by 2017										
CP Output 5.2.2: Statutory and customary law makes, enforcement agencies and justice fair, with skills, resources and mechanisms to implement GBV provisions (JP-GBV Objectives: to establish an integrative and multi-sectoral framework for the implementation of the Anti-GBV Act)										
JP-GBV outputs	Lead UN Agency	Participating UN Agency	Lead IP	Other IP's	Activities for each output	Resource Allocation (US\$) and timeframe				
						Y1	Y2	Y3	Y4	Total
	UNICEF	ILO	GCDD	Camfed, Africa Directions, YWCA, DEC, MoCDMCH, MoESVTEC, ZDA, CEEC	Collaborate with banks and money lending houses to train and open accounts for GBV survivors.	80,000	60,000	40,000	40,000	220,000
	UNICEF	ILO	GCDD	Camfed, Africa Directions, YWCA, DEC, MoCDMCH, MoESVTEC	Develop a monitoring and evaluation strategy for GBV survivors that will benefit from training and loans	30,000	30,000	10,000	10,000	80,000
<b>Outcome 4: GCDD has coordinated an affective, evidence-based and multi-sectoral response to GBV in Zambia</b>										
4.1 GCCD and partners have developed tools and mechanisms for awareness raising and implementation of the Anti-GBV Act.	UNDP	UNESCO	GCDD	Camfed, Africa Directions, YWCA, DEC, MoCDMCH, MoESVTEC	Translate into seven main local languages the simplified Anti-GBV Act	50,000	60,000			120,000
	UNDP	UNICEF	GCDD	Camfed, Africa Directions, YWCA, DEC, MoCDMCH, MoESVTEC	Development and implementation of a costed operational plan for education and awareness raising on the Anti-GBV Act	50,000	25,000			75,000
	TOM	UNICEF, UNDP	MoHA	YWCA, Child Fund	Training of GRZ partners in gender and migration	185,000				185,000
	UNDP	UNICEF	GCDD	MoFPN	GCDD and stakeholders implementing the Anti-GBV Act have developed a costed National Plan of	80,000				80,000

(UNDAF Outcome 5: Gender Equality and Women's Empowerment) and (UNDAF Outcome 6: Economic Growth, Employment and Income Generation)

CP Outcome 5.2: Gender Equality and Women's Empowerment

CP Output 5.2.2: Ministry and community-led gender equality programmes and policies are implemented to improve the lives of women and girls, and to promote their economic, social and political participation

Indicator 5.2.2.1: Progress towards the implementation of the Act on Gender Equality

Indicator 5.2.2.2: Progress towards the implementation of the Act on Gender Equality

JP-GBV outputs	Lead UN Agency	Participating UN Agency	Lead JP	Other JPs	Activities for each output	Resource Allocation (US\$) and Timeline				
						Y1	Y2	Y3	Y4	Total
4.2. GCDD and partners have implemented an evidence-based and informed GR2-UN joint programme on GBV	UNDP	UNFPA, UNICEF, IOM	MoHA	Central Statistical Office, Equality Now, Gender Links	Action for the Act	150,000	50,000	25,000	25,000	250,000
	UNDP	UNFPA, IOM	GCDD	Gender Links, Central Statistical Office, MoHA, Equality Now	Undertake a national baseline and survey on GBV	300,000				300,000
	UNDP	UNFPA, IOM, ILO	GCDD	CYP, Camfed, YWCA, DEC, Africa Directions, all line ministries	Undertake joint monitoring visits and preparation of reports	50,000	50,000	50,000	50,000	200,000
	UNDP	UNFPA, IOM, ILO	GCDD	GCDD	Undertake evaluations (including a baseline) for the Joint Programme	80,000		60,000		220,000
	UNDP	UNFPA, IOM, ILO	GCDD, Central Statistical Office	UNZA, Central Statistical Office	Undertake national studies on GBV issues		50,000	50,000	50,000	150,000
4.3. GCDD and partners have established national and district coordination	UNDP	UNFPA, UNICEF, IOM	GCDD	MoCDMCH, MoHA, DEC, MoH, MoESVTEC	Formation of Steering Committee for the JP-GBV and conducting quarterly committee meetings	50,000	50,000	50,000	50,000	200,000

UNDAF Outcome 5: Targeted programming, financing, support and leadership to improve employment opportunities for women and girls

CP Outcome 5.2: Participating and Equitable forces in gender equality by 2015

CP Output 5.2.2: Stability and community law makers, enforcement and accountability mechanisms with skills, resources and mechanisms to implement GBV prevention; JP-GBV Objective: Establish an integrated and multi-sectoral mechanism for the implementation of the Anti-GBV Act

JP-GBV outputs	Lead UN Agency	Participating UN Agency	Lead IP	Other IPs	Activities for each output					Total
					Y1	Y2	Y3	Y4	Y5	
mechanism for the implementation of the Anti-GBV Act	UNDP	UNFPA, UNICEF, IOM	GCDD	MoHA, MoH, MoESVTEC	Support operationalisation of the Anti-GBV Act Steering Committee	150,000				150,000
	UNDP	UNFPA, UNICEF, IOM	GCDD	MoHA, MoH, MoESVTEC	Formation and training of Anti-GBV task forces at Provincial and District levels	150,000		150,000		300,000
	UNDP	UNFPA, UNICEF, IOM	GCDD	MoHA, MoH, MoESVTEC Camfed, YWCA	Development/revision and implementation of accountability frameworks for Provincial and District Anti-GBV task forces	50,000				50,000
4-4 GCDD and partners have established a functional referral system for comprehensive and integrated services to GBV survivors	UNDP	UNFPA, UNICEF, IOM	GCDD	MoHA, MoH, MoESVTEC	Provision of technical assistance for implementation of JP-GBV	150,000	150,000	150,000	150,000	600,000
	UNFPA	UNICEF, IOM, UNDP	GCDD	MoHA, MoH, MoESVTEC Camfed, YWCA	Development of a referral platform for provision of comprehensive and integrated services to GBV survivors	50,000				50,000
<b>TOTAL</b>					<b>5,185,000</b>	<b>4,150,000</b>	<b>3,830,000</b>	<b>2,335,000</b>	<b>15,350,000</b>	

## 5. Management and Coordination Arrangements

The overall responsibility for managing and coordinating the JP-GBV rests with the Permanent Secretary of the Gender and Child Development Division (GCDD). A **Programme Steering Committee** will provide supervisory and technical guidance for effective implementation of the Joint Programme. It will be chaired by the GCDD Permanent Secretary and have representation of Permanent Secretaries from all implementing line ministries, the UN Resident Coordinator and an NGO representative.

The Gender and Child Development Division will collaborate with the following key UN Agencies: UNDP, UNFPA, UNICEF, ILO, IOM and WHO, while Ministry of Health, Ministry of Home Affairs, Ministry of Justice, Ministry of Community Development, Mother and Child Health and the Judiciary constitute the key Government partners. Other implementing partners will be CSOs, CBOs and FBOs dealing with GBV.

The responsibility for the day-to-day management of the Joint Programme will rest with the Director of the Social, Legal and Governance Section in the GCDD. The Director will be responsible for developing a joint annual work plan in collaboration with participating UN Agencies and implementing partners.

A **Programme Implementation Committee** will be established with representation from all implementing agencies and partners to facilitate and strengthen coordination, harmonise approaches and ensure quality assurance. The Director of the Social, Legal and Governance Section in GCDD will be responsible for preparing for Steering Committee meetings and assume the role of Secretariat.

The terms of reference for the Implementation Committee will be as follows:

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



## **6. Fund Management Arrangements**

The UN Agencies collaborating on the Joint Programme will adopt a two-pronged approach to fund management, including 1) parallel fund management for core resources provided by each agency and for donor funds mobilised through agency-specific resource mobilisation; and 2) pass-through fund management for funds jointly mobilised through the One UN Fund using the UN-wide resource mobilisation strategy.

In cases of parallel fund management, the cost recovery will be 7%. For funds administered through the pass-through management modality, the Administrative Agent; i.e the UNDP, will charge a cost recovery of 1% of the total funds received from the One UN Fund, after which each UN Agency will charge a cost recovery of 7% for funds received from the One UN Fund used to implement the programme activities it is responsible for.

### **6.1 Audits**

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

## 7. Monitoring, Evaluation and Reporting

The GCDD in collaboration with the Gender Sector Advisory Group, Gender/GBV Focal Points, Anti-GBV coordination units at district and community levels, and the Steering Committee will be responsible for regular monitoring and evaluation of the Joint Programme. Monitoring will be based on planned activities and resource allocations in Annual Work Plans, as well as on the results and their corresponding indicators as outlined in the Programme Monitoring Framework below. The Steering Committee will also monitor risks and assumptions to ensure the attainment of planned results. The following are the main monitoring and quality assurance mechanisms to be employed:

- a) **The National Programme Steering Committee** constitutes the main mechanism for consensus-building among partners, and will make management decisions to guide the Administrative Agent (UNDP), when guidance is required, and approve major changes in the Joint Programme, its budgets and work plans.
- b) **Anti-GBV Provincial and District Coordination Units** will coordinate State and non-State actors involved in the Joint Programme, and serve as the main institutional arrangements responsible for collation and consolidation, harmonisation and quality assurance of reports at provincial and district levels.
- c) **Gender Sector Advisory Group:** This national coordinating mechanism will ensure that the Joint Programme is harmonised to the three objectives of the gender sector in the SNDP and ensure that the contribution of the Joint Programme to sector results is captured and reflected in National Development Plan progress reports.

**TABLE 2: Joint Programme Monitoring Framework**

Expected Result	Indicators, Baselines and Targets	Means of Verification	Data Collection Methods	Responsible UN Agency	Risks and Assumptions
<b>2011-2015 UNDAF Results linked to the Joint Programme</b>					
<b>UNDAF Outcome 5:</b> Targeted Government Institutions provide human rights-based and gender-responsive policies, frameworks and services by 2015	Indicator: % of citizens satisfied with the state of governance Baseline: 49.5% (2008) Target: 70% (2015)	State of Governance Survey Reports	National Survey by the Central Statistical Office and Governance Secretariat	UNDP	Political will to pursue and advance policies to protect human rights, promote equity, increase transparency and accountability and foster public participations in national processes
<b>Country Programme Outcome 5.2:</b> Reduced legal and cultural barriers to gender equality by 2015	Indicator: Gender Inequality Index (GII) Baseline: 0.752 Target: Not Specified  Indicator: % of seats held by women in national parliament Baseline: 14% (2006) Target: 30% (2015)	UNDP Global and National HDRs  GCDD Gender Status Index, AGDI & Adapted GII report  National Assembly of Zambia reports and website; ECZ reports	Review of UNDP and GCDD's reports  Review of National Assembly of Zambia reports and website	UNDP	Article 23 of the Constitution repealed to avoid customary law override statutory law on personal matters such as marriage
<b>Country Programme Output 5.2.2:</b> Statutory and customary law-makers, enforcement agencies and adjudicators with skills, resources and mechanisms to implement CEDAW	Indicator: % of reported GBV cases resulting in convictions Baseline: 10% (2008) Target: 60% (2015)  Indicator: Average number of days taken to conclude a GBV case through the court system Baseline: TBD Target: TBD	MoJ and GCDD reports and records  NDP Annual and Evaluation Reports, Gender SAG Reports, CSO Reports.	Review of indicated sources	UNDP	Continued Government commitment to domesticate CEDAW

Expected Result	Indicators, Baselines and Targets	Means of Verification	Data Collection Methods	Responsible UN Agency	Risks and Assumptions
<b>(JP-GBV Objective:</b> To establish an integrated and multi-sectoral mechanism for the implementation of the Anti-GBV Act)		JP-GBV evaluation reports, MoJ reports			
<b>GRZ-UN Joint Programme on GBV (JP-GBV) Outcomes and Outputs</b>					
<b>JP-GBV Outcome 1:</b> GBV survivors have increased access to timely and appropriate health services	Indicator: % of GBV survivors receiving medical and screening services  Indicator: % of health workers that comply with guidelines in the provision of medical and psychosocial services to GBV survivors	Baselines and evaluations  Monitoring visits, post-training staff surveys	Review of reports  Health staff Knowledge Attitude & Practice (KAP) survey and Beneficiary surveys	UNFPA WHO	Adequacy of health staff in health centres
1.1. Health workers have appropriate knowledge and skills to provide medical services to GBV survivors	Indicator: Number of health workers trained on guidelines for provision of medical and psychosocial services to GBV survivors Baseline: Zero (guidelines developed in 2011 but not yet launched) Target: 800 health workers  Indicator: Pre-service and in-service curriculum for health staff revised to include medical and psychosocial needs of GBV survivors Baseline: Current curriculum has not been revised to include guidelines for provision of medical and psychosocial services to GBV survivors	MoH and GCDD reports  MoH reports, copies of revised curriculum	Review of quarterly and annual reports  Review and steering committee meetings  Monitoring visits	UNFPA WHO UNICEF	Accountability systems are revised to include provisions of GBV guidelines
1.2. MoH and partners have scaled up mechanisms for provision of integrated medical and psychosocial	Indicator: Number of health centres with specialised units/staff providing comprehensive services to GBV survivors Baseline: Zero Target: 400 health centres	SAG, MoH and GCDD reports  Copies of revised curriculum	Review of reports  GBV survivor surveys  Monitoring visits	UNFPA	PEP Centres are within accessible distance for all eligible survivors and there are no stock outs

Expected Result	Indicators, Baselines and Targets	Means of Verification	Data Collection Methods	Responsible UN Agency	Risks and Assumptions
services to GBV survivors	Indicator: % of eligible GBV survivors receiving PEP and EC services Baseline: TBD Target: 100%	Reports submitted by PEP Focal Points Monitoring visits MoH and GCDD reports	Review and steering committee meetings		
1.3. MoH has established systems for generating and reporting accurate, timely and reliable data on health-related GBV issues	Indicator: Number of accurate and verifiable reports timely submitted to GCDD on GBV cases addressed by the MoH Baseline: Zero (no mechanism for sharing formalised reports among partners handling GBV cases exist) Target: At least one report submitted yearly  Indicator: Number of HMIS indicators reporting on handling of GBV indicators Baseline: Zero (there are no indicators developed for disaggregation of GBV data because the new guidelines have not been launched) Target: At least 2 health indicators developed or disaggregated to report on GBV	Existence of a database with revised indicators Monitoring visits Beneficiary surveys	Review of MoH database and reports  Review and steering committee meetings	UNFPA	HMIS data collection system and database can be easily converted to accommodate revised disaggregation levels or new indicators if necessary
<b>JP-GBV Outcome 2:</b> GBV survivors have increased access to an efficient justice delivery system	Indicator: % of GBV cases addressed through the formal court system Baseline: 32% (2010) Target: 60%  Indicator: Backlog of GBV cases in formal courts Baseline: TBD Target: TBD  Indicator: % of customary courts that have adopted provisions of CEDAW Baseline: No customary court judges oriented on provisions of CEDAW	MoJ and ZPS reports GCDD reports Programme evaluation reports	Review of reports Monitoring visits Review and steering committee meetings Review of Court and VSU records	UNDP	Adequacy of staff in statutory and customary courts

Expected Result	Indicators, Baselines and Targets	Means of Verification	Data Collection Methods	Responsible UN Agency	Risks and Assumptions
2.1. Public prosecutors at MoJ and ZPS have acquired investigative and prosecutorial skills and equipment for GBV cases	<p>Target: 60%</p> <p>Indicator: Number of prosecutors and police officers trained in investigative and prosecutorial skills and equipment for GBV cases</p> <p>Baseline: TBD</p> <p>Target: 1,000</p>	<p>MoJ and ZPS reports</p> <p>Training workshop reports</p> <p>GCDD and Programme progress reports</p> <p>Copies of training materials</p>	<p>Review of reports and training attendance registers</p> <p>Monitoring visits</p> <p>Review and steering committee meetings</p>	UNDP	Availability of tools/equipment for investigating GBV cases
2.2. Adjudicators in statutory and customary courts have acquired skills for adjudicating GBV cases	<p>Indicator: Number of statutory and customary adjudicators trained in adjudicating skills for GBV</p> <p>Baseline: Zero</p> <p>Target: 380 (300 customary and 80 statutory adjudicators)</p>	<p>MoJ and ZPS reports</p> <p>Training workshop reports</p> <p>GCDD reports</p> <p>Copies of training materials</p>	<p>Review of reports and training attendance registers</p> <p>Monitoring visits</p> <p>Review and steering committee meetings</p>	UNDP	
2.3. MoJ has developed an appropriate and efficient legal system for GBV survivors	<p>Indicator/Target: Strategy for development of fast-track courts developed</p> <p>Baseline: Fast-track courts do not exist, nor a strategy for their development</p> <p>Indicator: Number of GBV survivors that have received legal support during their court cases</p> <p>Baseline: TBD</p> <p>Target: TBD</p>	<p>MoJ and ZPS reports</p> <p>Training workshop reports</p> <p>GCDD reports</p> <p>Copies of training materials</p>	<p>Review of reports and training attendance registers</p> <p>Monitoring visits</p> <p>Review and steering committee meetings</p>	UNDP	Government is willing and has resources for establishment of fast-track courts

Expected Result	Indicators, Baselines and Targets	Means of Verification	Data Collection Methods	Responsible UN Agency	Risks and Assumptions
	Indicator: Number of fast-track courts established Baseline: Zero Target: 4	Reports from NGOs			
<b>JP-GBV Outcome 3:</b> GBV survivors have increased access to protection and support services	Indicator: % of eligible GBV survivors that have been housed in shelters or had accessed a court protection order allowing them access to perpetrator's house while handling their cases Baseline: TBD Target: TBD  Indicator: % of GBV survivors that have received support from an institution while pursuing their cases Baseline: TBD Target: TBD  Indicator: % of reported GBV cases that have been withdrawn from court proceedings. Baseline: TBD Target: TBD  Indicator: % of GBV survivors trained in entrepreneurship management Baseline: TBD Target: % of target population that have received training in entrepreneurship skills	MoCDMCH, GCDD, MoJ, Zambia Police (VSU) reports  Programme evaluation reports  Training reports JP-GBV evaluation reports	Review of reports Monitoring Visits  Review and steering committee meetings	UNICEF	Relevant Government institutions and other supporting organisations are adequately funded to support GBV survivors
<b>3.1. GCDD, partners and communities equipped with skills and resources for creating awareness about GBV and negative social norms.</b>	Indicator: % of people in surveyed communities aged 18 years and above that have received information on GBV Baseline: 51.7% Target: 80%  Indicator: Number of male champions	GCDD reports  Gender Perception Surveys  Programme	Review of reports Monitoring visits Community-based surveys	UNICEF	The National Gender Communication Strategy is adequately funded and implemented

Expected Result	Indicators, Baselines and Targets	Means of Verification	Data Collection Methods	Responsible UN Agency	Risks and Assumptions
and cultural beliefs	<p>participating in creation of GBV awareness Baseline: TBD Target: TBD</p> <p>Indicator: Number of organisations (Government, NGOs, CBOs, FBOs and Private) providing information on GBV Baseline: TBD (mapping exercise) Target: TBD (after mapping exercise)</p> <p>Indicator: Number of formalised networks and partnerships among Government, NGOs, Private Sector and Communities established to respond to GBV cases Baseline: Zero Target: At least one signed MoU in each province</p> <p>Indicator: Number of GBV cases addressed by the police that have been reported by community members Baseline: TBD Target: TBD</p>	<p>evaluation reports</p> <p>Programme progress reports</p> <p>National GBV Cases and Services Survey</p> <p>MoCDMCH, GCDD, MoJ, VSU reports</p> <p>Programme progress and evaluation reports</p>	<p>Review and steering committee meetings</p> <p>Review of reports</p> <p>Monitoring visits</p> <p>Institutional surveys</p> <p>Review and steering committee meetings</p>	UNICEF	ZPS have adequate staff and resources to respond to cases reported by the community
3.2. Communities in targeted districts/sites have developed networks and coalitions for surveillance, support, referral and reporting of GBV cases	<p>Indicator: Number of functional Coordination Response Centres (CRCs) handling GBV cases Baseline: 11 One-Stop Centres and CRCs Target: 1 in each district</p> <p>Indicator: Number of GBV survivors that have been accommodated in shelters while their cases are being handled in court Baseline: TBD Target: TBD</p> <p>Indicator: Number of GBV survivors</p>	<p>MoCDMCH, GCDD, MoJ, VSU reports</p> <p>Other implementing partner reports</p> <p>Programme progress and evaluation reports</p>	<p>Review of reports</p> <p>Monitoring visits</p> <p>Institutional surveys</p> <p>Review and steering committee meetings</p> <p>Review of beneficiary databases</p>	UNICEF	State and Non-State partner organisations implementing the Anti-GBV Act have been adequately funded to address GBV issues
3.3. Stakeholders implementing the Anti-GBV Act have established protection and support services for GBV survivors	<p>Indicator: Number of GBV survivors</p>				



Expected Result	Indicators, Baselines and Targets	Means of Verification	Data Collection Methods	Responsible UN Agency	Risks and Assumptions
	<p>adopted by the MoC/MCH to receive public welfare assistance Baseline: Zero Target: TBD</p> <p>Indicator: Number of GBV survivors receiving economic empowerment support services and resources Baseline: TBD Target: TBD</p>				
3-4. MoESVTEC has implemented the GBV provisions in the revised Act.	<p>Indicator: Number of GBV cases reported in schools Baseline: TBD Target: TBD</p> <p>Indicator: MoESVTEC Curriculum revised to include GBV issues Baseline: the current curriculum has not been revised to include the provisions of the Anti-GBV Act Target: TBD</p>	GCDD, MoESVTEC, Zambia VSU reports	<p>Review of reports</p> <p>Monitoring visits</p> <p>Institutional surveys</p> <p>Review and steering committee meetings</p>	UNICEF	MoESVTEC implement fully the Education Act of 2011
<b>JP-GBV Outcome 4:</b> GCDD has coordinated an affective, evidence-based and multi-sectoral response to GBV in Zambia	<p>Indicator: % of GBV survivors that have been referred among State and Non-State Actors providing support and protection services while pursuing their cases Baseline: TBD (baseline) Target: TBD (after baseline)</p> <p>Indicator: % of State and non-State partners participating in the implementation of the Anti-GBV act that are complying with guidelines Baseline: Zero (the developed guidelines have not been disseminated and new ones are yet to be developed, as necessary) Target: 100%</p>	<p>GCDD reports</p> <p>Programme progress and evaluation reports</p> <p>Other State and Non-State Actor reports</p>	<p>Review of reports</p> <p>Monitoring visits</p> <p>Institutional surveys</p> <p>Review and steering committee meetings</p>	UNDP	GCDD and State and Non-State Actors participating in the implementation of the Anti-GBV Act have developed and implemented accountability frameworks

Expected Result	Indicators, Baselines and Targets	Means of Verification	Data Collection Methods	Responsible UN Agency	Risks and Assumptions
	<p>Indicator: Amount of resources (cash and in-kind) leveraged from State and non-State partners participating in the implementation of the programme Baseline: ZMK Zero Target: 23% of total programme cost</p> <p>Indicator: GCDD and partners have developed and implemented a costed operational plan for education and creating awareness on the Anti-GBV Act Baseline: The simplified Anti-GBV Act has been developed but not yet translated into main local languages and a costed education and awareness plan has not been developed</p> <p>Indicator: % of State and Non-State Partner Institutions that correctly define their role according to the provisions of the Anti-GBV Act Baseline: Zero (education and awareness on the Act has not yet started and the guidelines developed so far have not yet been implemented) Target: 100%</p>	<p>GCDD reports</p> <p>Other State and Non-State Partner reports</p> <p>Programme progress and evaluation reports</p>	<p>Review of reports</p> <p>Monitoring visits</p> <p>Institutional surveys</p> <p>Review and steering committee meetings</p>	UNICEF	GCDD has developed and implemented an operational plan for educating people and institutions on the Anti-GBV Act
4.1. GCDD and partners have developed tools and mechanisms for awareness raising and implementation of the Anti-GBV Act					
4.2. GCDD and partners have implemented an evidence-based and informed GRZ-UJN Joint Programme on GBV	<p>Indicator: Number of assessments (including operations research and evaluations) that have been conducted to inform the Programme design, implementation and reporting Baseline: Zero Target: 5 (1 baseline, 2 evaluations/reviews, 2 operations research and other assessments conducted)</p> <p>Indicator: % of indicators in the Programme's Results and Monitoring Framework being reported on</p>	<p>GCDD reports</p> <p>Other State and Non-State Partner reports</p> <p>Programme progress and evaluation reports</p>	<p>Review of reports</p> <p>Monitoring visits</p> <p>Institutional surveys</p> <p>Review and steering committee meetings</p>	UNDP	<p>Willingness in established M&amp;E and reporting systems for State and Non-State Actors supporting current Anti-GBV initiatives to accommodate this Programme's indicators and other information needs</p>

Expected Result	Indicators, Baselines and Targets	Means of Verification	Data Collection Methods	Responsible UN Agency	Risks and Assumptions
4.3. GCDD and partners have established national and district coordination mechanisms for the implementation of the Anti-GBV Act	<p>Baseline: TBD (At baseline phase) Target: 100%</p> <p>Indicator: Number of functional national, provincial and district coordination units for GBV cases established</p> <p>Baseline: Zero</p> <p>Target: 1 National and at least each province and district has a coordination unit for GBV cases</p>	<p>GCDD reports</p> <p>Other State and Non-State Partner reports</p> <p>Programme progress and evaluation reports</p>	<p>Review of reports</p> <p>Monitoring visits</p> <p>Review and steering committee meetings</p>	UNDP	The established mechanisms will not duplicate already established coordination mechanisms for GBV mainstreaming
4.4. GCDD and partners have established a functional referral system for comprehensive and integrated services to GBV survivors	<p>Indicator: Number of formalised agreements for referrals of GBV survivors among State and non-State actors established</p> <p>Baseline: TBD (at baseline phase) Target: TBD (after baseline)</p>	<p>GCDD reports</p> <p>Other State and Non-State Partner reports</p> <p>Programme progress and evaluation reports</p>	<p>Review of reports</p> <p>Monitoring visits</p> <p>Review and steering committee meetings</p>	UNDP	GCDD and Partners have established accountability systems for referral services to be provided to GBV survivors

**Programme Reviews:** These critical components of Programme monitoring allow for assessment of: 1) Implementation progress and usage of budgeted funds; 2) progress in attainment of planned results; 3) risks and assumptions; and 4) implementation of audit and evaluation recommendations, among other things. These reviews will be carried out every quarter in the first, second and third quarters and annually in the last quarter of a year or in the first quarter of the following year. The main body responsible for these reviews will be the National Programme Steering Committee. Other multi-sectoral, semi-annual reviews will also be conducted at provincial levels on a semi-annual basis and supported by joint multi-stakeholder monitoring visits. Joint monitoring will focus on achievement of annual targets for results involving key State and non-State partner organisations.

**Evaluation:** This is the main mechanism for assessing the attainment of Programme, UNDAF and SNDP Results. Within the first three months of programme implementation, a baseline study will be conducted to collect and update data on all indicators in the Results and Monitoring Framework above. This will be followed by an evaluation halfway through the Programme. A final evaluation is expected to be completed and disseminated at least three months before the closure of the Programme.

**Risk Management:** The risks and assumptions outlined in the Results and Monitoring Framework will continue to be monitored throughout the duration of the Programme to continuously ascertain their effects on attainment of Programme outcomes. They will be a critical component of the reviews and will also form an integral part of progress reports. The continuous tracking of these risks and assumptions will be also done through the electronic Enhanced Results Based Management Platform of the UNDP; being the Administrative Agent. The platform will be updated regularly to indicate the state of each particular risk at any point in time, along with remedial measures taken to address them.

Overall, the risks and assumptions are mainly concerned with the following:

- a) The repeal of Article 23(4) of the Constitution, which allows customary law to override statutory law on personal matters such as marriage. If Article 23(4) is not repealed, the Programme will upscale interventions targeted at custodians of customary law and customary court adjudicators in order to increase their awareness of women's rights as contained in the CEDAW.
- b) The provision of adequate resources to supporting State and non-State actors and their needs to have full staff compliments to respond to the needs of GBV survivors. With regard to State actors, the Joint Programme will request the Secretary to the Cabinet to ensure that implementing line ministries have in place the required resources to implement the Anti-GBV Act according to the multi-sectoral guidelines for addressing GBV. For non-State actors, the Joint Programme will put in place an advocacy strategy to ensure they are an integral part of the implementation process. Furthermore, the Programme will support the development and implementation of accountability frameworks for supporting organisations, State and non-State alike, and their staff based on the multi-sectoral guidelines.

**Reporting:** The fiscal year for the Joint Programme will be from January to December in line with Government and UN budget timelines. The Director of the Social, Legal and Governance Directorate of GCDD will be responsible for consolidating reporting from all State and non-State actors and submit quarterly progress reports by the 15<sup>th</sup> of the month following the end of a quarter (i.e. April, July and October) and an annual report by the 15<sup>th</sup> of January in the following year. These reports will be submitted to the Administrative Agent (UNDP). They will be prepared using a template (to be provided) that allows for continuous

tracking of results, challenges, risks, lessons learnt and best practices, and for easily linking the results of the Joint Programme with those of the UNDAF and SNDP. Depending on the outcome of the 2011-2015 UNDAF HACT assessment, GCDD will also be expected to submit financial reports using the Fund Authorisation and Certification of Expenditures (FACE) at the same time as for the quarterly and annual progress reports stipulated above, if it qualifies for the advance funding modality.

The Administrative Agent will submit a consolidated annual donor report for the Joint Programme to Cooperating Partners (CPs) by the 15<sup>th</sup> of April. This report will cover funds mobilised through the One UN Fund, while each UN Agency will be expected to submit one separate report for all of its donors of Programme funds through bilateral Agency-specific agreements with CPs.

## 8. Legal Context

Within the Joint Assistance Strategy for Zambia (JASZ) II arrangements, the Gender Sector is being co-led by the UN System, DFID and Ireland, and supported by the Netherlands, Norway and the USA. Within the UN system, the UNDP is designated to execute this leadership role and provide coordination amongst other UN Agencies and CPs. Hence the legal context of the Joint Programme is outlined by the Standard Basic Assistance Agreement (SBAA) between the GRZ and the UNDP, signed between the parties on 14 October 1983, for programmes implemented using funds mobilised through the One UN Fund. The funding mechanism for CP support to the implementation of the Joint Programme will be through a Trust Fund that will be established and managed by UNDP. In this regard, each CP that will provide funds to the Trust Fund will sign a bilateral memorandum of understanding or cooperation agreement with UNDP in line with the global agreements on management of cost sharing. This arrangement will be reviewed in accordance with changes in the Financial Management and Funding Modality.

Specific UN Agencies, including UNDP, will also implement activities using the parallel funding modality for activities funded by core resources and resources raised through agency-specific resource mobilisation activities. For these activities, the legal basis will be the Standard Basic Assistance Agreement for UNDP, and cooperation and/or assistance agreements with GRZ for other UN Agencies. The respective agreements for each of the participating UN Agencies are as summarised below:

UN Agency	Agreement
<b>ILO</b>	The Decent Work Country Programme for Zambia is the document crafted by the tripartite partners involved in employment and labour issues, viz. Government, employers' and workers' organisations, with technical support from the ILO, to coordinate and align technical assistance, support and resources around an achievable set of priority outcomes by ILO in the country.
<b>IOM</b>	IOM within the regional framework of Migration Dialogue for Southern Africa (MIDSA), recognised by the Member States of SADC, and under the auspices of projects related to technical assistance in border managements, regional labour migration, HIV and AIDS and mobile populations and counter trafficking, is ready to render, in close collaboration with partner organisations, all possible assistance to the SADC region in terms of assistance in issues related to migration.
<b>UNDP</b>	This Joint Programme Document shall be the instrument referred to as the Project Document in Article I of the Standard Basic Assistance Agreement between the GRZ and UNDP, signed by the parties on 14 October 1983.
<b>UNFPA</b>	UNFPA assistance to Zambia is subject to the provision of Standard Basic Assistance Agreement (SBAA) and the Exchange of Letters signed between the UN and the GRZ in September 1996 and ratified by the GRZ in May 2002. The UN SBAA and the above Letters constitute the legal basis for the relationship between the GRZ and UNFPA.

<b>UNICEF</b>	The Basic Cooperation Agreement (BCA) between the GRZ and UNICEF establishes the relationship between GRZ and UNICEF. The Country Programme Action Plan (CPAP) for the period 1 January 2011 to 31 December 2015 will be implemented in conformity with the BCA. The programmes and projects described in this document have been agreed jointly by GRZ and UNICEF.
<b>WHO</b>	WHO will use Direct Financial Cooperation (DFC) arrangements to make payments to cover the cost of items or activities that would otherwise be borne by Government or recipient allied institutions recommended by Government, in order to strengthen their health/gender development capacity and ability to participate more effectively in, or to meet their commitments. Where possible, WHO will also provide technical cooperation drawn from various levels of the organisation or through Agreement of Performance of Work (APWs).

The Implementing Partners/Executing Agencies agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by Participating UN Agencies do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via [www.un.org/Docs/sc/committees/1267/1267\\_listEng.htm](http://www.un.org/Docs/sc/committees/1267/1267_listEng.htm). This provision must be included in all sub-contracts or sub-agreements entered into under this programme document.

## Annex 1: Budget Breakdown

Required funds (US\$)					
Programme Pillar	Year 1	Year 2	Year 3	Year 4	TOTAL
Health	645,000	850,000	545,000	255,000	2,295,000
Legal	1,510,000	1,470,000	1,580,000	345,000	4,905,000
Socio-economic	1,691,000	1,420,000	1,287,000	1,450,000	5,848,000
Coordination (GCDD)	970,000	500,000	480,000	405,000	2,355,000
<b>TOTAL</b>	<b>5,185,000</b>	<b>4,100,000</b>	<b>3,830,000</b>	<b>2,455,000</b>	<b>15,570,000</b>