



ZAMBIA CENTRE FOR COMMUNICATION PROGRAMMES

**Title: USAID Stop GENDER-BASED VIOLENCE
PROJECT-Annual Report FY2019**

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Sponsoring Office: USAID/Zambia

Development Objective: DO3: IR 3.2: Health Status Improved

FY 2019

Annual Report

15th November 2018 – 30th September, 2019

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Project Information

Project Name	USAID Stop Gender-Based Violence Project
Cooperative Agreement No:	72061119CA00001
Grant Period	November 15, 2018 - November 14, 2023
Lead Organization	Zambia Centre for Communication Programmes (ZCCP)
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Acronyms

AGYW	Adolescent Girls and Young Women
ABYM.	Adolescent Boys and Young Men
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
AWP	Annual Work Plan
CA	Community Activist
CBO	Community Based Organization
CD	Community Dialogue
CM	Child Marriages
CSE	Comprehensive Sexuality Education
CSO	Central Statistics Office
CSO	Civil Society Organizations
DACA	District AIDS Coordinating Advisor
DAO	District Administrative Officer
DHAC	District HIV AIDS Committee
DC	District Commissioner
DEBS	District Education Board Secretary
DDCC	District Development Coordinating Committee
DHD	District Health Director
DQA	Data Quality Assessment
DREAMS	Determined Resilient Empowered AIDS-Free Mentored and Safe
EC	Emergency Contraceptive
FBO.	Faith Based Organization
FGD	Focus Group Discussion
FPP	Focal Point Person
FY	Fiscal Year
GBV	Gender Based Violence
GEEA	Gender Equity Equality Act
GLOW.	Girls Leading Our World
HIM	Health Images of manhood
HIV	Human Immunodeficiency Virus
HTCT	HIV testing, counselling and treatment
HTS	HIV Testing Services
IR	Immediate Result
KP	Key Populations
LAB	Legal Aid Board
MER	Monitoring Evaluation and Reporting
MCDSS	Ministry of Community Development and Social Services
MoCTA	Ministry of Chiefs and Traditional Affairs
MOG	Ministry of Gender
MOGE.	Ministry of General Education
MoH	Ministry of Health

MoJ	Ministry of Justice
MoU	Memorandum of Understand
MP	Members of Parliament
MVS.	Mobile Video Shows
M&E.	Monitoring and Evaluation
NGO.	Non-Governmental Organization
OSC	One Stop Centre
PAN	Paralegal Alliance Network
PDO	Disabled People's Organization
PEPFAR	Presidential Emergency Plan for AIDS Relief
PE	Peer Educator
PEP	Post Exposure Prophylaxis
PEO	Provincial Education Officer
PLWH	People Living With HIV
PO	Programme Officer
PP	Priority Populations
PP_PREV	Priority Population Prevention
PPP	Public Private Partnership
PrEP	Pre Exposure Prothylaxis
PWD	Persons With Disability
RC	Regional Coordinator
SASA!	Start Awareness Support Action
SBC	Social Behaviour Change
SGBV	Sexual Gender Based Violence
SRHR	Sexual reproductive health rights
STIs	Sexually Transmitted Infections
TEVETA	Technical Education, Vocation and Entrepreneurship Training Authority
TWG	Technical Working Group
ToT	Trainer of Trainers
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VSL	Village Savings and Lending
VSU	Victim support unit
WGSC	Ward Gender Sub Committee
WiLDAF	Women in Law and Development in Africa
ZAPD	Zambia Agency for Persons with Disabilities
ZCCP	Zambia Centre for Communication Programmes

EXECUTIVE SUMMARY

Zambia Centre for Communications Programmes (ZCCP) is implementing the USAID Stop Gender-Based Violence (GBV) project aimed at strengthening the environment for girls and women, boys and men, and members of key populations (KP) and priority populations (PP) in Zambia, to live lives free of GBV and enjoy healthy-supportive, gender-equitable relationships.

The USAID Stop GBV project will be implemented from 15th November 2018 to 14th November 2023 and is being implemented in sixteen selected districts¹. ZCCP, as a Prime implementer of the USAID Stop GBV project, has partnered with two organizations to meet the objectives of the USAID Stop GBV project:

- **WiLDAF** is leading on interventions to promote advocacy and access to justice for GBV survivors; the training of paralegals; supporting paralegal services at One Stop Centers (OSCs) and engagement with legislators and judiciary on strengthening the GBV laws.
- **Lifeline/ChildLine Zambia** is leading on tele counselling and referrals for services for GBV survivors and KP especially those that seek anonymity.
- **ZCCP** is leading on the following;
 - (i) GBV/HIV prevention and awareness,
 - (ii) Capacity building and quality improvement of the OSCs including engaging with Ministry of Health (MoH) to manage OSCs housed in health institutions to respond to post GBV care and HIV testing services (HTS) and,
 - (iii) engagement of boys, men and key population (KP) through HIM.

Achievements for the Year

This report covers the period **15th November, 2018 to 30th September, 2019**. Below are the major achievements during the reporting period under review:

FY 2019 Performance				
Indicator	Target	Achievement	%	Yield
PP_PREV	157,937	219,959	139%	
HTS_TST	34,262	20,417	60%	
HTS_TST_POS	4,190	3,237	77%	16%

¹ Chingola, Chipata, Chongwe, Kabwe, Kalulushi, Kapiri Mposhi, Kitwe, Livingstone, Luanshya, Lusaka, Masaiti, Mongu, Mufulira, Ndola, Sesheke and Solwezi

GEND_NORMS	121,746	143,746	118%	
GEND_GBV	6,916	8,626	125%	
Sexual GBV	2,256	2,104	93%	
Physical GBV	4,660	6,522	140%	
Sexual GBV (All)	2,256	2,951	131%	
Physical GBV (All)	4,660	9,821	211%	
PEP	2,184	774	35%	

- The project was launched through a National Stakeholder Dialogue that happened on 11th April at Pamodzi Hotel. This was attended by various stakeholder (see attached list in the annexes). During the dialogue. The project was explained to the stakeholder and all took time indicate what they would be able to participate in. These suggested activities were included in the project. The stakeholders went back with a clear understanding of the project and how they would support the project.
- In addition to exceeding annual targets for most of the indicators, traditional leaders have continued to challenge acceptability of Gender-Based Violence that include child marriages and early pregnancy. For example, Senior Chief Chiwala of Masaiti District and his wife in the quest to decrease social norms that increase vulnerability of women and girls has been able to link 60 women who are survivors of GBV to gainful employment with the local mining company. The women have been identified through the Chiefdom Anti GBV Secretariat that was established during the prior STOP GBV Project. The women are now able to contribute to household resilience besides making decisions about their family income. 16 adolescent girls some as young as 13 years, have been retrieved from early marriages. The girls are back in school and some of their children are supported by their mothers who also have benefited from gainful employment at the local mines.
- As a result of increased community mobilization and referral mechanism by trained community activists as well as through toll-free Lifeline/Childline Zambia, 778 survivors of sexual gender-based violence received post exposure prophylaxis (PEP) at OSCs within the stipulated 72 hours.
- 2, 034 AGYW who attended community dialogues and conversations were linked to DREAMS centers where they not only attend safe spaces to increase their knowledge on age specific HIV prevention, but they were also able to access high HIV impact services that includes HTS. The AGYW equally accessed other layered services such as Family Planning, school support for their tuition and uniforms and also asset building skills.

- Various stakeholders have increased coordination about their roles in preventing and responding to GBV and HIV. After facilitating revival of the Chipata Anti GBV/HIV Task Force by the USAID Stop GBV Project, various stakeholders have been able to conduct joint GBV awareness campaigns and response to GBV. Immediately after the stakeholders meeting, the Task Force is using a WhatsApp group to increase surveillance on GBV where the DC and the DAO have been very instrumental. Through the WhatsApp platform, Pastor Ngoma was able to stop a child being married off early by her parents. The USAID Stop GBV Project coordinated with YWCA to take the girl in. What has happened to this girl now?

Challenges

- Late reporting of sexual violence to the OSCs has continued to be a challenge. The project will continue to increase awareness about benefits for timely reporting of all GBV cases especially SGBV and physical violence.
- For implementation of the HTS program, the project had instances of inadequate of test kits in health facilities and this contributed to low achievement of targets by Lay Counsellors.
- Insufficient stocks of condoms for distribution during community dialogues.
- Lack of introductory letters from Ministry of Health (MoH) headquarters to District Medical Offices. This led to non-recognition of community volunteers, particularly Lay Counsellors at facility level. There were instances where community volunteers' referrals were not being recognized and testing kits were not provided to them for use.
- Demand for incentives from community participants during sessions. Participants in dialogues were requesting for refreshments during the session.

Lessons Learnt

- Engaging key stakeholders at the inception of the project results in project support during implementation and sustainability beyond the project.
- Recruitment of volunteers should be done by identifying these cadres through gate keepers from actual areas where volunteers reside as opposed to running adverts.
- Partnerships with like-minded organizations help to leverage resources.

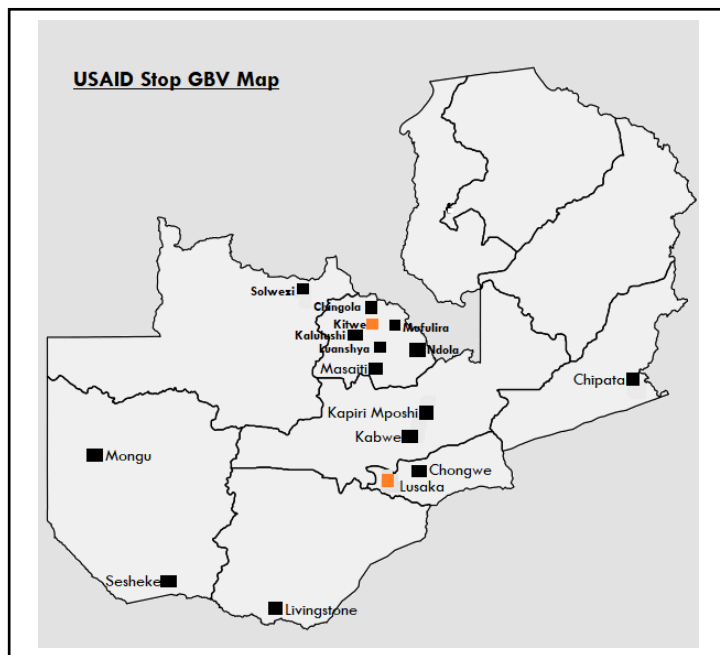
INTRODUCTION

ZCCP is implementing the USAID Stop GBV project. The project will be implemented from 15th November 2018 to 14th November, 2023 and is being implemented in sixteen districts² and seven³ provinces of Zambia. ZCCP, as a prime implementer of the USAID Stop GBV project, has partnered with two organizations to meet the objectives of the Stop GBV project:

- WiLDAF is leading on interventions to promote advocacy and access to justice for GBV survivors; the training of paralegals; supporting paralegal services at One Stop Centers (OSCs) and engagement with legislators and judiciary on strengthening the GBV laws.
- Lifeline/ChildLine Zambia is leading on tele counselling and referrals for services for GBV survivors and KP especially those that seek anonymity.
- ZCCP is leading on the following; (i) GBV/HIV prevention and awareness, (ii) capacity building and quality improvement of the OSCs including engaging with MoH to manage OSCs housed in health institutions to respond to post GBV care and HIV testing services (HTS) and, (iii) engagement of boys, men and KPs.

PROJECT SITES

The project goal is to strengthen the environment for target population (girls, women, boys and men, and members of KPs and PPs) including people with disabilities (PWD), to live lives free of GBV and enjoy healthy-supportive, gender-equitable relationships.



Below are the project objectives;

1. To prevent GBV and increase support for gender equality among women, men, children and members of key and priority populations.
2. Increase access to behavioral change through provision of HIV prevention information and services.
3. To strengthen access to and uptake of quality post-GBV services for GBV survivors.
4. To strengthen and support the implementation of laws and policies regarding GBV, gender equality, and female empowerment, and increase the congruence of customary laws with national laws.

³ Central, Copperbelt, Eastern, Lusaka, Northwestern, Southern and Western

Progress for the Year

This report covers interventions that have been implemented by trained community activists, peer educators and lay councilors with supervision and mentorship from ZCCP staff. Following approval of the work plan in June 2019 stakeholder's engagement meetings were conducted to explain project objectives and respective result areas being reported here-under. The report is covering project objectives and immediate results thereof. Details in the report is including processes and strategies the project employed to achieve the results. Statistical tables and graphs have also been included to provide and appreciate a pictorial presentation on the performance of the project. Under objective 3, a GBV survivor case management and referral mechanism has also been highlighted. In order to enhance coordination with other USG supported projects, linkages especially between the USAID Stop GBV and Zambia Community HIV Prevention Projects have been highlighted specifying the type of service referred.

In order to mitigate any challenges during the implementation of the project, a risk management and mitigation actions have been documented. Finally, the expenditure report, value for money, challenges, lessons learned and success stories have been shared.

Objective 1: To prevent GBV and increase support for gender equality among women, men, children and members of key, priority populations and PWD.

IR 1- GBV Prevention: Decreased societal acceptance of GBV, reduced perpetration, enhanced protective factors, and improved enabling environment for GBV response.

Sub IR 1.1 Educational initiatives regarding GBV, HIV and Gender Equality expanded

During the period under the project introduced its activities both at provincial and district levels in the 16-implementation district. The District Education Board Secretary (DEBS) offices were engaged with the aim of creating partnerships with Ministry of General Education (MoGE) as they are a key stakeholder to the project. The DEBS gave letters of authorization to allow the project to work in all the selected schools in each district. This helped to create a strong partnership and ensure smooth implementation of project activities in schools.

With this strong partnership with MoGE, the DEBS offices supported the project to conduct a mapping exercise for identification of schools that the project could work in. The project ensured equity in implementation by prioritizing schools that were hard to reach as most projects usually work with schools that are within close proximity to town.



In a quest to increase gender equality and demand for HTS among ABYM, a trained HIM Activist Mr. Kazembe facilitating a dialogue with boys from Palamedes Secondary School.

The collaboration with MOGE, the DEBS helped to increase awareness on gender norms, gender equality, healthy masculinity through the help of trained peer educators in the comprehensive sexual education (CSE) curriculum for the in and out of schools. A total of 76,604 adolescent girls and 33,697 adolescent boys in 417 schools were reached with awareness messages. The education was focused on building self-esteem and confidence, increasing self-awareness, and developing skills in goal setting, assertiveness, career and life planning. This aspect encouraged girls that were out of school to go back to

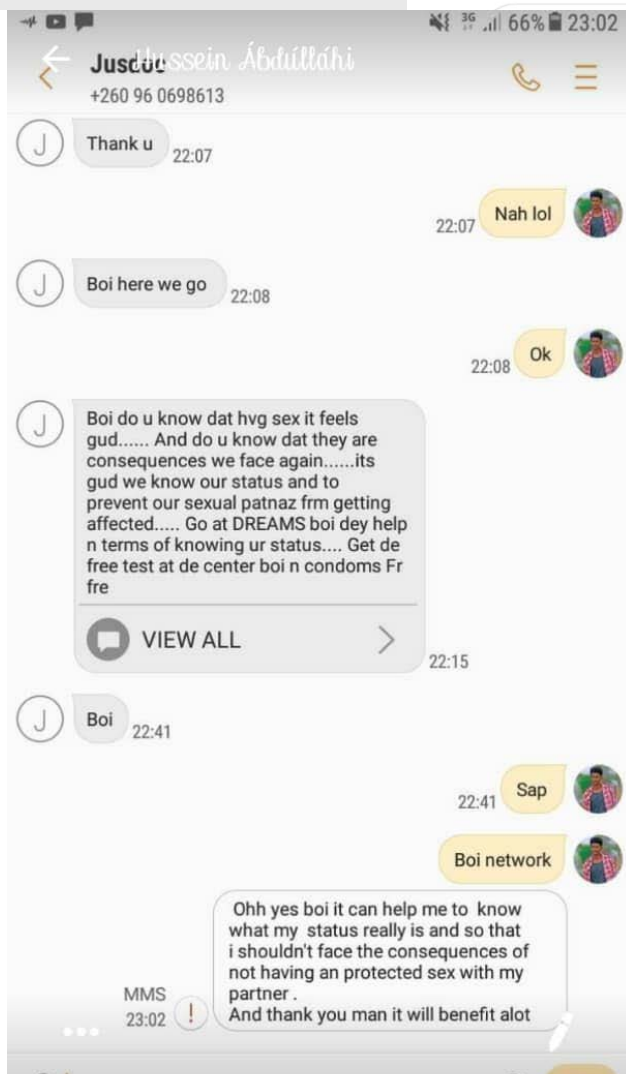
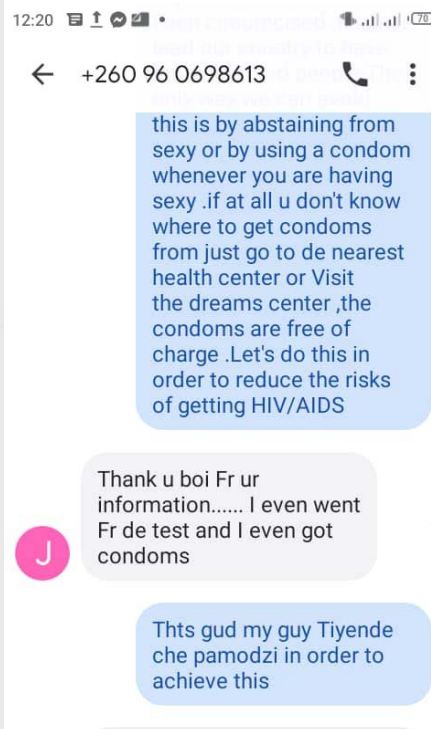
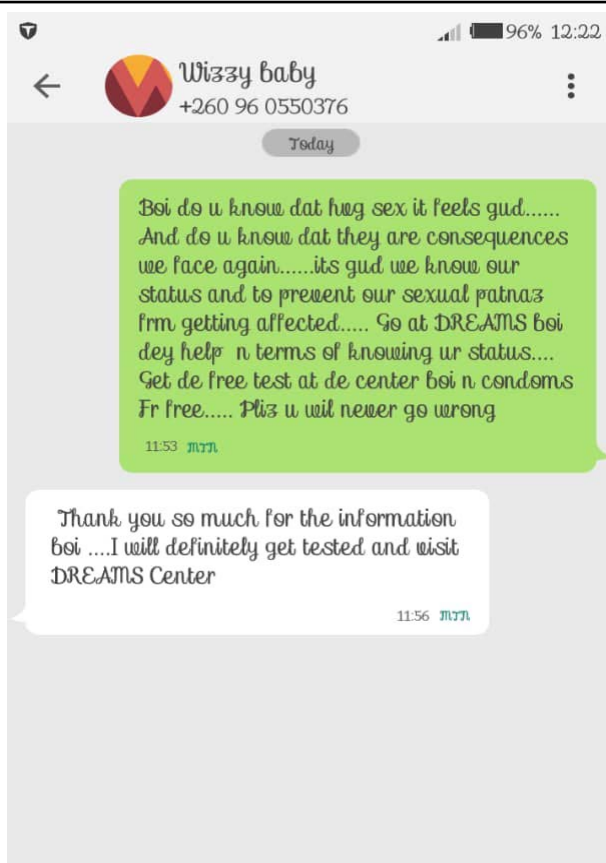
school in order to boost their work prospects and being able to informed make decisions about their health and general well-being. For example, 4 girls at Twatasha secondary school in Kitwe district had to return to school (2 were retrieved from marriage and 2 pregnant ones continued with their education).

The project also worked to strengthen the fight against early marriage at structural level where Traditional leaders have continued to challenge acceptability of Gender-Based Violence that include child marriages and early pregnancy. For example, Senior Chief Chiwala of Masaiti District and his wife in the quest to decrease social norms that increase vulnerability of women and girls has been able to link 60 women who are survivors of GBV to gainful employment with the local mining company. The women have been identified through the Chiefdom Anti GBV Secretariat that was established during the prior STOP GBV Project. The women are now able to contribute to household resilience besides making decisions about their family income. 16 adolescent girls some as young as 13 years, have been retrieved from early marriages in Chief Chiwala's Chiefdom. The girls are back in school and some of their children are supported by their mothers who also have benefited from gainful employment at the local mines. This was made possible through the Public Private Partnership (PPP) model that the project is using where the Chiefdom Secretariat work hand in hand with the private companies in the district to provide employment for the parents, and as result these parents are able to provide school support for their children. The Chiefdom Secretariat ensures that girls go back to school and are supported with school incentives including care of the newborns; by supporting them with food and formulae milk. And here is what Mary (Not real name) 16 years had to say in expressing her appreciation with the support received from the Chief. She said *"I stopped school in Grade 11, when I got pregnant and my parents took me to the boy who impregnated me to become his wife. I cried and wanted to commit suicide because of shame. My friends later reported my case to the Chief through the Anti-GBV Secretariat where my mother and I got help. I am now happy and back at school. My mother is working, supporting both my baby and I."* She hopes many girls like her can also benefit from Chief

Chiwala's programs. She is now a peer educator under the USAID Stop GBV project in Masaiti District.

While working in schools, the project has also engaged the Adolescent Boys and Young Men (ABYM) to instill the fundamental values to change norms, attitudes and behaviors that perpetuate violence. 33,697 boys aged between 10- 19 years were reached by the project using this approach. The awareness activities have continued in the community and will continue for the next six months to ensure there is attainment of behavior change. But fruits are already being recorded.

For example, Mwanza Justin 19, of Palamades Secondary School in Kapiri Mposhi said *'I now feel very happy that I know my HIV status, my partner from the same school has been attending DREAMS safe-space sessions where they are taught about HIV prevention. We have had unprotected sex before because I had little information about HIV prevention, though she would insist on us using the condoms. But now with the information I have received on prevention and HIV and teenage pregnancy through the HIM dialogues, I will be supporting my girlfriend and encouraging my friends on the need to practice safe-sex and also for every guy to know their HIV status. I am now a Change Champion at our school and I even recruited our head boy who is here with me to talk about HIV at school. We also use phones to share HIV prevention messages and referrals on where to access services.'* Below are some of the messages they are exchanging with peers to promote HTS among ABYW.



Sub IR 1.2 Increased community mobilization for GBV and HIV prevention and gender equality.

As part of the project roll-out strategy, the USAID Stop GBV Project in conjunction with Ministry of Gender organized a National Multi-Stakeholder Dialogue on Gender-Based Violence. The goal of the dialogue was to enhance coordination on prevention and response strategies towards zero tolerance of GBV and epidemic control of HIV in Zambia. Additionally, the objective was to harness stakeholder's commitment and contribution on their roles and responsibilities towards attaining the project goal and objectives. These national stakeholders paved way and made contacts to community engagements whose achievements are being shared in this report. Thirty-Seven (37) people participated from various Civil Society Organizations, Government Ministries, Church Mother Bodies, Islamic Supreme Council of Zambia, Print and Electronic Media, Traditional Leaders, Zambia Police, National Prosecution Authority and Members of Parliament. Ministry of Gender on the other hand reiterated its support to stakeholders and that they will enhance coordinated of Anti-GBV interventions in Zambia. Some outcomes, included the call to strengthen male involvement on preventing and responding to GBV hence the project role out of HIM interventions targeting boys and men.



Traditional and Religious Leaders Group with an observer from USAID

This paved way for easy entry and community mapping at District level where similar district stakeholder dialogue meetings were conducted. In Chipata District for example the USAID Stop GBV project facilitated a revival of the Chipata Anti GBV/HIV Task Force. Various stakeholders have been able to conduct joint GBV awareness campaigns and response to GBV. Immediately after the stakeholders meeting, the Task Force is using a WhatsApp group to increase surveillance on GBV where the DC and the DAO have been very instrumental. Through the WhatsApp platform, the stakeholders are disseminating various coordination information and using it to link GBV survivors to care and treatment. Pastor Ngoma was able to stop a child being married off early by her parents after being tipped by the grandmother to the girl. The USAID Stop GBV Project coordinated with YWCA to take the girl in. After 2 days of counselling, the girl is back at school and now happily lives with the grandmother.

At the outset of the project after conducting national and district stakeholder dialogues, meetings with opinion leaders in all supported districts were conducted to introduce the project. During the same meetings, community hotspot mapping was conducted to identify the priority populations⁴ and their locations of presence. Multi-strategies had been employed in mobilisation of the mentioned communities using the circles of influence which included immediate relationships, community and society. During this process, Community Activists

⁴ The identified priority populations were; AGYW, ABYM, Mobile Populations, Fishing Communities, Adult Men and Clients of Sex Workers. These were reached with different interventions.

(CA), Peer Educators (PE) and Lay counsellors were identified and trained⁵. The training curricular also focused on the 9-14 year olds and the content included topics recommended in the 3 PEPFAR modules;

- i. *Healthy and unhealthy relationships and what to do when faced with these types of relationships.*
- ii. *Healthy choices about sex in order to address sexual risk behaviours that would lead to HIV, STIs and unintended pregnancies.*
- iii. *Understanding of non-consensual sex where for 9-14 year olds the content is more on setting boundaries and how to identify sexual violence and coercion.*

As a way of continued capacity building, these community volunteers were supported by the Program Officers with mentorship. Below is a table on community volunteers recruited per district.

Volunteers Categories for the districts by sex

District	Lay counselors			Peer Educators			Community Activists (CAs)			Health Images of Manhood (HIM)	Total/District
	F	M	Total	F	M	Total	F	M	Total		
Chipata	5	4	9	9	3	12	14	8	22	3	46
Chongwe	7	4	11	6	2	8	4	2	6	3	28
Kabwe	2	1	3	6	4	10	3	3	6	3	22
Kapiri Mposhi	2	3	5	4	3	7	9	12	21	3	36
Livingstone	8	3	11	7	2	9	9	13	22	3	45
Lusaka	23	70	93	17	42	59	32	13	45	7	204
Mongu	4	3	7	3	4	7	9	13	22	3	39
Sesheke	2	1	3	3	2	5	11	8	19	3	30
Kitwe	19	13	32	21	18	39	11	8	19	6	96
Ndola	27	13	40	13	10	23	7	5	12	6	81
Mufulira	3	2	5	7	4	11	13	6	19	3	38
Kalulushi	4	1	5	3	3	6	4	3	7	3	21
Luanshya	4	5	9	13	4	17	3	2	5	4	35
Chingola	4	2	6	23	2	25	15	2	17	4	52
Solwezi	4	4	8	7	4	11	4	3	7	3	29
Masaiti	2	-	2	2	3	5	1	4	5	3	15
Totals	120	129	249	144	110	254	149	105	254	60	817

⁵ Ministry of Health Lay Counselors Training Manual, Peer Educators Manual, SASA! Curricular, HIM Manual

The Community Volunteers were engaged to implement the project in various communities and facilities of the 16 implementation districts. Volunteers conducted dialogues to different priority population groups and the general population, and also HIV Counselling and Testing services to eligible community members. A total number of 1,286 volunteers were recruited at various stages of the project during the year. Of those recruited, only 815 were active and fully participated in the implementation of the project. The volunteers were recruited but waiting orientation on data tools and did not complete their tasks by reporting period. The distribution of the 815 in terms of volunteer category was as follow; 249 Lay Counsellors, 254 Peer Educators, 254 Community Activists and 60 HIM activists. The gender distribution was 413 Females (51%) and 404 Males (49%).

The volunteers had distinct roles based on their category. Lay Counsellors conducted HIV testing to eligible individuals that needed a test. The tests were conducted both in the community and at the facility when an individual was referred. Prior to being tested, the client was subjected to a risk assessment to establish their eligibility for testing. If an individual was found positive, the Lay Counsellors ensured that the positive individual was initiated on treatment. Peer Educators focused on PP_PREV component by conducting dialogues to individuals that were consider priority population (PP)⁶ on HIV prevention related topics. Those that were reached by Peer Educators were referred for HIV testing or were tested by lay counsellors after conducting a risk assessment. The Community Activists, like the Peer Educators, conducted dialogues to different general population groups⁷ in the community on issues related to prevention of GBV and HIV.

Volunteers underwent intensive training in each of the program areas that they were supporting for purposes of ensuring that they are equipped with necessary skills and knowledge to effectively implement the project. Some trainings that volunteers attended included; SASA! HIM and Peer Education. All achievements in PP_PREV, GEND_NORMS and HTS are fully attributed to their work. In order to incentivise the volunteers in their work, a monthly stipend was being provided as well as other non-financial incentives such as bicycles and bags.

A total amount of USD \$515,432 was spent on volunteers during the year under review. Of the that mount, \$389,836 was spent on volunteer allowances whilst \$125,596 was spent on non-financial benefits.

Intense Community Dialogues⁸ were a key activity in creating awareness on GBV, Child Marriage (CM) and HIV for selected audiences such as the PWD, KP and PP were met with the minimum PEPFAR criteria. The project used the SASA! Methodology for the general population and the HIM approach in mobilization of the boys and men in the fight against GBV, child marriage and HIV.

⁶ Priority population categories; AGYW, ABYM, Adult Men, Mobile Population, Fishing Communities, Clients of Sex Workers

⁷ General population groups include; boys, girls, men, women, traditional leaders and civic leaders.

⁸ Community dialogues provide a unique platform where community members share personal stories and experiences, express perspectives, clarify viewpoints, and develop solutions to community concerns among themselves.

Gender Norms

Recognizing the need to implement special efforts AGYW, ABYM, Women and adult men, the USAID Stop GBV Project successfully implemented two innovative approaches, SASA! and Healthy Images of Manhood (HIM), to increase the number of Women/AGWY and men/boys participating to address the links between GBV and HIV. In certain instances, the project implemented these approaches in the same locations to have synergy between the two, enrolling male partners or potential partners of the AGYW SASA! participants in HIM activities.

SASA! is a ground-breaking community mobilization approach for preventing GBV especially girls and young women, and addresses causes of imbalanced power between women and men to prevent violence against women and HIV/AIDS. The *SASA! Activist Kit for Preventing Violence against Women and HIV* supports efforts to change community attitudes, norms and behaviors that result in inequality, violence and increase HIV vulnerability. The kit is organized in four stages – Start, Awareness, Support, and Action – to guide community members from thinking about HIV/AIDS and violence against women as linked but preventable, enabling community members to take preventive action. The USAID Stop GBV Project supported community activists in applying the Kit with community members within their social networks, allowed for close interaction at the community level and for evolution of messages appropriate to the local context through community conversations and community dialogues.

The project has made strides into the community on inclusion of women in leadership positioning. The entire SASA! methodology is about the balancing of power between women and men. This has been emphasized by the Change Champions. This is significant because most of the Zambia socialization is based on the fact that they are patriarchal in nature. An example is that of the Ngoni People of Eastern Province where for the first time, through the facilitation of Chief Madzimawe, were able to appoint Ms. M'kwanda Sakala as Chairperson of the Nc'wala National Organizing Committee and members of the committee.

This is no mean achievement in recognition and mainstreaming of functions to such a woman. This is a respected position and given only to very deserving people and for the first time, given to a woman. This was acknowledged, even in the speech given by Mongisutu Buthelezi, MP and traditional Prime Minister to the Zulu Monarch, former Minister of Home Affairs of the Republic of South Africa.

During the year under review a total of 7,986 community dialogues were conducted. This resulted in 61,820 Males, 81,926 Females, 39,863 girls and 28,430 boys being engaged.



Ndola District Program Officer conducting a dialogue with boys after a football match

The table below provides details on the number of people that attended dialogues in this fiscal year against target for Gender Norms. The over achievement of 118% was as a result of targeting the girls in schools and with the request by school authorities to reach as many girls with gender messages because the girls are the most vulnerable to GBV due to power imbalances between males and females in society.

Gender Norms Performance

Districts	Gender Norms				
	Target	Females	Males	Total	%
	121,851	81,926	61,820	143,746	118%
Mongu	3,814	6,493	3,808	10,301	270%
Chongwe	3,595	3,964	3,430	7,394	206%
Sesheke	1,584	2,052	1,154	3,206	202%
Kabwe	2,462	3,014	1,865	4,879	198%
Kalulushi	4,680	4,233	4,196	8,429	180%
Livingstone	5,703	5,622	4,305	9,927	174%
Kapiri Mposhi	5,033	4,613	4,048	8,661	172%
Luanshya	4,191	3,696	3,210	6,906	165%
Mufulira	4,143	2,586	2,520	5,106	123%
Chipata	5,854	4,353	2,813	7,166	122%
Chingola	6,093	4,094	2,923	7,017	115%
Masaiti	1,791	1,013	783	1,796	100%

Lusaka	47,561	26,924	20,575	47,499	100%
Ndola	10,590	4,612	2,988	7,600	72%
Kitwe	11,357	3,946	2,803	6,749	59%
Solwezi	3,400	711	399	1,110	33%

Furthermore, the One Stop Centre (OSC) services, DREAMS Centre services and Lifeline/ChildLine toll free lines (933 and 116) services were promoted. After every dialogue, referrals were made for AGYW to DREAMS for layering of services such as; family planning, HIV Counselling and Testing, asset building, condom demonstration and promotion, school support, as well as enrolment into the safe spaces.

The Health Images of Manhood (HIM) Approach

Health Images of Manhood draws on promising and best practices to engage men to actively address health as an important component of intimate and other relationships by adopting healthier and more gender-sensitive behaviors. HIM activists at the community and workplace level championed Violence Against Women and Girls and then became change agents to prevent HIV, and linked men to health services. The USAID Stop GBV Project implemented HIM through *Insaka* groups⁹. HIM took advantage of *Insaka* fora and engaged boys/men in discussions on anti- violence against women/ girls, reproductive health, HIV/AIDS and gender awareness topics using HIM discussion cards. *Insaka* meetings were led by trained HIM activists who created trusting partnerships¹⁰ through safe spaces which enabled confidentiality for dialogue. An underlying theme of each topic is the importance of constructive male involvement in gender and health and issues. Refer to Sub IR 1.1 above where a HIM dialogue and outcome therefrom that has led to ABYM making choices get HIV testing and also supporting gender equity and equality for ABYM and adult women.

Sub IR 1.3 Economic opportunities for GBV vulnerable women, men and youth increased.

Senior Chief Chiwala of Masaiti District has been able to link 60 women who are survivors of GBV to gainful employment with the local mining company. The women have been identified through the Anti GBV Chieftom Secretariat that was established during the prior STOP GBV Project. The women are now able to contribute to household resilience besides making decisions about their family income. Other vulnerable women and men who have benefitted from this initiative include 91 women bring the total to 151 women and 265 men.

The project was also able to link 2, 034 AGYW who attended community dialogues and conversations to DREAMS centers where they not only attended safe spaces to increase their knowledge on age specific HIV prevention, but they were also able to access other layered services including asset building skills. Beatrice Nakona of Kapiri Mposhi district is using her sewing skills that she acquired from the DREAMS center to generate income for her survival. She got trained in Kozo offered at the DREAMS center and she has gone ahead now to be

⁹ Platform where adult men, young men and boys meet on a regular basis in a safe space

¹⁰ Workplace and community HIM interventions

suings fabrics that the local community is able to buy from her. *“I am so happy that I acquired this skill. At first the business was slow. I was not very well known by my community as someone they can go to, to have their clothes made and mended. Now the situation is different. I am kept busy most of the time with my tailoring business that I conduct at home. I am able to use the money to support our survival at home. I do not need to depend on anyone now with this skill.”*
Says Beatrice

IR 1.4 Strengthened governmental and traditional leadership commitment to GBV prevention and response.

The project supported MOG to hold a national stakeholder dialogue where roles and responsibilities on how prevention and response to GBV and HIV would be coordinated at National and sub-national level. District coordination meetings are taking place with Chipata District having regular structured meetings. The other districts still require support.

In addition, a draft Statutory Instrument (SI) on Sexual Harassment and Grievance Procedure code has been developed with support from the project. The draft SI has highlighted rights for the employees and responsibilities for the employer when dealing with a sexual harassment case. Ministry of Gender invited technocrats¹¹ to review the sexual harassment policy in line with the new UN Resolution on Sexual Harassment in the Workplace under the Violence and Harassment Convention, 2019 (No. 190) and Recommendation (No. 206) which classifies sexual harassment as a form of GBV.

Follow up coordination meetings have been planned for the first quarter of FY20.

Sub IR 1.5 Strengthened engagement and coordination of stakeholders in national response.

In an effort to assess the progress made in strengthening the GBV response and coordination among key stakeholders, the project held stakeholder’s coordination meetings at national and district levels (See IR1.2). A national stakeholders meeting was held in Lusaka where both government and traditional leaders came up with the roles and responsibilities on how they will support the project on GBV and HIV prevention. This resulted in the coordination of GBV and HIV activities at both National and district level with some activities being implemented together with stakeholders.

Cascade stakeholders’ meetings were held across all the 16 supported districts of the project. These coordination meetings targeted members of the district gender sub-committee which are chaired by the District Administration Officer. Stakeholders included government line ministries, Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs).

These meetings are aimed at strengthening coordination at district level on gender issues. Notable outcomes of these meetings were that stakeholders were able to identify their roles in the fight against GBV in the district and how they can refer to other stakeholders for available

¹¹ Ministry of Labour, Ministry of Justice, Ministry of Home Affairs, Cabinet Office, Public Service Commission, Director for Public

services. This resulted in Stakeholders being actively involved and able to mitigate strategies in the fight against GBV and child marriage with Technical support from the project.

Sub IR 1.6 Enhanced communication to advocate for positive gender practices through various cost-effective media.

As part of enhanced communication using cost effective platforms, the project conducted 15 mobile video shows that reached out to approximately over 10,860 people. 8 drama performances were conducted in 9 districts and approximately 1,000 people were reached. Key messages on GBV and HIV prevention and response were disseminated during these performances. The Lifeline/Childline toll-free lines 116 and 933 were shared with the community. These activities were conducted mostly prior to the national events as an awareness approach. These platforms were used as preparatory events for in-depth community dialogues and conversations on GBV and HIV topics.

Notable national events that the project participated in include;

- i. *International Women’s Day* where the project exhibited its works and was visited by the President of the Republic of Zambia His Excellency Mr. Edgar Chagwa Lungu accompanied by the Minister of Gender. The president expressed delight on the works that the project is doing.
- ii. *HIV Testing, Counselling and Treatment Day (HTCT Day)*. During this event, the lay counsellors supported by the project were offering HTS services to all eligible clients.
- iii. *The Day of an African Child* was another activity that the project participated in. During this activity, some selected GLOW¹² girls were from the community were invited to for purposes of exposing them to support linkages to Sexual Reproductive Health and Human Right information.

Objective 2: Increased Access to Behavioral Change through Provision of HIV Prevention Information and Services

IR 2.1: Reduced new HIV infections among priority populations especially adolescent girls and young women, sex partners to AGYW and mobile populations.

Sub IR 2.1.1: Increased access to behavioral change through provision of HIV prevention information and services.

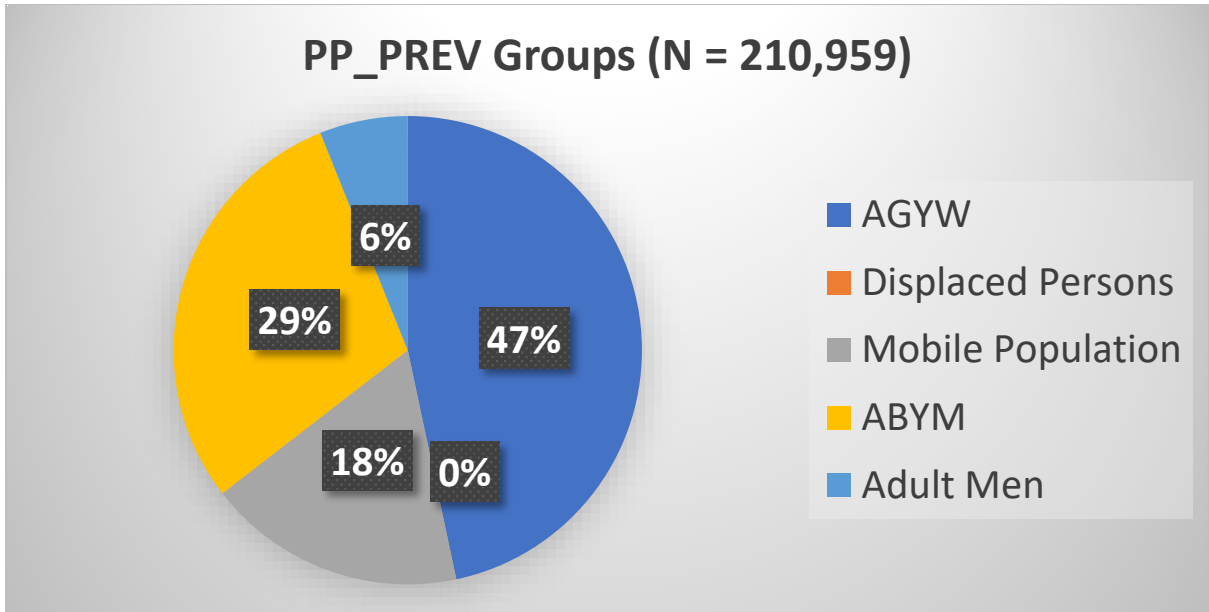
The project had a PP_PREV target of 157,937 for FY2019. During the period under review, a total of 210,959 individuals were reached accounting for a 134% achievement. Of the individuals reached, 44% (91,953) were males whilst 56%(119,006) were females. FY2019 was a mobilization year as the project was beginning its implementation. This phase saw the recruitment and training of community volunteers in evidence-based HIV prevention approaches in order to implement high impact HIV prevention activities using dialogues and conversations.

Districts	PP_Prev				
	Target	Females	Males	Total	%

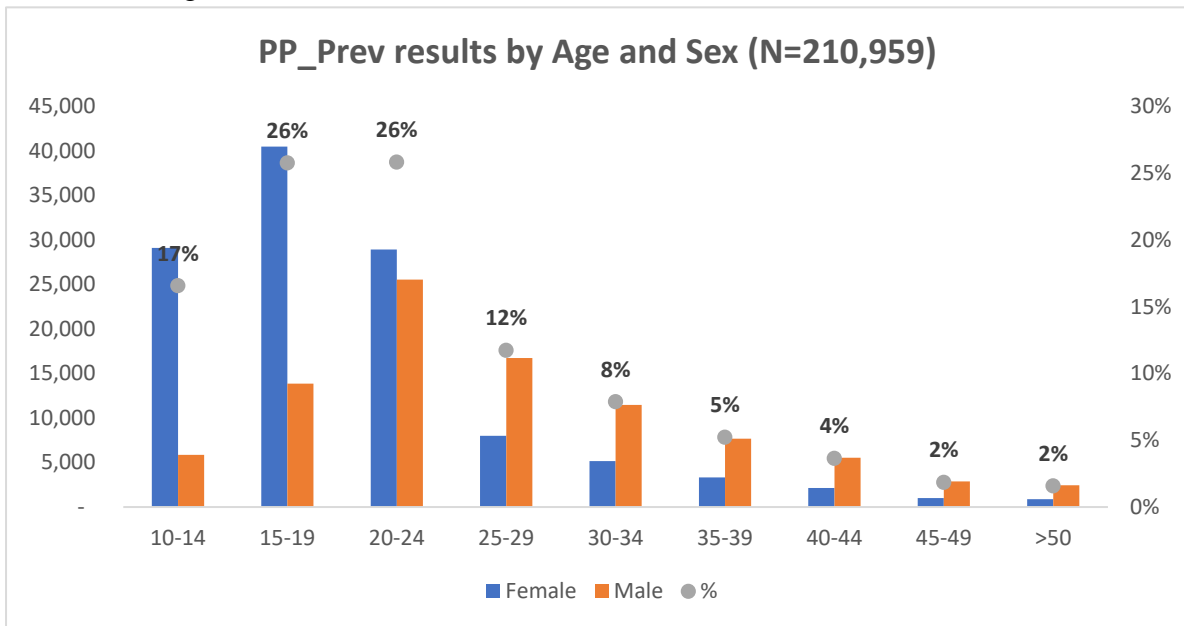
¹² Girls leading our world (GLOW) is an interactive approach that promotes gender equality and empowers young women

	157,937	119,006	91,953	210,959	134%
Kabwe	3,085	6,617	3,669	10,286	333%
Kapiri Mposhi	4,867	6,135	4,695	10,830	223%
Kalulushi	6,232	5,866	7,267	13,133	211%
Chipata	7,706	8,542	7,235	15,777	205%
Solwezi	3,048	3,090	3,149	6,239	205%
Ndola	13,421	19,194	7,657	26,851	200%
Livingstone	4,357	4,695	4,016	8,711	200%
Sesheke	1,407	1,053	1,630	2,683	191%
Masaiti	2,258	2,621	1,071	3,692	164%
Chongwe	5,162	5,154	2,424	7,578	147%
Chingola	6,524	6,413	3,001	9,414	144%
Mufulira	5,091	3,108	3,911	7,019	138%
Luanshya	4,787	2,546	3,671	6,217	130%
Mongu	4,756	3,443	2,027	5,470	115%
Kitwe	16,060	8,189	7,755	15,944	99%
Lusaka	69,176	32,340	28,775	61,115	88%

Different priority population groups such as Adolescent Girls and Young Women (AGYW), Adolescent Boys and Young Men (ABYM), Adult Men, Mobile Populations and Fishing Communities were reached with different packages of service using the peer educator's manual. The distribution of priority population groups was as follows; AGYW (47%), ABYM (29%), Mobile Population (18%) and Adult Men (6%). The over achievement of the targets was as a result of targeted support to HIV prevention outreach activities for priority populations in the 16 implementation districts.



To reach these people, a pool of Peer Educators and Community Activists employed community outreach education in identified hot spots, one-on-one education, small group community-based discussions and school presentations for in-school youth to implement evidence-based standard HIV Prevention packages as well as mobile populations and adult men. During these outreach activities, individuals reached were referred for HIV testing services. All those that have been counted under PP_PREV have received a referral for HTS after the dialogue.



Community dialogues were a key feature for implementing PP_PREV during the period under review. Beneficiaries of these interventions received information on HIV risk awareness, Condom promotion, GBV & HIV, Sexual GBV, HTS, ART and PrEP & PEP. In addition, some topics were incorporated within the SASA! methodology with power posters being used

as teaching guides to disseminate information to the participants of the community dialogues. Other people also benefited by receiving condoms that were distributed to them during the activities. Since the project is predominantly skewed towards GBV, a significant portion of gender norms was implemented using the SASA! and the Health Images for Men (HIM) approaches. A total number of 143,747 were reached through these interventions. Of those reached, 57% (81,926) were female whilst 43% (61,809) were male.

When implementing HIV prevention activities, target audiences were organized by age, sex and priority population type to facilitate in-depth discussions about relevant risk factors and referrals for appropriate high impact HIV services. All individuals reached were engaged in multiple discussion sessions designed to help them assess their personal risk for acquiring HIV, adopt risk reduction strategies and stay informed about supportive HIV services available to them.

In order to ensure that volunteers were delivering activities to standard, structured and frequent monitoring activities were conducted to ensure that the delivery of interventions was subscribing to standards and that appropriate tools were being used for data collection. To ensure high quality of HIV programming, an inhouse comprehensive DQA was conducted in most district where project is being implemented to ensure that high quality data was being reported.

Inclusive programming

In an effort to leave no one behind, a total of 1,518 people with disabilities (PWD) were reached with different GBV/HIV prevention messages using the different platforms including trainings and community dialogues. The project collaborated with the Ministry of Community Development and Social Services (MCDSS) through the Zambia Agency for Persons with Disabilities (ZAPD) to coordinate mobilization of persons with disabilities to participate in GBV and HIV prevention and activities. Outcomes from the meetings included recommendation for the project and other stakeholders to increase publication of information using medium that is compatible with the various disabilities especially hard to hear and visually impaired. The Anti-GBV Act for example should be reproduced in braille. Identify a cadre of ToTs especially in sign language to increase GBV and HIV awareness in schools for the Hard to Hear where most of 9-14 years olds are found besides those in communities. Increase coordination meetings to review progress on strengthening mobilization, dissemination and access to services. At OSCs for example there is no privacy for persons with disabilities to freely navigate and communicate types of GBV suffered. On HIV prevention the aspect of accessibility for condoms to PWD remain a challenge. A follow on meeting to develop strategies with MCDSS and ZAPD has been planned for the first quarter of FY 20.

People with Disabilities that attended Dialogues

Disability Type	Total
Visually Impaired	32
Hard to hear	35
Hard to hear and Dumb	67
Dumb	55
Physical	1,329
Total	1,518

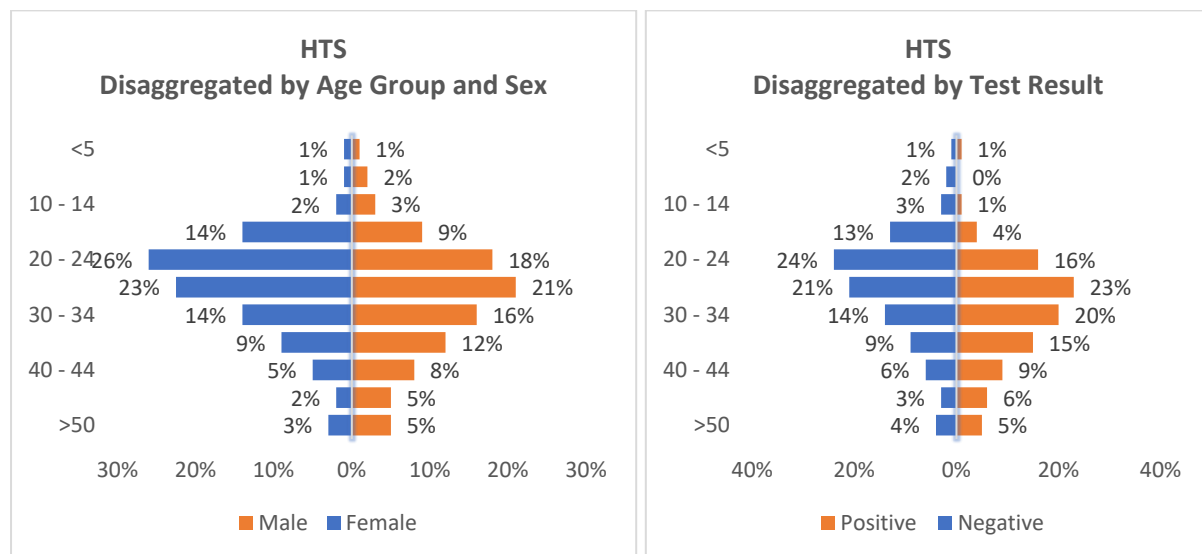
Sub IR 2.1.2. Target priority populations know their HIV status

The HIV Testing Services (HTS) indicator counts the number of individuals that have undergone HIV testing and have received their results. The target for FY19 was 34,262. A total of 20,419 (60%) were reached with HTS services and received their results. Of those reached, 55% (11,181) were females whilst the other 45% (9,239) were males. The total number of people found positive was 3,237, giving a positivity yield of 16%. Females accounted for most positives as there were 1,917(59%) whilst males were 1,320(41%).

Districts	HTS_TST_POS					
	Target	Females	Males	Total	%	Yield
	4190	1,917	1,320	3,237	77%	16%
Solwezi	80	116	52	168	210%	28%
Ndola	350	15	16	31	9%	26%
Chipata	201	170	113	283	141%	25%
Livingstone	114	84	65	149	131%	24%
Sesheke	37	21	14	35	95%	20%
Kalulushi	163	32	25	57	35%	20%
Mufulira	133	92	63	155	117%	18%
Lusaka	1,806	858	610	1,468	81%	17%
Chingola	170	148	89	237	139%	17%
Luanshya	125	116	76	192	154%	17%
Mongu	124	27	17	44	35%	13%
Masaiti	125	46	35	81	65%	11%
Kitwe	419	133	117	250	60%	8%
Kapiri Mposhi	127	41	22	63	50%	7%
Chongwe	135	9	4	13	10%	6%
Kabwe	81	9	2	11	14%	4%

All HTS services were followed up to ensure linkage to care and treatment as well as risk reduction messaging done to all. Almost all those that tested positive were linked to treatment.

The estimated linkage rate is about 95%. Some reasons advanced as to why some positives clients could not be traced for linkage was because some felt more comfortable to go to an ART site that was distant from their dwelling place.



The modality used to conduct HIV testing was mainly community mobile. Under this modality, trained lay counsellors tested individuals that had participated in community dialogues or conversations and were seeking HIV testing services. Prior to the test, a screening or risk assessment tool was administered in order to establish the eligibility of the client to be tested. Those that were not eligible were provided with risk reduction messages.

The lay counsellors supported by the project worked closely with other counsellors at the facility to ensure that the contacts of those found positive were followed up for further testing (index testing). This activity was predominantly conducted by PEPFAR supported partners that were implementing the treatment component.

A comprehensive trace and verification Data Quality Assessment (DQA)¹³ was conducted to ensure that those that tested in the community were appearing in facility registers. Also, those that were positive and were appearing in facility registers had been initiated on treatment. This was done to ensure that all those found positive are linked to treatment immediately.

During the period under review, the project faced challenges with regular supply of testing kits as there were some instances of stock outs.

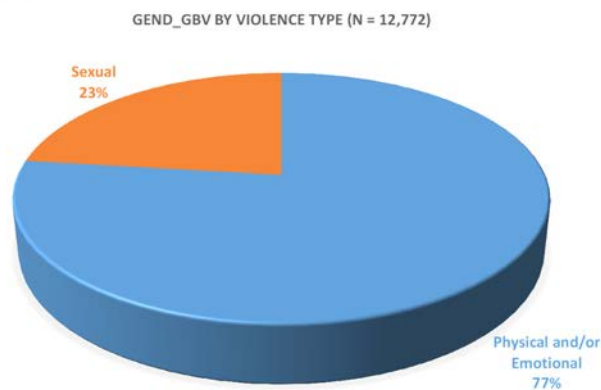
¹³ Data Quality Assessment (DQA) is the process of scientifically and statistically evaluating data in order to determine whether they meet the quality required for projects or business processes and are of the right type and quantity to be able to actually support their intended use.

Objective 3- GBV Survivor Support: Increased availability and timely uptake of quality GBV services by GBV survivors.

Sub IR 3.1 Increased availability and accessibility of quality comprehensive post-GBV services for children, adolescents, and adults through an integrated GBV/HIV approach within health facilities both at One-Stop Centers (OSCs) and within health facilities within priority districts

During the period under review, the project reached a total number of 12,772 individuals with post-gender-based violence (GBV) clinical care services based on the minimum package of interventions in both direct service delivery (DSD) and technical assistance (TA) districts. The clients serviced were those that were either survivors of sexual or physical and/or emotional violence. The proportion of those that received sexual violence services was 23% (2,951) whilst those receiving physical and/or emotional violence was 77% (9,821). Of the total number reached, 89% (11,349) were females, whilst 11% (1,424) were male.

GEND_GB

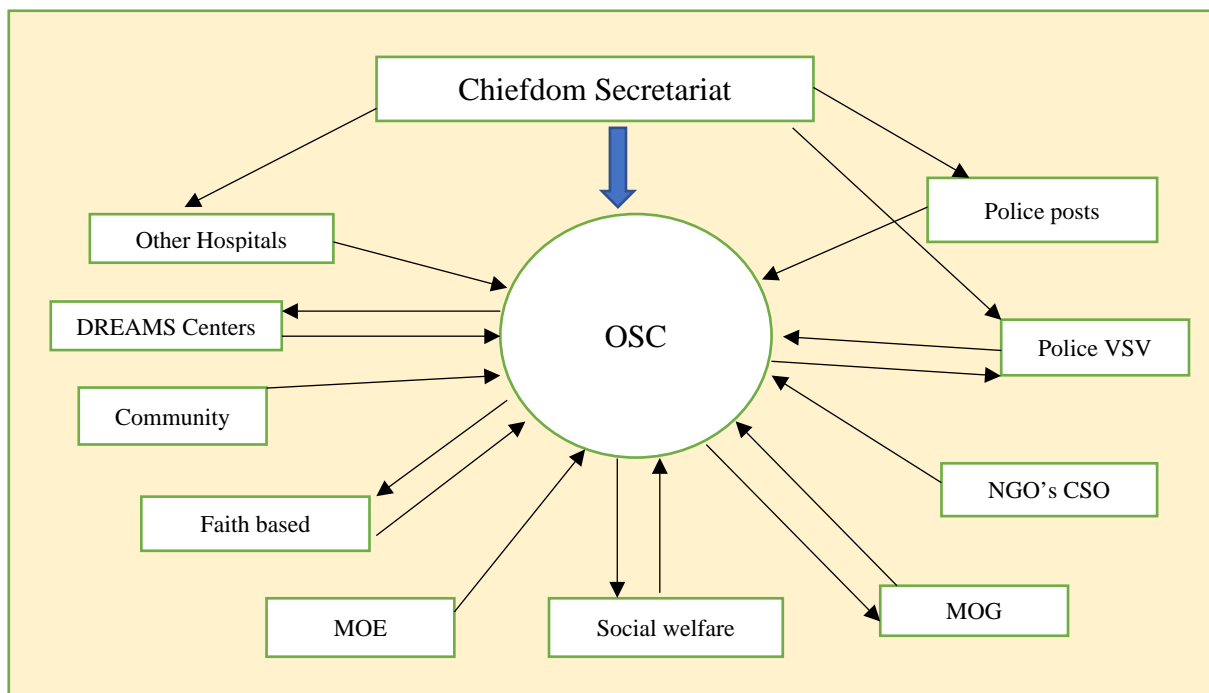


The achievement in the 16 project implementation districts for GEND_GB was 8,626 which accounted for a 125% reach against a target of 6,916. The survivors of sexual violence reached in the 16 implementation districts was 93% (2,104) of the targeted 2,256 individuals. These survivors had experienced sexual violence (i.e. penetrative sexual violence and sexual assault) and were provided with clinical care services, including HIV testing services (HTS), post exposure prophylaxis (PEP) for HIV, emergency contraceptive, STI screening and treatment, psychosocial counseling, and referral to other services for continuum of care, including economic and education support. 778 survivors of penetrative sexual violence who reported the sexual gender-based violence (SGBV) incidence within the prescribed 72 hours were provided with post exposure prophylaxis (PEP) for HIV in order to reduce the new incidence of HIV. All those that were offered PEP accepted. There was generally low uptake of PEP among sexual violence survivors. Some of the reasons for this may be attributed to; late reporting of sexual violence to the OSCs, victims may have little knowledge about the effects of late reporting to the OSC and there may be lack of knowledge by the health staff on the urgency of referring sexual violence cases to the OSC.

6,522 survivors from the 16 implementation districts experienced physical, emotional and other GBV-related violence, including physical assault, psychological and emotional abuse. These survivors were provided with psychosocial assessment and psychosocial counseling services, including child counseling, family and couple counseling, and trauma counseling. Other services provided included clinical care like wound treatment, STI screening and treatment, HIV testing services (HTS), and referral to other services for continuum of care.

There was strong support in GBV identification by the community and facility staff. Individuals that have been sensitized and/or have undergone trainings in gender norms and GBV were able to identify cases in the community through physical means such as; observing injuries, movement posture, blood stains or toned clothes, child pregnancies, and STIs among children. Behavioral and/or psychological signs such as withdrawal of a child, excessive fear, shame, guilt and disclosure were also things that were observed for further probing to establish if GBV existed.

Referral of GBV survivors



When it was established that GBV existed, community members or health facility staff reported the case by either calling the OSC or referring the case to the OSC. Some survivors that were not captured through these means came to the OSC as referrals either from the chiefdom secretariats, schools, police posts and other health centers that do not have a OSC. Lifeline assisted in making 9,634 referrals through their tele counselling component. In districts where DREAMS was implemented, 88 girls who were survivors of GBV were referred to the OSC for further management. It was observed that members of the community have become aware of GBV related issues through community and media sensitization. The trainings done to different CAs and conversation held with community members through SASA! and HIM have contributed to increased reporting of GBV cases.

Currently, there are 24 OSCs where need assessments were done in both DSD and TA¹⁴ districts that are operational and requires technical support from the project. The OSCs uses the GBV/IMIS which has been malfunctional from the time the previous project closed. OSCs also have vehicles which were donated by the previous project but a lot of them are not operational and others need maintenance. Those that currently functional are not working optimally as the government does not have sufficient funds for fuel due to erratic funding. There is generally limited financial support from DHDs and huge disconnect between DHD and OSCs due to some attitude of some of the decision makers as Head of the institution in supporting the programs specially those not trained in multidisciplinary GBV management. Some OSC not fully integrated into the Ministry of Health system and there also high turnover of staff trained in the multidisciplinary GBV case management.

Sub IR 3.2 Increased capacity of partners within the DREAMS Initiative to respond to the needs of GBV survivors.

The project is working in collaboration with DREAMS Initiative partners in DREAMS districts. The project through the HIM Approach has been able to recruit 67 partners of the AGYW that are in the DREAMS initiative (DREAMS personnel have helped recruit these partners). These men are being engaged through the HIM Insaka; the men are discussing issues of how they can prevent GBV and HIV. Furthermore, the insakas are promoting positive change in men so that they do not abuse their partners (refer to Sub IR 1.1).

The project referred 2034 AGYW for layering of services as shown below in the table;

Age Group	Total referred to DREAMS	Services referred for
10-14 Years	1143	<input type="checkbox"/> Enrolment into Safe Spaces
		<input type="checkbox"/> Asset building
		<input type="checkbox"/> School based interventions (School support)
15-19 Years	638	<input type="checkbox"/> Enrolment into Safe Spaces
		<input type="checkbox"/> Asset building
		<input type="checkbox"/> School based interventions (School support)
		<input type="checkbox"/> Condoms Provision
		<input type="checkbox"/> HTS
20-24 Years	253	<input type="checkbox"/> Enrolment into Safe Spaces
		<input type="checkbox"/> Asset building
		<input type="checkbox"/> School based interventions (School support)
		<input type="checkbox"/> Condoms Provision
		<input type="checkbox"/> HTS
		<input type="checkbox"/> Family Planning

Sub IR 3.3 Quality post-GBV services for children, adolescents and adults at OSCs with strengthened referral networks for other GBV services.

Through Lifeline/Childline Zambia, the project provided psycho-social counselling services, guidance and referral services. These services were provided to women, men, boys and girls¹⁵. The tables below show the details of the calls received as per case category.

GBV Counselling Service					
District	Boys	Girls	Men	Women	Total
Chongwe	36	86	153	206	481
Lusaka	76	125	199	398	798
Chingola	35	61	189	250	535
Kitwe	48	65	163	268	544
Luanshya	66	109	193	313	681
Ndola	46	76	154	228	504
Kabwe	58	67	197	237	559
Kapiri Mposhi	63	82	219	235	599
Chipata	72	170	213	416	871
Livingstone	54	84	231	364	733
Mongu	42	58	127	217	444
Sesheke	37	75	172	151	435
Solwezi	69	77	214	299	659
Kalulushi	81	115	248	409	853
Masaiti	35	40	112	128	315
Mufulira	65	69	206	283	623
TOTAL	883	1,359	2,990	4,402	9,634

More women and girls called the helpline concerning gender-based violence compared to the men. This data shows that gender-based violence is still highly perpetuated on females compared to men. Some of those who called were counselled and referred to services.

IR 3.4 GBV Survivor Support: Expanded availability of quality shelter services for GBV Survivors

The project supported a safe house in Luanshya with supplies and rent. The project coordinated with YWCA for other services considering the partnership of working together as sub partners under DREAMS through ZCHPP.

Plans to engage private partnerships support have been scheduled for the first quarter of FY20.

¹⁵ Girls – 0 – 19, Boys 0 – 19, Men 20+, Women 20+

Objective 4 - Laws and Policies Regarding GBV and Gender Equality: Strengthened regulation and support for the implementation of laws and policies regarding GBV and gender equality

Sub IR 4.1: Strengthened Capacity of GBV Health and Psychosocial Services Providers to Implement GBV Laws and manage GBV cases

As part of capacity building of health and psychosocial service providers on GBV laws and management of GBV cases, the USAID Stop GBV project participated in reviewing the In-service curricula for health care providers and psychosocial counsellors.

Sub IR 4.2: Strengthened Capacity of Legal and Law Enforcement Personnel to implement laws and policies related to GBV and quality

Synergies with legal Practitioners to priorities pro bono cases were created. In this respect, the project participated in the Technical Working Group on reviewing and amending the Legal Aid Act. Some key outcomes of this meeting were that;

- i. LAB (Legal Aid Board) was engaged on the zoning of paralegal services,
- ii. The meeting agreed that LAB will supervise all the Paralegals in accordance with the provisions of the Legal Aid Policy
- iii. Paralegals and WiLDAF is accredited as a CSO to the LAB, the lawyers under the LAB will be engaged to supervise the paralegals.

ZONING OF THE PORJECT PARALEGALS

NAME OF ADVOCATE	DISTRICT/ZONING
1. Kateule Chitupila	Ndola, Masaiti and Luanshya
2. Martin Makunka	Livingstone
3. Mr. Yambwa	Mongu and Sesheke
4. Anderson Ngulube	Lusaka and Chongwe
5. Edwin Mazyopa	Solwezi
6. Japhet Zulu	Kabwe and Kapiri Mposhi
7. Chrispin Siatwinda	Chipata
8. Chavula Paul	Kitwe, Kalulushi, Mufulira and Chingola

The project engaged PAN and LAB which resulted in timely identification of the paralegals that were trained through the Technical Education, Vocation and Entrepreneurship Training Authority (TEVETA) who have been recruited under the project.

The project engaged the Ministry of Gender (MoG) on the effective operationalization of the GBV Committee^s. This facilitated the review of TORs for the appointment of the committee for approval to enable the appointment of the new committee members and the operationalization of the GBV Committee. The committee will spearhead the analysis of GBV case management to ensure that survivors access justice while holding perpetrators to account.

Sub IR 4.3: Increased Congruency of Customary law with National regarding GBV and Gender Equality

The project-built capacity to 183 leaders (35 traditional leaders (15 female 20 males) and 148 Community leaders (79 females and 69 Males)) on Gender and GBV laws. This comprises 89 males and 94 females. The capacity built amongst leaders will be cascaded to more traditional and community leaders.

The project engaged the traditional leadership such as, Chief Madzimawe, Kapijimpanga, Mumena and Nkomenshya (Mukamambo) in codification of customary laws. As a result of engagement meetings, Chief Mumena has commenced the process of developing GBV by-laws. Chief Madzimawe was already engaged in the prior project and the rest are additional in the current project.

Sub IR 4.4: Strengthened laws, Policies and Implementation regarding GBV, Gender equality and Female Empowerment by National and Local Traditional structures

Sub IR 4.4.1 Conduct advocacy and lobbying meetings with line government agencies on effective operationalization of GBV Committee

Ministry of Gender (MoG) was engaged on the current state of the Anti – GBV Act with regard mandate for GBV Fund management and it came to the project’s attention that the Anti – GBV Act no1 of 2011 currently undergoing reform although the process halted due to lack of funding to support the review process. The review is being spearheaded by the Zambia Law Development Commission (ZLDC).

4.4.2 Conduct consultative meetings with line government agencies on the current state of Anti- GBV Act, Gender Equity and Equality Act and other gender related Acts

The project engaged Ministries of Gender and Justice on the operationalization of the Gender Equity and Equality Commission. The engagement resulted in the establishment of structure and functions of the Commission which requires approval from the Minister then thereafter, Cabinet.

Project Monitoring and Data Quality

During the period under review, the project developed data collections tools, provided support on data entry to district staff, conducted orientation on M&E data collection tools and database, conducted on-site mentorship and monitoring visits for program officers and community volunteers in the districts, and conducted data quality assessments.

At the beginning of the project, the M&E team revised the data collection tools to include new indicators. The revision of tools was conducted for purposes of aligning the tools to the new program guidance and the PEPFAR’s Monitoring, Evaluation and Reporting (MER) Indicator Reference Guide¹⁶ The tools were shared with all the program officers and the M&E team took advantage of every gathering for program staff to orient them on the tools and solicit feedback for further improvement of the tools. Discussions around data collection tools were conducted

¹⁶ The MER Indicator Reference Guide is PEPFAR’s guidance for program area implementation and indicator tracking

during; the initial planning meeting for FY2019, review meeting for FY2019 and planning meeting for FY2020.

Robust data quality exercises were also conducted to check program quality by ensuring that all interventions were implemented in line with the program's guide and the PEPFAR's Monitoring, Evaluation and Reporting (MER) Indicator Reference Guide. These exercises helped districts to fine tune their data approaches and reporting processes. It also made some districts undergo data cleaning exercises.

The project undertook a Data Quality Assessment exercises using the Data Trace and Verification approach. This verification approach ensures that the reported numbers in the database match with those on site. Sites that did not have numbers matching between the database and files on site were queried as to why the discrepancy existed. Action plans were developed to have any discrepancy addressed before annual reporting for FY2019. This data quality measure assisted in making sure that the project reported numbers that were of high quality at FY2019 APR.

Another data quality assessment exercise that employed the trace and verification approach was the HTS_Index testing verification exercise. The purpose of this exercise was to verify whether all the reported elicited contacts for the index clients appearing in the database were reflecting in facility index register. This exercise was conducted to ensure that the project reported accurate numbers on index at FY2019 Q3. The findings were used to correct district level data on HTS Index as well as develop a guide to be use by another district on data cleaning under this indicator.

The M&E team continued to provide regular and ad hoc M&E support to all the districts on data tools, program quality and data management till the end of the reporting period. The project M&E team also worked well in ensuring that there was coordination among project partners and that the project was being implemented in a coordinated fashion. This saw regular joint check-in meeting on weekly basis.

In the first quarter of FY2020, the M&E team plans to hold project M&E meeting FY2020 with staff of the project both programs and M&E from prime and sub partners.

Risks Management

The table below shows the project risks and mitigating actions.

SN	Risk Description	Current Mitigation Actions	Current Net Risk Rating	
			Likelihood	Impact
1	Conflict or non-agreement with sub partners would derail implementation of project activities.	All consortium partners will sign a policy on general management and conflict resolution in year two.	Possible	Moderate
2	Traditional and religious leaders and community (more especially men) resist program.	The project has engaged key stakeholders in all districts through the stakeholder meetings where commitments have been agreed on the role of each of these stakeholders in preventing HIV and GBV. This has resulted in stakeholders appreciating the project. Periodic discussions will be conducted with these groups to identify any issues of concern.	Unlikely	Low
3	Community backlash against women and girls who are empowered by the interventions and opt to resist or report violence	ZCCP and partners has experience of working at community-level on gender and GBV issues and have developed a range of successful strategies to engage with traditional and religious leaders and men. The USAID Stop GBV Project will continue to implement and develop these approaches and specific training modules to ensure a clear understanding of and support for the interventions among traditional leaders and men.	Possible	Moderate
4			Possible	High

	Fiduciary risk: ZCCP and partners have insufficient capacity and systems to manage the risk of corruption and fraud in the program.	ZCCP has undertaken due diligence of all partners, following that an action plan to address the recommendations will be developed and reviewed on regular basis. Expenditure will be carefully monitored to ensure it is being used for the defined purposes, in line with accounting procedures. Financial verifications and spot checks will be conducted regularly. ZCCP Management will ensure awareness raising to staff and partners on fraud and corruption is conducted on a quarterly basis and during technical working group meetings.		
5	Do no harm: ZCCP and partners have insufficient safeguarding protection mechanisms in place to protect program beneficiaries.	ZCCP and partners has in place a Child Protection Policies and all staff on the project sign on these forms. However, work on safeguarding of vulnerable women needs to be developed and implemented. ZCCP management will develop a safeguarding policy which will ensure vulnerable groups not covered in the Child Policy are protected and staff will be trained.	Possible	High
6	Lack of Testing Kits for HTS will result in the project not achieving the targets.	ZCCP has partnered with MoH (Medical Stores) to support test kits to be delivered to the districts. The facilities will be able to reserve the required number for the USAID stop GBV project. In addition, the project will conduct targeted testing to avoid wastage of kits.	Possible	Moderate

Value for Money

The project ensured that value for money was demonstrated in all its implementation avenues. This was done for purposes of ensuring that there was prudent utilization of funds as well as ensuring that activities yielded high impact results for less cost. Value for money was achieved by meticulously planning for activities and ensuring that there was coordination in implementation among all partners of the project. Some areas in which value for money was demonstrated was through coordination in travels. Trips among partners were jointly conducted whenever staff were travelling in the same direction. This saved costs on fuel, vehicle repairs and allowances for additional staff such as drivers.

Challenges

Below are the challenges and how they would be addressed.

Challenges	How they have been Addressed
Inadequate of Test Kits	The Lay Counsellors depended on partners to assist them with test kits. MOH DHDs were contacted and updated about the challenge. MoH promised to follow up with MSL.
Inadequate of Condoms for distribution	Through liaising with the DACA, the project was supplied with condoms towards the end of the FY
Some OSCs are not welcoming the USAID Stop GBV project without the MoH project introductory letter	The project has engaged MOH Director of Public Health to support the project with the introductory letter. A sample of the letter has been drafted on behalf of the ministry.
Demand for incentives	Community Activists, Peer Educators and Lay Counsellors signed contracts and have been receiving Stipends as per contract.

Lessons Learnt

- Lay Counselors should be recruited through health facilities as opposed to generally advertising for the positions.
- Engaging key stakeholders at project inception results in project support during implementation and sustainability beyond the project.

RECOMMENDATIONS

- Consistent monitoring and continuous community engagement to ensure quality implementation of activities and also the sustainability of behavioral change

- There is need to include refreshers courses for the already existing structures like Savings Groups and GLOW so as to strengthen and revamp to ensure sustainability of the programmes.
- There is need to continue engaging the communities and creating demand for the OSC services. It can be noted here that there is further need to sensitize communities on the importance of ensuring that all cases that are Sexual GBV in nature are reported within 72 hours to ensure 100% initiation on PEP is achieved.

SUCCESS STORIES

Chief Chiwala Declares War on Child and early Marriages in Masaiti District.



Figure 1 Chief Chiwala and Mission Director USAID hands over bicycles to Community Activist in Chiwala's Chiefdom

BACKGROUND INFORMATION

Chief Chiwala wants young people in his area to benefit from education. The Chief's solemn expression hints at the seriousness of his mission: saving girls from child marriage. He is determined to use his influence to improve the lives of adolescents in his community, by ensuring that they get an education. In his area, he has already ended over 18 child marriages and returned the children affected to school.

According to the ZAMPHIA report 2018, child marriage in Zambia is at 31%, it is with this cause that ZCCP work has focused on ensuring that this scourge of Child marriage is reduced to zero with the help of different stakeholders.

Mary's story

CHALLENGE ENCOUNTERED

Sixteen-year-old Mary (not real name) is one of the girls saved from child marriage by Chief Chiwala.

Mary was staying with her relatives in Ndola when she got pregnant. She was persuaded into marriage as a way to support the child. But her husband was not able to provide for the family.

“It was an issue of peer pressure,” Mary says. “My friends had boyfriends and I didn’t want to be left out. So, I found a man. Later, I fell pregnant and decided to get married. But the Chief convinced me to go back to school.”

ZCCP INTERVENTIONS

ZCCP engaged Chief Chiwala in so many programs in the quest to empower him with vast knowledge to fight GBV, Child Marriage and HIV in his Chiefdom.

There is evidence that the Chief’s approach is working. “There has been a tremendous improvement in this area,” he says. “In the past, we used to have 30 to 50 cases of child marriage per year. But in 2018-19, we have only recorded less than 20, of which they have even been retrieved and enrolled back into school. This is a good development, although I would ultimately like to get it to zero.”

RESULTS OF THE INTERVENTIONS

When Chief Chiwala found out, he intervened with the family. Realizing that the marriage was not a solution to poverty, the family agreed to have it annulled. Mary returned home with her child to live with her mother.

Mary is now back at the Community Day Secondary School, in grade 11. “At first I thought it was a good thing to get married,” she continues. “But when the Chief told me about the importance of education, I understood him and decided to go back to school. I’m happy that I’m back home and going to school.”

“It’s a fact that education is key to one’s success,” he says. “I am trying to bring the young people back to school. To do this, for girls in particular, I am also trying to end all child marriages under the age of 18.”



“I want to be known as a chief who changed things for the better.”

Advocating for change

ZCCP is working to bring an end to child marriage throughout the supported Districts. This includes working with religious groups to identify and annul child marriages, and with local leaders like Senior Chief Chiwala and communities to equip girls and boys with knowledge and skills to reduce the risk of child marriage.

Local decree

Senior Chief Chiwala developed a local decree for his Chiefdom. To build support for his drive to end child marriage, the Chief consulted widely with other chiefs, including village headmen under his jurisdiction, and the police. They came up with revised local rules that emphasize parents’ responsibility to send their children to school.

“After engaging the other chiefs and communities, we created a new decree,” he explains. “This includes punitive measures towards men and women who engage in immoral behavior by marrying under aged girls. In these cases, we subject them to our local court at our Chiefdom secretariat.”

“There are committees within each village who check if the rules are being abided to,” he continues. “If they see a child not going to school, they report this to their village headperson. If the headperson fails to negotiate with the parents to send their children to school, then the issue is brought to Chiefdom secretariat for a final resolution.”

For Chief Chiwala, ending child marriage is just the first step on a journey to improve his community. “My ambition is to see young people in this area dream big and explore the opportunities that education can offer,” he says. “I want to be known as a chief who changed things for the better.”

Chief Chiwala thanks ZCCP for empowering him with vast knowledge to fight GBV, Child Marriage and HIV in his Chiefdom.

TITLE: FROM GRASS TO GRACE

BACKGROUND INFORMATION

Esnart Chibuye is the only child in family. She is 16 years of age and lives with her mother and grandmother in Mulyata village in Minsundu area of Ndola. Esnart has never seen her father since he passed away when she was very young. Being raised by a single mother who could not meet all her needs due to her failing health, Esnart dropped out of school at an early age due to lack of support so she just grew up helping with house chores.

CHALLENGES ENCOUNTERED

It did not take long after Esnart reached puberty that she fell pregnant and she was advised by her parents and guardians to just get married to the same man who impregnated her. Being of a young mind, Esnart consented to getting married despite her age. She disclosed that even though she gave in to marriage, she was not happy and free about it but had no choice.



ZCCP INTERVENTIONS

During our community dialogues on ending GBV and Child Marriage, Esnart narrated with tears stained eyes to the team that she wanted to go back to school but all hope was gone because she was now a mother of twins and betrothed to someone to get married. The ZCCP team took interest in the matter and talked to the mother and grandmother about the case of Esnart Chibuye who explained with a deep sense of sorrow and regretted the situation at home compelled them to take that route.

RESULTS OF THE INTERVENTIONS

However, after being sensitized on the effects, dangers and implications of early marriages and child abuse, they rescinded their decision to marry off the girl and the mother was linked to Social welfare for economic strengthening which she has been helped and now doing a small business at the town center and being monitored on her progress. For Esnart, through ZCCP intervention, a well-wisher came to her family aid financially and assisted her in order to go back to school. This well-wisher (Mr. Sakala) had bought all school requirements and the matter was reported to social welfare for further assistance of which she had been put on the enrolment list for January, 2020

Esnart is very happy that we came at the right time. She is always happy to see ZCCP go through her village conducting dialogues and encouraging other people to come out openly with their problems that they are facing. So far, she has been helping in mobilizing the people to attend the dialogues in the village and is a Strong advocate against child Marriage.



TITLE: KNOWLEDGE IS POWER

Background information

Delphister Bwalya is a 52 years old woman of Mulyata village. Delphister came from Chief Kazembe's Chieftom in Mwense district, Luapula Province. She said they have been living in Mwense all her life until the death of her husband. Following the death of her husband, Delphister decided to move to Ndola with her last-born son, to live with her family members and other children had remained in Luapula province since they are old enough to after themselves.

ZCCP interventions/challenges encountered

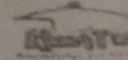
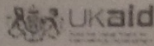
During one of the dialogues, the discussion at hand was on the promotion of HIV Testing Services (HTS) which the community themselves had proposed looking at the activities that had been happening in the community and the life style that people are leading.

It was after this discussion that Delphister disclosed to the ZCCP team that she and her late husband had been living positively for 5 years. When asked whether she is on treatment, Delphister responded in affirmative that she has not started yet still thinking on where to start from and said she was still bitter with her late husband; *I kept myself safe for him but he failed*

doing that for me and I know where I got this HIV virus and this has been what is preventing me from seeking further treatment all I want is to die as well she said.

Results of the interventions

Upon hearing those words, she started crying so loud that she attracted the attention of other people. After hearing these words, we got keen interest and encouraged Delphister on several accessions until May, 2019 when she was given an escorted referral to Minsundu Health facility where she was put on Antiretroviral therapy and since then so grateful for ZCCP for saving her life. Delphister thanked the team members for coming through to sensitize the people on HIV risk Awareness. *She said that am the beneficiary of the knowledge that has been imparted in us* and added that has she had come early to Ndola, she would have had not been looking like this, but thank you ZCCP because a lot of people would live a healthy and happy life if these sensitizations could be rolled out to everyone in the community.



STOP GBV-PREVENTION AND ADVOCACY PROJECT

AUTHORIZATION, CONSENT, WAIVER, AND MEDIA RELEASE FORM

"INFORMATION RELEASE" FORM

AUTHORIZATION ---

Being over age eighteen, I, DEOPHISTER Bwalya, authorize the U.S. Government, its agencies, contractors, grantees, partners, employees, and their agents and assigns to make pictures, videos, movies, or sound recordings of me or my likeness, including my pets, animals, property, voice, name, and bio-data in any media or format and to use the same for lawful purposes.

CONSENT ---

Furthermore, I consent that the pictures and recordings may be copied, abridged, published, telecast, broadcast, or transmitted physically or electronically any number of times for such purposes together with descriptions and editorial statements I may not have seen.

WAIVER ---

Furthermore, I waive my rights to receive any commercial benefits, advertizing time, financial consideration, profits, trade exchanges, notoriety, recognition, perquisites, compensation, general "good will", or payments derived therefrom.

RELEASE ---

Furthermore, I hereby absolve and release the U.S. Government, its agencies, contractors, grantees, partners, employees, and their agents and assigns of all damages and liabilities arising from making of said pictures and the recording of such materials described above.

LIMITATIONS ---

The above authorization, consent, waiver, and release are irrevocable, durable, and absolute unless limited as follows:

DATE: 25/09/2019 SIGNATURE: D. BWALYA
AGENT: AGATHA MUSONDA PRINTED NAME: DEOPHISTER Bwalya
EVENT: SUCCESSES STORY ADDRESS: MULIYATA
PHONE: _____

List of Upcoming Events

Plan for the next year – October 2019 to September 2020

Activity	Partner	Q1	Q2	Q3	Q4
1. 16 Days of Gender Activism	ZCCP, Lifeline/Childline & WiLDAF				
2. SASA! Trainings	ZCCP				
3. Peer Education Training	ZCCP				
4. GLOW Camp	ZCCP				
5. HIM Training for Directors	ZCCP				
6. World AIDS Day	ZCCP, Lifeline/Childline & WiLDAF				
7. International Women's Day	ZCCP, Lifeline/Childline & WiLDAF				
8. Youth Day	ZCCP, Lifeline/Childline & WiLDAF				
9. FCI activities	ZCCP, Lifeline/Childline & WiLDAF				

ANNEXES

Annex 1: List of stakeholders that attended National Stakeholder's Dialogue

Stakeholder	District
United States Agency for International Development	Lusaka
European Union	Lusaka
Ministry of Higher Education	Lusaka
Ministry of General Education	Lusaka
Ministry of Justice	Lusaka
Ministry of Community Development and Social Services	Lusaka
Ministry of Youth Sport and Child Development	Lusaka
Zambia Police Services	Lusaka
Times of Zambia	Lusaka
The Mast Newspaper	Lusaka
Daily Nation Newspaper	Lusaka
National Prosecution Authority	Lusaka
Zambia National Broadcasting Cooperation	Lusaka
National Assembly of Zambia	Lusaka
Ministry of Health	Lusaka
Ministry of National Guidance and Religious Affairs	Lusaka
National AIDS Council	Lusaka
Ministry of Chiefs and Traditional Affairs	Lusaka
Zambia Conference of Catholic Bishops	Lusaka
Churches Council of Zambia	Lusaka
Evangelical Fellowship of Zambia	Lusaka
Islamic Council of Zambia	Lusaka
Department for International Development	Lusaka
Chief Madzimawe	Kasenengwa
Chief Chikanta	Kalomo
Senior Chief Chiwala	Masaiti
WiLDAF	Lusaka
Zambia Center for Communication Programmes	Lusaka
Lifeline/Childline Zambia	Lusaka

Annex 2: DEBS Offices engaged

#	DEBS Name	District	Province
1	Ms. Lina Kamanga	Chipata	Eastern
2	Mrs. Ruth Phiri	Chongwe	Lusaka
3	Mr. Beard H. Mwanza	Lusaka	Lusaka
4	Mr. Kambunga	Livingstone	Southern
5	Ms. Chinyama	Sesheke	Western
6	Ms. Sendoi Mutumba	Mongu	Western
7	Mr. Zikani Kaira	Kabwe	Central
8	Mrs. MZ Mwiko	Kapiri Mposhi	Central
9	Mr. Changwe	Ndola	Copperbelt
10	Mr. Manga	Masaiti	Copperbelt
11	Mrs. Kasemuka Mwalo	Luanshya	Copperbelt
12	Mr. Christopher Nyungila	Kitwe	Copperbelt
13	Mr. Patrick Kaonga	Kalulushi	Copperbelt
14	Mr. Noah Similunga	Chingola	Copperbelt
15	Mrs. Ngonga	Mufulira	Copperbelt
16	Mrs. Bertha Manda Kilele	Solwezi	North-Western

Annex 3: Gender Integration

Access to assets, resources, opportunities and services

In order to enhance access to and control over economic and financial resources, some adult women and Adolescent Girls and Young Women (AGYW) have been linked to gainful employment while AGYW and Orphaned and Vulnerable Children (OVC) have been linked to DREAMS for capacitation in asset building. Gaps between women and men on economic control despite this intervention are still wide. The project is creating awareness on balancing power on access to assets using *SASA!* and gender transformation where communities use their daily occupational activities to promote behavior change. The objective is to increase resilience for the vulnerable girls and women so that they are economically empowered in order to make informed decisions about their health and general well-being including negotiation for safe sex.

Influence of gender roles and norms on the division of time between paid employment, unpaid work and volunteer activities

The project is working with traditional and religious leaders as well as other gatekeepers to challenge acceptance of GBV as a norm. According to (MOG 2014) 72% of men are in gainful employment leaving the women attend to unpaid and voluntary work. The gate keepers trained in *SASA!* and HIM methodologies aforementioned are leading in mobilizing communities, creating awareness on challenges that come as a result unequal power relations. Linked to access to assets above, women and AGYW are now linked to economic empowerment capacity building opportunities besides getting fulltime employment. An example during this reporting period is what Senior Chief Chiwala is doing, to link venerable women to gainful employment. The Chief is one of the trained *SASA!* Change Agents.

Leadership roles and decision making; constraints and opportunities

The host of the Nc'wala Traditional Ceremony of the Ngoni people of Eastern Province is Senior Chief Madzimawe. He is a trained *SASA!* Change Agent who has been leading with advocacy for women empowerment and assuming leadership roles not only in his Chieftom but national wide as well. With his influence, other Ngoni leaders for the first time agreed to appoint a woman as Chairperson for the 2019 N'cwala Organizing Committee. Ngoni warriors are men and the change to have a woman in leadership was a great opportunity for women to participate in critical decision making about their tradition and culture that is predominantly patriarchal.

To this effect, the guest of honor Prince Mangosuthu Buthelezi MP, Traditional Prime Minister to the Zulu Monarch from the Republic of South Africa said in his speech” *His Royal Highness Paramount Chief, Nkhosi Yama Nkosi Mpezeni IV has indicated his faith in female leadership by appointing Ms. M’kwanda Sakala as the Chairperson of the National Organizing Committee for this year’s N’cwala. He has also given the example of willingness to change by instructing that this year, for the first time, women’s breasts will be covered during Nc’wala.*” The traditional ceremony had a gender theme as well, ***Preserving our cultural heritage through gender equality.*** Despite this progress a lot more women are not in decision making positions be in traditional, religious or circular.

Policies and programs on males and females, including unintended or negative consequences

Sexual harassment is a form of GBV. Women and girls are vulnerable when seeking employment and access to assets be it in public and/or private institutions. The project supported Ministry of Gender to develop a **Statutory Instrument (SI)** on Sexual Harassment and Grievance Code that will form a mandatory legal basis to safeguard women’s rights at

institutions of work. A draft SI has been developed and will await validation during the first quarter of FY20. This SI once implemented will negate unintended consequences for women and girls particularly.

Appendix 4: EMMP Attachment

