



TRADITIONAL LEADERS ENGAGEMENT STRATEGY ON GENDER BASED VIOLENCE





TRADITIONAL LEADERS ENGAGEMENT STRATEGY ON GENDER BASED VIOLENCE



Table of Contents

FORWORD	II
ACKNOWLEDGEMENT	III
ACRONYMS	V
CHAPTER 1: INTRODUCTION	1
1.1. CONTEXTUAL BACKGROUND AND UNDERSTANDING	1
1.2. TRADITIONAL LEADERSHIP STRUCTURE	3
1.3. THE BACKGROUND OF THE STRATEGY	4
1.4. OVERALL OBJECTIVE OF THE TLES	4
1.5. SPECIFIC OBJECTIVES OF THE TLES	5
1.6. PROCESS FOR TLES DEVELOPMENT	5
1.7. POSSIBLE RISKS AND LIMITATIONS OF IMPLEMENTING THE STRATEGY	5
CHAPTER 2: CHIEFDOM GBV SECRETARIAT MODEL	7
2.1. THE STRUCTURE OF THE CHIEFDOM GBV SECRETARIAT	7
2.2. THE COMPOSITION OF GBV SECRETARIAT	8
CHAPTER 3: ALIGNMENT OF TLES TO GOVERNMENT STRUCTURES AND OTHER LEGAL FRAMEWORKS	15
3.1. ALIGNMENT OF THE STRATEGY TO KEY GOVERNMENT LINE MINISTRIES	15
3.2. NATIONAL LEGAL FRAMEWORKS ON GBV, CM, TEENAGE PREGNANCIES AND HIV	20
CHAPTER 4: THEORETICAL BASIS AND OUTCOMES	24
4.1. THE THEORY OF CHANGE	24
4.2. LINKAGES OF INTERVENTIONS WITH OTHER GOVERNMENT PROGRAMMES	25
4.3. MONITORING AND EVALUATION	29

Foreword

The rise of Gender Based Violence (GBV) in Zambia if not checked will not only have permanent adverse effect on the lives of those affected (survivors) but also erode the country of most needed human resources. GBV is preventable and therefore it should be prevented. Causes of GBV have roots in the imbalance of power both at household and community levels. Negative social and gender norms have been identified as conduits for perpetuating almost all types of GBV in the Zambian society. The custodian of these norms are traditional leaders who have been given powers to oversee their subjects using by-laws. These leaders are key in influencing change in the community through engendering their laws and customs. However, the starting point lies in the good will and inner motivation of an individual Traditional Leader to address the issues. Unless one becomes convinced that the current by-laws perpetuates power imbalance among his/her subjects which leaves women and girl children most disadvantaged members of the communities, the vice will not change.

Traditionally, when a girl becomes of age she is considered ready for marriage. The girl child is usually married to someone older than her and as such a husband excises power over his wife leaving her in a disadvantaged position including no powers to negotiate for safer sex. Social and gender norms have contributed to high poverty levels among women as their education opportunities are mostly discontinued due to teenage pregnancies or child marriage coupled with an environment where sexual reproductive health services are farfetched. In the event that these services are available, they are not accessed by the young people due to stigma as they are seen to be promiscuous. Teenage pregnancy is the evidence that the adolescents are not consistently using Sexual Reproductive Health Services (SRHS) such as contraceptives and condoms to protect themselves. ¹While Knowledge of HIV/AIDS in Zambia is universal and almost all women age 15-49 and men age 15-59 have heard of AIDS, only 42 percent of women and 49 percent of men age 15-49 have comprehensive knowledge about HIV/AIDS.

None use of condoms means exposure to Sexually Transmitted Infections (STI), HIV inclusive. Due to limited Reproductive Health Services and Rights, the children who are in marriages are even more exposed to STIs. Traditionally, refusal of unprotected sex is seen as being disobedient to a husband who is considered to have rights to sex at any time. This leads to GBV by intimate partner. GBV in Zambia stands at 47 percent of ever-married women age 15-49 having had experienced physical, sexual, and/or emotional violence from their current or most recent husband or partner. Therefore, traditional leaders play a key role in changing social and gender norms in the rural communities where access to information is challenged by so many factors such as low literacy levels, and non-availability of information. It is hoped that this strategy will be a tool through which traditional leaders would be motivated to become not only gender activist but also as change agents. A multidisciplinary approach to ending child marriage and GBV will bear more fruits than vertical approaches.



Hon. Lawrence Sicalwe MP.

Minister

Ministry of Chiefs and Traditional Affairs Contents

1 ZDHS 14

Acknowledgement

Financial, technical and logistical support to develop this strategy was made possible with the generous support of the American people through President's Emergency Plan for Aids Relief (PEPFAR) and the United States Agency for International Development (USAID), as well as funds from United Kingdom Agency for International Development (UKaid) from the British government through the STOP GBV Project. This document was developed as a national document to provide guidance on how stakeholders and chiefs can work together to address issues of GBV, HIV and Child Marriages. Gratitude also goes to the Their Royal Highnesses, the Chiefs, for their full participation and guidance throughout Strategy development process. Many thanks also goes to the Government of Zambia through the Ministry of Chiefs and Traditional Affairs for the Leadership in developing this document and taking ownership for implementation. In particular, many thanks go to other line Ministries such as Gender, Health, Education, Home Affairs, Community Development and Social Services for the technical support provided during the development and validation of the strategy.

Further, acknowledgement goes to Zambia Center for Communication Programmes and its dedicated staff for the provision of expertise and technical support in writing this document and valuable support from community activists who devoted their time in getting the most needed information from the various communities that fed into this document.

It should also be noted that the contents of this document are views of the Ministry of Chiefs and Traditional Affairs and do not necessarily reflect either the views of USAID or UKaid.



Johans Mtonga

Executive Director
Zambia Center for Communication Programmes

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AJ	Access to Justice
CATF	Community HIV Task force
CM	Child Marriages
CRC	Convention on the Rights of the Child
DFID	Department for International Development
ECM	Ending Child Marriage
ELITE	Empowering Leaders in Teamwork and Equality
GBV	Gender Based Violence
GLOW	Girls Leading Our World
HRH	His/Her Royal Highness
HIV	Human Immunodeficiency Virus
MOCTA	Minister of Chiefs and Traditional Affairs
MOH	Ministry of Health
MOG	Ministry of Gender
MOHA	Ministry of Home Affairs
MYSCD	Ministry of Youth Sports and Child Development
OSC	One Stop Centre
PA	Prevention and Advocacy
SRHR	Sexual Reproductive Health and Rights
SS	Survival Support
STOP	Stamping Out and Preventing
STOP GBV AJ	Stamping Out and Preventing Gender Based Violence Access to Justice
STOP GBV PA	Stamping Out and Preventing Gender Based Violence Prevention and Advocacy
STOP GBV SS	Stamping Out and Preventing Gender Based Violence Survivor Support
TL	Traditional Leaders
TLES	Traditional Leaders Engagement Strategy
UKAID	United Kingdom Agency for International Development
USA	United States of America
USAID	United States Agency for International Development
VSU	Victim Support Unit
VGSC	Village Gender Sub Committees
VOSC	Village One Stop Center (VOSC)
WGSC	Ward Gender Sub Committee
WLSA	Women and Law in Southern Africa
WV	World Vision
ZCCP	Zambia Centre for Communication Program

CHAPTER 1: INTRODUCTION

1.1. Contextual Background and Understanding

1.1. Addressing Gender-Based Violence (GBV) is a core development issue – it is a development objective in its own right. Gender equality enables both men and women to fully participate in all social, political and economic aspects of life. It is also a precondition for social cohesion and solidarity. However, gender disparities and discrimination against women and girls affects this development.

1.2. Gender-Based Violence is an escalating problem in Zambia with 43% and 17% of women age 15-49 having experienced physical and sexual violence respectively at least once since age 15, 37% and 10% experienced physical and sexual violence respectively within the last 12 months before the survey¹. The 2013/2014 ZDHS found that 9% of Zambian women who had experienced violence had never sought help and never told anyone about the violence. Child Marriage a form of GBV and a violation of Human Rights, threatens children’s well-being. The Anti-GBV Act No. 1 of 2011 defines GBV as *any physical, mental, social or economic abuse against a person because of that person’s gender*². Gender based violence affects both men and women, boys and girls. It can cause lifelong harm to the wellbeing of the person.

Child Marriage³ a form of GBV, is equally high in Zambia. According to the ZDHS) 2013/2014, 42% of women in Zambia were married off before the age of 18. Child Marriage is one of the worst forms of violence against children because it robs them of their childhood and fundamental rights such as play, education, health and in worst cases life.

Childbearing begins early in Zambia, with more than one-third of women giving birth by age 18 and more than half giving birth by age 20.⁴ This speaks to the fact that children engage in sex at an early age. More than 58% of Girls in Zambia have had their first sexual experience before the age of 18. While the rate of teenage pregnancy is at 29% for women between age of 15-19. Between 2014 and 2016, a total number of 37, 029 girls in primary schools and 9,696 in secondary schools fell pregnant and less than 50% went back to school⁵. Rates of early pregnancy are high, with 20 percent of urban and 36.4 percent of rural girls having begun child bearing by the age of 19. This reflects of the high rates of early engagement of sexual debut, and indicates high levels of unprotected sex, indicating high-risk behaviors for HIV infection among young people.

HIV prevalence on the other hand in Zambia is at 12.3%, with infection rates in urban twice as high as rural areas. The majority of HIV transmission occurs heterosexually, through causal unprotected sex accounting for over 70% of new infections. Among the identified key drivers of HIV infection include, multiple concurrent partnerships, low correct and consistent condom use, low rates of male circumcision, sexual GBV, migrant and mobile populations and GBV among others. Young people, girls especially between the ages of 10 to 24 have shown an increase on new HIV infections. Nationally at age 15 to 19, 4.8 percent of girls are infected, as compared to 4.1 percent of boys; in urban areas, infection rates amongst girls of this age group is 10.7 percent. By the age of 20 to 24, the difference in infection rates between women and men has risen sharply, with 11.2 percent of women and 7.3 percent of men infected with HIV.

2 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;

3 Defined as a formal or un-informal union (legal or customary union) of a person before the age of 18.

4 ZDH 2014

5 MOGE, 2016 Educational Statistical bulletin, Lusaka, March 2016.

There are relatively high levels of knowledge and awareness regarding HIV and GBV in Zambia. A recent KAP study conducted by ZCCP indicated that more than 93% of people were aware of GBV and HIV. The 2013-14 Demographic and Health Survey (DHS) shows that in Southern Province 99% of men knew that limiting sexual intercourse to one uninfected partner can prevent HIV, yet 25% of men reported having more than two partners in the last 12 months.

The problem in question has further been compounded by the fact that Zambia has a dual legal system that is, Statutory and Customary laws, running side by side. This compromises the achievement of children's rights and child protection as well as attaining GBV free society for all women and girls. Experiences show that the two laws are inconsistent with each other. These inconsistencies in the legal framework influence child marriages because customary marriage is recognised in the Zambian society despite one's age. Worse still, statutory law does not criminalise such acts as illegal. Additionally, these inconsistencies in the legal definition of a child further creates a platform for child marriages to continue being practised by majority of Zambian especially those living in rural areas.

The Ministries of Gender and Health have in the recent past developed policies to address behavior issues among the people. The Ministry of Health has developed a Community Behavior Change Communication Framework, but there is limited coordination of social and behavior change communication (SBCC), both in terms of intervention channels and between national and subnational levels. While the Ministry of Gender is implementing the Gender Policy and the Anti GBV Act of 2011 to address GBV. Traditional leaders play a significant role in shaping norms and attitudes, especially in rural areas, ultimately serving as gatekeepers whose buy-in is essential to community-level behavior change.

The Ministry of Gender and National Aids Council (NAC) coordinates the multi-sectoral response to GBV and HIV activities in Zambia. Other Ministries that are key include the Ministry of Health for primary health care; Ministry of Chiefs and Traditional Affairs driving a key participant in the Child Marriage campaign; Ministry of Home Affairs, the Zambia Police Victim Support unit enforcing the anti-GBV law and other related laws; the Ministry of Justice driving the agenda for law reform. All these partners operating both at national and district levels are critical in coordinating prevention, response, treatment and care regarding GBV and HIV. In addition, there exists some form of subnational level decentralized coordination at provincial, district and community level committees and taskforces such as the Provincial Development Coordinating committees with subcommittees on Health, Gender and HIV (PATF). At district level exist the DDCC, DGSC, GBV taskforce, DATF and CATFs, all which play a critical role in ensuring district and community level prevention and response to GBV and HIV.

1.3. Traditional Leadership Structure

Traditional leaders, such as Chiefs are influential agents at community level. Chiefs are custodians of tradition and culture of the people. In the Traditional Zambia context, chiefs preside over different groups of people. Chiefs are at the apex of the traditional leadership in Zambia. While in the lower ranks, village headpersons and indunas who assist Chiefs are key traditional leaders who are in charge of overseeing the traditional mandate lower levels such as the village. Thus the traditional leadership, is in charge of providing leadership over the people. They ensure implementation of the laws and policies as per their custom and tradition.

Chiefs are expected to enforce and keep customary laws and practices in line with national laws. They contribute to the development of statutory laws and facilitate customary laws and practices to enable them prevent child labor, punish perpetrators and mitigate its consequences on children. In practice, they ensure that children are not married off until they attain the age of 18 and above and ensure that those who perpetrate child marriages are punished and that children's rights are protected and that they have effective remedies for the violation of their rights even though, Government

is currently considering reviewing the Marriage Act to include a minimum marriage age to be at 21.

Chiefs are custodians of customary land on behalf of the people. They also preside over traditional ceremonies where they make pronouncements about tradition and culture to their subjects. These subjects include various custodians of tradition such as traditional initiators, families as well as individual men, women, girls and boys. These pronouncements at the traditional ceremonies receive national wide and international media coverage. Influential government representatives who are on the other hand are subjects are present to support and dialogue over the event. Like aforementioned, opportunities are provided for direct lobbying of improving legal provisions and allocation of resources towards improved service delivery that will promote and prevent GBV, CM, Teenage and HIV.

Chiefs are advisors to government through House of Chiefs at a given time. There is engagement by Chiefs with Civil Society, other government partners, elected officials such as Ward Councilors, Members of Parliament at constituency level. Through this engagement a platform can be created where pertinent development, cultural and traditional issues can be discussed. Issues discussed could include demand for improved service delivery to communities in their chiefdoms. Members of Parliament can use this information to increase informed debates even before a legal agenda is tabled at National Assembly from the House of Chiefs. The Chiefs can also use their influence to document accepted traditional norms through development of *by-laws* with support from their *Indunas/* Advisors and down to subjects. The Chiefs shall use their traditional courts as referral points for GBV and CM cases as well as the chiefdom secretariat as a mechanism for community sensitization and documentation of good practices, trends and lessons learned to inform developmental decisions.

1.4. The background of the Strategy

Gender Based Violence in general and Child Marriage in particular is in most instances perpetuated under the pretext of culture and tradition. Due to the diversity of the Zambian culture, addressing GBV demands for a multifaceted approach. Negative social vices entrenched in traditional practices continue to fuel the practice of GBV and Child Marriage. Although the practice is more prevalent in rural areas, it generally affects poor families in both rural and urban areas.

In response to the above situation, the Government of Zambia through Ministry of Chiefs and Traditional Affairs and other stakeholders have been working with traditional leaders in taking up the responsibility of bringing social change by becoming change champions. The Government, realizes that Traditional Leaders' participation as change champions in social development endeavors can positively influence changes in social norms that disadvantage mainly women, girls and boys.

It is envisaged that engaging Traditional Leaders as Change champions are key in driving positive change in that they are the custodians of tradition and culture, thereby driving the necessary change. It is with this background that the Government in consultation with Traditional Leaders and representatives from the House of Chiefs through the guidance of the Ministry of Chiefs and Traditional Affairs developed this Traditional Leaders Engagement Strategy to harmonize the approach and also standardize engagement of traditional leaders in ending GBV, Child Marriages and HIV at different levels.

Through this strategy, Traditional Leaders (TLs) will be vested with the capacity to establish integrated networks to address GBV and Child Marriages in the country. It will be a mechanism for monitoring trends of equality between men and women, boys and girls in the chiefdoms. The strategy will provide guidance on prevention efforts, management and community referral system for GBV, Child Marriage, Teenage pregnancies and access to HIV related services. It will also be a platform for TLs to network for peer support for resource mobilization, advocacy, and create a critical mass of support towards prevention and access to services for GBV and SRHR. Through this strategy Traditional Leaders will be vested with the capacity to establish integrated networks to address GBV

and Child Marriage at community/village level by initiating more discussions with their subjects on the importance of violent free relationships, the value of education and other alternative livelihoods and recreation activities.

1.5. Overall Objective of the TLES

The overall objective of this strategy is to;

- Provide direction on the engagement of traditional leaders to address GBV, CM, Teenage pregnancies and HIV 2018-2022

1.6. Specific Objectives of the TLES

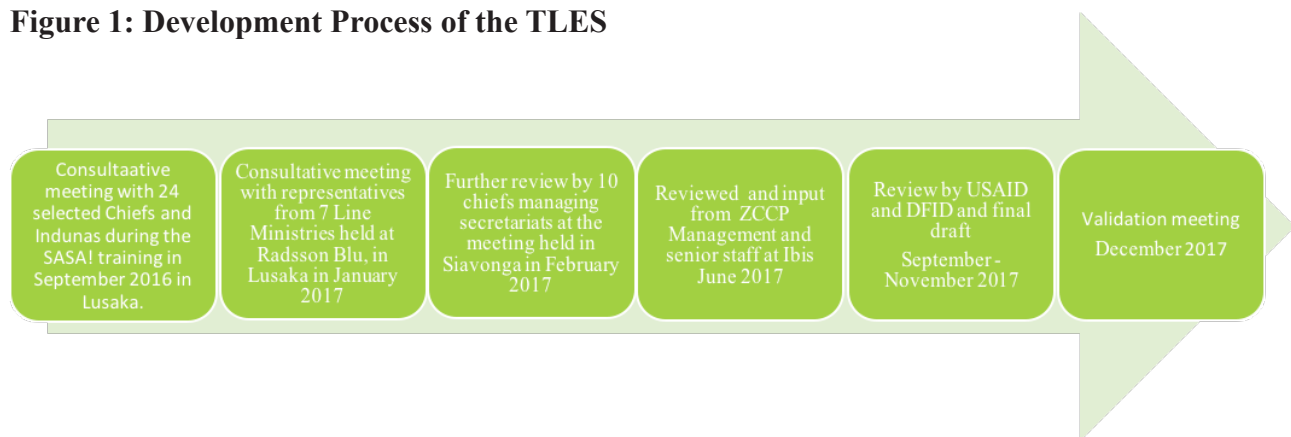
The following are identified specific objectives of the strategy;

1. To build capacity of Traditional Leaders to establish integrated peer support network for advocacy and resources mobilization to address GBV, CM, Teenage pregnancies and HIV.
2. To coordinate community prevention, management and referral systems for GBV, Child Marriage, SRHR and HIV related services.
3. To build capacity of Traditional leaders as activists and change champions.
4. To monitor and document bi-laws and change in social norms within the chiefdoms.

1.7. Process for TLES development

The process of developing the strategy involved a number of stages as indicated in the diagram below. This process was necessary in order to produce a comprehensive document that should be used at national level.

Figure 1: Development Process of the TLES



1.8. Possible Risks and Limitations of Implementing the Strategy

Some of the limiting factors in this strategy could be conflicting values and beliefs of key Traditional Leaders. The following have been identified as major risks in the development and implementation of this strategy:

Table 1: Risks and Limitations of the Strategy

		Levels of Risks			
		Negligible Small/unimportant;	MARGINAL Minimal importance;	Critical Serious/important;	Catastrophic Maximum importance;
LOW: May rarely be a problem and may not occur		not likely to have a major effect on the operation of the strategy and its outcomes	Could have effect on the operation of strategy but may not affect the social norm outcomes desired	Could affect the operation and outcomes of the strategy and its related activities in a negative way	Could result in non-fulfillment of intended purpose. Could affect the operation of the strategy in a negative way.
			1. Some members of the community may refuse to participate in activities.	1. Some traditional leaders may view the program as a source of support for uplifing their individual lives and lose overall vision	1. Lack of support to Chiefs by government in the interest of upholding the rights of citizens perpetuating the vices
MEDIUM: This risk may most likely occur			2. Working with Male Traditional Leaders on gender issues may be seen as a threat to men's powerful position in society which may bring intra or inter-household conflict among families.	2. Conservative ethnic groups may view the Traditional Leaders involvement in the program as diluting their well-guarded cultural practices.	
			3. Some Traditional Leaders may exhibit behavior which is contrary to their call and commitment to achieve gender equality	3. Some religious practices trigger GBV and abuse, e.g. polygamy, CM, discouraging blood transfusion, taking ARVs and family planning.	
HIGH: This risk may most likely occur and may threaten the outcomes of the strategy			4. Traditional Leaders taking the law in their hands by punishing the perpetrators as some of these may be against Human right standards	4. Limited service provision may demotivate traditional leaders from taking action	
				5. Long distances to service provision centers limits access to services	

CHAPTER 2: CHIEFDOM GBV SECRETARIAT MODEL

2.1. The Structure of the Chiefdom GBV Secretariat

The Traditional Leaders Engagement Strategy will be operationalized through the Chiefdom GBV secretariat. The Chiefdom GBV secretariat is a local coordination structure designed to coordinate the response and prevention of GBV at Chiefdom level. The Chiefdom GBV secretariat is a prototype of the One Stop Centre at chiefdom level, driven by local community stakeholders (Chiefs, headmen and community members) and various service providers to galvanize efforts to respond to GBV and CM.

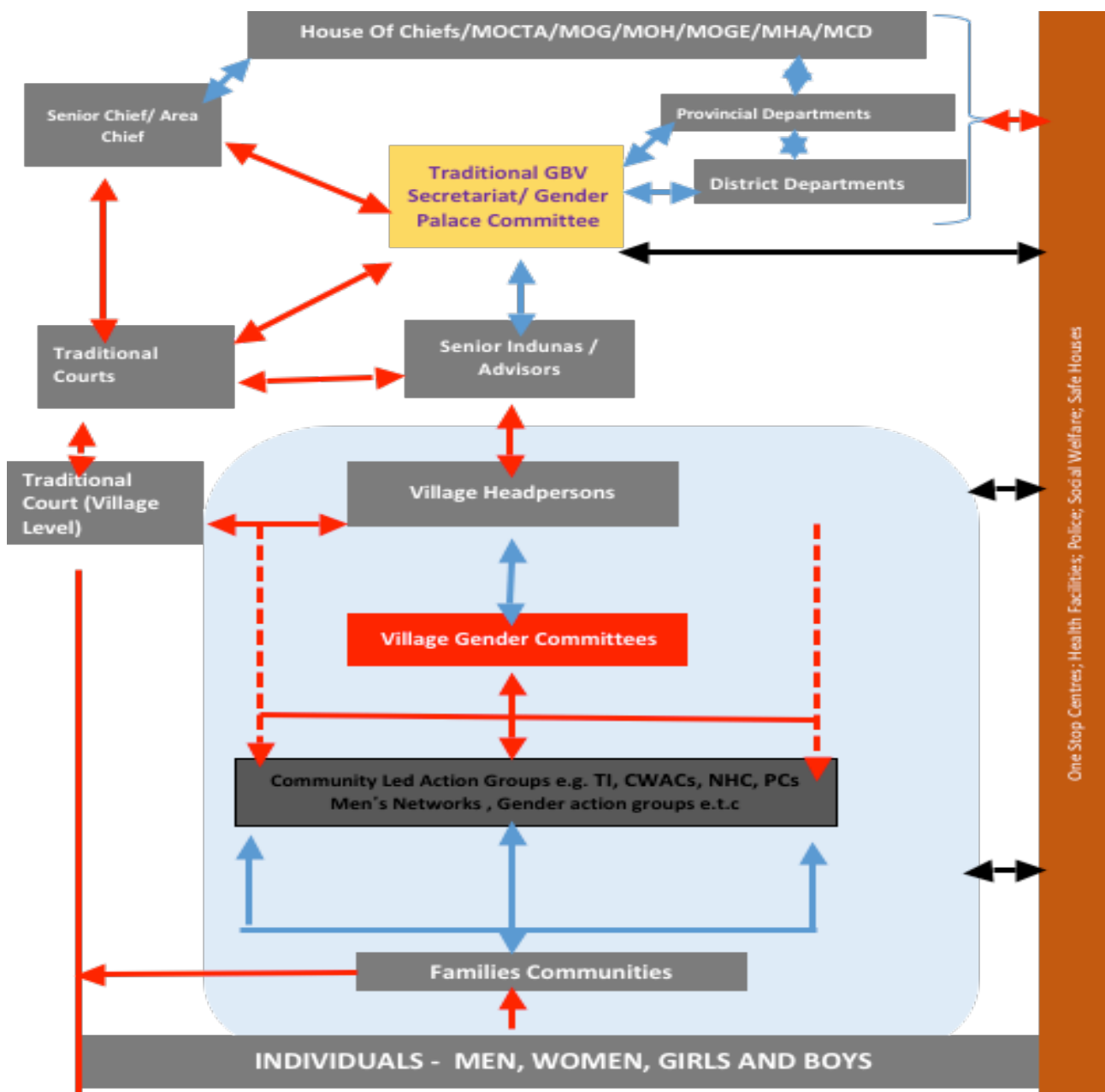


Figure 2: Structure of the Chiefdom GBV Secretariat

2.2. The Composition of GBV Secretariat

As alluded above, the Chiefdom GBV Secretariat shall be the operational conduit for locally driven activities at community level. It will be set up as a local coordination structure on issues of GBV, CM, teenage pregnancy and HIV at chiefdom level.

2.2.1. Palace Committee

At the core of the operations of the Chiefdom GBV secretariat shall be a **committee** set up to specifically coordinate and manage prevention activities and referral services. This committee shall be called **Palace Committee (PC)**. The PC shall be an advisory body to the Chief on matters related to GBV, CM, teenage pregnancy and HIV. The Chief will appoint a minimum of 15 community Members comprising of a Teacher, a health worker, 2 youth, community development officer, chiefs/traditional affairs officer, a police officer⁶, a traditional counselor, 2 indunas, a religious leader, trained paralegal, gender activists, representative from the Neighborhood Health Committee (NHC) and a psychosocial counselor to be part of the PC. There should be gender balance in the appointment of members to each category.

The roles of Palace committee

In executing their duties, the following shall be the roles of the PC:

- i. **Recommendation of By-laws:** Chiefs have the power to change traditional laws of their respective chiefdoms. The Palace committee shall recommend for review the By-laws with support from subjects and ensure that the recommended by-laws to the Chiefdom Council are gender sensitive. The PC shall recommend to revise clauses that perpetuate discrimination of women and girls, replacing them with progressive ones to cater for men, women, boys and girls.
- ii. **Participation in the Chiefdom strategic planning process:** During the process of Strategic Plan development, the PC shall ensure that gender is mainstreamed with affirmative action on measures to end GBV and CM. In the long-run ending CM will improve educational achievements among the girl child and ultimately reduce poverty among the people.
- iii. **Documentation of GBV, child marriage incidents in the chiefdom:** Record keeping of the trends of GBV and CM cases in the chiefdom is central for database and programming. The palace will keep record of all cases reported in the chiefdom. A system to collect and document incidents and referrals of GBV, CM, teenage pregnancies and HIV shall be maintained through a data collection center. On a periodic basis the collected data shall be analyzed and disseminated to relevant stakeholders to provide a clear picture of how the chiefdom is addressing the vices.
- iv. **Monitoring the operations of the Village Gender Committees:** The PC will be responsible for monitoring and evaluating the activities of the Village Gender Committees in the Chiefdoms.
- v. **To provide Referral services:** The PC shall ensure that a functional referral system is in place. There is considerable number of people who report cases of GBV to the chiefs and village headpersons, either direct or through traditional courts. The PC will be empowered with basic paralegal knowledge and skills to be able to identify types of cases to be referred and for which services. These services can include police, paralegal, health, psychosocial, education and safety. All referred cases will be documented and in some cases followed up to monitor progress.

⁶ in the absence of the Police officer, any other enforcement officer should be co-opted.

- vi. **To provide Counselling services:** Certain cases reported at the GBV Secretariat only need counselling and not necessarily going to police or courts of law. The PC will support those in need of counseling where possible. The PC shall have members with psychosocial counselling skills available to offer basic counselling services. Government and other stakeholders will offer technical support.
- vii. **Resource mobilization for ending GBV and Child marriage:** With the support of the Chief, the PC will be responsible for mobilizing resources for activities on ending GBV and child marriages. Where possible the Chiefs and the PC will use local resources to conduct some awareness activities in their chiefdoms. However, technical support in form of training shall be rendered by stakeholders on cost sharing basis. This shall promote ownership and sustainability of the programmes among the local people.
- viii. **Promote Social and Economic Empowerment:** The PC shall encourage an environment where social and economic empowerment within the chiefdom shall be given priority. Poverty has negative effects on the people especially women and youth. In this strategy Palace Committees shall recommend vulnerable women and youth for empowerment program through land allocation, farming input, income generating activities and advocate for policies that will uplift the livelihoods of people in the chiefdom.
- ix. **Coordination with Government and other stakeholders:** The Palace committee will work closely with District and National Level stakeholders working to end the GBV, CM, Teenage pregnancies and HIV. The coordination with the Government and other stakeholders will include (from the community to national level) periodic meetings, dissemination meeting and experience sharing activities so as to enhance sharing of ideas and best practices.
- x. **Child protection:** As part of protecting children from being abused from all forms of violence, the PC will develop child protection policies highlighting prevailing children's problems in the respective area. For instance, the policy will emphasize protection against child marriage in areas where this is a major problem while in another area it could be traditional norms around initiation ceremonies which have diverse effect on the children. The bottom line will be that children's rights will be respected according to both international and national statutory laws. Investors and stakeholders working with children will commit to the Child Protection policies by way of signing the policies so as to protect the welfare of a child in their work.
- xi. **Community sensitization against GBV, CM and HIV:** The PC shall conduct community sensitizations and awareness activities on GBV, CM, Teenage Pregnancies and HIV using various platforms such as community meetings, radio, drama and door to door activities.

2.2.2. Traditional Leaders

This strategy has recognized unique strengths the Traditional Leaders have which can change social and gender norms that work against the development of the people. Traditional Leaders are advisors to government through selected Chiefs who sit in the House of Chiefs at a given time. Traditional Leaders also engage with Civil Society, other government partners including elected officials such as Members of Parliament at constituency level. A platform shall be created where pertinent cultural and traditional issues will be discussed demanding for improved service delivery by relevant stakeholder. Through this engagement, Members of Parliament will use this information to inform debates even before an agenda is tabled before parliament from the House of Chiefs. Chiefs will oversee the operations of the GBV Chiefdom secretariat and will chair, and be an ex-official member to the PC. The Chief shall provide leadership and oversight to the GBV Chiefdom secretariat in the Chiefdom as a Change Champion.

2.2.3. Indunas/ Advisors

Indunas/Advisors are people with authority who offer advice to the chiefs on a wide range of issues. They usually have areas of the chiefdom that they oversee and represents the chiefs in some matters. The council of indunas/Advisors presides over developmental and traditional matters.

In addition to their traditional roles and responsibilities in the chiefdom, the indunas/Advisors shall also participate in the operationalization of this strategy as follows;

- i) Facilitate collection of baseline data on the number of men, women, boys and girls who are in the villages, schools, clinics, their distances and all cases of GBV that take place.
- ii) Facilitate the development of action plans and report mechanism to the chief on village sensitizations to prevent GBV, CM, Teenage Pregnancies and HIV.
- iii) Advocate and recommend change of by-laws that prevent GBV and CM in the chiefdom.
- iv) Identify and facilitate the inclusion of Paralegals in the Traditional Courts.
- v) Ensure traditional ceremonies include awareness programs and message in the speech to discourage GBV, Teenage Pregnancies and CM.
- vi) Advocate for programmes to end GBV, Teenage Pregnancy, HIV and Child Marriage to the House of Chiefs.
- vii) Advocate for the setting up of village One Stop Centers within their chiefdoms.
- viii) Have periodic briefs and action plans from PC.
- ix) Dissolving Child Marriages and linking the girls and boys involved in the Marriages to education and empowerment opportunities.
- x) Advocate for the implementation of the School Re-entry Policy.
- xi) Promote access to Sexual Reproductive Health Rights and Services.

2.2.4. Traditional courts

Chiefdom level:

In every palace there is traditional court that deals with matters bordering on the abrogation of traditional laws. The nominated Indunas preside over these cases with assistance from other Indunas. A range of cases which are heard by this court include cases of land disputes, marital cases, theft and other civil cases. Traditional courts are critical structures, as well as custodians of traditional and cultural practices and customs in the chiefdom. These courts are comprised of elders of the village who in some instances may include retired teachers or policemen, however, there is need to strengthen these courts by including qualified individuals with legal backgrounds who can provide advice when the court is presiding over some GBV cases like sexual abuse. Through this strategy, the Chief will lobby for the training of paralegals from different stakeholders. The palace committee or village Headpersons shall refer GBV related cases for hearing to these courts and the Data Clerk shall document these referrals.

a. Village level

Village level has a village court presided over by the village headpersons and helped by the village senior advisors. This is the first stage of reporting GBV and CM cases in rural communities. A group of villages are zoned together headed by senior village headman. The village court is made up of representatives from village headpersons.

The roles of the village court.

The following are the roles of the village court;

- Quick and timely referral of all SGBV cases to health facility and or police. In order to reduce on time taken in referring SGBV cases, members of this court shall include the following village representatives: community health worker, member of Community Crime prevention unity, teacher, village headperson and other relevant community member.
- Presiding over cases as presented to them by the community
- Referral of cases to the higher court- the chiefdom court. This is a critical stage as any time wasted on decision making may have serious repercussion on the survivor of GBV.
- Verifies the age of young person wanting to get married and recommend to the religious leader for marriage. This shall be done in conjunction with village child protection committee.
- Sensitize committees on customary and statutory laws
- Documentation of all cases reported and referred

2.2.5. Village headpersons

This structure existing in the structure of chiefdom management. A group of house hold within a given radius are clustered together under one headman who oversees the administration the people. These head persons oversee the wellbeing of the subjects and they are accountable to the Senior Induna/ chiefs advisor. This strategy has recognized this structure as key to changing of gender and social norms, as well as the driving force for development of communities. Therefore, the village gender committee's existence may go a long way in achieving gender transformation at individual, household and community levels. This will lead to reduction in power imbalance that exist in the communities leading to gender equality.

Role of the Village Head persons

- Relay two-way information sharing between the indunas and the subjects
- Give periodic report on the functions and activities of village committees
- Keep village birth records
- Conduct and keep record of baseline in the village

- Presides over the village Gender committee.

2.2.6. Village Gender Committee

This is a structure which comprises of 15 community representatives of government sectors, traditional as well as political and Civil Society organizations. This is a critical grassroots committee which shall work with the chiefdom committee to unearth hidden negative social norms and practices and deal with it at community level.

Members of gender teams (Community gender activists, WDCs, NHC, girls and boys mentorship clubs etc.) who have been trained and reside in these areas shall be linked to this structure and shall continue with awareness activities regarding GBV, CM, Teenage Pregnancies and HIV.

Membership of village gender committee shall be:

Religious Leader, Traditional Initiator, teacher, Health Provider, Paralegal, Police or Neighborhood Watch, Member of Men's Network, Local Community Based Organization, Person With Disability, 2 community members, youth, the CATF, the Ward Councilor and any likeminded network or coalition members.

Roles of village gender committee

- Strengthen existing data collection and record keeping mechanism of the village (on general population, school, clinics, types of GBV that take place in these areas)
- Lead community prevention and advocacy activities.
- Identify GBV related cases and make necessary follow ups and referrals
- They shall be meeting quarterly to plan, implement and monitor, document GBV, HIV, Teenage pregnancies and CM activities in the designated areas.
- Build capacity of different community structures using available models.

2.2.7. Religious Structures

Religious institutions and congregations are also key in being part of the stakeholders to end GBV. In providing support, religious leaders and members will be critical to providing the moral guidance to the operations of the Chiefdom GBV secretariat. Within the Chiefdom, traditional leaders will be supported by religious structures in form of moral support, technical and logistical support. It must be noted that some religious structures, have in place social and economic structures such as schools, colleges, orphanages, empowerment programs etc. which will be very relevant to the mandate outlined in this strategy. As such traditional leaders need to establish strong networks with different religious structure in executing their work.

Roles of Religious Structures

- i. Provide Social, Economic and Moral support to girls that drop out of school for economic

reasons.

- ii. Actively involved in supporting the re-entry policy in their churches.
- iii. To provide sponsorship to girls and boys who need support to return to school.
- iv. Participate in the operations of the Chiefdom GBV secretariat by seconding a representative to the PC and Village Gender Committee.
- v. Participate in village and palace committee meetings

2.2.8. Community based structures

Community Activists are men and women who are supporting a particular cause in the community and doing all they can to support a particular cause. Community Activists work directly and as a link with the communities in raising awareness on issues of GBV, HIV, child marriage and Teenage. The community activists will carry out dialogues and conversations in the communities through palace committee plans. They will also help in facilitating the referral for services through.

Roles of Community based structures

1. Offer emergency counseling to survivor being the first contacts of the case that occurs in their community.
2. In conjunction with village gender committee refer for either police or health, paralegal services or to traditional court either directly or through the Palace gender committee depending on the case
3. In conjunction with village gender committees keep records of the cases and action taken and report to Palace committee
4. Participate in village and palace committee meetings
5. Conduct dialogue and conversation in the communities through palace committee plans as part of capacity building

2.2.9. Traditional Initiators

The cultural environment of Zambia often normalizes GBV as an acceptable and legitimate practice, while traditional norms teach girls to accept, tolerate, and even rationalize it.⁷ What this means is that social and cultural norms which are deeply entrenched in the social norms, underpin gender inequality and discrimination in Zambia. Women are taught not to speak in the presence of men, including their husbands (2011 Gender Sector Analysis).

Social cultural practices and norms are orally passed on to generations and are not consistent. The TLES has provided a space for these practices to be documented and be revised to make them gender sensitive, age appropriate whilst maintaining the unique cultural identity of a given ethnic group or tribe.

Role of traditional counsellor:

- Document the teachings that are specific to a given culture given to adolescent and young men

⁷ A Safer Zambia (ASAZA) Knowledge, Attitude and Practice (KAP) Survey Report, May 2010.

and women: 1) at puberty, 2) when being prepared for marriage.

- Roll out trainings using National Traditional training manual to all traditional initiators in the villages
- Ensure that every village has a trained or orientated traditional initiator through close collaboration with village headpersons and village committees
- Keep records of children initiated and link them to either men's networks or GLOW girls for continuum support
- Traditional initiators shall work closely with village child protection committee to improve on child protection in the villages.

The traditional initiators will lead in transformation of harmful information passed to the girls and boys that perpetuate vulnerability of the girls and women through the traditional teachings.

2.2.10. Families / Communities

Families will be key in influencing positive knowledge, attitudes, behaviors and practices that perpetuate social norms that are detrimental to the protection of women and children's rights. The women and girls will be empowered to be assertive and begin to make proactive decisions about their health and general wellbeing that is in line with Government's vision. These families and individuals will be reached through a multimedia and social mobilization approach by different stakeholders with the hope to eliminate these vices at individual level going up to national level. The individuals should appreciate the stages of change and build adequate circle of influence and creating a critical mass in order to strengthen, support and sustain prevention and response to GBV, CM, Teenage Pregnancies and HIV in the communities. Some of the circles of influence include the traditional leaders described above and how they can use their networks and platform to demand for this change.

In all this Civil Society Organizations will facilitate mapping of communities and use strategies such as **training, activism, Communication, media and advocacy** in order to saturate communities with information on prevention and advocacy of GBV.

2.2.11. Individual – Women, Men, Girls and Boys

Specific social norms that negatively affects lives of people will be identified, dealt with and or recommended to the chief through the Headpersons to either change or develop bi-laws. Community dialogues will be used as a tool to reach out to the needs of the people which would include awareness creation, economic empowerment.

Realizing the importance of meaningfully engaging young people at all levels of development, the TLES shall ensure that young people are part of the response to GBV for sustainability. Government through various line ministries shall support the empowerment of young people with life skills and GBV prevention messages. Young people shall be at the center of the programs. Government through the MOGE and MYS shall support the programs aimed at reaching out to both the in-school and out of school young people. This shall be done through various community lead mentorship and empowerment clubs such as Anti-AIDS Clubs. As part of sustainability, the youth trained from the Mentorship Clubs will be linked to chiefdom secretariat, to work as peer educators to fellow youths for both in and out of schools.

The chiefdom will work with all line ministries for the referral for different services such as post GBV care, economic empowerment, health, HIV Testing Services (HTS) VMMC, legal, school, sport and so on. The community members will also report any GBV, Child marriage cases to village courts

CHAPTER 3: ALIGNMENT OF TLES TO GOVERNMENT STRUCTURES AND OTHER LEGAL FRAMEWORKS

This Strategy is developed as a tool which various stakeholders will use to conduct prevention and response community led programmes within traditional structures. It is therefore imperative that all activities aiming to address GBV, Child Marriage, Teenage Pregnancies and HIV are within government vision and inform its priorities. Data that will be collected and generated through the activities of the Chiefdom GBV secretariat should feed in the government monitoring mechanism at various levels.

3.1. Alignment of the strategy to Key Government Line Ministries

3.1.1. Ministry of Chiefs and Traditional Affairs

Customs and traditions still play a major role on issues of GBV and Child Marriages especially in the Rural Districts. Initiation ceremonies that perpetuates GBV in the communities, as well as social norms and negative practices such as child marriage need to be checked. This strategy stipulates the following as roles of the Traditional Leaders in supporting the work of the government through MoCTA:

Through this strategy, Traditional Leaders will form strong linkages with other Traditional Leaders to strengthen collaboration among themselves and the Government. They will all work towards mainstreaming Chiefdom secretariat activities in their chiefdom to become change champions

MoCTA shall provide guidance on tracking implementation of policies and provide an interface for gaps observed by both the government and the chiefs especially in the light of preventing and responding to GBV and CM in Zambia.

The Ministry shall link the chiefdoms to other ministries that provide economic services for women and youth empowerment.

The Chiefdom shall update the ministry on the progress of the CM/GBV and HIV activities in the chiefdom through the house of chiefs and provincial chiefs meeting.

3.1.2. Ministry of Education

Education remains a critical vehicle for reducing poverty both at personal and national levels. In rural areas there seem to have more girls who drop out of school due to a lot of challenges including long distances to schools, lack of boarding schools and sanitary facilities for girls⁸. This has contributed to girls opting to get into early sexual activities as a way of earning money for school needs, leading to teen pregnancies, STI including HIV and Unsafe abortions. When girls drop out of school due to pregnancy they face knock-on effects for themselves, the community as a whole, and for future generations. Early marriage can, therefore, be a significant barrier for communities seeking to raise education levels and break the cycle of poverty.

The role of the Ministry and the chiefs therefore are:

The Chiefdoms shall engage the Ministry at district level to seek support for school places, bursaries for needy children.

⁸ National Gender Policy for 2014

Chiefs shall advocate for operationalization of Comprehensive Sexual Reproductive Health policy for all schools in the chiefdoms through engagement with DEBS and school authorities

The Chiefdom and Parent Teachers Association shall work to gather to promote and enhance a good learning environment for learners within their chiefdoms.

The Chiefs in partnership with the school authorities will continuously monitor the children who are having challenges to stay in school and devise interventions to encourage them stay in school.

Through this strategy the school authorities and Traditional leaders will jointly identify Public Private Partnerships to strengthen local resource mobilization for vulnerable children.

3.1.3. Ministry of Health

The Ministry of Health implements health reforms aimed at improving health service delivery using the decentralization Policy which suggest devolution of PHC to district level.⁹ In Zambia, the primary health care services are provided through health outreach posts, health posts, and health centers through Neighborhood health committees. This strategy shall strengthen coordination of community health structures and those of the traditional leadership. District Health Department is responsible for general health management of the district including implementation of health policies and strategies in-charge of all community disease prevention – both communicable and non-communicable. Procedures for curative health care systems Public Health Care is done through health community based structures, which are closely monitored and guided by Health Care Providers officers.

The TLES has provided a platform for Chiefdom GBV secretariat to work closely, in an integrated manner, with health centers through the existing community structures to enhance access to GBV and HIV related health services such as Post GBV care, HIV Testing Services, Voluntary Medical Male Circumcises, RHSR, Pre-Exposure prophylaxis, Post exposure prophylaxis and FP. The chiefdoms, District and health facilities shall have the following roles:

- ❖ Partner in providing community training for GBV case management and referrals
- ❖ Establish and strengthen referral systems to access health services
- ❖ District, shall ensure that Health center staff provide the medical services needed to survivors referred by the Chiefdom.
- ❖ Shall conduct joint integrated outreach activities to hard-to-reach communities with information on prevention of GBV/CM, Teenage and HIV prevention.
- ❖ Supply Chiefdoms with health services such as condoms and sanitary towels for girls and the general population.

3.1.4. National AIDS Council

The National HIV/AIDS/STI/TB Council (NAC) is a government agency which was established through an Act of Parliament No.10 of 2002 to coordinate the national multi-sectoral response regarding HIV/AIDS. The core functions of NAC in addition to coordination include; Monitoring and evaluating the AIDS response; Advising government on appropriate and evidence-based prevention, treatment and coordination strategies; and Facilitate the reduction of the social and economic impacts of the epidemic. Coordination of the national multi-sectoral response takes place at four levels namely: national, provincial, district and community through the Provincial, District and Community AIDS Task Forces. These structures coordinate HIV activities at the respective levels and feeds into NAC at National level into the respective Technical working groups.

⁹ Zambia National Health Strategic Plan 2017-2021

Coordinating structures are multi-sectoral in nature and draw representation from Government, civil society organizations, development partners and the private sector.

In undertaking this mandate, NAC through the National AIDS Strategic Framework (NASF) sets out the comprehensive HIV Prevention and response roadmap. The Current NASF 2017-2021 has identified the following critical enablers that are aligned to implementation of this strategy;

- Leadership commitment and good governance
- SRHR for all
- Legal rights and justice,
- Community participating and system strengthening
- Social protection for vulnerable groups and synergies

The document also highlights HIV testing and treatment, VMMC, Pre-Exposure (post exposure prophylaxis EP, HIV service provision Social Behavior Change Communication, SGBV, CSE for young people and social protection as high impact interventions essential to combating HIV.

The National HIV/AIDS/STI/TB Council is mandated to coordinate the response as prescribed by the NAC Act No. 10 of 2002. To this effect the NASF has outlined indicators to be used by all stakeholders in the prevention of HIV. This strategy has included some of this indicators that the chiefdoms can use in order to contribute to reaching the national targets in combating HIV. NAC provincial officers (Provincial and AIDS Coordinating Advisors –PACAs), and DATF shall work closely with MoCTA provincial and district officers and Chiefdom secretariats in coordinating field. NAC through DATF has introduced the NASF form to the Chiefdom GBV Secretariat to collect information on activities that are aligned to relevant indicators. This information will be submitted through the respective CATFs, DATFs, PATFs and NAC. In this way the chiefdoms shall participate and contribute meaningfully to the national prevention of HIV in the country. Their efforts will also build the pool of information on the status of interventions at community level.

3.1.5. Ministry of Youth and Sport

In Zambia, 7.2% of sexually active girls aged 15-19 had sexual partners who are 10years older than they were, this is according to the ZDHS report of 2013-2014 (COS 2014). The government recognizes that recreation facilities in the rural areas are limited, this has also contributed in the youth in indulging in risk behavior such as alcohol and drug abuse which may lead to un protected sexual behavior leading to increased unwanted teen pregnancies. This exposes the youth to contracting sexually transmitted diseases HIV inclusive. Limited access to information on sexual reproductive health and rights has also impacted negatively on the youths. Thus Government through this strategy has recognized the key role the chiefs can play in saving the lives of their young subjects.

The chiefdoms shall be encouraged to come up with youth programs for both in and out which shall empower youth with self-esteem and survival skills to instill self-confidence. Human and child rights discussions shall be part of the process.

The Chiefdom shall advocate with health facilities to re-introduce Youth Health Friendly services in health facilities where youths can access information and services such as condoms.

Chiefdoms shall lobby for youth empowerment funds for small business opportunities for youths.

3.1.6. Ministry Community development and Social Welfare

Economic dependence due to limited or lack of gainful income have left women and children vulnerable in society. The economic dependence fuels GBV at household level. This strategy recognises the key role that the Chiefs play in reducing women' economic dependence on men.

- Firstly the strategy encourages the chiefdoms to recognise women in land allocation as stipulated in the land policies in the country. As such the chiefdom secretariat will advocate to chiefs to allocate land to women (where needed) for agricultural activities.
- District community development office will work with the district council offices to regularize land ownership by women.
- The chiefdom shall work closely with the Ministry lobby for increased women empowerment fund in the chiefdom
- chiefdom shall advocate for increased beneficiaries on Social Cash Transfer Scheme and as well as women benefiting from women economic empowerment funds in the chiefdoms.
- The chiefdom will advocate for increased number of women beneficiaries for agricultural input from the government such as tractors
- Chiefdom shall encourage women in villages to be part of the women associations to for women empowerment programs

3.1.7. Ministry of Home Affairs

The Government through the Ministry of Home Affairs will work to specifically enforce the law, protect citizens as well as raise awareness on the provision of the law regarding GBV and Child Marriages. Respective specific department in the Ministry of Home Affairs will be key to support the operationalization of this strategy. For instance, the Zambia Police Service and Drug Enforcement Commission. The following are the ways the MOHA will work with the respective services;

- The Chiefdom shall work closely with the drug enforcement commission to support the chiefdoms with general sensitization on dangers and laws on alcohol and substance abuse.
- The Chiefdom shall work together with the Police service to provide guidance on laws related to child abuse, Gender based violence, sexual offences, property grabbing just to mention a few.
- Chiefdoms shall work with Community Crime Prevention Unit in the community to report cases of GBV and also apprehend and refer the survivors to police

3.1.8. Ministry of Justice

Access to justice is not an easy task especially for rural and marginalized people. Thus most people from rural communities prefer to sort out problems among themselves without seeking legal justice due to a number of impediments for example long distance to courts, legal technicalities and lack of knowledge among others. Government recognizes that at chiefdom level, justice is attained through local justice systems. For instance, the available courts in the rural communities are traditional and local courts which are presided over by traditional leaders and local courts magistrates respectively. These adjudicators may have limited or no training on legal issues. Therefore, the MOJ shall work with traditional leaders to build capacity and empower the chiefs and their subjects as well as CSO in legal matters that affect them. Through this strategy the Chiefs will;

- Lobby the ministry to train community members and indunas as para legal and these will offer paralegal services.
- Be able to report on numbers sent to court and the outcome of the cases. This may help determine the status of the cases reported at the police.
- Monitor cases referred to court and how many convictions are secured in a year.
- The Chiefs shall network with various stakeholders who train paralegal to support with case identification and referral.
- Chiefs to lobby the Ministry to provide basic legal information and education to safeguard the people's interests.
- Chiefs to lobby the ministry for the Harmonization of Laws

3.1.9. Ministry of National Guidance and Religious Affairs

Government will also work through the Ministry of National Guidance and Religious Affairs to provide support and moral guidance to issues of GBV, Child Marriage, Teenage Pregnancies and HIV. Through community based and national level structures, the strategy will seek to have religious insight and participation in the activities laid out in this strategy. Within the Chiefdom, traditional leaders will be supported by religious structures in form of moral support and technical support.

3.1.10. Ministry of Gender

ZDHS¹⁰ notes that 43% of women age 15-49 have experienced physical violence at least once since age 15, and 37 percent experienced physical violence within the 12 months prior to the survey. Overall, 47 percent of ever-married women age 15-49 report ever having experienced physical, sexual, and/or emotional violence from their current or most recent husband or partner, and 31 percent report having experienced such violence in the past 12 months. Among ever-married women who had experienced spousal physical violence in the past 12 months, 43 percent reported experiencing physical injuries. Ten percent of women reported experiencing violence during pregnancy and sadly only 9% of Zambian women who have experienced violence have never sought help and never told anyone about the violence.

Furthermore, National Gender policy (2014) notes that some customary and traditional practices impede the full participation of women in education, labor and employment, agriculture, access to land and credit, decision making in sexual reproductive health and governance are prevalent.

Traditional leaders are key in changing the status of women in the country through changing social norms that work against women, promoting equal participation of men and women in traditional decision making, changing norms that socialize children through initiations, and reducing power imbalance between men and women. This strategy therefore;

- Recognizes the district gender subcommittee, as important structure to provide guidance on the gender activities that would contribute to set targets at national level, the chiefs shall lobby for representation on this committee through the Chiefdom secretariats.
- The Chiefdoms shall invite the presence of Ministry of gender during the development of chiefdom strategies will provide policy guidance on gender sensitive interventions

¹⁰ ZDHS 2013-2014

- Traditional Leaders shall review their bi-laws to make them more gender sensitive. This will provide environment for gender equity and thereby achieving gender equality as ultimate goal.

3.2. National legal frameworks on GBV, CM, Teenage Pregnancies and HIV

This strategy is closely aligned to the following National legal frameworks

3.2.1. Ant-Gender Based Violence Act of 2011:

This law provides guideline on how cases of GBV should be managed and also guides on how the relevant stakeholders are to respond to GBV cases in the communities. The Act also provides definitions of terms used in the area of GBV. These definitions shall be used in simplified manner. Chiefdom secretariats shall adhere to provisions stipulated in this Act. The Secretariat in conjunction with organizations dealing in legal issues, shall provide summarized copies of the Act translated in local language to secretariats.

3.2.2. National Gender Policy¹¹:

This document gives broad direction on the need for gender mainstreaming in both government and private sector. In addition, the Gender policy brings out the need for gender mainstreaming in all government sectors. The Policy also recognizes the need to curb traditional and cultural norms and practices which inhibits the advancement of women, men, and children and also the need to create a platform for women's participation in decision making. The policy has identify lack of capacity in gender mainstreaming in HIV proگرامing leading to inadequacy in tackling issues of transforming gender norms that determine sexual relations between men and women including intergenerational sexual relationship.

- The TLES recognizes and respects unique traditional values and these shall be respect. However, the strategy provides a platform for change champions and traditional leaders to rethink on changing social and gender norms that may hinder progress through power imbalance.
- The strategy shall provide a link between the change champions and District gender subcommittees for reporting and sharing of informing. This shall be achieved through inclusion of Palace committee member in the District gender sub-committee.
- The DGSC shall report the activities of the chiefdom GBV secretariat to District Development Coordination committee.
- Though the DGSC the Chiefdom GBV secretariat shall advocate for the developmental issues that affect and prevent community members from access services such as community medical services for GBV survivors.

3.2.3. Child Protection Policies:

In terms of child protection, Zambia ranked 22 out of 52 in the index ranking of child protection in the African Report on Child Wellbeing, developed by the African Child Policy Forum. This is a clear indication that additional steps need to be taken to adequately protect children. With increasing poverty and the significant negative effects of HIV and AIDS, children are becoming progressively more vulnerable. In 2011 the government enacted Education Act which provides for the rights to education for all children at different levels. The law also provides the right to free primary education for school going children.

¹¹ National Gender Policy 2014

On 22 April 2016, the Government of ¹²Zambia adopted a national strategy to end child marriage, joining a growing list of countries thinking long-term about how to address a practice that disempowers millions of girls and women each year. Zambia has one of the highest child marriage rates in the world, 42% of girls in Zambia are said to be married before the age of 18, a rate that has not evolved since 2002. The National strategy on ending child marriage, sets an intermediate goal of reducing child marriage rates by 40% by 2021 with a view to build “a Zambia free from child marriage by 2030”. Therefore, there is need to actively involve the Traditional leaders in the fight of child abuse of all forms. Child marriage has brought a lot of untold miseries in the lives of children and their later lives. Permanent health complications and effects of poverty are part of the women’s entire lives. Creating an enabling environment for education and SRH, the children would thrive and become productive citizens.

- The chiefs shall mobilize local resources to support the school going children,
- In conjunction with other partners, the chiefdom shall support community sensitization, adopt the use of GLOW and ELITE camps for adolescent in and out of school as a way of building self-esteem and learn survival skills to help them remain in school as well as avoid risky behaviours.
- The chiefdoms shall develop child protection policy according to their traditional bi-laws but shall be aligned to statutory laws
- The Chiefdoms shall strengthen implementation of child protection in the chiefdoms by making sure that all organization working with chiefs have child protection policy and that all sign the chiefdom policy with the chiefs.
- Through relevant CSO the chiefdoms shall sensitize communities on issues of child protection

3.2.4. Education Act No 23 of 2011

In 2011 the government enacted Education Act which provides for the rights to education for all children at different levels. The law also provides the right to free primary education for school going children. The Education Act of 2011 is a legal framework which is in place to regulate the provision of accessible, equitable and qualitative **education**; It provide for the establishment, regulation, organisation, governance, management and funding of **educational** institutions (Education Act No 23 of 2011). Through the Education Act, measures have been put in place to protect the learner from socially propelled marriages.

Through this strategy the;

- Ministry of education through the district education offices shall support the chiefdom in explaining the policy to all community members during public meetings
- The chiefdom shall engage school authorities to report child marriage cases but also that this act is understood by the parents in their chiefdoms in order to protect the learners.

3.2.5. Re-entry Policy

The Re-entry Policy through the Ministry of Education provides opportunity for girl child to remain in school even after one becomes pregnant and a mother at tender age. This policy is aimed at improving the educational levels among the female folk which falls far below that of men.

¹² National Strategy to end child marriage 2016.

The role of Traditional leaders and teachers among others include;

- Assisting the chiefdoms to disseminate the information on the policy in the chiefdom
- Identify children who dropped out of school due to pregnancy and are nursing baby and encourage them to get back to school
- Lobby for school support both from private and government bursaries to support the children who might not have resources to go back to school

3.2.6. National Strategy on ending Child Marriage

On 22 April 2016 - On 8 April, the Government of Zambia adopted a National Strategy to End Child Marriage, joining a growing list of countries thinking long-term about how to address a practice that disempowers millions of girls and women each year. Zambia has one of the highest child marriage rates in the world. 42% of girls in Zambia are said to be married before the age of 18, a rate that has not evolved since 2002. The strategy sets an intermediate goal of reducing child marriage rates by 40% by 2021 with a view to build “a Zambia free from child marriage by 2030”.

Therefore, there is need to actively involve the Traditional leaders in the fight of all forms of abuse. Child marriage has brought a lot of miseries it the lives of children and their later lives as have carried on in their later lives as they live with permanent effect of poverty, health complications. Creating enabling environment for education, the children would thrive and become productive citizens. As such through this strategy, government will help the chiefs to mobilize local resources to support the school going children through linkages with private partnership. These efforts and activities will respond to the initiatives generated from the National strategy on Ending Child Marriage.

3.2.7. Vision 2030¹³

In line with Vision 2030 and Zambia’s 7th National Development Plan declares “leaving no one behind” in the development endeavors. Annex 1: sector visions and targets/goal section (iii) which reads “Creating and enabling Environment for sustainable social economic development” has a subsection of Gender sector (p41), whose vision is Gender equity and equality in the socio-economic development process by 2030. In order to operationalize this Vision 2030 advocates that government and private sectors sector should:

- v. Implement measures that combat the adverse effects of HIV/AIDS, particularly on women and children;*
- vi. Prevent and combat the existing Gender Based Violence scourge, particularly against women and girl children;*
- vii. Economically empower women through acquisition and ownership of titled land;*
- viii. Enact and enforce a law that will facilitate the allocation of at least 30 percent of available land to women as an affirmative action by the year 2030*

Therefore, efforts outlined in this strategy are a big share in realizing Vison 2030. Working with traditional leaders and by reducing power imbalance among the men, women, girls and boys is key in recognizing the important role and value of each individual in the household, community and national development process. Subsequently there will be equal access and ownership and access to resources. This strategy provides space for the traditional leaders to create and enabling environment for gender equity which will lead to gender equality in the chiefdoms and consequently improved development that benefit all.

¹³ Vision 2030 ANNEX 1: SECTOR VISIONS AND TARGETS/GOAL (p41)

By revising the bi-laws to make them gender sensitive, by recognizing gender norms that have made the women to be second class citizens in the country, by recognizing the important role the women play in agriculture sect, the chiefs shall contribute towards achieving gender equality in the country. This strategy shall help the Traditional leaders to have introspection on the position of women and girls in the chiefdoms and be encouraged to take action and support the change realized.

CHAPTER 4: THEORETICAL BASIS AND OUTCOMES

GBV in Zambia has been more pronounced among adult women but recently, a new trend has emerged in which children, particularly the girl-child, have become victims¹⁴ in addition to men and boys. Many of the GBV cases go unreported due to stigmatization, culture barriers, discrimination & socio-economic status of the victim. Unequal power relation (power imbalance) and the related negative social norms are the root cause of GBV and gender inequality. There are many factors that exist within communities that contribute to GBV and gender inequality. Poverty, alcohol or substance abuse, socio-economic status etc., coupled with power imbalance all increase the risk of GBV and do not in themselves independently drive GBV. Local cultural and social norms shape gender roles and unequal distribution of power between women and men where men have economic and decision-making powers in the household. These gender inequalities affect women’s ability to contribute to national development.

4.1. The Theory of Change

The theory of change for this strategy is premised on the Gender Transformation model. Using this model, the TLES will focus on promoting gender equality—the shared control of resources and decision-making—and women’s empowerment to be central in addressing GBV, CM, Teenage pregnancies and HIV. It will focus on working closely with and strengthening a range of local systems, traditional structures, government and private institutions, to accelerate progress towards the goal of providing direction on the engagement of traditional leaders to address and respond to GBV, CM, Teenage pregnancies and HIV at local levels with local resources. In order to achieve meaningful gains, this strategy will seek to address GBV, CM, Teenage Pregnancies and HIV within the related socio-cultural context using the locally available resources. A holistic and multi-sectoral approach will be used as the premise of the theory of change to address the underlying cause of GBV, CM, Teenage Pregnancies, HIV and other related social norms that influence the behavior and attitudes of people in communities.

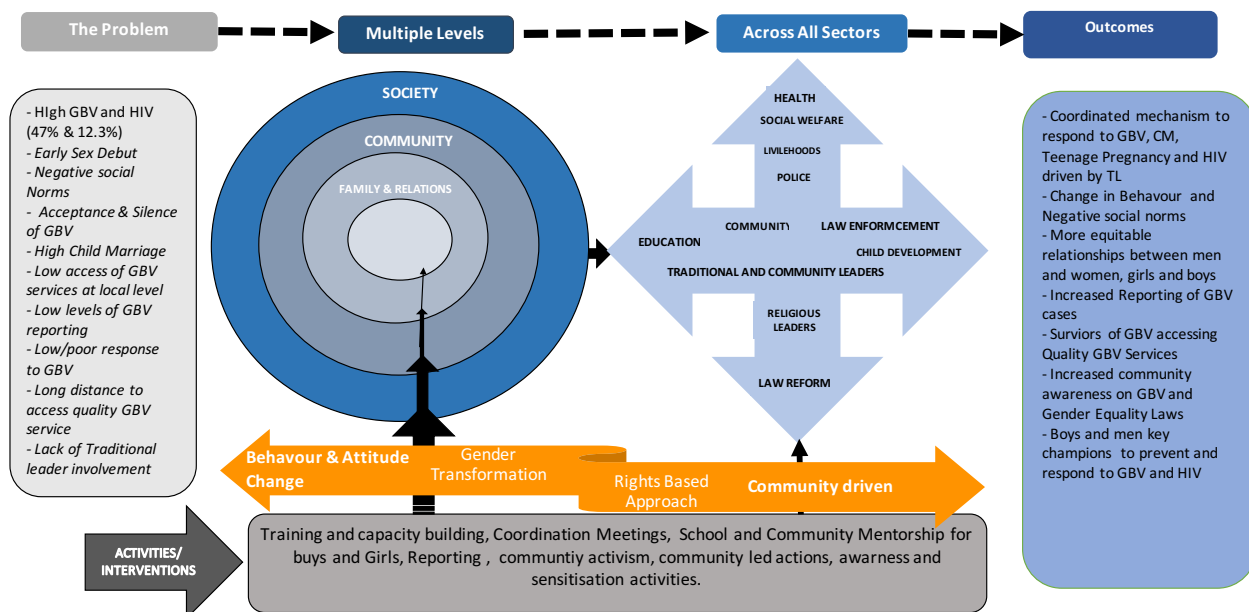


Figure 3: Theory of Change

14 Ward and Gwaba (2005)

This will be done by coordinating activities across the community through traditional structure targeting the whole entire community targeting to transform behaviors and attitudes. All actors in the community — women, men, cultural and religious leaders, local officials, police, health-care providers (ecological model)— will be engaged in a change process that seeks to foster critical reflection on gender inequality and power relations between men and women, thereby instigating behavior change and activism against GBV.

Information and awareness activities will be conducted across the community, targeting the individual, family, community and society levels. While various stakeholders providing different interventions to the communities will optimize local resources and focus on uplifting the rights of the people. Thus the **rights-based approach** will be the pistons of this strategy. The rights based approach seeks to empower women, girls, men and boys and the whole community in the broader framework of human rights to create a legitimate channel for discussing gender equality, GBV and HIV issues. It holds the community accountable for treating women and other vulnerable groups as valuable and equal human beings. It challenges community members to examine and assess their value system and empower them to make meaningful and sustainable change. Gender and social health analysis of the prevailing environment will be key in establishing context specific strategies to address the issues.

4.2. Linkages of Interventions with other Government Programmes

In promoting transformative change using this strategy, linkages will be established for all activities implemented through this strategy to feed into the larger government monitoring frameworks aimed at addressing GBV, CM, teenage pregnancies and HIV as summarized in the table below. The following linkages will be of particular focus in implementing this strategy

Table 2: Linkage between the government and Chiefdom secretariat

Government sector	Focus Issue for Intervention	Desired outcome	Social norm being challenged	Key indicators
Health	<p>ZDHS 2014:</p> <ul style="list-style-type: none"> □ HIV prevalence among the youth age 15-24 is 7 percent (8 percent among young women and 5 percent among young men). □ HIV prevalence increases with age, from 4 percent among youth age 15-17 to 12 percent among youth age 23-24. □ 29% of adolescent women age 15-19 are already mothers or pregnant with their first child □ Only 40% of young women and 49% of young men age 15-24 who had sexual intercourse are using condom □ In 2016 around 46,000 people became newly infected with HIV in Zambia¹ □ Barriers of accessing health services among the adolescent include distance and transport problem (65.2%) □ Youth friendly services corners not available in all most health facilities 	<ul style="list-style-type: none"> □ Increased Sexual reproductive health outreach activities in schools and communities □ Family planning services for children in marriage □ Voluntary Male Medical Circumcision □ Increased HIV testing services □ Strong and clear referral systems 	<ul style="list-style-type: none"> □ Male dominance decision making in Sexual reproductive health Matters in a relationship 	<p>% of men and women aged between 15-19 and 20-24 reporting the use of condom with their sexual partners at last sex (condom indicator)</p> <p># of sexually active males (15-49) medically circumcised to measure referrals for VMMC</p> <p>#of people reached with by HIV prevention messages at least twice a year.</p> <p># Adolescent boys and girls who have comprehensive knowledge of HIV (BSCC)</p>

<p>Gender</p>	<ul style="list-style-type: none"> <input type="checkbox"/> ZDHS: 43% of women age 15-49 have experienced physical <input type="checkbox"/> Violence <input type="checkbox"/> 47% married women age 15-49 experienced physical, sexual, and/or emotional violence from their <input type="checkbox"/> Partner <input type="checkbox"/> 10% of women experience violence during pregnancy. <input type="checkbox"/> 9% of women who have experienced violence seek help 	<ul style="list-style-type: none"> <input type="checkbox"/> increased change champions with revised by-laws that are gender sensitive and inclusive <input type="checkbox"/> Shared power relationship among intimate partners in communities. 	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptance of partner GBV violence <input type="checkbox"/> Submissive position of women in traditional circles 	<p>%Proportion of women who have experienced physical or sexual violence from intimate partner</p>
----------------------	--	--	---	--

<p>Education</p>	<ul style="list-style-type: none"> ☐ High numbers of School drop outs around the age of 13 (grade 7) for girls² ☐ Literacy levels among adolescent males of 15-19 is 82.3% compared to 78.8 females of the same age band³ ☐ Long distances to schools in rural areas ☐ Limited secondary schools in rural areas. Girls who complete secondary school initiate sex later (20yrs) than those with little education(16.6yrs)⁴ ☐ Limited school support among the poor communities ☐ Limited Sexual reproductive schools ☐ Health information in schools and general communities 	<ul style="list-style-type: none"> ☐ Increased Local resources mobilization for school spaces/boarding facilities for girls ☐ Increased numbers of girls returning to schools after child birth, Reduced Teen pregnancies in the chiefdom ☐ Increased uptake of HIV Testing services in adolescent ☐ Increased linkages of school dropouts for school support, and economic empowerment 	<p>Sex preference for school education</p> <p>Taboos of discussing sexuality issues at family level</p>	
-------------------------	--	---	---	--

Community Development	<ul style="list-style-type: none"> <input type="checkbox"/> Limited women empower program in rural areas <input type="checkbox"/> Limited participation of women in <input type="checkbox"/> decision making <input type="checkbox"/> economic dependence of women on men 	<ul style="list-style-type: none"> <input type="checkbox"/> Increased girls and women who access economic empowerment <input type="checkbox"/> Increased numbers of vulnerable children and families benefiting from Social Cash Transfer scheme <input type="checkbox"/> Gender Sensitive by-laws 	<ul style="list-style-type: none"> <input type="checkbox"/> Women Position is in the kitchen, <input type="checkbox"/> Women cannot own land or assets <input type="checkbox"/> Rigid gender division of labor <input type="checkbox"/> Acceptance of male domination of women 	<ul style="list-style-type: none"> <input type="checkbox"/> # of vulnerable people accessing social protection series such as social cash transfer
Youth and Sport	<ul style="list-style-type: none"> <input type="checkbox"/> Limited recreational facilities <input type="checkbox"/> Limited Youth empowerment schemes <input type="checkbox"/> Limited health and empowerment facilities for Youth living with disabilities 	<ul style="list-style-type: none"> <input type="checkbox"/> Linkages to companies for out of school activities and various sports as part of PPP strategy <input type="checkbox"/> Increased access to Youth Friendly Corners <input type="checkbox"/> Increased youth empowerment activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptance of teen pregnancy <input type="checkbox"/> Acceptance of child marriage 	

<p>Ministry of Chiefs and Traditional Affairs</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Limited targeted programs on changing negative Social Norms <input type="checkbox"/> Traditional by-laws are not gender sensitive <input type="checkbox"/> Limited Technical support to traditional leaders for changing gender norms 	<ul style="list-style-type: none"> <input type="checkbox"/> Traditional leaders are able to identify and deal with negative social norms in their chiefdoms <input type="checkbox"/> Traditional leaders revise by-laws to include gender sensitive and inclusive laws. <input type="checkbox"/> Traditional leaders are able to engage with their subjects on issues of GBV, child marriage and HIV <input type="checkbox"/> MoCTA integrate technical support for the chiefdom in the annual budget. 	<ul style="list-style-type: none"> <input type="checkbox"/> Male dominance in decision making 	
<p>Home Affairs (Police and drug enforcement commission)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Chiefdoms have limited information on laws and human right issues <input type="checkbox"/> Poor enforcement of laws governing alcohol and drug abuse. <input type="checkbox"/> Limited transport to facilitate police services. 	<ul style="list-style-type: none"> <input type="checkbox"/> By-laws are aligned to statutory laws related to child protection and GBV <input type="checkbox"/> VSU staff provide guidance on law enforcement areas. 	<ul style="list-style-type: none"> <input type="checkbox"/> Child marriage <input type="checkbox"/> GBV against women and children 	

Ministry of Justice	<ul style="list-style-type: none"> ☐ Limited information on laws protecting citizens against GBV and CM. ☐ Lacuna in the law regarding the customary law and statutory law regarding GBV and CM. ☐ Police to provide guidance on policed areas in their jurisdiction. 	<ul style="list-style-type: none"> ☐ Communities understand the statutory laws that govern the land management. 	Preference to deal with civil matters at community level.	
----------------------------	--	--	---	--

4.3. Monitoring and Evaluation

Measuring change in the community can be very difficult if certain measures are not in place. Noticing change in the community takes long. In most cases, lack of baseline and other reserve in the community make measurement of improvement very difficult. For this reason, through MOCTA, the TLES will be monitored using community based monitoring tools and evaluation systems for the chiefdoms to monitor their own change and find solutions. Data which will be collected will be tracked and desegregated by age, sex and marital status. While disability issues will be mainstreamed.

The following monitoring activities will be undertaken in order to measure social norm change;

1. **Community Baseline analysis:** The chiefdoms will carry out their own community simple baseline and use this a benchmark against which progress will be measured. This shall be conducted by the headmen and depending on what is prevailing in the chiefdom e.g.: number of schools and distances; number of girls who have dropped out of school due to pregnancies; headmen with birth registers; number of out of school boys and girls; number of women and men who confess having being abused by her spouse for whatever reason; number of vulnerable people on social cash transfer and so on. MOCTA at district level shall build capacity on data clerks in the chiefdoms to help with documentation.
2. **Rapid Assessment Survey:** A Rapid Assessment survey will be undertaken in each of the chiefdoms targeting community members to know the level of knowledge, attitudes, skills and behaviors about GBV, Child Marriages and HIV. The surveys will be conducted periodically.
3. **Outcome tracking:** This is a monitoring tool designed to help track the progress on key outcomes regarding social norm change in the community. It measures knowledge, attitude, skills and behaviors regarding GBV, Child Marriages and HIV among community members. It also tracks changes in social norms.
4. **Reporting:** Once a quarter the secretariat shall submit a report to MOCTA, MOG and NAC to monitor progress and identify areas that need support and also document good practices. Reports will also monitor the change in identified social norms of a given chiefdom.

ZCCP will provide the actual tools to be used to measure the changes and outcomes that are happening in the chiefdoms.

(Footnotes)

- 1 Zambia Population Based HIV Assessment 2016
- 2 UNICEF 2013: A report on Adolescent in Zambia
- 3 CSO 2014
- 4 Adolescent Health strategy 2017-2021







Kwatu

Knowledge for life

© Copyright

**Get in touch:
ZCCP Kwatu**

Plot 18, Matandani Close, Off Lubuto Road, Rhodes Park, Lusaka, Zambia.

Telephone: +260 211 238864

Telefax: +260 2111 238890

Website: www.zccpkwatu.org